Life Goes On: Psychosocial Suffering from war and healing pathways in northern Rwanda

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Thesis submitted in accordance with the requirements for
the degree of Doctor of Philosophy of
University of London

2017

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Funded by the Joint Japan/World Bank Graduate Scholarship Programme,
British Council Japan Association, Japan Student Services Organization,
Japanese Association of Qualitative Psychology (Award for an emerging scholar)

I, Yuko Otake, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signed: Date:

Abstract

This thesis explores the ways in which local communities in Musanze, northern Rwanda, heal psychosocial suffering from the war period between 1990 and 2000 in the context of limited humanitarian aid. Employing a narrative approach, it unpacks experience of psychosocial suffering, elaborates the ways in which communities heal themselves, and describes the meaning of 'healing' in the light of local views of morality, life and death. Qualitative analysis drew on participant observation, in-depth interviews, and focus-group discussions based on ten months of ethnographic fieldwork, which built on prior life and work experience in the field over two years.

Findings first describe local conceptualizations of psychosocial suffering. These fell on a spectrum constructed by the degree of social disconnection reported by participants and how far their thoughts and memories were oriented towards a wounded past. A key element of suffering was the literal 'unspeakability' of many wounds due to politically-sensitive circumstances. This related to difficulties in making sense of what they have experienced. Narratives of healing pathways described a common theme of leaving the past behind and going forward to the future through participation in different communities, including church-based groups, traditional mutual-saving groups, and neighbourhood relationships. In the context of the unspeakability of many wounds, communities provided alternative ways of healing from 'speaking' of wounds directly. These include: allowing members to make sense of their suffering through religious and traditional activities, everyday-life practices, and life-event ceremonies.

The thesis highlights that, in this setting, healing is not conceptualized as 'recovery' as assumed by Western theories, but rather, as a trajectory of 'life goes on': that is, that time continues into the future. In this emic experience of healing, the focus is not on traumatic time but on time 'being lived' as part of life, and a series of lives handed over from generation to generation, through sharing everyday life and significant life events. In other words, healing can take place through social connection in a wider time-scale than trauma.

Acknowledgements

Although I accept responsibility for all the analysis and arguments I make in the thesis, a number of academics, friends and colleagues, participants and informants and logisticians from Rwanda, UK and Japan supported me in completing my fieldwork, as well as writing the thesis. I know that many of those from Rwanda wish to be anonymous, while others may be happy to show their identities. However, to ensure their anonymity, I will use pseudonyms for everyone from Rwanda.

I first express my profound gratefulness and thorough respect to my research participants and other informants for sharing life-stories, episodes, local knowledge and personal ideas with me. I also want to thank, from the bottom of my heart, the leaders and members of the *Umuryango-remezo* Saint Ignace group and *ibibina* mutual-saving groups, including *Tri-kumwe*, *Abaterambere*, and *Dream-makers*, who warmly welcomed me and allowed my participant observation. I am particularly thankful to officials at the Ministry of Education, the Rwanda National Ethics Committee, the local administrative units, and INES-Ruhengeri who permitted my research; to Father Jean-Pierre and Father Gabriel Mukuru who allowed me to conduct my research in the field; to Father Martin, Father André and other priests who honestly shared their stories and ideas with me as local religious leaders; to Kamana, Sentwali, Uwineza, Masengesho, and Dieudonné who dedicated their time and energy to support the course of my fieldwork; to Agnès, Ishimwe, Gasore and Mugabo who supported my local life logistically. I also want to thank locally-based foreign colleagues; Peace and Grace who shared many beneficial thoughts with me, supported me mentally as well as professionally; the vice-director of JICA Rwanda who shared information about Rwanda; and three young members of JICA who were working in Musanze at the time of my fieldwork and listened to my emerging ideas from the research.

My research idea became manifest thanks to a wonderful listener and my best friend, Alain. He was the first person who listened to my story about resilient communities in Rwanda with a lot of interest. He also supported me mentally and logistically throughout my doctoral study. Academically, I was very lucky to have an amazing supervisor, Professor Judith Green. She made me realize that my experience in Rwanda could be the source of an ‘interesting’ study and guided me to set the research question. My study is undoubtedly indebted to her for her very valuable academic support throughout the fieldwork and thesis-writing. I want to express my sincere gratitude to her. I am also deeply grateful to Professor Janet Seeley and Dr Virginia Bond for helping me to produce the research protocol and providing beneficial inputs. Their intensive and very kind support enabled me to prepare for and start the research project in Rwanda. I am very thankful to Professor Corinne Squire for providing insightful feedback on my analysis all the time. She taught me a lot of important things about narrative study across

cultures. I would like to thank Professor John Cairns for very kindly taking me under his wing at LSHTM after Judy moved to King's College London. He particularly supported me mentally through listening to my stories about my life in Rwanda and in London. My thesis became further polished through the process of viva-voce and I am especially grateful to Emeritus Professor Murray Last and Professor Giorgia Doná for taking the role of examiners and providing me with very beneficial discussions. I also want to thank Dr Julia Mortimer for her fantastic proofreading and for teaching me academic English.

Not only Alain but also many other friends, colleagues, and family members supported my personal and academic life during the past four years. Particularly I want to thank Kazuyo for helping me to come to LSHTM and continue my study there, Chiho for feeding me with organic foods, my family including those who alive and departed for giving me mental support.

Finally, I was able to complete my doctoral study thanks to funding by the Joint Japan/World Bank Graduate Scholarship Programme, British Council Japan Association, Japan Student Services Organization. Part of my thesis, Chapters 5 and 6, was presented at the 31st International Congress of Psychology 2016 in Japan and the 6th International Conference on Community Psychology 2016 in South Africa, and received an award for an emerging scholar by the Japanese Association of Qualitative Psychology. It also encouraged me to continue my study.

'Thank you' is '*arigatou*' in my language, Japanese. It originates from an adjective composed of two words '*ari* (to be, exist, or happen)' and '*gatai* (difficult or rare)'. So, we Japanese generally express gratefulness based on understanding that 'it is difficult to happen and rare to exist'. With this meaning, I would like to say 'thank you' to all the above – *arigatou*.

Abbreviations

AA	Alcoholic Anonymous
AERG	Association des Etudiants et Éleves Rescapés du Genocide
ALIR	Armée pour la Libération du Rwanda
APA	The American Psychiatric Association
BBC	The British Broadcasting Corporation
CBT	Cognitive-behavioural therapy
CERTI	The Complex Emergency Response and Transition Initiative
DRC	The Democratic Republic of the Congo
DSM-III	The Diagnosis and Statistic Manual version III
DSM-IV	The Diagnosis and Statistic Manual version IV
FARG	The Genocide Survivors Support and Assistance Fund
FDLR	The Forces Démocratiques de Libération du Rwanda
FRW	Rwandan Franc
GBP	Great Britain Pounds
IES	The Impact of Events Scales
MINEDUC	The Ministry of Education
NET	Narrative exposure therapy
NGO	Non-governmental Organization
NTC	The National Trauma Centre
PTSD	Post-traumatic stress disorder
RNEC	The Rwanda National Ethics Committee
RPF	The Rwandan Patriotic Front
UNHCR	United Nations High Commissioner for Refugees
UNICEF	The United Nations International Children's Emergency Fund
USAID	The United States Agency for International Development
WHO	The World Health Organization

Contents

Preface: The Beginning of the Quest

I first arrived in the region of Musanze in August, 2010, two years and a half before I started my PhD in London. At the time, I was working for the Japan International Cooperation Agency (JICA), a government-affiliated agency for international cooperation and development. My assignment was to support grassroots organizations in the Musanze district with community reconstruction after the war period, focusing on health and social welfare. The job description explained that the war had produced a large number of orphans and widows within Musanze, which has had a considerable impact on population health and welfare. I lived in a local community in Musanze over a period and learned the local language, Kinyarwanda. More than the many projects I managed, I enjoyed sharing life with local people and travelling to remote villages with my local colleagues. It was through chatting with local people in markets, visiting them in villages, and drinking beer with them that I began to question the notion that the lives of local people were beset by problems. On the contrary, it began to appear to me that they were, in fact, powerful and resilient.

This resilience was displayed in the construction of a youth centre run by a church-affiliated organization. I will describe it briefly as it was this project that inspired me to set up the present study.

In summer 2010, soon after I arrived in Musanze, the Catholic Church of the Ruhengei diocese (corresponding to the Musanze district) bought land for one of its sub-organizations: the youth committee. The youth committee planned to construct a youth centre at an estimated cost of 100,000 dollars. As I was partnered with the Catholic Church, the youth committee asked me to provide financial support. However, this was not viable due to the size of the budget for a somewhat ambiguous objective. Since the Church had no additional financial power, the youth committee had no alternative but to mobilize local Christians for the construction project. In Autumn 2010, dozens of young Christians began to gather at the construction site located in a Musanze village every weekend and prepare the land for construction, weeding, removing stones and levelling the land with hoes and by hand. Over the winter of 2011, the youth committee organized a series of meetings with local Christians across Musanze for fund-raising campaigns, after which they launched the construction of the youth centre. Although there were several mishaps during the construction, such as stolen construction materials and demotivation of workers, the youth committee managed all those problems. When I left Rwanda in the summer of 2012 the construction of the 1000-capacity main hall of the youth centre was almost complete. No financial or technical input was made by foreigners; it was entirely managed by the youth committee themselves, raising donations and mobilizing workforces among local people.

Over the two years of the construction project, some leaders of the youth committee told me their life-stories: what they had experienced during the war period and how they had reconstructed their lives afterwards. Sometimes those stories were told as their explanation for why they are so devoted to carrying out reconstruction projects for their communities, including the youth centre. When the construction of the main hall was almost complete, one of the youth committee leaders said: “Maybe it takes many years [to complete the whole construction] but we will do it, and ‘yes, we can’, even if it is slow.” (fieldnotes, EN, Jan-2012). For them, the construction of the youth centre was a significant part of their reconstruction story after a series of tragedies.

I observed the process of this construction project throughout my two-year stay. I also watched many projects and activities run by small local communities and began to feel drawn to the strength and commitment of those people in Musanze. I questioned what made them so appealing, what made them so powerful and strong? How could they reconstruct themselves with no help from outside? These primitive questions, combined with memories of my life with them, sustained my attachment to the people of Musanze and I decided to base my study on them three years after I left the country.

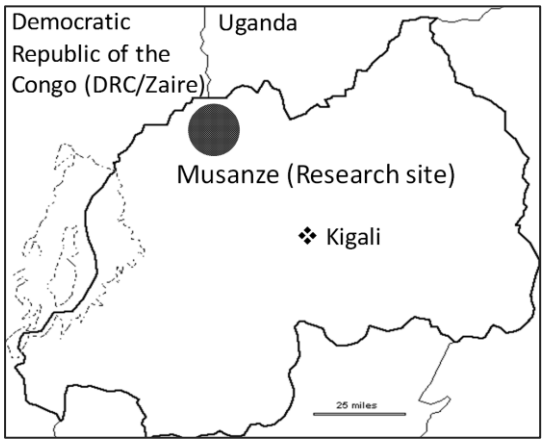
At the outset, I would like to emphasise the fact that my study was born from my life with the people of Musanze, particularly ordinary people at grassroots level. This informed my fundamental position of doing my ethnography in a bottom-up way, listening to people’s stories, and understanding the ways in which they make sense of themselves as well as the world.

Chapter 1: The Research Site and War History

Musanze: The Research Site

The research site, Musanze district, is located in the northern prefecture of Rwanda. Musanze has two frontiers with the Democratic Republic of the Congo (DRC) and Uganda in the north side (Map 1). It was affected by different wars from 1990 to 2000, including the civil war (1990-1994), the genocide against the Tutsi (1994), and the war of the *abacengezi* (1997-2000). Due to the geographical situation of having two borders, Musanze was directly attacked by armed forces which invaded from Uganda during the civil war before 1994 as well as those from DRC between 1997 and 2000. On the other hand, the geographical location has also benefited people living in the region, particularly after the wars, through providing business transactions beyond frontiers. Nowadays a growing number of migrants from Kigali and other provinces are flowing in for business purposes, increasing the population of the urban areas.

Map 1. The location of the research site, Musanze



War History of Musanze (1990-2000)
1990-94: The civil war before the genocide
1994 : The genocide against the Tutsi
1994-97: Exodus to Zaire/DRC and repatriation
1997-2000: The war of the abacengezi

In the northwest of Musanze, a chain of volcanoes called the Virunga Mountains are ranged along the boundaries with Uganda and DRC. Part of the Virunga range is designated as the Volcanos National Park where foreign visitors come to track mountain gorillas. On a clear day, Virunga Mountains can be clearly seen from the villages of Musanze. People cultivate the land at the base of the mountains, producing Irish potatoes, beans, crops, a variety of vegetables and fruits. As is typical for mountain regions, the climate of Musanze is cold. Even in the dry season, people wear long-sleeved clothes, even woollens. When they hear thunder from the mountains, they anticipate the arrival of the rainy season. The Virunga Mountains are significant in the construction of people's everyday lives. The names of the mountains are frequently heard in daily conversations, also in traditional myths and old stories that people tell children. I sometimes heard from Rwandans, as well as foreigners, that northern Rwanda

maintains local traditions well since it is far from the old capital of the Rwanda Kingdom, the city of Nyanza in South. For example, Kinigi is a part of Musanze well-known for maintaining the tradition of local healers. Also the traditional faith in the old god *Nyabingi* is said to be from the north.

The majority of Rwandan people are Christians, as are the people of Musanze (NISR, 2012b, NISR, 2012a). In the post-war context after 2000, churches, especially the Catholic Church, played a significant role in the community reconstruction of this region. According to my former supervisor from the Japanese aid agency, the Catholic Church in effect governed the area of Musanze, whereas the local government was disorganized during and after the wars. Today, they still have power over the government and take control of local politics.

A total of 368,267 people currently live in Musanze (NISR, 2012a). Although the ethnic division of Tutsi, Hutu, and Twa was abolished after the 1994 genocide, Musanze is known as the land of Hutus. Lee Anne Fujii, one of the few researchers to conduct ethnography in the area of Musanze, writes that the proportion of Tutsis in Musanze before the 1994 genocide was only 0.5 % and it was much lower than the general proportion of the country of 10-15%, based on the census in 1992 (the original data is currently unavailable on the government website) (Fujii, 2009).

Given the demographics, Musanze has an atypical history of the war period; in this region, the population was not massively damaged by the genocide against the Tutsi in 1994 compared with other parts of the country. Citing the 2008 national census of genocide survivors (Institute National de la Statistique du Rwanda, 2008), the number of genocide survivors (those who were listed but survived) in Musanze is reported to be 1,893; this is only 0.6 % of all genocide survivors across the country. In comparison with the Gasabo area of Kigali, which had the largest number of survivors in the country (26,350), the number of genocide survivors in Musanze is much less than Gasabo (Institute National de la Statistique du Rwanda, 2008).

However, people in Musanze report that they were calamitously damaged by the war of the *abacengezi* which took place after 1994. According to my informants (the research participants who individually provided informed consents and other informants who I communicated with as part of ethnographic observation), the war of the *abacengezi* produced a huge number of orphans and widows in the region and the land was burnt to ruins. However, there are no official data showing figures for victims of this war, only the District Baseline Survey of 2008 which traces the social vulnerability of Musanze after the war period. The survey results show that the percentage of orphans (children under 20 years who lost at least one parent) in Musanze was as high as 21.1% and that of widows/widowers aged 21-49 was also high at 17.5% (NISR, 2008b). These proportions are approximately five percent higher than the national average (Ministry of

Health Rwanda et al., 2009, NISR, 2010/11). Compared with data from Gasabo again, the percentage of orphans in Musanze is slightly higher (NISR, 2008a).

Despite the social vulnerability of Musanze after the war period, international aid to this area has been extremely limited. Over a total of three years stay in Musanze, I was not aware of any intervention for the war-affected population except the one run by a local non-governmental organisation (NGO). Generally, interventions set up via international aid to Rwanda, including trauma healing, reconciliation and community reconstruction, have focused on Tutsi genocide survivors in Kigali and the southern province. For example, FARG (The Genocide Survivors Support and Assistance Fund), AERG (Association des Etudiants et Éleves Rescapés du Genocide), and AVEGA-Agahozo are representative organizations for supporting genocide widows and orphans. However, according to my informants, these organizations are only for survivors of the genocide against the Tutsi in 1994, and the majority of people in Musanze are not eligible. Likewise, according to information provided by a district officer, the government provides genocide survivors with 10,000 FRW (approximately 10 GBP[1]) monthly financial support for school fees, counselling services, and income-generating activities but these services are not available for victims of other tragedies. In Musanze, the largest share of the international aid is for gorilla and natural conservation run by American organizations following the work of Dian Fossey. According to my informant who was working for one such organization, they are teaching local children that "our DNA and that of gorillas are 99% the same. As we are so similar, we have to protect and conserve them." (fieldnotes, EN, 20-Oct-2015). On the other hand, one of my former business partners from Musanze, who was working for community reconstruction after the war period, said: "We are abandoned by the government and international organizations." (fieldnotes, EN, 2010).

Interestingly, despite the combination of social vulnerability and limited international aid, Musanze has achieved a remarkable socio-economic reconstruction and development to date. The district profile for 2010/11 reports that the percentage of the population that is poor in Musanze is 20.1%, which is considerably lower than the national average of 45% and is nationally ranked after Kigali (NISR, 2010/11). Considering that Musanze has had much less input from the international community than Kigali, it is indeed a unique and resilient trajectory of reconstruction of the war-affected population.

War History of Musanze 1990-2000

[redacted]

[1] 1,000 FRW is approximately 1 GBP. The calculation is based on the exchange rate in August 2015.

[redacted]

[2] UNHCR estimated that there were almost 1.2 million refugees living in eastern Zaire by the end of 1996 UNHCR (1997) Update on Developments in the Great Lakes RegionUpdate on Developments in the Great Lakes Region, available at http://www.unhcr.org/excom/standcom/3ae68d061c/update-developments-great-lakes-region.html [accessed 21 Nov 2016].(UNHCR, 1997).

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Summary

This chapter illustrated the geographical, demographical and historical backgrounds of the research site, and explained the political sensitivity of this area. Musanze is located near frontiers and has a Hutu majority with a small number of Tutsis, which brought the area catastrophic damage due to the war of the *abacengezi* after 1994 rather than by the genocide against the Tutsi in 1994. People in Musanze feel that they cannot speak freely about this war due to politically-sensitive circumstances. International aid interventions, as well as the government support to the population damaged by the war of the *abacengezi*, have also been extremely limited. Nevertheless, the communities of Musanze have successfully reconstructed themselves since the war period.

To summarise, Musanze is a unique place in Rwanda since communities have reconstructed themselves with limited aid from the international community as well as the government after experiencing an atypical wartime history. My primitive questions from my previous life in Rwanda, such as "how can they reconstruct themselves with no help from outside?" and "what makes them so powerful and strong?", emerged from that unique Musanze context.

In the following chapters, I will report how my research questions became clarified by examining the literature on intervetnions, local suffering and healing process in war-affected populations (Chapter 2), and how I used a blend of narrative and ethnographic methods for my exploration (Chapter 3). Moving beyond my initial interest in how people in Musanze appeared 'resilient,' to my exploration of how healing process are going on in local communities, I will present the ethnography I undertook in Musanze (Chapters 4 to 7), and discuss the implications of this for international trauma programmes (Chapter 8).

Chapter 2: Literature Review: Exploring Psychosocial Suffering and Healing Pathways in War-affected Settings

Introduction

As described in the preface and previous chapter, I witnessed communities in Musanze, which has an atypical war history within Rwanda, and their attempts to heal themselves with very limited input from the international community and the government. Their remarkable achievement in socio-economic reconstruction and development after the war period is also shown by national statistics. However, redirecting my focus from Musanze to Rwanda and further global settings, as well as from communities' own healing efforts to Western interventions targeting trauma, the literature shows that such interventions are often fruitless.

In this chapter, I provide a review of theoretical and empirical literature about the mental health impacts of war, interventions targeting them, and local processes of healing, with a specific focus on emic views. I first describe the so-called 'Rwanda experience' in order to show how transportation of the Western trauma concept and psychotherapy failed to provide services to fit local needs, which provoked controversies over such transportation. After that I discuss several theories which offer potential explanations as to why many Western psychological, or psychotherapeutic, interventions targeting trauma are unlikely to be successful in cross-cultural settings. I consider them in terms of three different perspectives, drawing on a framework provided by a social scientist Giorgia Doná: the medical, cultural, and psychosocial (Doná, 2010b). The discussion will show the way in which the varying perspectives of different academics and their negotiation of each other's views have resulted in a recognition of the need to study emic views in order to develop appropriate interventions. I then review empirical studies of emic views of mental health impacts of war and local processes of healing. Finally, based on my literature review, I define my research question as well as my aims, and explain why I conducted my research in Musanze, a unique area within Rwanda.

The Rwanda Experience

Studies of mental health issues in war-affected populations have increasingly emerged over the last two decades. One event that triggered this wave was the failure of the Trauma Recovery Programme by UNICEF in Rwanda (Chauvin et al., 1998, Kumar et al., 1996, Neugebauer, 2006). After the genocide in 1994, a large number of interventions were brought to Rwanda by humanitarian aid organizations responding to the aftermath of the genocide. The Trauma Recovery Programme (TRP) was one of the earliest and largest programmes in Rwanda, initiated by UNICEF in 1995. Chauvin and his colleagues (1998), a monitoring team from UNICEF Rwanda, reported on the programme and its evaluation results. The programme consisted of the evaluation of post-traumatic stress reactions using epidemiological survey and

provision of clinical support, including psychological counselling and psycho-education about trauma, to local communities (Chauvin et al., 1998).

One significant component of the TRP was to estimate the prevalence of post-traumatic stress reactions among Rwandans based on the Western psychiatric diagnosis of post-traumatic stress disorder (PTSD); this part of the programme was called the National Trauma Survey. It was a nationwide epidemiological survey involving 3030 children aged 8–19 years and estimated their experience of traumatic events and post-traumatic stress reactions (Dyregrov et al., 2000, Neugebauer et al., 2009). The survey applied the Wartime Violence Checklist to identify experience of traumatic events and the Impact of Events Scales (Horowitz et al., 1979), which was revised for use in Rwandan children by Dyregrov et al. (2000) to identify post-traumatic stress reactions. Neugebauer et al. (2009), who were involved in the National Trauma Survey project, argued that those measurements correspond to the PTSD diagnostic criteria, including re-experiencing, avoidance/numbing, and arousal, according to the Diagnosis and Statistic Manual version IV by the American Psychiatric Association (APA, 1980). They then classified children who met the PTSD diagnostic criteria as "probable PTSD", and reported that the overall rate of "probable PTSD" was more than 50 percent in the survey population (Neugebauer et al., 2009).

Based on the identified prevalence of PTSD symptoms, UNICEF justified the TRP and implemented activities to reduce PTSD. The National Trauma Centre (NTC) was constructed by UNICEF as a central facility through which main activities were put into practice across the country. Two important activities at NTC were "clinical support" and "capacity building". "Clinical support" included outpatient clinical services such as psychological counselling for traumatized children and family members. "Capacity building" included training in knowledge of post-traumatic stress reactions and how to deal with traumatized children for health professionals and local community leaders (e.g. schoolteachers, non-governmental organisations (NGOs)). More than 25,000 health professionals and community leaders were trained over three years following the inception of the TRP; they were called "trauma advisors" (Chauvin et al. 1998). In short, the core idea of the TRP was to identify post-traumatic reactions using the PTSD diagnostic criteria, provide psychological counselling for traumatized children and educate local community leaders on trauma and PTSD.

However, results of the programme evaluation showed the TRP was not entirely successful. Clear evidence of failure included the minimal use of counselling services: the estimated total number of children who used the counselling service at the NTC or partner NGOs was between 4 and 500, less than 1% of the target population (Chauvin et al. 1998). Although Chauvin et al. (1998) attributed this unsatisfactory result to the insufficiency of activities and stressed the need

to increase “trauma advisors”, other academics offered more critical views of the programme (e.g. Kumar et al. 1996; Neugebauer 2006).

One significant, critical evaluation was provided by Neugebauer (2006). He reported that the TRP possibly did harm to the target population. He was initially involved in the project and identified the “probable PTSD” in the baseline National Trauma Survey. However, he later evaluated the programme from a critical point of view, independently of UNICEF. Based on an epidemiological analysis of project reports by UNICEF and some of the foreign consultants, Neugebauer (2006) revealed an increase in the assessed post-traumatic symptoms of Rwandan children one year after the baseline survey. In light of epidemiological reports from other settings (Rose et al., 1999, Van Emmerik et al., 2002), he argues that trauma interventions might have no advantage over natural recovery, and could even risk the development of PTSD (Neugebauer 2006). Neugebauer (2006) suggests that the potential harm of psychological interventions targeting trauma can arise from ignorance of social and cultural aspects of trauma. In his view, the TRP in Rwanda played down social and cultural aspects and focused only on the symptomatic sequelae of trauma, which could have led to the unsuccessful results of the programme.

Clearer critiques of the ignorance of social and cultural aspects of trauma are made by Kumar et al. (1996). They argue that trauma interventions in Rwanda should have explored local perceptions of suffering and healing practices which stem from local culture and society, rather than imposing Western trauma concepts and psychotherapy. The authors are part of a multi-national and multi-donor team for evaluating interventions, the Joint Evaluation of Emergency Assistance to Rwanda, which comprises 52 consultants and researchers from research institutes in Sweden, Canada, UK and USA in addition to OECD donors, UN, and international NGOs. To draw lessons from the Rwandan experience, they conducted qualitative assessments of interventions through interviews with European and US aid agencies, local agencies, government, and local Rwandans. Kumar et al. (1996) summarized their critical results as follows:

> Missed opportunities in exploring indigenous concepts of mental health and methods of healing conceivably stem from initial lack of understanding of Rwandese society, psyche and culture, and the absence of adequate language skills, so vital to confidential communication. (Kumar et al. 1996: 15)

Taking the critical evaluations of Kumar et al. (1996) and Neugebauer (2006) together, they concluded that humanitarian aid organizations had transported knowledge and experience of trauma based on Western psychiatry and psychology without critical reflection, which resulted in fruitless and potentially harmful outcomes of their interventions. Kumar and Neugebauer emphasized the significance of understanding local experience of suffering and local healing

practices as embedded in social and cultural contexts as lessons from the Rwandan experience. During the 1990s, failures of psychological interventions targeting trauma were also reported from other war-affected areas (e.g. Boothby, 1992, Anderson, 1999). Incorporated with the Rwandan experience, they consequently led to accusations of universal application of Western trauma concepts and psychotherapies across cultures.

Theoretical Background of the Failure and Different Approaches to Interventions

Using the case of Rwanda, the previous section showed the failure of cross-cultural transportation of Western trauma concepts and psychological or psychotherapeutic interventions, and discussed critiques that ask for consideration of local views of mental health as embedded in social and cultural contexts. Represented by the TRP, psychological interventions are based on medical perspectives and rely heavily on epidemiological justification and Western psychiatric and psychological theories. However, such interventions have been criticized from a cultural and anthropological point of view for being universalistic and imposing Western etic views on local communities. These criticisms have influenced medical approaches to trauma; some academics have shifted their views from a focus on trauma to the psychosocial, some have explored cultural adaptation of the medical model, whilst others have maintained their medical position. This section develops my arguments, focusing on epistemological perspectives and approaches, to understand more deeply the failure, the critiques and how the critiques advanced theories of war-related mental health and interventions in emergency settings.

Western theories of interventions targeting war trauma: the medical approach

One dominant approach to understanding and treating mental health impacts of war is to draw on Western medical theories, including psychiatry, psychology, and epidemiology. The medical approach conceptualizes mental health impacts of war as PTSD and other common mental disorders (e.g. anxiety, depression), according to Western psychiatric diagnosis. PTSD in particular is the central mental health impact of war in this approach. The word 'trauma' originates from the Greek word for wound and its use in English was extended to include mental injury after the 19th century (Young, 1995). The psychiatric definition of PTSD was officially made in 1980 by the American Psychiatric Association (APA). The diagnostic criteria appeared in the APA diagnostic manual, the Diagnostic and Statistical Manual version III (DSM-III) (APA, 1980). According to the DSM-III criteria, PTSD is defined as a set of psychiatric reactions to at least one traumatic event and includes re-experience, numbing, and other miscellaneous symptoms (e.g. hyperalterness, sleep disturbance, guilt, memory impairment, avoidance). In the current version of the diagnostic manual, DSM-V, PTSD symptoms have been updated to include intrusion (re-experience), avoidance, negative alteration of cognitions and mood, and alterations in arousal and reactivity (APA, 2013). PTSD is

sometimes replaced by the concept of traumatic reactions (or post-traumatic stress reactions) when the clinical diagnosis is difficult to make due to research or intervention settings. PTSD, traumatic reactions, and trauma are often used interchangeably. In this thesis, I use the terms PTSD, traumatic reactions, and trauma to refer to medical understanding of mental health impacts of war based on the DSM nosology.

The medical approach has naturalistic and universalistic perspectives, assuming trauma as a pre-existing clinical entity which has a common aetiology and manifestation across cultural and social settings. This perspective encourages the development of measurements which are globally applicable to assess traumatic reactions to war. For example, the Harvard Trauma Questionnaire is a well-known instrument to assess traumatic reactions in war-affected populations. It was first developed to identify PTSD symptoms among Indochinese refugees (Mollica et al., 1992) and later adapted for use in other war-affected populations (Lhewa et al., 2007, Shoeb et al., 2007).

The common interventions in this approach are psychological interventions targeting trauma, which apply psychotherapeutic techniques originally developed for Western populations but assumed to be effective for other populations in the world. Trauma counselling (i.e. talking cure, talk therapy) and psycho-education of trauma are the classic and most common techniques for use in this approach; but other advanced technologies, such as cognitive-behavioural therapy (CBT) and narrative exposure therapy (NET) are also increasingly employed (Jordans et al., 2016, Patel et al., 2014 , Tol et al., 2011). Epidemiology plays an essential role in developing measurements and assessing intervention effects through clinical trials (Bass et al., 2013, Ter Heide et al., 2016). The TRP in Rwanda reflected those medical procedures including trauma assessment and the transportation of Western psychotherapies which are assumed to be universally appropriate.

The transportation of psychological interventions from high-income countries of the West to low- and middle-income countries in other areas of the world is particularly supported by the idea of a "treatment gap" (Kohn et al., 2004). It is claimed that in low- and middle-income countries and war-affected areas, there is insufficient mental health service provision to cover the whole population suffering from mental disorders, thus psychological and psychiatric services need to be imported from high-income countries in the West. One classic idea of the treatment gap is seen in a handbook of interventions in response to war trauma in Bosnia-Herzegovina and Croatia, by Agger et al. (1995) from the European Community Humanitarian Office in 1995. In this handbook, the authors insisted on the need for interventions, arguing that approximately 700,000 people were suffering from severe traumatic reactions but local professionals could only cover less than one percent of this population (Agger et al., 1995). This argument led to the development of a large movement of Global Mental Health backed by

WHO after 2000, advocating scale up of mental health services, that had been developed in high-income countries, in low- and middle-income countries to cover the limited availability of local professionals (Kohn et al., 2004, Lancet Global Mental Health Group et al., 2007, Patel and Prince, 2010, World Health Organization, 2001).

Whilst the transportation of psychological interventions to war-affected settings is justified by the notion of a treatment gap, epidemiologists report limited evidence of such transportation. For example, Neuner et al. (2004) compared different types of psychological interventions targeting traumatized Sudanese refugees in Uganda and showed that after one year of treatment, 79% of the trauma counselling group and 80% of the psycho-education group still met PTSD criteria (Neuner et al., 2004). Similarly, based on a systematic review of psychological interventions in humanitarian settings, Tol and colleagues reported that the most commonly used interventions in practice, such as counselling and psycho-education, had little rigorous scrutiny (Tol et al., 2011). Patel et al. (2014) also conducted a systematic review of psychological interventions for torture survivors and refugees in Europe and Africa. They found that effectiveness of psychological interventions, such as CBT and NET, on PTSD and depression was extremely limited due to cultural maladaptation of interventions and measurements. The authors note; "attention to the cultural appropriateness of interventions or to their psychometric qualities was inadequate, and assessment measures used were unsuitable. As such, these findings should be interpreted with caution." (Patel et al., 2014).

Critiques from anthropology and transcultural psychiatry: the cultural approach

Although the medical approach was supported by many psychiatrists, psychologists, and epidemiologists, some of them questioned the effectiveness of interventions across cultures due to insufficient epidemiological evidence (Neugebauer 2006; N. Patel et al. 2014). More explicit criticisms against transporting Western psychological interventions to non-Western communities influenced by war have been made by medical anthropologists, transcultural psychiatrists and critical psychologists.

Such scholars often take cultural and anthropological approaches, based on constructivist and relativist perspectives. The cultural approach conceptualizes mental health impacts of war as constructed in local culture and society, rather than universal and pre-existing clinical entities. The notion of 'category fallacy'(Kleinman, 1997), proposed by medical anthropologist Arthur Kleinman (1977), shed light on the reality that Western psychiatric concepts are not necessarily appropriate to capture local experience of mental illness, which contributed to the development of the relativist view. In the cultural approach, mental health impacts of war are often conceptualized as 'suffering' (Davis, 1992, Farmer, 1996), 'social suffering' (Kleinman et al., 1997), or 'wounds' (Last, 2000), according to the emic view. The recovery aspect is referred to as 'healing' (Last 2000), 'coping' (Davis 1992), or 'resilience' (Kirmayer et al., 2011), a social

process embedded in cultural context. (I will discuss different notions of suffering and healing later in this chapter.)

One significant theoretical foundation of the cultural approach to the 'trauma' concept was provided by medical anthropologist Allan Young (1995). His considerable contribution to the discipline was to transform the history of trauma and PTSD. He re-authored the history of PTSD from the "discovery" story of a pre-existing clinical entity to the "constructed" story in which PTSD was created by researchers and clinicians through social and political process.

Young first describes the discovery story of PTSD, which is generally accepted, as follows. Discovery of the syndrome dates back to the 1860s when a physician, Erichsen, classified a neurological syndrome due to railway accidents as "railway spine". The syndrome was then identified as also resulting from a "psychological trauma" among hysteria patients by neurologist Charcot, psychologist Janet and psychiatrist Freud, working independently. During World War I, focus on major cases of the disorder shifted to the battlefield, where soldiers were diagnosed as having "traumatogenic shell shock". The psychiatric features of traumatogenic shell shock were then codified by psychiatrist Kardiner. However, it was not until a political struggle waged by psychiatric workers and activists on behalf of the large number of Vietnam War veterans who were suffering from undiagnosed psychological impacts of war, that Kardiner's work was finally accepted by the American Psychiatric Association, and the PTSD diagnosis recognized. Young (1995) describes this as the standard history of PTSD - how PTSD came to be included in the DSM-III.

This discovery story is based on medical and positivist views in which PTSD is seen as a universal and timeless disorder which had existed prior to the discovery. However, Young argues that this history is "mistaken" and proposes a new history from an anthropological and constructivist perspective as follows. As far back as we know, "there is unhappiness, despair, and disturbing recollections, but no traumatic memory, in the sense that we know it today" (Young 1995: 141). The concept of "traumatic memory" was born in the 19th century at the intersection of two streams of medical knowledge: somatic and psychological. The somatic stream, led by Erichsen, found a previously unknown kind of assault and named it "nervous shock"; while the psychological stream, led by Charcot, Janet, and Freud, found a previously unknown kind of forgetting and called it "repression" and "dissociation." By the end of the 19th century, the two findings had been conjoined, resulting in the conception of "traumatic memory". The starting point of the conjunction was the experience of fear common to both streams, which was conceived to be a memory of traumatic pain. Janet and Freud placed it in the subconscious/unconscious mind and labelled it "traumatic memory". During World War I, military psychiatrist William Halse Rivers Rivers (W.H.R. Rivers) ambitiously worked on war neurosis and published articles on its psychogenic origins. Young (1995) suggests that the

traumatic memory during this period was too diverse to produce firm diagnostic criteria. However, finally, traumatic memory was transformed into PTSD by introducing it into the DSM-III. In his view, PTSD is a "historical product" and underlying "traumatic memory" is a "man-made object", both of which have been constructed by researchers and clinicians since the 19th century based on psychiatric, psychological and epidemiological practices, technologies and narratives**.** For Young, neither PTSD nor the traumatic memory is an entity which was "discovered", both were "constructed", thereby raising doubt about "the *origins* of this reality and its universality" (Young, 1995).

Young's re-construction of the PTSD history relativized the diagnostic concept of PTSD and brought an epistemological shift to the notion of trauma from medical to anthropological and from universal to culture-bound. It then opened the way for critical studies on psychological interventions targeting trauma in war-affected, non-Western settings. One representative scholar who took Young's anthropological notion of trauma for criticizing interventions is a transcultural psychiatrist, Derek Summerfield (1999). He pointed out assumptions underlying psychological interventions in humanitarian settings and criticized them for being universalistic (Summerfield, 1999). Assumptions he highlighted were that local people are 'traumatized' by war and react to trauma in the same way as Western traumatized people and that because of the universal reactions to trauma, Western psychotherapies should be effective across the world.

Summerfield (1999) criticized these assumptions of the medical model of trauma from both cultural and anthropological perspectives. In his view, mental health impacts of war in many areas of the world other than the West are often "social", rather than individual and bio-psychomedical as many psychotherapies assume. Social suffering is given meaning in social and cultural contexts, and thus healing should also take place in these contexts which give meaning to war experience. He writes:

> Suffering arises from, and is resolved in, a social context, shaped by the meanings and understandings applied to events. The distinctiveness of the experience of war or torture lies in these meanings and not in a biopsychomedical paradigm. (Summerfield, 1999)

He argues that psychological interventions which commonly focus on individual and bio-psychomedical realms, applying psychological debriefing, emotional ventilation and working through traumatic memories, could harmfully provoke re-traumatization. Such interventions also frequently target specific populations (e.g. women, children) and disconnect them from others in their community and from the wider social context. As a result, they fail to give meaning to their experience within the socio-cultural setting in which they live, thereby increasing their suffering.

Summerfield (1999) emphasized the importance of understanding the suffering and healing process in terms of meaning and socio-cultural aspects. His conviction drew on a preceding

thesis proposed by his colleague Bracken, which discussed the suffering and healing process in relation to the self, the individual-social relationship, and emic views of illness. In their thesis, the authors argued that these elements are different across cultures; therefore, the meaning of suffering, as well as possibly effective approaches to healing, could also vary in each culture (Bracken, 1998, Bracken et al., 1995).

The root of Bracken's thesis goes back to further classic work on a cross-cultural theory of mental health by Shweder and Bourne (1982). They provided the notion of "sociocentric" versus "egocentric" self, based on empirical study of perceptions of person among North American and Indian (Shweder and Bourne, 1982). The egocentric self, which was represented by Americans, assumes that the person is autonomous, having boundaries, existing free of society yet living in it. The individual-social relationship with this style of self is "contractual"; social relationships are conceived as a consequence of consent and contract between autonomous individuals. By contrast, the sociocentric self, represented by Indians, subordinates individual interests to the collective good; and the individual-social relationship in the "sociocentric" culture is characterized as "organic (or holistic)". Taking the notions of the "egocentric" and "sociocentric" self identified by Shweder and Bourne (1982), Bracken (1998) developed his discussion of the cross-cultural suffering and healing process. For Bracken (1998), a society based on the "egocentric" self and the "contractual" individual-social relationship tends to emphasise intra-psychic processes, reflections on the self and individuals' desires and cognitions in mental healing. Conversely, a society based on the "sociocentric" self and the "organic" individual-social relationship has more orientation towards integration of the individual with the natural, supernatural and social world, rather than a focus on the psychological realm. Crucially, Bracken argues that many parts of the world other than the West belong to the latter kind of society. According to Bracken (Bracken et al. 1995; Bracken 1998), the development of Western psychiatry and psychology in the egocentric type of society makes their psychopathologic criteria and therapeutic approaches inappropriate to the latter type of society, that is, most of the non-Western world.

Following Young's epistemological shift of the PTSD history, Summerfield and Bracken provided critical theories to explain that suffering from war is culture-bound, rather than universal. In the light of these critical theses from the cultural approach, it can be presumed that Western medically-based psychological interventions targeting war trauma do not fit local needs and will result in unsatisfactory outcomes.

The cultural approach does not only frame mental health impacts of war as culture-bound, but also conceives of local communities as having their own systems and practices to heal suffering that are grounded in local culture. It thus criticizes the medical approach for imposing interventions from the West, and suggests that such interventions are imperialistic

(Summerfield, 1999, Summerfield, 2008, Summerfield, 2013, Summerfield, 2017). For example, Summerfield (1999), highlights the assumption that local health professionals do not have sufficient knowledge or mental health status to deal with trauma as a way of aggrandising the status and knowledge of foreign experts. He suggested that, contrary to the assumption, local communities have their own ways of coping with difficulties. Those qualities of local communities are, however, played down by, or hidden from, the Western world (Summerfield 1999).

Summerfield's criticisms of imperialism were later extended to target the Global Mental Health Movement (Summerfield 2008, 2013, 2017). Summerfield (2008, 2013) emphasized that mental health is a construct that is bound to culture and society and different societies have local knowledge, philosophies and understandings of life, person, suffering and healing. He then proposed a relativist view to see that mental disorders are also bound to Western culture and Western psychiatry is only one of many ethno-psychiatries. Furthermore, he developed his argument of medical imperialism toward a criticism of medical industrialization. That is, the Global Mental Health Movement not only imposes Western biomedical models of mental disorders but also, as it is backed by the pharmaceutical industry, imposes the sale of Western mental health products on the non-Western world (Summerfield 2013).

While Summerfield criticized the Global Mental Health Movement in terms of global politics of medicalization, Bracken viewed this movement as domination of medical culture (Bracken et al., 2012, Bracken et al., 2016). Bracken and his colleagues, including Summerfield, responded to the movement by providing critical theories to emphasize culturally-oriented understanding of suffering (Bracken et al. 2012; Bracken et al. 2016). In particular, for Bracken, a loss of meaning and hope is the most important characteristic of suffering in societies rooted in religious and spiritual ontology (Bracken, 2002). Therefore, meaning-making or sense-making of suffering drawing on local culture and morality becomes highly significant for healing (Bracken et al. 2016). For him, the Global Mental Health Movement is only promoting the conversion of understanding madness and distress from the culturally-oriented to the medico-psychiatric (Bracken et al. 2016).

For those who take the cultural approach to mental health, suffering needs to be understood as embedded in local culture, cosmology, and meaning (Summerfield 2008; Bracken et al. 2016). In their view, suffering most typically arises from the broken social fabric and social world (Bracken 1998; Summerfield 2012) and a loss of meaning (Bracken 2002). Thus, making sense of suffering and giving meaning to the experience drawing on local culture and cosmology become significant in the healing process (Summerfield 2008; Bracken et al. 2016). In contrast to the medical approach which promotes the globalization of Western etic views of mental

disorders and treatment, the cultural approach calls for exploration of emic views and culturally-oriented understanding of the suffering and healing process.

Cultural adaptation of psychological intervention: a shift in the medical approach

The criticisms from the cultural approach presented so far influenced the medical model of understanding of, and intervening in, mental health impacts of war, and at the same time, contributed to the development of the psychosocial approach. This section discusses the theoretical and methodological shift in the medical approach.

As one stream of the shift, some of researchers who had believed in universal traumatic reactions altered their views to take cultural aspects into account (Bolton and Ndogoni, 2000, Simon et al., 2002, Van Ommeren, 2003, Bass et al., 2007, Kohrt et al., 2009) They are mainly epidemiologists and some of them began to advocate culturally-sensitive epidemiology (Van Ommeren 2003; Bass et al. 2007; Korht et al. 2009). They agreed with the anthropologists' idea that mental health impacts of war vary across cultures and acknowledged that local context affects the validity of instruments to assess mental disorders. Thus they improved their medical approach to investigate local perceptions of mental health impacts and then tailor existing instruments or develop new ones for local use, rather than directly apply Western diagnostic criteria.

Research teams at Johns Hopkins and Harvard Universities led this theoretical and methodological shift in the medical approach. One of leading epidemiologists at Johns Hopkins University, Paul Bolton, conducted ethnographic research in Rwanda to investigate local perceptions of the mental health impacts of the 1994 genocide and examine the local validity of instruments based on Western psychiatric concepts (Bolton, 2001b, Bolton, 2001a). He carried out interviews with local experts and consultants on mental health issues within communities, in order to identify locally perceived mental health impacts of genocide (Bolton, 2001b). Research participants reported these health impacts using the terms "*guhahamuka*", "*agahinda*" and "*akababaro*" (translated as "mental trauma", "grief" and "depression" respectively in his report). Comparing those locally-expressed syndromes with Western mental disorders, Bolton concluded that the concept of *guhahamuka* corresponds to a combination of PTSD and depression symptoms and *agahinda* corresponds to other depression symptoms. He then suggested that locally perceived impacts of genocide are more similar to depression than PTSD (Bolton, 2001b).

These results led him to believe that the identified local syndromes could be assessed by the depression section of the Hopkins Symptom Checklist, a well-known instrument to assess anxiety and depression, developed by the Johns Hopkins University research team (Derogatis et al., 1974). Subsequently, he examined the cross-cultural validity and reliability of this checklist

comparing it with one of the identified local syndromes, *agahinda* (Bolton, 2001a). Since the study findings supported the validity and reliability of the Hopkins depression checklist, he suggested that local syndrome *agahinda*, referring to grief, is closely defined as depression in Western diagnosis (Bolton, 2001a).

Another research team, led by Theresa Betancourt from Harvard University, in which Bolton was also involved, undertook a similar research project in internally-displaced people's (IDP) camps in Uganda. They conducted a series of studies to investigate locally-perceived syndromes (i.e. local syndromes) (Betancourt et al., 2009), conduct local adaptations of psychotherapy (Verdeli et al., 2008), and evaluate the effects of psychotherapy on local syndromes using a randomized-controlled trial (Bolton et al., 2007).

Applying the same ethnographic methodologies as Bolton (2001a, 2001b), Betancourt et al. (2009) identified seven local syndromes. They include *two tam* (having "lots of thoughts"), *kumu* (experiencing extreme and persistent grief or sadness), and *par* (having many worries), which the authors designated as corresponding to depression and anxiety in Western diagnostic terms. Another syndrome, *ma lwor* (a set of symptoms including sleep disturbance, excessive anxiety, increased arousal and restlessness), was designated as partly corresponding to PTSD symptoms such as hyper-arousal and re-experiencing. They also identified *kwo maraco* as a local term describing having a bad lifestyle or being rude. In the authors' view, the concept of *kwo maraco* shared some symptoms with conduct disorder in the DSM-IV diagnostic criteria. The research additionally found a locally-described psychosis, *cen*, and a fear of rebel attack which was a specific problem in the IDP context.

In the next step of the research project, Bolton et al. (2007) developed tailored instruments to evaluate those local syndromes identified by Betancourt et al. (2009; data collected in 2004), for assessing intervention outcomes. As primary outcomes of the intervention, Bolton et al. (2007) selected three syndromes, *two tam*, *kumu*, and *par*, which were designated as "depression-like syndromes" by the research team. Secondary outcomes were *ma lwor* and *kwo maraco*, designated as "anxiety-like syndrome" and "syndrome of maladaptive socially unacceptable behaviors" respectively. The research team then created specific instruments to evaluate these syndromes. Subsequently, the research team selected a group-based interpersonal psychotherapy (Mufson et al., 2004), as the intervention programme. It was originally developed in the USA to target nonpsychotic depression; they culturally adapted it for use in Uganda through discussion with local facilitators (reported in Verdeli et al., 2008). In the adaptation process, they identified triggering situations of local depression-like syndromes, such as grief, social isolation, life changes and disagreements, and tailored the intervention manual to target them. The effects of the locally-adapted group-based interpersonal psychotherapy on local syndromes were then evaluated using the developed instruments.

Bolton et al. (2007) reported results of the randomized-controlled trial as follows: there was a statistically significant improvement in depression-like syndromes among girls who received interpersonal psychotherapy compared with the control group (those on a wait-list). Improvement among boys was not statistically significant. Interpersonal psychotherapy was not effective in improving other local syndromes (i.e. anxiety-like syndrome, or maladaptive socially unacceptable behaviours) among either boys or girls. The authors discuss possible reasons for the intervention effecting only girls. In their view, boys may have been less willing to talk about emotional problems, particularly in a group, or boys may have had more substance use and post-trauma symptoms as comorbidity, which may have limited the intervention effect (Bolton et al., 2007).

The above research projects led by Bolton in Rwanda and by Betancourt in Uganda are explicit exemplars showing how the medical approach to war-related mental health shifted from the earlier model in the 1999s, such as in Rwanda. Instead of directly transporting the Western trauma concept and psychotherapy, some researchers began to apply Western-origin psychological interventions and assessment tools after adapting them to local culture during the 2000s. This trend of cultural adaptation seems to be gradually increasing in different settings. Jordans et al. conducted a systematic review of interventions targeting mental health impacts of war among war-affected children in 1991-2008 (Jordans et al., 2009) and in 2009-2015 (Jordans et al., 2016). Their reports show an increasing number of intervention programmes and assessments having been adapted to local culture over the last twenty-five years (Jordans et al. 2009; Jordans et al. 2016). In the 2016 review, out of 24 reviewed studies, instrument adaptations were reported in 60% and intervention adaptations in 40%. The authors noted that the interventions which were culturally adapted in detail throughout the intervention programme showed the largest effect size of all the reviewed studies, whereas other programmes that used interventions without adaptation may have undermined natural recovery (Jordans et al. 2016).

The medical approach showed a certain shift over more than two decades in terms of acknowledging culturally-oriented understanding of mental health impacts of war. However, there is still a considerable gap between the medical and cultural/anthropological approaches in several aspects. First the medical approach sustains the positivist belief that mental health impacts are pre-existing syndromes, even if culturally varied to some extent, and can be detected by epidemiological assessment. Therefore, the medical approach investigates local syndromes to develop instruments that can be used cross-culturally (Bolton, 2001a), whereas the cultural approach explores local suffering to understand its meaning and how it is constructed in local culture and cosmology (Summerfield 2008; Bracken et al. 2017). The medical, positivist perspective then leads to an argument over the extent to which locally-identified syndromes are culture-bound or universal. For instance, Bolton (2001a; 2001b)

reported that local syndromes are similar to Western psychiatric diagnosis but Betancourt et al. (2009) found local expressions of symptoms to be significantly different. One recent systematic review suggests that emic views of mental health impacts of war vary considerably across cultures and are not congruent with the DSM nosology (Rasmussen et al., 2014) (emic views will be discussed in more detail in a later section). Another significant point criticized by the cultural position was individual orientation of the medical approach (Summerfield 1999; Bracken 1998). Jordans et al. (2016) pointed out that most of the interventions being implemented in humanitarian settings are geared toward strengthening community support (e.g. activating social networks). However, most research attention is still directed to interventions focused on individual trauma. They thus called for more attention to be paid to interventions that focus on strengthening community and family support (Jordans et al. 2016).

Overall, these gaps between the medical and cultural approaches arise particularly from their different orientations toward emic views. The medical approach emphasizes etic views and tends to undermine emic views during and after data analysis. Even though researchers collect data on emic views, they apply the etic framework of Western diagnostic categories for analysis. Undermining emic views, consequently, leads to neglect of local healing processes in the medical approach. The medical approach still sustains an assumption, as argued by Summerfield (1999), that local communities do not have sufficient capacity, strategies or systems to cope with the mental health impacts of war, thus it relies on Western psychotherapies even after cultural adaptation.

