

Suffering and healing in the aftermath of war and genocide in Rwanda Mediations through community-based sociotherapy

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1. Introduction

One of the key challenges in the aftermath of large-scale political violence is the restructuring of shattered social worlds. A renewed form of social cohesion is required particularly in places where people have to live together in close proximity and depend on each other in everyday life. At best, this cohesion should be considered acceptable and meaningful by all population groups. This raises the question of how people re-form earlier connections, both instrumental and affective, across the lines drawn by the violence.

Around the world throughout history, individuals, families and communities have proven able to endure the adversity of war, shock, and stress with great tenacity and stamina. This also holds for contemporary wars to varying degrees. In these wars whole populations are victimized by a continuum of violence and individual and social suffering is ubiquitous. The type and degree of suffering may differ, depending on the kind of traumas people experienced and the resources on which they can still draw, but hardly any individual, family or community escapes from it. In some cases they will eventually regain a satisfactory level of well-being. In other cases they are irreversibly affected by the violence of war. In cases in which people, families and communities have insufficient strengths and resources to foster healing, the question is if and how interventions from outside these communities can and should assist in this process. Can these interventions effectively mediate in the mending of the wounds to the social body and its cultural frame and thereby strengthen community resilience?

In this chapter the focus will be on the aftermath of the recent violent political conflict in Rwanda¹ and on the related human suffering, in particular the suffering at a communal level. In particular, this chapter will deal with the contribution of one particular intervention to heal the wounds of war in a specific regional setting of Rwanda. The concept of healing for the purpose of this chapter is broadly defined. It refers to any strategy, activity or process that improves the psychological health of individuals following extensive violent conflict and, linked to the former, any strategy, activity or process that repairs and rebuilds local and national communities. This implies restoring a normalized everyday life that can recreate and confirm people's sense of being and belonging (adapted from Hamber 2003:77). In the scholarship on post-conflict societies, healing is frequently used in a psychological sense and juxtaposed to reconciliation. For me, however, reconciliation in the sense of social reconnection is a core aspect of the healing of individual and collective trauma and suffering in the aftermath of war.

The intervention I will examine is the community-based sociotherapy programme, which the Byumba Diocese of the Episcopal Church of Rwanda (EER) established in

¹ After a political settlement or military victory and a ceasefire, a society usually moves from a condition of negative peace (a condition of which the principal characteristic is the mere absence of violence) to positive peace (a condition of stable and widening shared values). After this transitional phase a consolidation period follows. It has been argued by many authors (e.g. Longman 2004a, Reyntjens 2004) that Rwanda, after a one-sided settlement of the conflict, is still in a phase of negative peace.

September 2005 in the north of Rwanda.² The term ‘community-based’ is used to contrast the Byumba form of sociotherapy with clinic-based sociotherapy, in particular as practised in psychiatric clinics for traumatised refugees in The Netherlands, from which the Byumba approach originated. ‘Community-based’ in the context of Byumba means that this programme is based in a geographically defined set of communities, namely, the Byumba region and, within this area, in communities of people living in the same place (e.g. neighbourhoods) or working, studying or worshipping in particular places and institutions (e.g. a school or a church). ‘Community’ defined as a value (e.g. meaningful relationships between people and well-functioning supportive social networks) can be considered a potential successful outcome of the Byumba sociotherapy, as here communities (conceptualised as valued social worlds) were shattered due to war and genocide and thus need to be created. Sociotherapy aims at meeting this need.

Before I introduce sociotherapy in Byumba further and examine its workings and outcomes, I will first give a brief description of the history of political violence in the north of Rwanda and its consequences, followed by an analysis of the wide range of attempts to address and redress these violent legacies in the public sphere. These overviews provide the context in which the sociotherapy programme operates.³

2. The political violence in the north of Rwanda and its legacies

Rwanda has a complex history of violence and repression that in 1994 culminated in genocide.⁴ Colonial rule created, transformed, and deepened racial and ethnic categories and inequalities, which, intensified under the post-independence regimes, resulted in a range of conflicts (Fletcher 2007, Mamdani 2001, Prunier 1995, Reyntjes 2004.). Race and ethnic politics, moreover, intersected with complex gender politics (Schäfer 2008). This intersection took a particular turn in the years prior to the genocide and led to the targeting of Tutsi women with massive sexual violence in the course of the genocide. This violence was supposed to contribute to Hutu racial and ethnic purity and the destruction of the Tutsi enemy (Baines 2003).

During the genocide a large part of the Tutsi minority population was killed, more men than women (Jones 2002). Many Tutsi women were first raped and then killed. A substantial proportion of the women and girls who survived rape were infected by HIV/AIDS (Amnesty International 2004). Hutu were killed as well, although in much smaller numbers than Tutsi; among those killed were Hutu politicians who supported the peace agreement signed in Arusha in 1993 between the Rwandan government and the opposing Rwanda Patriotic Front (RPF). Other people targeted were Hutu civilians who helped Tutsi escape the genocide, and those Hutu suspected of being accomplices of the RPF. Fujii (2009), whose research adopted the new micropolitical approach to social violence (King 2004), points to the

² EER stands for the French *Eglise Episcopale au Rwanda*. The geographical area covered by EER Byumba is equivalent to that of Byumba Province, one of the twelve provinces of Rwanda at the time. Per January 1, 2006, the Rwandan Government established five new provinces, replacing the previous twelve. EER Byumba still covers the same geographical area as before; in this chapter referred to as Byumba region or simply Byumba. Even though the name of the Episcopal Church of Rwanda was recently changed to Anglican Church of Rwanda, the abbreviation EER is still commonly used.

³ In my description of this context I rely on information collected during a field study of the Byumba sociotherapy programme (2005-2008). This field study has also generated most of the empirical data I present in other parts of this chapter. Regular follow-up visits to the programme provided an additional source of information.

⁴ In Rwanda there is a battle with history and memory going on, which has a great impact on the meaning people give to their suffering. The various interpretations of history and memory have been the object of much analysis (Buckley-Zistel 2006b:134). It is beyond the scope of this chapter to do full justice to these various interpretations and their impact on present-day social life in Rwanda. I restrict myself to presenting what seems relevant for understanding the context of Byumba in which the sociotherapy programme functions.

many complexities and ambiguities embedded within the Rwandan genocide. In her micro-level analysis she shows that individuals were not always targeted based on their ethnicity. Killers spared some Tutsi and some Tutsi joined the killers. In addition, Fujii's empirical data show that ethnicity in its 'natural' state was ambiguous and fluid. The categories of 'perpetrator', 'victim', 'bystander', and 'rescuer' were not exclusive and stable either. Actors moved back and forth between categories, or straddled multiple categories at the same time.

The genocide was preceded by a civil war that was fought primarily in the north of Rwanda, a part of the country where the Tutsi formed a much smaller percentage of the population than elsewhere in Rwanda. The war started with the invasion by the RPF from Uganda into neighbouring Rwanda on the 1st of October 1990. Predominantly of Tutsi origin, many of the RPF members were second-generation refugees who had fled to Uganda in order to escape the ethnic purges in Rwanda and had settled there from 1959 onwards. The RPF introduced a regime of terror into the 'liberated' part of the country, including Byumba. Low-intensity fighting between the RPF army and the FAR (Forces Armées Rwandaises - Armed Forces of Rwanda)⁵ was punctuated by several massacres. Over the next few years, the terror led to massive displacements of people - Hutu as well as Tutsi - to refugee camps and other places of shelter further south. In April 1994, the displacement took a new turn. For instance, Taba, a commune south of Kigali, had to deal with large numbers of displaced persons, including many originally from Byumba, who had been pushed south by the fighting in and around Kigali. According to Des Forges, "[e]mbittered by their long months of misery, they swelled the numbers of persons ready to kill Tutsi" (1999:275).

During and after the 1994 genocide, part of the remaining Byumba Hutu population, but also some Tutsi, fled to refugee camps in neighbouring countries and remained there for as long as seven or eight years. Some never returned. The experience of those who were internally displaced or exiled abroad was often quite traumatic. Exile was the continuation of war by other means. Camps were highly militarized and living conditions in and around camps were very harsh. The result was that thousands of people died of hunger, disease, and direct violence (Prunier 2009:24-36; Reyntjens 2009:79-98).

The victimization of Hutu by the RPF has until today been surrounded by a conspiracy of silence in a variety of ways. According to Reyntjens (2004:197-198), the RPF killed tens of thousands of innocent civilians before, during and after the genocide. He observes that many of these incidents remain little known or were, at times deliberately, underestimated in the press and other publications. Another way of enforcing this silence is to give it no official space within the post-genocide nation-building process, which allows people to talk about Hutu who were murdered and mourn their death. As Longman and Rutagengwa (2004:177) found in their empirical research, most Hutu feel limited in their ability to speak freely, particularly to express criticisms, because of fears that they will be accused of having participated in the genocide or of promoting division. At the same time, there is a deep longing among the Hutu population for acknowledgement of their suffering during the violence. The public denial of this suffering causes an additional imbalance within ethnically mixed communities (Molenaar 2005:89-93).

While it is often written that in Rwanda it really were your neighbours who killed you, this is only partly true of northern Rwanda. I was told that in Byumba people often do not know who killed their relatives.⁶ Women often do not know who the soldiers were who raped

⁵ The FAR was the army of the Hutu-dominated Rwandan regime that fought the RPF during the 1990-1994 war and was a major actor in the genocide in 1994. The armed wing of the RPF was the Rwandan Patriotic Army (RPA).

⁶ As Longman (2004b:43) argues "different parts of the country and different social groups experienced the genocide differently, and existing research only scratches the surface of this diversity". Rigorous empirical

them. People could not always distinguish whether the military men who killed and raped belonged to the RPF or the FAR. To confuse people, soldiers sometimes wore the uniforms of the other army. As in other parts of Rwanda, however, there were also persons and groups who had some degree of prior social familiarity with the area and contributed to the violation of the population, whether in the form of betrayal, intimidation, harassment, imprisonment, or killing. The violation was not only directed from Tutsi to Hutu but Hutu also violated other Hutu in various ways (see also Fujii 2009).

The fact that the north of Rwanda was mainly inhabited by Hutu, of whom the majority had already been displaced when the genocide began, explains that killings during the genocide, which were mainly directed at Tutsi, were not as frequent in the Byumba region as in other regions of Rwanda. However, genocide killings did also take place in Byumba, as well as reprisals by the RPF. I was told that many people in Byumba have no idea of the overall scope of the genocide in Rwanda. In their perception of what happened around them, a double genocide took place.⁷ Like the Hutu population elsewhere in Rwanda (Buckley 2006b:137), they consider themselves victims as well, as they suffered from the violence of war, the harsh conditions of refugee camps, post-genocide revenge killings, and undeserved and ruthless imprisonment.⁸

In Byumba everyone is affected by the violence of the past. For example, the thirty-two individuals participating in the first training of sociotherapists had collectively lost 365 close relatives and 1295 close friends, classmates, neighbours, and colleagues, in addition to various other kinds of losses. Many people who returned home from displacement and exile found their property stolen or destroyed. Both warring parties, the RPF and the FAR, had looted and destroyed not only the properties of civilians but also of churches and the State. In one particular part of Byumba province, 90% of the houses had been destroyed. Little medical care was available. Church activities such as prayer groups, baptisms, and marriages had ceased, and the church as an institution had been desecrated, undermining the moral and spiritual fabric of the community (Mugiraneze 2004). While some of the ruins of war have been cleared up and institutions are functioning again, wounds remain, social conditions are poor, and violence in everyday social interaction is widespread (Gasibirege 2007).

3. The landscape of healing interventions in the aftermath of the genocide

Since the genocide, a wide range of strategies and activities have been developed to assist communities and individuals in the mediation of experiences of violence aimed at individual and social healing. Major actors in this process are the Rwandan Government of National Unity, non-governmental organizations, and civil society actors. Below I present a few examples of healing interventions promoted by those actors. This will enable me to identify the specificities of the Byumba sociotherapy in comparison with those other interventions.

Government programmes

research needs to be done to bring out these differences. An example of the kind of research proposed by Longman is the research conducted by Fujii (2009).

⁷ Hutu were indeed killed by Tutsi on a huge scale. This scale is, according to Reyntjes (2004), neglected in the historiography. However, most sources dismiss the claim of a 'double genocide' since the RPF crimes were usually unorganized and relatively few in number, and thus do not meet the definition of genocide - the execution of a pre-determined plan to exterminate a certain population group (Molenaar 2005:90). Reyntjes (2009:86-96) questions this claim, but makes no definite counter-claim.

⁸ See for a description of the life inside Rwandan prisons after 1994 Tertsakian (2008). She confronts the reader with a morally complex world, full of contradictions, where the absence of justice makes it almost impossible to differentiate between the guilty and the innocent.

Since the end of 1994, the new government has made the promotion of national reconciliation central to its political programme. This vast enterprise has included both judicial and non-judicial responses. The local-level gacaca courts - a modernized form of traditional gacaca, which was a community-based conflict resolution institution - is one of the three judicial responses. The other two are the International Criminal Tribunal for Rwanda (ICTR) in Arusha, and national-level domestic genocide trials.

The objectives of gacaca are to relieve the regular courts by speeding up the genocide trials, bring justice and (where necessary) punishment to specific categories of criminals, reveal the truth about events during the genocide, eradicate undeserved impunity, and stimulate healing and reconciliation (National Service of Gacaca Jurisdictions 2004). On billboards promoting gacaca jurisdiction across the country, this vision was expressed in the text printed below a representation of the terrible suffering caused by the genocide: "The truth heals - Tell what we have seen, admit what has been done and move forward to healing" (*Ukuri kurakiza - Tuvuge ibyo twabonye, twemere ibyo twakoze bizadukiza*). For the Government of Rwanda, the rationale underlying gacaca jurisdictions is that truth leads to justice and justice to reconciliation. Social healing is advanced through uncovering past wrongs, introducing closure, and moving on to a consolidated peace (Buckley-Zistel 2005:113).

The pilot phase of gacaca began in June 2002 and it was launched nationwide two years later. Studies done on the effect of gacaca agree that, of all the gacaca objectives, healing and reconciliation is the least often met (e.g. Buckley-Zistel 2005, Ingelaere 2008, Leegwater 2005). A major reason for this is that the State controls which grievances can be aired and thus forces self-censorship upon the population. What is particularly at issue for most of the Hutu population is that the gacaca courts are unable to deal with RPF crimes and revenge-killings by Tutsi civilians. The fact that these crimes are eclipsed from view establishes a moral hierarchy of right and wrong, pain and suffering which, in turn, creates a mass of unexpressed grievances under the surface of daily life (Ingelaere 2008:56). In the empirical research Leegwater (2005) conducted among Tutsi and Hutu population groups, Tutsi genocide survivors are the least positive about the effects of gacaca. They generally claim that gacaca courts are unable to bring justice, promote reconciliation or heal the wounds. An illustration of this assertion is the story of a genocide survivor with whom I spoke. I call her Constance.⁹

Constance is a young Tutsi woman. She lives in a village in the Byumba region together with many other genocide survivors. Her parents and many of her relatives were killed during the genocide. She knows the killers. Some of them were her former neighbours, others were refugees from the town of Byumba. She experienced that some survivors falsely accused people of having killed her mother. Constance did not support those accusations and told the court what, according to her, was the truth. Her evidence resulted in some people being set free and this caused her to be despised and hated by other Tutsi. The relationship Constance now has with her Tutsi neighbours is bad. It was not easy for her to testify, but she felt that it was important to tell the truth. "Others want to see just anyone suffer, because they were also suffering. Many of them allowed themselves to be bribed into giving false testimony". Constance was also asked by fellow Tutsi to give false testimony. Unlike many others, she was not offered any money for this. The irony is that the Tutsi in her neighbourhood now accuse Constance of giving a false testimony, which, they tell her, she gave because she was bribed into doing so. Constance cannot talk about her problems with anyone. That, she says, is the cause of her isolation and continuous suffering. When it was explained Constance what sociotherapy might have to offer her, she reacted: "I do not want to

⁹ The names of interviewees in this chapter are pseudonyms.

join such an activity. I have my own problems. No one has the same problems as I have. That is why I am isolated”.