The development of a psychosocial approach with cultural perspectives

The previous section discussed how critiques from the cultural perspective have altered the medical approach of war-related mental health. The discussion suggested that even though the medical model shifted to take cultural aspects into account, it still maintains several issues, such as limited attention to social aspects, undermining emic views and local capacity for healing. This section reviews another stream of the shift; that is, the development of a psychosocial approach and how the psychosocial approach has addressed these remaining issues.

The classic use of the term ‘psychosocial’ is found in the notion of “psychosocial trauma” coined by social psychologist Martin-Baro to describe mental health impacts of war in El Salvador (Martin-Baro, 1989). For him ‘trauma’ meant ‘injury’ due to the war, and by using the word ‘psychosocial’, he emphasized that the injury is produced socially – i.e., its roots are not in the individual, but in society. Therefore, in his view, psychotherapy targeting individual psychological trauma is insufficient, but healing of social relations (structural, group, and interpersonal relations) is necessary for recovery from “psychosocial trauma”. The word ‘psychosocial,’ in the context of interventions in war-affected populations, is found in the classic handbook of interventions, “*Theory and practice of psycho-social projects under war*

conditions in Bosnia-Herzegovina and Croatia" (Agger et al., 1995). At the time, though the handbook called intervention projects 'psychosocial' and guided psychosocial interventions to target not only psychological trauma but also social factors (e.g. economic conditions, social network), the fundamental approach was, in effect, trauma-focused, drawing heavily on the medical perspective. While being aware of debates over the PTSD diagnosis and warning against careless use of the label, the handbook showed a positivist view of trauma, encouraged psychotherapeutic interventions to the traumatized and justified such interventions epidemiologically. As already noted, this led to criticisms from anthropologists and transcultural psychiatrists, and some of those who had previously adopted a medical approach responded by adopting a more cultural view. Others developed their psychosocial frameworks to more widely encompass multi-layered supports at social and ecological levels, in place of their trauma-focused approach (Miller and Rasco, 2004, Miller and Rasmussen, 2010, Boothby et al., 2006). Such scholars have increased their attention to emic views and the social world, and advocated mobilizing healing practice and systems that already exist in local communities (Boothby et al., 2006, Wessells, 2015).

Psychosocial intervention as ecological, multi-layered support

Relocated from the trauma-focused medical perspective, the psychosocial approach came to emphasize a view of war-related mental health as embedded in multi-layered contexts, including the social, cultural, and ecological (Boothby et al., 2006, Miller and Rasco, 2004, Miller et al., 2006). Academics who take the psychosocial position, mostly critical psychologists, reflected the existing psychosocial interventions which adopt cultural and anthropological perspectives (Veale and Doná, 2002, Kostelny, 2006, Wessells, 2009).

The Columbia Group for Children in Adversity at Columbia University is one of the leading groups of psychosocial academics who have proposed critical reflections on psychosocial interventions in emergencies. One of the first scholars from the group, Michael Wessells (2009), discussed his critical views on such interventions. In accordance with anthropologists and transcultural psychiatrists' critiques, he argued that psychosocial interventions possibly harm war-affected populations when they are individualistic, neglect local culture and socio-political context, impose foreign approaches and focus more on the vulnerability of war-affected populations than their resilience. He issued a call to "Do No Harm" by improving the quality of foreign intervention providers and their services. Kostelny (2006), a psychologist from the group, provided critical reflections from a more cultural position. As in the critiques of anthropologists' as well as Wessells, she pointed out that Western psychological perspectives are individualistic, universalistic, and based on an unequal power relationship between service providers and recipients. Thus she emphasized the necessity for ecologically-oriented and culturally-grounded approaches. These critiques have contributed to the development of a

psychosocial approach to understanding mental health and well-being in multi-layered contexts, including the cultural, social and ecological.

While critically reflecting on, and calling for, an improvement in psychosocial interventions, academics from the Columbia group also proposed an alternative framework to the trauma-focused intervention model: the Psychosocial Working Group (PWG) conceptual framework (Boothby et al., 2006, PWG, 2003). Drawing on the ecological framework for human development proposed by developmental psychologist Urie Bronfenbrenner (1979, 1986), it conceptualizes psychosocial well-being in war-affected populations as shaped through interactions within social ecological systems such as families, communities, and societies (Boothby et al. 2006). Noting the significant role that social ecological systems play in children's growth during and after war, Boothby et al. (2006) write:

> Indeed, in our own work with war-affected children we have found "systems" – such as the family, school, and peer group, in which children are involved in continuous, face-to-face interactions with familiar people – to be key determinants of war-affected children's developmental outcomes. (Boothby et al. 2006: 5)

The psychosocial approach is distinct from the trauma-focused, medical model in that it suggests that the impacts of war are socially mediated. In the psychosocial view, children and communities become central actors for recovery, not vulnerable and passive victims; psychosocial assistance to war-affected populations takes place not through the provision of Western psychotherapies but through holistic support from those who live in local communities.

The shift to the psychosocial approach is reflected in the United Nations Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), where Wessells was involved as co-chair of the task force. Incorporating medical and psychosocial approaches, the guideline defined "mental health and psychosocial problems" as including both social-nature problems (e.g. extreme poverty, political oppression, family separation, community destruction) and psychological-nature problems (e.g. grief, severe mental disorder, depression, anxiety, PTSD). It also presented "mental health and psychosocial support (MHPSS)" as multi-layered support including basic services, community and family support, non-specialised support focusing on those who need particular interventions, and specialised services for those who have severe mental disorders. Compared with the guideline for psychosocial interventions in Bosnia and Herzegovina produced a decade previously (Agger et al. 1995), the IASC guideline showed a significant shift toward integrating a social level of services and encouraging the involvement of local communities in humanitarian response.

Seeking resilience-oriented, community-driven, psychosocial intervention

Scholars who adopt the psychosocial position with anthropological views were aware that the social world, such as family and community, plays a key role in the healing process. After the

2007 IASC guideline, they increased their focus on positive aspects of war-related mental health such as resilience and wellbeing (Doná, 2010b, Fernando and Ferrari, 2013). Some then came to advocate the development of resilience-oriented, community-driven, psychosocial support (advocates call it 'support', 'assistance' or 'service', rather than 'intervention' – I use all interchangeably) (Hassan et al., 2016, Wessells, 2015). Psychologists provided definitions and theories of resilience and influenced resilience-oriented intervention in emergencies. For example, Masten acknowledged resilience as a common phenomenon and defined it as "a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development" (Masten, 2001). Masten, 2001. In her view, resilience is predicted by both risks (e.g. family history of psychiatric disorder, low socio-economic status) and assets (e.g. personal characteristics, social support), and their associations. Another definition by Bonanno and Mancini (2008), focuses on assets and defines resilience as "a fundamental feature of normal coping skills" which is common to general populations and promoted by protective factors including personal characters, supportive relations and available community resources. Bonanno and Mancini (2008) suggested that psychotherapeutic interventions potentially do harm through preventing resilient process and exacerbating traumatic reactions. Reflecting these findings from the discipline of psychology, most recent psychosocial assistance in emergencies explores resilience-oriented and community-driven (bottom-up), rather than deficit-oriented (trauma-focused) and expert-driven (top-down) approaches (Hassan et al. 2016; Wessells 2015).

Resilience-oriented assistance often aims to promote individual resilience by developing coping skills and problem solving skills or community resilience such as social support within family and community (Betancourt et al., 2013, Jordans et al., 2016). Academics who have an individual-oriented perspective of war-related mental health may focus on individual resilience but those who have more psychosocial and ecological orientation may emphasize activation of social support within the community, though such assistance is scarcely reported.

One rare and early example of resilience-oriented psychosocial support is sociotherapy in Rwanda, researched by Dutch medical anthropologist, Richters, and her colleagues (Richters et al., 2008a, Richters et al., 2010, Richters et al., 2008b, Scholte et al., 2011, Jansen et al., 2015). Sociotherapy is a community-based group psychosocial intervention which was designed to support recovery of social fabric after genocide. Having its origin in England during the second world war, the intervention programme was thoroughly adapted to Rwandan culture through close discussions and collaboration with a local church-based organization as well as local facilitators (Scholte et al. 2011). One key element of the programme is that in every meeting at least one participant raises a problem related to genocide, everyday life or a community, then the group shares, discusses and resolves it through taking collective action so that partpcipants

can generate mutual support and trust (Richters et al., 2008a, Richters et al., 2008b). The groups are guided by two facilitators who come from the same neighbourhood as the group members.

Sociotherapy aims to assist recovery of social fabric, rather than individual trauma. Local communities have been main players throughout the process of planning and implementation. With its intensive focus on social recovery and strong community engagement, sociotherapy has demonstrated successful impact. For example, Richters' research team showed a significant decrease in common mental disorders in the sociotherapy groups using a quasi-experimental design (Scholte et al. 2011). During in-depth interviews, group members also reported their experience of reconciliation, safety, trust, and dignity through participating in sociotherapy (Richters et al., 2010, Richters et al., 2008b). The sustainability of sociotherapy is also noteworthy. The research team reported that over a decade since its inception in 2005, approximately 20,000 people have participated in sociotherapy groups across the country (Jansen et al. 2015). Based on this successful experience, Jansen et al. (2015) from the research team concluded that sociotherapy provides counter evidence against the 'treatment gap' concept that supports the Global Mental Health Movement. That is, the experience of sociotherapy reveals that communites have the capacity to promote mental health and psychosocial wellbeing (Jansen et al. 2015).

Similarly, Mckay and his colleagues from the Columbia psychosocial group report their community-based, participatory action research (PAR) conducted across Liberia, Sierra Leone, and Northern Uganda (McKay et al., 2010, McKay et al., 2011). The research project aimed to reintegrate young mothers formerly associated with armed groups and their children across the three countries. Through the PAR approaches, young mothers organized themselves into groups, defined the social problems they face, developed and implemented a plan for addressing these problems, and evaluated what they had accomplished. The unique and important part of the PAR approach is that instead of imposing internationally-defined notions of reintegration, the authors explored emic views of the concept and what participants thought they needed to achieve it. Mckay et al. (2011) reported the project results that young mothers and their children experienced improved social reintegration, more positive coping skills, and decreased participation in sex work for livelihoods.

Returning to the earlier discussion in this section, culturally-adapted psychological intervention somehow responded to anthropologists' critiques of medical universalism but still sustained unresolved issues, including neglected social aspects, emic views and local capacity for healing. Psychosocial models seem to have successfully addressed social aspects of recovery through taking ecological frameworks, multi-layered support, and resilience-oriented approaches to promote social support and recovery of social fabric. Through a resilience-oriented approach, psychosocial supports such as sociotherapy and PAR also demonstrated that war-affected

communities have a certain capacity to cope with impacts of war. The PAR project, in particular, is a pioneering project which shed light on emic views of outcomes and took them into the project cycle from the planning stage. Mckay et al. (2010; 2011) emphasize the importance of researchers 'learning' from participants about emic views of key concepts and planning psychosocial assistance to achieve outcomes that they define. Based on the success of the PAR project, Wessells (2015) advocates a shift from expert-driven to community-driven psychosocial suport. He suggests that bottom-up approaches that build on community assets and resources are sustainable and stimulate collaboration between different sectors, whereas top-down approaches frequently result in low use of formal services and a misalignment of the formal and non-formal systems.

Overall, the psychosocial approach diverges from the medical but is closer to the cultural approach in terms of having cultural-oriented (not universalist), social (not trauma-focused), and constructivist (not positivist) views of war-related mental health. However, the psychosocial approach is distinct from the cultural approach as it has an assumption that war-affected communities need certain assistance from international communities. By contrast, the cultural and anthropological perspectives tend to focus on a community's resilience assets and explore how it works from the local point of view (e.g.Last, 2000, Honwana, 1999, Eggerman and Panter-Brick, 2010, Stark, 2006, Chase and Sapkota, 2017, Atallah, 2017).

Study of emic views of war-related mental health is required

The three reviewed approaches, medical, cultural/anthropological, and psychosocial, are the major academic positions and approaches in the discipline of war-related mental health (Doná, 2010b). As discussed so far, these approaches have developed through controversially influencing and negotiating with each other. Remarkably, critical reflections from the cultural/anthropological approach, based on emic views, have made significant contributions to epistemological, theoretical, and methodological shifts in the other two approaches. Thus scholars who have both psychosocial and culturally-sensitive medical positions are increasing their attention to researching emic views (Mckay et al. 2010, 2011; Wessells 2015; Betancourt et al. 2013; Rasmussen et al. 2014). They seem to agree that the study of emic views will inform the development of mental health and psychosocial support that is sustainable, cost-effective, and matches local needs (Betancourt et al. 2013; Wessells 2015). Based on a systematic review of interventions, Betancourt, who conducted the cultural adaptation of psychological intervention in northern Uganda, notes:

> More research is also needed to assess how locally developed models of healing and spiritual guidance may provide a natural base for building robust, culturally resonant, locally delivered interventions. (Betancourt et al. 2013)

Research on emic views of war-related mental health is thus urgently required to inform academics and practitioners who take different approaches. It will not only fill the gap between the different academic approaches but also contribute to developing mental health and psychosocial support that matches local needs in practice. However, despite its great importance, research on emic views is stll scarce. Hence, in the remainder of this chapter, I continue the review mainly drawing on empirical literature on local perceptions of war-related mental health including suffering, healing, and local healing practices. To do so, I discuss what we already know about emic views of suffering and healing, what information is still lacking, and how this doctoral study attempts to fill the gap of knowledge.

Empirical Literature on Emic Views of Suffering and Healing

Key notions to explore emic views of suffering and healing pathways

Before reviewing empirical literature on emic views, I first examine different notions of suffering and healing provided by anthropologists and psychologists. Subsequently I present my definitions of those key terms in the thesis, drawing on those examined.

Amongst different terms used to represent emic views and experience of the mental health impacts of war, the term ‘suffering’ is likely to be the one most frequently used by academics who have cultural and anthropological approaches to war-related mental health. One classic notion of suffering from war is provided by anthropologist John Davis (1992). He defined it as a normal and social experience;

> In many social groups even in Europe, or the United States, war is a part of social experience and is embedded in social life. […] Suffering are part and parcel of social conditions generally, alongside unemployment and other sources of pain. (Davis 1992: 152)

In his view, suffering from war is part of social life as the experience of war is continuous with private pains of loss and bereavement, and with public pains of unemployment and exploitation, and finally with coping efforts to recover the social world. In this continuum, Davis writes, “people place it [the experience of war] in social memory and incorporate it with their accumulated culture.” (Davis 1992: 152). In other words, a series of war experience, suffering, and coping efforts is embedded in, and shapes, the social world and culture.

For Davis, the way in which people cope with suffering is also social and cultural. He made the point that coping with suffering is represented by “the immense effort people make to preserve what they can of their culture and way of life.” (Davis 1992: 155). In his view, coping is the effort to preserve and repair the social world which had been destroyed by war; for example, rebuilding old neighbourhoods in new areas, strengthening connectedness with family and kin, and emphasizing cultural and ritual distinctiveness. It is also the effort to preserve the characteristics of humanity and to continue to be what people understand as human.

Like Davis (1992), medical anthropologist Arthur Kleinman also saw suffering as social experience bound to culture and provided a view of healing as dealing with suffering (Kleinman, 1986, Kleinman et al., 1997). In his classic work, he distinguished "disease" from "illness" and defined the former as medical classification (diagnosis) of biological and psychological malfunctioning, and the latter as psychosocial and cultural responses to it (Kleinman and Sung, 1979). For Kleinman (1986), suffering is a central part of illness experience shaped by cultural meanings. Thus healing, of both illness and suffering, is anchored in social and cultural context and each society has its own frameworks to understand and treat illness. He emphasized that suffering has a distinctive moral or spiritual form, particularly raising two fundamental, existential questions. Contrasting healing that deals with such suffering to biomedical care, Kleinman writes;

> The problem of illness as suffering raises two fundamental questions for the sick person and the social group: Why me? (the question of bafflement), and What can be done? (the question of order and control). Whereas virtually all healing perspectives across cultures, like religious and moral perspectives, orient sick persons and their circle to the problem of bafflement, the narrow biomedical model eschews this aspect of suffering much as it turns its back on illness (as opposed to disease). (Kleinman 1986: 29)

In other words, based on his view, healing attempts to deal with moral, spiritual, and existential suffering whereas biomedical care tends to respond only to the diagnosis of disease, ignoring suffering.

Kleinman (1986), Kleinman and Sung (1979) suggested that suffering can be treated by healing practices and systems that are embedded in society and culture, but he was unclear about the status of being healed. Another medical anthropologist, Laurence Kirmayer, proposes the following idea: "Healing involves a basic logic of transformation from sickness to wellness that is enacted through culturally salient metaphorical actions." (Kirmayer, 2004). Reviewing literature on healing across different cultural settings, he suggested that any healing practices include two metaphorical transformations: in the quality of experience from feeling ill to feeling well and in the identity of the person from afflicted to healed. Kirmayer's (2004) notion of healing is shared by Kleinman (1986) in terms of viewing healing efficacy in relation to meaning. Kirmayer emphasized the importance of analysing "what it means for something 'to work', what it is supposed to be working on, and toward what end." (Kirmayer 2004).

More recently, as researchers increased their attention to resilience, Kirmayer and his colleagues developed his thoughts on the notion of resilience (Kirmayer et al., 2011, Kirmayer et al., 2009). His view contrasts with that of psychologists, for example Masten (2001), Bonanno and Mancini (2008) who I discussed earlier. Psychologists generally tend to think of resilience in terms of the balance between an individual's risks and assets as well as interactions between individuals and their social environments. Meanwhile, Kirmayer, as an anthropologist,

emphasized systemic and ecological, not only individual and social, processes of resilience. He defined resilience as "a dynamic process of social and psychological adaptation and transformation" (Kirmayer et al. 2011).

Finally, I introduce a framework of healing in war-affected settings proposed by medical anthropologist, Murray Last (2000). My idea of healing was originally initiated by his thesis. Last (2000) defined suffering from war as "social wounds of war" and proposed three different types of healing – war, humanitarian aid, and community's own recovery. First he argued that war has been chosen as a way of healing in human history. Not only the state but also many civilians have created wars under "the banner of Utopia". Their slogans were to end war and establish peace so that war would no longer recur. Sometimes civilians have also fought in revenge to mitigate their grief and mourning process. Last called such wars "violence to heal". The second type of healing he argues is humanitarian aid, which for him is still acceptable but dominant. Humanitarian aid also seeks for utopia in less violent but more humanitarian form than war. Healing is assumed to be achieved by humanitarian aid based on the unequal relationship between those who heal and those who are healed. In other words, it is assumed that if there is no intervention, healing never happens. In accordance with Bracken (1998) and Summerfield (1999) in an earlier section, Last (2000) argued that humanitarian aid tends to push aside or undermine communities' own recovery by imposing its power on them. This argument finally led to the third kind of healing, that is, communities' recovery on their own. He defines such healing as "how communities mobilize their social and other resources and recover in their own time and in their own way" and "how communities respond to the acts of violence done against them" (Last 2000). He insists that in those responses lies the possibility of "healing" the wounds of war. (I will discuss details of his research findings in a later section.)

Anthropologists suggest that suffering, as well as healing, needs to be understood in a wider global context, particularly global politics and economy. Wars, as well as many epidemics of infectious disease, are often supposed to be the results of changed economic and social relations due to colonialism and membership of the global economy (Davis 1992). Suffering as a consequence is globally present whether the society is high- or low-income, primarily affecting those who are desperately poor and powerless (Kleinman et al. 1997). These theses led to today's criticisms of "medical imperialism" and "medical industrialisation" against the Global Mental Health Movement (Summerfield 2008, 2013, 2017), which I reviewed earlier. In this "causal web in the global political economy" (Kleinman et al. 1997: x), both local suffering experience and healing systems have been transformed. Kleinman remarks; "cultural responses to the traumatic effects of political violence often transform the local idioms of victims into universal professional languages of complaint and restitution – and thereby remake both representations and experiences of suffering." (Kleinman et al. 1997). Kirmayer (2004) also

points out that healing systems rooted in a particular cultural tradition, community, and way of life are uprooted and transported for a global market, whilst culturally-grounded healing systems may no longer adequately work on suffering people who are moving in different cultures.

In the light of the above discussions, in my thesis, I use the term 'suffering' to refer to emic views and experiences of the mental health impacts of war and the term of 'healing' to represent emic views and experiences of recovery from war including communities' responses to cope with suffering. Drawing on Davis (1992) and Kleinman (1986), I consider both suffering and healing as social experience grounded in culture as well as local and global contexts. Suffering may have a form of mental, social or economic distress as suggested by Davis (1992) or a spiritual form as suggested by Kleinman (1986). I explore healing as a process, rather than having a static endpoint such as "being healed". In my thesis, healing refers to the ways in which communities respond to, and cope with, suffering for mitigation, referring to Last (2000) and Kirmayer et al. (2011). While saying this, I am still open to different possibilities of emic notions of suffering and healing, rather than using those frameworks as pre-conceptualizations. I also sometimes use the term 'psychosocial' to emphasize that individual's suffering is produced socially, as reported by Martin-Baro (1989), since my thesis is based on my academic background in critical psychology and I intend it to contribute, in part, to the improvement of Mental Health and Psychosocial Support (MHPSS) in war-affected populations.

Emic views and meaning of suffering

A small but growing number of studies report emic views of suffering from war from different approaches to war-related mental health. Many of them are conducted by epidemiologists who take a culturally-sensitive medical position to develop a measurement for assessing local syndromes or local idioms of PTSD and depression (e.g. Barber et al., 2016, Betancourt et al., 2009, Bolton, 2001b, Kohrt and Hruschka, 2010). Fewer are reported by anthropologists, critical psychologists or transcultural psychiatrists who have cultural orientation to describe suffering with a focus on meaning in social and cultural contexts (e.g. Behrouzan, 2015, Eggerman and Panter-Brick, 2010, Ventevogel et al., 2013). This section discusses literature from both approaches.

Cultural variety of suffering

Epidemiologists who take a culturally-sensitive approach often investigate local perceptions of mental health impacts of war referring to the DSM psychiatric nosology as pre-conceptualization. Such studies are represented by Bolton (2001a) and Betancourt et al. (2009) (see previous section for detailed descriptions of their studies). Their purpose was to investigate the extent to which DSM psychiatric categories could be validated cross-culturally and inform

the development of universal instruments to measure Western mental disorders which were assumed to be common globally.

Indeed, the extent to which the DSM nosology is universally applicable and psychiatric mental disorders (e.g. PTSD, depression, anxiety) are common across cultures has been one of the largest debates in the discipline of war-affected mental health. To resolve this controversy, Rasmussen et al. (2014) conducted a systematic review on emic literature of trauma and PTSD in emergency situations. Based on 55 reports from 38 non-European settings, the review results rejected the universality of PTSD. The authors note; "the DSM-5 model of PTSD is not congruent with most trauma-related mental health constructs around the world. […] there is considerable global variety among conceptualizations of what constitutes trauma and a wide range of posttraumatic symptom presentations" (Rasmussen et al. 2014). However, at the same time, they also remarked on thematic commonality across reports. That is, depression and grief seem to be shared by several local nosologies. With their finding of "global variety with common themes", the authors suggested that locally developed measures account for more than DSM-based measures (Rasmussen et al. 2014). Taking Rasmussen et al.'s (2014) findings, Barber et al. (2016) conducted a mixed-method study with Palestinians in West Bank, East Jerusalem, and the Gaza Strip to describe local concepts of suffering, and then develop and validate a measure for them. Importantly, their view focused on mitigating local suffering, rather than arguing the universality of Western mental disorders. They argued that regardless of one's position on universality, measures of locally-defined suffering are valuable to guide practices and policies to minimize suffering. Their qualitative investigation revealed that participants suffered from "feeling broken or destroyed", that is feeling that one's spirit, morale, and future are broken or destroyed and one is mentally exhausted. The authors saw it as an "existential form of mental suffering" rather than those measured by depression and PTSD. Using a locally-developed "'feeling broken and destroyed' scale", they added epidemiological evidence that "feeling broken or destroyed" was more commonly experienced than depression and traumatic stress. Barber et al.'s (2016) study empirically supported Rasmussen et al.'s (2015) conclusion that mental health impacts of war, or local experience of Suffering, are culturally varied.

Meaning of suffering

Although some culturally-oriented epidemiologists support the universality of suffering from war, from the anthropological and cultural point of view, it can be presumed that emic views of suffering vary across cultures because people experience and make sense of their suffering within their own social and cultural context. This supports Summerfield's classic remark, "suffering arises from, and is resolved in, a social context, shaped by the meanings and understandings applied to events." (Summerfield 1999). Thus, for those who take the cultural

position, not only local concepts or idioms but also the meaning of suffering become important and they explore the ways in which local people make sense of their suffering (e.g. Behrouzan2015; Ventevogel et al. 2013).

One such investigation was conducted by Ventevogel and colleagues (2013) from the Netherlands. The research described local conceptualizations of suffering, local aetiology and preferred treatments across four locations in Sub-Saharan Africa including the Western and Southern regions of South Sudan, Burundi and the Democratic Republic of the Congo (DRC).

As a result of focus-group discussions in public spaces and key informant interviews with local lay experts (e.g. traditional and religious healers, and health workers), Ventevogel et al. (2013) found two common kinds of suffering across four settings: "sadness and social withdrawal" and "severe behavioural disturbances". Sadness and social withdrawal was locally named *nger yec* (Western South Sudan), *yeyeesi* (Southern South Sudan), *alluhire* (DRC) and *ibonge* (Burundi), and shared some features across the different regions. Severe behavioural disturbances included interpersonal violence, chaotic behaviour (e.g. walking aimlessly or naked, collecting rubbish), and talking nonsense. Local terms representing this suffering were all literally translated as 'madness'; they include *moul* (Western South Sudan), *mamali* (Southern South Sudan), *erisire* (DRC) and *ibisazi* (Burundi).

Ventevogel et al. (2013) also illustrate locally-perceived causes of suffering: supernatural, natural and psychosocial causes. Sadness and social withdrawal were attributed to a psychosocial cause, mostly a "loss" of livelihood and property, which often involved the death of a loved one. Severe behavioural disturbances were perceived to be associated with severe loss, or led by sadness and social withdrawal. They could also result from supernatural causes, such as "bad spirits" and disturbed ancestral spirits in their informants' views. Natural causes, such as malaria, alcohol and drugs, were also mentioned as potential causes of behavioural disturbances. In short, sadness and social withdrawal were commonly attributed to psychosocial causes whilst severe behavioural disturbances were perceived to result from psychosocial, natural, or supernatural causes.

Informants from all areas thought that severe behavioural disturbances caused by a supernatural factor are difficult to treat effectively either by traditional healers or in biomedical health facilities. Meanwhile, they believed that because sadness and withdrawal result from a material and social loss, the treatment should be entirely psychosocial, aiming to improve the economic situation, increase social support and decrease social isolation and loneliness. Informants believed that social support within family and communities is adequate to cope with this suffering. The authors make the point that sadness and social withdrawal was not a 'medical' disorder from the local point of view, therefore, it was not perceived as a condition for which

help should be sought within the biomedical health-care system. Based on those findings, Ventevogel et al. (2013) advocated that the primary interventions should be to empower social support systems already in place in the local community, whereas psychiatric services could be of benefit in the treatment of severe behavioural disturbances that informants described as difficult to manage through local resources.

Avoiding the imposition of DSM nosology, Ventegovel et al. empirically shed light on social aspects of suffering from war. That is, a material and social loss led to the suffering of sadness and social withdrawal, and further, possibly resulted in more severe behavioural disturbances (Ventevogel et al. 2013). Similar findings were reported from Syria by Hassan et al. (2016). Based on a review of academic and practical field reports of the Syrian populations, Hassan et al. (2016) suggested that the central suffering among war-affected Syrians is loss and grief, for missing or deceased family members or other social relationships, and material losses. Among displaced Syrian people, the destruction of social fabric is likely to result in social isolation, loss of social support, and loss of identity (Hassan et al. 2016).

Notably, Ventegovel et al. (2013) made significant contributions to understanding emic views of suffering from war by revealing the ways in which local people make sense of their suffering (local aetiology), local healing practice and systems they prefer (locally-preferred treatments). As Ventevogel et al. (2013) pointed out, it is imperative to develop services that "make sense" to local users, avoiding the imposition of psychiatric categories that are meaningless to patients and their social environments (Ventevogel et al. 2013). However, research investigating the meaning of suffering is still limited.

Suffering in politically-sensitive contexts

While contributing to the advanced understanding of emic views of suffering from war, the reviewed studies have one significant limitation: neglect of the political context. Generally, the political context is a significant issue in war-affected settings. Considering the specific political circumstances of Rwanda, where citizens are unable to speak freely about tragedies other than the 1994 genocide due to political constraints, their suffering must be understood as embedded in the political context in addition to social and cultural contexts. Particularly focused on the political context of Rwanda, researchers have been aware that one distinct group in the country, the Hutu, are silenced due to intense political oppression (Burnet, 2012, Doná, 2010a, Rutayisire and Richters, 2014, Veale and Doná, 2002). This has generated suffering and deters reconciliation among different ethnic groups. Giorgia Doná and Jennie E. Burnet are two of the few academics who publicly discuss this issue.

Doná lived and worked in post-genocide Rwanda as a psychologist and anthrolopologist for many years (Doná, 2014). She discusses "the unspeakable" in the context of trauma politics of

Rwanda based on her fieldwork (Doná, 2010a). What she calls "the unspeakable" refers to the death of moderate Hutus who died during the genocide and Hutu civilians massacred by the RPF force as it advanced towards the capital to end the genocide in 1994. Doná (2010b) criticizes the national policy of genocide memorialisation which is implemented through the building of memorial sites and organization of commemoration ceremonies across the country for Tutsi victims of the 1994 genocide. According to Doná (2010b), those memorial sites and commemoration ceremonies select whose stories will and will not be told; that is, the suffering of Tutsi genocide survivors is presented as a symbol of national suffering, whereas that of Hutu victims became unspeakable. Doná (2010b) conceives it as a political manipulation to maintain the "national Tutsi genocide narrative" and silence Hutu victims "because they challenge the heroic image of the RPA [the RPF army] as the saviour and victorious army that ended the genocide" (Doná 2010b: 28). In her view, memorialisation promotes medicalised and individualised representations of collective trauma, denying the socio-political suffering (Doná 2010b). The concept of trauma, as central to the genocide memory discourse, serves "to de-politicise socio-political suffering and to silence contested traumatic memories" (Doná 2010b: 32). She then argues that the suffering of the social fabric of society embedded in the political context should be captured and discussed (Doná 2010b).

Similarly, sociocultural anthrolopologist Jennie E. Burnet (2012) called the intense public silence, particularly surrounding RPF-perpetrated massacres and the Hutu victims, "amplified silence". The concept covers Hutu victims more widely than Doná's (2010b) "unspeakable" by including not only Hutus who were killed during the 1994 genocide but also Hutus who were massacred by the RPF in eastern Zaire and northwestern Rwanda after 1994. Burnet (2012) coined the term "amplified silence" since the silence of Hutu victims is amplified by master narratives of Tutsi genocide survivors which are, in turn, amplified in politicians' and survivors' speeches at genocide commemoration ceremonies and through the media during genocide memorial week.

Burnet (2012) illustrates the socio-political suffering derived from amplified silence. For example, she points out that in many cases Hutu victims are buried in secret mass graves or in graves at genocide memorial sites for Tutsi genocide survivors; these are "public secrets" and Hutu survivors have no public forum for mourning, which increases their suffering (Burnet, 2012). Burnet (2012) also claims that amplified silence imposes a powerful moralizing discourse that has shaped Rwandans' subjectivity; that is, Tutsis are "victims" or "survivors" who are thus morally superior to Hutus who are guilty and blameworthy. Moreover, according to Burnet (2012), amplified silence prevents Rwandans from discussing the past openly and therefore it becomes an obstacle to reconciliation between Tutsi genocide survivors and Hutu survivors of RPF masscares. Since narratives of Hutu victimization are not readily available in

public discourse, Hutus are forced into private familial forums or into monoethnic group forums, which leads to the development of a competing discourse against the genocide.

Doná (2010b) and Burnet (2012) explained Rwandans' suffering as particularly embedded in the difficult political context. In this aspect, their contributions to the discipline was significant. However, their methodological approaches may have limited the findings. Since their major concerns were the socio-political aspects of suffering, they did not document the perceived experience of suffering by local Rwandans but relied on observational data to portray the issue from a wider socio-political point of view. Studies on emic views, such as those in the systematic review by Rasmussen et al. (2014), generally apply oral accounts of key informants and/or focus-group discussions to understand the perceived experience of suffering. But still some important studies, including Bolton (2001a), Betancourt et al. (2009), and Ventevogel et al. (2013), interviewed only local mental health experts (e.g. traditional and religious healers, health workers) rather than ordinary people who are suffering themselves. Therefore, their findings may be based more on observable phenomena than internal experience. Relying on oral accounts can also prevent the research from exploring how suffering plays out in everyday life, which was discussed as a limitation by Ventevogel et al. (2013).

When all the discussions are taken together, it is clear that ethnographic research is needed to explore emic views of suffering after war embedded in multi-layered contexts including the cultural, social and political. Suffering needs to be elaborated from the viewpoint of ordinary local people who are suffering themselves, and not only from observation or local experts' accounts of the issue. At the same time, however, observation of suffering people and community is necessary in addition to collecting oral narratives in order to explore how suffering is manifest in everyday life and to capture "the unspeakable" in the context of political oppression.

Emic views and meaning of healing

In the light of findings on emic views of war suffering, Ventevogel et al. (2013) suggested that "the primary aim for public mental health interventions would be to empower existing social support systems already in place at local levels, and to strengthen social cohesion and self-help within communities." (Ventevogel et al. 2013). Indeed, it has recently been reported that informal care systems in local communities, as practiced by family members, friends, and neighbours, proactively respond to suffering in war-affected populations (e.g. Ager et al., 2015, Chase and Sapkota, 2017). However, literature examining the ways in which local communities cope with suffering from war is still scarce. This section focuses on empirical literature by anthropologists, social scientists and critical psychologists that investigates the ways in which local communities respond to, and cope with, impacts of war and atrocities to heal themselves.

'Living' as healing

One interesting and significant finding in the literature is that the way in which communities heal suffering from war is 'living'. Several researchers with social and cultural perspectives have identified living everyday life itself as a process of healing in the light of local cosmology (Gibbs, 1994, Gibbs, 1998, Last, 2000, Pells, 2011).

An ethnography by Sara Gibbs (1994, 1998) is a classic work that reported 'living' as healing. She researched Mozambican communities recovering from war to explore how children experience the process of healing and reconstruction (Gibbs, 1994, Gibbs, 1998). She shed light on local views of 'child' and 'child development', which she assumed to be different from Western views, and attempted to understand suffering and healing in the light of those local views. She revealed that locally children are seen as strong, as survivors, and as actively growing on their own, incontrast to Western of children as vulnerable and dependent. Moreover, in local views, there were no clear boundaries between adulthood and childhood in terms of productivity; children are valued for their contribution to the productive work of the family, and they are seen in the process of learning how to work and become more productive in the future. In the light of such views of children and development, children's suffering was perceived to be no different from that of adults and healing was perceived take place through engaging in everyday work such as building, planting, and producing (Gibbs 1994; 1998).

In more detailed descriptions in her ethnography, Gibbs observes that for both children and adults, suffering from war meant a changed heart, such as having anger and fear; healing then meant to settle the heart and "to enable people to live and to work again" (Gibbs 1994, 1998). Traditional healing medicine, communal ceremonies (e.g. celebrating harvest), and religious rituals (e.g. confession) played a role in assisting the process of settling the heart and engaging in everyday life and work. As her conclusion, Gibbs emphasizes "living and working" in everyday life as a local way of healing. She notes: "The most significant part of this process, for both children and adults, is being actively engaged in everyday life – through building houses and planting fields." (Gibbs, 1998: 237). Gibbs (1998) highlights that performing these tasks is, itself, a healing process.

The medical anthropologist Murray Last (2000), whose framework of healing (i.e. war, humanitarian aid, and community's own recovery) I discussed in an earlier section, also provides insightful findings on communities' ways of healing based on his years of ethnographic research in sub-Saharan Africa. He reported several common themes of community responses to war across different settings as follows. As the first stage of healing, a ritual cleansing of the ground is required to prevent spirits from being attracted to the site and molesting the community. This allows the community to go forward to the future. Secondly,

there is silence about the past. Often children are not told about the past so that it is not dominant as they grow up, enabling them to find a future of their own. Thirdly, new religious forms emerge and regular rituals are resumed. This is partly because they can be joyous occasions, and partly because they offer ways of putting right what has happened (since victims often perceive disasters as punishment). Fourthly, the banality of everyday life is re-created; for example, exchanging gifts, receiving visits from relatives, celebrating births, marriages, and special holidays. According to Last, opportunities for joy form an important part of this banality. Fifthly, to support all those activities, security and ways of finding compensation are needed. Some communities create their own system of self-defence. Lastly, he emphasizes the importance of "hope for a future" which is ensured ritually, politically and materially.

Noteably, as Gibbs (1994, 1998) described the healing of Mozambican communities in the light of local views of children and child development, Last (2000) also understands the above healing practices as grounded in local views of life and future. He points out that unlike the Western view, the local view is that life will be handed over from generation to generation, and the future may mean following the way of ancestors and having children who will also follow this road. In the light of such views of life and the future, Last summarises the process of healing from war suffering as below;

> The process of recovery I am outlining here is undramatic. […] It is not 'healing' in any complete sense that is being sought; it is the means of going on living as best, as joyfully, as one can, alongside others who are not half as hurt as you are, for it is through their energy and strengths that wider recovery will occur. (Last, 2000)

Similarly, social scientist Kirrily Pells (2011) also reported that living everyday life was a significant healing process amongst children and young people after the 1994 genocide, based on her qualitative research in Rwanda. Whereas Gibbs (1994, 1998) and Last (2000) interpreted 'living' to become healing, grounded in the local cosmology (e.g. local views of children, life, future), Pells (2011) reached a similar finding employing the sociological framework of "the everyday". She challenged the predominance of the trauma paradigm that emphasizes the past and instead emphasized the importance of everyday life rather than traumatic memory. Based on her interview data, she suggested that the problems of children and young people occur in everyday life as economic and social consequences of poverty and genocide; therefore, they address everyday-life matters rather than traumatic memory. She argues; "it is the daily structures, practices and relationships which give life its meaning. It is the everyday realm that is destroyed by conflict and it is through the everyday that children restore a sense of normality and meaning." (Pells, 2011).

Gibbs (1998), Last (2000) and Pells (2011) all suggest 'living' and 'going on living' as a local way of healing or a healing process itself. Everyday-life practices (Gibbs 1998; Last 2000; Pells

2011) and special-day ceremonies (Gibbs 1998; Last 2000) are described as significant parts of constructing 'living'. However, in their studies, the way in which 'healing' can be constructed from everyday life practices was not sufficiently clearly explained. Pells (2011) understood that addressing everyday-life problems may lead to healing because suffering arises from the everyday. However, this interpretation does not adequately explain the creative aspect of 'living' described by Gibbs (1998) and Last (2010). The key may be a deeper exploration of the local healing pathways in the light of local cosmologies such as local views of child development (Gibbs 1998), life and future (Last 2000). Grounded in such cosmologies, the following question definitely needs to be explored: "How can 'living' turn into 'healing'?".

Community support and spiritual healing

Recent literature documents detailed elements of the ways in which communities respond to and cope with suffering from war. For example, Ager et al. (2015), from the psychosocial group at Columbia University, conducted participatory research including interviews and workshops with key informants for modelling health service resilience in Yobe state, Nigeria, in the context of the Boko Haram insurgency. One of perceived key elements to cope with the crisis reported by their informants was "community support", including spiritual, emotional, and social support. In particular, spiritual support such as prayer, was reported to be an important element to construct hope and resilience; through spiritual support, community members retained solidarity, built trust, had hope and survived. The informants also reported that community members provided shelter, organized transport to health facility services, transmitted information regarding the insurgents and community leaders played a central role in coordination of acitivities. Similar findings were reported by anthropologists Chase and Sapkota (2017). They researched Bhutanese refugees in Nepal and the US and found that community members, including family members, friends and neighbors, provided pragmatic, social, and spiritual support which could prevent or alleviate mental distress (Chase and Sapkota 2017).

The significance of spiritual support in war-affected populations, as Ager et al. (2015) noted, is documented more particularly in some other literature (e.g. Eggerman and Panter-Brick, 2010, Hassan et al., 2015, Stark, 2006). Such literature suggests that spiritual support or religious belief helps people to make sense of adversity. A recent review of literature and empirical field reports from Syria by Hassan et al. (2015) clearly documents the association between spiritual support and meaning-making. The review was written to inform Mental Health and Psychosocial Support (MHPSS) staff working in Syria. Noting the spiritual suffering, the authors write; "Mental health practitioners working with refugees from Syria report that some clients struggle with existential question such as: 'How can God accept this happening to my family?' or 'Why does God allow others to kill small children and elderly people?'" (Hassan et al., 2015). The authors point out that religion can explain such suffering and religious or

spiritual healing can foster coping and resilience. However, they also note that the extent to which individuals rely on religion for their identity and meaning-making is wide ranging and thus mental health practitioners have to be careful to encourage religious beliefs and healing (Hassan et al. 2015).

Based on the reviewed literature as above, communities, including family members, friends, and neighbors, are likely to play a significant role in coping with suffering and adversity. Those communities may provide pragmatic, social, mental and spiritual support. In particular, spiritual support may play a pivotal role in making sense of the adversity. Returning to my earlier review of theoretical literature, the social world and collectivity were advocated as significant in the healing process of non-Western communities (Bracken 1998; Summerfield 1999). Making meaning of suffering and the war experience as embedded in local culture and cosmology was also pointed out as an important element. However, a systematic review of emergency interventions reports that interventions at community level are still few and spiritual support which could help meaning-making was not even mentioned (Jordans et al. 2016). Given these theses, greater focus on the role of community and exploration of the community self healing activities that are embedded in local cosmology is necessary.

Healing and reconciliation in politically-sensitive contexts

Literature reviewed so far has provided useful knowledge on local ways of coping and healing among war-affected populations, shedding light on social and cultural aspects of conceptualizations which are different from those dominant in many Western cultures. However, none of them described healing pathways with sufficient attention to the political contexts in which war-affected communities are embedded. Therefore, as the final piece of my discussion, I examine local healing pathways and political contexts, referring to Burnet's study (2012).

In the same ethnographic study in which she identified "amplified silence" in Rwanda, where Tutsi genocide survivors can speak publicly about their experience but Hutus may not, Burnet (2012) also investigated the reconciliation process between Hutus and Tutsis. Since she saw silence as a central issue preventing reconciliation, her findings of reconciliation paths emphasized the importance of breaking silence and sharing narratives of suffering. Based on ethnographic observation of individual women and women's associations, she suggested several important conditions to generate reconciliation. For example, women who participate in a reconciliation process need to have economic self-sufficiency to be "free to express their true feelings" without fear of losing financial aid from others and a space where women "feel comfortable expressing themselves" needs to be created. According to Burnet (2012), in these conditions, women from different social categories, including genocide widows, widows of

RPF-perpetrated massacres, and prisoners' wives become able to share individual stories so that they can recognize common experiences of suffering, nurture trust, and reach reconciliation.

For Burnet (2012), sharing narratives of suffering played a pivotal role in reconciliation. However, I question her findings, taking a slightly different position regarding 'speaking'. As someone who has an Asian background and lived in Africa for several years, I question the idea of always putting 'speaking' at the centre of healing and reconciliation, which appears to me to be rather dominant in Western psychology and psychiatry. In a different view from the West, for example, some Japanese academics suggest the significance of "being (present)" with suffering people in the context of assisting community recovery from the earthquakes and Tsunami in Japan (Nakai, 1996, Imao, 2016). Based on school-based observation after the Tsunami, a Japanese psychologist Imao (2016) reported that "waiting" for survivors to be ready to ask for help and providing support to meet their need was perceived to be a huge help. By contrast, psychological and psychosocial interventions that required them to speak out about their experience were harshly refused by local Tsunami survivors (Imao 2016). Anthropologists who research community recovery from war in Africa, such as Gibbs (1994, 1998) and Last (2000), also described healing pathways which do not depend on oral narratives, such as everyday practices, working, rituals and ceremonies. Their common conclusion as to the local way of healing was 'living'. I agree that a situation where people cannot speak freely about suffering due to political oppression itself multiplies suffering and thus is a serious problem. I also understand that speaking can significantly help healing and reconciliation. However, I suggest communities may have healing strategies other than speaking.

Interestingly, Burnet (2012) focused very little on non-verbal means of reconciliation in her ethnography, but put more emphasis on breaking silence, from a feminist standpoint. However, if a researcher puts 'suffering' at the centre of her research as an issue to be dealt with, there may be more wide-ranging ways of healing suffering than speaking and breaking silence. Given the potential of non-verbal means of healing and reconciliation as described above, communities' ways of healing embedded in political contexts need to be explored including both oral and non-oral narratives.

Research Question and Aims

The above discussions led me to set up ethnographic research to explore communities' ways of healing psychosocial suffering due to war. In light of empirical literature, communities' ways of healing psychosocial suffering need to be understood as embedded in multi-layered contexts, that may be cultural, social and also political. Previous empirical studies suggest that 'living' through everyday-life practices, religious/spiritual practices, and ceremonies may be a key to healing but it is still unclear how 'living' can be 'healing'. Focusing on the role of community in healing may provide a clue to my exploration, given that theories advocate the importance of

social world and collective characteristics of healing in non-Western communities. It is also imperative to understand in depth the experience of local communities in terms of meaning, being open to their cosmologies such as views of humans, illness, time, life and death, which may be transforming within global politics and economics. By so doing, following Davis (1992), I ask what characteristics of humanity, and what social world (as the one built by humans), local people attempt to preserve and repair.

Discussions of previous studies also provided some methodological considerations to improve the ethnographic research. Based on my discussions, it is important to employ multiple data collection methods including interviews, focus-group discussions, and community observation. In particular, in settings where the narratives of some community members are 'unspeakable' due to political oppression, capturing both oral and non-oral narratives of suffering, as well as healing through multiple methods is imperative. Additionally, previous studies suggest that informants need to be ordinary people who are suffering themselves, rather than relying on observational accounts from local experts.

Taking these issues together, I set my research question as below.

> *How do communities' ways of healing psychosocial suffering from war get constructed in northern Rwanda?*

The research aims: 1) to explore local conceptualizations of psychosocial suffering as well as the ways in which communities heal psychosocial suffering; 2) to explore the ways in which 'healing' takes place here and now through the interaction between individuals and community; and 3) to explore boundaries of communities' practices to heal psychosocial suffering. Findings for the first aim will be presented in Chapters 4 and 5, those for the second and the third aims will be presented in Chapters 6 and 7 respectively.

Rwanda is one of countries which provoked controversy over the Western trauma concept and psychotherapy in the 1990s. I particularly selected the district of Musanze, northern Rwanda, as my research site since the region has received extremely limited humanitarian aid from the international community or the government since the 1994 genocide. Nevertheless, its people have shown remarkable powers of reconstruction on their own. Through exploring the above research question and aims, I attempt to revisit our notions of suffering and healing and discuss what we could learn from their knowledge and practices. The next chapter describes the methodologies I used for conducting my ethnographic research with a particular focus on what I refer to as the 'political sensitivity' of the research site.

Chapter 3: Narrative Ethnography in a Politically-sensitive Field

Introduction

For the purpose of examining my research question: "how do communities' ways of healing psychosocial suffering from war get constructed in northern Rwanda?", the ethnography took place in Musanze between August 2015 and May 2016. During the period of the ethnography, I conducted in-depth interviews to explore retrospective narratives of psychosocial suffering and healing pathways since the war period. Some participants were repeatedly interviewed to follow narrative changes and to look at on-going healing processes. I also conducted participant observation of social groups, including interviews and focus-group discussions with members for exploring communities' ways of healing themselves here and now. This chapter will discuss why I selected these narrative and ethnographic approaches, how the data were generated and analysed.

Ethnography with Narrative Approach

The main methodologies I drew upon were an ethnographic approach, guided by the grounded-theory ethnography of Kathy Charmaz (2006) in combination with the narrative approach of Corrine Squire (2013a). In this section, I discuss the application of grounded-theory ethnography combined with narrative approach. Additionally, I present the issues that were raised by working across different languages and how I addressed them as a crucial constituent of ethnography.

Narrative approaches

The initial motivation for employing narrative approaches originally arose from several articles on community resilience authored by psychologists. For example, Norris and her colleagues systematically conducted a literature review to compile existing knowledge of resiliency and identified a group of articles reporting the role of narratives on community resilience after disaster (Norris et al., 2008). They summarise reviewed articles that show communal narratives give the tragic experience shared meaning and purpose, which can be a resource for community resilience. Also, Sonn and Fisher provided a theoretical examination of community resilience and suggested the usefulness of narrative analysis as a technique for deeply understanding the social process by which communities respond to adversity (Sonn and Fisher, 1998).

As these studies suggest, narrative approaches are very useful to investigate positive psychological adaptation of communities after disaster, such as resilience, recovery and healing. These seemed particularly appropriate approaches for three reasons. First, positive psychological adaptation is prone to be better conceptualized as a process rather than an outcome which has a clear endpoint as Norris and her colleagues remark (Norris et al. 2008).

But due to this progressive characteristic, it can be argued that it is challenging to define and investigate resilience (e.g. Allmark et al., 2014). However, a narrative approach, such as the one proposed by Corinne Squire (2013a; I will discuss her approach later), can provide means to overcome this challenge and capture a resilient process by following chronological narrative changes. Second, a narrative approach helps researchers to look at collective narratives as well as individual narratives, and the relationship between the two. For example, the theory proposed by community psychologist Julian Rappaport offers perspectives to understand narratives at different social levels, including dominant narratives in society, shared narratives by community members, and personal stories of individuals (Rappaport, 1998, 2000). Third, a narrative approach facilitates a focus on meaning (Squire, 2013a, Green and Thorogood, 2004). For example, Squire (2013a) proposes theoretical perspectives to analyse meaning in narrative, taking the position that narratives are essential means for human sense-making. Those qualities are exactly suited to my research which explores local meaning of suffering from war and community healing; hence I decided to apply a narrative approach.

Finding a useful technique out of many different narrative approaches presented a challenge. Since it is an emerging methodological approach in the area of health and social research, existing narrative approaches do not necessarily offer systematic and well-established techniques to deal with data. The definition of narrative, how to deal with data, and what kind of materials are to be analysed, vary from one scholar to another and still cause controversy.

To examine what kind of narrative approach I could take, I first looked into structural analysis (Labov, 1972, Labov and Waletzky, 1967) since it is an analytical technique which provided the foundation for today's diverse narrative approaches. The structural analysis was proposed by sociolinguists William Labov and Joshua Waletzky (1967), and later advanced by Labov (1972). Labov (1972) offered a structural model of narrative which claims that a fully-formed narrative can have six elements including abstract, orientation, complicating action, evaluation, result/resolution, and coda. His model provided health and social scientists with a methodological technique to analyse narratives following the six elements (e.g. Riessman, 1989, Robichaux and Clark, 2006). Labov's approach provides well-defined schemes to analyse the narrative structure. However, one significant limitation is that it assumes narrated events to be what actually occurred and neglects constructive aspects of narratives (Squire, 2013a). This can be a serious limitation considering "the unspeakable" and "silence" due to political oppression among Rwandans, as pointed out by Doná (2010b) and Burnet (2012). Additionally, it is suggested that narratives of traumatized people frequently do not follow the Labov structure model; moreover, narratives of trauma are often silent surrounding the traumatic events themselves (for example, Patterson identifies the limitations of the Labovian approach when applied to narratives of traumatic experience (Patterson, 2013)). Although the idea of structural

analysis is useful for orientating the researcher to the ways in which stories are likely to be organised in some contexts, this would not necessarily be a fruitful approach for understanding my research questions through narrative.