Activities of the National Unity and Reconciliation Commission (NURC)

The NURC is a semi-autonomous national institution. The Rwandan Government of National Unity created it in 1999 by law “with the aim of eradicating the devastating consequences of the policies of discrimination and exclusion that had characterized the successive repressive regimes of Rwanda” (www.nurc.gov.rw). According to the NURC, the unity of all Rwandans is an absolute principle on which to build the nation. Traditional values of unity must be reasserted, reinforced, and taught to all Rwandans. The Commission does this through the distribution of poems, songs, radio broadcasts, civil education programmes, and *ingando* (solidarity camps).¹⁰ The camps are set-up for the civic education of university students, released prisoners, returning refugees, gacaca judges, and local authorities amongst others. Rwandans are told in seminars and through radio broadcasts that ‘they have to unite’, as Buckley-Zistel’s interviewees often put it (Buckley-Zistel 2006a:109). According to my key informants from Byumba, this message reaches people only selectively, as not everyone has a radio. In addition, in the Byumba region, during the genocide memorial days in April each year, the majority of people have not attended memorial events, and if they have a radio, they often turn it off when programmes to memorize the genocide are broadcasted.¹¹

Like gacaca, the various memorialization strategies implemented by the government are contested because they lead to re-traumatization and a one-sided emphasis on Tutsi victimization (Brandstetter 2004, 2005; Richters et al. 2005). A woman in Butare (a town located in the south of Rwanda) said: “When others go to the site to commemorate, I stay home and think about what I have lost. What happened to me has no place in this [official] commemoration, because my children died differently and elsewhere”. Another woman from the same town stated: “The commemoration done each year could damage the process [of reconciliation]. Hearts remain injured with the repeated commemoration” (Longman & Rutagengwa 2004:174). The core of what these women from Butare said I heard expressed many times in Byumba. However, there is also a change going on in Byumba. Local authorities acknowledge that due to sociotherapy the attendance at memorial conferences has increased substantially. Sociotherapy has helped people to overcome re-traumatization during the memorial period. Solange is one of such people.

Solange is a Tutsi woman, 45 years old, who was raped twice during the genocide. Two of her brothers, her parents, and four of her children were killed. One child, as well as her Hutu husband survived. She testified that, due to sociotherapy, she had felt much better during the last memorial period than before. The pictures in her mind were no longer so disturbing. “I even listened to the radio, I felt as normal”, she said. Her husband had also listened to talks about trauma during the last memorial period and that had contributed to a change for the better in his behaviour towards her. Before he had, for instance, blamed her for having been raped and often told her to go back to her ‘previous husbands’ (the men who had raped her).

Ingelaere (2008:45-46) observes that nowadays “every socio-political state initiative, from poverty alleviation programmes to resettlement schemes to political decentralization, is framed in the languages of ‘reconciliation’, ‘strengthening unity’, ‘empowerment’ and the ‘rebuilding of social relations’”. According to him, a major problem with these government nation-building efforts is that they are essentially top-down processes, and do not contribute

¹⁰ See for an overview of NURC activities, evaluation and impact assessment: Institute for Justice and Reconciliation 2005.

¹¹ In the memorial period of 2009 for the first time memorial activities were brought to the level of villages. Its impact in Byumba still needs to be analyzed.

much to *ubwiyunge*. This concept refers to interpersonal reconciliation, which is a matter of the heart and a state of feeling in social relations (ibid. 50, see also below). It should be distinguished from *kubana*, which refers to living together as a matter of necessity. The first can be called ‘thick’ and the latter ‘thin’ reconciliation. Solange’s story suggests that in terms of healing, community-based programmes may complement government ones to good effect.

The NURC recognizes that grassroots associations have perhaps been more successful in fostering reconciliation than national campaigns of reconciliation that prescribe tolerance, acts of forgiveness, truth, and participation in judicial and commemoration programmes. It therefore supports associations that have emerged organically on the local level and plans to develop associations in areas where reconciliation has been problematic. According to Breed (2006:507), over three hundred associations have emerged from incentives such as bee-keeping, building houses, and establishing theatre, cultural, or debating groups. At the time of her research, sixty of them were linked to the NURC and were supported by the Commission through reconciliation training workshops and monetary support for the purchase of livestock or equipment. Based on her analysis of the use of theatre for reconciliation, Breed (2006) expresses the concern that government-supported grassroots actions for reconciliation may “become co-opted into contestable processes of national identity formation” (512) instead of contributing to “truthful and analytical communication about the current state of post-genocide Rwanda” (508). This raises the question if and to what extent political and social conditions in Rwanda allow for this kind of communication at all and, if they do, how this communication may possibly be facilitated.

Trauma counselling and therapy

Data from Rwanda indicate that the openness to reconciliation is related to multiple personal and environmental factors. One of these factors is suffering from the symptoms that are categorized by Western psychiatry as post-traumatic stress disorder (PTSD) (Pham et al. 2004). The cluster of PTSD symptoms overlaps with those Rwandans refer to as *ihahamuka*.¹² Shortly after the genocide the term *ihahamuka* (mental trauma) has gained prominence in *kinyarwanda* vocabulary to give expression to what had become a common phenomenon in Rwanda. In interviews it was described to me as: people ‘being overwhelmed by what is inside them’; finding expression in, for instance, being very talkative, talking to oneself, being easily irritated and jumpy, crying without apparent reason, acting as if one is out of one’s mind, or aggressive behaviour. At first, directly after the genocide, there was no psychiatric professional expertise available in Rwanda to help people deal with this kind of mental suffering due to war and genocide. Soon, however, the international community stepped in, trained Rwandans in trauma counselling or more specialized trauma therapy, and helped to set up various kinds of trauma programmes in Rwanda. Most of these interventions were primarily based on Western psychiatric conceptualizations of psycho-trauma, and thus pathology based and individually focused.

The Rwandan government has recognised the need to address the suffering resulting from traumatic stress that is widely prevalent in Rwandan society. However, due to the lack of appropriate training, staff shortages and time constraints, psychological problems are scarcely treated in regular medical services. A hospital may have just one person specialized in trauma therapy. In Byumba hospital, for instance, a clinical psychologist who was trained at the

¹² See also Bolton (2001), who focuses on the verb *guhahamuka* (to be traumatized) instead of the noun *ihahamuka* (trauma) as my informants usually do. When the Rwanda leadership realized that some people were using these terms in derogatory ways, their use came to be seen as politically incorrect. *Ihahamuka* (or *guhahamuka*) is a strong term, portraying a person who suffers from it as a mad person. The term is gradually being replaced by the ‘softer’ term *ihungabana*. For ordinary people, however, this term also connotes madness, or in any case being ‘half mad’.

National University of Butare offers such therapy. Next to the few government services for mental health care, a slowly increasing number of non-governmental organisations in Rwanda provide trauma counselling and therapy. They are often internationally funded. Most of these organisations have their headquarters in the capital Kigali and operate mainly in this city and its surroundings, predominantly targeting the Tutsi population. Some of them, however, have slowly decentralized their services, and new organisations have sprung up to offer trauma counselling services in various parts of the country. Most of the first trauma counsellors and therapists in Rwanda received their education abroad, or were trained by international NGOs within Rwanda. They subsequently teach what they learned to others, including lay persons.

One of the largest and most wide-ranging trauma counselling and treatment programmes is implemented by ARCT (Rwandan Association of Trauma Counsellors). This Association was founded in 1998. It offers training in how to deal with trauma providing different levels of knowledge and skills to various categories of people (for instance, psychosocial leaders who work in secondary schools, nurses, and counsellors of people living with HIV/AIDS), and provides trauma counselling services across the country. These services are intensified during the memorial period in April when ‘trauma cases’, due to the re-experiencing of genocide events, increase substantially.

It has slowly been recognized more broadly within Rwanda that individual trauma counselling and therapy has its limits. First of all, the magnitude of people in Rwanda who are severely affected by traumas related to war and genocide is so overwhelming that it would take too much time and manpower to give them individual trauma care. It has been estimated that modern criminal justice for over a 120.000 people who qualify for it would take more than 100 years to complete. That was the main reason for turning to a modernized community justice system of *gacaca*. Many more than 120.000 people would need ‘modern trauma therapy’ if the Rwandan population should be diagnosed according to Western psychiatric criteria. Subsequently, Rwanda would need many more therapists than the country would ever have available, despite its ongoing trauma counselling training, because the costs would be prohibitive. Another, perhaps more important, limitation of psycho-trauma therapy lies in the fact that people in Rwanda particularly suffer from the social wounds that war and genocide has left them with. Both limitations, each for different reasons, call for a more community or group oriented approach to mental health. This is confirmed by quite a few people who joined sociotherapy after trauma counselling. Their common reaction to trauma counselling is: “I went there alone and when I came back I found the very same people who had been the source of my problems! With sociotherapy it is different and better because it created a whole new and safe social network. I came to have new friends who love me, take care of me, and visit me”.

Church-based interventions

The churches in Rwanda play a major role in rebuilding Rwandan society and healing the minds of people, as well as attending to their physical well-being. They do so through Christian counselling, bible teaching and prayers, discussion and training on topics as diverse as human rights, healing, justice and peace, support for education, housing, agricultural activities, HIV/AIDS treatment, and income-generating projects. Churches alongside other charitable institutions, as well as women’s groups, have sponsored countless peace-building, reconciliation and community-building promoting programmes (Longman 2004a).¹³

¹³ Longman (2004a:74-75) indicates that a “simple search on the worldwide web produces more than twenty thousand web pages that discuss reconciliation in Rwanda”. The examples of names of community-building and reconciliation programmes which he gives are ‘The Healing through Connection and Understanding Project’, ‘The Peace-building among Rwandan Youth Project’, and the ‘Social Transformation Program’. He continues: “Programs range from trauma counselling for victims of rape to solidarity camps organized by the Catholic

The Rwandan government has asked the churches to assist in bringing unity and reconciliation back to the country although the churches were already doing that before the government issued its call. It is, after all, the mission of the church to respond to those in need of assistance. This mission has been taken up with fervour. Those Rwandan Christian churches that had supported the ethnic ideology in the crises of 1990-1994 have now embraced a ministry of reconciliation (Gatwa 2005, Guillebaud 2005). The long-established churches face a lot of competition in this respect from the large number of evangelical establishments that, since the genocide, have been introduced into Rwanda from abroad. All churches base their contributions to reconciliation on biblical texts.

An example of a church activity focusing on biblically-grounded healing and reconciliation are the seminars of the African Evangelical Enterprise (AEE), which last two to three days. Religious leaders (pastors, evangelists) and lay leaders from different ethnic and church backgrounds are invited to these seminars and are told that they will encounter God and one another on an emotional level during their participation. In the seminars, passages of the bible are used to show that God's heart is aching in the face of all the misery present in Rwanda and that Jesus has come down to comfort the mourning. At a certain stage people are asked to write down or draw all the things that have hurt them in the past and to subsequently nail their papers onto a wooden cross and thus to symbolically hand all their pain over to Jesus. Later the papers are taken down and burned, with the biblical promise that God will give 'beauty instead of ashes'. This ceremony is followed by talks about forgiveness and reconciliation. Towards the end participants testify that they feel relieved and healed. According to the AEE staff, it is not the seminars that bring about healing but Jesus (Grohmann 2009; Guillebaud 2005; Steward 2008:183-186).

Apparently the transformation people go through during the AEE seminars is quite impressive; participants who had been initially highly suspicious of each other were eventually seen hugging one another. Nevertheless, some people familiar with the AEE programme expressed doubts about the sustainability of the observed transformations and the impact of the seminars on participants' behaviour in their day-to-day life. AEE has reason to hope that this impact is there to stay, since many of the estimated 8,000 people who had participated in the seminars by 2006 are said to belong to a 'critical mass' of opinion leaders (Grohman 2009). Further research will have to tell whether this hope is justified.

4. The request for sociotherapy and its implementation

The Episcopal Church of Byumba Diocese (EER Byumba), in line with other churches in Rwanda, had already implemented an array of programmes to assist the Byumba population to recover from the legacies of the war and genocide, before implementing the sociotherapy programme in 2005. The church had been active in the areas of building community capacity, agriculture, animal husbandry, community food security, widow assistance, promotion of public health care, peace building, education, sponsoring of school fees, and raising the literacy level among the population. Some members of the Diocese had participated in training workshops for trauma counselling, but did not feel capable of effectively caring for the traumatized population. The numerous demands from individuals for trauma care and the seriousness of people's problems were considered a burden too heavy for any individual to carry. There were no trauma counselling programmes in Byumba, and all requests by the Diocese to other organizations with expertise in this field to set up such a programme were rejected because of lack of capacity.

Church to promote dialogue among young people to a project for prisoners to raise crops for the families of genocide victims. The diverse projects are united by the common goal of diminishing the divisions that keep Rwanda's population separated".

In 2004, Cora Dekker and I paid a visit to Byumba to explore how Rwandan society coped with the traumas of the past. When she was invited to do so, Cora explained to an EER church pastor about her work as a sociotherapist with traumatized refugees in the Netherlands. A few months later that same pastor requested us, on behalf of EER Byumba, to implement a trauma programme based on sociotherapy methods in Byumba. This pastor and another representative of the church later explained their request as follows:

There is a general feeling of insecurity, powerlessness and desperation among the population. Many people do not care about themselves anymore. People have lost their interest in dignity and do not mind about the future. Some have become aggressive in reaction to just anything, whether good or bad. Others are aimlessly wandering around without courage or a plan to survive.

When I challenged my discussion partners by asking them whether material assistance might not be more instrumental in healing than therapy, the response was that, first of all, the “curtain hanging over someone’s thinking has to be removed”; first “people have to get out of the confused thinking of life”. A further discussion about the prioritization of therapy over tangible, material help - food, money to send children to school, shelter, micro-credit - led to the insight that the best approach would be a kind of ecological one that would address the complexity of people’s needs for assistance to regain their humanity. Eventually the main objective of the requested sociotherapy programme was formulated as ‘helping people to reduce mental and social distress and regain feelings of dignity and safety in the aftermath of war and genocide’.

The sociotherapy programme began in September 2005 with a three-month training period, in which more than a hundred people from different backgrounds, professions, and church affiliations were trained to facilitate sociotherapy groups (from here on known as socio-groups). After a further month of preparation, the programme began to be implemented in the field. Three years later, 140 group facilitators were working in the field, and a total of more than 4500 people had participated in socio-groups. On average ten to twelve people participate in any such group, for about three hours, once a week for a period of fifteen weeks. Each group is facilitated by two trained group facilitators. The latter only receive a small remuneration for their work.

From the beginning, the programme was supported by the different churches in the area as well as a range of local authorities. They were all instrumental in inviting people to participate as socio-group facilitators or participants. At first there was some suspicion that the intervention was intended to convert people to the Anglican Church. This suspicion was soon allayed, as people found that anyone who was interested could participate. Until now there has been no sign of anyone changing their church affiliation. Indeed, Muslim individuals participate, as well as people who are not affiliated to any church at all.¹⁴

The socio-group participants do not receive any financial incentive for their participation, nor any form of refreshments. This is different from almost any other programme offered to people in Rwanda. It seems that the main motive for people to participate in the many training sessions and workshops organised by local and international

¹⁴ Rwanda has a population of 10.4 million. Roman Catholics comprise 57 percent of the population, main line denomination Protestants 26 percent, Seventh-day Adventists 11 percent, and Muslims 5 percent. There are a growing number of Jehovah's Witnesses (approximately 15,000), evangelical Protestants, and Christian-linked schismatic religious groups. Other groups include indigenous religious practitioners and Baha'is. (United States Department of State, *2009 Report on International Religious Freedom - Rwanda*, 26 October 2009, available at: <http://www.unhcr.org/refworld/docid/4ae8611c.html> [accessed 3 January 2010]). It is estimated that in Byumba 2% of the population is Muslim.

NGOs, and by the many new churches in Rwanda (including the AEE) is the incentive participants receive. An interest in what the activity has to offer in terms of content comes in second place. When asked for his view on whether to give in to the appeal of people to satisfy their material needs as an incentive to participate in the sociotherapy programme, the Bishop of EER Byumba, whom I consider as the guardian of the programme, voiced as his opinion that that would ruin the programme. It would bypass the goal of sociotherapy which is to help break the circle of victimhood and dependency, to restore people's dignity, and to create connectedness. The bishop's view was accepted by the staff and what is locally called the 'field leading team' (the first 32 trained sociotherapists) and its application seemed to work in practice after the initial struggle to get the view accepted by socio-group participants. However, it still happens occasionally that people start participating in a socio-group with the expectation of material benefits and leave the group after four or five sessions when they find out that their expectation is not met.

The core of the sociotherapy method in Byumba lies in its principles and phases. The principles are: interest, equality, democracy, participation, responsibility, learning-by-doing by using here-and-now situations. These six principles are applied throughout the six phases a socio-group traverses in the course of fifteen weeks; the phases of safety, trust, care, respect, new rules, and attention for memory. I will discuss these sociotherapy principles and phases further in the next few sections.¹⁵

Socio-groups meet in a variety of physical locations in which people generally feel at ease. This can be a school, a church, someone's house, benches under a tree, or in an open field. The programme's philosophy is that the use of the various locations should be free of charge, since the programme is meant for the well-being of the whole community. The idea is that in these locations group members, always sitting in a circle, together create a social space in which they begin to feel safe and where a healing process can develop. The following case study illustrates what this process can be like for participants in the programme and what its impact can be.