As an approach to overcome the limitations of Labov's model as discussed above, a social scientist, Corrine Squire (2013a), discusses an experience-centred narrative approach. Squire argues the Labovian approach is limited in that it neglects constructive aspects of narratives and that it excludes narratives which do not talk about events, such as those describing identities "who they are" (Squire, 2013a). According to Squire, the experience-centred approach focuses on the meaning of what was experienced, rejecting Labov's assumption that narratives are telling actual events themselves. Thus she labels this approach "experience-centred" contrasting to what she calls the "event-centred" approach of Labov.

Experience-centred approaches generally assume that narratives are sequential and meaningful. Based on the theoretical perspective of Ricœur that storytelling makes us human through sequencing and ordering experience into narrative (Ricœur, 1991), the approach views narratives as an essential means for human sense-making, and storytelling as a meaning-making activity. The experience-centred approach also sees narratives as re-construction as well as co-construction of experience by speakers and hearers in different social contexts. Moreover, it allows silence and awkwardness to construct narratives; in other words, for Squire, non-verbal responses of research participants as well as researchers are part of the narrative (Squire 2013a).

According to Squire (2013a), in the experience-centred approach, narratives represent personal changes of meaning and sense-making. Therefore, researchers taking this approach follow thematic progressions of narratives described in one interview or repeated interviews over time, looking for improvements in stories and trying to understand them. The analytical procedure here is apparently similar to thematic analysis but certainly different in terms of its attention to sequences and progression of themes. In this approach, all narrators and audience, including informants and researchers, can be involved in the narrative co-construction and its changes.

In terms of focusing on meaning, silence, constructive aspects of narratives, and narrative changes as a process, an experience-centred narrative approach is very useful for my research. However, Squire (2013a) raises limitations of experience-centred approaches when analysing narratives across culture. She suggests an experience-centred approach makes assumptions about 'good' stories which describe successful life adjustment or resolutions of problematic experiences. But researchers' assumptions of goodness are mostly based on western morality and not always applicable to narratives from different cultural settings. Additionally, she remarks that a focus on experience tends to undermine the significance of language in dealing with narratives across cultures. To address those problems, Squire proposes a culturally-oriented

approach as an advanced version of the experience-centred approach (Squire, 2013a, 2013b). Squire (2013a) explains that a culturally-oriented approach has more orientation of cultural character of narratives while maintaining the analytical procedures of an experience-centred approach. However, the approach is still in the process of development and she has not yet presented it in detail.

Added to the above limitations, I would suggest further challenges in applying an experience-centred approach to my inquiry. First, the experience-centred approach tends to focus on personal and oral narratives; therefore, it does not necessarily provide useful strategies to manage the collective and non-oral narratives, such as community action for healing and what is unspoken due to political oppression, of interest to me. Although Squire (2013a) broadly defines narrative, including oral and non-oral narratives (e.g. behaviours, actions, and visual narratives), and she proposed an culturally-oriented approach as an advanced version of the experience-centred approach, the way of addressing non-oral narratives is not clearly presented in her approach. Second, narrative inquiries are generally guided by pre-existing theories for data analysis (Riessman, 2008). In other words, the narrative analysis tends to be top-down and authoritative regarding data (Riessman 2008; Squire 2013a). Squire (2013a) expressed it as 'over-interpretation' in narrative analysis and noted this as a common problem across different narrative approaches. As I wanted to understand local perceptions and meaning through a bottom-up approach, I needed to employ another approach to conduct my research grounded with data, such as an ethnographic approach.

Ethnography and grounded-theory approach

The potential to conduct ethnography in combination with narrative approach is discussed by narrative scholar Catherine Kohler Riessman (2008). Riessman (2008) introduces an example study by anthropologist Cain (1991), who investigated the social construction of identity among members of Alcoholic Anonymous. Applying thematic analysis, Cain analysed oral, written and observed narratives based on individual interviews, publications of the AA organization, and fieldnotes of meeting observations (Cain, 1991). Ethnographic methodologies with a narrative approach, such as Cain (1991), are suited to addressing many different materials including interview, documentary, and observational data. Through dealing with diverse materials, such methodologies can trace the broad contours of narratives and generate case studies of groups, not only individuals (Riessman, 2008). However, Riessman (2008) also claims that narrative analysis is, even if the approach is ethnographic, prone to be top-down as it is guided by prior theories in the analytic process. This is the second challenge which I have already identified.

To form my methodologies drawing from a bottom-up approach, I decided to take the methodological elements of the grounded-theory ethnography proposed by Kathy Charmaz (2006) and combine them with a narrative approach.

Grounded theory is a set of systematic methodological strategies to collect and analyse qualitative data through which researchers develop theories grounded in data themselves (Glaser and Strauss, 1967, Charmaz, 2006). Since sociologists Barney Glaser and Anselm Strauss produced a classic grounded-theory approach (Glaser & Strauss, 1965, 1967), many scholars have applied their methods to health and social studies (e.g. Green et al., 2002, Charmaz, 2002). Grounded-theory provided me with a strong advantage to deal with qualitative data by more systematic means than a narrative approach and build up a theory grounded in data rather than imposing existing frameworks on data.

In my research, I employed a constructivist version of Kathy Charmaz's grounded theory (2006). Since a growing number of scholars moved away from grounded theory due to its positivistic stance in the early 21st century (e.g. Bryant, 2003, Clarke, 2003), Charmaz refined the classic grounded theory by Glaser and Straus taking a constructivist position (Charmaz, 2006). Maintaining traditional guidelines of grounded theory, Charmaz (2006) rejected Glaser and Straus's idea that researchers discover theory from data as independent scientific observers. She avers; "I assume that neither data nor theories are discovered. Rather, we are part of the world we study and the data we collect." (Charmaz 2006: 10). For her, researchers construct their grounded theories through their involvements and interactions with research participants, perspectives and research practices (Charmaz 2006).

Charmaz's (2006) approach to grounded theory begins with gathering initial data and analysing them through initial coding. In the initial analysis, word-by-word, line-by-line, and incident-by-incident coding are conducted for exploring all possible theoretical directions. Later, initial codes are selected, and focused coding schemes are developed. Through the analytic process, constant comparative methods are applied among codes, cases, and data sets to elaborate coding schemes and to suggest further sampling. At this stage, sampling strategy moves to theoretical sampling which seeks relevant data to refine coding schemes and to develop an emerging theory. Theoretical sampling continues until a 'saturation' point is reached, when no new properties of coding schemes emerge. In grounded theory, memo-writing (i.e. writing analytic notes on codes, data, theoretical categories and on an emerging theory) is a key guideline to develop analytical ideas and theory grounded in data. The process of developing grounded theory is cyclical, both inductive and deductive, starting by collecting data, coding it, writing memos, and moving to further data collection for developing provisional coding schemes and emerging theory (Charmaz 2006).

Based on her grounded-theory approach, Charmaz (2006) guides the researcher to conduct ethnography. For her, grounded-theory ethnography follows the above guidelines while focusing on the studied phenomenon or process, and explores what is happening, rather than a description of a setting. (Charmaz 2006). I adopted Charmaz's grounded theory since her constructivist position and process-focused approach are very suitable to my ethnography, as well as narrative approach.

Additionally, to reinforce Charmaz's grounded-theory ethnography, I also drew on methodologies for participant observation and taking fieldnotes provided by Emerson et al. (1995). They offer a series of guidelines for participating in the field, observing the everyday lives and activities of groups and people in the field, writing fieldnotes and processing them into finished texts. Their ethnographic methodologies helped me to explore communities' ways of healing here and now, through observation of everyday lives, collective activities, community meetings, and interactions among members.

Charmaz emphasizes the flexibility of her approach for use as a guideline, not methodological rules or requirements, and encourages researchers to employ it for complementing other approaches (Charmaz 2006).

Employing grounded theory and narrative approaches in tandem

I conducted my ethnography guided by Charmaz's grounded theory in combination with narrative approach. Following Squire and her colleagues (2014), I defined narrative in my research as "a set of signs, which may involve writing, verbal or other sounds, or visual, acted, built or made elements that similarly convey meaning" (Squire et al., 2014: 5).

Their definition focuses on meaning and encompasses wide-ranging signs from the verbal to the acted. Therefore, it allows my research to flexibly explore local meaning of suffering and community healing, including oral accounts, everyday-life activities, and communal actions.

As overarching guidelines of my ethnography, I employed the research lifecycle of Charmaz's grounded theory including sampling (i.e. initial and theoretical sampling), analysis (i.e. coding, constant comparison), and writing (i.e. memo-writing, drafts of my thesis). In practice, whilst retrospective accounts of suffering and healing process were best understood by drawing on grounded-theory coding, questions regarding on-going community healing and its boundaries were best answered by focusing on narrative changes. The former analytical strategies are reflected in Chapters 4 and 5, the latter in Chapters 6 and 7.

In Chapters 4 and 5, I employed grounded-theory coding (i.e. word-by-word, line-by-line, incident-by-incident coding, and focused coding) (Charmaz 2006). While using these coding

techniques, I still attempted to maintain narrative sequences, stories and contexts as much as possible. In this aspect, my coding was influenced by the narrative approach.

On the other hand, Chapters 6 and 7 are based on narrative analysis, following Squire (2013a). I selected some cases of individuals and groups, and followed narrative changes as well as narrative co-construction. Coding was focused on narrative sequences and stories without fragmenting them, which differed from word-by-word, line-by-line, and incident-by-incident coding in grounded theory.

For Riessman (2008), the most fundamental distinction between grounded theory and narrative analysis is in the coding strategy. According to her, coding in a narrative approach preserves sequences, stories, and detailed contexts, whilst that of a grounded-theory approach cuts them into segments and decontextualizes original accounts of informants in the analytic process (Riessman, 2008). Also, she points out that narrative analysis is guided by pre-existing theory, whereas grounded-theory analysis eschews the introduction of prior concepts in the early stages (Riessman, 2008). Moreover, grounded-theory analysis is prone to focus on 'what' is told while narrative analysis attends not only to 'what' is told, but also to 'how' and 'why' it is told, namely, what a narrator attempts to achieve by developing the story that way (Riessman, 2008). Based on Riessman's discussions, it is suggested that a grounded-theory approach provides guidelines to develop a theory grounded in data, but contexts described in personal accounts tend to be fragmented through analysis. Meanwhile, a narrative approach follows thematic changes of narratives while maintaining contexts and meaning of original narratives, but the analysis tends to be prescriptive and impose pre-existing theories (Riessman 2008; Squire 2013a). My ethnography, then, used the bottom-up character of the grounded-theory approach while maintaining narrative sequences, contexts and meaning of original accounts in the analysis by complementarily combining the two approaches.

A view of ethnography as narrative inquiry has prevailed so far and some anthropologists have developed research methods for conducting ethnography with narrative perspectives (e.g. Mattingly and Garro, 2000, Bruner, 1997). Recently, psychologists with narrative orientations have broadened their attention to include ethnographic and anthropological perspectives in their narrative inquiry (e.g. Squire, 2012, Squire, 2013b, Breed, 2014). My attempts to integrate the two approaches can be positioned as one such endeavour.

Handling three languages

Language is a crucial constituent of cross-cultural ethnography. Anthropologist and linguist Edward Sapir offered the thesis that the 'real world' is constructed on the basis of the language habits of the group and no two languages are ever sufficiently similar to allow the perfect translation of each other as they do not represent the same social reality (Sapir 1929). Sapir

argues; “The worlds in which different societies live are distinct worlds, not merely the same world with different labels attached.” (Sapir, 1929). Linguist Benjamin Lee Whorf advanced Sapir’s thesis and proposed the principal of linguistic relativity which hypothesizes that our perception of the world and our ways of thinking about it are deeply influenced by the structure of the languages we speak (Whorf, 1956).

The significance of language in ethnographic research is traditionally acknowledged since the classic remark by Franz Boas, who influenced Sapir. Boas saw language as an inseparable part of culture and required ethnographers to learn the local language of the studied culture (Boas, 1911). Health and social qualitative research today maintains the tradition and sees that language plays a vital role in cross-cultural qualitative work (Green and Thorogood, 2004, Riessman, 2008, Squire, 2013a). Green and Thorogood (2004), as health and social researchers, following the ethnographic tradition, emphasised the role of language in qualitative inquiries. They write; “language is fundamental to human understanding, to how we make sense of and shape the world around us.” (Green and Thorogood 2004: 96). They argue that language is central in qualitative research; it is both a form of data that researchers produce (e.g. through oral interviews, written transcriptions, and reports of qualitative work) and a method to produce those data. They then suggest that researchers should consider how to treat language data in their research.

Based on the language perspectives of Sapir and Whorf as well as Green and Thorogood, I would say that my ethnography crosses three distinct worlds constructed by three different languages: the local language Kinyarwanda, English, and Japanese. My research participants, generally, spoke only Kinyarwanda. The research assistants were Rwandans who speak Kinyarwanda as their first language. On the other hand, the readers of my thesis are English speakers who read in English. As the researcher, I bridge the Kinyarwanda world and the English world: a Japanese who speaks Japanese as a mother tongue, English as a working language, and Kinyarwanda in daily conversation with Rwandans. In my research, English was used for data generation, including my fieldnotes, communication between me and research assistants, assistants’ interpretation of interviews and translation of transcriptions. I used Kinyarwanda for building rapport with research participants and for checking the accuracy of the assistants’ interpretation and translation. In the analytic process, I conducted coding in English but also relied on Japanese thinking.

In short, I the researcher, the research participants and assistants, and the audience of my ethnography primarily live in the different worlds constructed by three different languages and meaning systems. I then travelled between the Kinyarwanda world and the English world or the Japanese world, also between the Japanese world and the English world through ‘translation’. In such an ethnography as that constructed by three different languages, the role of ‘translation’

was extremely important. For my ethnography, translation of Kinyarwanda was not only the transformation of the language but understanding of meaning and the view of the world behind a 'word'. Then I attempted to transmit the local way of making sense of the world through writing my ethnography.

To help understand the different roles of the three languages, I employed the idea of high- and low-context communication proposed by American anthropologist Edward Hall (1976). His thesis was developed through his observation of Japanese culture and language in comparison with his own. The high-context communication and the contrasting low-context communication signifies the extent to which the communication style of the language and culture depends on the context (Hall, 1976). Hall suggests that high-context communication refers to the communication style through which people gain more information from the context, such as non-verbal cues, background information of the speaker, and the setting shared in advance with the audience. In the high-context communication, very little information is clearly conveyed. Even important information is left unspoken. Most of information is not articulated but inferred and understood from the shared context and culture. On the other hand, in the low-context communication, most of information is articulated and clearly conveyed. In other words, the low-context communication is based on the literal words rather than the context.

Hall argues that some cultures have high-context communication and others have low-context communication, although no single culture has an extreme sense of either (Hall 1976). He cites Japanese culture as one of high-context communication, contrasting with English, a low-context communication. Hall's conceptualization is useful to understand features of Kinyarwanda as well. Following his definition of high- and low-context communication, I see that Kinyarwanda is categorized as high-context communication like Japanese (see Appendix I for justification of the high-context communication style of Kinyarwanda). Although an individual's communication style can be diverse and the simplistic application of stereotypes is not appropriate, Hall's thesis to view language in terms of the ways of presenting contexts provided me with a significant insight into how to manage three languages and their translation in my ethnography.

The following is an example of a problem arising from the communication style gap and how I managed it in my ethnography. When I conducted the back translation of the Study Information Sheet with my research assistants, one sentence read "[there is] a *low* risk of physical injury [during the interview]" to explain the potential risk of the research for participants. My research assistants suggested that I say "*no* risk of physical injury" in the Kinyarwanda version. They explained that in the context of the interview, generally no physical injury can happen. Therefore, if I state "*low* risk", the meaning of the word 'low' starts to become important in that 'low' risk is still risk and the informant would be worried about the possibility of physical harm.

Another phrase which became an issue was: "[the research explores] lives and *group activities* [of Rwandans]". This phrase, composed of two English concepts, was translated into a single word of Kinyarwanda, '*ubuzima*', and then back translated to 'life' in English – i.e. the English concept of '*group activities*' slipped during the back translation process. According to my research assistants, the word '*ubuzima*' means 'life' as well as 'activity'; in the Kinyarwanda world view, the concept of 'life' itself embraces the meaning 'activity'. The missed meaning of 'activity' thus needed to be retrieved and accounted for when I wrote my ethnography for sharing the Kinyarwandan view of the 'life' with readers in the English world.

Such experience in the field taught me that translation between high- and low-context communication (i.e. between Kinyarwanda/Japanese and English) has a high risk of misreading, over-reading, and under-reading of the context. I was thus very aware of such risks during the translation process. I decided to translate interview transcriptions myself in the light of contextual and cultural accounts provided by my local research assistants, rather than leaving the translation to them without my own involvement, following the suggestions of Riessman (2008), Green and Thorogood (2004). This translation methodology, in fact, provided many clues and insights to in-depth understanding of the contextual, cultural backgrounds, and the local view of the world. Similarly, when I wrote my ethnography drawing on my Japanese thinking, I unpacked and accounted for the context as much as possible. More detailed methodologies are presented in later sections of this chapter.

Research Participants and Sampling Strategies

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[3] This percentage does not reflect the district survey result in the same year (17.5%) because of much wider range of age.

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Data Generation and Analysis

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The Research Team and Reflexivity

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Ethical Considerations in Researching a Politically-sensitive Topic

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Summary

In this chapter I have discussed the methodologies of my ethnography. I conducted my ethnography taking some elements of the grounded-theory approach and the narrative approach. In the discussion section, I suggested the limitations and advantages of the two approaches based on discussions provided by Riessman (2008) and Squire (2013a). Namely, although the grounded-theory approach allows the research to develop a theory grounded in data, the contexts described in the original accounts of research participants are prone to be fragmented through analysis (Riessman 2008). On the other hand, while the narrative approach can maintain the sequences, context and meaning of original narratives in its analytic process, the analysis tends to be prescriptive and imposes pre-existing theories (Riessman 2008; Squire 2013a). By applying elements from both grounded-theory and narrative approaches, my ethnography preserved narrative sequences, contexts and meaning in the analysis, while maintaining the bottom-up character of grounded theory.

In my ethnography, local research assistants were remarkably important. They were fully involved in the whole research process, including data generation, interpretation, translation, analysis, and provided cultural and contextual accounts. Their strong commitments and my Kinyarwanda knowledge were both of considerable value to my research.

My ethnographic experience also suggests that ‘trust’ is particularly significant in conducting research in a politically-sensitive field. In particular, when there is an ethical conflict between

the authority and the researched population, it is essential to maintain trust with both stakeholders for the protection of those researched.

In narrative interviews in a politically-sensitive context, sensitivity can emerge due to the relationship between the researcher, interpreter, and interviewee. Depending on the relationship, there is a risk of re-traumatization as a result of the interview. However, it also has a great potential for healing, especially when the interview focuses on positive assets in addition to meaning, feeling, and when the research team attentively listens to stories that emerge from the interviewee.

The following chapters present the findings of my ethnography. They include: psychosocial suffering and healing pathways drawing from retrospective narratives collected through in-depth interviews (Chapter 4 and Chapter 5); the community's ways of healing itself here and now traced by community observation (Chapter 6); and boundaries of community healing through looking at narrative changes in individuals' in-depth interviews (Chapter 7).

Chapter 4: The Spectrum of Psychosocial Suffering from War

Introduction

So far, scholars who study trauma or suffering and healing in post-genocide Rwanda have acknowledged the word '*ihahamuka*' as the local translation of 'trauma'. At the same time, they have also reported that the word was likely to be improvised as the concept of 'trauma' was imported from outside the country after the genocide (Bolton, 2001b, Pells, 2011, Richters et al., 2005). Four years after the genocide, Wulsin and Hagengimana, psychiatrists from the United States and Rwanda, discussed the word '*ihahamuka*' as follows: "The culture and its language, Kinyarwanda, still lack words for common depressive and anxiety syndromes. Only since the 1994 civil war has a word emerged for PTSD: *ihahamuka*, which means 'breathless with frequent fear.'" (Wulsin and Hagengimana, 1998). Wilson and Lindy (2013), who compiled linguistic expressions of trauma in different cultures, also described '*ihahamuka*' as "a new trauma-related word after genocide in Rwanda" which was invented by genocide survivors. According to them, the word was created through combining African root words that indicate the absence of inhalation or a state of not breathing (Wilson and Lindy, 2013). Bolton (2001), who investigated local perceptions of mental health impacts of the genocide in Rwanda, reported that only participants from the community where foreign aid organizations conducted psycho-education of trauma used the term '*guhahamuka*' (the verb form of '*ihahamuka*'). As participants from communities which were not influenced by such interventions did not use this term, Bolton (2001) suggested that the concept of 'trauma' is likely to be introduced from outside the country.

In my ethnography, participants rarely used the term '*ihahamuka(n.)/guhahamuka(v.)*'. Instead, they used a variety of words to express their experience of suffering. When I began my research, I realized that their conceptualization of suffering is likely to be much wider than '*ihahamuka*'. The research participants perceived suffering from war as four major concepts, '*ibikomere* (wounded feelings)', '*guhungabana* (being disturbed/traumatized)', '*guhahamuka* (being traumatized)', and '*kurwara mu mutwe* (having the illness of the head)'; and one concept was fairly clearly distinguished from another. I gradually discovered these concepts in participants' narratives as my ethnography continued. Then, at a later stage, I began to deductively collect their experiences expressed by using those terms as well as their own accounts. Following the topic guide (see Appendix V), I asked about the participant's wartime experience (i.e. "can you tell me your experience or testimony during the 10 years and how you have survived until today?") and then added a question about experience or accounts of *ibikomere* and other concepts (e.g. "can you tell me about your *ibikomere*, if you have anything from this wartime?", S42, EN, 10-May-2016; "tell me the difference between *ihungabana* and *ibikomere*", S38, EN,

12-May-2016). In this chapter, I illustrate the identified conceptualizations of psychosocial suffering from war (i.e. *ibikomere*, *guhungabana*, *guhahamuka*, *kurwara mu mutwe*) and participants' perceptions of the ways in which each suffering state develops the next, drawing on their narratives.

Ibikomere (Wounded Feelings)

The word '*ibikomere*' emerged for the first time in my ethnography while producing the back translation of the Research Information Sheet. On the original sheet, I had written the following English sentence to explain the purpose of my study: "As you know, Rwanda has experienced difficult times since 1994." Translators translated the words 'difficult times' to '*ibihe bikomeye*'. Later, Kamana said: "I think your research is good research because I saw here '*ibikomere*'." (fieldnotes, EN, 6-Sep-2015). He was looking at the Research Information Sheet I had and also said "'*ibikomere*' is something here in your heart, I also have a lot of '*ibikomere*'", whilst putting his hand on his heart (fieldnotes, EN, 6-Sep-2015). At that time, my ethnography was in its infancy and we talked about my research for the first time. The next day, while I was discussing the impact of the war period in Musanze with another research assistant, he also raised the issue of mental impact and called it "something in the heart. In Kinyarwanda, it is '*ibikomeye*' or '*ibikomere*'." (fieldnotes, EN, 7-Sep-2015). Although he did not know Kamana at that time, he used the same word '*ibikomere*' to express the mental impact of the war period and used the same definition as Kamana: "something in the heart". As a synonym for '*ibikomere*', he also raised the word '*kubabarira*', which means "to feel pain or hurt" (fieldnotes, EN, 7-Sep-2015).

Throughout my fieldwork, I often discussed the concept of *ibikomere* with my research assistants. To summarize their accounts, '*ibikomere*' literally means 'wounds', which can be both physical and mental. When it is used for mental wounds, it signifies the mental consequences of an event or events which mentally hurt the person. For example, Kamana explained, it is like getting a bodily injury when someone is shot, but "it is a feeling, something inside". (translation-notes-S9, 25-Apr-2016). I therefore decided to translate *ibikomere* as 'wounded feelings'.

Ibikomere is a countable noun; the singular form is '*igikomere*'. Kamana noted that generally people can count their *igikomere* as feelings such as sadness, depression, fear, and so on. But based on participants' narratives, what they actually count may be not only feelings but also wounded events which brought these wounded feelings. When participants narrated their *igikomere(sin.)*/*ibikomere(pl.)* they were always attached to at least one wounded episode; and shifted one combination of a wounded episode and (a) wounded feeling(s) to another (for example, "my *igikomere* is [a wounded episode and wounded feelings], another *igikomere* is

[another wounded episode and wounded feelings]"). In other words, for them, a wounded episode and *igikomere(sin.)*/*ibikomere(pl.)* were likely to be inseparable.

Wounded feelings, which participants articulated as their *ibikomere*, included feeling sad (*kubabara*), deep sorrow (*intimba*), depression (*agahinda*), hopelessness/despair (*kwiheba*), being anxious/worried (*guhangayika*), fear (*ubwoba*), and mistrust (*kwishishya*). Those non-verbally expressed were mainly depression and sadness; for example, making a sad face, putting the head in the hands, and tears filling their eyes. When participants talked about killers and rapists, they also expressed suppressed anger, for example stressing words particularly strongly while talking about perpetrators, or saying "I can't forgive any of them" (S35, 26-Mar-2016). On the other hand, some participants were emotionless, narrating their *ibikomere* stories with a focus on events. Above all, the most common *ibikomere* recounted by participants were feelings of isolation, loneliness, and helplessness, derived from the loss of family members including relatives with whom they were cohabiting in the same kin compound. The story of *ibikomere* very frequently began with a wounded episode in which people close to the storyteller had been killed and described the storyteller's feeling of being left alone as a consequence. (See the table in Appendix VII for a summary of the ways in which *ibikomere* were related to different emotional states in narratives).

The remainder of this chapter draws on detailed narratives of participants' experiences to describe the spectrum of psychosocial suffering, explore what is spoken and unspoken, and how the unspeakable constructs narratives of suffering.

"*I suffered… because I was alone*": *ibikomere* derived from the loss of loved ones

Masengesho, is a youth leader in the Catholic Church, who I have known since 2010 through my partnership with the church during my former aid work. In his 30s, he comes from the neighbouring village of *Matara*. He is very modest and also a very enthusiastic Christian who often wears a shirt depicting the Sacred Family. Since he speaks English fluently, he also sometimes assisted me in translating interview transcriptions. The following story was narrated by Masengesho in English, in response to my question about his experience during the war period and how he has survived so far. He began with his experience between 1994 and 1996, when he fled to Zaire/DRC.

> In 1994, I was young. I was 15 years and I was in [the] first [year of the] secondary school. […] When the war [genocide] started, my uncle left Kigali and came [to Musanze] by car. He picked up me and other people in our family, then we went to Gisenyi. We… arrived in Gisenyi. We stayed there. He rent a house, then [we] stayed there. After… three or four days, we moved from Gisenyi to Goma […] in Congo. But I was only with his family. Other members in my family stayed in Rwanda.
>
> [We] arrived in Congo. In Congo, […] he rent a house again for… almost five or six months. Other people lived in the camp.… After five or six months, the soldiers in Congo [referring

> to *abacengezi*], they took his car by force. […] Then, my uncle decided to go into the camp with others. We stayed there… for… almost two years… After two years, the soldiers from Rwanda [referring to RPF], they came to Congo because they wanted the refugees not to stay there or to come back to Rwanda. So… the soldiers… the old soldiers [*abacengezi*] and also the RPF soldiers, they… [the sentence was cut]. It, so, it was a war. A war. It was a war because one part has soldiers, another part has soldiers. So many people… died.
>
> Eh [some] people come back to Rwanda, others continue [to flee] in Congo. I was one of the people who continued in Congo... because I continued with my…, with my uncle. But hm… we… we had… very, very, very difficult problems. Nothing to eat, nothing to drink, using… bad way. No road… No water for… washing, shower, everything. We didn't have anything to… to help, to eat, to drink… yeah. So, it was so difficult.
>
> […] I remember the ways that we used. [It] is the forest. In the forest, there was nothing to eat. There was nothing to drink. Many people died.… Even… people who… hmm… who moved in the forest, they came across the soldiers from Rwanda [RPF]. And they shot them. People died. So….. I think it takes [took] 3 or 4 months again to stay in [the forest of] Congo because the camp was destroyed [by RPF]. […] No shower, no things, no other cloths to change. Just one, only one cloth. It was very, very, difficult moment.
>
> So, after that, we came back [to Rwanda …]. But […] before [we] leave the forest, my uncle came across... people who ha... [he was perhaps about to say 'people who have guns' but cut], who… hmm, like, they… like soldiers. They shot him and he died. He died in the forest. So, we… have… we have struggled at that moment because I was young. …There was my uncle's wife [but] I separated from her because of running. Some people run and use this way, others use that way. We were separated. So, I was alone. Yeah, and because I was young, I had no experience to go to the field to do something to… [survive, such as cultivation, hunting and gathering]. [… When] I see people who are cooking, then [I] go there to ask something to eat. I go to houses in Congo and ask something to eat. For… four months, [I was] living in that situation.
>
> So I came back [to Rwanda] with other people, I remember, with eight families. I came back with them. Then [I] came to my family and… they were happy to see me because they saw many people coming back from Congo but did not see me. They thought "maybe he died". So when they saw me… it was very, very, happy, good part [of moment]. So I came back and my parent started to… erm… how can I say…? Because I was er, I was er, I was traumatized! And I didn't see… shower for almost four months. And also many diseases like... caused by hygiene, malaria, many, many things. So, they started to help me how I can come back to have a good life. (S42, EN, 10-May-2016)

He returned to Musanze in 1996 after three years of refugee life. As for *ibikomere* from this period, he said;

> *Ibikomere* that I remember, for me, erm… I can say, the time that I had in Congo when the soldiers from Rwanda [RPF] came to… eeh… evacuate people who were there. I suffered… because I was alone and also someone who… can help me, like uncle, also died in that period. So I stayed without anyone who can help me. […] I remember two weeks that I lived in the forest without anything to eat, without anything to drink, without other clothes to change. I can't forget that period. (S42, EN, 10-May-2016)

For him, the loss of his uncle and others "who can help me" comprised his *ibikomere*. As he said "I suffered… because I was alone [… and] stayed without anyone who can help me", his *ibikomere* (wounded feelings) were loneliness and helplessness brought on by the situation of having lost the people who could help him and being isolated.

Most of my research participants fled to Zaire/DRC to escape from the politically-chaotic and hazardous situation of Musanze after 1994 and all returned to Musanze before the end of 1997. Many of them told me that migration as a refugee was extremely harsh. It was very difficult to secure water, foods, clothes, a place to sleep avoiding the cold weather in mountains, or to take a bath. However, more than anything else, they were continuously exposed to the risk of being killed themselves, while losing their family and kin members, neighbours and friends, witnessing others' deaths and corpses on the roads throughout their migration. However, they say it was the loss of their loved ones that made their *ibikomere*.

I also listened to the stories of the villagers of *Matara* and heard what happened to them after returning from Zaire/DRC, during the war of the *abacengezi* from 1996 to around 2000. In *Matara*, there are several huge, deep holes with several to dozens of metres diameter. Some villagers told me that they were dug by soldiers and both *abacengezi* and *inkotanyi* (RPF) threw dead and living people into the holes by day and night during the war of the *abacengezi*. There is no opportunity to remember those victims and the holes are now either filled and growing potatoes, or used as a dump.

Mama Most is a female farmer at her early 40s who lives just in front of one of those holes. I first met her as the stepmother of a young male participant called Most. My research assistant, Uwineza, brought him to the project as her friend. When I first visited him with Uwineza to carry out the interview, Mama Most was interested in my research and stayed in the room while I was completing the informed consent with Most. To secure his privacy, I asked her to read part of the Study Information Sheet outside. Having read the sheet, she offered to do an interview as well. Since it was dark outside when I finished Most's interview, I promised to visit another day but it took me a month to return due to the interview schedule. However, during the month, every time I passed her house, she called and stopped me to remind that she was waiting.

When I finally interviewed Mama Most, she was extremely satisfied. She told me expansively of her experience of the 1994 genocide and the war of the *abacengezi*. From her point of view, in Musanze, during the war of the *abacengezi*, "many people died at that time, maybe… more than during the genocide. Many people died. Children, men, especially men, died. All of them died. I thought that there would no longer be any man in this country." (S9, 16-Dec-2015). Mama Most then began to recount a story surrounding the holes:

> At that time, they [soldiers] dug the large hole, here, and take sand out of it. Ndahayo was killed there. They killed them [Ndahayo and other people] after they took them from their families. They killed them here, at that large hole there, many people were stocked inside the hole and they died. Then they [soldiers] took other people as well by saying that they are going to have a meeting [with them]. But they [those who were taken] did not come back. They were our grand-fathers, our fathers, our fathers-in-low [these 'fathers' refer to any elder

> male villagers who were close to her], our friends, and many people. I was witnessing all of them [being killed] but, by chance from God, I have survived. It means that it was 'a gift of God (*impano y'imana*)' [that I have survied]. In summary, this is what I experienced. (S9, 16-Dec-2015)

Later, one of her relatives added his account on this situation. According to him, Ndahayo was a relative of Mama Most's husband. He said:

> [S]he liked Ndahayo. Because he often helped her and her family. And also Ndahayo helped her husband before their marriage. […] Ndahayo was killed by *inkotanyi* [RPF]. Ndahayo spoke some English because he travelled some countries. At that time, there were not a lot of people who spoke English because we used French. And some foreigners from some NGOs came to Ndahayo and asked him, "why a lot of people are dying here?" and Ndahayo explained to them in public, I remember. And *inkotanyi* heard about this story and they searched for him and killed him with other people. Those people were men.
>
> During the war of the *abacengezi*, *inkotanyi* invited people to fake meetings by saying "we are going to have a meeting" but after that no one came back. Some family members who were left, for example wives, continued to ask *inkotanyi* where their husbands have gone. *Inkotanyi* told them; "no problem. They will come back. They will come back to help us with some activities, for example, building a bridge there" like that. And after some years, those wives asked again *inkotanyi*, and at that time, *inkotanyi* said; "we don't know who told you that [they would come back]". Sometimes people, in the meeting [with the RPF-led government], gave that story and raised names of people who were taken. But *inkotanyi* said; "we don't know, that was maybe *abacengezi*". (fieldnotes, EN, 25-Apr-2016)

In short, during the war of the *abacengezi*, many men were officially summoned to meetings by the RPF-led government force and never returned. These disappearances have created many widows in this region.

In the interview, Mama Most, continued to tell me about her *igikomere*:

> *Iigikomere* that I will never forget [is that]; you see during the period of *abacengezi*, the war of the *abacengezi*, can you imagine that you had lived with many neighbours and you see all of them were killed and you stay alone in that area? This is the situation I can never forget in my life. I never forget that I had all of my parents [including elder relatives and neighbours] [but only] few of them survived. And many siblings and friends died and I stay… I stay with few of them [who survived]. I have [only] few of them survived. You see, that's the reason why I will never forget those things through my life. (S9, 16-Dec-2015)

In contrast to her enthusiasm at the beginning of the interview, as she began to recount these stories about Ndahayo and her *ibikomere*, her voice became weaker until she was almost whispering. She sometimes interrupted her speech, remembered something in silence, and dabbed her eyes. While Uwineza interpreted her story, Mama Most depressively dropped her eyes and put her head in her hands.

Like Masengesho, Mama Most also recounted that her *igikomere*, wounded feeling, was related to being left alone and isolated while witnessing the death of other family members, relatives, neighbours and friends. However, her oral narrative actually focused on the wounded event rather than feelings. Her wounded feelings were instead represented through non-oral narratives

such as gestures of depression and interruptions of speech. The narrative recounted by Masengesho also had similar features. In addition to emotionless descriptions, Masengesho's narrative had repeated pauses, mumblings, and omissions, particularly in describing wounded situations such as witnessing killings, the death of his uncle, and the hardships of refugee life. Likewise, some other participants showed narratives of wounded feelings without articulating their feelings but using non-oral expression together with mumblings, interruptions, pauses, and silence. To return to accounts provided by my research assistants at the beginning of my inquiry, *ibikomere* are "something in the heart". Additionally, based on participants' narratives of *ibikomere*, *ibikomere* is always composed of a wounded event they "remember" or "never forget" and wounded feelings. However, in some narratives neither memory of wounded event nor feelings can be fully verbalized. When Kamana explained why Mama Most did not articulate her feeling, he attributed it to the seriousness of *ibikomere*. "In her case, *ibikomere* is serious. Maybe because of where she lives, always seeing that hole. Maybe she is always thinking about it", he said (translation-notes-S9, EN, 25-Apr-2016).

Another story reported by Kamana in December 2015 may help us understand more about how the research participants experienced and survived the war of the *abacengezi*. Many of the participants testified that during the war of the *abacengezi*, soldiers, who they were unwilling to identify as *abacengezi* or *inkotanyi* [RPF], came every day and night with guns and knives, asking villagers for money, foods, clothes, properties, and everything else they had. Villagers who could not satisfy their demands were killed immediately. The story narrated by Kamana is one such experience:

> In those days, I was around […] 20 or 21 [years old], I think. [Even i]f someone wants to kill you, you don't die if God… doesn't want. For me…. I say so because I remember about that history. I remember, hmm, some soldiers come. I think it is *abacengezi*, or not. But now… let's say it is *abacengezi*, yeah. The soldiers come. And they say: "Everyone! Go out!"….. and I asked them: "Why do you say we should go out?" "We say that. Please go out." […] There are, in the house, four [soldiers who came in] but out [of the house] also there were other soldiers. They make like a circle [surrounding] our house. […] Many, many soldiers, and [four of them] came in and they say; "please, please everyone go out". (S1, EN, 18-Dec-2015)

On that day, which Kamana remembers as 10th May 1996, the family had a small dinner party led by Mashaza, Kamana's grandfather. Having obtained meat for supper, they invited other kin members and neighbours' children. They were about to have a dinner. Kamana continued:

> I asked them: "Why do you say that we should go out?". They say: "Please go out without asking anything." And some soldiers come [to me]; "you don't want to go out? I can kill you." Then they take a big, a big knife, I remember, and they say that "I'm going to kill you", put[ting] it to me, here [Kamana pointed his own throat]. Other soldiers come and catch him, say: "No. It's not time to kill him [yet]. We have to ask before kill them. It's the reason [why] they should go out. After going out, we will ask them a question. After the question, we will decide how we can do. Do not kill anyone now". And, that soldiers

> continued to ask me a lot of questions and I answer[ed] him and… I don't know what I say [said]. I don't remember. And I see like… *coup de foudre* [bolt of lightning]. He raise[d] two hands and do this: "Pahn!" to my face. And I can't think anything. I was like… foolish [mad]. (S1, EN, 18-Dec-2015)

After that Kamana and his uncle, Ingabire, negotiated with the soldiers and they left. While soldiers were away, Kamana hid among sorghums under a table in the next room. When the soldiers returned, they called Kamana's grandmother.

> "Grandmother, come. Come out. We need your boy." That boy was called Daniel. He was a trader. In those years, he was a trader. They say: "Grandmother, you understand. Your son. We ask him for money [but] he says [he] has only 21 [thousands FRW]. We know [that he] has a lot of money. Why he gives us small money? If he doesn't give a big amount, we are going to kill him". And my grandmother says: "Please, if he has only 21,000, you can take it and tomorrow you can come back to take other money". Then they say: "No. We know that he has a lot of money. Please, if he doesn't give us, we are going to kill him". And my grandmother says, I remember, says the word of Bible: "Please. You are going to kill him. You are going to use a knife. But in Bible, you can remember that in Bible there are some chapters say[ing] 'if you kill someone by a knife, you also, you are killed by... a knife'". They say: "Ah! Grandmother says that! Then you also go down there!" And they take a lot of members of our family. Then they came back again in our house and say: "Ah we don't see someone who asked me a lot of questions. We are going to check". Then they check and they saw me there [under the table …]. They take my shirt like this and they put me out. They say [to me]: "Please you can lie down without seeing the sky [face-down]" […] and someone says, "you also, you have money. We know you sell *urwagwa* (banana beer). Why you don't give us money?", and I say, "today I don't have money. Please forgive me. But tomorrow I will try to give you money". And they say: "No. Here in this family, you don't give us honour today. It's the reason why everyone who is here, everyone can die immediately". And some soldiers say: "If I say one, two, three, please do what you can do." And that soldier says: "One, two, three!"… A lot of… bullets, […] a lot of, like fire, for us! And, I don't know how I… I… running. I don't know… It's the reason why it's *Imana* (God) who help[ed] me. And the mother of Ingabire [Kamana's grandmother] died, the big brother and someone called Jean-Bosco who visited us… well I think in that night, we lost seven members of our family. (S1, EN, 18-Dec-2015)

In this way, nearly 10 members of Mashaza's kin, including Mashaza himself, were killed. Like Mama Most and Kamana, most participants reported that they had lost around five (at least one, at most 18) family members including relatives with whom they were cohabiting in the same kin compound. Some lost all their family members. Along with the period of the exodus to Zaire/DRC, the loss of family members was most frequently recounted as a wounded event which caused *ibikomere* due to the war of the *abacengezi*. Conversely, when participants said they had no serious *ibikomere*, they explained that they had not lost any family members. Three participants recounted this in the study. For example, one woman said, "I had no big *ibikomere* because we have no one in our family who was damaged [killed or injured] by war" (S13, 20-Dec-2015). To summarise the most common narratives of *ibikomere* from both periods of the exodus to Zaire/DRC and the war of the *abacengezi*, the situation in which participants were left alone while people close to them were killed was described as a wounded event; and they

experienced *ibikomere*; wounded feelings comprising loneliness and helplessness derived from the social isolation due to the loss of people close to them.

Meaning of the loss of loved ones and *ibikomere*

It is obviously understandable that people, generally speaking, suffer from loneliness and helplessness when they lost a loved one. However, I would like to question what the loss of loved ones means to the research participants and how this experience produces *ibikomere*. I formulated this question since many participants commonly recounted a sense of social isolation due to the loss of loved ones in their narratives. In fact, rather than 'the loss of loved ones', it may be more appropriate to say 'the loss of people close to them' or 'the loss of people who shared their life' based on their narratives. A further episode of Kamana's story helped me to approach this issue.

After being showered with bullets, Kamana ran across banana forests. The soldiers continued to shoot but the bullets hit banana stems instead of him. Later he found himself far from the house, unable to explain how he got there. He says: "It's the reason why I say it's *imana* (God) [who saved my life]. Because, myself, I don't know why I didn't die… without any bullet [hitting me]." (S1, EN, 18-Dec-2015). Kamana's words, "I don't know why I didn't die", were typical of many participants who narrated their survival as something they were unable to explain which was thus unaccountable. At the same time, they also commonly related their survival to a supernatural concept, '*imana* (God)'. "*impano y'imana* (a gift of God)" and "*kubera imana* (thanks to God)" were frequently used expressions when participants narrated their survival.

Interestingly, participants described their difficulty in making sense of their survival in contrast to the others' deaths. 'Why did I survive while others died?' This question arose in Kamana's story as shown below:

> [F]or example, we are here like in a family. [… I]n one night, some soldiers come. […] And they say: "We need Yuko. Come out." After some minutes, I'm going out and I see Yuko; they kill[ed] you. And me, I stay here in life. And I say: "[…] My brothers, my sisters, my parents died immediately without [committing any] sin. Why me [alive]? I'm [here] for, for what?". And I have to think; "it's God who keeps me". (S1, EN, 18-Dec-2015)

The story represents a common sequence in participants' narratives about their difficulty in giving meaning to their life. Such narratives typically begin with a description of a collective life experienced by the narrator, which is often portrayed as an image of a family, neighbours, and companions sharing their lives. The war then destroys this shared life, tearing the community members into two groups: those who were killed and those who survived. Consequently, the narrator questions why s/he survived while others died. Eventually, the narrator answers the question in terms of the transcendent, *imana*, or God who, as the creator,

selected him/her to survive and the others to die. (The concept of '*imana*' and the ways in which participants give meaning to life will be described in detail in Chapter 5.)

Kamana's narrative "[family members] died imediately without [committing any] sin" exemplifies the difficulty for survivors to make sense of the deaths of others who shared their life. Since there is no ready explanation as to why communities are split into those who died and those who live, the meaning of life for survivors can be eroded. As Kamana asked "why me [alive]? I'm [here] for what?". Masengesho's story shows how he struggles to give meaning to the deaths of people close to him. He lost family members, relatives, neighbours, and friends during the war of the *abacengezi* soon after he returned from Zaire/DRC:

> In my family, I have two uncles who died at that time. I have three aunts who died. I have a grandmother and I have a grandfather who died. I have also many neighbours and friends who died in that period. […] So I can't forget it. So… those are something that I can say… that… touched my heart. And… with God….. my heart becomes well. Yeah… I go to pray and can think about it every time. Because God is there. And there is [a reason] why those people passed away. God knows that. (S42, EN, 10-May-2016)

After recounting this he fell into a long solemn silence, as if he was praying.

The difficulty in giving meaning to life may seem to be similar to, but can be distinguished from, "survivor guilt" (Lifton, 1980). When I asked about feelings of guilt due to having survived, both Kamana and Masengesho referred to Christian preaching, saying they were 'sinners themselves', like everyone else. For them, guilt derives from human nature rather than their survival. Similarly, the research participants generally did not talk about guilt in their narratives, rather, the loss of meaning in one's life in relation to others due to the destruction of shared life. In the next episode of Kamana's narrative, for example, he describes the way in which the collective killing destroyed Mashaza's family life and changed the way of being for the remaining family and kin members:

> We were like one family. […] We had a lot of members there. Hmm. Hmm. We were a good family. Some people said, "if you have a family like the family of Mashaza, the country will be good". [But] our family began to separate after the war. But before the war, we were a good family. If you need school fees, you can ask someone. If you need something to eat…, like that. We were the good family […]. (S1, EN, 18-Dec-2015).

The following story of Kamana's father, Papa Kamana, clearly describes how the loss of shared life leads to *ibikomere*. Papa Kamana narrowly survived the collective killing among Mashaza's kin. He spoke about his *ibikomere*:

> [Generally] if someone remembers it, *ibikomere* also comes. Because, you think, for example, you think about sharing something (*gusangira*) with a person who used to be close to you, and you realize that you are no longer with him or her. For example, when you think about sharing something… in your family, like that, and you realize that you are alone. You see that it is also *ibikomere*… I always remember them [those who were killed and should have shared something with me]. (S39, 9-Apr-2016).

For Papa Kamana, "sharing something" meant sharing everyday life, ceremonies, life-stories over drinks and foods, as ordinary Rwandans do with their family members, neighbours and friends. It is called '*gusangira*' in Kinyarwanda and very frequently appeared to participants' narratives as an important element of life that they lost because of the war and thus need to be retrieved. His story exemplifies what the loss of loved ones means to those who are left; that is, the loss of shared life, including shared everyday-life and shared life-stories. Kamana's narrative showed that the loss of shared life can lead to the loss of meaning to life as the way of collective being is destroyed. Papa Kamana's narrative, additionally, shows how the loss of shared life produces *ibikomere*. Other participants' narratives also describe the *ibikomere* that the destruction of shared life and loss of meaning to life can produce.

The role of political unspeakability in *ibikomere*: unprocessed mourning and reconciliation

Participants spoke of the death of loved ones as meaning the loss of shared life, which can lead to the loss of meaning of life and *ibikomere*. However, the way in which the loss of shared life can bring the loss of meaning of life as well as *ibikomere* may be a little more complicated. One significant political context which complicates this association is what I refer to as 'political unspeakability'. Generally, people in Musanze are constrained from speaking about the war of the *abacengezi*, those who killed, and those who were killed during this war. Based on participants' accounts, this political unspeakability has prevented them from processing their mourning to date, made them struggle to make sense of the deaths of loved ones, and produced *ibikomere*.

The issue of political unspeakability particularly emerged from participants' narratives during and after the genocide memorial week in April 2016. This is an official week of mourning victims of the genocide against the Tutsi in 1994. During the week, the government organizes commemoration ceremonies and village meetings across the country. Media broadcast genocide memorial songs, announce the names of all genocide victims, and show their photographs on television. The genocide memorial week lets people in Musanze remember the whole war period, not only the genocide but also the war of the *abacengezi*. Some participants then articulated the difficulties that victims of the war of the *abacengezi* experience when they are not able to mourn their loved ones. According to Masengesho:

> You cannot say, in Rwanda, about people who are lost after 1994, in the second war [the war of the *abacengezi*], "I want to remember our neighbours [who died]". If you say that, you have to go to the prison. It's a problem, it's a problem. Very difficult problem. Many people say: "[Do] not speak!". But not speaking, to our heart, is very dangerous. You cannot speak, but you have a problem. It's only God who will show us another way. (translation-notes-S41, 20-May-2016)

Uwineza told me about her *igikomere* in relation to the death of her brother during the war of the *abacengezi* and her difficulty in mourning him. "What makes your *igikomere* is

remembering. When you remember, you feel wounded." (S41, 20-Apr-2016). She recounted the following story about the children of her dead brother.

> He had two children left. But those children, well, don't know [have never seen the face of] their father because their father died when the second child was one year old, the first child was one year and a half. Then those children came to my home during the [genocide] memorial week and ask me; "my daddy died during the war, why my daddy is not included in people who are remembered?". You see, this is very difficult. You can't know how you can explain to this child. This is also *igikomere* which is stronger than others [other *ibikomere*]. It is [a problem] not only for me, but also for my family. Then you ask yourself, "how can I explain to this child…?"
>
> Children have those problems. There are many. There are many. There are many children like them. […] You know that the war of the *abacengezi* and the genocide are different things. But during the [genocide] memorial week, we remember only those who were killed during the genocide. But we can't remember those who were killed during the war of the *abacengezi*. You see, this is a question that chidren are asking about. And they [those children] know the place where their fathers are buried. But they have no opportunity to remember them. (S41, 20-Apr-2016).

While I was translating Uwineza's narrative with Masengesho, he said: "Even us, we ask [ourselves] this question [like those children] but we can't say it to everyone." (translation-notes-S41, 21-May-2016). This led him to narrate his own story of how the family of his grandmother were killed and how it is difficult for him to be unable to hold any memorial ceremony for them.