5. The impact of sociotherapy on the life of Seraphine

Seraphine completed one year of primary school. After that she was kept home by her parents so that she could look after the cows. She married young. To escape the 1990-1994 war violence she and her family moved south. However, during the genocide, her husband and one of her six children (a three-year old girl) were killed in front of her eyes by soldiers.¹⁶ When the militia wanted to rape her, she successfully scared them off by telling them that Nyabingi - a goddess Rwandans used to fear and were supposed to appease with ceremonies - would take revenge if they harmed her. Yet, despite that narrow escape then, she was cruelly raped by three *Interahamwe* soldiers later on, when she fled with her remaining children to a refugee camp in Tanzania. After two years in the camp, she went home with three of her children, and the other two joined later. She found her house destroyed and, as she has had no means to repair it, they had to live in it as it was. After some time, she was advised to have herself tested for HIV/AIDS. The test was positive. A local association provided her with medicine. However, knowing that she was HIV positive added to her misery. Her sleeping problems caused by the nightmares of the violence she had experienced and her worries about daily life increased. She "spent whole nights weeping". She was not a good Christian, according to herself, because she drank alcohol. She stopped drinking after joining the church and people in the church assisted her. They told her that she should be patient and continue to pray and

¹⁵ See for a full description of the background and set up of the programme Richters et al. 2008a and 2008b.

¹⁶ Seraphine gives confusing accounts of the identity of these soldiers; in one interview she referred to them as *Interahamwe* (Those who work/attack together' - the civilian Hutu extremist militia), in another as RPF soldiers.

that God would help her. She followed the advice given to her, and life went on. However, she often felt isolated and believed that and people continued to distance themselves from her.

One day, Seraphine was invited to join sociotherapy. She accepted, hoping that this might help her to solve some of her problems. In the socio-group she started to feel safe and experienced, as she put it, “a release of her heart”. She was advised by group members to forgive, and she wanted to follow their advice. However, she did not know whom to forgive, since she had not succeeded in finding out who had killed her husband and child. In sociotherapy she discovered that she was not the only one with problems. She explained that she learned to trust others; that others gave her peace in her heart.: “It was like vomiting; everything in my heart came out”. The group helped her to overcome her problems of communicating with others, she said. Seraphine added that now she can talk to other people, friends and neighbours, who are now also willing to help her. The neighbours see her interacting with others, so they also start interacting with her, and she with them. However, Seraphine stated that she still suffers from trauma, headache, and nightmares. She can now share these problems with others, which is a big relief, but she needs more help.

Seraphine continues to meet with her socio-group members, all widows, but now in the context of the income-generating association they started together.¹⁷ The association is like a family for her. Asked what makes sociotherapy so special, Seraphine responds enthusiastically: “doing things together, the support, and the security”. She could talk about her secrets and thus share them with others, trusting that those others would not gossip about it. She enjoys the strength of mind she has regained.

The sociotherapist who facilitated Seraphine’s group provided some additional information after the first interview I had with Seraphine, namely that Seraphine’s husband had been killed because the military had suspected that he was affiliated with the RPF. On Seraphine’s return, even her own family considered her as an RPF affiliate and thus did not have a good relationship with her. Seraphine, as a Hutu, was at first not entitled to the support the government provides for genocide widows, as such aid is confined to Tutsi women whose husbands were killed during the genocide. Through the intervention of a local authority representative, however, she eventually received a cow from the government, which helped remedy her inability to feed her children properly.

The representative for women in the village where Seraphine lives noticed a remarkable change in Seraphine. “I was the one whom Seraphine insulted as being useless to her. But after joining this programme, she came to ask me for a pardon; she said ‘I calmed down, sociotherapy has strengthened me’. Before, Seraphine was always alone. Today her morale is far higher. She came to invite me and I accepted her invitation and promised her that I will help her in some activities”.

Another local leader, a woman, told us in an interview about the impact of sociotherapy on widows, including Seraphine, in her area: “Before, I considered them as pitiful outcasts, as they did not collaborate with others in common activities, arguing they were too poor. But today they are smart; they wear clean clothes, attend meetings, participate in many activities, and operate in associations in order to cultivate the land. You find that they broke out of isolation.”¹⁸ Apart from Seraphine’s association, there are four other, similar associations - each also consisting of a group of widows who had participated together in a socio-group - in the area. Sociotherapy does not provide material or finances to start such an association, but it appears that, due to sociotherapy, the women felt motivated to raise funds

¹⁷ It is estimated that a third of the sociotherapy groups take the initiative to start an association for income-generation, a third continue meeting regularly, and a third do not meet anymore after the programme of fifteen weeks has ended.

¹⁸ Many of the female local leaders of Seraphine’s and surrounding villages later joined a socio-group themselves.

themselves. Later, they were the first to be supported by a small micro-credit programme that was connected to the sociotherapy programme. Nowadays, the women of the five associations proudly sell their products (beans, sorghum, potatoes, cauliflowers, etc.), even to people who come all the way from Kigali (a distance of two hours' drive) to buy them. It appears that other people in their neighbourhood take notice of this and feel encouraged to come out of their own isolation.

The experience of the sociotherapy programme corresponds with that of the NGO World Vision, as expressed by Gasana (2008). When Gasana began working with survivor communities for World Vision in 1999, he was struck by how many survivors lacked energy and displayed immense apathy towards most aspects of life. He concluded later that unless survivors experienced healing of their trauma, they would not be able to overcome their poverty by becoming productive (ibid. 156).

6. Resilience and healing through sociotherapy

In the sociotherapy programme widows are singled out as one of society's vulnerable groups that might benefit from the programme. The husbands of the widows I personally met had died of disease (before, during, and after the war), poisoning (the underlying medical cause of this 'poisoning' is frequently AIDS), and the violence of the war and genocide. Sometimes husbands never returned from Congo, where they had sought refuge or joined the military. Widows have always suffered from hostilities enacted by their families-in-law. Now also their own family members and children turn against them, trying, often successfully, to rob them of their property, chasing them out of their own houses, and withholding material and social support. Often widows have lost family members and children during the war and genocide, which means an additional loss of (potential) social support. One woman said to me: "I am the only one left". She lost both parents and all nine of her siblings during the war and genocide. Her husband who had survived the violence with her died of AIDS in 1996.

As before the war, a widow is still regarded in Rwandan society as a weak creature without agency, vulnerable in particular to the whims of men. Men can come to her for sex at any time, since there is no husband in the house to protect her, I was told repeatedly when discussing widows' problems. It is a major problem that the number of widows has increased substantially since the war. In addition, there are a large number of women who are alone because their husbands are in prison. Thus, there are many needy people, and resources are limited. This means that widows have to compete amongst themselves and with others for sympathy, social support, and men to marry or have sex with. The problem is amplified by the relative lack of men after the war and genocide. Widows are blamed by married women for taking their husbands away from them. Looking at this phenomenon from another angle, widows are the victims of poverty, loneliness, and lack of affection, and men sometimes take advantage of all that. All these conditions add to the widows' suffering. Many widows, such as Seraphine in the past, suffer from hopelessness, isolation, stigmatization, extreme poverty, losing their mind or going mad, and wanting to commit suicide but fearing death and being anxious about leaving children behind without any support.

In the context of vulnerability in which widows live, some show great resilience in the sense of an ability to 'bounce back' from all sorts of adversity. They enact, for instance, a strong sense of responsibility in raising and protecting their children, including orphans they have decided to take into their care. Another example is their engagement in work that used to be men's work, such as the construction of roads and brick buildings. In addition, there is active resistance among widows to the culture of widows' sexual availability for men. There are, however, also widows who do not bounce back and do not resist society's attitude towards them. Instead, they may reduce their sensitivity and in this way make themselves less vulnerable. To me, it seems, Seraphine was quite resilient, actively taking care of her children

as best she could. As she said, in sociotherapy she met widows worse off than her - some of whom I also met - among them women whose resilience seemed to have been irreversibly affected, that is to say before their participation in sociotherapy.

Next to socio-groups for widows, there are groups for ex-prisoners, orphans, single mothers, people living with HIV/AIDS, women who take care of children with HIV/AIDS, secondary school students, men living in difficult home situations, married couples, and the elderly. Each of these categories of people has group-specific problems. There are also so-called mixed groups with men and women, youngsters and old people. No specific socio-groups are available for women with experiences of rape, Hutu or Tutsi women with husbands and sons in prison, and children with parents in prison, even though these categories of people are seen as particularly vulnerable.¹⁹ However, people with these problems are among the sociotherapy participants and their specific problems can be raised within their socio-groups if they choose to do so (cf. Richters 2008).