> They [*abacengezi*] had a strategy [to kill *inkotanyi*/RPF]. There was a route that *inkotanyi* used, and *abacengezi* were shooting them. Then after that *abacengezi* leave, and then *inkotanyi* came to our places [villages]. They [*inkotanyi*] were killing so many people with guns, doing like this [making a gesture of taking a gun and swinging it vertically, right and left], [towards] so many people, even babies, women, everything. Every, thing. Even cows. They used all weapons. Even they were flying [from the sky] and dropping bombs. They destroyed everything.
>
> I remember that when I visited my grandmother in Nyabihu. On that day, so many people were killed. So many people. They lost 18 people from their family. Then we collected all [dead] bodies, because it was so many, so many, and did like that… [making a gesture of hiding dead bodies by leaves], because *inkotanyi* can come in a few minutes to kill us again, then we did quickly like this [hide them] and ran [away]. We couldn't bury them. We couldn't burn either. […] The bodies are still there but we can't do anything. […] Maybe I can go in secret and do this… but… (translation-notes-S41, EN, 21-May-2016)

At this point he put his hands together in a gesture of prayer and I asked if he would like to burn or bury them even now if the government permitted it. He said loudly: "Of course! I want!", then continued:

> There are so many people who want to do so.… But if you say "I want to burn the bodies of my family", the government will say that "you have the 'genocide ideology'" and you have to go to the prison. […] So that's why many people decided "don't say anything". […] Even because you can't bury them, you can't do any ceremony [of funeral]. People continue to think about them [those who were killed]. (translation-notes-S41, EN, 21-May-2016)

The fact that victims of the war of the *abacengezi* cannot hold a funeral, or process their mourning through the usual funerary rituals separates these deaths from the available narrative structures which ordinarily give meaning to the death of a loved one. According to Masengesho, because they are unable to carry out funerary rituals, "people continue to think about them [dead people]". As I will discuss later in this chapter, "continue to think" or "thinking too much" is cited by many participants as leading to severe mental illness, '*kurwara mu mutwe* (having the illness of the head)' or '*umusazi* (a mad person)', which includes hallucinatory hearing or seeing dead people as symptoms. To explore how unprocessed mourning can become associated with severe mental illness in narratives of suffering, I will return to the narrative of Mashaza's family on the night on 10th May 1996.

According to Kamana, he and other survivors buried those who were killed that night. However they could not have a funeral or dig a grave but just buried them in the soil where they were killed. This was in front of the house where the Kamana's uncle, Ingabire, lives now. Although Kamana lost neither of his parents nor his siblings, Ingabire lost all of his family members, except for two sisters, that night. Later, both Kamana and Ingabire manifested severe mental illness. Kamana was "traumatized" and in a "coma" for two days (Kamana, EN, 18-Dec-2015). Ingabire also became "foolish [mad]" (Kamana; fieldnotes, EN, 15-Nov-2015) and was given traditional medicine. In the interview conducted in December 2015, Kamana said that now he is able to talk to me about his experience with no problem, "but when I remember that, sometimes I feel bad…. though little by little…… it will change…" (S1, EN, 18-Dec-2015).

During the genocide memorial week in April 2016, Kamana reported seeing the spirits of those who were killed. While we were translating an interview, he said:

> In front of Ingabire's house, you know there are… I think around 8 people are buried. When I pass there, in front of that house, I sometimes see my grandfather… Some people say, "the reason why Ingabire had that mental illness is because you didn't bury them next to the house [but in front]". (fieldnotes, EN, 8-Apr-2016).

He also spoke about the hole in front of Mama Most's house:

> When I pass there at night, near that hole where *inkotanyi* put a lot of people, I have this digging heart. I feel that a lot of dead spirits are accompanying me. And I run and when I arrive at home, I look back if there is no one and I quickly shut the door. (fieldnotes, EN, 8-Apr-2016).

At the end of those episodes, he said; "maybe my *ibikomere* is not ended." (fieldnotes, EN, 8-Apr-2016).

The fact that victims cannot speak about the war of the *abacengezi* not only makes it difficult to give meaning to the deaths of loved ones but also obstructs the reconciliation process with offenders. Generally reconciliation is a highly important issue to Rwandans who were victimized during different tragedies because they have to continue to live with offenders in the

same village or even in the same kin compound. Particularly for Tutsi genocide survivors, reconciliation with Hutu offenders has been central to the healing process since the government implemented the policy of 'the National Unity and Reconciliation' after 1994. However, in my research, the majority of participants mentioned neither reconciliation nor offenders. Even if I asked about their reconciliation experience, they generally said that they already forgotten or stopped thinking about it. Most of them said that they "don't know who killed" their loved ones. Even if they knew, they were unable to identify them for fear of imprisonment for claiming victimhood during the war of the *abacengezi*. In such circumstances, they apparenty stop processing reconciliation but just try to live with unidentified or undesignated offenders. A depressed female participant said: "Even if you know who killed them, it is impossible to bring them back to life. And […] you say, 'let us live together. There is nothing to do. There is nothing I can do for anyone.'" (S20, 20-Apr-2016). Uwineza explained more clearly why many participants preferred to forget or not to think about offenders:

> Reconciliation is very important. But what I think about it is… If I saw them [offenders]…. For me, I wouldn't like to know who they are for [maintaining] my current life…. There is no need to think about knowing who killed him [my brother] because if you knew those who killed your family and relatives, it would make you mistrust him [the killer] and it would become hard to live with him. It is better not to know him. For me, I don't want to know him. If I don't know [who the killer is], I can forgive him and I don't do anything against him [as revenge]. But if I knew, it would be much worse than not knowing him. He [the killer] may be someone who is living with me, may be a member of my group… or may be a member of my family. (S41, 20-Apr-2016)

However, even though many participants told that they had abandoned the reconciliation process, we cannot ignore the fact that some participants still expressed their suffering from the unprocessed reconciliation as their *ibikomere*. The wounded feelings they expressed verbally or non-verbally in their narratives included anger, mistrust, depression and sadness. Participants who voluntarily talked about this theme as their *ibikomere* were three elderly men as well as a young woman who had higher education and economic status than Kamana and also was an old friend of both Kamana and mine. Having equal or more power than the research team may have allowed them to speak out about their suffering from the unprocessed reconciliation.

For example, one participant who talked about the struggle with reconciliation with killers was an elderly man, Kayitare. In the interview, he spoke loudly and clearly to Kamana as if lecturing him, which is a common attitude of elderly men toward young people. Kamana showed his respect to this old man by nodding and agreeing with him frequently during the interview. Relatives and neighbours of Kayitare had been killed during the war of the *abacengezi* and he was suffering from the fact that he "couldn't catch anyone who killed them" (S28, 9-Apr-2016). When Kamana asked how he felt about this, he said "[f]eeling sad. I was sad", and continued:

> Like when you don't know someone who stole your property, you can't do anything. […] If I [could] know them, I would ask them the reason why they killed those people and who gave them the mission. If I see it necessary, I can give them forgiveness. If I see it necessary, I bring them to the prison. […] If it was a goat [which was killed] I can forgive them because [I can understand that] they had hunger. But if it is a person… two, three, four people [and more]…. it was many. (S28, 9-Apr-2016)

His sentence, "[i]f I [could] know them, I would ask them the reason why they killed those people", reveals his need to understand 'why' it happened; in other words, to make sense of the deaths through understanding the act of killing. In terms of seeking meaning in the deaths of loved ones, Kayitare's question "why they killed" can be understood as the other side of the coin of the Kamana's question: "why me [alive]?" (when everyone else died) (S1, EN, 18-Dec-2015). While Kamana attempted to make sense of the deaths through *Imana* (God), for Kayitare, going through the process of justice and reconciliation, such as "ask them the reason why they killed", and "give them forgiveness" or "bring them to the prison" was important. In fact, all the other elderly men also expressed their needs for justice and reconciliation in some way, such as by the law, by the traditional reconciliation system, or by God. However, the problem for them was that they cannot go through this process because they are unable to talk about killers in the first place.

Being unable to talk about offenders arose in Igabe's narrative in a more complicated way. Igabe was the only female participant who recounted her *ibikomere* surrounding the unprocessed reconciliation with offenders. She is a highly-educated woman at her late 20s who gave eloquent answers to the interview questions. However, when Kamana asked her to talk about her wartime experience, she became tense and hesitant. After a while, she began to tell a long story. She described the loss of family members including her father and uncles during the war of the *abacengezi*, and also her experience of being sexually abused by '*abacengezi*'. In response to Kamana asking, "do you have any *ibikomere* due to the hard times you went through?" (S35, 26-Mar-2016), she said:

> At that time, we experienced difficult moments because we could hear them outside the door in the night arguing about how to kill us, but they often failed to decide who could do it. I remember that one night they took my mother outside of the house. We thought they were going to kill her but after that they released her and she came back into the house... […] Moreover, it was my name that the *abacengezi* were calling every time they came. Had you been able to see the colour of my eyes that time... At that time I was like... I can say I was the skinniest person on earth. Even though these people were *abacentezi*, they were our neighbours before. When they come, they always came with..., for example, they were masking their heads with baskets, just to disguise themselves so that we could not recognize them […]. Then they called my name, "Igabe". And it was always in the midnight. My mother was terrified that they could harm her children. I always knew that *abacengezi* could come and ask me to open the door for them. After, we even decided not to lock the door in the night so that anytime they come, they could easily push the door and enter. My bad memories are so many. I can't forget such memories because we were even forced to go out of our house. It was the time when those *abacengezi* could come and frighten us. We

> sometimes tried to lock the door to avoid them. We could scream for help calling names of other people. When they come, we screamed for help. […] To be honest, there are some of my family members that I cannot forgive even though we have been taught [by the church] how to forgive one another. There are some people from my own family who attacked our house... who played a role in the death of my father. I cannot forgive anyone of them. […] *Ibikomere* are so many. Some of them cannot be forgotten. (S35, 26-May-2016)

Her voice became stronger from time to time with suppressed anger. Since some offenders are from her own kinship group, she still sees them in everyday life. She has to live with the offenders, therefore, reconciliation with them was, inevitably, a challenge for her. She has struggled with forgiving and reconciling with those who assaulted her and killed her father. For her, "praying" is an important means to reconciliation and she continues to pray; but she said "I don't know if I can forgive them." (S35, 26-Mar-2016).

After the interview, Kamana observed: "[In the interview s]he sometimes cut her words and changed phrases. For example, she wanted to say '*inkotanyi* killed my family' but she was about to say and cut it. Also her mother doesn't want to go to [the government-led] meetings during the genocide week [because she was assaulted by the government force, *inkotanyi*]. She started talking about it but cut it." (fieldnotes, EN, 26-Mar-2016). According to him, Igabe sometimes tells him the same story in which the real killers are her relatives in her kin compound who were in the *inkotanyi* during the war period. I was also aware that she often interrupted her speech to search for words better suited to the dominant narrative of genocide that the government propounds. This was apparent from her comment at the end of the interview. She said "I think your research is important because of 'genocide'", but in fact, her stories described almost nothing about the 1994 genocide.

Anonymization or transformation of killers was very frequently seen in participants' narratives. Most participants described the killers in anonymous terms, such as "soldiers", "they", and people who they "don't know". Some participants really did not know who committed the murder. Kayitare's case was one such example. Uwineza also noted; "[in] the war of the *abacengezi*, we couldn't know them [killers] because sometimes after someone went to pray, the person didn't come back again. So, you can't know them [killers]." (S41, 20-Apr-2016). But in many other cases, participants knew who the killers were but did not speak out because they were *inkotaknyi*/RPF. As in Igabe's case above, such participants intentionally anonymised killers or replaced the killers' name with '*abacengezi*' in the interview. Once the recording finished, they sometimes refered to *inkotaknyi* as the real killers; or someone told me later that the real killers were *inkotaknyi*.

Whether participants know who the killers are or not, some of them may prefer to forget and continue their everyday lives without knowing. But for others who want to make sense of the deaths of loved ones through understanding 'why' they did it, being unable to identify the

offenders can bring serious problems. One problem that emerged from participants' narratives was that they cannot use the existing reconciliation process which ordinarily helps them to make sense of the offence and the deaths of loved ones, as in Kayitare's story. Another problem, exemplified in Igabe's narrative, may be more serious; because they cannot speak about offenders, participants have to transform their narratives of suffering, and thus cannot place offenders and their offence in ways which make sense to them in their narratives.

Poverty and interrupted education contribute to *ibikomere*

So far, this chapter has focused on wounded feelings, *ibikomere*, that are direct consequences of the war period. However, the fact that *ibikomere* can be exacerbated by socio-economic consequences of the war period cannot be ignored. In my research, several participants mentioned poverty and interrupted education as playing a part in increasing *ibikomere*. Those participants believed they had become poor because family members who had supported the family finance had died and also because the *abacengezi* had taken their property. They had also been forced to interrupt their studies during the war period. Some of them had been able to return to school but others could not because family members who provided finance had died. The interruption of study led to lost job opportunities which, in turn, resulted in increased poverty.

For example, Dieudonné, a young man at his 20s, explained how the loss of his father during the war of the *abacengezi* brought adverse conditions of life, education, and then *ibikomere*. He said:

> I started even from primary school until now, university, in difficulty because of the loss of my father. […] It was characterized by negative feelings, negative behaviours, in particular, when I remember how my father died, how I survived the bad condition of life because of the loss of my father. […] I survive badly. I survive in difficulty because of losing my father, because of losing many people who could help me in all my daily life. (S38, EN, 12-May-2016)

He added that when he thinks about his adverse conditions of life and education, "I become anxious." (S38, 12-May-2016).

In Rwanda today, particularly after the war period, educational level is strongly associated with economic status since employers generally base payments on the employee's educational level. Valentine, a young single mother who had lost her elder sister, her only financial support, and therefore could not finish her study, said:

> Of course I have *ibikomere* because she had paid for me going to school and I dropped out of school, because I lost her supports after her death. My current life is like this [bad] because I didn't go to school like other people and I don't have an ability to live like others. You know, my *ibikomere* definitely remains because my elder sister supported my education and my life depended on her supports. She gave me something to eat and wear. There is no one else who

> can support me. […] The life continues to be very hard because, today, if you didn't go to school, you cannot do anything to help yourself […].
>
> […] I feel okay when I find money and something to eat. I feel that my heart is well and my children find something to eat. But when I don't have anything to eat… sometimes I have no potato and no money. But when I have nothing, problems come and I say that; "my God, why am I like this? It shouldn't be like this." (S20, 20-Apr-2016)

Guhungabana (Being Disturbed) and *Guhahamuka* (Being Traumatized)

Ibikomere (wounded feelings) due to the war experience were common among the research participants from *Matara* and surrounding villages in Musanze. The loss of loved ones, or more precisely, the loss of people who shared their life, resulted in the loss of meaning of life as well as death, and produced *ibikomere* in the context of 'political unspeakability'. In the remainder of the chapter, I want to forward my discussion towards a perceived spectrum of suffering; namely, the ways in which *ibikomere* develops other kinds of suffering, *guhungabana*, *guhahamuka*, and *kurwara mu mutwe*, from the participants' point of view. This section focuses on *guhungabana* and *guhahamuka*. I first illustrate participants' perceptions of these states, and then describe their accounts of the ways in which *ibikomere* develops *guhungabana* and, in turn, *guhahamuka*. Finally, I present a story provided by Muhoza, which describes her experience of developing *guhahamuka* from *ibikomere* in association with social isolation.

Guhungabana and *guhahamuka*: behavioural problems developed from *ibikomere*

'*Guhungabana*' is translated as 'being mentally disturbed' or 'being traumatized'. The noun form of *guhungabana* is '*ihungabana*', which is translated as 'mental disturbance' or 'trauma'. '*Guhahamuka*' is translated as 'being traumatized'. It is the verb form of '*ihahamuka* (trauma)'. Whereas the words *guhungabana(v.)/ihungabana(n.)* existed before the 1994 genocide, as explained earlier, *guhahamuka(v.)/ihahamuka(n.)* are improvised words for translating the Western conception of 'trauma' after the genocide. In my ethnography, the words *guhahamuka(v.)/ihahamuka(n.)* were mainly recounted by co-medical people (e.g. local psychologists and facilitators who were trained in trauma in some way). But ordinary people in villages, particularly elderly people, were not familiar with these words; they used the words *guhungabana(v.)/ihungabana(n.)* instead. (In the following discussion, I will use the verb forms for both *guhungabana* and *guhahamuka* to avoid confusion.)

To begin this discussion, I first want to show how *guhungabana* and *guhahamuka* are perceived as different conceptions from *ibikomere*. According to the participants, whereas *ibikomere* is an invisible emotional problem, both *guhungabana* and *guhahamuka* are visible behavioural problems. For example, Masengesho explained:

> [If you developed a state of] *guhungabana* or being traumatized, [… w]hen someone sees you, he can see that you have something which is not good. Like… you can beat other people, you can cry, you can speak with wrong voice. You can show the sign of someone

> who is traumatized. You can see the sign. But for someone who has [only] *ibikomere*, it's just inside. [… Y]ou can't see the sign. (S42, EN, 10-May-2016)

Kamana provided a more explicit account: "*Guhahamuka* and *guhungabana* are [problems of] behaviours. But *ibikomere* are those you have in your heart." (translation-notes-S9, 25-Apr-2016).

Whilst the states of *guhungabana* and *guhahamuka* are distinguished from *ibikomere*, or wounded feelings, as visible behavioural problems, they are also explained by the participants as having developed from *ibikomere*. According to them, both *guhungabana* and *guhahamuka* are behavioural manifestations of *ibikomere*; and *guhahamuka* is a worse state of *guhungabana.* In other words, suffering from war is perceived to be on a certain spectrum, starting with *ibikomere*, developing *guhungabana*, and then *guhahamuka*. The following account by Kamana represents such participant perceptions:

> If you have *ibikomere*, you start [developing] *guhungabana* [from *ibikomere*]. After *guhungabana*, you show your *guhahamuka* [as developed from *guhungabana*]. Here, as for *ibikomere*, people cannot see that you have *ibikomere*. As for *guhungabana*, [as it becomes visible,] if you talk to me long, you can show me some symptoms; for example, I can see that you don't respond to me well. As for *guhahamuka*, it becomes very, very visible. I can clearly see that you have *guhahamuka* from what you are doing. (translation-notes-S9, 25-Apr-2016).

Some participants additionally explained *guhahamuka* as a state which progresses from *guhungabana*, and is thus worse and more explicitly visible. For example, when I discussed the concepts of *guhungabana* and *guhahamuka* with some of the participants, they raised major three points to explain the two: the degree of social adaptation, that of communication ability, and of abnormality. In other words, according to them, people in a state of *guhungabana* can be better socially-adapted and better communicate with others than those in a state of *guhahamuka.* Furthermore, they added that those who have *ibikomere* may show *guhungabana* to some extent as behavioural manifestations of *ibikomere*; and once the symptoms become worse, they may show *guhahamuka* and need specific medical treatment (fieldnotes, EN, 16-Dec-2015).

As these participants, including Kamana and Masengesho, told me, *ibikomere*, *guhungabana*, and *guhahamuka* are perceived on the same spectrum of suffering from war. Based on their perceptions, *ibikomere* develops into *guhungabana*, and then *guhahamuka*; in other words, each state develops into the next, which is slightly more serious than the last. Both *guhungabana* and *guhahamuka* are explained as behavioural manifestations of *ibikomere*; without *ibikomere*, the other states cannot be developed. Of all conceptions, therefore, *ibikomere* is the most significant for the participants as a necessary condition for the development of others.

The story of Muhoza: the development of suffering from *ibikomere* to *guhahamuka*

If *ibikomere* develops other states of *guhungabana*, *guhahamuka*, and in turn, *kurwara mu mutwe*, as the participants explained, how is the development actually experienced? How does *ibikomere* develop into other conditions from a sufferer's point of view? In this small section, I want to examine the issues drawing on Muhoza's story which describes her experience of developing *guhahamuka* from *ibikomere*.

While *ibikomere* was reported by most participants, experience of developing *guhungabana* and *guhahamuka* were only reported by a few. *Guhungabana* and *guhahamuka* were prone to be reported as someone else's experience rather than from the first-person point of view. This may be a natural response considering that *ibikomere* signifies a subjective experience of wounded feelings whilst both *guhungabana* and *guhahamuka* are observed behavioural deviations from the third-person point of view. Muhoza was one of the few participants who had a story of *guhahamuka* as her own experience. Her story articulates the ways in which *ibikomere* develops into *guhahamuka* from the first-person point of view. This story enables us to understand more profoundly the development of psychosocial suffering from war as a subjective experience.

Muhoza is a woman in her 20s living in *Matara* village. Her father died when she was a baby, following which she lived with her mother, uncle, and brother. However, when she was 8 years old, she was orphaned due to the war of the *abacengezi*. After being adopted by several parents and moving to DRC, she returned to her old house in *Matara* and began to live there with her brother who is her only remaining family member.

I was able to carry out a series of interviews with her since she was a neighbour and old friend of Uwineza When I first visited Muhoza with Uwineza as an interpreter, she talked about her *igikomere*:

> [During] the war of the *abacengezi*, we lived here, yeah. What I remember is that my mum was still alive. Her brother [Muhoza's uncle] as well. […] They [soldiers] called him [my uncle], they took him away through those cypress bushes, and they carried him. After he was taken away, three days passed without us knowing where he was. After that an old man who lived around here saw him that he was already killed and they [soldiers] covered him with stones. We carried him and buried him. Since then, it brought me an *igikomere*, and I became withdrawn. I think that I am alone. There is no one who lives with me. (S7, 29-Nov-2015).

In line with the other participants, her story of *ibikomere* described the loss of family member, and then the feelings of loneliness and helplessness that derived from it.

Uwineza asked her "[d]o you have the *igikomere* still now?" and Muhoza gave her response in a sad tone of voice:

> How can you think it can go away? If you stay[ed] alone here, can you not remember it? […] When I am with many people or when I am talking to some people, I don't remember a lot. But when I am alone, I think about my life. (S7, KN, 29-Nov-2015).

Not only Muhoza but also many other participants recounted their *ibikomere* in conjunction with "remembering" the trauamatic past and "thinking too much" about it. For example, Mama Most said in her story: "*Ibikomere* that I will never forget [is that …]" (S9, 16-Dec-2015). Papa Kamana explained: "if someone remembers it, *ibikomere* also comes" (S39, 9-Apr-2016). Another old woman, Kaka, whose story is reported in Chapter 7, said: "I always think about them [family members who were killed] and it makes my *ibikomere*" (S19, 31-Mar-2016). For Kamana, *ibikomere* "ends for example when you stop thinking about it." (translation-notes-S17, EN, 21-Apr-2016).

Moreover, many participants narrated their "remembering" and "thinking too much" in association with being isolated from society. In Muhoza's words: "when I am with my friends, I try to forget about it [the past]. But when I am apart from them, I start thinking that I am going [home alone]." (S7, 29-Nov-2015). Actually, she was always alone with her brother at home except when interacting with friends at her workplace.

According to Muhoza, *ibikomere* are something to "grow" (S7, KN, 29-Nov-2015) when someone remembers and thinks too much about the past when they are isolated from society. In the interview, Uwineza asked her; "when you are with your brother [alone at home], do you remember it?" (S7, 29-Nov-2015). Muhoza said: "Of course we remind each other. How is it possible to stop it? But my brother doesn't like talking about it [the past]." (S7, 29-Nov-2015). Then she continued:

> *Ibikomere* are going to grow, grow, grow. That is why he doesn't want [to talk about it]. Because if he talks about it, those *ibikomere* are going to grow. [When] they grow, they lead to a bad situation, [and] you realize that you become alone. (S7, 29-Nov-2015)

I also asked through Uwineza if Muhoza has any *ihahamuka* but she did not know the word. Although Uwineza said, "[n]o problem if you don't know [the word] *ihahamuka*." (S7, 29-Nov-2015), after thinking for a while, Muhoza said : "Then now [after genocide], in Rwanda, we have *ihahamuka*. My *ihahamuka* is like being withdrawn. I feel I'm alone. I think about my life [and] how I will survive. Those are *ihahamuka* that I have. It's like being withdrawn." (S7, 29-Nov-2015). For her, *ihahamuka* meant social withdrawal, which was on the same spectrum as feeling alone and becoming disconnected from society.

Taking the accounts of Muhoza and other participants together, the development from *ibikomere* to *guhungabana* and to *guhahamuka* can be explained as follows: *Ibikomere* begins and also grows as someone remembers or thinks too much about the wounded past; "remembering" and "thinking too much" are reinforced as someone becomes isolated and disconnected from society.

Kurwara Mu Mutwe (Having the Illness of the Head)

The last state of psychosocial suffering from war I introduce here is '*kurwara mu mutwe*'. This can literally be translated as 'having the illness of the head'. In general, the verb '*kurwara'* is translated as 'being sick' or 'being ill'. Its noun form is '*uburwayi* (sickness, illness)'. The word is used to signify a wide range of sickness and illness including headache and stomachache. Once the sickness or the illness given a Western medical diagnosis, such as Malaria, HIV, hypertension, etc., it is called '*indwara* (disease)'.

'Kurwara mu mutwe' can be used for people who cannot communicate with others in a normal way and show extremely deviant behaviour which cannot understood by others. People who are designated as having the illness of the head are also often described as '*kwiruka*', which means 'running'. '*Kwiruka*' describes a person with the illness of the head suddenly leaving the house and running into the road or around the village for no reason. Sometimes they are also called '*umusazi*', in other words, 'a mad person'. There is no clear discrimination between an illness of the head, running, and madness. However, if the person has a history of being victimized by war, s/he may be perceived to have 'illness of the head' rather than being 'mad'. In my research, two participants were designated as having the illness of the head by himself or by family and neighbours. One is Ingabire, Kamana's ancle, and the other is a woman in her 40s called Nirere.

Nirere was involved in my ethnography through the observation of a church community called *Umuryango-remezo*. I first followed her mother, Nyirakamana, as part of the community observation (see Chapter 6) and this led me to follow how Nyirakamana's neighbours interact with Nirere over a 6-month period (see Chapter 7). Because Nirere was in a state of mutism, I could not carry out any formal interview with her. However, according to her neighbours, Nirere had been in a state of "*kujynjyamo* (mutism)" and "*kwiruka* (running)" since she lost her husband during the war of the *abacengezi*. When I carried out a focus-group discussion with neighbours, Kamana's mother, who is her closest neighbour, told me about Nirere:

> I saw that the Nirere's illness may be from *guhahamuka* (being traumatized). […] You know she is withdrawn long time. I think the illness comes from there. […] Being withdrawn and living alone, and then they are all combined. Maybe this [combination] is the cause of her *kwiruka* (running). (FGD1-S40, 21-Dec-2015)

In this focus group, Kamana acted as interpreter; but he also took part in the discussion from time to time. Responding to his mother's account, Kamana said:

> When you are withdrawn, the brain starts thinking too much and [your thoughts become] cycling too much. After that the brain becomes to be like broken. […] Being withdrawn is also an illness. It is a serious illness. It's like a symptom of the illness of the head. (FGD1-S1, 21-Dec-2015)

In this way they conceptrualized the illness of the head. Later, while translating this focus-group discussion, Kamana added a further explanation: "For my mum, [*kurwara mu mutwe* (the illness of the head) develops] first *kwigunga* (withdrawal), *kujyunjyamo* (mutism), and running." (translation-notes-FGD1, EN, Feb-2016).

In the case of Ingabire, he manifested the illness of the head a year before participating in my research. According to Kamana, he had no problem before that and had good relationships with others. Kamana told me how his illness happened:

> All of his family members died out during the war of the *abacengezi*; his parents and two brothers. When the war terminated, no one survived except two sisters [of him]. But the sisters were married after the war. Then now he is only one person from his family. After that a lot of land was left to him. In Rwanda, if you have a lot of land, you can be said "very rich". But, because his father died without saying [anything about] the land, he got a problem how to divide his land with wives of his dead brothers, and they went to the court. The court made a decision about how to divide the land, but the wives complained and went to the higher court, and they are still under the issue. It is a very big problem to him. Moreover, when his wife went to a HIV testing, his wife was found to be infected by HIV. This became another problem to him. This is why he has a lot of *ibikomere*. […]
>
> He became ill for the first time when he found the HIV infection of his wife. One day he came to my home and said; "my wife is infected by HIV. Maybe I'm also infected. I think I am. I had no woman before marrying her, but why, why, why…!?", like that. I listened to him and did counselling to him. He asked me, "can I stay with you and sleep at your place today?". I said "okay" and let him stay. In the night, he suddenly started shouting something like; "Kamana, come! There is someone! They are going to kill me! They are going to kill me!". Next morning, I went to a hospital with him and had a HIV test. As a result, he was not infected. But he didn't stop saying "I'm HIV, I'm HIV".
>
> Second time, he got the problem of the land occupation [when the wives of his dead brothers appealed to the higher court]. […] Again he came to my home and […] suddenly started shouting like "this is my land! This is my land!". He said that he sees his parents. But it can't be true! For me it's like foolish [mad]! […] Next day, I took him to the hospital and he received all medical check and testing. But his brain had no problem. The doctor said: "He has no problem but it may be Satan." And the doctor asked me: "Do you have any Satan in your family?" I said; "no, we don't'. Then the doctor said: "It may be Satan. Then you can go to a traditional medicine. Sometimes it resolves the problem". They also gave us the medicine to reduce the 'stronger' [tension] of him; the 'stronger' is like the power which is uncontrollable and can break something.
>
> Then I went to the traditional medicine in *Kinigyi*[4]. I took him there. And the traditional medicine [practitioner] gave him some medication. It worked very much and he recovered from the illness. The traditional medicine [practitioner] said that "please talk to him, to be with him, to take a walk with him. If he likes doing this, let's do this together. If he likes dancing, let's dance together. Like that, slow by slow, it will be better".
>
> This is why sometimes I walk with him through the main road, around the village, and talk to him; "this is Yuko's house. Alexis is living there. They are building a house here", like that. Like that little by little, it has been better so far. Now, you see, he is not perfect but, for me, it's 90 % and it's very good. It's enough for me. (fieldnotes, EN, 15-Nov-2015)

[4] An area in Musanze, located near the border with DRC, which is well known for the traditional medicine.

Ingabire received intensive treatment from a traditional medical practitioner at Kinyigi in Musanze for two weeks. According to Kamana, it was mainly herbal treatments, counselling and consultation. After that his illness began to get better. When I carried out the first interview with him on 28th October 2015, he said that he is still in the process of recovery. While I explained about my research and also after we started the interview, he was extremely nervous and tense. As he told his stories, sometimes his face was dark and depressed and he also grimaced as if in pain.

Looking back at the period during which he was extremely ill, he described his illness experience: "I had a problem of… of illness of thinking a lot about things that I don't know where they came from." (S3, 28-Oct-2015). I asked him what the illness was like. After a few seconds' pause, he said: "How can I know how it was! Like the last time even myself I don't know how I was… like only I don't know how it was" (S3, 28-Oct-2015). Then after a long silence while struggling to find the right words, he again said: "Really I don't find how to explain. Hmm… my wife will tell you about it." (S3, 28-Oct-2015). Then, while my interpreter was explaining what he had said, Ingabire suddenly began:

> Particularly [there are] things that take me like this, having nightmares (*kurota nabi*)… taking me far away in things… people who died long ago they died… how things did. Things arrived [to me] after that. Just like there is an illness of thinking that I don't know. Hmm. I don't find how to tell about it. Yeah. Just I'm saying that.. it was an illness of thinking.. which took me but I don't know… where they come from, especially having hallucinations (*kurotaguzwa*), dreaming about cemeteries [and] things like that. I don't know. Just it's so many. Hmmm. (S3, 28-Oct-2015)

He expressed his illness experience as the "illness of thinking a lot about things that I don't know where they come from" (S3, 28-Oct-2015); and as for the "things I don't know where they come from", he further described "[there are] things […] taking me far away in things… people who died long ago". (S3, 28-Oct-2015). In other words, his experience of the illness of the head was that unknown things were coming and taking him far away, probably from the here and now to the wounded past in which he lost his family. For him, it was an "illness of thinking a lot" (S3, 28-Oct-2015) about the wounded past.

In line with the *guhahamuka* story of Muhoza and *ibikomere* stories of other participants, his suffering was also inseperable from 'thinking too much' about the wounded past. However, his "thinking" was more intrusive and uncontrollable as he said "[things] taking me far away […] in people who died" (S3, 28-Oct-2015) in this first interview. He also provided another account; "I was occupied by my thoughts" (S3, 17-Dec-2015) in a second interview two months later. Compared with Muhoza's *guhahamuka* story and others' *ibikomere* stories, the distance from the wounded past while remembering or thinking about it was closest in Ingabire's narrative. In Muhoza's account of her *guhahamuka* experience she begins to think about the wounded past

once she become disconnected from society, while Ingabire described his illness experience in which he is taken to the wounded past. According to Kamana's story above, Ingabire was unable to communicate while he was ill; in other words, the degree of social disconnection would have been more serious in Ingabire than Muhoza's social withdrawal.

As part of the "illness of thinking a lot" (S3, 28-Oct-2015), Ingabire recounted two major symptoms, having nightmares *(kurota nabi)* and having hallucinations *(kurotaguzwa)*. Both of those symptoms were expressed as '*kurota*' in Kinyarwanda, which means 'having (a) dream(s)'. Having nightmares was expressed as '*kurota nabi*' which literally means 'having (a) bad dream(s)'. Having hallucinations, '*kurota-guzwa'*, refers to having (a) bad dream(s) while being awake. Given that Ingabire mentioned his departed family soon after recounting his *kurota* experience (e.g. "having nightmares (*kurota nabi*)… taking me far away […] in people who died long ago", "having hallucinations (*kurotaguzwa*), dreaming about cemeteries [and] things like that"; S3, 17-Dec-2015), he was perhaps dreaming of the past, when he had been traumatized, with and without awakening. Those symptoms of '*kurota*' may have been experienced, or at least described, as a continuum of "thinking a lot" (S3, 28-Oct-2015) about the wounded past.

The last issue that I would like to discuss concerning the Ingabire's narrative is unspeakability due to the profoundly wounded feeling. His narrative was full of pauses, long silences, interrupted sentences and re-spoken words. Most of his speeches ended abruptly. He said over and over, "I don't know" (S3, 28-Oct-2015) about his illness, and also said "I don't know how to explain" (S3, 28-Oct-2015). In other words, he could not find a way to verbalize his wounded feeling inside or to express his wounded feeling to others. In the previous section, I discussed the unspeakability surrounding *ibikomere* stories. This was unspeakability due to the political context. Compared to those *ibikomere* stories, the unspeakability observed in the Ingabire's narrative can be said to derive from his profound trauma.

Summary

Psychosocial suffering can be experienced as well as conceptualized on a spectrum from *ibikomere* (wounded feelings), *guhungabana* (being disturbed/traumatized), *guhahamuka* (being traumatized), and *kurwara mu mutwe* (having the illness of the head). The spectrum described by participants shed light on social aspects of trauma. It can be summarized as below based on their narratives.

Ibikomere begins with a wounded episode of losing family, relatives, neighbours, friends, and describes 'wounded feelings' as a consequence. Wounded feelings are inseparably associated with 'remembering' and 'thinking too much' about the past. At this stage, the meaning of life and death can be lost; instead, metaphysical questions such as why did I survive? why were

others killed? and why did they kill our loved ones? remain. *Ibikomere* can also be reinforced or maintained through their worsened socio-economic status involving poverty and interrupted education.

At the stage of *guhungabana* and *guhahamuka*, behavioural disturbacnces derived from *ibikomere* can be manifested; they may be social maladaptation, impaired communication, and any other abnormal behaviours for their society. In particular, social withdrawal may be a typical manifestation of *guhahamuka*. At this stage, they may be socially withdrawn only when they are isolated and disconnected from society; this temporary social disconnection may stimulate remembering and thinking too much about the past, as a consequence, *ibikomere* can be increased or reinforced.

Once *guhahamuka* further develops, it may reach the state of severe mental illness, *kurwara mu mutwe*. The sufferer may be totally disconnected from society due to impaired communication ability. Sufferers may experience a sense of being taken away from the here and now to the wounded past by unknown forces. They may have behavioural deviations including mutism and agitation such as sudden running; they may also experience hallucinations and nightmares. However, insufficient descriptions of *kurwara mu mutwe* were collected during my ethnography as there were only two cases.

Unspeakability also emerged as a significant theme in participants' narratives of psychosocial suffering from war. My ethnography found two kinds of unspeakability which I call political and wounded unspeakability.

Political unspeakability appeared when participants described the killers. Due to the political constraints on speaking about the war of the *abacengezi*, they anonymized their narration of the killers, using the words such as "they" and "soldiers" with no designation; some participants replaced the name of the killers with "*abacengezi*" by the real one, RPF. Political unspeakability can lead to increased difficulty in making sense of what happened, obstruct the process of mourning and of reconciliation. In this way, political unspeakability prevents participants from constructing their narratives in the ways which make sense to them; and it was identified by them as a barrier to healing.

Wounded unspeakability was also observed in many *ibikomere* narratives as mumbling, interruptions, pauses, silence, and emotionless speech. However, most of them were able to find some words with which to construct their stories. By contrast, those who had experience of *kurwara mu mutwe*, found it more difficult to construct their story. Ingabire had immense difficulty in describing his *kurwara mu mutwe* in a coherent way. His experience of wounding was too profound to be verbalized. Thus in his narrative, the political unspeakability was embedded in the wounded unspeakability.

Chapter 5: Healing Pathways

Introduction

Chapter 4 showed local experience of psychosocial suffering from the war and the ways in which it can be produced and progressed. The findings suggested that such suffering is locally conceptualized as a spectrum beginning with *ibikomere*, moving through *guhungabana*, *guhahamuka* and ending up with *kurwara mu mutwe*. I want to review two key points to understand this progression and lead into the discussion on healing pathways in this chapter. First, the spectrum can be characterized by the degree to which participants experienced social disconnection and how far their thoughts and memories are oriented towards a wounded past. Social disconnection was experienced by participants as activating 'remembering' and 'thinking too much' about the wounded past, resulting in the progression of suffering. Second, the loss of meaning in life, the difficulty in making sense of deaths and the act of killing, often expressed by metaphysical questions (e.g. why did I survive? why were others killed? why they did they kill them?), can be understood as the heart of their suffering. Additionally, 'political unspeakability', the context that restricts participants from freely speaking about their experience is likely to exacerbate their suffering. It prevents them from constructing their narratives of suffering in ways which make sense to them, applying existing narratives within communities to process mourning and reconciliation, and consequently, intensifies their suffering.

The above two issues led me to ask the following questions about the healing pathways they have pursued so far: How have individuals overcome the domination of thoughts and memories of the wounded past which resulted from their social disconnection? How have communities healed the heart of their suffering – the loss of meaning in life, the difficulty in making sense of the deaths and the act of killing? How have communities helped healing pathways, particularly in the context of political unspeakability? This chapter attempts to answer these questions.

Preliminary concepts of 'community' and 'healing'

Before beginning my discussion, I will briefly explain the concepts of 'community' and 'healing' I used to initiate my research in the field. The concept of 'community' was difficult to translate into Kinyarwanda and I needed many discussions with my local assistants to decide on the translation. In my first topic guide, I defined 'community' as "a group that you belong to, including a group based on geographical closeness or a group in which you and other members depend on and help each other", referring to the notion of "sense of community" (McMillan and Chavis, 1986). However, once I began the research, I realized that local conceptualizations of 'community' are more segmented than English suggests. Generally local people applied different words to refer to different kinds of community or social groups, and I could not find a

single word to represent the overall idea. My research assistants suggested several words which are likely to correspond to my definition. Those include; *kominote* (large-scale organization), *itsinda* (group; it often indicates a traditional mutual-saving group), *umuryango* (family or religious family congress), *abaturanyi* (neighbours). They suggested that if we employ only some of them, participants could mistakenly assume that they are not expected to include the others in their answers. Thus I decided to present all the words in my topic guide.

In earlier interviews, I asked the participants; "can you tell me about your testimony, how your community [or group or others] helped you with the reconstruction of your life or recovery of the heart from the ten years [of wartime]?" (see topic guides in Appendix V). This question was based on my assumption that participants' healing pathways would be supported by communities, groups, or at least others; and I anticipated that interviewees would raise names of communities or groups. However, many of the participants' answers referred to communal activities, for example "*gusenga* (praying in a group)" and "*kuganira* (talking to others or each other)", rather than group names. Thus later I modified my question to ask "what helped you with recovery of the heart or reconstruction of your life?". For them, the question asking about 'community' or 'group' was not clear enough to answer; it may have been that getting involved in a community or group was too natural a part of their way of living to be noticed. However, in describing communal activities as a response to the question "what helped you…?", they began to tell stories about their community or group. Then I came to understand a 'community' for them as a group of people who share some activities, rather than a place, an institution or an organization.

Wording for the concept of 'healing' was also a significant issue for my inquiry since it was unknown whether participants conceptualize their experience as 'healing', 'recovery', 'resilience', 'growth' or something else. At the beginning, I applied English concepts of 'resilience' and 'recovery' since I was emphasising communities' capacity to heal themselves and wanted to exclude the concept of healing by professionals or foreign aid interventions. My research assistants suggested the word '*kwiyubaka*', which means 'reconstructing oneself' (the word origin is the verb '*kwubaka*' – building). Later on, other research assistants suggested that I should specify what kind of recovery I meant in the topic guides because *kwiyubaka* can encompass financial, social, mental and physical recovery or reconstruction. To specify, I decided to use the expression 'reconstruction of your life (*kwiyubaka haba mu buzima busanzwe*)' and 'recovery of the heart (*isana imitima*)'. With these preliminary concepts, I began my research on healing pathways of the wounded people and communities of Musanze.

Healing and Time Trajectory

"*Stop thinking about the past" and "make a decision to see a future"*

Although I started my inquiry into healing pathways with the preliminary concepts of 'reconstruction of your life' and 'recovery of the heart', once I began the interviews, participants as well as interpreters actually used more diverse expressions in their conversations. Some formed idioms from the word *ibikomere*; "*gukira ibikomere* (healing wounded feelings)" and "*kugabanuka ibikomere* (reducing wounded feelings)" were frequently used.

Kamana explained that "*gukira* (healing)" means "ending" *ibikomere*. When I asked if it is possible to 'end' it, he answered; "it ends when you stop thinking about it [the past]." (translation-notes-S17, EN, 21-Apr-2016). In fact, participants commonly said "stop thinking about the past" as an important key to healing. By contrast, when participants said their healing was still an ongoing process, they attributed it to thoughts or memories of the wounded past which occasionally came back and disturbed them. For example, Fatima's account below shows how important they think it is to "stop thinking about the past" in order to heal. Explaining the way in which she comforts her husband and his family members, she said:

> When I came here [joined in my husband's family after marriage], I saw that they have many people who died. But when someone starts thinking about this kind of situation [the loss of family members], you should begin to comfort them and say, "the past is the past. People who died will no longer come back. It's already the past". And you say, "Don't worry. Life goes on. It's not good to continue to think about the past. It's already the past. People who died will no longer come back." Meanwhile, you comfort people and be with them. Because the past is the past. Maybe they can reconstruct themselves and think about a future. (S13, 20-Dec-2015)

She said that to "stop thinking about the past" leads to "think about the future". These two ideas were frequently described together as two sides of a coin for healing among the participants. For instance, Uwineza explained her view of healing:

> You can't remove it [the past] out of yourself. But don't think about it, and it brings peace in you. […] For me, how I explain about recovery of the heart is this; not thinking about the past, not remembering the past, but you make a decision to see a future. (S41, 20-Apr-2016)

This was an insight she obtained after assisting several interviews as an interpreter. She emphasized the importance of leaving the past and moving toward the future, saying that healing is "to try to forget about the bad times and think about a future" (fieldnotes, EN, 20-Apr-2016).

Here, I want to note that Uwineza used the word "forgetting" instead of "stop thinking". Actually "forgetting" was also a frequently used expression in participants' narratives of healing pathways. It is important to explain a little further meaning of "forgetting" as well as "remembering" for my research participants in the context of post-genocide Rwanda.

"Remembering" or "*kwibuka*" – remembering the genocide against the Tutsi in 1994 – is one central policy of the government to reconstruct the country after the genocide and prevent its repetition. Among my research participants, a few who had experience of the government-led camp, *ingando*, established to teach political ideology, told that it is important to "remember" the past; here, the past is specifically designated as the genocide against the Tutsi in 1994. However, even those participants also remarked on the importance of "forgetting". For example, Most, the stepson of Mama Most who had received the government training, provided his views of healing as follows:

> We have to remember but also we should not remain the slaves of history. We have to remember the fact that bad things happened to us and we have to learn from it. But they should not hinder us from doing something important. Well.. [it means that] we have to try to forget those bad things which happened to us, try to put them aside, and decide to do something else in order to develop ourselves. (S6, 19-Nov-2015)

It is notable that "forgetting" for him does not mean to ignore the past but to be free from the past, "not remain the slaves of history", and go forward.

Like Kamana, Fatima, Uwineza and Most, participants commonly described healing as a time trajectory from "stop thinking about the past" to "think about a future", with a strong emphasis on moving forward and envisaging a future. In fact, many of the narratives of healing pathways traced this trajectory and described the shift in thinking from the past to the future. More interestingly and importantly, participants had usually experienced the time trajectory as taking place through community involvement. Focusing on two significant kinds of community for participants, church-based and traditional mutual-saving groups, I will present the case stories of Namahoro and Didier to show how they shifted their focus from the wounded past to a hopeful future through participating in a community.

The Story of Namahoro: time trajectory with a church-based group

Namahoro is a widow in her early 40s, who participated in the test interview in Chapter 3. She is a member of a church-based group, the Sacred Heart of Jesus community (*Umuryango W'umutima Mutagatifu Wa Yezu*), and described her healing pathways with this group. According to Kamana, she became a widow when one day during the war of the *abacengezi*, soldiers came and took her husband away. She was left alone with three small children and struggled to raise them by herself as a subsistence farmer. Namahoro described her suffering as below:

> [After I lost my husband] I had a heart of thinking that I stay alone [at home] with my orphans. […] My husband and me, when we were separated, I had a heart with no hope and I was overwhelmed alone with problems. (S2, 28-Oct-2015)

At this stage, her story focused on the past, in which she lost hope and the ensuing loneliness rooted in social isolation and withdrawal due to the loss of her husband.

However, she then described an encounter with the Sacred Heart of Jesus community in the Catholic Church. One day when she was praying in church, she happened to see community members making pledges in a mass. She then began to attend the masses of this community. As she told me how she was attracted to the community, she became more enthusiastic and her storytelling became more fluent and her voice louder:

> When I was in that mass, I saw that it's very good. It was very good. I listened to lessons in the mass [and] I understood that the lessons can comfort me and reconstruct our hearts. […] On that day I left [the church] and I took the decision to buy the Christian book. On that day I took the decision to buy it. I got back. [… E]very time I kept reading it [and finally] I understood that I love that community. The lessons in that book made me love the community. This is how I joined it. (S2, 28-Oct-2015)

She described the Sacred Heart of Jesus as "a community of many members […] that we belong and pray. We have a day of gathering and talking together about Christianity" (S2, 28-Oct-2015). The community provided Namahoro, who was socially isolated after her husband's death, with an opportunity to reconnect with others through communal prayer and talking to others about Christianity. She also learned the community narratives through "lessons" in the mass and in the book, which healed her wounds. She talked about her gradual shift in focus from the past to the future through community involvement as follows:

> I go to the church from my home having a bad [negative] heart. [But] when I arrive there, I meet with good facilitators who train us. They show a good way. When I arrived, the facilitator gave some examples of a person [such as a Saint] who has problems which is bigger than mine. [… Also] in the group, I saw other members who have problems bigger than mine. I saw someone who stays alone with no child. Me, I stay, with my husband departed, [but] I stay with my children. God continues growing up my children. I thank God and I get back home with happiness in my heart. This is why I continue to be in this group.… The group made me recovered very much. (S2, 28-Oct-2015)

Reconnecting with the community, learning the community narratives as "lessons", and sharing suffering with others led her to shift her focus on the positive resources she had, that is, her three children. Through perceiving that "God continues growing up my children", she further shifted her focus from the loss of her husband in the past to the future in which children will grow up.

In the same interview, Namahoro also explained how the community gave her with increased opportunities to participate in social activities, how she stopped spending all her time on personal activities at home and started to join social activities with the community:

> I used to go to church only on Sundays. But after I joined in the group, I began to go to church on Wednesdays [too, to participate in the community activities]. Sometimes I [also] went there on Friday. When there are some activities [of the community], I went there three times in a week. All of those activities made me recovered. They help me not to stay [withdrawn at home] for personal activities. (S2, 28-Oct-2015)

The Sacred Heart of Jesus community usually has meetings and activities at the church so Namahoro was able to become more involved. The community organizes charity activities (called *ibikorwa y'urukundo*; actions of love), such as cleaning church buildings, visiting vulnerable people, bringing food and doing farm work for them. She said that through community involvement she had become open to the social world and spent more time on shared activities, thus ending her social isolation and withdrawal.

The increased social activities also brought a change in her thinking; she explained:

> Once you start participating in a community, then you start a countdown of days until the next meeting. For example, today I had a meeting of the Sacred Heart of Jesus, then we have another meeting of *Umuryango-remezo* tomorrow, and then start counting the meetings of *Umuryango-remezo* as well. Then you say; "ah, I got four meetings of *Umuryango-remezo*, then after 6 days I will go to the next meeting of the Sacred Heart of Jesus." In order to know the date of *Umuryango-remezo* meeting, you can do the same thing by counting meetings of another group. Today, I went to pray at the church, then after three days I get a meeting of this group, and two days later I get a meeting of that group, like that. Think about the next meetings all the time, and you get a calendar in your heart. (fieldnotes, 21-Dec-2015)

Thus her thoughts that dwelt on the past, "thinking that I stay alone [at home …] with no hope" were transferred to "think[ing] about the next meetings all the time" and thinking about next social activities whereby she could help others. Namahoro's story exemplifies the way in which people who have been isolated and whose thoughts remained solely in the past, are able to think about a future in which they can help others. It reveals one way which people who are suffering can move toward a future.

The story of Didier: time trajectory with a traditional mutual-saving group

While church-based groups have helped members to shift their focus to the future through social activities that help others, mutual-saving groups have also played a significant role in restructuring their time trajectories. The story of Didier illustrates how these groups provided a meaningful future, in which social connections link the here-and-now to a future life in society.

Didier is a male banana beer trader at his late 20s. He is Sentwali and Uwineza's brother. In 1994, after the genocide, he was shot by RPF soldiers while fleeing to DRC. Fortunately, he survived and his physical injuries healed. I did not particularly ask about his suffering due to the war during the interview since it was still the early stages of my research and I was too cautious to ask about wounded episodes. However, while Sentwali was taking me to his place for the interview, he said "he has a lot of *ibikomere*" (fieldnotes, EN, 17-Nov-2015). Since his elder brother, who ran a bar in the village, was killed during the war of the *abacengezi*, Didier inherited the bar a couple of years ago, as soon as he graduated from university. At that time, at the suggestion of his family, he joined the mutual-saving group *Abaterambere*.

In the interview, he described the group:

> In *Abaterambere*… we meet every Sunday. […] We converse and we put money. Just we put a regular amount of contribution every week, and then we discuss issues. [If] some members want [to make] loans, leaders give it. [Also] leaders distribute money to members who are in turn of taking money. […] In particular, after finishing [money contribution and distribution], we do *umusabane* (a social party). We drink beer together. (S5, 17-Nov-2015)

For Didier, *umusabane* is the most important part of the meeting. He recounted how the group has helped to heal his mental wounds, particularly through *umusabane*:

> The group plays a role in recovery of the heart because when you meet a lot of people [in a meeting], you talk to them and they give you advice on the life of tomorrow. Yeah. When you have a problem, […] you tell them your problem and they can give you advice. That is to say, the group is not only for money […] but it also helps us to meet people and we talk to each other about the everyday life. It is very, very, very important. (S5, 17-Nov-2015)

For him, while the mutual saving enables his economic development, *umusabane* helps him to heal mentally. Generally, traditional mutual-saving groups have similar meeting schedules and have *umusabane* after all the financial transactions. During *umusabane*, individual members share problems of life and business, and discuss how to resolve them as a communal effort. Sometimes group members take action to help the member resolve their problem. For Didier, this mutual help provided through *umusabane* heals his wounds.

Didier subsequently recounted how participation in the group changed his life:

> Before joining in the group, I had no money because I was a student. But after that [graduation], I start[ed] selling [banana beer], joining in the group, [and] I got money, which allowed me to try to improve my livelihood. […] After I joined in this group, […] they gave me money [as the first distribution]. Because I had been in my school life, [for me] it was a lot of money. It was the first time for me to get [such amount of money]. Yeah. [With] that money, I immediately bought a farm. […] It was land for tree plantation. I began to cut trees for use at my bar. Before getting the money, I was buying wood but now I am cutting wood. I cut them at that farm I bought. […] You understand how they have changed my life. (S5, 17-Nov-2015)

In this way, participation in the mutual-saving group allowed him to develop his life in a tangible way; furthermore, this experience led him to develop a future plan for his life and put it into practice:

> This *ikibina* is helping me very much… because at least, when a turn to take money comes, they [leaders] give you around 300,000 FRW [approximately 300 GBP]. Maybe this money, […] I use it for my future life. I can buy a farm… or I can plan […] for example [when] they will give me that [money] next time, I plan to buy roofs so that I will be able to build a house when the future comes. Yeah. This is another reason why I like this *ikibina*. They give you enough money to do something. It helps you to do a visible [tangible] activity. (S5, 17-Nov-2015)

Generally, a mutual-saving group collects and distributes a fixed amount of money on a regular basis. The method of collecting and distributing money is transparent; all transactions are carried out in front of everyone. Moreover, as Kamana once told me, people know that the

system of *ikibina* mutual saving has been maintained in the same way for a long time and therefore it is quite obvious to members, as well as credible, that their turn of taking money will come on a promised date in future. It thus allows people who are involved in this mutual-saving system to "think about the future" in a tangible way. Through the participation of mutual-saving groups, people can have a future plan, start counting the days to the next turn of taking money, and realize their plan in a practical, visible way.

The story of Namahoro and Didier shows that the dominant thoughts on the wounded past could be assuaged through community involvement; once people become involved in a community they may start thinking more about the community as well as a future life that the community might bring. They may not think far into the future but envisage a close, tangible, and promising future which they can believe will take place.

Healing Communities

In the previous section, I described the time trajectory of the healing pathways commonly narrated by the participants, drawing on the exemplar stories of Namahoro and Didier. I will now look in more detail at how participants have experienced this time trajectory – leaving the wounded past and moving toward a future – with different communities since the war period; and examine what roles communities have played in healing pathways.

Security and retrieving the usual life

For most participants, healing pathways began by regaining security and normal life. Security was reported to have been brought by RPF at the end of the war period and allowed people to get back to normal life. According to Papa Kamana, "security is the basis of everything. If there had not been security, it [healing] would not have been possible…" (S39, 9-Apr-2016). He then described how people in Musanze got back to normal life when the security arrived:

> After that we began to cultivate again. We continued to cultivate. Guns' shells reduced. We cultivated and cultivated. At that time, yes, we were about to die of hunger. It was very difficult to find seeds. But we continued to cultivate […] and by chance we got harvests. And we also got a chance that the security came. The security came and we got our mind back.
>
> […] When you realize that some situations are no longer recurrent, you try to forget them. Because, we no longer run away but spend the night sleeping and wake up in the morning to go to work. It has helped us to get our mind back. […] We see children going to and coming back from school; we strive to pay for their school fees and feed them. […] This is also wonderful. (S39, 9-Apr-2016)

Like Papa Kamana, many people acknowledged security as the foundation of their healing. Some of them said it also allowed them to reconnect with each other in neighbourhood communities. For example, a male driver said: "The life got better little by little since the security arrived in Rwanda. Neighbours began to visit each other, have a conversation and share

the life. And then little by little *ibikomere* began to be healed." (S34, 6-Apr-2016). Another female farmer also said: "Just you know that the government of unity [RPF] came. Then we [became able to] meet [other] people and build relationships with each other thanks to the security." (S4, 7-Nov-2016).

Re-organizing communities

While getting reconnected to each other, people in Musanze also began to re-organize their communities. The participants reported three kinds of communities that have commonly supported healing pathways; church-based groups, traditional mutual-saving groups, and neighbourhood communities including family and kin. They are generally involved in at least a church-based groups or a traditional mutual-saving group; many are in both.

On the one hand, church-based groups have played an important role in mental healing; participants often described such groups as "comforting (*guhumuriza*)" to them. On the other hand, traditional mutual-saving groups have supported psychosocial healing as well as economic development. According to participants, the limitation of traditional mutual-saving groups is that they require a certain amount of money to take part, so financially vulnerable people are not able to participate. In fact, financially vulnerable people are apt to be in church-based groups whilst those who are self-employed or have regular income tend to be in traditional mutual-saving groups. Meanwhile, an advantage of traditional mutual-saving groups is that membership does not depend on religion so participants can meet diverse members from different churches. Neighbourhood relationships, including family and kin, provide the basis for both kinds of community. In many cases, people join a church-based or mutual-saving group through a referral from family, kin or neighbours; therefore, relationships within these communities are to some extent based on neighbourhood. In neighbourhood communities, generally neighbours share common life histories including wartime experience and support each other in everyday life.

During and after the war of the *abacengezi*, until the mid 2000s, the area of Musanze was closed to other regions of the country, as well as to international aid organizations, as it was deemed a hazardous area. Essentially, support from the government and international community was extremely limited in this area for at least three years after the war. Nevertheless, local grassroots people rose up to re-construct their own communities and heal themselves. In particular the above three kinds of community, namely church-based groups, mutual-saving groups, and neighbourhood, have played a significant role in healing pathways of Musanze citizens. I will describe two main streams of community re-organization, church-based groups and traditional mutual-saving groups, and how healing pathways of these communities have progressed.

Church-based groups

First I will examine how church-based groups were re-organized after the war period using the example of the Catholic Church, the largest church in Musanze of which nearly half the local population are members. Groups affiliated to the Catholic Church went through a process of rebirth after the end of the war of the *abacengezi*. Of all of the Catholic Church groups, *Umuryango-remezo* experienced the most drastic change (I will present a detailed case study of *Umuryango-remezo* in Chapter 6). *Umuryango-remezo* is a neighbourhood-based community in which all Catholic Christian members are automatically involved; it is the most basic, therefore the most important, faith-based community for Catholic Christians. Kamana provided a history of *Umuryango-remezo* soon after the war period, when the area of Musanze was still closed to support from outside, as below:

> It's after the war of the *abacengezi*, […] around 2000. I remember, in that year, we were in preparation of Jubilee. Jubilee is like an anniversary for 2000 years after Jesus was born, also 100 years of Christianity in Rwanda. In 2000, [local] leaders of church showed us what the church is doing, what are difficult problems […] about Christianity and also about the life [of Catholics]. Everyone remembered the war and the genocide. After the genocide, here in Musanze, we had also the war of the *abacengezi*. A lot of people died. We have a lot of widows. We have a lot of orphans. Many, many orphans. And some people said: "We have to pray". At that moment they prayed hard.
>
> But before, […] they didn't think about God [since they hadn't had any serious problem]. […] B]efore the war, [those] who went to *Umuryango-remezo* was someone who needs sacrament, someone who was a neighbour of the leader, like that. No one else went. But, from 2000, everyone saw that "now I'm a survivor. […] I am a survivor of the war, I am a survivor of the genocide, I am a survivor of the war of the *abacengezi*. That is the reason why I want, I have to, pray hard." (S1, EN, 18-Dec-2015)

As prayer began to have a significant meaning for the survival of Catholics, the role of this church-based group, *Umuryango-remezo*, changed from managing administrative processes to helping Catholics' lives in more tangible ways. Church-based groups became a place to pray together and help each other.

According to Kamana, the Catholic Church of the Ruhengeri Diocese [5] led by Bishop Emmanuelle Mugisha convened Catholics within the diocese and held a meeting in 2000, in which it was decided to reform the *Umuryango-remezo* community. At this event, *Umuryango-remezo*, which used to be one large organization, was segmented into small groups so that each group could be close enough to grassroots Catholics and active enough to support them. The meeting procedure and activities of *Umuryango-remezo* were also reformed to provide psychosocial support to members. Since then, *Umuryango-remezo* meetings have included activities such as sharing ideas through reading Bible episodes and initiating activities to help each other. Other groups of the Catholic Church also follow more or less the same schedule (see Appendix VIII for the general schedule of a church-based group).

[5] The Ruhengeri Diocese corresponds to the Musanze district of the government administrative unit.

During the period of renovation, Kamana was a leader of one of the *Umuryango-remezo* communities in the diocese. Looking back that time, he said:

> [… A]fter the war, every *Umuryango-remezo* tryed to make an innovation. [… I]n my *Umuryango-remezo*, a lot of people know me and remember me because I am one of the leaders who tried to make some innovations in our *Umuryango-remezo*. For example, […] I had a theatre group […also] I had a group of dance: modern and traditional dances. Yeah, it's me who made them. (S1, EN, 18-Dec-2015)

Kamana recalled that he was continually trying to think of ways to help members of his *Umuryango-remezo*, whether they were young or old, male or female. He finally decided: "We can help the people to forget the last history [of the war period]. We can do some theatres." (S1, EN, 18-Dec-2015). He discussed the idea with other youth members and produced theatre and dance groups. He wrote stories for the theatres, others acted, and they participated in a competition at the church.

While the *Umuryango-remezo* was being reformed, other Catholic groups were also produced. For example, the church organized or re-organized different choir groups to mitigate Catholics' mental suffering. *Korali y'Abana* (Children's Choir) is probably the most well-known group created for orphans who lost their parents during the war period. Another representative group which has supported war victims is *Umuryango W'umutima Mutagatifu Wa Yezu* (the Sacred Heart of Jesus community). In the previous section, Namahoro narrated the story of her healing trajectory with this group. The group began to involve war widows and provided support for them after the war period; they taught widow members to love Jesus in place of their lost husbands. Catholics were gradually involved in those groups and went forward to healing pathways. These stories narrated by Kamana as well as other Catholic participants are good examples of church-based groups which re-organised after the war period, and how they did so through the efforts of the community, rather than with outside help.

Importantly Kamana also told me that this post-war period brought about a change of faith among people in Musanze. Adding another episode to his story of producing theatre groups, he said:

> In that theatre, I tried to explain to [Catholic] Christians, to change [them] to think about *Imana* [God]. Because at that time [when] I wrote that theatre, some people [still] prayed to other *Imana*, like *Ryangombe*, *Nyabingi*, like that. In that theatre, I showed people good *Imana*. *Imana* we have to believe. (fieldnotes, EN, 20-Aug-2016)

According to him, *Imana* (God) nowadays refers to the Christian (or Muslim) God. However, before the termination of the war many people still believed in traditional gods who were also called *Imana*. Over the period of my ethnography, as well as my previous stay in Rwanda, I sometimes heard the names of those gods, as well as the derivation of the names. For example

Nyabingi,[6] a god who has everything and is the top of the hierarchy of gods (from the word '*nyabinshi* [many])'; *Iyakare,* a god who people worshipped before *Nyabingi,* (from the word '*kukare* [long time ago])'; *Rurema*, a god of creation, (from the verb '*kurema* [to create])'; or *Rugaba*, a god of giving, (from the verb '*kugaba* [to give]). Some people in Musanze told me they used to have little tiny houses (like Western dolls' houses) for those *Imana* besides their own housing in which they would pray and leave food offerings.

After the war period, Christianity took over the traditional faith for *Nyabingi* since churches re-constructed their organizations and extended their influences. Kamana explained:

> When priests taught [about] *Imana* to those people, we asked them to destroy those houses for *Nyabingi*. […] They [priests] gave them examples; even if they pray those *Imana* to give us peace, during that war time, they prayed those *Imana* but they didn't find peace. But if you pray to the good *Imana* [Christian God], you can find peace. […] A lot of people accepted it and changed *Imana*. (fieldnotes, EN, 20-Aug-2016)

As a leader of *Umuryango-remezo*, Kamana also taught local Catholics how to pray to the Christian God: "I taught people about Bible [stories]. Everyone said, 'ah, it is very nice'." (S1, EN, 18-Dec-015). As many participants told me, the words and stories in Bible comforted them and they became to pray devoutly to the Christian God. Not only Catholic but also Protestant, Adventist, and Muslim participants recounted the same significance of *Imana* and the words of the Bible for them.

However, although the traditional god *Nyabingi* was replaced by new God, people in Musanze continued to use the same name, "*Imana*". A lot of local traditional narratives surrounding *Imana*, people's views of moral values, of life and death have been maintained to date while being mixed with Christian narratives. These two narratives, traditional and Christian (or Muslim), and the blending of them, underlay participants' stories throughout my ethnography, and thus are essential to the construction of my thesis; they are key underlying narratives to understand my participants and the world they live in.

Traditional mutual-saving groups

Another stream of community re-organization was produced by traditional mutual-saving groups, called '*ikibina*' in the singular, '*ibibina*' in the plural[7]. According to Kamana and Masengesho, the history of *ikibina* predates the war. Although they did not know when it really started, to their knowledge, many years ago their ancestors began *ikibina*, calling it *inama y'umuryango* (a meeting of tribal families) for the purpose of taking a sick person to hospital. At

[6] Exhibitions at the National Museum of Rwanda in Butare explain that the North of Rwanda including Musanze is the origin of the traditional faith for *Nyabingi*.
[7] *Ikibina* traditional mutual-saving group is alternatively called 'cooperative'. But a 'cooperative' can also refer to a different kind of group from *ikibina*, a business association which does not necessarily have a mutual-saving system (e.g. a hand-craft making group, tailors group, security guards group, etc.).

that time members of tribal families used a carrier called an *ingobi* to transport a sick, possibly dying, person and accompany them to a hospital. This accompaniment is an important part of ritual preparation for death, called '*guherekeza*'. However, some members of tribal families, such as elderly people, were not able to join in the accompaniment, so they began to make another kind of contribution (e.g. money, harvest produce) to the ritual, instead of providing labour. This group contribution was then extended to make group savings to have a party, sharing food and drinks at the end of the year. Later it was further transformed to make financial contributions to running small businesses and other projects, not just the end of year party. At this point, it began to be referred to as *ikibina*.

Today, *ikibina* groups range from small groups of three members to large groups of several hundred members including family, neighbours and friends. In my research, diverse groups were discusseded. For example, one *ikibina* comprised as many as 300 members and had a specific department for healing and reconciliation within the group. Another had around 15 members, they were saving money collectively to feed a cow, butcher and eat it at the end of the year.

Ikibina members have a regular meeting daily, weekly, monthly, or quarterly. At a meeting, everyone gives a fixed amount of money, their "contribution" to the mutual-saving system. The money is collected and re-distributed to members in turn. The member who receives the money is expected to use it to develop his/her small business or project such as selling banana beer, feeding chickens, building a house, preparing for a life-event ceremony or paying school fees. *Ikibina* groups also generally have a system of monitoring these small businesses or projects so that members can get help or advice when necessary. Another important role of *ikibina* is to provide low-interest loans. Members who wish to take out a loan are asked to sign a contract using their property (e.g. land, domestic animals) to guarantee the loan. During *ikibina* meetings, progress on payments and individuals' small businesses or projects, is reported and discussed if necessary. At the end of a regular meeting, members have a party known as '*umusabane*', which for them, is the most important part of the meeting. Members drink together, traditionally local banana beer, and chat with each other. This is the time they ask for help or advice if they have any problem in their everyday lives or in their businesses or projects. Thus *ikibina* mutual-saving groups not only contribute to people's socio-economic reconstruction but also to re-connecting people and maintaining social bonds. (See Appendix VIII for the general schedule of an *ikibina* mutual-saving group and the mutual-saving system).

In order to examine the role of *ikibina* more closely, I will consider the example of two major *ikibina* groups from *Matara* village, *Abaterambere* and *Dream-makers*, and the stories of how founder villagers, Sylvestre and Agnès, created these groups to cope with aftermath of the war.

Abaterambere, led by Sylvestre, is a well-known *ikibina* group based in the village. Didier, who provided the story of time trajectory in the previous section, is a member of this group. Sylvestre recounted how he created his *ikibina* with his friends to help war orphans in the village by teaching them ways of saving money and improving their lives:

> [After the war] there was a serious problem that children lost [adult] people who can give them advice [how to manage money since their parents and adult neighbours all died]. When they get 100 [FRW], they use it to drink a lot at a bar in the evening. […] But if you save that money in *ikibina*… you will get much money even if it was a little amount when you saved. [… For example] if you study something at a vocational training centre and you finish your study after getting some skills, then you face a problem, asking yourself; "I finished my study but how can I get money to buy [sewing] machine?". [But if you are in an *ikibina*, you can buy it. That's why] we created our *ikibina* in order to collect a small amount of money, such as 200 FRW you get every day.
>
> [After the war, one day] I came across young people [on a road] and talked to them. […] I said; "hey, why are you here…?". [They answered] "I have been waiting for this and that [a small income]. I worked for a little money." When you ask him "how will you use this money? […]", then you see that […] he has enough power to get money but […] no one gives advice to him how to use money to get benefits.
>
> [Then] I attempted to do it. You know, with many [young] neighbours [who lost parents], I attempted to collect a few things we had and I advised them to save that little money. We started by saving 700 [FRW] every week. It means that 100 [FRW] every day. [… T]hey spent money on consuming tobacco, alcohol, which are not good. But let us advise them, teach them, and tell them: "Come and join the *ikibina*. Once you get 15,000 FRW [from the *ikibina*], you can use it". This is the reason why I did it [created the group]. It is for "my child" [as they are my neighbours]. […] Because they couldn't get any advice from their parents, we wanted to give it to them through the *ikibina* which can be like a parent for them. We gave them advice since I myself had the problem of losing my own parents in my childhood.
>
> [… T]he *ikibina* was created by 3 people but everyone had a responsibility to search for other members. After that we became 17 members, and we continued, and became 34 members, increased to 60 members, and now we are more than 100 people. […] After the problems we experienced here in Rwanda ... many people started thinking more [about consequences of the war] and there were situations which required us to love and help each other. We found orphans [in our village] and everyone became like their parents. (S18, 22-Nov-2015)

The other *ikibina* group I consider is *Dream-makers*, created by Kamana's wife, Agnès, and her friends. This group particularly helps financially vulnerable members. She told me how she created the group with her friends:

> We were sitting like this and we created it here [at home]. We created *Dream-makers* here. I was with other two people, a mother [of someone] and a sister of my husband. And we said; "but this is an *ikibina* of 500 [FRW]. […] We can't do another *ikibina* because we don't have any other way to get money. Let's create an *ikibina* with [putting] 500 [FRW] per week. Even though 500 [FRW] is a little money, maybe it will bring us something important. Let's create this and search for other people, other members, then maybe one day we will find other members who will come to us. [And] we are going to give [our contribution] each other."

> Then after that, we talked to my husband that we created an *ikibina* with 500 [FRW] per week and we will give money each other as we will have. Then he gave us this advice: "It's better if you are going to save it for one year. After one year, you will distribute it. [Because even] if you take 1,500 [FRW weekly], there is nothing you can do [with this money]. You wait and will take it at once after one year [so that it becomes 18,000 FRW]. Maybe some of them will take a loan and they will pay back with interest." This is an idea he gave us. […] But in short it's us who created it, including me with another wife and his [my husband's] sister, [when] we were here. (S33, 10-Sept-2015)

Drawing on pre-war neighbourhood relationships in the village, *ikibina* mutual-saving groups were organized, as Sylvestre said, "to love and help each other".

Reconnecting People

As reported above, the research participants described how faith-based groups and mutual-saving groups drawing on neighbourhood relationships were re-organized after the war period, and then, described the ways in which these communities have supported their healing. Although these narratives were diverse and many key words with different meanings were used, I want to focus on three key roles of community in healing pathways in the remainder of this chapter. They are; reconnecting people, giving a meaning to life and making sense of their experience, and mediating reconciliation.

Considering that in Chapter 4 psychosocial suffering from war reported to worsen with social disconnection, reconnection is likely to be crucial in healing. Participants' narratives of reconnection largely centred on three different words; *gusenga* (communal praying), *gusura* (visiting) and *kuganira* (talking to others/each other). I begin with examining stories of *gusenga* as follows.

Gusenga (communal praying)

"*Gusenga* (communal praying)" was the most frequently recurring word in participants' descriptions of the healing process. As described by Mama Most: "Because of many *ibikomere*, if we hadn't used prayers, we could have been mad." (S9, 16-Dec-2016), *gusenga* was a vital means of survival and healing for the majority of participants. However, the concept of *gusenga* was quite wide-ranging and referred to almost all activities within church-based groups. It is important to understand then that *gusenga* generally refers to communal prayer, religious discussions and activities, rather than individual communion with God, and thus it played a pivotal role in reconnecting individuals to each other.

For many participants, the beginning of *gusenga* in a church-based group for healing occurred during the war of the *abacengezi*. Mama Most recounted how *gusenga* at church and her *Umuryango-remezo* community have helped her survival and healing since the war:

> [A]ll members who prayed together had the same problem. [… W]hen some people wanted to talk about their problems, others found that they had the same problems. […] Imagine

> when you wake up in the morning, while you think that only you had a problem during the last night, and maybe you were afraid of asking for help [during the night] because no one would come to help you even if you asked for help loudly. And in fact no one came to help you. Imagine when you wake up in the morning, you talk to someone maybe who is going to pray. [When you arrive at the church, then you find that] the church is too small [to receive a lot of people]. When we don't have a *Umuryango-remezo* meeting, you go to the church to pray and you tell whoever you meet, "*abacengezi* came during the night" and the other answers, "it was the same for me. I stayed outside through the night because of them".
>
> Then when we discuss in that way, everyone says "it's not only me". [… B]efore or after praying, we first shared those stories with each other. When we arrive at *Umuryango-remezo* and when we are going to start praying, they [the leaders of *Umuryango-remezo*] said "please pray for the family" of someone, for example, "[for] the family of Ngamije and Ngabo. *Abacengezi* went there during the [last] night." This is an example. And [someone else says] "there were also other families who stayed all night outside. Please pray for those families […]" or "they took her husband [and others]. […] They called them to have a meeting but they haven't come back yet". [… B]ecause we discussed together and found that we have similar problems, we truly prayed. God was with us. […] At that time, we continued to pray so that Jesus could have come. Can you imagine how hard we prayed at that moment? There was no one who could be absent from praying for any reason. We didn't have any activities other than prayer. (S9, 16-Dec-2016)

Like Mama Most, for many participants, praying with others or *gusenga* was a way of maintaining social connection, sharing suffering with others, and reminding themselves that "it's not only me" who suffered. It then allowed them to survive the hardship by means of collective efforts. Considering that psychosocial suffering was commonly reported to derive from the destruction of shared life and social disconnection, it is understandable that maintaining social connection and shared life through church was vital for survival and healing. At the end of her story, she said: "I will never be absent from *Umuryango-remezo* to be with others." (S9, 16-Dec-2016).

Gusura (visiting)

After the end of the war, church-based groups continued to reconnect people in Musanze through outreach called '*gusura* (visiting)'. For Rwandans, *gusura* is generally an essential action to build and maintain a relationship with others. Kamana once told me a local proverb "*isuka ibara ubucuti ni akarenge* (the hoe which will harvest your friendship is your legs)", meaning "you will nourish your friendship by visiting your friend". He added: "If you are my friend, the most important thing is to visit me, not give something to me." (translation-notes-ULM-3-3, Feb-2016).

Gusura by church-based groups provided those who had withdrawn after the loss of family with an opportunity for reconnection. For instance, Kanyange, a woman from the Adventist church said:

> I was always withdrawn and having problems, then they came [from the church] and taught me and comforted me. […] They came and saw me at home. They saw me at home and taught me. They taught me how I can get comforted. They helped me. I began to pray. […] I

> told you that my family members were [all] killed and they [soldiers] shot me. After that people [from the church] came and prayed for me. They comforted me [and] the patience came [to me] little by little. (S4, 7-Nov-2015)

She then said that if church group members had not come, she would have stayed alone and continued to be withdrawn. However, after getting involved in the church group, she gradually changed her role from receiving to providing visits. She said:

> [Now] I go to see some people who are still now withdrawn. I teach them, I comfort them, and I tell them the way of praying so that they love God. So I have helped them to leave the circumstances which I myself used to be and to come into good circumstances. (S4, 7-Nov-2015)

Ikibina mutual-saving groups also carry out *gusura*. It is not for recruiting new members or comforting those who are suffering, but for helping members with problems as well as celebrating life-events such as graduation, marriage, child birth and funerals. For example, Rose, a member of an *ikibina* group based in the neighbouring village of *Matara*, said:

> We visit one another. When someone gives birth, we make some contributions. For example, we give that member something to eat and drink. When someone has a family loss, we also help that member. We contribute some money to the funeral. We also visit the bereaved family with something to eat and drink. (S16, 6-Apr-2016)

Also, Karongorera, a motorcyclist and a member of the *Tri-kumwe* mutual-saving group said:

> When you have any problem, *ikibina* visits to help you. For example, in my case, I got twin babies then my *ikibina* came to visit me and help me. […] *Ikibina* come to visit whoever has a problem. I didn't know it but my wife and a wife of another member met through *ikibina* and we became friends and [became to] visit each other. (S34, 6-Apr-2016)

As represented by the image of the visit as the 'hoe which will harvest friendship', in the local proverb, *gusura* has indeed built and maintained the social connectedness of community members.

Kuganira **(talking to others/each other)**

Among local Rwandans, '*kuganira* (talking to others/each other)' is a word frequently used with '*gusura*'; they say "*gusura na kuganira* (visit and talk to others)". For them, it was a series of activities which build and maintain social connection with neighbours and other community members in everyday life. *Kuganira* was also frequently mentioned with *gusenga* (communal praying), for example when Mama Most talked about going to church to pray and talk to others about hardship. Like *gusenga*, the word *kuganira* occurred frequently in participants' narratives of healing pathways and had multiple meanings. Sometimes it meant talking about war experiences directly and sharing suffering but often it meant talking to others without necessarily talking about the war experience. Both were narrated as significant healing pathways which I will examine further.

Sensitivity surrounding talking about war experiences directly:

For people in Musanze who live in the context of political unspeakability surrounding the war of the *abacengezi*, *kuganira* has extremely significant issues. They are very careful about discussing their war experience, always gauging who they can speak to, what they can speak about and to what extent; and answers to those questions varied depending on individuals as well as contexts.

One participants who strongly insisted on the importance of *kuganira* in relation to war experience was Igabe, who told her experience of sexual assault during the war in Chapter 4. She said: "In fact, what heals *ibikomere* is talking to others." (S35, 26-Mar-2016). She prefers to speak about her *ibikomere* to anyone, including other community members and even a fellow passenger in a mini-bus she took. "Briefly, when you happen to know other people's own stories, you feel comforted. I see that talking to others is important." (S35, 26-Mar-2016). For her, *kuganira* was important to know that she is not the only one to suffer. However, when she told her story (see previous chapter), she actually did not name the killers when she talked about her war experience. She anonymised and modified it in the interview. Given that Kamana knew who the killers were, she was perhaps able to talk about it to a close friend like him Kamana but not to a foreigner like me. Thus, although she strongly supports the importance of speaking out about war experiences, she may not talk completely freely about the most difficult part of her story to others except very close friends.

On the other hand, Papa Kamana expressed his negative view on talking about his war experience:

> For me, I don't like that they talk about it because it reminds me of my brothers, sisters and others who died. […] When I think […] how our people ended their lives, I feel unhappy to talk about it. [… It is not necessary to speak about it because] it reminds me, [instead of] letting me forget [about the past]. […] It is like when you have a wound, someone touches it over and over. (S39, 9-Apr-2016)

For him, talking directly about his war experience was nothing more than re-traumatization. However, as I will discuss later in this chapter, he gradually developed a story about his struggle to reconcile with the killers in the interview, and after speaking about it, finally expressed a sense of healing. In this case, attentive listening by me and my interpreter may have helped him to construct his narrative of reconciliation, resulting in a sense of healing.

The above accounts from Igabe and Papa Kamana show that with guaranteed trust and security, participants could construct their narratives in the ways which make sense to them, thus it could be therapeutic. However, it is generally very challenging due to political constraints on speaking about wartime experience other than the genocide in 1994. Uwineza describes the difficulty and the complexity of talking about the war experience in a community as follows:

> Sometimes you are in a peer group and someone can begin to talk about that issue. [But b]ecause you don't trust each other, you may ask yourself; "why this person brought this idea?". You doubt "why?" and after that you become closed not to explain about anything. For me, I don't think I have any opportunity to sit with others [to talk about the war of the *abacengezi*]… This is my first time [to talk about it] and I have no doubt that this [interview] is the last time. (S41, 20-Apr-2016)

Generally for people in Musanze, uttering 'the war of the *abacengezi*' is itself a taboo although they sometimes implicitly talk about it by simply saying 'war' without specifying which war. Then, when participants recount the healing impact of *kuganira*, they mostly refer to talking with each other without necessarily talking about their war experience; the role of reconnection was emphasized more than addressing wounded memories. In the following section, I will illustrate how different communities have reconnected people through *kuganira* – with or without discussion of their war experience – in the context of political unspeakability.

Talking without necessarily talking about the war experience:

In church-based groups, *kuganira* generally draws on words and episodes from Bible, which allows members to comfort each other. Immaculée's account of her church group *Regio-Marie* refers to this explicitly. According to her, in a group meeting:

> First we pray. When we finish praying, then we talk together about some episodes or the word of God [from the Bible]. We read and learn the word of God. It helps us to meet different people or other Christians. Also we talk over the words of God to comfort each other. (S29, 8-Apr-2016)

Meanwhile, *kuganira* in *ikibina* mutual-saving groups refers to discussions to resolve problems in everyday life and in small businesses. Agnès explained how members generally have discussions in *ikibina* as follows:

> In an *ikibina*, when you are with others, you discuss with others and take a mutual conclusion [to resolve an issue]. Someone speaks one's ideas and others bring discussions; this helps people to forget [the past]. For example, one member brings a good discussion and you feel better in the heart. You recover so that you have no problem. (S33, 8-Apr-2016)

Most also described discussion in his *ikibina* group:

> We have a meeting every Sunday at 10 a.m. When we are there, we discuss many things, like our life. [… For example] how we were at work during the week. In the meeting, everyone has an opportunity to speak about his work or his life. […] It is somehow a discussion. We talk while making jokes and laughing. This makes someone who had a problem somehow forget it because he is among other people, they talk to him and he talks to them as well. You see that there is no problem because when we are at the end [of the meeting], we share something to eat and drink. […] (S6, 19-Nov-2015)

As noted above, members of those communities generally talk to each other about the Bible or through resolving everyday-life matters rather than directly addressing the war experience and wounded memories. What cuts across these different styles of *kuganira* is the growing

awareness that "I'm not the only one" who suffers. Although they do not necessarily talk about the war, they experience shared suffering and find themselves not alone. For example, explaining how her church-based group has helped her healing pathways, Rose said: "when you talk to people, you find that everyone experienced a similar problem to yours. You join in the group and share about it [with others], then you realize that everyone is suffering." (S16, 6-Apr-2016). Similarly, Valentine, who is a war orphan and is in an *ikibina* mutual-saving group, said:

> When you talk to others [in an *ikibina* meeting], you see that people have more problems than you. And you say, "I went through this problem and that person is also suffering like me". […] You understand that you are not alone and you are not suffering alone (S20, 20-Apr-2016)

These narratives reveal a remarkable fact, that is, even though people are not allowed to speak about their wounded experience in a direct manner, reconnection for healing can take place through alternative narratives, such as discussion about the Bible and about everyday-life problems.

Giving Meaning to Life and Making Sense of What Happened

The previous section described the role of reconnection that communities play in healing pathways. Participants described communities reconnecting people through opportunities for communal prayer, visiting, and talking with or without any mention of the war experience. Combined with earlier documentation on healing and time trajectories in the second section, these findings suggest some answers to the first question I presented at the beginning of this chapter: "How have individuals overcome the domination of thoughts and memories of the wounded past which resulted from their social disconnection?" Namely, communities may provide socially disconnected people with opportunities for reconnection and reducing isolation; then through involvement in a community, these people may lessen their thoughts of the past and begin to think about a future. The examination of *kuganira* also partly responded to the third question: "How have communities helped healing pathways particularly in the context of political unspeakability?" The findings show the possibility that even without talking about the war experience, reconnection for healing may take place through talking about religious narratives and everyday activities. In this section, then, I attempt to respond to the second question, "how have communities healed the heart of their suffering – the loss of meaning in life, the difficulty in making sense of the deaths and the act of killing?".

In Chapter 4, I suggested that metaphysical questions (e.g. why did I survive? why were others killed? and why did they kill our loved ones?) can arise from the destruction of shared life which used to give meaning to life and make sense of the world before the war. Moreover, such suffering can be exacerbated by the political unspeakability that prevents participants from using existing narratives within communities to mourn, reconcile, and make sense of what

happened. The narratives of healing pathways which I am going to present describe the grand narrative provided by communities which enable them to find meaning in their lives and understand what happened in the past. I use the term 'grand narrative' here to mean a larger-structured story which gives a broader meaning and worldview so that random and contingent life events can be perceived as part of a coherent story and make sense. The provision of a grand narrative particularly emerged in stories about church-based groups; other kinds of communities, including mutual-saving groups and neighbourhood, may also have the same role but it was not explicitly articulated in stories. I will now illustrate the ways in which participants narrated this role focusing on church-based groups and how they have found answers to their metaphysical questions through participating in these groups. The illustration will also explain what members are actually doing while talking without necessarily talking about the war experience and how healing can happen in this way.

The role of providing a grand narrative was frequently evoked using expressions such as "learning knowledge", "having lessons", and "learning the word of God (including Bible episodes)", while talking about *gusenga* (communal praying) and *kuganira* (taking to others/each other) in church-based groups. For example, Kamana's mother explained how she made sense of the war experience through learning "the history in the Bible":

> When I went to the *Umuryango-remezo*, I tried to understand it… If you read the history in the Bible, there were wars. It's true. Wars were here and there. […But] when I saw how people went through different problems in the word of God [in Bible stories], I saw that God removed them [all problems and wars]. This is the way I reconstruct myself. This is the way I am glory to God and praise God. I would say "thank you, God, for recovering me." (S40, 5-Apr-2016)

Through reading the Bible in the group, she understood 'wars' as part of human histories but that these were ended by God. She explains how she shifted her focus on recurring wars as human fate toward a belief that all wars and their aftermaths in human histories were finally ended by God. This way of understanding wars and their aftermaths allowed her to give positive meaning to her own war experience and survival. Furthermore, according to her, talking over "the word of God" prevents her and other members from being preoccupied by thoughts of the past and from falling into mental illness:

> When I read the word of God, I see how the time [of reading] has helped me [to forget the past]. Also, when we talk to each other, we [do not only] exchange our ideas but also we talk through the word of the Bible in which we find [the way of] reconstructing ourselves. It is like fetching water. If we didn't have the word of God, many people would lose their mind. Because when you pray [referring to group reading of the Bible], there is nothing else to think about. You can't get occupied by your thoughts [about the past] but you can reconstruct yourself. (S40, 5-Apr-2016)

As she said "it is like fetching water", through learning and discussing the Bible with others, they may be assimilating a grand narrative to help understand the things that happened to them.

Religious narratives and the transcendent *Imana*, or God, also helped participants to make sense of their own survival as well as other lost lives, namely, why their shared life was torn apart, why some had died and some had lived. Kamana, who suffered from repeatedly asking the question "why me [alive], I'm [here] for what?" (S1, 18-Dec-2015), explains how he answers his questions:

> I don't know your faith about... humanity. In our church, we believe that our life is in the hands of God. If God says "die", you can die. In Kinyarwanda, it's very clear because if someone died, we say: "*Kwita Imana*", [meaning that] "it's *Imana* who called you". *Imana* called you. […] *Imana* is our creator. We are the creatures of *Imana*. Sometimes *Imana* can say: "Die". [Even i]f someone wants to… kill you, you don't die because *Imana* has not yet say: "Come". (S1, EN, 18-Dec-2015)

Likewise, Kayitare, the elderly men who struggled to be reconciled with the killers in Chapter 4, explains how he came to understand why some people survived while others were killed:

> Does she want to know in details about praying? You see, [… two people are walking together and] after being apart from each other, one of you say "good-bye". After that you hear that the person died. It is God who protected you [from a death]. At that time, you pray hard and you know that God is there. It's not you who enable yourself to keep being in life [but God]. That is the reason why you have to pray. (S28, 9-Apr-2016)

Like Kamana and Kayitare, participants' understanding about their lives and deaths was most commonly and explicitly expressed by the following expressions: life is "*impano y'imana* (a gift of God)"and "*kubera imana* (thanks to God)".

Moreover, they even give meaning to a future life for survivors as well as a future life for those who died through resurrection, drawing from the grand narrative of their church communities. For example, Immaculée talks about how her church-based group, *Regio-Marie,* understands the life of survivors through one of their activities:

> [W]e visit people who are sick or other people who are affected by the war, like people with disabilities. We help them to understand that God is with them. And we tell them that, because they didn't die during the war, there are a lot of things that God is planning for them in future. […] That is the reason why we always have hope and never get discouraged. Here is another help, which is praying. It leads the person to say "what can I do in my life?" And you [begin to] search for a work which helps yourself. (S29, 8-Apr-2016)

Masengesho, who provided stories of being refugee in DRC, war experience, and his struggle with making sense of the deaths in the previous chapter, also explains his understanding of the reason why his family members died and his belief in their future lives through resurrection:

> Because… God created a man. Because he loves him [a man] and also he sent Jesus… to the world because of our sins. And Jesus also passed away in order to show us that even if we died, we will be with him because he came to us. You know Jesus died, but after three days, he became resurrected. Also when some people died, it, it does not mean that God does not love him. So, everything we go through, everything we see, God knows everything. And…. because those people passed away without… anything bad they did. That's why I know that God knows it and they will also have resurrection as Jesus said. (S42, 10-May-2016)

In this way, many participants were making sense of their own survival as well as the loss of loved ones drawing on religious narratives, the transcendent concept of *Imana* and restoring their views of human beings, life and death. This helped them with the healing process. Uwineza says:

> When we go to pray [in a group], you see all lessons are in the Bible. People [other members] are reading them for us. It may be a lesson that helps you to forget bad things or a lesson that helps you to be grateful for what you experienced. This can help us to live with others, or forget bad things I had, and change my life. They taught us a lesson about changing our lives […]. All lessons which they taught help us to change our lives. Changing the past begins new things. (S41, 20-Apr-2016)

As Uwineza explained, through assimilating religious narratives, suffering people may be able to reconstruct the meaning of life and change the meaning of their war experiences from "bad" to "grateful"; and this may be a significant step to turn their focus from the past to the future.

Mediating Reconciliation and Recovering Reciprocity

The previous section described the ways in which participants give their lives meaning and understand the deaths of their loved ones. However, the narratives did not really explain the ways in which they make sense of the act of killing. They understood the deaths of their loved ones in relation to God; but was it possible to make sense of the act of killing in the same way – 'it is God's decision'? In fact, reconciliation was recounted as the most difficult as well as the most crucial part of their healing pathways. Kamana said: "Reconciliation is very important. […] It's like a bridge to let you reach healing or recovery" (fieldnotes, EN, 20-Aug-2016). In this section I discuss different ways in which participants attempt to process their reconciliation in their communities.

Traditional way of reconciliation

> Reconciliation means this. Well, what my neighbour did against me, right? You know, I can't do [the same as] what my neighbour did against me [like a revenge]. However, however, we have to do this; "*gufashanya* (helping each other)". [… For example] if I made a mistake against someone, I have to ask for forgiveness from that person. This is reconciliation. In Kinyarwanda, this is reconciliation. Yes. If I made a mistake against the person, I can ask forgiveness and I tell that person, "please, forgive me". That is reconciliation. Then you also have to accept it [and forgive]. (S36, 6-May-2016)

This is the typical and traditional way of reconciliation for Rwandans as explained by an elderly man, Ishimwe. He said "we have to do this; '*gufashanya* (helping each other)'", life in a village requires villagers, whether victims or perpetrators of an incident, to continue to live together and help each other to survive in the same village. In particular, reciprocity, *gufashanya*, is frequently cited as a crucial norm to survive the difficulties of life and thus a reason why reconciliation is extremely significant. Masengesho explains that reconciliation (forgiveness) is very important to restore reciprocal relationships and make mutual support work:

> If there is forgiveness, people live well. People have good relationships. Interactions will be good. […] When I have a good relationship with you, I can benefit from you and you can benefit from me. That's why people need to live well [in good relationships]. People need to build good relationships and people need to have interactions with each other. [… But] if you live alone, you will not have something important for you from other people. If you live alone, you will think many bad things. But if you live with others, you will get some ideas from others which can help you. […] You will get a job because you live with others. You can get the support you need. You can get many things. Yeah. That's why forgiving is very important. (S42, EN, 10-May-2016)

Generally, the Rwandan concept of reconciliation is characterized by the following process as Ishimwe explained: first a perpetrator asks a victim forgiveness, then the victim accepts it and forgives. If the perpetrator does not come to ask forgiveness, the victim can visit the perpetrator to ask for an apology. Sometimes both perpetrator and victim can be afraid of meeting in person. In this case, they can call a mediator, like a mutual friend or a community leader. This mediator is called an '*umuvugizi*'.

According to Kamana, before the war period, when he was still a child, there were tribal families and each tribal family had a leaders group composed of wise old men; they were "very, very old but they can say the truth without emotional distortion". (S1, EN, 21-May-2016). Reconciliation was processed by those men in a village meeting of tribal families. This system is called '*gacaca*', meaning 'the grassroots court'. Although nowadays *gacaca* also signifies the grassroots court organized by the government to judge genocide offenders in the context of transitional justice, the origin of this system is the traditional *gacaca* which has divergent procedures from the government one. Kamana told me his memories of the traditional *gacaca* system:

> Gacaca in the last generation was like this; we had what we called the 'families', '*imiryango*'. [… T]here was a family called *Abasinga*, *Ababanda*, […] *Abaki*, like that. The family of *Abasinga* has their leaders. This family has their leaders and that family has their leaders. If you make a conflict with another family, for example *Abasinga*, we can call the leaders of *Abasinga*. There were old people at that time [as leaders of each tribal family]. [… T]hey call all members of this family, and you tell them your problem […]. After that, that group of leaders go somewhere to think very well, like in the court, and they can say "[…] We see that, Yuko, you made this mistake. Kamana made this mistake and you have to do this [as a compensation]. […] Kamana, you have to pay 3 jerry cans [of banana beer]. Yuko, who made a big mistake, has to pay 5 [jerry cans of banana beer]. By this date, you have to bring them to us". And they will call all members [with whom] we will share it. At that time, they make like an announcement that "we will share something because we will show you how we resolved the conflict between Kamana and Yuko" and after that you share it and everyone goes back home. (S1, EN, 21-May-2016)

For Kamana, the final decision made by the wise old man included a demand for a compensation such as producing good quality banana beer for the benefit all members of the tribal families concerned. They then drank it together. Here, the custom of *umusabane* (party in traditional mutual-saving groups) also played a role in the *gacaca* reconciliation system.

Since those leaders died out during the war period, nowadays, leaders of church-based groups and traditional mutual-saving groups have inherited the role as *umuvugizi* mediators. For example, Fatima described her experience of reconciliation with her husband through his choir group.

> I remember that once I had a conflict with my husband and I thought about going to the local [government] leader to raise my issue, [however] because at that time he was in a choir group, I applied another way. I went to the leader of the choir group and [they] helped us to resolve the problem immediately without difficulty. (S13, 20-Dec-2015)

Likewise, the leader of the *Umuryango-remezo* in *Matara* village (who succeeded Kamana's position) related her experience of mediating conflicts surrounding land occupation among members.

> I did [mediating] activities about borders of land property since people had conflicts concerning their lands. There was someone who stole a parcel of his neighbour, and he insisted [his right of taking it] to the neighbour instead of accepting his faults. I went there to help negotiation of their borders, and then we removed trees which used to indicate the boundaries. […]
>
> In another example: there was a person who let his chickens come into the neighbour's farm so the chickens were eating the neighbour's plants. I told the chicken owner that he should stop allowing his chickens to come into the farm of his neighbour and that he should keep them around his own place. He understood and followed my advice. I went to do follow-up of the case and saw that the neighbour's beans are growing well. The chicken owner never did it again. We have done [mediating] activities like that. (S43, 6-Nov-2015)

Some mutual-saving groups also take the mediator role, as church-based groups do. Conflict mediation is a very important role in different communities.

Unfortunately, however, traditional ways of reconciliation, such as *gacaca* and *umuvugizi*, do not work for the majority of participants who lost their loved ones during the war of the *abacengezi*. Because of the political unspeakability surrounding this war, they are unable to investigate who killed their loved ones or they cannot name the killers even if they know who they are. Participants say that they cannot expect that killers would come to ask for forgiveness. Nevertheless, many narrated their 'reconciliation' stories with those anonymous killers. This led me to ask how they have processed reconciliation when they could not use the traditional ways of *gacyacya* and *umuvugizi*. In the rest of the section, I will describe stories by some key informants to answer the question.

Gusenga (praying) for killers

Gusenga emerged here again as a way of reconciliation for participants. However, when they spoke about *gusenga* in reconciliation stories, the word came to mean praying in an individual way rather than communal practice. The Church teaches Christians to forgive killers even if they are unknown, and Christians individually pray to God to forgive anonymous killers rather

than through church-based groups. Here, what is important to an understanding of their notion of 'forgiveness' is that it does not mean that they accept the act of killing; rather they forgive the killer as a human who is the same "sinner" as themselves before God. Hence their prayer is to ask for restoration of killers; such as praying for killers "to become good people" and "to be changed not to kill again" (S38, EN, 12-May-2016).

For some participants, the Christian reconciliation model fits well; they have a strong Christian identity and narrate their process of reconciliation as a Christian. For example, Masengesho told me how Christian teaching has supported his reconciliation process as follows:

> Because I am a Christian and because Jesus taught me to forgive the people who made a mistake for us. [… I]n our culture, people wait for someone who made a mistake to come in front of them to ask "please, forgive me" [as is a traditional way]. […] But what Jesus wants us is to forgive both people who come to ask "forgive me" and people who don't come to ask. […] I can forgive you even if you don't come to ask me to forgive you. That is what Jesus wants us as Christians. […]
>
> Because I don't know those who killed the members in my family or my area, as someone who know what Jesus needs, I say in my prayer, "God, forgive those people even if I don't know them". Yeah, that's my point. […] If I know them, I can go to tell them "you man, you did this, but I want to forgive you". But I don't know them. That's why I forgive them through, through Jesus. (S42, EN, 10-May-2016)

Masengesho's accounts clarifies the possibility of reconciliation without identification of the killers, thus making it possible to move forward even in the context of political unspeakability. Dieudonné, a devout young Christian who lost his father during the war of the *abacengezi*, also explains the benefit of Christian reconciliation when killers cannot be identified:

> When you know him [the killer], you sit together like this, he asks you forgiveness, and you forgive him face to face. But in my case, I don't know him [who killed my father]. When you don't know him, it is… it is that, forgiving him as a Christian who believes in God. (S38, EN, 12-May-2016)

According to Dieudonné, the benefits of the traditional reconciliation process is that victims can discover exactly what the perpetrators did to their loved ones and also ask for compensation. When the killers cannot be identified, the Christian reconciliation process provides spiritual comfort through faith.

A mixed story of the Christian and traditional reconciliation

Although the Christian reconciliation was helpful to some of those who had developed a strong Christian identity, it was not beneficial for everyone. Papa Kamana was one of those who struggled with it. He told me that what helps his healing process is the Bible; in fact, during my community observation, he always arrived earlier at the *Umuryango-remezo* meeting with his old Bible and read it until the others arrived. Although he was a dedicated Christian, he was still

suffering from the fact that the killers would never come to him to ask for forgiveness. I consider his case, and his efforts to overcome his problem, in more detail below.

For Papa Kamana, the Bible is full of model stories which guide him to make sense of what happened. Like Mama Kamana, he also found that all difficulties finally end; "[In the Bible] you see that people went through hardships. But after that, when you read the Bible again, you see that the hardships go away.**"** (S39, 9-Apr-2016). He then told the story of Peter as an example of how it guided him to forgive killers:

> For example, I see an episode which we will read tomorrow [in the mass]. [In the Bible] Jesus asked Peter, "do you love me?". Peter said "I love you". But Jesus asked him three times even though Peter said "I don't know Jesus". Jesus wanted to forgive him. You understand, those times when he asked him if he loves him, Jesus wanted to tell and remind him that even though once he denied him, he wanted to forgive him. […] He is also a person who has the key to Heaven. Then if you read all of those things, you say "even though I am a sinner, Jesus will forgive me." You say, "Jesus will forgive me." […]
>
> For me, it taught me that I also forgive my fellows as Jesus forgives us. That is why we have to forgive our fellows. […] If you follow Jesus, he prays for those who killed him. That is the reason why we have to do it [forgive killers] … and also there are some Rwandans who are doing it. I also, now, do that. Because if I don't do it, I don't do it at all but say that since my people died then they [killers] also should die, you know, it leads to no good result. However, I can forgive them because… there is no other way. (S39, 9-Apr-2016)

In contrast to the narratives from Masengesho and Dieudonné who explained forgiveness in relation to faith and Christian identity, Papa Kamana explained that he has to forgive because "there are some Rwandans who are doing it" and "there is no other way". After having explained his thinking as above, however, his narrative slipped into a theme of traditional reconciliation:

> If killers ask for forgiveness, I can give it to them from my heart. […] Even though they killed my loved people, if they came to ask me to forgive and said "it's me who killed your loved people", I can forgive them from my heart. (S39, 9 Apr 2016)

For him, the problem was that he neither knows the killers nor he can expect them to appear. I asked him if he expected the killers would come to ask for his forgiveness. He answered:

> No. I don't expect it. Because, the reason why I don't expect it is because the killers who killed them, I know some of them, but I think they died. Maybe they died. That's why I don't expect anyone who will come. No one. […] But if they didn't die, they could come to say what happened. But because they died, there is no benefit [for me]. But if they have survived, it would be better than they are dead now. If they have survived, it would be better. They could ask me forgiveness. (S39, 9-Apr-2016)

However, when I asked "if you could find those who killed your loved people, what would you like to tell them?" his narrative changed. His face, which has been grim and depressed, gradually became brighter, calmer and more peaceful. He said:

> If they would come and knock the door, if I would know that they wouldn't kill me, I would welcome them and give them chairs. If I would have something to give them [like food and drinks], I would offer it to them. If they would be a kind of people who wouldn't have any intention to kill me… [and] if I wouldn't have any fear, I would be able to say "welcome" to them and talk to them with a good heart as I do to others. And if I would have something to give to them [like food and drinks], I would offer it to them. Then I would wait for them to begin to speak… (S39, 9-Apr-2016)

After saying the above, he said: "I feel well. It is very good. It is like [as if I was] in the church. Like a priest teaches us and we listen to him. Like I hear a priest teaching us. Thank you…" (S39, 9-Apr-2016).

The interview with Papa Kamana was particularly memorable as his narrative suddenly became positive after I asked the question on his reconciliation in the future conditional[8] and he expressed his healing experience while answering it. His narrative puzzled me and I wondered for a long time why his facial expression was so grim while talking about Christian reconciliation but suddenly became calmer and brighter when he began to tell the future conditional story. When I compared his narrative with Masengesho and Dieudonné, I was aware that Papa Kamana's narrative of reconciliation actually describes that *umusabane* (party, drinking banana beer) after the traditional reconciliation, *gacaca*, rather than the purely Christian reconciliation, after which he expressed his healing experience. Taking Papa Kamana as an example, it appears that the purely religious way of reconciliation may not exactly fit everybody. Instead, it may be more helpful if the Christian process of reconciliation could be incorporated with the traditional way of reconciliation.