There are variations in the injuries people suffered and the resilience they developed. A significant feature of what people share across categories is the loss of a common sense of moral orientation and trust, resulting, for instance, in a lack of the traditional and much valued social togetherness, a loss of dignity, and lingering stigmatisation. In addition, people suffer from structural violence in the form of poverty, hunger and degrading material circumstances. All these social forces result in a complex of health problems of a spiritual, moral, social, psychological and physical nature. In the sociotherapy programme, loss of dignity, lack of being cared for, and mistrust are presented as the key elements of people's suffering. For the sociotherapists and sociotherapy group participants dignity means worthiness or being valued (*agaciro*), having value as a human being (*ubumuntu*), having a good image or reputation (*kugira ubuhamya, bwiza/kuboneka neza*), being blameless (*ubuziranenge*), and being a person of integrity (*ubunyangamugayo*).

For widows, for instance, dignity means being cared for instead of being neglected, disrespected, and mistrusted. "So and so did this to me and it made me feel like others". The widow quoted here feels recognised as a human being through being cared for. However, widows keep hearing nasty words from people around them, which strip them of their dignity and humanity. Often they are too ashamed to go out, and thus feel isolated. "A widow is a widow and it is all over, it is like we are finished" (widow). For ex-prisoners, dignity means to remove the shame and humiliation that burdens them after their prison release. "You come out of prison as a person who is infected (*ukuramo ubwandu*). People do not trust you" (ex-prisoner). It means that, when they come out of prison, the value and respect ex-prisoners had had in society before their imprisonment is lost. Even when an ex-prisoner is released because he proved to be innocent, he still feels shame. For ex-prisoners the meaning of dignity is to be accepted into society again.

Sociotherapy appears to be an intervention that can help people break through their misery, even in situations in which their resilience seems to have been irreversibly affected. What people like Seraphine appreciate in sociotherapy is being respected by others again, and being given the opportunity to speak, tell their stories, and be listened to in a respectful way. The socio-group functions for them as a family and a doctor at the same time. Before their hearts were like a stone, they say. However, sharing their story with others and listening and processing advice from them unburdens their hearts and gives them peace and security. Sociotherapy helps people begin a process of coming to terms with experiences related to the violence of war and genocide and/or the violence that is part of their present day-to-day life. The 'healing of their hearts' helps them to constructively confront their daily problems by taking the initiative to reconnect with others who harmed them and start a process of

¹⁹ In the context of Byumba, selecting people to participate in a socio-group on the basis of these specific problems would most likely contribute to stigmatization.

reconciliation with them. Their identity as victims gradually dissolves. As people often say: “Sociotherapy gave me my humanity back”.

The way people describe what sociotherapy can do for them does not match with what the term sociotherapy may suggest: a medicalizing approach to social problems. Because of the possible connotations the term ‘therapy’ may conjure up, a more appropriate term would have been desirable. However, the term sociotherapy soon found its way into Byumba society and elsewhere in Rwanda, which makes it difficult to think it away now. People do understand that the intervention works through its ‘community as doctor’ method (Rappoport 1960), meaning that it is the community of the socio-group that heals. While sociotherapy is first of all directed at the social level and not the psychophysiology of a person, it appears to have a healing effect on the individual mind/body as well.

When sociotherapy is labelled by sociotherapists and beneficiaries as ‘medicine’, as it regularly is, the term serves as a metaphor for something that works quickly and effectively. As one AIDS-affected widow - who like Seraphine was suffering from ‘weakness’ (not having the moral strength to do things), hopelessness, isolation, fear of death, and stigmatization - said in an interview: “Nurses cure the body but sociotherapy cures the illnesses of the heart”. As Seraphine, quoted above, put it, “it was like vomiting, everything in my heart came out’. In Byumba the practice of sociotherapy is also referred to as *isanamitima* (heart repair; a term people use for various kinds of counselling, particularly trauma counselling), *inyigisho* (teachings), trainings (*amahugurwa*), and *kuvurana kivandimwe* (healing each other in a brotherly/sisterly way). The people participating in sociotherapy, however, usually call it *soserapi* or *seziterapi*.²⁰

Sociotherapy does not work for everyone quickly and effectively. Annonciata, for instance, a young single woman, testified after thirteen group sessions: “To be honest, I was not satisfied, these are only words. I cannot get body lotion and soap. There is nothing to help me buy what I need. I did not bring out my inner problems”. It happens occasionally that participants leave the group half way during the sessions because, for various reasons, they do not want to speak about their problems. It is estimated that twenty percent of the people who participate until the end are not satisfied because of unsolved problems, often severe emotional problems. Many of them join a second group. Some are advised by sociotherapists to seek more specialised care.

7. Suffering from a damaged *inter-est*

People participating in sociotherapy demonstrate by their behaviour and speech that what they suffer from most can be conceptualized as the loss of *inter-est* and that the key to sociotherapy’s effectiveness is its contribution to the restoration of that *inter-est*. *Inter-est* is a concept introduced by the ex-patriate trainer Cora Dekker as the first principle of sociotherapy in Byumba. She derived that concept from Hannah Arendt’s *The Human Condition* (1958). For the philosopher Arendt, the condition of human existence is plurality. Interest in each other starts because of that plurality. Dekker explained the principle of *inter-est* (presented to the trainees as ‘interest’) in her training by saying that people who are interested in each other can ask questions like: ‘how are you’, ‘what do you mean’, ‘how do you do things’, ‘how do you see things’, ‘how do you experience things’. In this way a dialogue starts.

Sociotherapists link the principle of interest particularly to the phase of care. They explain it to group participants as the first step towards caring for someone. Showing someone that you care, is to first show an interest in him or her. When you start asking the question of

²⁰ Lately the local term *umusurusutsinda* (someone who warms up a group, a group ‘warmer’) has been proposed for sociotherapist, c.q. socio-group facilitator. It refers to the animation of group dancers. When the group seems tired or discouraged, ‘seems cold’, the members of the group need someone to ‘warm them up’.

'how are you', you show that you care about the person you address. As a sociotherapist in Byumba put it, "Disregard for another person may lead to loss of life, a woman may hang herself because she feels humiliated. Children might possibly become street boys and girls, as a result of feeling uncared for, or disliked".

Arendt (1958:182-183) distinguishes two meanings of the concept of *inter-est*. People's specific, objective, worldly interests "constitute in the word's most literal significance, something which *inter-est*, which lies between people and therefore can relate and bind them together. Most action and speech is concerned with this in-between, which varies with each group of people (...)". As Ahrendt puts it, this first "physical, worldly in-between along with its interests is overlaid, as it were, overgrown with an altogether different in-between which consists of deeds and words and owes its origin exclusively to men's acting and speaking directly to one another". She refers to this second, subjective in-between reality as "the web of human relationships", indicating by the metaphor its somewhat intangible quality. Widows experience the collapse of the *inter-est*, the collapse of the web of the social relations they belonged to in the past, as social death. As Arendt writes, a "life without speech and without action is literally dead to the world; it has ceased to be a human life because it is no longer lived among men" (ibid. 176). In Byumba one would say that that life is a life without humanity (*ubumuntu*). The testimonies of different categories of people confirm that destructive social forces in Byumba evidently have not only brought along a form of physical death, but also social death - "a disempowering descent into passivity and privacy, solitude and silence" (Jackson 2006:44).

The anthropologist Michael Jackson (ibid. 39), who was greatly inspired by the work of Arendt, writes that violence - like storytelling to which I will turn below - occurs "in the contested space of intersubjectivity, its most devastating effects are not on individuals *per se* but on the field of interrelationships that constitute their life worlds". This is precisely what is at stake in a post-war society such as Byumba. Virtues that people value but that have been lost due to the violence are acts of greeting, visiting each other, and inviting one another to parties and ceremonies. A sociotherapist from Byumba gave the following example of such loss: "Imagine, someone in my village recently built a fence between his plot of land surrounding his house and that of his neighbour without an opening in it, which would enable that neighbour to easily come in to borrow salt or matches when he lacks these basic provisions at a particular point in time." There are many Rwandan proverbs which express the importance of living in harmony with other people and being no one without another. One of them is, for example, *Kubaho ni ukubana* (The value of existence is to be with others). The moral system expressed in this proverb fell in to disorder in Byumba; a disorder which people experience as threatening.