Recovering trust and reciprocity

So far, I have described how participants differently attempt to reconcile with offenders when they are unable to identify them. Now I want to shed light on another aspect of reconciliation they struggle with; that is, reconciliation with human beings. Victim experience during the decade of the war period brought a wider sense of mistrust against human beings in general among the people of Musanze. Circumstances whereby people cannot identify killers who may live with them as neighbours or even as family members also exacerbate their mistrust.

The issue of mistrust is serious for people in Musanze and it emerged even in daily conversations not just in the interview setting. For example, once I visited Igabe when she was ill; nearly ten visitors were gathered in her small room and one of them, Fatima's husband who lost his family members during the war of the *abacengezi*, began to talk about the Last Judgement in the Bible. He spoke loudly: "We will be judged in the end because we are such a people as kill each other. If someone is your friend, neighbour, or your relative today, tomorrow

[8] Kinyarwanda does not have a specific tense for future conditional; but Kamana, as an interpreter, explained to the interviewee that the question is about a future which he knows will perhaps never happen.

this person may betray you. We have such a problem." (fieldnotes, 31-Aug-2015). All the visitors there burst into laughter but the laughter was bitter.

Under circumstances whereby people feel it is difficult to trust people in general, communities have played a significant role in re-generating trust. For instance, describing how an *ikibina* mutual-saving group, *Tri-kumwe,* contributed to generating trust, unity and reconciliation, Kamana said:

> Because of the war period, people have mistrust against each other because of ethnicity. The Hutus think that "I can be with only Hutus" and the Tutsis think that "I can be with only Tutsis". But in this group, we have both Hutus and Tutsis. Also Twas [can join in our group]. Also when we share something [to eat and drink through *umusabane*], we saw that we have the same unity. If someone faces problems, no one can mistrust others. No one can say "I will not visit that person". This is also a contribution of our *ikibina* which helps people to understand the unity. We have the same blood. The same blood is very different from ethnicity. If everyone understands that we have the same blood, we have to know that we are the same people. (S1, EN, 7-Sep-2015)

It was his philosophy to think of all people as "the same blood", not ethnicity or religion. From his point of view, *ikibina* mutual-saving groups can particularly nourish this idea as it does not exclude members on the grounds of their social background. Igabe also provided similar accounts to Kamana about her *ikibina* mutual-saving group:

> Anyone can be a member of the *ikibina* regardless of his or her background. There are members from different ethnic groups, but they help one another, they talk to one another, so that they may feel happy together. They converse without being suspicious towards one another. For example, I know that Kamana will not plot against me to get imprisoned. […] For example, [… d]ue to the history we went through, it is possible that some [of the *ikibina* members] may have plotted against my family. Someone may have betrayed my family and all of them got killed, which made me left alone. So you understand that it is difficult to sit together again and talk to each other. It is a difficult thing. But the *ikibina* tries to teach and bring us together, so that no one can continue to think of another one as one's enemy. (S35, 26-Mar-2016)

Generally, *ikibina* mutual-saving groups do not have a specific programme or preaching for reconciliation; however, the groups generate trust and nourish reciprocity among people through providing regular opportunities to sit together, talk to each other, mutually save money and resolve everyday-life problems, while sharing banana beer. In doing so, these groups may be propelling members' reconciliation processes.

The process of recovering trust and reciprocity also goes on in everyday life within neighbourhood communities. An elderly man, Kayitare, observed:

> For me, people who helped me [with reconciliation] were neighbours as we live together… For example, [because] you did nothing bad to me, when we meet on the road, I greet you and say "hello". If you are walking with my enemy, I can't give my hand only to you [but also my enemy]. I can give my hand to him as well. There are many people who I meet on the road. They help me to forget [what the enemy did to me]. […] [Also w]hen you go to

> pray, you may sit with someone who did wrong to you [on the same seat]. You can't stand up [and leave the church] for him who did wrong to you. This is a community I live in.
>
> […] It means that if I live with my neighbour and he has any problem, like having a sick family member, it is good to help him even if that person is like my enemy. When other people go there [to help him], I can't stay at home. Those are the things that help my heart to feel well. (S28, 9-Apr-2016)

According to his account, a 'community' is a kind of place where diverse people, even enemies, live together and help each other with living; and he "feels well" when both he and his enemy are harmoniously integrated in a shared life through reciprocity. These accounts also echo the earlier words of the elderly Ishimwe "we have to do this; '*gufashanya* (helping each other)'", explaining the importance of reconciliation. At the same time, they reminded me of a Kinyarwanda proverb about a funeral once Kamana told me. Explaining the local concept of funeral, he said:

> It's like an obligation [for everyone in the village] to come to a funeral even if you are an enemy [of the departed person]. In Kinyarwanda, we say "*gupfa nibwo bukwe bwa nyuma"*, which means "to die is your final ceremony to which even your enemy will come". I make [different ceremonies through the life like] my birthday party, next sacrament, next graduation, marriage, like that and the final ceremony is the funeral. After the funeral you will never see me again. […] For example when I graduated, you didn't come to my party even though I invited you. But for the funeral, I can't send you an invitation. You have no invitation. The invitation is only to hear [about my death]. But you will come. All people who did not come to your other ceremonies will come to your funeral. (translation-notes-FGD1, Feb-2016)

Generally, ceremonies are thought to be an important opportunity to reconcile with a community member with whom there was a previous conflict. In this case, reconciliation is believed to be achieved by attending and sharing the ceremony. Kamana here meant that villagers have several opportunities to reconcile with their enemies in different ceremonies throughout life. Every time they have a ceremony, they may attempt to reconcile with someone. Even if the attempt fails at each ceremonial occasion, reconciliation finally happens at the funeral because everyone, including the enemy, as a member of the village is obliged to participate and share the final scene of life.

My research participants generally did not have a ready narrative to make sense of the act of killing. Because they are not able to identify killers or ask them why they killed due to political constraints, it is almost impossible for them to answer the question 'why did they kill our loved ones?' This leads to generalized mistrust in human beings. Nevertheless, they attempt to reconcile with invisible killers and human beings by many different means of community activities, such as praying for killers, drawing on traditional narratives, and through everyday-life efforts. By doing so, they may be trying to reconstruct their shared life and recover their community as a place of trust and "helping each other".

Summary

This chapter attempted to answer questions derived from the findings in the previous chapter: "how have individuals overcome the dominant thoughts and memories of the wounded past which resulted from social disconnection?", "how have communities healed the loss of meaning in life, the difficulty in making sense of the deaths and the act of killing?", and "how have communities helped healing pathways, particularly in the context of the political unspeakability?".

My findings first described the time trajectory of healing pathways, namely, a common theme of leaving the wounded past and moving toward a future among participants' narratives. This time trajectory was narrated as taking place through participation in social groups, including church-based groups, traditional mutual-saving groups, and neighbourhood relationships. The stories of Namahoro and Didier then illustrated that socially disconnected people may leave their thoughts on the wounded past and begin to think about the community as well as a future that the community will bring.

The chapter subsequently illustrated three key roles of community among narratives of healing pathways, which have helped participants to pursue the healing time trajectory. They are; reconnecting people, giving life a meaning and making sense of what happened, and mediating reconciliation. First, the findings showed that since the war period, communities have reconnected participants who were in social isolation and withdrawal after the loss of family members, through communal activities of *gusenga* (praying), *gusura* (visiting) and *kuganira* (talking to others/each other). I particularly examined *kuganira* as an important theme in the context of political unspeakability. The findings suggested that although in many cases participants do not directly talk about their war experience and wounded memories in this context, reconnection for healing can take place through talking over alternative narratives, such as religious narratives (e.g. Bible episodes) and everyday-life problems.

The second role of community I found was to provide a grand narrative which gives meaning to life and makes sense of what happened. This role was particularly found in stories about church-based groups. Many participants talked about making sense of their own survival as well as the deaths of loved ones by drawing on religious narratives and the transcendent concept of *Imana* and restoring their views of human beings, life and death. Then this may have helped them to shift their view of life from the negative to the positive and their focus from the wounded past toward a future.

Finally, the findings showed how communities have helped the participants' reconciliation process and their attempts to make sense of the act of killing in the context of political unspeakability. Participants narrated their extreme difficulty in identifying killers and

understanding the reason for killing, which has resulted in a generalized mistrust of human beings. Nevertheless, they recounted their attempts to reconcile with invisible killers as well as human beings by many different means, such as praying for killers, drawing on traditional reconciliation narratives, and through everyday-life efforts. By doing so, they appear to be trying to reconstruct their shared life with trust and reciprocity.

Chapter 6: The Story of Nyirakamana and her Christian Neighbours

Introduction

The previous two chapters illustrated psychosocial suffering from war and healing pathways drawing on narratives in which participants retrospectively recounted their experiences since the war period. The narrative of suffering in Chapter 4 described the degree to which their thoughts and memories are oriented towards a wounded past in relation to how much social disconnection they experience. Conversely, the narrative of healing in Chapter 5 traced a time trajectory through which they shifted their focus on the wounded past toward a future through participation in different communities. However, these findings are based on retrospective accounts of their experiences and progress in the current process of healing is still unclear. How does an individual's narrative of the wounded past shift over time through interaction with the community? How does the community contribute to this shift? In this chapter, I explore the ways in which healing takes place here and now through interactions between a suffering individual and a community, drawing on my observation of a church-based group, *Umuryango-remezo*, from *Matara* village.

Umuryango-remezo

Umuryango-remezo is the smallest unit of the Catholic Church congress at village level and each village across the country has at least one *Umuryango-remezo* group. In the previous chapter, I showed how the groups in Musanze were reorganized after the war period. The word '*umuryango*' refers to 'family', which is frequently used to name a sub-group of the Catholic Church, and the word '*remezo*' refers to 'foundation'. Thus *Umuryango-remezo*' means 'the fundamental community'. The *umuryango-remezo* group in *Matara* village is called "*Mutagatifu Inyasi* (Saint Ignace)". It is composed of general members in addition to committee members including a leader, an assistant leader, secretary, accountant, advisor, as well as those who are in charge of social welfare, sick people, pregnant women, child issues, social development, religious issues, sacrament preparation, and mutual savings. Neighbourhood Christians comprising approximately 70 families from the village are included on the membership list. The group has a regular Saturday morning meeting from 6 am to 8 am at the leader's house. Approximately 40 members are present every time, more than half of whom are women. Most members arrive within 30 minutes of the start although many of them have no watch or phone to check the time. Meeting participants are adults aged over 16 years. Babies also participate in the meeting as they are carried on their mothers' backs. If babies are old enough, they attend children's meetings which are held on the same Saturdays at another house in the village.

The primary purpose of *Umuryango-remezo* is to prepare for mass the following Sunday so that members can better understand the preaching. It also plays a role of transmitting information from higher organizations of the Church to grassroots Christians and vice versa. For example, if a member wants a baptism and sacraments for their children or for themselves, they must consult *Umuryango-remezo* first. Meanwhile *Umuryango-remezo* has another crucial mission: helping members who have difficulties in life. Kamana's accounts summarise this community role explicitly; "*umurango-remezo* is sharing our life and *gusenga* (praying communally)" (S1, 19-Oct-2015).

One Saturday in late October 2015, I visited a regular meeting of *Umuryango-remezo*, the Saint Ignace group, in *Matara* village with Kamana for the first time. The meeting place was close to Mama Most's house, taking only a few minutes' walk past the hole where victims of the war of the *abacengezi* were buried and now potatoes are growing. As it was early morning, before 6.00 am, the air outside was still so cold I could see my breath.

When we arrived at the meeting place, around ten members had gathered in a dining room of the house. The room had a long, low table in the middle, surrounded by sofas. Wooden benches were also arranged in lines in a space and along walls so that all participants could have a seat. On the table, there were a small statue of Jesus on the cross and a tiny candle on a pottery candlestick. A flower basket beside them was only the item decorating the room which could have appeared austere otherwise. Some members sitting on sofas and benches were reading their own Bibles on their knees while waiting for the others. As time went on, more members arrived. When entering the room, they knelt and made the sign of the cross at the door. There were nearly 50 members crowded into the room before the meeting commenced so the temperature of the cold room began to get warmer.

Around 6.00 am, a prayer facilitator for the day began the opening prayer. "We experienced the war here" (fieldnote, 24-Oct-2015), she said and prayed for peace and recovery from difficulties following the war. Later I came to know that she was the wife of Ingabire who lost most of his family members during the war of the *abacengezi* and suffered from severe mental illness. After the opening prayer, members started reading in turn an episode from Bible which would be preached in the mass the following Sunday. Then they shared their interpretations of the episode and lessons learnt from it. They read two further episodes and then the reading part of the meeting ended. As members started singing a local hymn and clapped hands, a tiny basket called an *agaseke* (a handmade traditional Rwandan basket used for keeping important items) was passed around and everyone donated a small amount of money. The meeting facilitation was then handed over to the leader, Mama Keza, who made some announcements from the Church and introduced visitors. Members who were new to the group as well as those who had returned after a long absence were given the opportunity to make a small speech during this

time. After the announcements ended, the member in charge of social welfare, Habimana, asked members if anyone had a problem. Since no one raised an issue, the meeting closed. After the meeting, Kamana said: “Even though today there was no one who had a problem, if there is anything, members discuss it and try to help the person who has a problem.” (fieldnotes, EN, 24-Oct-2015).

Through observing several meetings, I became to know that *Umuryango-remezo* in fact supports members at different life stages and members narrate a variety of life events in every meeting. For example, a meeting transcription of the 5th December 2015 records that during the announcements, at least three members expressed their gratitude to others who had supported them through life events. First a young male member recounted that two of his brothers had died and two others had been hospitalized; in addition, he himself had been in a motorbike accident and had also been to the hospital. Expressing his gratitude, he said: “But now I am getting better. My friend Umumararungu visited me and brought me a message [from *Umuryango-remezo*]” (meeting transcription, 05-Dec-2015). Another female member also explained; “I haven’t come for a long time [because] I was about to give birth. Now I have got a baby. Then today I brought my baby to show you.” (meeting transcription, 05-Dec-2015). I remember that she was holding her new-born baby in her arms. An elderly male member added; “I would like to take this opportunity to thank you because the Rosary was done at my house. […T]hey prayed for us and for another family member who is far. […] Thank you very much.” (meeting transcription, 05-Dec-2015). Generally *Umuryango-remezo* visits and recites the collective Rosary prayer for a member who has a problem, such as an adverse life event, physical or mental illness, in response to the member’s request. In this announcement, the elderly man showed his appreciation for the prayer said for his daughter who was abroad.

Umuryango-remezo meeting minutes, written by the group secretary, also tell what kind of support they provided to members who had problems during 2015, as follows. In that year, *Umuryango-remezo* members visited more than 10 women during pregnancy, gave food and a small amount of money (500 FRW, approximately 50 cents, each) to support giving birth. They also visited more than 15 hospitalized members at Ruhengeri hospital and donated more than 25,000 FRW (approximately 25 pounds) in total. The group spent a total of 18,000 FRW (approximately 18 pounds) on national health insurance on behalf of four financially vulnerable members. Members carried out community work, called *Umuganda*, eight times to cultivate farms on behalf of three elderly women who were close to death. According to the meeting minutes, one of those elderly women died in the middle of the year after receiving *Umuganda*. When a member dies, others from *Umuryango-remezo* attend the funeral. The minutes book reports that during 2015, they held funerals for six deceased members and made condolence visits to three bereaved families.

While the *Umuryango-remezo* community provides supports for members at each stage of life, members share their lives through the community gathering. They tell a small piece of their life-stories through prayer, greetings, asking for help and showing gratitude for members' help. Their way of telling stories is very simple but the scene of *Umuryango-remezo* on Saturdays in the village is impossible to ignore.

***Umuganda, gufashanya* (helping each other), *gukundana* (loving each other)**

Before moving to the story of Nyirakamana and her Christian neighbours, I will briefly explain about *Umuganda* as it is a main theme of this story. *Umuganda* is community work, frequently farm work, organized among different communities to help vulnerable members. Accounts from Habimana, the person in charge of organizing *Umuganda* in *Umuryango-remezo*, suggests that it is a communal effort for survival and preventing social isolation. He said: "*Umuganda* is very important because, for example, if you don't give someone *Umuganda*, she cannot survive. But if you give it to her, she becomes happy because she can be with other people. She can't feel sorrow." (Habimana, 19-Dec-2015).

Particularly in the *Umuryango-remezo* community, members explained the primary purpose of organizing *Umuganda* as to "love" vulnerable people following the commandment of God. However, they also explained that the history of *Umuganda* predates the arrival of Christianity in Rwanda. For example, one elderly member said; "[M]any years ago, before churches started preaching everywhere, at that time people had no *Imiryango-remezo* [… but n]eighbours were to help vulnerable people. […] It means that it is the culture we have had in Rwanda [since before Christianity]." (FGD1, 21-Dec-2015). For another member, "it is a culture that we received from the last generation and still use in *Umuryango-remezo*." (FGD1, 21-Dec-2015). *Umuganda* is also commonly explained as an activity of "helping each other", frequently expressed as "*gufashanya*" in Kinyarwanda; and according to *Umuryango-remezo* members, religious teaching of "*urukundo* (love)" or "*gukundana* (loving each other)" was added to this local tradition of *gufashanya* (helping each other). Namahoro's words represent how members generally understand the relation between helping each other and loving each other: "Love is to help each other. It becomes visible when we help each other." (FGD1-S2, 21-Dec-2015).

In short, based on accounts from *Umuryango-remezo* members, *Umuganda* is a practice rooted in their traditional norm of reciprocity – *gufashanya* (helping each other) – for collective survival; and it is inherited as an activity of *urukundo* (love) or *gukundana* (loving each other) within the religious community. In the following sections, I will tell the story of Nyirakamana and her Christian neighbours; how these neighbours carried out an *Umuganda* for a suffering member, Nyirakamana, and how their communal action healed her.

Umuganda for Nyirakamana

On the fourth Saturday after I first visited the regular meeting of *Umuryango-remezo*, Sentwali proposed an *Umuganda* for an elderly woman called Nyirakamana. He raised his left hand while holding his notebook with his right elbow (little is left of his right arm which was shot during the refugee migration to DRC in 1994) and said "Glory to you, Lord Jesus Christ". After the members responded in harmony "Now and forever", he begun to talk calmly:

> Last Thursday, even though we could not join due to unexpected reasons, you went to the mass and after that you went to carry out an *Umuganda*. You went to weed the field of that old woman [called Mama Joseph]. But I heard some other people saying that there is another person from this *Umuryango-remezo* community who needs an *Umuganda*. That old woman… can you remind me of that mother of... what is her name…? (meeting transcription, 21-Nov-2015)

A woman sitting in the corner of the room, who I would come to know better, answered "Nyirakamana". Then Sentwali continued:

> Ah, yes. It may be Nyirakamana, Nirere's mother, I think. So, I heard people saying that she, too, needs an *Umuganda*. They were saying that even the old woman to whom you gave the *Umuganda* last Thursday [Mama Joseph] is not more miserable than her [Nyirakamana]. So, what would you think about her? (meeting transcription, 21-Nov-2015)

The leader of the Umuryango-remezo, Mama Keza, approved the idea; "I think [in the last rainy season] people gave an *Umuganda* to Nyirakamana to carry beanpoles to her farm, for sure [now] the field needs to be weeded." Then she started recruiting members who would be available to carry out this *Umuganda*. Habimana also made an eloquent speech to recruit volunteers:

> Actually, love without action is useless. It is nothing but dead love. […] We can even stop praying, but let us see how we can do this activity of helping that old woman as soon as possible. She is really in need of *Umuganda* because she has sent us a messenger [to ask for our help]. [However actually] we have to help her before she sends us a messenger. (meeting transcription, 21-Nov-2015)

After that they continued the discussion on the money which members are expected to pay in compensation for their absence from the *Umuganda* (such money is called '*insimburamubyizi*'), on who will remind everyone of the date of the *Umuganda*, on which date they will carry out the *Umuganda*, and who will be able to come. Those who were leading the discussion agreed that the minimum amount of *insimburamubyizi* should be 500 FRW (approximately 50 pence) and Habimana will be in charge of the *Umuganda* and remind the others. However, it was not easy to reach agreement over who would actually carry out the farm work and on which date. As the discussion went on Mama Keza spoke more loudly, Habimana fired out his words more rapidly, others broke interrupted their speeches, babies started crying, and it became quite chaotic. Five people dominated the discussion. They were Mama Keza, two other Committee

members, and two schoolteachers. All of them, except the leader, were either men or teachers and were therefore not obliged to carry out *Umuganda* in practice. In Rwanda, farming is not work for men but women. Also, generally schoolteachers do not participate in any community work as they are "busy".

Even though they would not do the work themselves, they argued about whether it should be done on Tuesday or Wednesday. As Habimana said that he prefers Tuesday since he has another appointment on Wednesday (even though, as a man he does not do the work), the woman in the corner, who had identified Nyirakamana at the beginning of this discussion, said: "So people who will be available will go there. [It should be] on Wednesday" (meeting transcription, 21-Nov-2015). Habimana said: "So, they can choose because I am not the one who will work for them!" (meeting transcription, 21-Nov-2015) and the leader finally took the decision to carry out the *Umuganda* on Wednesday.

The woman in the corner was wrapped in a large, colourful piece of African cloth called *igitenge*, and wore a turban of the same cloth; the typical dress of a general female farmer. While the Committee members and teachers were arguing loudly, she joined the discussion from time to time. She spoke tentatively with only a few words and in a small voice; however, it was also powerful, clear, and every time it guided this chaotic discussion in a quiet way.

After the meeting ended, I asked Sentwali who this woman was. He told me: "It's Mama Kamana. Kamana's mother". Then we followed her to conduct an interview. When we arrived at her house, she was just passing in front of the house carrying a bundle of branches on her head.

The Life of Nyirakamana

Mama Kamana lived in a house within her kin compound [9], which was just behind Nyirakamana's place. She removed the branches from her head and invited us to her small bedroom from the back door. As we all sat down on the old bed, she started telling her story about the life of Nyirakamana.

> That grandmother [Nyirakamana] is a widow. She lost her husband. Her husband died. They were raising a child [called Umuhire]. They had only one girl [daughter, Nirere]. This only one girl got married and then her husband died during the war. He died. And also he died while they were raising a girl. Then she [Nirere] stayed at her father–in-law [with her husband's family but] she became mentally disturbed by them [she was bullied by the family]. Then she came back to her mother [Nyirakamana]. Then also she [Nirere] had illness of the head (*kurwara mu mutwe*). She has illness of the head very long time. But God made a miracle. She became a little bit better but again she became ill. She has illness of the head like "running" [referring to a symptom of madness]. After that she got the illness back.

[9] Generally, in the village, family groups from the same kin cohabit in a compound. A compound is composed of several houses occupied by each family and shared outside spaces for fire, cooking, and washing.

> It gets better on the one hand, it becomes much worse on the other. Then now [the illness] is not running but mutism. Nirere has been like that. Then they don't have anyone who helps them. No one. And she [Nyirakamana] is with this ill girl and another girl who is her grand-daughter. So they are like that. They have survived like that. This is why I was saying that *Umuryango-remezo* has to help her [Nyirakamana].
>
> […] The reason why it is important to help her is because she can't get out of bed. That is one thing. Her daughter is also ill, she is ill. Her granddaughter is also still very young, she can't do anything. This is why we have to help her [Nyirakamana]. This is the reason… You wouldn't go to help other people in far place before helping your neighbour who has a serious illness. This is why we have to help her. [If we help her] we will be able to see that she will survive and move her days. Otherwise, [if we don't help her] she may die in hunger. Since we are so-called Christians of *Umuryango-remezo*… This is the reason. (S40, 21-Nov-2015)

Thus, Mama Kamana told both me and Sentwali Nyirakamana's life story and explained why she thinks that neighbours including herself have to help her. Her speech was different from when she was in the *Umuryango-remezo* meeting, she was confident and eloquent. For her, Nyirakamana is an elderly widow who is ill, extremely poor, and lives with her daughter Nirere who has severe mental illness due to the loss of her husband during war, and a grand-daughter Umuhire who is mentally disturbed by this family environment. Nyirakamana does not have any family who she can rely on, and for this reason, Mama Kamana thinks that Nyirakamana definitely needs the help of neighbours. The neighbours then must help her because, as Mama Kamana stated more clearly in the same interview, "we [neighbours] are like one family" (S40, 21-Nov-2015).

Whoever I asked later, among the neighbours, they recounted more or less the same story of Nyirakamana's life as Mama Kamana. They also provided much the same reasons for thinking they have to help Nyirakamana, although there was a slight difference as to whether they drew more on the Christian notion of "*urukundo* (love)" or more on traditional norms of reciprocity, "*gufashanya* (helping each other)". Nevertheless, this is the life story of Nyirakamana shared by neighbours. As the neighbours tell Nyirakamana's life story, they place themselves as a significant part of the story, that is, those who have a vital role in helping Nyirakamana to survive.

At the end of the above interview, I asked Mama Kamana if she has anything to add. She said, "There is nothing. What can I say?" and then continued:

> But the issue is that humans are humans. If we help her… she goes on *moving her days* and she will *go home* [die] *well*. She is going home well. [If we didn't help her] she would think [at the end of her life]; "I had neighbours who had more strength than me. But why didn't they help me?". In short, […] we are like one family. [This is why] we help her by ourselves. Before calling *Umuryango-remezo*, we [close neighbours] cultivate for her, give her water, sometimes give her firewood, and whatever we find. If God gives you something, you share it with her. She has her farm but she can't cultivate. She has the farm which can provide

> them [Nyirakamana and her family] with some benefit but no one [from her family] can cultivate. And no one cultivates for her [if we did not do that]. (S40, 21-Nov-2015)

As she explained, the purpose of the neighbours' help was that: Nyirakamana "goes on *moving her days* and she will *go home well*". "Move one's days (*gusunika iminsi*)" and "go home well (*gutaha neza*)" are both unique expressions in traditional Kinyarwanda[10] which are particularly used by old or middle aged local people. Due to the uniqueness of the concepts, it was not easy to find compatible expressions in English or French when I produced a translation of the interview transcription. I spent nearly half an hour with Kamana to decide on the final translation for those expressions. Kamana repeated the explanation:

> *'Gusunika'* is like moving something heavy from here to the next point. You need force to move, like moving a big stone. And *'iminsi'* is 'days'. So *'gusunika iminsi'* is 'to move her days with a lot of effort. (translation-notes-S40, Nov-2015)

He made a gesture for moving a heavy stone from one place to another. I asked him about the distance for moving: if people have any general sense of the distance that has to be covered. According to him, it should be exactly the same distance as the stone itself. He made a gesture for moving a stone from one side of the room, repeated it several times and finally the stone reached the other side of the room. It was steady and continuous efforts to move something heavy. He said:

> Like this stone, she moves her 'days' *day by day* and continues like that until she dies; because she [Mama Kamana] is next saying *'gutaha neza'*. *'Gutaha'* is 'to go home' and *'neza'* is 'well'. It means 'die in peace' and 'go to Heaven'. (translation-notes-S40, Nov-2015)

Later Kamana added further explanation of the idea of '*gutaha neza*' or 'go to Heaven' as follows. Heaven traditionally referred to a peaceful volcano *Nyiragongo* located in DRC where local people believe that only the soul of those who accomplished good deeds can go after death. If the person did bad deeds, the soul has to go to the active volcano *Nyamuragira*, which has been replaced by the concept of Hell nowadays. According to him, neighbours think Nyirakamana deserves to go to Heaven, or *Nyiragongo*, since she has done good things in life, such as helping others, working hard, and being faithful; and thus neighbours make efforts to help her to survive day by day and reach this destination.

Nyirakamana in Illness

As soon as I finished the interview with Mama Kamana, I asked her if I could interview Nyirakamana. She said that I should come back in the afternoon as Nyirakamana stays in bed in the morning. In the afternoon I went to Nyirakamana's house behind Mama Kamana's but the

[10] Please see Chapter 3 for a detailed explanation of 'traditional' and 'modern' Kinyarwanda.

house was very quiet with all the windows and the door closed. Kamana said that she was still asleep.

I visited Nyirakamana again with Kamana in the evening. We followed a small path between sorghum bushes from Mama Kamana's place and arrived her house in a few minutes. It was a small house made of mud and thatch and was so eroded by time that parts of the twigs were sticking out of the mud. Inside the house, there were only two rooms: a dining room and a bedroom. Although I could not see the bedroom well as it was their private space, all the family members including Nyirakamana, her daughter and granddaughter seemed to sleep together sharing one bed as many other poor families do. In the dining room, there were bags of beans which they would have harvested the previous year and two goats tied to a small wooden pole on the ground. All the floors and walls of the house were naked soil, not cemented like most other houses in the village.

When Kamana and I went through the wooden door into the dining room, Nyirakamana's neighbour who was inside went to call her to the bedroom. After a while, Nyirakamana came out of the room very slowly, bending her body, and sat down on a small, rounded wooden chair.

The room was dark. They had neither electricity nor candles for light. Even though I could not see Nyirakamana well, I felt that she was extremely depressed. When we all sat face-to-face on chairs, she fell silent. Sometimes she tried to say something, but her voice was very weak. She did not have enough strength to speak out. Her daughter Nirere was also present in the room, sitting on a table beside the wall without making any noise. The hopeless mood dominated the room and the silence was only broken by the two goats which kept crying in silent darkness, making the atmosphere of the room even heavier. I asked Nyirakamana how she felt and how her illness was going. She began to talk:

> The illness started in the whole body. It was from the whole body, then there is no way to do anything about it, we don't have enough money to go to the hospital. Hmmm. Then we stay at home. We sleep [and] give up. Hmmm. It started in the whole body. […] I can't go there [to the *Umuryango-remezo* meeting]. I can't walk. Hmm. I can't walk. Hmm. I can't walk. Hm. I can't walk. Hmm. My daughter went [used to go] there but she became ill and can't go there anymore. (S14, 21-Nov-2015)

Nyirakamana spoke in a small low voice. Each time she spoke a few words, she moaned as if she was squeezing her voice out of her suffering.

As Nyirakamana said again later in the same interview "I can't walk. The illness weakens me" (S14, 21-Nov-2015), she was attributing the difficulty in walking to her illness. Also she always recounted complaints of her illness as a collective experience together with Nirere's illness, by using the first-person plural (i.e. 'we', 'our', and 'us') and mentioning episodes of Nirere's mental illness. For Nyirakamana at this time, her illness, which was congruently experienced

with her daughter's suffering, stopped her from walking and it had prevented her from going to the *Umuryango-remezo* meeting for years.

In the same interview, she also recounted her suffering in relation to her life circumstances, in particular, food. Many Rwandans eat a kind of porridge called *'igikoma'*. Generally people regard it as a nutritional food and they have it for breakfast as a way of supplying nutrition. It is made by dissolving mixed flour of corn, beans, wheat and sorghum in hot water. The mixed flour for *igikoma* is available at small shops in the village; however, Nyirakamana had no cash income to purchase it. She said:

> Before we were able to find porridge and drink it. But now, you see our life, nothing is going well. Then when we saw porridge, we felt well. We felt well. But now, [as if] we are in winter.[11] Now we are in winter. Then if it is winter, where can we find porridge? Hmm. We are in winter. Hmm. […] Another thing is to eat. Other nutritional foods we eat. But we don't have porridge. How can we find it? There is no way. No porridge. Hmm. Because of no money. We have no money that enables us to buy it at a shop, although we have something to eat. Hmm. Although we have something to eat, hmm finding porridge is difficult. Finding porridge is difficult. It requires money. Hmm. How can we do? Money is difficult to find. […] (S14, 21-Nov-2015)

As the interview went on, her words became shorter and her silences became longer. The heavy mood continued to dominate the room. Kamana encouraged me to ask further question. I thought it would be difficult to pose questions about her life but Kamana asked her: "Perhaps you are ill and you have had a difficult life. Is it possible to ask you about your past and how your life was?". Then the old woman answered:

> Our life? Our life, we feel that we are *left behind the body* [we are going to die with no hope]. Then when you are ill, of course you are suffering, aren't you? We feel that we are left behind the body. Let's leave it! Yeah. Are left behind, really... yeah... We are left behind the body. Hmm. Are left behind... You know, am I sleeping because I have nothing to do? No... My daughter, my daughter, she helped me and she [became ill]. (S14, 21-Nov-2015)

In her depressed mood, she repeatedly said "we are *left behind the body (umubiri guri kudusiga)*". When I translated the interview transcription, this Kinyarwanda expression puzzled me. Before reaching the final version, Kamana suggested many different translations. His interpretation during the interview was; "I see that my life is at the end". When he and another assistant worked on the transcription, it was translated as "the life passed by us". I found that this translation is not precisely congruent with the original Kinyarwanda in the transcription. I saw that the original sentence in the Kinyarwanda transcription was '*umubiri guri kudusiga*'. '*Umubiri*' signifies a 'body'. '*Kudusiga*' is from the verb '*gusiga*' which means 'leave' or 'abandon'. While the original Kinyarwanda sentence refers to the 'body', the suggested translation was 'life'. I was curious as to how the word 'body' could be transformed to 'life'?

[11] In the original Kinyarwanda, Nyirakamana said "spring". However, I translate it as "winter" since 'spring' in Rwanda is experienced as "a season in which people can't find a lot of food due to too much rain" based on Kamana's accounts (translation-notes-S14, Nov-2015).

I asked him how 'body' is related to 'life' but the interchange was so natural and normal for him that he could not explain it clearly to me. After a while, I began to understand that he sees the presence of the soul separately from the body in Nyirakamana's utterance. In other words, he interpreted her account as meaning she experiences the body moving towards death, leaving behind her soul (and that of her daughter collectively). Kamana explained:

> For her, she thinks that now the body is separating from the soul. Because she knows after that her body is going to die and her soul is going to Heaven. Because, although I don't know if it is [in] our church or our classroom, we learn '*umuntu agizwe n'umubiri na roho'*. It means, 'to be human is to have the body and the soul'. If you have only one of them, you can't be a human. [Also y]ou can be a holy spirit or bad spirit when you die. And the body can be like '*igitaka* (the soil)'. As you become close to death, your soul and body are slowly separated from each other. If the separation happens immediately, then you die suddenly. […] But if you are very old, this process goes on little by little [gradually and slowly], and you can die very well. If someone sees [you in this process going well], sometimes you look like sleeping. (translation-notes-S14, Nov-2015)

According to Kamana's accounts so far, including the earlier explanation of '*gutaha neza* (go home well)', taken together, in local cosmologies, a human is made of the soul and the body. When a person draws closer to death, the soul and the body begin to separate from each other gradually and slowly. While the body is going to die, and return to the soil, the soul is going to *Nyiragongo* or Heaven if the person accomplished good deeds, or to *Nyamuragira*, Hell, if they did not. To die a good death, it is important to do good things to others in life and then go through this separation process gradually and slowly.

Based on these views of life and death, Kamana interpreted Nyirakamana's narrative as meaning that she is close to death since she referred to the separation of the soul and body. However, from her expression "we are left behind the body" in addition to her depressed mood, Kamana understood that she was feeling hopelessness in the process of dying, rather than accepting it. He then said that Nyirakamana wanted to say that "we are going to die and there is no hope left." (translation-notes-S14, Nov-2015).

In this interview with Nyirakamana, after listening to the story of her life, I asked how old she is. At this point she displayed some humour. She said; "me? I am 96 years old". Before she finished talking about her age, Nirere, Umuhire and Umuhire's friend (they came into the room after the interview started), began to chuckle. Nirere said in a small voice; "hey, you are telling a lie, no…". Then Nyirakamana changed her age: "Eighty…". Umuhire interrupted: "No, she is 76", which Nyirakamana accepted: "I'm 76 years old. I forgot it". The others all laughed. Finally Kamana said "yeah. You are old". Then Nyirakamana began to speak:

> But there are people who are older than me and they feel well [are still healthy]. The illness has been affecting me for long time. The others are still well [but for me] the illness has been affecting me for long time. When someone is ill, although she is young, she looks like an old

> woman, doesn't she? She looks like an old woman. Not the age, not the age, not the age, not the age. Not the age! But suffering. Yeah. (S14, 21-Nov-2015)

I also asked what she thinks about her future. She said:

> How can we think about it? My life in future? [if] we [could] see our life, we [would] feel happy. We can say that we will get better. But we don't reach at that point. Hmm you will see if we get there. Hmm. (S14, 21-Nov-2015)

At this moment, Nyirakamana was not able to see her future.

Neighbours Carrying out *Umuganda* and Nyirakamana Waiting for Firewood

Four days after I conducted the above interview with Nyirakamana, the *Umuganda* for Nyirakamana was carried out. I left home in time to get to Nyirakamana's house by 7.00 a.m. as I had heard that was when the *Umuganda* would start on Nyirakamana's farm. About 30 metres before Nyirakamana's house, I met Papa Kamana, Mama Kamana's husband and Kamana's father. He told me that Nyirakamana's farm is in fact far, approximately five kilometres from here, and participants of the *Umuganda* had already departed. Then Papa Kamana went to call Kamana's sister, Solange, so that she could take me to the farm.

On the way to Nyirakamana's farm, I passed through her house and saw that she was sitting outside. It was still early in the morning, only a few minutes past 7.00 and even a little chilly outside. Nyirakamana had put her small chair on the ground and was sitting on it barefoot. On her head she was wearing a turban made of African cloth, *igitenge*, and had wrapped a larger piece of *igitenge* around herself as female famers usually do to protect themselves from the cold weather. Nyirakamana was looking in the direction of her farm. It appeared that she was waiting for her neighbours who went to her farm to come back. Her mood seemed very different from the depressed hopelessness she had displayed in the interview of four days ago, her face was very calm and peaceful in the soft morning sunlight. Green leaves of the corn fields which continued from Nyirakamana's house to the farm were gently swaying in the wind.

Nyirakamana's farm was in fact far away. Guided by Solange, I went up and down a very rocky path for more than a half an hour. Jumping across stepping stones over a small river which gathers spring water from the mountains, I became hot and sweaty before I arrived at the farm. Nyirakamana's farm was a parcel of a huge farmland, spreading across the base of the Virunga mountains, where a number of families were growing different crops such as beans, potatoes, corns, sorghums and bananas. Against the background of the vast agricultural land, crests, ridges, and even individual trees of the Virunga mountains were clearly outlined under the blue sky.

At Nyirakamana's farm, six women including Mama Kamana were carrying out the *Umuganda* farm work (later the number increased up to ten while I was observing). Nyirakamana's

daughter Nirere and grand-daughter Umuhire also took part. Women were bending and pulling weeds (which were overgrowing the bean farm) by hand. While working, the women were talking to each other about different topics, for example what they will eat on Christmas day next month, farming issues (e.g. how to deal with mice, birds, insects, and their harvests in comparison with last year), and stories about other people in the village, and so on. In their chat, they frequently quoted Rwandan proverbs as well as the Bible.

Whilst women were chatting, Nirere was prone to be silent and to leave the women's group to work alone at a distance. A couple of women would go leave the group, follow Nirere and start working with her. Mama Kamana also talked to Nirere from time to time. The following is a part of a conversation between Mama Kamana, another woman called Mama Gabe, and Nirere:

Mama Kamana: Do you think we can harvest these beans by Christmas?
Mama Gabe: We will need at least 2 months to harvest matured beans.
Mama Kamana: Do you have any seed that is planted earlier or growing faster, Nirere?
Nirere: This one is growing fast.
Mama Gabe: It is that red one?
Nirere: Yeah. (*umuganda* transcription, 25-Nov-2015)

By calling Nirere by name every time she spoke to her, Mama Kamana helped Nirere to get involved in the conversation smoothly. Umuhire also participated in women's conversations naturally. Sometimes Nirere and Umuhire laughed together with other women.

The above conversation also revealed that Mama Kamana was worried about Christmas dinner for Nyirakamana's family the following month. She was thinking about harvesting beans for Nyirakamana before Christmas. As a recurrent theme throughout this story of Nyirakamana and her neighbours, Mama Kamana always attempted to prepare a little for the near future of Nyirakamana in responding to her wishes. For example, this *Umuganda* itself took place because Mama Kamana spoke in the meeting. Later, after finishing this farm work, Mama Kamana would begin to worry about buying porridge for Nyirakamana which is also in response to her wish (Nyirakamana complained she had "no porridge" in the first interview). Mama Kamana always cared for Nyirakamana and tried to prepare a better future for her.

While carrying out the *Umuganda* farm work, the women also talked about Nyirakamana, how well she used to maintain her farm before she fell ill, and how bad the farm became after her illness. Mama Gabe, who lives across the main street in the village from Nyirakamana's house, said: "A proverb says, 'it will not always be the same [everything can change anytime]'". Mama Kamana said "Please, no...!", then quoted another proverb: "If you can't work by yourself, you can't get anything [because Nyirakamana can't do anything by herself, it is normal that she can't maintain her farm well either]". They worried about Nyirakamana as they found that mice

were rampant and were eating beanstalks even though they had never appeared on the farm when she was still in good health and keeping her farm well. Later another woman called Thérèse, who lived near Mama Gabe, joined in and then the women's conversation continued:

Mama Gabe: She [Nyirakamana] is now always waiting for help without doing anything by herself … [even though before] she did everything by herself.

Mama Kamana: […] She can't help but abandon her farm [if we didn't help her], oh dear, even though she used to work by herself before.

Thérèse: But the mother of Mukeshimana [who already died] and this grandmother [Nyirakamana] worked well. No one can forget about them.

Mama Kamana: Exactly. They were the top two women, the top two women [who worked best and hardest of all from their generation.]

Thérèse: As for cultivating a farm well.

Mama Kamana: Yeah… They knew well how to cultivate… oh dear!

Thérèse: They were model women. I would say that those parents [Nyirakamana and Mukeshimana] cultivated farms well. She [Nyirakamana] used to work all day long to get weeds thoroughly out of her farm. Her farm was outstanding [in all farms around here]. People knew it is the farm of Nyirakamana [because it was always better maintained than others]. (*umuganda* transcription, 25-Nov-2015)

Nyirakamana is in the same generation as Mama Kamana and Thérèse's parents. For them, even though now Nyirakamana always needs neighbours' help to do anything, she used to be a model woman, working best and hardest in the village, and therefore women and girls in subsequent generations, including Mama Kamana and Thérèse themselves, followed her way of working.

The relationship between Nyirakamana and her neighbours has been built up over a long period of time, even before the war began: it existed before, during and after the wartime. For example, Kamana still remembers the time before Nirere fell ill. He once told me that he used to play with her when he was a small child. Nirere was like an elder sister for him. At that time Nyirakamana was in a good health as well. Sentwali also once muttered regretfully; "they [Nyirakamana and Nirere] didn't used to be like that." (S14-interpretation, 25-Nov-2015). As Mama Kamana as well as Nyirakamana herself told me in their interviews, during the war Nirere lost her husband and became mentally ill. After that the mental and physical health of Nyirakamana has also been disturbed and she became unable to work well. However, just as the current *Umuganda* is carried out, women have continued to make efforts to take care of her and her family. What makes them do this work may be explained by Kamana's words: "I know her [Nyirakamana] since my childhood. That's why it's important for me to go there [as an interpreter]. This is to help her. [As one of neighbours] I also want to do something for her." (fieldnotes, EN, Nov-2015).

While observing the *Umuganda* farm work carried out by women, I remembered Nyirakamana sitting outside and appearing to wait for the women. For me, it began to seem that Nyirakamana

waiting for the women to return may somehow correspond to those women who are making various efforts to support her. I wondered: Is Nyirakamana still waiting for them? Was she "waiting" for "them"? I wanted to make sure before the women came back, so I left them in the middle of the farm work and returned to Nyirakamana, accompanied by Solange.

When I came back to Nyirakamana's place, it was past 9.30 am. More than two and a half hours had passed since I saw Nyirakamana earlier in the morning. She was still sitting on the same chair in the same place, looking in the same direction – the farm.

I called my research assistants to see if any of them could come and help me with the interview interpretation. Sentwali was available and said he would run to the Nyirakamana's place immediately. While waiting for Sentwali, Nyirakamana chatted with me, Solange, and Helena, who lives next to Nyirakamana. The sun had risen a little higher and the air was warmer. The soft wind was gently blowing and rustling the leaves in the cornfields, sorghum bushes and of banana trees which continued from the Nyirakamana's house to the houses of neighbours. Birds were singing in those gardens, bushes, banana trees, and Nyirakamana's two tethered goats in her outdoor kitchen cried from time to time. During the wait for Sentwali of less than half an hour, several women greeted Nyirakamana across cornfields waving and saying 'hello'. There were children playing, squealing for joy and running along a small path among the banana trees in front of Nyirakamana's house. Several men used the same path while talking in low voices. After that a young man passed through Nyirakamana's house and had a short chat with her. As he lives just behind her, he has to pass in front of her house to get to his home. The conversation between Nyirakamana, me and her neighbours, Solange and Helena, went on embedded in the context of the sounds of nature as well as the presence of many different people.

When Sentwali arrived thirty minutes after my call, he and I soon started the second interview with Nyirakamana. As Sentwali asked her how she feels now, she said: "I no longer feel as I used to." (S14, 25-Nov-2015). I asked why she has been sitting there since morning, whether she has been waiting for someone or she has another reason. Nyirakamana answered:

> I am waiting for someone who went to work with them [referring to Nirere]. If she is lucky and finds woods for fire, she will come back and prepare something to eat. […] I miss woods for fire. [If I had woods] I would cook something and offer it to them [women who are carrying out the *Umuganda*]. (S14, 25-Nov-2015).

The same theme of finding wood for offering foods had emerged in the first interview four days previously. At that time, too, she was saying; "I can't cook anything for them [because of no wood for fire]". (S14, 21-Nov-2015). Since then, she has been worried about having nothing to give back to the women, wishing to find wood for a fire and offering food in return for the *Umuganda*. According to Kamana and Sentwali, it is a custom that the recipient of an *Umuganda* offers foods and beverage to those who carried it out in return. Returning to the

history of *Umuganda* narrated by *Umuryango-remezo* members earlier in this chapter, *Umuganda* itself is locally perceived to be an important activity to embody their traditional norm of reciprocity – *gufashanya* (helping each other) or *gukundana* (loving each other) – which they claim is passed from generation to generation. Considering this, it was in fact understandable for me that they see it highly significant for an *Umuganda* recipient to give something back to those providers and that Nyirakamana tried to fulfil this norm. Then, Nyirakamana may have been waiting for the women as well as wood for fire drawing from this important norm of reciprocity and the custom of *Umuganda*. However, I will describe one more key element which may have supported her behaviour in the next section. That is, trust. It appeared as a theme of narratives that Nyirakamana subsequently recounted.

A Story of Mistrust and A Story of Trust

In the second interview, while waiting for wood for a fire as well as the women, Nyirakamana told Sentwali and me her story of wounds of war:

> We are all traumatized (*guhungabana*[12]). Of course we are traumatized. Because the war destroyed everything that we had had before. Then aren't we traumatized, we are? We are traumatised. Of course. For example, if you have someone [loved] and he died in the war how can you not be traumatised? Ohh. Then my daughter and her husband, they were together, and then after that they killed him and she fled [back home]. My daughter is obviously traumatised. Hmmm. They killed him and she was traumatised. After they killed her husband she came back here… Who did the war not traumatize? […] After that my daughter continued to wait for him, they told my daughter a lie that her husband will come, will come but he died. After that we called her [my daughter] to come back home. And she came and she stayed here with me. Then how could we do…? Then what else could we do? (S14, 25-Nov-2015)

Nyirakamana clicked her tongue and moaned: "Really…".

According to what Kamana and Sentwali told me before this interview, during the war of the *abacengezi*, one day RPF soldiers came and took Nirere's husband out of the house, and he had never returned. After that, Nyirakamana and Nirere continued to wait for the husband to return. Nyirakamana said above, "*they* told my daughter a lie that her husband will come, will come but he died"; although here she anonymized who lied about the life of Nirere's husband, she perhaps meant the RPF soldiers who took him. The same theme can be found in Chapter 4 with the episodes of Ndahayo and that hole narrated by Mama Most and her relative. They said that Ndahayo and other villagers, mainly men, were convened by RPF soldiers to meetings and had never returned, which produced a lot of widows in the village and nearby. Mama Most said that she witnessed those villagers being thrown into that hole. Her relative additionally testified that "wives continued to ask *inkotanyi* (RPF) where their husbands have gone. *Inkotanyi* told them; 'no problem. They will come back' […]" for many years but finally they never did (fieldnotes,

[12] See Chapter 4 for detailed description of *guhungabana* (being disturbed/traumatized)

EN, 25-Apr-2016). After reviewing these accounts from Chapter 4 for my analysis, I asked Kamana if Nirere's husband was one of those who been taken away. He answered "yes".

In the same interview, subsequently, I questioned Nyirakamana about any group or community that she belongs to through Sentwali. I wanted to know about her experience with a group or a community which helped her to heal her suffering. Nyirakamana answered that she only belongs to *Umuryango-remezo*. Then Sentwali further asked; "don't you join in any *ubudehe* or any activity organized by the government?". '*Ubudehe*' is a government programme designed to provide socio-economically vulnerable people with financial support, domestic animals, and small jobs. Although she said that she has never been in *ubudehe*, this question led her to talk about her experience with the government.

She said that she had previously received some financial support from the government. Sentwali explained that it was a pension provided for economically vulnerable families. However, according to Nyirakamana, this financial support stopped at some point since when she has not received any money. She said:

> Now they abandoned us. […] The local authority came and asked us to give them our identity for a census and [then] we thought that they will give us something, [but] we are still waiting. We never received anything. […] Nothing. Nothing. There is none. Then the local authorities took the money, then… we never received [anything]. […] Never, I will never agree with them not giving us [anything]. (S14, 25-Nov-2015).

The story that Nyirakamana told here in fact echoed the same theme as "waiting" for Nirere's husband who the RPF "took" away. In this story, although what Nyirakamana is waiting for is now "money", those who "took" something important away from her were the RPF-led government who took her daughter's husband during the war of the *abacengezi*. Then she expressed her mistrust and anger against the offenders saying: "Never, I will never agree with them not giving us [anything]".

In contrast to the experience with the RPF-led government, Nyirakamana's experience with *Umuryango-remezo*, which she regards as the only group she belongs to, was full of trust. Looking back at the first interview four days before the *Umuganda*, Nyirakamana also told me that it was not the first time that *Umuryango-remezo* members had come to help her. According to her, in the last rainy season they helped her by transporting beanpoles to her farm. For Nyirakamana, every time she suffers, they come to work for her and do things she cannot do by herself. As every time they have fulfilled their promise to help her, she believed that "they will come" this time as well. In the first interview, she expressed her trust in *Umuryango-remezo* and particularly in Mama Kamana as follows:

> They [*Umuryango-remezo*] said that they will come to help me to weed. I heard that they said so. They told me that they will come to help me to weed. Because they know that I can't do anything. [...] Who told me? Well… it's your mum [Mama Kamana]. It's her who told me

> that. Yeah, it's your mum. It's her who told me that they will come. And each time she said something, I know that she told me the truth. Yeah. She told me the truth. Hmm. As she told me so, [I'm sure that] they will come. [...] I know that she tells the truth. She [always] told the truth. Each time she told me [something] then I saw that it became true. Hmm. When she says something, it becomes true. Always they gave me *Umuganda*. When I suffered, they carried out *Umuganda* for me. [For example] the beanpoles; they transported them. And then she told me the truth. Hmm. They told me the truth. Hmm. Hmm they told me the truth. They have never told me a lie. [...] I feel that when they came to help me like that, I feel well. I feel good. (S14, 21-Nov-2015)

Her trust in Mama Kamana and the *Umuryango-remezo* contrasts with her mistrust in RPF who "took" her important things, namely, her daughter's husband during the war and her pension after the war. She said about the RPF, "they told my daughter *a lie* that her husband will come [back]" and finally "they abandoned us", whereas she said about Mama Kamana and *Umuryango-remezo*, "[t]hey never told me *a lie*", "[s]he [always] told the truth", and she believes that "they will come to help me", not abandoning her.