9. The recovering of *inter-est* through storytelling

Socio-group participants say in their testimonies that the key to their recovery is being able to speak to each other again in the safe environment of a socio-group. As Seraphine stated: "Now in the sociotherapy programme and talking with others, the situation improved". In socio-groups people share togetherness by sitting together, praying, playing games, joking, singing, dancing, communicating through body language and talking. While I focus in this section on the speaking, it is important to realize that this act of speaking is embedded in the other forms of sharing I have listed. People tell each other stories, discuss with each other the problems presented in those stories, and advise each other on what to do. The talking and sharing is important for people to regain their dignity. A sociotherapist going over what they had learned in a meeting with colleagues expressed this as follows:

The first thing sociotherapy does is to enable people to retrieve their dignity and to give them a platform to speak. When a person gets a chance to talk with others, that person takes the opportunity to ask himself 'how do they see me'. Others take the opportunity to show him that he is not the only one with that particular problem. Feeling that he is the only person who has that problem is often a serious sickness in itself. And even if he is the only one with a problem that haunts and overpowers him, others support him and he starts wondering 'Can others stand by me'? 'Is it possible that when I say something it is understood'? When people start talking, they begin to open up. They wake up and begin to see things more clearly, where they got lost and what made them lose their worthiness. At the end of the programme beneficiaries say 'I can live with this and my life will continue'; 'it also happened to others and this comforts and strengthens me and gives me the zeal to live on'. Sociotherapy is like a teacher and a medicine. You (as a sociotherapist) have to prepare it well and they have to take it well.

Since most people in Byumba hide their problems and do not speak about them, people walking around in the neighborhood might easily think that the others are fine. This makes that person feel jealous and frustrated. However, such negative feelings gradually appear to decrease in socio-groups when people get their dignity back. Another sociotherapist also links dignity to talking to each other.

I see dignity nowhere else but in the dialogues, in that freedom of speaking in a group of different people. The fact that someone is able to talk among people makes him or her feel respected. That freedom fills a void in the life of that person. Freedom is a very important thing, and it is here that I determine whether dignity has returned.

For sociotherapists dignity is closely related to safety and trust, both of which are considered to be the backbone of sociotherapy. "When a person feels that he or she has safety and trust, dignity is immediately present, all these three things come from the discussions" (sociotherapist). Safety, trust and dignity develop with the development of a space of shared *inter-est* by the socio-group.

An indication that trust and safety are present is when a person who came thinking that his life is holding by a thread, has joined others for a new journey and in the process of opening up, they talk, they laugh, they show it by giving their testimonies, they show it by saying that they thought that they were 'dead' because of carrying the burden alone. Looking at them talking, happy that they have reached a point where they can share their problems with others, shows that trust and safety are there. If someone joined the group thinking that he is the only one who is heavily-loaded, but found that there is someone else he can share the burden with, it is an indication that he has taken an exemplary step forward. Safety and trust bring along something called *ubumuntu* (humanity). (sociotherapist)

Jackson's exploration of Arendt's view on storytelling leads him to write that storytelling has the power to heal. In line with Arendt's conceptualization of the *inter-est*, Jackson (2006:58) points out that "in bridging the gap between private and public realms, storytelling enables the regeneration and celebration of social existence, without which we are nothing". The term 'public' signifies for Arendt (1958:50) "two closely interrelated but not altogether identical phenomena. Jackson (2006:11) paraphrases the way Arendt describes both as follows:

Phenomenologically, the public realm is a space of appearance where individual experiences are selectively refashioned in ways that make them real and recognizable in the eyes of others. Sociologically, the public realm is a space of shared *inter-est*, where a plurality of people work together to create a world to which they feel they all belong.

For Arendt (1958:58), the private realm denotes a conglomeration of singular and reclusive subjectivities “deprived of the reality that comes from being seen and heard by others (...), what matters to him (private man) is without interest to other people”. In Arendt’s view, storytelling is never simply a matter of creating either personal or social meanings, but an aspect of the *inter-est* in which a multiplicity of private and public interests are always problematically in play (ibid. 182-184).

Sociotherapy in my view can be seen as a public realm in the way Arendt defined it; a realm or space where a shared *inter-est* gradually develops in the course of the sessions. Like violence, storytelling occurs in the contested space of intersubjectivity. The value of telling each other stories in socio-sessions lies precisely in that, even if participants contest them, they usually do so in an atmosphere of mutual care and can be guided towards constructive criticism.

In socio-groups people primarily speak in the form of what Bamberg (2006) and Georgakopoulou (2006a&b) call ‘small stories’, to be distinguished from ‘big stories’. The term ‘small stories’ refers to stories that are usually very short, which is why they are called ‘small’.²¹ More importantly, however, the term is meant to refer to stories told during interaction with others, the kind of stories people usually tell in everyday settings. They are often about very mundane things and everyday occurrences; frequently about very recent (‘this morning’, ‘last night’) everyday-life events. Georgakopoulou (2006a:126) calls these “immediately reworked slices of life” that arise out of a need to share with friends what had just happened, “breaking news”. This term aims to capture the dynamic and ongoing nature of these small stories. Small stories are more about imagining the future than about remembering the past, which is usually done in big stories.

The term ‘big stories’ refers to the often relatively long stories about personal experiences of past events as they are elicited in, for instance, therapeutic interviews and biographic narrative research. Big stories are also told in socio-groups, particularly when the group reaches the memory phase. Then at least some of its participants may tell others about the painful experiences related to the political violence they went through in the past. It was remarkable that the telling of big stories was absent in the socio-group of ex-prisoners, which was observed by the local researcher Rutayisire (2008). A lengthy period passed in that group before the men changed from ‘we-talk’ to ‘I-talk’, but even then their genre of speaking remained in the form of small stories.

An example of a particular kind of small story in socio-groups are those told in the round of so-called ‘weekly news’, news about the good and bad things that had happened during the past seven days, the days between the previous and the present meeting. Such ‘breaking news’ is usually presented immediately after the opening prayer, at the beginning of a session. Examples of such news presented in a women’s group were news about family conflicts, health problems, roof leakages, and livestock problems. Examples of news in an ex-prisoner socio-group were about having been busy sowing sorghum, having one or two sick people at home, the payment of the compulsory health insurance (which is experienced as a

²¹ The term small was chosen over short, since the term ‘short-stories’ has already been coined for a particular literary genre. And the term ‘Big Stories’ was chosen over ‘Grand Stories’ in order to avoid the possibly confusing allusion to ‘Grand Narratives’ as coined by Lyotard.

nightmare, especially when one has a wife and eight children to take care of, and fears that non-payment may result in imprisonment again), and the reduction in livestock prices, resulting in a drop in income. The local researcher documenting the meetings of the ex-prisoner group noticed after some time that in almost all meetings the men, with a few exceptions, said more or less the same thing, 'a sick child or sick wife'. It had become almost like a routine statement.²² This does not take anything away from its relevance. The round of weekly news contributes to the development of trust needed to construct the *inter-est* in the group. Once a certain degree of safety and trust is established in the group other types of small stories are also included and, at least in some of the socio-groups, and begin to gradually intermingle with big stories about people's lives.

What Bamberg (2006) writes about the point of telling stories in interactional circumstances applies very well to what happens in socio-groups. "Usually, speakers bid for the floor to tell a story in order to make a point and to 'account' for one's own (and/or others') social conduct as a matter of stake and interest, that is to say, "making past actions accountable from a particular (moral) perspective for particular situated purposes" (Bamberg 2006:144). At this point Bamberg quotes Drew (1998:295).

In the (interactional) circumstances in which we report our own or others' conduct, our descriptions are themselves accountable phenomena through which we recognizably display an action's (im)propriety, (in)correctness, (un)suitability, (in)appropriateness, (in)justices, (dis)honesty, and so forth. Insofar as descriptions are unavoidably incomplete and selective, they are designed for specific and local interactional purposes. Hence they may, always and irretrievably, be understood as doing moral work – as providing a basis for evaluating the "rightness" or "wrongness" of whatever is being reported.

What people do in socio-groups by telling their stories is the moral work described in this quotation (see also Walker 2006). In addition they advise on what is morally the best way to behave. This can be to forgive the person who wronged you. Another piece of advice can be not to present the case discussed in the group to a court, which will cost a lot of money and is likely to be ineffective, but solve the case among the people involved in it. Many discussions in the socio-groups focus on conflicts. The three types of conflicts mostly addressed in the groups are family conflicts (such as domestic violence), conflicts due to incompatible interests (for instance disputes about the ownership of a piece of land), and conflicts related to ethnic differences. This illustrates that the Hutu/Tutsi dichotomy is far from being the only cleavage in Rwanda's society. As Buckley-Zistel (2006b:138) observes, "Hutu and Tutsi groups are in themselves diverse, providing cause for many other conflicts. Moreover, boundaries along ethnic identities are not always clear-cut". She met, for instance, amongst Tutsi survivor groups a number of Hutu women whose Tutsi husbands had been killed. Other examples of the fluidity and ambiguity of ethnic identities are Hutu (like Seraphine) who are perceived by other Hutu as Tutsi; Tutsi women joining Hutu female neighbours to visit their husbands or sons in prison, and mixed marriages in which husbands and wives remain faithful to each other.

10. Concluding remarks

Sociotherapy as implemented in Byumba is presented in this chapter as one of the many interventions in Rwanda to facilitate the healing of social and individual wounds caused by the political violence of its recent past and, as a continuation of that past, the ongoing day-to-

²² An experienced sociotherapist would be able to break through this 'routine' by raising other types of starting questions.

day traumatisation by a continuum of violence, including structural, social and family violence. The Rwandan war and genocide share with many other contemporary violent conflicts features that undermine the foundation for well-functioning communities. However, though there are similarities, political violence takes different forms and affects people and communities differently. These differences also exist within countries. Thus, in Rwanda, different parts of the country and different social groups experienced the war and genocide differently.²³ As Fletcher puts it, "... Rwanda in April 1994 was a place of a thousand civil wars: distinct, if not unconnected" (2007:41).²⁴ These differences and their aftermaths turn out to have implications for the functioning of sociotherapy, which is set up to meet the specific needs of communities in search of healing.

Even though sociotherapy has been brought from abroad, in Rwanda it has been adapted to local circumstances and needs. It is, for instance, not clinic-based as in the West where sociotherapy originated, but community-based, and adjusted to the communities in which it functions. The specific needs of communities in the Byumba region are different from for instance, the Nyamata region, where a second sociotherapy programme started in 2008. Nyamata communities suffered much more from the genocide than Byumba in terms of the number of genocide killings. As a result, the Nyamata sociotherapy programme established socio-groups that were all mixed, with perpetrators and victims of the genocide represented in most groups. This difference between the two programmes is under study and will be reported on in the near future. Here I will summarize what the specificities of the Byumba sociotherapy are in comparison to the other interventions in Rwanda which I have briefly presented in this chapter.

A major difference between sociotherapy and contemporary *gacaca* is that everyone participating in sociotherapy can bring just any problem forward for deliberation. The goal of these deliberations is not to identify guilt as in *gacaca* and to reach a verdict, but in a safe environment discuss and if possible solve daily life problems. Sometimes the group chooses a few people from among themselves to act as 'people of integrity'. These people visit a group member at his or her own home in order to discuss there the problem he or she presented in the group with the very people actually involved in the problem. Occasionally this initiative aggravates the problem instead of solving it. In most cases, however, the result is positive. Sociotherapy reminds people of traditional *gacaca*, which they remember as a valued institution. However, people also appreciate the way sociotherapy differs from traditional *gacaca*, in the sense that the principles of equality, democracy and individual responsibility (for instance to contribute to the case brought forward) as they are applied in sociotherapy were not as thoroughly applied in traditional *gacaca* (cf. Ngendahayo 2008).

It is its broad, ecological focus that distinguishes sociotherapy from most reconciliation activities in Rwanda. Communities are shattered by more than issues directly related to ethnicity, and sociotherapy aims to allow people voluntarily to share with others their experiences of what is at stake for them. It turns out that most of them suffer from social and moral disorder in their direct living environment, and extreme poverty as a cause and a consequence of this disorder. Sociotherapy, in contrast to many other social healing interventions, does not give any material compensation for participation in its activities. However, it regularly results in a renewed social vitality to address issues of poverty by starting income generating activities together and helping each to, for instance, build houses for those in need, or work for them in their fields.

²³ See Fujji (2009) for a situational analysis of two different rural communities - one in North and one in South Rwanda - and their experience of the genocide.

²⁴ Fletcher's expression must be understood in reference to the fact that Rwanda is often referred to as the 'Land of a Thousand Hills' due to its mountainous and irregular terrain.

A major difference between sociotherapy and trauma counselling is that sociotherapy is less individually oriented than trauma counselling. People in Byumba who went through the latter testify that they do not like the individual oriented method of asking so many questions. That gives them the feeling of being judged. Besides, coming back to the same environment where neighbours harass them and where they are confronted with symbols of bad memories, such as a tree under which a family member was killed, causes one to relapse if there is no one to support the person in question. Another problem in trauma counselling is that speaking on a one-to-one basis prohibits the client from realizing that he or she is not alone in his problems. In people's perception sociotherapy relates in many ways to the Rwandan culture of togetherness which people cherish in their memories, while trauma counselling does the opposite. However, a sociotherapist commented at this point that, even though sociotherapy promotes individual responsibility within the context of togetherness, a negative effect of its approach may be that people are able to hide too much behind the togetherness. Where needed, more training and experience can give sociotherapists the courage and skills to break through this attitude of placing the locus of agency - the responsibility to act - onto the group and away from individuals.²⁵

Churches have many activities that may promote healing. One difference with sociotherapy is that in church people are often addressed in large groups, which does not favour confidential communication. And in a one-to-one pastoral counselling situation, the individual is too exposed and may feel uneasy. In that particular counselling setting, answers are sometimes given by counsellors that are based on pre-established biblical frames-of-reference, even before the question asked by the client has been heard. And the question a person himself or herself wishes to ask may not be posed because in that particular setting there is a lack of trust and lack of competence to formulate it well. The contrasting, specific and distinctive character of sociotherapy with its phases and principles is the fact that participants share regularly well facilitated time and space for a relatively long period. Spontaneously, however, elements of Christianity like prayer and the use of biblical texts are integrated into sociotherapy. People seem to appreciate this. It is explained to me as part of their culture. However, sociotherapy works for people also without Christian elements. This became evident in socio-groups in which, after the programme had been running for two years, these elements were - as a kind of experiment for the sake of assessing the value of prayer and bible reading as part of sociotherapy - deliberately excluded from the sessions.

While sociotherapy, in important aspects, differs from other interventions, it also complements these other programmes and even makes them more effective. The experiences with sociotherapy suggest that it has the capacity to mediate other, often more top-down or less bottom-up programmes in the sense of enabling or strengthening the healing potential of these other interventions. Sociotherapy may, for instance, function as the social hammock in which individual trauma therapy can be embedded and in this way improve the benefits of trauma therapy for those who do not benefit enough from sociotherapy alone. One reason why local authorities appreciate sociotherapy is that it has increased attendance at public memorial events in April. Case studies, like the one of Solange, indicate that, with sociotherapy as a hammock, the trauma-generating effects of this attendance decrease and the healing effects increase. Christianity has already been integrated into sociotherapy. Church activities - such as charity and socio-economic development initiatives - on the other hand may be more effective if they incorporate sociotherapy. Various church leaders in Byumba confirm that this is indeed the case. In short, sociotherapy is a bottom-up approach to healing that helps to

²⁵ As Fujii (2009) in her chapter on 'The logic of groups' explains, 'joiners' (the lowest level participants in the genocide) killed in groups, not individually. For joiners, groups become sense-making. In contrast, 'resisters' never looked to any group to make sense of the situation they faced. "Instead, they look to their own consciences or 'hearts'" (170).

build a new foundation for well functioning communities and may thus strengthen the (potential) benefits of other, even top-down, interventions.

To conclude, there may be limitations to the information on which I have based my interpretation and evaluation of sociotherapy. It is possible that the information I was able to gather overstates its positive effect for some people and skips over its ineffectiveness for others. The fact that I have so much more information about sociotherapy's positive effects than its lack of effect, or even negative effects, may be due to the fact that stakeholders in the programme were so surprised and overwhelmed by the positive changes sociotherapy has introduced in people's individual lives, in families and in communities that they were less aware of sociotherapy's failures. However, they also continuously try to adjust the programme in response to its challenges and limitations, which include: the authoritative way in which some sociotherapists lead groups; the emotional burden on group facilitators and their lack of knowledge and skills to properly handle all situations that may arise in groups (for instance, accusations and aggression); the additional training needed to handle severe traumatic stress, accountability of perpetrators, and feelings of guilt; the limited amount of (follow-up) training for facilitators due to financial constraints; the shortage of supervision of facilitators and after-care for participants; the limited options for referring people to more specialized forms of care, and the ever-present problem of poverty as a cause of many conflicts.

Longitudinal research is needed to evaluate the impact of sociotherapy in the long-term. For instance, what will happen when external funding of the programme ends, when it is taken over by the State or develops in a direction that enables people to become critically thinking citizens of a State that may not like this? It is difficult to predict where this transitional social intervention will lead. For the time being at least it is an intervention that seems to be appreciated and accepted by the majority of its stakeholders positioned at all levels of Rwandan society. One of its most important effects is that people begin to realize that they are not alone in suffering from particular problems, as has been said again and again in the many testimonies that have been collected. Together, people start feeling strong again, and able to face whatever they have to face. *I buharankakara havuga abagabo ntihavuga umugabo* - In difficulties the voice of one person cannot save him or her, only a collection of voices can do that.

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