Nyirakamana's trust in her Christian neighbours is perhaps built upon the long-term relationship pre-dating wartime. As I described in the previous section, from the neighbours' point of view, their relationship with Nyirakamana drew on many stories about her from before the war period and their activities to help her was explained as rooted in this long-term relationship. Similarly,, from Nyirakamana's point of view, too, the relationship with her Christian neighbours goes back before the war period. While waiting for the neighbour women to return, Nyirakamana told me that she began to attend the *Umuryango-remezo* meetings before the war period and helped others from the younger generations to learn Christianity. After the war period, she stopped attending meetings because of her illness, but her neighbours began to help her to survive. Mama Kamana and other neighbour women were working at the farm for her and thinking about how to help her next as described in the previous section. Meanwhile, Nyirakamana perhaps waited for them to return not only to fulfill the norm of reciprocity by offering food, but also with trust that they would accomplish the farm work for her and come back, rooted in their long-term relationship.

While waiting with Nyirakamana, I asked if the on-going *Umuganda* can help her to recover from her *ibikomere* (wounded feelings) due to the war. Nyirakamana exclaimed delightedly: "Ohh, I'm relieved… I'm relieved, I'm relieved!" and said:

> Yes, although I am ill, they helped me very much. I feel relieved. Then, because they went to do what I cannot do, then don't you think that I'm not relieved? Hmm. I'm relieved. Yeah. [Since] they worked for me, I'm relieved. […] Off course, it is recovery of *ibikomere*. Of course, it is recovery of *ibikomere*. (S14, 21-Nov-2015)

We finished the interview and left Nyirakamana sitting on her small chair outside. She continued to wait for Nirere to bring back firewood so that she would be able to cook lunch for the neighbour women. Two days later, I heard from Mama Kamana and other women who had

participated in the *Umuganda* that they continued the farm work until around one o'clock in the afternoon, made a collective prayer at the farm to close the work, and returned to Nyirakamana's place. Since they could not finish weeding all the farm, Mama Kamana and Namahoro went back the next day and completed the rest of the work.

Wounds of War in Cyclical Life and Death

Nearly one month after the *Umuganda*, I carried out the final interview with Nyirakamana. Sentwali helped me with the interview interpretation again. Christmas had already passed and it was close to the end of the year. During this one-month, I passed Nyirakamana's place from time to time. Every time I passed by, I saw that she was doing housework with the neighbour women. For example, one afternoon she was sitting on her small chair and breaking twigs to make firewood with four or five female neighbours surrounding her. They were chatting while working. Then the young boy who lived behind her passed by on his way home and greeted Nyirakamana by shaking hands as usual. When I passed her place again the same evening, she was cooking beans with the twigs in her outdoor kitchen, helped by one or two neighbours.

When I carried out the final interview, it was afternoon and Nyirakamana was sitting outside on her chair as usual. Nirere was also sitting nearby. Helena was laying on her mattress on the ground in front of Nyirakamana's house and Papa Kamana was sitting on a chair next to the mattress. The four neighbours were chatting, smiling and laughing under the sky. Sometimes the two goats cried in Nyirakamana's outdoor kitchen.

As Sentwali and I started the interview with Nyirakamana, Papa Kamana left but Nirere and Helena remained; they sometimes spoke during the interview. When we started the interview, Nyirakamana became slightly depressed. She lowered her voice, her speech became weaker and sometimes she dropped her eyes on the ground. First Sentwali asked Nyirakamana, "are you feeling better?". Then Nyirakamana explained her low mood; "I can't feel better because my daughter, Nirere, is ill." (S14, 29-Dec-2015). Nirere began to have buzzing in her ears after participating in the *Umuganda*. She went to the community health centre in this morning and had just come back with medicine. The medicine she received was for easing a headache. It was not prescription medicine as she did not see a doctor but only went to a pharmacy.

Nyirakamana appeared to revert to her mood in the first interview one month previously. She said, "I am ill. I am ill. I can't walk to the hospital"; the same complaints as she had made in the first interview. However, her perception on her illness status was different from one month ago. Nyirakamana said:

> But I don't know if my illness ends. God will remove my illness. God will remove my illness. I am worried about my daughter. I wish that she would get better. I wish that she would get better. […] I will not be cured *(gukira)* but I wish to get a chance that my daughter will become improved *(koroherwa)*. […] I wish her to get improved. I wish her to get

> improved. I wish that she will get medicine and it makes some effects on her. I will feel lucky if she gets some improvement. I don't care about my own illness at all. (S14, 29-Dec-2015)

Nyirakamana then said, "I have the illness and aging" (S14, 29-Dec-2015). Sentwali asked Nyirakamana her age. Nyirakamana answered: "I am very old. I'm 80 years old. I am really old." (S14, 29-Dec-2015).

She came to accept her own aging in this final interview. In the first interview, in comparison, she answered that she was 96 years old when I asked her age and Umuhire pointed that she was actually 76 years. Then Nyirakamana provided this account: "When someone is ill, although she is young, she looks like an old woman […]. Not the age! But suffering" (S14, 21-Nov-2015). At that time, she did not accept her aging, instead, explained that suffering from her illness made her look older.

Nyirakamana's perception of her aging was expressed more explicitly when she talked about her difficulty in walking:

> I can't walk. I can't walk quickly. Even if I walk, it is very slow, slow, slow. I can't walk quickly. My thighs don't work well. Although coughing is improved, thighs are not good. I have less blood. I don't have enough blood because I'm old. That's why my thighs don't work well. (S14, 21-Nov-2015)

As Kamana later explained to me, generally people believe that their blood starts decreasing in the body as they get older. According to him, Nyirakamana meant that she cannot walk since she has less blood due to aging. The theme of "I can't walk" was narrated by Nyirakamana in the first interview before the *Umuganda* as well. At that time, she attributed her difficulty in walking to her illness by saying that "I can't walk. Illness weakens me" (S14, 21-Nov-2015). However, she shifted her attribution of difficulty in walking from illness to aging during the month after the *Umuganda*.

Associated with her perception of aging, she also shifted her understanding about illness in lifetime. It was represented by the ways in which her narrative about the future, using the future tense 'will' (in Kinyarwanda, the future tense is marked by '*za*' after the prefix), shifted over time. For example, in the first interview before the *Umuganda*, she was not able to describe her future: "We can say that we will get better. But we don't reach at that point" (S14, 21-Nov-2015). When I conducted the third interview four days after the *Umuganda*, she told me about her future vision: "When I am healed, I will buy other things [more nutritional foods like porridge]." (S14, 29-Nov-2015). For Nyirakamana, at those times, her illness was something that could be improved in the future. However, in the final interview, she narrated her illness as something incurable. Instead she repeatedly said that "God will remove my illness" (S14, 29-Dec-2015). She began to see the presence of God in her future, believing that she will probably

meet him when she goes to Heaven. And she began to leave her suffering to God believing that he will remove it.

Nyirakamana at this time also narrated her illness as being distinguished from her daughter's illness, rather than as experiencing the two collectively. She applied the verb '*koroherwa*' for talking about her daughter's illness and the verb '*gukira*' for her own. '*Koroherwa*' refers to 'being improved' or 'being reduced'. As Sentwali explained to me during the interpretation of this interview, Nyirakamana expects Nirere to get better by taking medicine; even if she cannot fully get back her previous state, something will be improved at least. On the other hand, '*gukira*' refers to 'being healed' or 'being cured'. As Nyirakamana used it in the negative form for expressing her own illness, she implied that her illness was not healable or curable.

When I was producing the translation of this interview with Kamana, he further told me his understanding of why Nyirakamana is worried about her daughter Nirere and wishes that she would get better. He raised three main points as below.

> First if Nirere gets better, she can take care of Nyirakamana. Second, Nyirakamana knows that she can no longer take care of Nirere after she dies. And third, because Nirere is younger than Nyirakamana, Nyirakamana wishes that God will choose her, not Nirere, if he takes one of them to Heaven. (translation-notes-S14, Feb-2016)

When I conducted a focus-group discussion with the neighbour women who had participated in the *Umuganda* one week before the final interview with Nyirakamana, they also provided similar accounts to Kamana to explain why they need to support Nirere, too, as part of their helping activities for Nyirakamana. I understood the neighbours who explained that Nyirakamana expects Nirere to get better and take care of her. It may have been the hope of the neighbours themselves as well considering that they would no longer need to look after Nyirakamana's family if Nirere got better. However, I could not really understand the third point: Why did they assume that either Nyirakamana or Nirere would be left, not both dying together? Then Kamana explained to me; "because Nirere will become a replacement of Nyirakamana [after her death]." (translation-notes-S14, Feb-2016).

When I heard this, I was reminded of an event when I first arrived in Rwanda for this fieldwork in August 2015. At that time Kamana came to Kigali in his friend's car to take me to Musanze. His friend, Mundere, was driving and the road from Kigali to Musanze is winding and mountainous road. As Mundere was driving very fast, I sometimes screamed. Mundere said: "Are you afraid of dying before having your children?" I did not get his point immediately but was curious and asked: "is it not good if I die without having a family?" Mundere and Kamana responded together; "it's not good." "If you die without having your family, there is no one who remembers you", Mundere explained and Kamana added, "your name ends." (fieldnotes, EN, 22-Aug-2015).

Since I remembered this episode with Mundere, I asked Kamana if it was related to Nyirakamana's wish for her daughter to get better. He explained:

> What Mundere said means that; it's important to have a child because your child reminds people of you. You see, in the interview with Nyirakamana, she also meant "even if I die, Nirere should be left". For Nyirakamana, Nirere will be a replacement of herself in the world after her own death." (translation-notes-S14, Feb-2016)

According to Kamana, leaving a child after one's death is the same as leaving one's name, and is also the same as leaving one's life in the world. In other words, the life of a person can keep going on in the world as long as a child and further offspring continue to hand over the name as well as stories of that person. This cyclical view of life and death assumes that the life is handed over from the past to the next generation so that it can go on almost eternally.

Moreover, handing over life as a name or stories from generation to generation is likely to be inseparable from reciprocity, what is locally called *gufashanya* (helping each other) or *gukundana* (loving each other). Kamana said:

> For example, my grandfather died long ago. But until now, when someone meets with my father, he says "how are you *fils* (son of) Mashaza?" No one can forget my grandfather Mashaza. Even though Mashaza died long ago, people remember him when they see my father. Another example, Mashaza did something good when he was alive and if I go somewhere he did good things for someone, then if I face some problems and say, "I am the grandson of Mashaza", then they can help me in the name of Mashaza who did good things for them. (translation-notes-S14, Feb-2016)

For Kamana, his grandfather Mashaza died on 10th May 1996 during the war of the *abacengezi*; nevertheless, the "name" of Mashaza is still "alive" in the world and continues to provide benefits to his offspring Kamana. The "name" can live for as long as people from subsequent generations go on telling "stories" in which the person "did good things" to others.

In fact, I sometimes heard from other elderly participants from the village that they try to live as a good person, doing good deeds to others, and to leave good life-stories about themselves for the next generations. One elderly woman said, "I think it is important that people remember me with good things. [For me, t]his is a way of constructing my histories with others (*kubaka umutekano*)." (S32, 22-Apr-2016). Generally, those who are aged 40 and over begin to see their future in their own offspring, neighbour's children and young people. For them, *kubaka umutekano*, namely, constructing a good-life story with others and leaving it to future generations, was an essential activity for healing themselves in the future, after they die.

At the end of the final interview with Nyirakamana, she said that she wanted to leave because she had an invitation from her neighbour. She said: "I'm going to see someone who needs me there". Sentwali asked "where?". "At your uncle's, at Mbony's". Mbony is another name for Papa Kamana, Mama Kamana's husband.

Sentwali and I followed Nyirakamana. In a couple of minute, having gone through the sorghum bushes, we arrived at one of houses within Mama Kamana's kin compound. There, a small ceremony was being held to celebrate a birth in the family. A few weeks before this party, I myself had been taken by Mama Kamana to this house to greet the mother and baby. When I met the baby, he was still extremely tiny as he had just been born two weeks previously.

Around fifty people were taking part in the new-born ceremony, including family members, relatives, neighbours and friends. Young girls and boys, mothers with their children and husbands, old men and women were all there together. Some women were dressed in colourful *igitenge* and some men wore semi-formal jackets and coloured or patterned shirts. One old man had a stick to support himself and wore a hat to protect his head from the sunshine. Other young people were casually dressed. Some of them had gathered in the dining room of the house and were praying together. Some of them went to a bedroom inside to greet the mother and baby. The rest were outside, standing or sitting on wooden benches arranged in circle. The benches were almost full and everyone was enjoying chatting together. Then Nyirakamana slowly came to this crowd and sat quietly on the edge of a bench where neighbour women were chatting, and joined the conversation.

Summary

The story of Nyirakamana and her Christian neighbours described the ways in which neighbours support Nyirakamana, an elderly woman who is suffering from war at a later stage of life. At the same time, it elaborated the way in which Nyirakamana's narratives shifted over time through the interaction with her neighbours.

Nyirakamana's narrative shifted from depression and hopelessness due to the wounded past to a preparation for a good death in the future over the period of the one-month observation; i.e. before, during and after the neighbours carried out the community farm work, *Umuganda*. Neighbours were helping Nyirakamana through everyday practices for her survival such as providing water, food, firewood, and carrying out the *Umuganda* farm work. The goal of their activity was that Nyirakamana "goes on moving her days and she will go home well" (S40, 21-Nov-2015).

Through the process of the narrative shift, neighbours' narrative continued to produce a future time for Nyirakamana by responding to her wishes. In other words, while Nyirakamana recounted her suffering and her wish for everyday survival, neighbours made efforts to mitigate her suffering and realize her wishes one by one. Through this interaction, Nyirakamana's time was gradually directed toward the future; finally, it led her to say that she leaves the rest of her suffering to God in Heaven.

The story shows that trust based on a long-term and reciprocal relationship may underlie this continuous interaction. From the neighbours' point of view, helping Nyirakamana was an activity that resulted from their neighbourhood relationship with her which had begun before the war together with their traditional norm of reciprocity, what they call *gufashanya* (helping each other) and *gukundana* (loving each other).

Narratives which neighbours recounted and shared with Nyirakamana did not necessarily focus on wartime and wounds of war but were more open to different times and aspects of life. For example, neighbours shared the life story of Nyirakamana since before wartime; their story did not begin with the war. Also they shared narratives of everyday life and special-day ceremonies, not only the aftermath of war. These narratives embrace Nyirakamana's wounds of war as their part, and portray Nyirakamana as a more integrated human, rather than a 'traumatized' person, within community. Being embedded in those larger narratives, her wounded time may be integrated in a larger scale of time, which may have helped heal the wounds resulting from the war.

Finally, the story of Nyirakamana and her neighbours shows that people may not necessarily be aiming to heal or recover from wounds, but they live their everyday lives toward a good death. In other words, handing over life to the next generation in a good way through doing "good things" to others and fulfilling reciprocity. From these cyclical views of life and death, wounds of war may be something to 'be lived' as part of the life, or a series of lives, rather than recover from or grow through.

Chapter 7: Seeking Boundaries of Healing Communities

Introduction

Chapters 5 and 6 described the ways in which local communities in Musanze have coped with psychosocial suffering arising from war on their own. In Chapter 5, I presented participants' healing experiences with their communities, including church-based groups, mutual-saving groups, and neighbourhoods. In Chapter 6, I told the story of Nyirakamana who shifted her narrative from suffering to healing through interaction with her neighbours. These findings demonstrated the communities' capacity to heal suffering members. However, many stories about healing communities also led me to question what the limitations of healing within the community were. In fact, as my ethnography continued, I became aware that a small number of participants did not narrate much about their healing experience either with or without the community. I also observed that sometimes communities abandon healing their members or exclude suffering members from their healing practices.

Returning to arguments surrounding the treatment gap I reviewed in Chapter 2, Agger et al. (1995) and the subsequent Movement of Global Mental Health advocated the provision of psychosocial interventions and scale-up of psychiatric services as they believe local communities lack the capacity to heal themselves. On the other hand, according to Summerfield (1999) and Last (2000), interventions by humanitarian aid tend to push aside or undermine the healing capacities that local communities possess. However, they do not necessarily believe that war-affected communities are not in need of help. For instance, Last notes: "What is in question is not so much the need for help (few doubt that), but the kind of help that is to be provided" (Last 2000). While insisting on the capacity of local communities to heal themselves and criticising the imposition of foreign concepts and treatment of mental disorders, they also acknowledge communities' need for help. Issues to be questioned here are when they seek help from outside the community.

Taking into account both my observation of communities' accounts on their need for outside help and arguments surrounding the treatment gap, my fieldwork finally turned to an exploration of the boundaries of communities' capacity to heal themselves. The questions I used to explore the boundaries were; under what conditions do communities withdraw the help they offer to heal their members? and how are those members who have been excluded from the community's healing practices able to regain the opportunity for healing help? This chapter presents three key conditions I observed during my fieldwork which prevented communities from coping with suffering members: when a member has severe mental illness, when a member breaches the norm of reciprocity, and when members are unable to share narratives of tragic experience during the war period. This exploration of exclusion from the community's

healing practices and the ways in which members can regain healing opportunities resulted in a more profound understanding of the central elements that construct communities' work to heal themselves.

Severe Mental Illness: The Story of Nirere

The first key condition I observed as possibly leading a community to abandon their healing practices is that of perceived severe mental illness, locally called *kurwara mu mutwe* (the illness of the head). Based on my observation and participant accounts, it is likely to be very difficult for a community to deal with a member who manifests symptoms of severe mental illness, such as abnormal behaviour due to hallucinations. As a clear-cut example, I introduce the story of Nirere in this section. Nirere is Nyirakamana's daughter, who has severe mental illness and who I discribed in Chapters 4 and 6. Nirere's story is a continuation of Nyirakamana's story, which tells how female neighbours resolved Nirere's severe mental illness after my final interview with Nyirakamana.

The unresolved issue of Nirere

As her neighbours, including Mama Kamana, recounted in Chapter 4 and Chapter 6, Nirere was said to have *kurwara mu mutwe* (illness of the head) with symptoms of '*kujynjyamo* (mutism)' and '*kwiruka* (running)', regularly switching from one to the other. Although the *Umuryango-remezo* community was aware of the serious state of her mental illness, it was not raised, even as a meeting topic, over the entire period of my fieldwork. The *Umuryango-remezo* community did not regard Nirere's problem as falling within their area of responsibility. Generally it is expected that people with severe mental illness will be cared for within smaller and closer relationships such as family, kin members, and close neighbours. In the case of Nirere, her mother Nyirakamana and close neighbours, including Mama Kamana, have taken the leading role in her care. However, as they found themselves incapable of healing her illness, they sought the help of health professionals.

At the beginning of December 2015, Mama Kamana told Kamana and me how neighbours, including herself, have struggled in their efforts to take Nirere to the hospital:

> [W]e have helped her to go to the hospital. But [… i]t's not easy to take her to a doctor. Can you tell her to go to the hospital? When we told it to her, she refused. If we could take her to the hospital, the doctor would be able to see what kind of problem she has in the head. But no one can persuade her to go to see a doctor. She doesn't like it. And then what can we do with her? (S40, 5-Dec-2015)

According to Mama Kamana, their attempts to convince Nirere to see a doctor at Ruhengeri hospital have failed: "she didn't accept it, because, she says that her illness is from poison." (S40, 5-Dec-2015). In Rwanda, generally, illness of unknown cause is attributed to poisoning, and poisoned patients go to traditional medical practitioners rather than Western medicine

hospitals. Traditional medical practitioners are called “Rwandan doctors” and are perceived to provide herbal medication, prayer, and consultation. Western medical doctors are called “doctors of the White (or foreigners)” “doctors of the government” and are perceived to provide testing, diagnosis, prescriptions, and advice. According to Mama Kamana, as Nirere sees her own illness as poisoning, she wants to see a traditional practitioner; what is more concerning to Mama Kamana and other neighbours, is that Nyirakamana agrees with her daughter. But Mama Kamana believes she must go to the hospital, “We can’t accept it. Because going to today’s traditional medicine is just like getting someone’s prayer. We can’t accept it. Because if she can go to the government hospital, she can get treatment.” (S40, 5-Dec-2015). She and other neighbours understood that it was extremely important for Nirere to be tested for her ‘illness of the head’, i.e. a CT scan, at the hospital so that they could determine the cause of the illness and provide appropriate treatment.

Mama Kamana is a dedicated Christian and believes in a healing power of prayer such as the Rosary. She also believed in traditional medical practices in the past. However, she believes the prayer of ‘today’s’ traditional medicine is inauthentic and fraudulent. In her view, since doctors of Western medicine studied at school, they can provide treatment based on their “knowledge” and testing, whereas traditional medical practitioners treat patients “from their imagination” (S40, 5-Apr-2016). She was also aware that all Western medical doctors are accredited by the government but some traditional medical practitioners are not. Public education and licence were likely to shape Mama Kamana’s trust in Western medicine more than ‘today’s’ traditional medicine. Her view may also be influenced by the Catholic Church which encourages Christians to use Western medicine rather than traditional medicine. Episodes of taking a patient to a Western doctor first or encouraging other Christians to do so often emerged from the narratives of participants who had a strong commitment to church-based communities. Ironically, however, their stories revealed that Western health practitioners sometimes send patients back to traditional practitioners after testing (for example, according to the story of Ingabire’s severe mental illness as narrated by Kamana, a Western doctor said: “He has no problem but it may be Satan. […] so you could go to a traditional healer. Sometimes it resolves the problem” – see Chapter 4 for details of the story).

Challenges of taking Nirere to the hospital

Approximately two weeks after the above interview with Mama Kamana, I conducted a focus-group discussion with Nyirakamana’s female neighbours who participated in the *Umuganda* for Nyirakamana. Eight women took part. Mama Kamana and also Namahoro, a widow who had participated in the test interview at the beginning of my ethnography (Chapter 3) and provided a story of healing time trajectory with the Sacred Heart of Jesus community (Chapter 5), were involved. Once the discussion of the *Umuganda* for Nyirakamana ended, Kamana said “we are

going to close [the focus group discussion]. Is there anything that you want to tell her [Yuko] or ask her?" (FGD1-S1, 21-Apr-2016). In response, Namahoro raised the issue of Nirere, and suddenly, the women began to talk about it. They were very keen to discuss how to take Nirere to the hospital and how to let her "pass under the scan" (Namahoro, 21-Dec-2015) as the next step in their helping activity. Mama Kamana and Namahoro led the discussion. They were trying harder than the others to help Nirere with her illness maybe because they live closest to Nyirakamana's family and thus were expected to take more responsibility for the care of the family. In particular, Namahoro spoke most frequently, and when she spoke the others listened to her. Kamana also took part in the discussion from time to time as one of neighbours.

As soon as discussion on this topic began, Namahoro sought my help and cooperation. She asked me "to provide a car to carry her there [to the hospital]" (Namahoro, 21-Dec-2015). Although Mama Kamana argued that, "No, Nirere does not need a car to go there. She will go on foot" (Namahoro, 21-Dec-2015), Kamana supported Namahoro and convinced his mother: "It's better to go there by a car because she may refuse after [hearing that she has to go on foot]" (Kamana, 21-Dec-2015). Everyone agreed with him and bearing in mind that Nirere may become agitated on the hour-long walk to the hospital, I also understood that it would be better for her to be taken by car. However, as a researcher I wanted to avoid any direct intervention and therefore, asked Kamana to get a car from his workplace. Everyone agreed.

Although the women made material requests such as providing a car, they had no expectation of financial support from me. Namahoro said: "[Once] she [Nirere] arrives at the hospital, she [Yuko] doesn't need to pay any money [but we do]." (Namahoro, 21-Dec-2015). Mama Kamana explained that she had already discussed money matters with Nyirakamana the previous day:

> Yesterday I went there [to Nyirakamana's]. I talked to her [Nyirakamana]. They were all in the bed and I talked her. I said: "Grandmother, you know, you have those farms. You see that someone who could work on your farm [referring to Nirere] is going to die [because of the illness of the head]. You can sell the small farm to take her to the hospital." Nyirakamana said; "even I can sell my goat, but…" she said, "but Nirere doesn't want to understand [the importance of going to the hospital]." I said; "she will understand, she will accept it". (Mama Kamana, 21-Dec-2015)

Since Nirere has national health insurance, she is eligible for free health services at the community health centre as well as at the hospital. She could, however, have been asked to pay for further treatments such as the CT scan and prescriptions. Therefore, Mama Kamana persuaded Nyirakamana to sell her property to raise money for treatment for Nirere.

The main issue of the focus-group discussion then turned to how to convince Nirere. According to Mama Kamana, Nyirakamana accepted that they would take Nirere to the hospital, but "the daughter doesn't understand well due to her head" (FGD1-S40, 21-Dec-2015). Other women

also reported difficulty in convincing her. Kamana asked everyone: "How can she go there [to the hospital]?" (FGD1-S1, 21-Dec-2015). Namahoro suggested: "We will tell her that 'this *umuzungu* (foreigner, referring to me) will take you to the hospital and after that we will go to a traditional practitioner if the doctor agrees.'" (FGD1-S2, 21-Dec-2015). Namahoro argued that by mobilizing a foreigner, me, to take Nirere to the hospital, she would not refuse.

Meanwhile, another challenge regarding access to Ruhengeri hospital emerged. In order for Nirere to have a CT scan at Ruhengeri hospital (the only hospital with a scanner) they first need to obtain a referral from the community health centre. This referral system frequently does not work. "At the health centre, you know, they may not make a referral for us", said Mama Kamana (FGD1-S40, 21-Dec-2015). According to Kamana, maltreatment of female farmers is a frequent occurrence at both the community health centre and Ruhengeri hospital; health practitioners tend to neglect female poor patients.

Namahoro also tried to persuade me to accompany the women taking Nirere to the community health centre and also the hospital. Namahoro and other women in the focus group thought they would not be ignored by health practitioners if I was there and could mediate the discussion between them and health practitioners. Again, because I wanted to maintain my boundaries and relationship with them as a researcher, I agreed only to accompany them as part of my observation and that the women would communicate with health practitioners by themselves.

As described above, the female neighbours have tried hard to take Nirere to the hospital for many years. However, they have reached the limit of their abilities due to two major obstacles: one is the difficulty in Nirere to understand her illness status and the other is gaining access to the hospital due to discrimination against poor women. They urgently needed outside intervention as indicated by their plea for help from me. As Namahoro said: "We need an '*umuvugizi* (mediator)'[13]. […] We need nothing but to have an '*umuvugizi*' […] for both Nirere and the hospital" (FGD1-S2, 21-Dec-2015).

However, soon after I finished the focus-group discussion, I had to leave Rwanda for London and stayed longer than I expected. Although I was concerned about the women and Nirere, I was unable to get news from them for almost two months.

Mobilizing the inactivated social resources

At the beginning of April in 2016, a month after I returned to the field, Kamana and I had the opportunity to conduct an interview with Mama Kamana. In that interview, she related what happened to Nirere while I was out of Rwanda:

[13] Please see the section of reconciliation in Chapter 5 for a role of '*umuvugizi*'.

> Do you know that we took her [Nirere] to the hospital? We went to the hospital and now she is getting better. She is going to the farm this year [after New Year]… Right now, in this season, we didn't [need to] help her but she cultivated sorghums by herself because we took her to the hospital to see a doctor [and] they prescribed for her. Now she has monthly appointments to go to the hospital. […] Now, then, […] Nyirakamana is feeling well […]. I am also happy for what we have done. […] She [Nirere] recovered her sanity. Then we are definitely happy for what we have done. (S40, 5-Apr-2016)

Mama Kamana told this story smiling and laughing happily from time to time. Her story surprised me and I asked her how they finally succeeded in taking Nirere to the hospital. She said:

> We continued to try to convince her about it and [explained] why it is important to go to the hospital. […] She accepted it [at the end].
>
> And then there was a doctor who lives around here. We went to ask for her advice and she told us, "please go ahead. They will give you [this and that]…", like that. We started by going to the health centre. After that, they [medical practitioners at the health centre] didn't give us the transfer to the hospital but they gave us only medicine. After that, that doctor advised us [again]. She said, "please go this way and that way". Then we reached there [Ruhengeri hospital] and then [finally] they gave us an appointment to see a doctor.
>
> We explained to the doctor [at the hospital] about her illness. They gave us an appointment [and] we went [back] there. We arrived there. Umumararungu accompanied us. We explained [to the receptionist] that we are with Umumararungu. She [Nirere] went into the [doctor's] room with her [Umumararungu]. And then she [Umumararungu] explained how her illness of the head is. She explained everything about her.
>
> […] Then they [doctors] gave us medicine and said "on this date, please come back." She [Nirere] went [back] there with Namahoro. And now she goes by herself. When the date [of the appointment] comes, she goes and arrives there. She goes with no problem. Oh my God, really. She planted sorghums by herself. She planted sorghums by herself. Now we don't [need to] give her *Umuganda*. Still now, she is cultivating. […] I hope that God will do it [improve her illness] little by little. […] For me, I would say that it is God [who did it]. I don't know how it happened. (S40, 5-Apr-2016)

Since I had never heard of this female doctor or Umumararungu, I asked Mama Kamana to explain who they were.

> As for that doctor, […s]he is our neighbour and also is working for the hospital for people who have the illness of the head. She is our neighbour. She is involved in our *Umuryango-remezo*. She is a member of our *Umuryango-remezo*. That is the reason why we asked for her support. She works at the hospital in the section of people with the illness of the head. That is the reason why we asked for her support. […]
>
> That Umumararungu is her [Nirere's] friend. When her illness of the head began, she [Nirere] was living with her [Umumararungu]. […] She [Umumararungu] was the best friend [of Nirere]. [When s]he was living there, [she] broke many things [due to the illness]. [In return, s]he brought there the harvest of her mum, then she is her friend. That is why we needed her support. (S40, 5-Apr-2016)

Based on Mama Kamana's accounts, the female neighbours appealed to the wider networks of the neighbourhood which were maintained through community membership and reciprocity.

Those neighbours, then, in effect played the role of '*umuvugizi* (mediator)' that the women had expected from me, the foreigner. In this way, they successfully took Nirere to the hospital through excavating, re-activating, and mobilizing social resources that they already had in their wider neighbourhood community.

"Feeling happy for her is our own recovery of the heart"

Mama Kamana reflected on their actions:

> I was happy. Because we were always worried that Nyirakamana couldn't cultivate, couldn't cultivate. But now, we see that she [Nirere] did everything. Maybe something that we will do for her is to bring beanpoles so that she doesn't need to put beanpoles on her head, so that [… it can] prevent her from falling ill. We will send her our children to help her to bring beanpoles as they are [part of the large] family. […] There is no problem with other things. We are really happy. (S40, 5-Apr-2016)

Before going to the hospital, in the focus group discussion, the women expressed the need for Nirere to have a CT scan because they believed that it would show any causes of her illness apart from the trauma. For them, trauma (they used the term *guhungabana*) was, something inside the heart which is caused by war and manifests behavioural disturbances; therefore, it would not be detected by the CT scan. According to Mama Kamana, because the doctors at the hospital did not think Nirere needed the CT scan and the women themselves witnessed the improvement in Nirere's mental health after taking the medication, they concluded that Nirere's illness was caused by trauma due to the war. Interestingly, this notion of trauma due to the war or *guhungabana*, led Mama Kamana to describe Nirere's illness and the help of the neighbours as a shared experience of suffering and also healing. She said:

> You see, like that, we found that the illness [Nirere's] was not the illness without reason. We found that she is ill because of being traumatized (*guhungabana*), because […] her husband died when she was young [during the war of the *abacengezi*]. […] Then now she is getting better and it also helps us to recover our hearts. If you see [that] your neighbour has problems, it is inevitable that you [also] get traumatized (*guhungabana*). But if you see that she is getting better, we praise God […]. We also learn, if we face a problem like that [Nirere's illness], we know what we can do. Do you understand? That is; feeling happy [for her] is our own recovery of the heart. When you see that your neighbour is in trouble, and after that when you see that her life becomes better, you praise God. [… A]nd it helps us to reconstruct ourselves. (S40, 5-Apr-2016)

As Mama Kamana explained "[i]f you see [that] your neighbour has problems, it is inevitable that you [also] get traumatized", psychosocial suffering from war may be a shared experience among neighbours; if a neighbour suffers from trauma due to the war, others also feel distressed. Similarly, as she said "now she is getting better and it also helps us to recover our hearts", neighbours can also share the recovery from trauma, through helping others or helping each other. Mama Kamana represents it strikingly; "feeling happy [for her] is our own recovery of the heart".

Breaching Reciprocity: The Story of Kaka

The story of Nirere revealed that a community can abandon their usual healing practices when a member has severe mental illness. However, the story also demonstrated that a neighbourhood community has the capacity to take care of such a person when s/he is excluded from other kinds of community through activating and mobilizing social resources within wider neighbourhood networks. Through the lens of Mama Kamana, it can be understood that a neighbourhood community may be able to function in such a way because neighbours have shared wartime experience and thus have a sense of sharing psychosocial suffering from war as well as healing pathways. Nevertheless, neighbours who have shared wartime experience do not always take care of a person who is excluded from other communities. At the same time as Nirere was receiving neighbours' care, I was observing another person who was excluded from *Umuryango-remezo*. This was Kaka; she was excluded from *Umuryango-remezo* several years ago because she was deemed to have breached the norm of reciprocity within the group. Worse in Kaka's case was the fact that she had also been abandoned by neighbours and even by kin members who must have shared wartime experience with her. Members of *Umuryango-remezo* as well as Kaka herself told me that she is almost isolated in the village of *Matara*. In this section, through Kaka's story, I will consider reciprocity as a key condition which can disconnect from as well as reconnect a person to a community.

Kaka: a begging woman

I first heard about Kaka when I was interviewing Sentwali regarding eligibility to receive *Umuryango-remezo* community support . In that interview, Sentwali explained that general eligibilities included being poor, being ill for a long period, and having no strength for cultivation as corroborated by other members. He also explained about ineligibilities such people who have stable cash income and thus are regarded as capable of hiring farmers to cultivate their lands; also those who do not attend regular meetings are to be excluded. To my knowledge from observation, *Umuryango-remezo* conduct home visits for re-integration when a member is absent from several consecutive meetings. Home visits are generally understood by members as necessary to keep individuals within the mutual support of the group, and consequently, to maintain their lives well. However, if a member rejects the group, *Umuryango-remezo* no longer takes care of him/her.

According to Sentwali, Kaka was excluded from *Umuryango-remezo* due to her absence. When he raised her name at a meeting as a member who was in financial trouble, *Umuryango-remezo* would not support her as she had refused to join the group.

> So, I asked her [Kaka]; "why don't you go to *Umuryango-remezo*?". She told me; "I'm ill. You see, my feet are not fine." She told me that she can't manage to get there […]. But [actually] she goes to the field [which is] 5 km away. So, they [*Umuryango-remezo*] told me;

> "how can she go 5 km for cultivation while telling us that she can't come here [to the meeting place which is] in 300 metres [from home]?". (S37, EN, 29-Dec-2015)

Sentwali explained that in *Umuryango-remezo*'s judgement, Kaka's absence was not due to illness and therefore she is not eligible for their support.

I became interested in this elderly, poor woman and her rejection by the *Umuryango-remezo* community since it has a strong, fundamental mission to help vulnerable people. I asked Sentwali about Kaka in more depth. He answered:

> Hmm… that grandmother is not good. […] That grandmother is selfish... […]. Once you give her money, you are no longer her friend. She begs more, she begs more. If she can't get anything when she attends *Umuryango-remezo*, she doesn't come back. (S37, EN, 29-Dec-2015)

According to Sentwali, Kaka expects to receive support but not to reciprocate. Not only Sentwali but also other villagers generally tend to regard a person who only asks for money, foods, goods, beer, and so on, as a "beggar", or "*igisambo* (thief)" – this word sometimes implies RPF/*inkotanyi* and *abacengezi* who deprived them of property and lives during the war. According to Sentwali, for the villagers such people are "selfish" and the one-way giving relationship is not a "friendship". Sentwali's accounts here reveal that bidirectional giving practices or mutual help, 'reciprocity', is a key practice for building and maintaining a good and peaceful relationship but Kaka breaches this norm. Sentwali said: "We decided to not even pass nearby her house. Because you can't pass there without…. giving!" (S37, EN, 29-Dec-2015).

According to Sentwali, she also has a drink problem. Drinking too much alcohol was frequently recounted by villagers in connection with wasting money. In Sentwali's words: "She likes beer. She can't pass a night without drinking. That is the reason why we decided not to pass there [around her house]. Because you can't get money every time to give her to buy beer." (EN, 29-Dec-2015). In short, Kaka is a beggar who breaches the reciprocity so important in maintaining a moral relationship within *Umuryango-remezo* as well as the village. Since she wastes any money given to her on alcohol and gives nothing back to the group, *Umuryango-remezo* decided to exclude her.

At the end of March 2016, three months after the interview with Sentwali, I called on Kaka with Kamana to greet her. She lives about 300 metres from the meeting place of *Umuryango-remezo* in a house within a compound of her kin, which is surrounded by walls made by sorghum stalks. Whereas the other four houses in the compound were quite new, clean, and cemented, Kaka's house was mud-and-thatch as is common to poor people, like Nyirakamana. She lives there with her grand-daughter, Uwamaria.

Kaka was sitting outside on a long wooden chair in front of her house when we arrived. She was small, dressed in grubby clothes. Kamana sat next to her and explained about the research. He

asked whether she would like two kilograms of rice or a small amount of money corresponding to rice in return for participating in the interview. The offer of money was Kamana's idea since he anticipated Kaka preferring money to rice. Her response was: "I want rice, but I also want something to drink [beer]". (fieldnotes, 30-Mar-2016). She talked about her miserable disease and complained that she has no money for medical testing which she needs and it was not long before she started begging; "please buy me a medicine, please buy me a medicine, please buy me a medicine […]". (fieldnotes, 30-Mar-2016) and finally, "Take me to London or Japan. I don't like Rwanda because people in Rwanda don't help me." (fieldnotes, 30-Mar-2016).

Kaka's story of *ibikomere*

Next morning, Kamana and I returned to Kaka's place as agreed the previous day to carry out the interview. In contrast to the previous day, she was dressed in colourful clothes, with a red turban on her head, black bracelets on her wrists, a green striped t-shirt, blue skirt and blue sandals, although all of them were grimy. She also had a rosary with sky-blue beads round her neck. It was unusual to see someone wear a rosary in everyday life in the village; it may have been her way of dressing up or showing her faith.

Her house was small; approximately 9 square metres, separated into a dining room and bedroom. The dining room, in which we sat, was dark as it had only one small window and also quite dusty due to the naked mud and thatch. The low ceiling was made from banana leaves which were rotting. At the edge of the dining room, there was a large wooden tub covered in dust. According to Kamana, before the war, Kaka used to make local banana beer using the tub and sell it in the village.

Sitting on a chair in the room, Kaka began to talk about her wartime experience and wounded feelings, *ibikomere*:

> I had a lot of problems. I had a son. He was a soldier. He was my fourth child after three children died because of poison. […] He died when he was in the first soldiers group [the former government force]. And the second [problem I had is this]; they [soldiers] took away my husband and my other sons. One of them was a father of that girl [referring to Uwamaria; Kaka's granddaughter]. You know, those problems make my *ibikomere*, and they still continue. They took away my brothers-in-law [as well]. There were so many [died]. Some of them were killed and were put into a hall. There was another hall close to that hall [the one in front of Mama Most's]. They put them in that hall. All of them made my *ibikomere*. Really, when I think about it, I cannot sleep well. I cannot sleep at all. Being in life is 'a gift of God (*impano y'imana*)', [but] I cannot sleep at all. I cannot sleep at all. (S19, 31-Mar-2016)

She also said she is suffering from her drinking problem which she believes is caused by "thinking too much". She said:

> I wish I could stop drinking. But because of thinking too much, it has made me continue to drink. […] After I get beer and drink it, I find a peace. And then all of them make my *ibikomere* and make me think a lot. (S19, 31-Mar-2016)

In Kaka's view, "thinking too much" leads to *ibikomere*, insomnia, and alcohol problems, which results in further *ibikomere* and "too much thinking"; she experienced her *ibikomere* and other health problems as being cyclically developed from "thinking too much" about the wounded past. This way of experiencing the progression of suffering from war was common to my research participants, as represented in the narratives of Muhoza and Ingabire in Chapter 4. What was unique to Kaka's narrative was that she found it impossible to stop thinking. She said: "The doctor gave me advice that I must stop thinking too much but I couldn't." (S19, 31-Mar-2016). In my research, many participants suggested not thinking too much so that they can prevent themselves from the progression of *ibikomere*. However, it is also evident that some people cannot stop "thinking too much" about the wounded past. In Kaka's narrative, she even saw the notion that "being in life is 'a gift of God (*impano y'imana*)'", which was cited by many other participants as a sign of healing, was powerless to stop her suffering.

As a result of my findings in Chapter 4, I believe that the problem of "thinking too much" and the progression of *ibikomere* were perceived to be associated with social disconnection. Kaka's case shows it strikingly. In the interview, she emphasised her loneliness and the fact that she had no one to help her. Comparing her circumstances with other women of her generation, she said: "They have people who can help them. But for me, I have no one who helps me and I stay alone. All of them make my *ibikomere*." (S19, 31-Mar-2016). Her inability to stop "thinking too much" was likely to be associated with her socially disconnected condition. I would therefore like to examine Kaka's narratives more deeply to identify how she became socially disconnected and what she could do to reconnect.

Exclusion from kinship and *Umuryango-remezo*

Continuing her story of *ibikomere*, Kaka told us about Uwamaria's mother who is, for Kaka, a cause of many problems. According to Kaka, after having lost her sons and husband, she began to live alone with her granddaughter, Uwamaria, because Uwamaria's mother (Kaka's daughter-in-law) had re-married and left Uwamaria behind. She continued:

> The mother of that child [Uwamaria] always comes to disturb me and accuses me of what is not true. […] She disturbs me and reminds me [of wartime]. For example, I had a baptism ceremony [for Uwamaria] and I invited her. […] But she came and participated in the other ceremony [which was held by another family within the same kin compound on the same day]. […] She gave her contribution to Musanganire [who held the other ceremony]. For me, she should have given the contribution to me as I am her mother-in-law, and also the child [Uwamaria] is hers. I am taking care [of Uwamaria] instead of her. That also made my ibikomere. It made my *ibikomere* very much. (S19, 31-Mar-2016)

It was understandable that Kaka perceived the behaviour of Uwamaria's mother as severe neglect considering that making contributions to the ceremony (i.e. money, materials, and workforce) is generally regarded as a crucial way of sharing lives and maintaining relationships in village.

Kaka said that she had to foster Uwamaria as Uwamaria's mother continued to neglect both her own daughter and Kaka: "After that, that child [Uwamaria] became successful at school. And I visited her mum to ask for support. Then she refused. She said: 'No, it's impossible. You have to do it alone.' This also made my *ibikomere*." (S19, 31-Mar-2016). Moreover, Kaka told us that she had not received any support from her kin members even when she was ill. According to Kaka, she had a surgical operation for her eye disease at Ruhengeri hospital last September and her kin members were meant to take care of her as well as her farms while she was hospitalized; however, they did nothing for her. Kaka also said that her kin members did not help her with everyday-life activities such as cooking and cultivation even though her doctors suggested she stop these activities for the sake of her eyes. She expressed her strong mistrust of her kin members, saying that they do not help her because of their anger, hatred, and envy towards her.

Generally, mutual support for everyday-life activities among families or kinship groups is vital for survival in a village setting. Support from kin is the primary option and that from other communities (e.g. neighbourhood, faith-based groups, mutual-saving groups) supplements that. When the kinship support is inadequate, as in the case of Nyirakamana, other communities intervene to help. However, Kaka had no support from kin, neighbourhood, or any other community.

In the interview, Kaka also recounted how she became disconnected from *Umuryango-remezo*, the only community she perceived herself to have been in before. Although Sentwali had previously explained that *Umuryango-remezo* stopped helping her because of her long absence, begging behaviour and beaching reciprocity, Kaka argued that she stopped attending the group because they did not help her appropriately. According to her, *Umuryango-remezo* did not help her when she was suffering from poisoning because she had gone to a traditional practitioner, not the Western medicine hospital run by the government:

> They said, "we can't visit to help you. We will help you after you go to the government hospital." […] At that time, they said that *Umuryango-remezo* will punish a member who will visit me [because I go to traditional medicine]. Do you understand? At that moment, I stopped going to *Umuryango-remezo*. It has been long since I stopped going there. (S19, 31-Mar-2016)

As shown in the case of Nirere, it is Catholic Church policy to promote Western medicine and *Umuryango-remezo* may have been following Church policy when they treated Kaka this way.

She said she had a good relationship with *Umuryango-remezo* before she had fallen ill. Reflecting on the past, she said; "we helped each other at that time! We helped each other. We asked each other for help. This is the way how we worked. […] We had a good friendship." (S19, 31-Mar-2016). But "they stopped helping me" (S19, 31-Mar-2016) and they no longer help her even when she needs their help.

Mistrust and broken reciprocity

I asked Kaka why she does not try to share her life with others, including friends, neighbours, and *Umuryango-remezo* members. She explained her mistrust of them:

> Well, people know that I am sick. They also know that I am disabled. Do you understand? Why didn't they come to give me *Umuganda* to cultivate my small farm even though they must have known how I am? […] It is my will [not to share my life with others]. Because I'm afraid that they may ignore me if I tell what I need. They may ignore me. […] I feel very heavy in my heart [if I do not share my life]. But I feel that I cannot tell anyone because the person may not help me." (S19, 31-Mar-2016).

She was not able to trust others and even afraid they would say "'we don't know you' or 'why do we have to love her?'" (S19, 31-Mar-2016).

In terms of the way of maintaining a relationship with communities, Kaka's narrative contrasts with that of Nyirakamana (Chapter 6). Nyirakamana maintained reciprocal relationships with her neighbours (for example, offering food to women in return for *Umuganda*), which was likely to allow her to receive their help on a daily basis. By contrast, Kaka expected help from her neighbours without providing anything in return, which resulted in her hesitation to ask for help. She thought: "They should come before I ask for help from them. You know my problems. If they see it well, they should help me!" (S19, 31-Mar-2016). Mistrust, which was rooted in adverse experience with her family, may have underlain her reluctance to reciprocate acts of kindness or help.

Praying and reconnection through reciprocity

I tried hard to identify any community, social or individual activity which has helped Kaka since the war in the interview. However, she was not involved in any groups other than *Umuryango-remezo*. Moreover, she mistrusted all the communities she belongs to, including kinship groups, neighbourhood, and *Umuryango-remezo*. I then asked whether praying, *gusenga*, plays a role in her recovery. She answered it does help her and she attends a mass every day. Her '*gusenga*' referred to individual prayer at church or at home, rather than communal prayer which is more common among other participants. She explained how *gusenga* helps her, citing the following episode which had happened about a year before the interview:

> [One day] I prayed to the Sacred Heart of Jesus. I prayed and I thought that God listened to me. [In fact, after praying,] I saw that someone came to me and gave me 1,000 [FRW], and

> said: "Grandmother, please go to buy beer." [… She was one of] my new rich neighbours (*abanyakizungu*, rich people who moved from outside after the war period), who I could have never imagined [to talk to] before. I said to her; "I don't know you." I glanced at her and refused [to take the money]. Then she said, "[long ago] you gave me beer", and showed me where I put beer. She showed me a kitchen where she drunk that beer [I served]. As I saw it, I took that money. My prayer reached God. He gave me something to eat and drink. God gave me something to eat and drink. Prayer helped my life. Prayer helped my life. (S19, 31-Mar-2016)

This was a turning point in Kaka's narrative. After recounting the above episode, Kaka began to tell her new way of having relationship: "[Since then, sometimes] someone brings me Mutzing [a brand of local beer] and other kinds of beer, and says 'please drink it'" (S19, 31-Mar-2016). While describing the gaining of 'new neighbours', she smiled and the tension cleared from her face. "I have a good relationship with others. Since my new neighbours came, I became friendly to them", she said. (S19, 31-Mar-2016).

These episodes about 'new neighbours' led me to ask how she had developed these new relationships with neighbours. In response to the question "how did it happen?", Kaka said:

> For me, I saw that they are my friends, aren't they? I saw that they gave me something with good hearts. Sometimes they came to ask for my help to lend them something. For example, [… s]ome of them came and asked me to lend a hoe because they didn't have it [as they are rich and don't do farm work]. Then […] they gave me [something] in return. It's something like that. They said, "now you are our neighbour. Please be together", right? I see that they are good neighbours. When I harvest, I bring them foods [from my harvest], right? This is how we are living together. (S19, 31-Mar-2016)

I also asked how the new neighbours have helped her to recover from *ibikomere*:

> It helps me a lot! Really I met good neighbours. They help me to remove bad things I had out of my heart. Hmmm. They removed them. […] They came and showed me their love, then I also show them my love. […] They said; "that grandmother did good things to us. Let us be together." I saw that they bring something important for me. They say: "You are our neighbour. And you did good things to us. You are our neighbour", right? (S19, 31-Mar-2016)

Thus, through Kaka's lens, the ways in which a woman who was judged to have breached the norm of reciprocity and was thus disconnected from a community was finally reconnected to a new community through recovering reciprocal relationships. Reciprocity, a relationship of mutual help, was a key condition to disconnect as well as reconnect Kaka to a community. Like Nirere, the story of Kaka emphasized the significance of a neighbourhood community as being able to heal a person abandoned by other communities. However, the meaning of neighbourhood in the two stories was slightly different. For Mama Kamana who narrated the Nirere's story, a neighbourhood community was a group of people who help each other because of their shared suffering from war. For Kaka, it was a group of people who help each other because of shared everyday life, such as borrowing a hoe, sharing harvests and beer. Based on

their narratives, both meanings of neighbourhood, sharing suffering from war and sharing everyday life, can be associated with healing wounds.

After the interview, Kaka asked Kamana and me to pray with her to close the meeting which we did. I offered her a pack of rice: "Because you helped me by giving your story, I give you this rice to help you in return" (fieldnotes, 31-Mar-2016). Although I did not provide any of the other "help" which she had requested before the start of the interview, she smiled with happiness. She accompanied us to the entrance of the compound and said "*mwirirwe* (goodbye)".

Unshared Narratives of Tragedies and Shared Narrative of Life

Nirere and Kaka's stories suggested that a shared narrative whether it is suffering from the war or sharing everyday life has a meaning as 'neighbourhood' that can be associated with healing wounds. However, neighbourhood does not always work as a healing community. In Musanze, there are at least two major groups of survivors who live together in local communities: Hutu survivors[14] of the war of the *abacengezi* and Tutsi survivors of the 1994 genocide. Because of the difference in ethnic background and the unshared narratives of the tragedies, it is extremely challenging for these two groups to share suffering due to the war and share everyday activities even though they are 'neighbours'. As it is a significant issue, in this section, I examine the following question; how can those two groups, Hutu war survivors and Tutsi genocide survivors, heal each other in the same community?

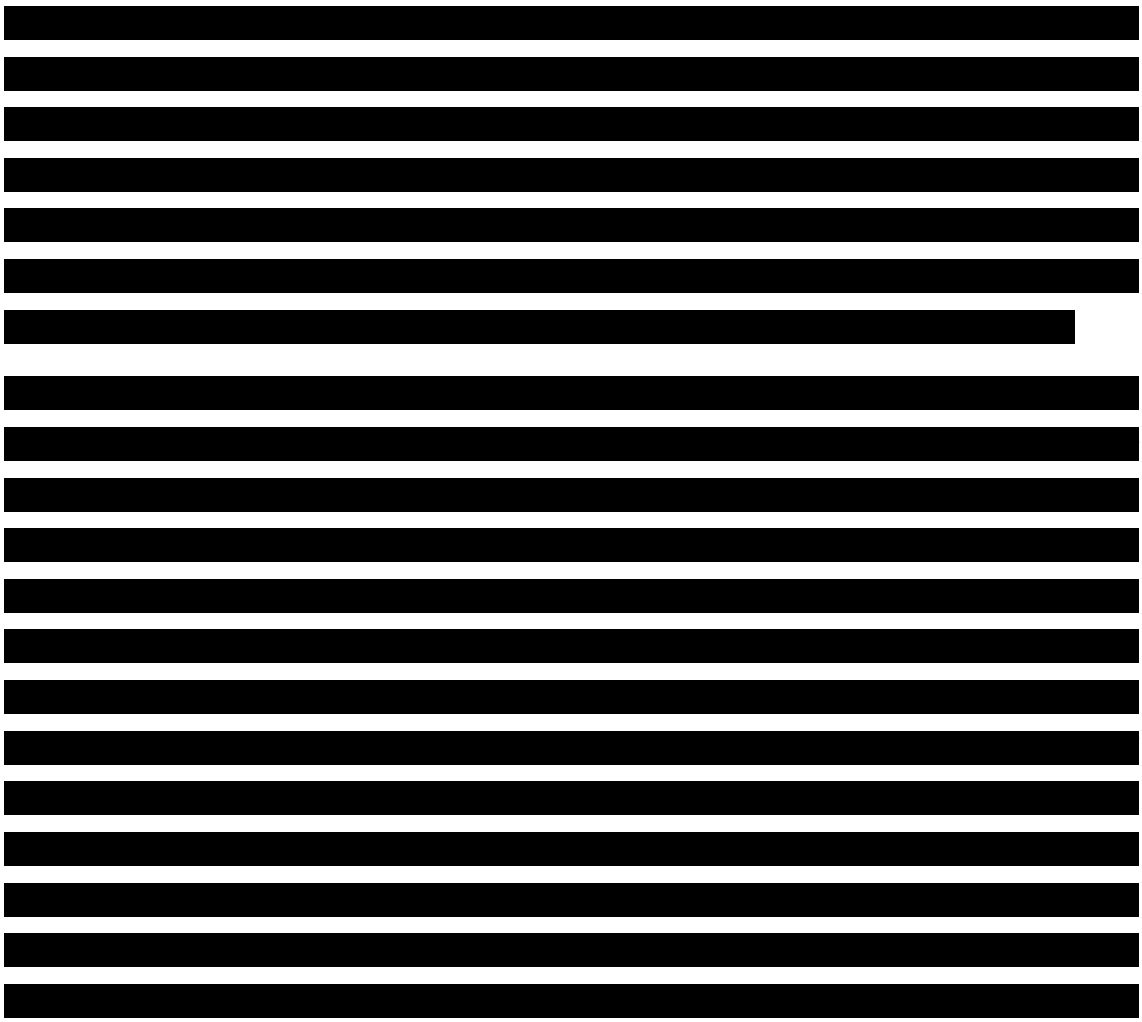
Generally, in Rwanda, the national dominant narrative of the tragedy is 'the genocide against the Tutsi in 1994', in which Tutsis are victims who were massively slaughtered by Hutu murderers . As pointed out by Doná (2010b), in this narrative, the suffering of Tutsi genocide survivors is presented as a symbol of national suffering and the significance of nationwide or even global support for Tutsi genocide survivors is emphasized. Against the background of this dominant narrative, narratives of Hutu's victimhood and their suffering from other tragedies are silenced. However, in Musanze, the narrative of Tutsi genocide survivorship is marginalized, and instead the narrative of Hutu victimhood due to the war of the *abacengezi* has become dominant. According to this narrative, the Hutu majority citizens were massacred by "soldiers" (most of them were the Tutsi-led RPF) during the war of the *abacengezi*. Here, the victim-perpetrator dynamics between Tutsi and Hutu are reversed.

To answer my question in the specific context of Musanze, it is important to consider the following two issues. First, local citizens of Musanze are prone to find it difficult to share

[14] Officially, in Rwanda, the word of 'survivor' can only be used for victims of the genocide against the Tutsi in 1994 as they were listed as victims but survived; victims of other tragedies cannot be called 'survivors'. However, in my thesis, I also call victims of other tragedies, including the war of the *abacengezi*, 'survivors' in the sense that they survived adverse experience.

wartime experience as well as everyday life with Tutsis who migrated from other areas of the country or returned from outside the country after the war period. Those Tutsis are perceived by local citizens as 'outsiders' who have nothing to share with them. Also Tutsi outsiders are distinguished from local Tutsis who went through the war period with Hutus in Musanze. The Tutsi outsiders generally follow the nationally dominant narrative of Tutsi genocide survivorship (even though some of them were in exile during the 1994 genocide and thus not genocide survivors themselves), and do not share the locally dominant narrative of Musanze citizens' war victimhood. Therefore, local citizens of Musanze tend to exclude the Tutsi outsiders from their communities wittingly or unwittingly. Second, for Tutsi outsiders, too, living with local citizens of Musanze is not a comfortable experience. It is particularly difficult for Tutsi genocide survivors who migrated to Musanze after the war period because the survivorship narrative is marginalized in this area; moreover, the victim-perpetrator dynamics are reversed (in the locally dominant narrative, the majority of the perpetrators are of Tutsi ethnicity). In this section, drawing on detailed narratives of different participants I explore how these two issues can be overcome.

Disconnection between Tutsi outsiders and local citizens of Musanze



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Isolation of a Tutsi genocide survivor

The second issue is the difficulty Tutsi genocide survivors have living in local communities in Musanze due to the marginalisation of the Tutsi genocide narrative and the reversed

Tutsi/victim-Hutu/perpetrator dynamics. The issue emerged in the narrative provided by Murekatete, a genocide orphan living in *Matara* village. She participated in my research when Kamana and I had lost hope of finding a genocide survivor in the village. It was difficult to reach her through local networks since she was withdrawn and isolated from other people in the village but by chance, a woman research participant from the Adventist church connected Kamana to Murekatete. Kamana's ethnic background, being Tutsi, may have been played a role in gaining access to her.

Murekatete is a female student at Musanze university at her late 20s. She was originally from Kigali and came to Musanze to study four years ago. She lost all family and cohabiting relatives except her mother during the genocide against the Tutsi in 1994. Since then, she has received a variety of support for genocide survivors from both governmental and international organizations, such as FARG (the government-affiliated organization for genocide survivors that Ishimwe mentioned) and AERG (Association des Etudiants et Éleves Rescapés du Genocide; an association of student survivors of genocide, supporting genocide orphans). Murekatete told Kamana about the support from FARG:

> FARG paid school fees for me until graduation, even though I haven't got the opportunity to further my studies in higher education. […] We sometimes get scholarships from FARG. FARG has been on our side and we could not lack anything including school uniform, notebooks, ticket fare for students living far away. The money was sent to us. Also, in holidays food was reserved for children without parents. There was food to eat until schools reopened. Orphan students were equally given a home where they could spend holidays. (S31, 16-Mar-2016)

Her experience of socio-economic support from FARG contrasted with Ishimwe. As reported earlier in this chapter, he said about FARG; "Do you think they are here for me? They don't. […] We can commit suicide because of … [a difficulty in raising] our children… I'm sorry but FARG, they don't [help Hutu orphans of the war of the *abacengezi*]." (S36, 6-May-2016). Ishimwe's reference to "our children" here meant orphans of the war of the *abacengezi* in his community, rather than his own children. Generally, community members, such as kin members and neighbours, are collectively taking care of orphans because they cannot expect any support from the government or international aid organizations. From Ishimwe's viewpoint, it is so hard for community members, including himself, to raise a number of orphans by themselves that they can "commit suicide" themselves.

Murekatete regards FARG and AERG as the only communities to have supported her life since the genocide. She has a strong connection to those organizations and does not feel close to any other people or communities. She also recounted how AERG group meetings help her with mental recovery:

> [In the AERG meeting, o]ne person might tell you one thing and another tells you another and immediately you feel that your mind is released because of talking about such issues [psychosocial suffering derived from the genocide]. When we meet others who have a lot of problems, it becomes an opportunity for us to get rid of our worries. Indeed, when we talk with someone with whom we share the same problems, we feel secured in our minds. (S31, 16-Mar-2016)

In her view, members of AERG share psychosocial suffering from the genocide and they can also talk freely about it in the group meeting, which is allowing her to heal.

In contrast to her healing experience with AERG, Murekatete described serious isolation from her neighbours in *Matara* village. When Kamana asked if she had *ibikomere* due to the genocide, she began to talk about isolation from the local community:

> I have been living here for four years, but I have not been able to be sociable with other people. In fact, I do not do so. I ask myself what I can talk about with them. […] Our lives are not similar so I haven't been able to feel confident with others. I can say that here in the quarter I haven't been able to make friends because I think that no one can help me solve my problems. Therefore, for me there is nothing we can talk about. (S31, 16-Mar-2016)

Murekatete believed it was useless to share her experience of the genocide and subsequent suffering with her neighbours because they went through different tragedies from hers. She did not feel comfortable with them and thus became withdrawn and isolated from the local community.

Moreover, she said that she becomes the most isolated during genocide memorial week in April. She said; "during this period, I do not like to go out. I stay at home" (S31, 16-Mar-2016). Generally, at this time, the government organizes a daily meeting over seven days in every village across the country, and all villagers are obliged to attend; this is called '*ibiganiro* (discussions)'. However, she would prefer not to attend *ibiganiro* meetings because they increase her distress:

> I feel my heart is broken. Some people do not give this period due consideration. There are some people who despise it. When you see their attitudes, you realize that they do not give due credit to it. For instance, when people are told to go to the *ibiganiro* meetings, they do it reluctantly and unwillingly, saying that "are they [Tutsis] the only ones who died?" I particularly don't like to hear such words. I don't feel comfortable to go deeper into that matter because of the fear of being internally hurt. In this way, I can unnecessarily speak to someone harshly. I prefer to keep quiet and only watch them. I tell myself that it would be more helpful for me not to attend the *ibiganiro* meetings than to go there and see what my neighbours are doing. (S31, 16-Mar-2016)

For Murekatete, genocide memorial week is a difficult period during which she can become re-victimized by the attitudes of neighbours who claim Hutu war victimhood, and disregard Tutsi genocide survivors. However, my observations would suggest that during this week local Hutus also feel more strongly that their victimhood is disrespected and express more complaints

against the Tutsi-led government. Many events over memorial week, such as radio broadcasts, the *ibiganiro* meetings, and the government-led commemoration ceremonies for genocide victims, trigger past memories of the war of the *abacengezi* among Hutus as well. In this situation, Murekatete firmly closes her heart to her neighbours so that she is not aware of them ignoring her wounds and claiming their own victimhood. In short, despite generous support from the government and international organizations, Murekatete suffered severe depression because she was unable to share her narrative of suffering with her neighbours.

Sharing narrative of suffering

The two narratives provided by Ishimwe and Murekatete show how difficult it is for both Hutu victims of the war of the *abacengezi* and Tutsi victims of the 1994 genocide to share their narratives of suffering with each other. Each party constructs the other as the perpetrator and tends to disregard the other's suffering. There is apparently a significant gap between the narratives of the two parties. However, I would like to ask the question; even if it is not easy, would it still be possible for them to find a way to bridge this gap between the narratives?

An answer to this question emerged from a story recounted by Muhoza, a female orphan[15] of the war of the *abacengezi* from *Matara* (see Chapter 4 for her war experience). In Chapter 4, Muhoza described her suffering as loneliness and too-much thinking about the past, which was intensified by social isolation. During the interview, in order to explore her experience of social reconnection, I asked how she might be able to help others' recovery. She then told me the story of her friend, Odette, a genocide orphan:

> [To help other's recovery, f]irst we should start with talking to each other and after that I can tell her about myself. We heal each other by sharing our lives and caring each other. [… For example, y]ou know about her. Her parents… She was a genocide orphan. She lost her parents during the genocide. She was living alone. We were the same. The difference between us was that she was an orphan of the genocide [and I am an orphan of the war]. (S7, 29-Nov-2015)

In another interview I conducted about six months later, Muhoza provided more detail about how she became friendly with Odette and how they found each other "the same":

> I met her at the work place. […] I met her and we talked to each other. She told me how she lives, how she came here to work, and I did the same. […] She told me that her parents died during the genocide, and after that she decided to come to the town in search for a way to earn a living. That's how she started the job here […]. (S7, 14-May-2016)

When I asked Muhoza how she helped Odette, she said:

[15] According to the government definition, 'orphan' refers to children under 20 who lost at least one parent. In the thesis, I use the word 'orphan' to signify an unmarried person who lost at least one parent before the age of 20.

> The first thing was to sympathize with what happened to her, then I told her to work hard in spite of that difficult past and to pray for those who… those who put her in that situation… and I asked her not to revenge […]. I remember one talk I had with her. […] I think this is what helped her to change. Most often, she used to tell me that she was a homeless orphan. I told her that my situation was more terrible than hers. Therefore, she realised that she was not the only one living in terrible situation, therefore, she could bear with it. She said ”I am now released since we both are the same”. She understood that meeting another person who lives in the same conditions as hers would help her to know how life is. Therefore she realized that such situations can happen to anyone. (S7, 14-May-2016)

Muhoza told that after they became good friends, Odette got engaged to a man living in Kigali. Although she moved back to Kigali, she invited Muhoza to her wedding which would take place a week after the interview. Muhoza said: “I will go there because I want to see and greet her.” (S7, 14-May-2016).

Sharing narratives of everyday life

The story of Muhoza suggests that sharing narratives of suffering can be key to bridge the gap between the narratives of Tutsi genocide survivorship and Hutu war victimhood, and to allow survivors of the different tragedies to heal each other. However, I would also like to question if ‘speaking’ about suffering is the only way for Tutsi and Hutu survivors to live together and heal each other. My ethnography did not directly answer my question because of very limited access to Tutsi genocide survivors. Nevertheless, here, I want to draw on my interview with Ishimwe to show how local Tutsis and Hutus live together and heal each other in Musanze through everyday activities as a potential answer to the question.

Throughout the interview, I was aware that Ishimwe talks freely about his negative feelings against Tutsis to Kamana, a Tutsi; and Kamana also showed Ishimwe his deep understanding and agreement. In fact, Ishimwe and Kamana are good friends who talk and laugh together. In this interview, too, they turned every negative topic into humour. Ishimwe even said to Kamana: “you are *umuhutu* [Hutu]!” (S38, 12-May-2016). He distinguished Kamana from the ‘Tutsi outsiders’ he hates. In other words, for Ishimwe, the relationship with Kamana is differently formed from that with Tutsi outsiders. This led me to question how the friendship between Ishimwe and Kamana was formed.

I first assumed that they shared a narrative of suffering as in Muhoza’s story. This was, however, unlikely to be the case as it was obvious from Kamana’s response in the interview that he had never heard Ishimwe’s wartime stories. I asked them during the interview why they were so friendly with each other despite the difference in ethnic backgrounds. Kamana said: “I have a lot of reasons to love Ishimwe. I have a lot of stories between me and Ishimwe.” (Kamana, 12-May-2016). According to Kamana, he first met Ishimwe at his workplace. At the time, Ishimwe was a security guard of the church organization where Kamana worked. He told me about an event in 2008, more than five years before the research project:

> I remember… I was using a church bicycle [for my fieldwork]. [But one day] someone stole it. Then Father Martin said, "[…] you have to pay [for the stolen bicycle] immediately without going back [home and without being] out of that [office]!" Then I said: "How can I do that!?" Martin whispered to Ishimwe; "don't tell Kamana, [but] I'm going to call the police to catch him." As Martin went out, Ishimwe said [to me]: "Please, go immediately! Run! Go back home! And find a place to hide yourself because soldiers are coming to catch you!" [But] I explained to Ishimwe "I'm not an *igisanbo* (thief). I have to wait for the decision of the court [if Martin brings the case there]. I don't want to leave here. If I leave here, they [will] say 'it's true. He is an *igisanbo*'. That's the reason why I'm going to stay here even if a policeman would come." (Kamana, 12-May-2016)

Hearing the name of Father Martin, Ishimwe warmly laughed; "are you remembering what happened between you and Martin?" (Kamana, 12-May-2016). Martin is a Hutu priest who was Kamana's boss at the church organization at that time. I also worked with him between 2010 and 2012. He sometimes told me about his wartime experience; he witnessed soldiers shooting civilians and bombs destroying towns of Musanze during his childhood, which led him to become a priest in order to build peace among the people of Musanze. However, I also observed during my previous stay that he occasionally shows complex feelings against Tutsis, like Ishimwe. In particular, he was sometimes harsh towards Kamana. His negative attitude towards him may have been due to personal issues rather than purely ethnic hatred because I also saw him be friendly with other Tutsis. However, explaining to me about his negative feeling for Kamana, he referred to the national dominant narrative that emphasizes only the victimhood of Tutsis. I remember that he once said to me; "he has 'a different blood' from ours".

For Kamana, the incident of the stolen bicycle in 2008 was an opportunity to be close to Ishimwe. The story had a happy ending: Kamana and his friends searched for the bicycle as well as the thief and fortunately found both. Consequently, the incident led to another story of reconciliation between Kamana and Martin. They went through a traditional reconciliation process with the help of members of the church organization. Masengesho, the dedicated Christian who provided stories of being refugee in DRC, war experience, and recovery in Chapters 4 and 5, played a role as an *umuvugizi* mediator of the process. Kamana continued:

> Masengesho helped Martin to come to my home [because] Martin [had] said "I'm his boss. I can't go to say 'forgive me'". They came to my home with some [bottles of] beer and Fanta. [… But] I didn't want to meet with Martin, then… my wife said [to me]; "please be patient. You can go. They came here to ask for [your] forgiveness. You have to respect them and listen to them." Then I came [in the room] and we discussed what happened. But I remember, at that time, I said; "it's not [right] time to talk about it. I have big *ibikomere* (wounded feelings). Even if you talk about it, I can't listen to you." […] And I spend… about two months without going to work.
>
> But Martin […] contined to give me the salary. Sometime I called him: "I went to see my bank account. I saw that there is payment. Why did you pay even though I didn't come to work? You have to take your money [back]." Also I called Masengesho as a mediator and they came back [to my place] again. [Additionally] I had [a help of] another priest I like, you

> know […] the priest called Eugene Hakizimana […]. We called him to preach for us. Then he called me; "please go to your work. Sometimes people can make some mistakes because of emotion. […] Martin told me that you are a good worker. I know [that] Martin likes you. But the problem is that he took the decision without thinking. […] Martin is not a bad person for you." Then I […] made a decision to go back to work. Yeah, I know him. He is not a bad person. The problem is to take a decision without thinking. If you listen to his idea, [you will say] "ah, he is a good person". (Kamana, 12-May-2016)

The story of the friendship between Kamana and Ishimwe developed into a story of reconciliation between Kamana and Martin, involving more and more members of the church as well as neighbourhood communities to resolve the problem. It is through exactly this type of everyday activity that the people of Musanze are healing themselves. As Kamana finished his speech, Ishimwe said, "it's very, very long time ago [when it happened]! […] We are friends. We share something, don't we? We are friends." (S38, 12-May-2016).

Summary

Chapter 7 explored boundaries of communities' healing capacity and examined three conditions in which communities stop helping members who are suffering. Those conditions were: when a member has severe mental illness, when a member breached the reciprocity norm, and when members are unable to share narratives of their war experience. Through exploring the exclusion of members from communities' healing practices and the ways in which opportunities to share in these practices can be regained, the chapter identified central elements in the community's self healing process. I would summarize these elements as follows: reciprocity, mobilizing resources already in place within local communities, and sharing life narratives.

Reciprocity emerged recurrently throughout different chapters as an important element to construct the ways in which communities heal themselves; this chapter more clearly demonstrated its necessity. Communities are constructed and function through reciprocity. It is a key norm through which an individual can become connected or disconnected to a community. Members continue to provide and receive support through constant reciprocal behaviours.

In supporting suffering members, a community mobilizes their own resources from their networks to resolve issues in ways which make sense to them. Even if the community faces a limitation, it casts its networks wider to find the necessary resources. However, it may become more difficult for communities to heal an individual who has a severe mental illness such as behavioural disturbances due to hallucinations or when a sufferer's narrative does not match the community's narrative to make sense of suffering and produce healing pathways.

Above all, sharing a life narrative, including sharing narratives of suffering, of everyday life, of life-stories and small episodes in life, is likely to be at the heart of the communities' self-healing

process. It is not merely sharing the same experience. Rather, it is placing oneself in the story of someone else as a meaningful person such as a helpful neighbour, an advice-giving friend, a participant in a significant life-event or ceremony. It may also be to have a shared sense of ‘I have a story to tell about her’ and ‘I have a story to tell about us’.

Chapter 8: Discussion

Summary of Findings

The thesis has presented an ethnographic study of the ways in which local communities heal psychosocial suffering from war in Musanze, northern Rwanda. Drawing on Charmaz' (2006) grounded-theory ethnography combined with narrative approach, the research explored communities' ways of healing psychosocial suffering embedded in multi-layered contexts (i.e. cultural, social, and political contexts), with intense focus on the meaning of 'healing' from a local point of view. The research was conducted in a politically-sensitive context in which participants cannot freely speak about their most adverse experience, the war of the *abacengezi*, due to risk of the legal sanction against speaking about this war and also the fact that the main offenders were soldiers of RPF which is the leading political party of the current government. Although this thesis presents many narratives of wartime experiences, including massacres committed by RPF and *abacengezi*, I would like to emphasize that the thesis neither aims to nor claims to provide historical evidence, or make accusations regarding human rights abuses committed by any actors. Rather, it focuses on discussing suffering and healing pathways from local points of view, and therefore, the narratives presented should be understood as narratives, not historical facts.

Empirical findings from the ethnographic fieldwork were presented in Chapters 4 to 7. Chapter 4 illustrated local experience of psychosocial suffering due to war. Participants conceptualized this suffering as a progressive spectrum from wounded feelings to behavioural disturbances, constructed by the degree to which they experience social disconnection and how far their thoughts and memories were oriented towards a wounded past. They reported that social disconnection facilitates 'remembering' and 'thinking too much' about the past, resulting in increased wounded feelings and manifestations of behavioural disturbances. The psychosocial suffering most commonly narrated by participants were feelings of isolation, loneliness, and helplessness, derived from the loss of loved ones; in other words, the loss of people who had shared their life. They also recounted suffering due to the difficulty in giving meaning to life, in making sense of the deaths and of the act of killing. Such suffering may have arisen from the destruction of shared lives which had shaped their world before the war; this destruction may be an underlying element producing the spectrum of psychosocial suffering. Another significant element in the construction of psychosocial suffering due to war was what I call 'political unspeakability'. That is, I would argue, a significant political context that can aggravate psychosocial suffering due to victims being unable to feely speak about the experience of the war of the *abacengezi*, including those who killed and those who were killed during the war. The political unspeakability prevented people from processing mourning and reconciliation

through ready narrative structures, such as funerary rituals and traditional reconciliation systems, which ordinarily allow them to make sense of unexpected adverse events. Thus it may amplify the difficulty in giving meaning to life, making sense of the deaths and the act of killing.

Chapter 5 presented the ways in which communities heal psychosocial suffering in the context of the political unspeakability, drawing on narratives of healing experience since the war time. A common sequence of healing pathways among participants' narratives traced a process of leaving the wounded past and going forward toward a future through participation in social groups, including church-based groups, traditional mutual-saving groups, and neighbourhood relationships. Those communities were reported to have healed suffering through reconnecting victims to others, providing a grand narrative which gives meaning to life and the deaths, mediating a reconciliation process which helps them to make sense of the act of killing. Based on participants' accounts, in these ways communities have helped them to shift their orientation from the past to the future. In short, narratives of healing pathways showed that key elements of psychosocial suffering described in Chapter 4, including social disconnection, an orientation towards a wounded past, difficulty in giving meaning to life, making sense of the deaths and the act of killing, have been healed through community participation. Particularly in terms of healing psychosocial suffering in the context of the political unspeakability, communities have played a role in providing alternative ways of healing without 'speaking' of their wounds directly. These included allowing people to express and make sense of their suffering through communal prayer, drawing on Bible stories, and addressing everyday-life problems.

In Chapter 6, I moved to explore the ways in which healing takes place here and now through the interaction between a suffering individual and a community. It focused on a traumatized elderly woman who was in a late stage of life, Nyirakamana, and her neighbours; it explored how Nyirakamana's narrative of suffering shifted over time through interaction with her neighbours. Nyirakamana's story described a process of withdrawing from the wounded past and moving toward a future, echoing the common sequence of the healing pathways in Chapter 5. Her past-focused narrative was re-oriented toward a future within a larger scale of shared narrative. This healing took place through sharing narratives of everyday-life practices (e.g. helping each other to secure water, foods, firewood, and carry out farm work) and sharing narratives of significant life-events (e.g. ceremonies, life-stories since before the war period) among neighbours. Sharing such narratives may work as a 'healing' process because it can reconstruct 'the destroyed shared life', bind the wounded time and other times of life, which allows a community to portray a suffering person as a holistic 'human', rather than the 'traumatized'. Furthermore, the exploration of healing toward a 'future' resulted in revisiting a notion of 'healing' on a local time scale, which transcended a personal life and death. Life is

locally perceived to be handed over from generation to generation and the purpose of life in local value is to live everyday lives in preparation for handing over to the next generation well. In light of these local views of life and death, healing or recovery from wounds of war may not necessarily come to be the central purpose of life. From the local point of view, wounds may be something to 'be lived' as part of life, or a series of lives, rather than recover from or grow through.

Finally, seeking for boundaries of the communities' healing practices, in Chapter 7, I examined three conditions which emerged during fieldwork as preventing communities from healing suffering members. Those conditions were, when a member has severe mental illness (e.g. abnormal behaviours due to hallucinations), when a member breached the norm of reciprocity, and when members are unable to share narratives of tragic experience during the war period. The exploration of boundaries resulted in emphasizing reciprocity and trust as underlying elements that bind members and let a community work to heal themselves. It also reconsidered what 'healing' means to local communities and suggested that through co-constructing shared narratives of life, including shared narratives of everyday-life practices and of significant life-events, communities heal themselves.

In the rest of this chapter, I discuss these findings on the ways in which communities heal themselves as well as the notion of 'healing' in more depth after examining methodological limitations and contributions.

Methodological Contributions and Reflections

This thesis made several methodological contributions to narrative research and ethnographic research in a politically-sensitive field. In this chapter, I focus on discussing the most significant contribution of my research, namely, expanding a method of grounded-theory ethnography combined with narrative approach. So far, while some anthropologists have developed a method of ethnography with narrative perspectives (e.g. Bruner 1997; Mattingly and Garro 2000), some psychologists have also attempted to include ethnographic approaches in their narrative inquiry (Breed 2014; Squire 2012). In my research, I used a 'grounded-theory ethnography' (Charmaz 2006) in combination with an 'experience-centred approach' (Squire, 2013a); by doing so, the research provided empirical examination and contributed to extending the possibilities of such a combination.

The combination may contribute particularly to the field of narrative research. Narrative research commonly tends to have more focus on oral narratives than non-oral narratives (Labov 1972; Riessman 2008; Squire 2013a). Although recently an increasing number of narrative inquiries have attempted to analyse non-oral narratives, such as visual and action narratives (Squire 2012; Breed 2014), such practice is still under development (Squire 2013a). I analysed

both oral and non-oral narratives including behaviour, actions, mumbling and silences, applying methodological elements of ethnographic grounded theory. This helped my research to describe 'unspeakability' and community actions like *umuganda* farm work as narratives. It was particularly significant to attend to non-oral narratives in the context of political oppression because participants' suffering was often expressed in non-verbal manners and their healing ways were not necessarily speaking about wounds directly. In this way, my research showed that ethnographic methods help to extend the definition of 'narrative' in the discipline. It also provided an empirical example of analysing both oral and non-oral narratives based on data rather than prior frameworks.

In summary, the combination of grounded theory ethnography and narrative approach illustrated the value of drawing on different methodological traditions. While it offered ethnography with analytic approaches to meaning, it attempted to provide an extended definition of 'narrative' to include non-oral signs and provided empirical examples of analysing collective and non-oral narratives as well as social process in a bottom-up manner. In particular, my findings emphasized the usefulness or even necessity of paying attention to non-oral narratives in a politically-sensitive context.

While the research demonstrated methodological contributions, it also had limitations in examining communities' ways of healing psychosocial suffering from war in Musanze. Although I discussed limitations in Chapter 3 as reflexivity, here I make some significant reflections of my research again. First, I relied heavily on my local research assistants, particularly Kamana, to interpret data. As I discussed in Chapter 3 in terms of reflexivity of myself as well as the research team, Kamana is very knowledgeable about local people, life and culture as a fieldworker across Musanze. In this respect, his knowledge can be said to represent local accounts. Also, to open to other possible interpretations, I worked with other research assistants as well, and it helped me to understand the research topic more richly. Nevertheless, most of the time I was understanding local people, life, and culture through his lens. Therefore, my ethnography needs to be understood as such.

Second, it is also significant to reflect on the influence of the research itself and my own presence on the village of *Matara* as well as participants' sense of suffering. One important point to reflect on is that participants' narratives of suffering could have been elicited and formed by the research to some extent. Considering the nature of narrative to be constructed in the context of storytelling and being listened to, the collected narratives of suffering in my research also need to be understood as such. Likewise, economic impacts of the research project on the village should also not be ignored. Although the honorarium paid to participants and the salaries of assistants were very small, they could have influenced the way in which narratives were constructed. Hutus' suffering from RPF-perpetrated violence itself is in line with several

previous ethnographic studies (e.g. Burnet 2012). However, the presented conceptualizations of suffering in the thesis need to be understood as constructed through communications between the research team and the participants, and in the research context.

Political Unspeakability and Not-Necessarily-Speaking Ways of Healing

Turning from methodological to empirical issues, I will discuss three major findings about communities' ways of healing themselves through the remainder of this chapter. I will first discuss political unspeakability as one crucial element of psychosocial suffering among participants, as well as the ways in which communities heal themselves without necessarily speaking about the experience of being wounded; here, healing and speaking will become the main issue of discussion. Subsequently, I will deepen my discussion to consider the meaning of suffering and healing; and reconsider not-necessarily-speaking ways of healing as reconstruction of the shared life and shared narrative. Finally, my discussion will be further advanced to examine meaning of healing in light of local cosmologies, including local views of moral values, life and death. These three discussions will then respond to my research question on the ways in which communities' healing practices get constructed in multi-layered contexts including the cultural, social, and political.

Political unspeakability and suffering

I will begin the discussion with the notion of 'political unspeakability' and the ways in which it was narrated to aggravate suffering among the research participants in Musanze. As noted above, I defined 'political unspeakability' as a context that can aggravate suffering as victims were unable to speak freely about their experience during the war of the *abacengezi*, including identification of those who killed and those who were killed during this war. Detailed descriptions of the political unspeakability were provided in Chapter 4. Although the political unspeakability was evident in narratives describing other tragedies, such as the civil war before 1994, the exodus to Zaire/DRC and forced repatriation of refugee camps, the political unspeakability surrounding the war of the *abacengezi* was the most serious for my research participants and thus emerged most frequently.

Doná (2010b) pointed out the fact that Hutu victimhood during the 1994 genocide became unspoken due to the national policy of the genocide memorialisation and called it "the unspeakable". In her view, the "national Tutsi genocide narrative" is politically formed by the state power to narrate Tutsis as the only victims and to silence Hutu victims who died during the genocide in 1994. She then advocated that suffering of Rwandans should be understood as embedded in this political context. Burnet (2012) described the ways in which the unspeakable is amplified in the Rwandan socio-political context and called it "amplified silence". "Amplified silence" encompasses wider silence surrounding RPF-perpetrated massacres against Hutus,

including massacres during 1994, the exodus to Zaire/DRC, forced repatriation of refugee camps, and the war of the *abacengezi*. She discussed the ways in which political silence prevents reconciliation and enhances ethnic division.

Doná (2010b) suggested the necessity of understanding Rwandans' suffering in terms of the political silence, but how this silence produces suffering from local point of view was not examined in detail. Although Burnet (2012) documented the ways in which political silence can lead to suffering, she focused on socio-political aspects of suffering, such as disrupted processes of reconciliation and enhanced ethnic division. My research, then, has shed light on psychosocial aspects of this issue; namely, how political silence, unspeakability, can worsen suffering due to war. My findings show two common ways in which this occurs. Firstly, political constraints on speaking about those who killed and those who were killed has obstructed the application of the existing narrative structures for mourning and reconciliation, such as funerary rituals and the traditional reconciliation system. These structures would ordinarily help participants to make sense of an offence, someone's death, and give meaning to one's life. Secondly, being unable to speak of offenders, participants had to transform their narratives, and thus could not locate offenders and their offences within those narratives in ways which make sense to them. In any case, suffering of the research participants was exacerbated since they cannot apply or construct narratives to make sense of what happened because of the political unspeakability.

Healing the unspeakable

Responding to the suffering from the inability to construct complete narratives, local communities provided alternative narratives to the ordinarily available so that they helped members to grasp what happened. Interestingly, those alternative narratives did not necessarily 'speak' of the wounded experience directly. As described in Chapters 5 to 7, participants understood the wounded experience through, for example, religious narratives (e.g. episodes in the Bible, a concept of *imana*-God), addressing everyday-life problems instead of dealing with suffering directly, and processing reconciliation through prayer and everyday-life practices. The alternative narratives were most commonly generated through the collective act of praying (this means all church activities), everyday-life practices, and ceremonies from birth to death. Although these included some speaking activities, such as talking about Bible episodes and chatting over everyday-life matters, they were divergent from speaking out about the unspeakable wounds.

Western psychiatry and clinical psychology have traditionally emphasized healing impacts of 'speaking' about traumatic memories. One of the most well-known theories of trauma and recovery as such is provided by the American psychiatrist Judith Herman (1997). As a feminist

working in the tradition of psychodynamics, she advanced the Freudian classic theory of trauma and 'talking cures'. Based on her clinical experience, she proposed a concept of complex post-traumatic stress disorders to encompass victims of rape and childhood abuse in addition to war veterans and elaborated the process of recovery from those traumas (Herman, 1997). Her theory of the trauma recovery has a specific emphasis on the need to "speak of the unspeakable" (Herman's "the unspeakable" refers to violations which are too terrible to utter) (Herman 1997). She writes; "the survivor tells the story of the trauma. She tells it completely, in depth and in detail. This work of reconstruction actually transforms the traumatic memory, so that it can be integrated into the survivor's life story." (Herman 1997: 175). For her, speaking of the unspeakable is a necessary means of recovery from trauma, which enables a victim to integrate the traumatic memory into the life-story. Her theory offered one significant foundation of today's Western psychotherapies for trauma healing, particularly, 'talking cures' and trauma counselling.

However, 'talking cures' and trauma counselling, have been criticized by different scholars including transcultural psychiatrists and anthropologists for being unlikely to be fruitful in war-affected communities (e.g. Summerfield 1999; Neugebauer 2006), as I discussed in Chapter 2. Some systematic reviews of interventions in war-affected populations also report a very limited effectiveness of psychotherapeutic techniques in the tradition of talking cures although they are likely to be the most commonly implemented in the field (e.g. Tol et al. 2011; Patel et al. 2014). As a reason for the limited effectiveness, the lack of attention to social, cultural, and political contexts is discussed (Bracken et al. 1995; Neugebauer 2006; Patel et al. 2014). My findings support these criticisms against 'talking cures' and trauma counselling which emphasize speaking about traumatic experience and memories by providing additional evidence of the ways in which local communities actually attempt to heal themselves. The local communities I researched attempted to heal themselves without necessarily speaking about wounds or suffering directly, but by drawing on religious narratives, everyday-life practices, and life-event ceremonies.

Although *kuganira* (talking to others/each other) was reported as a healing activity by many participants, the important role of *kuganira* for them was reconnection, rather than speaking about the wounded experience and memories. Moreover, as Summerfield (1995) pointed out, the possibility of retraumatization by talking cures, the harm of talking about the wounded experience and memories was also reported in my research. For example, Papa Kamana preferred not to talk about the war experience to avoid remembering and suffering more (Chapter 5). Uwineza did not want to identify offenders, who may be part of family or kin members, in order to protect and maintain her everyday life (Chapter 4). In other words,

kuganira was divergent from speaking about the unspeakable or integrating the traumatic memories to life-story as Herman (1997) advocated.

One important argument regarding the usefulness of speaking about wounds or not for healing is that my research population was those who were silenced by political constraints as a pre-condition for healing wounds of war. It can then be pessimistically interpreted that they have no alternative to non-speaking approaches to healing due to this oppression. In other words, it is possible to ask; if victims could freely speak about the wounded experience, would it be the most effective and useful way of healing for them? Would they no longer need to take the non-speaking ways of healing?

To examine the issue, it may be useful to draw on experience in another non-Western setting. For example, in Japan, many psychologists emphasize the danger of talking about traumatic experience since it often leads to re-traumatization among Japanese victims of violence and disaster. Japanese psychologist Mayumi Imao (2016) pointed out such a danger in her report on psychological practices for Tsunami victims in Japan. She observed that people in the Tsunami affected area generally have a moral sense of the need to not to speak about difficulties. For them persevering against adversities without complaining is a strong value and virtue that is socially admired. It is perceived to be a highly moral attitude, particularly when everyone is suffering. In the context of this local moral code, Imao reports that some victims recovered and maintained their self-worth by not speaking out but persevering. Therefore, psychological practices to encourage victims to speak out about their Tsunami experience are not only re-traumatizing but possibly destructive of their identity, self-worth, and way of living (Imao 2016). In the light of her report, it is not surprising that psychological and psychosocial interventions were strongly rejected by local communities of Tsunami victims.

Japanese Tsunami victims may have been able to reject the domination of Western psychology due to the equality of economic power with the international society. However, low- and middle-income countries generally do not have enough power to do so. In Rwanda, the practice of 'speaking out' is widespread among genocide survivor associations with the support and supervision of Western aid organizations. It is reported to be therapeutic with some genocide survivors. For example, Zraly and Nyirazinyoye (2010) conducted qualitative research on the resilience of genocide-rape survivors in southern Rwanda. Through interviews and observation with members of Abasa (an association of genocide-rape survivors) and AVEGA-Agahozo (an association of genocide widows), they found a practice of "speaking out about genocide-rape experiences" as one important element of perceived resilience. Interestingly, the authors report that the practice of 'speaking out' were particularly narrated by members of Abasa who go public and make speeches about their rape experiences for political advocacy. Zraly and Nyirazinyoye (2010) argue that speaking out about genocide-rape experience enables Abasa

members to transform the rape survival identity from one that is stigmatized and marginalized to one that is courageous, justice-deserving, and publicly valorized. In their view, this recovery process follows Herman's (1997) theory of trauma recovery. Drawing on Herman's (1997) theory and notions, Zraly and Nyirazinyoye (2010) write; "Abasa may be following a universal pattern of taking on a 'survivor mission' after traumatic experience that allows them to 'speak the unspeakable'".

Zraly and Nyirazinyoye (2010) suggest that speaking about trauma promotes healing. However, the act of encouraging 'speaking out' is a part of a broader political narrative and thus encouraging survivors to 'speak the unspeakable' needs to be understood in this particular political context. Zraly and Nyirazinyoye (2010) note that Abasa's practice of speaking out in public ceremonies was encouraged by social and political rewards, such as the First Lady's admiration and grants of houses and goats. Additionally, Abasa members narrated the practice of speaking out as an important political action to prevent future genocide-rape and, therefore, a moral obligation of genocide rape survivors. Although Zraly and Nyirazinyoye (2010) did not discuss the political context, meaning, and implications of speaking out, it is obvious that their research population was considerably influenced by the national narrative of Tutsi genocide survivorship which puts the psychiatric 'trauma' at the centre of the discourse, attracts international aid and provides victims with 'trauma counselling'. Given this national and global politics of trauma, we need to be cautious about acceptance of the universalizing healing impacts of speaking out about the traumatic experience and the usefulness of this practice.

Medical anthropologist Christopher Colvin (2004) offers a notion of "traumatic storytelling", which may shed light on the issue in Zraly and Nyirazinyoye's report (2010). Colvin (2004) conducted ethnographic research with apartheid victims in South Africa and proposed this concept. For him, "traumatic storytelling" refers to storytelling about 'trauma' defined by mainstream psychiatry, which is framed through psychotherapeutic language and practice, and which can itself be traumatizing to the teller. He documented how members of a victim association used this traumatic storytelling to achieve their political purpose, negotiate with the government, elicit a desired outcome, and this resulted in reproduction of the traumatic storytelling. Drawing on Colvin's thesis and Zraly and Nyirazinyoye's (2010) findings, it appears that the notion of "speaking out" about traumatic experience to enable recovery, may be reinterpreted as a reproduction of psychiatric narratives of trauma and recovery under the influence of national and global politics. This reproduction of trauma narrative may be in line with the Bolton's (2001a) study in Kigali, Rwanda; he found the application of the concept of 'trauma' only occurred in a community where foreign aid organizations taught it. In the other community, which had never received education about 'trauma', participants used other conceptualizations of psychosocial suffering (Bolton, 2001a). Despite its significance, Zraly and

Nyirazinyoye did not examine the political context in which the participants' narratives are shaped. Colvin warns, although researchers can be excited by the "great story" narrated by victims, "using these narratives as 'data' without understanding the particular conditions of their production – as many shorter-term researchers, including anthropologists, did – is highly problematic" (Colvin, 2004).

My research contributes to the above debates; that is, the victim who can speak about the traumatic experience (the Tutsi genocide survivor, Murekatete) narrated her experience of suffering, whilst those who cannot speak (victims of the war of the *abacenegzi*, the majority of the participants) narrated their healing experience. I presented the case study of Murekatete, a genocide orphan living in *Matara* village, in Chapter 7. As a member of an association for Tutsi genocide survivors, AERG, she narrated her healing experience as occurring through 'speaking' freely about the genocide experience in AERG, which was in accord with Zraly and Nyirazinyoye (2010). On the other hand, most research participants experienced healing through sharing their lives with others, for example, through communal activities, rather than speaking about past. The story of Kamana, Ishimwe, and Father Martin in the same chapter represents those not-necessarily-speaking pathways for healing. Interestingly, Murekatete, described her serious suffering because of her isolation within the village. For her, it was difficult to share her genocide experience as well as everyday life with other villagers.

In conjunction with Zraly and Nyirazinyoye (2010), as well as Colvin (2004), my findings can provide the following insight. Namely, speaking about traumatic experience can work therapeutically within a community of Tutsi genocide survivors which is influenced by the mainstream psychiatric narrative. However, out of that context, or in a wider context of the local community, the practice of speaking about the wounded experience may not play a main role in healing. Instead, sharing one's life with others through the communal activities described above, is likely to have more significance as a healing pathway.

Meaning of Suffering and 'Living' as Healing

Communities' ways of healing psychosocial suffering from war are not necessarily speaking about the wounded experience, but rather, sharing life with others through non-verbal practices such as church activities, everyday-life practices, and life-event ceremonies. Yet, how is it possible that local communities heal themselves through not speaking about the wounded experience? How can those not-necessarily-speaking practices can be healing? This revisits the question I posed at the beginning of my inquiry: how can 'living' be 'healing'? In Chapter 2, I reviewed ethnographies authored by Gibbs (1994, 1998), Last (2000) and Pells (2011) who proposed the notion of 'living' as the way in which local communities heal themselves after war in Sub-Saharan Africa. They suggest that 'living', which is constructed by religious rituals,

everyday-life practices, and ceremonies, is a local way of self-healing. However, how 'living' can be 'healing' was not clearly explained in their studies. My ethnography then offers empirical data to explain this process. To answer the question, I re-direct the view of suffering and healing pathways from the socio-political to the socio-cultural sphere and the focus of my discussion from unspeakability to meaning.

Meaning of suffering

The suffering of my research participants was represented by feelings of social isolation, loneliness and helplessness due to a loss of loved ones. These findings reiterated previous reports that suggest grief and loss as the centre of suffering from war, such as Ventevogel et al (2013), Rasmussen et al. (2014), and Hassan et al. (2016). Meanwhile, my findings did not exactly echo previous research conducted by Bolton (2001a) in Kigali, Rwanda. Bolton (2001a) reported "*agahinda* (grief)", "*akababaro* (depression)", and "*guhahamuka* (trauma)" as local idioms of mental health impacts of genocide. All three concepts were reported in my research as well but the former two were narrated as part of *ibikomere* (wounded feelings) (see Appendix VII). Interestingly, Bolton's (2001a) research population did not report *ibikomere* but *guhahamuka* as local idioms of suffering from genocide, while my participants perceived *ibikomere* as the core suffering from the war of the *abacengezi* but they generally did not know the word *guhahamuka*. *Guhahamuka* is known as an improvised word to express suffering from genocide in line with the Western psychiatric 'trauma' (Wulsin and Hagengimana 1998; Wilson and Lindy 2013). It is also found only in local communities which received psycho-education of trauma by humanitarian aid organizations in Bolton's (2001a) research. Hence the diffent findings between my research and Bolton's (2001a) may be due to the context of different tragedies and reflect the influence of interventions by international communities, such as psycho-education of trauma.

Through collecting detailed accounts of suffering and analysing them, my research further elaborated that suffering due to loss is associated with the destruction of shared life as well as the loss of meaning in life and in their adverse experience. A common theme emerging from participants was that community members who used to share a collective life were divided into those who died and those who survived. This left existential questions for survivors; primarily, "why did I survive when others were killed?", and "why did they kill my loved ones?". Suffering was recounted as rooted in the destruction of a shared life and the consequent impossibility of comprehending what had happened.

Empirically as well as theoretically, many researchers have suggested that suffering from war is represented by loss and grief (Davis 1992; Ventegovel et al. 2013; Rasmussen et al. 2014; Hassan et al. 2016). Meanwhile, some scholars have also pointed out that the question of 'why',

or loss of meaning, is the centre of suffering (Kleinman 1986; Bracken 2002; Hassan et al. 2015). Loss and grief, as well as the loss of meaning, were sometimes mentioned in relation to the destruction of social fabric (Bracken 1998, 2002; Hassan et al. 2016). However, the ways in which those three different elements are associated was unclear. My findings explained their interrelation from an emic point of view as described above and contribute to understanding the emic experience of suffering in depth.

Existential questions are often explained as a spiritual form of suffering by some scholars (Kleinman 1986; Bracken 2002; Hassan et al. 2015). Hassan et al. (2015) called it "spiritual suffering" and Bracken (2002) remarked that the loss of meaning is commonly seen in societies that are rooted in religious and spiritual ontology. My research also found that the existential questions are associated with faith and God. At the same time, however, it emphasized the significance of the destroyed social fabric, what I call 'the destruction (or the loss) of shared life'. In my data, the destruction of shared life was an underlying element of the loss of meaning as well as grief and social isolation.

The suffering arising from the destruction of a shared life can be theoretically explained by using the concept of the "sociocentric" self by Shweder and Broune (1982). According to them, the person who have the "sociocentric" self is not an autonomous individual but is subject to the collective society. Referring to their theory, Bracken et al. (1995) and Bracken (1998) pointed out that the self is likely to be "sociocentric" in many societies in the world other than Euro-America and the social world plays a pivotal role in recovery from war in such societies. Considering the "sociocentric" characteristics of the self, we can presume that the destruction of shared life will have a destructive impact on the self and produce the loss of meaning.

Furthermore, narrative theories deepen the understanding of the association between the loss of shared life and the loss of meaning and how it can result in suffering. Debating the relationship between life and narrative, a French philosopher Paul Ricœur (1991) points out the gap between the two by saying that life is lived and stories are told but he attempts to reconcile the two. He argues that life is no more than a biological phenomenon if it is not interpreted; but it becomes a meaningful experience through being narrated. For him, narrative, or telling stories, is a means of interpreting and giving meaning to life. Shedding light on lived aspects of stories, he says that "stories are also lived in the mode of the imaginary"; at the same time, he also says that life is "a story in its nascent state", in other words, "a story not yet told" (Ricœur, 1991). Following Ricœur's theory with an advanced definition of narrative which includes not only oral stories but also non-oral signs, Squire says; "narratives are essential means of human sense-making" (Squire 2013a: 50). Additionally, drawing on a theory of a community psychologist Julian Rappaport (1998, 2000), not only personal-level narratives but also "shared narratives" at community level are an important means of constructing human sense-making. Rappaport offers

a concept of "shared narrative" or "community narratives", referring to stories which are common among a group of people and shared through interaction, texts, pictures, performances, and rituals. According to him, while individual members create shared narratives, shared narratives also synergistically create meaning and identity for individual members.

Based on these narrative theories, the association between the destruction of shared life and psychosocial suffering can be understood as follows. The destruction of shared life due to war inevitably leads to the destruction of shared narratives which were resources for constructing meaning and identity of individuals, thereby rendering the individual's sense-making incoherent. Thus, the meaning of the survivor's life and the deaths of loved ones is lost and results in suffering. In particular, in a setting of political oppression, in which victims cannot hold funerals, use the traditional reconciliation system, or narrate their experience, the suffering is intensified. Political unspeakability prevents the construction of narratives through which one's life and experience can be given meaning and increases suffering.

Meaning-making and 'living' as healing

While suffering ioriginates from the destruction of shared lives, communities attempt to heal this suffering through reconstructing shared lives, recreating meaning in life as well as in death, and making sense of their experience, as I have shown in Chapters 5 to 7. Recently, increasing attention has been paid to the significance of sense-making in recovery and mental health support (Eggerman and Panter-Brick 2010; Ventevogel et al. 2013; Hassan et al. 2015). In particular, religion and spiritual supports (e.g. prayer, spiritual healing) are reported to be a significant means of giving meaning to adverse experience (Eggerman and Panter-Brick 2010; Hassan et al. 2015). In accordance with previous literature, my research found that the faith-based group is one of most important community organizations to assist the healing process. Religious narratives (e.g. Bible episodes, the concept of *imana*-God, and religious ceremonies) in faith-based groups enabled members to make sense of what had happened.

However, based on my data, it was not only spiritual support but also traditional and everyday-life support that helped participants with sense-making. In line with Hassan et al. (2015), my data also suggested that for people who do not have a strong religious identity, spiritual support is unlikely to be helpful with their sense-making. Noteably, my research revealed that such people relied more on other social groups, such as mutual-saving groups, family and neighborhood groups. In those groups, traditional narratives (e.g. ceremonies, rituals, reconciliation systems, and myths) and everyday-life practices played pivotal roles to give meaning to their lives. It is particularly noteworthy that the traditional mutual saving was found to be a community's coping and sense-making system in my research. Such systems are widely known as 'rotating savings and credit associations (RoSCAs)' in low- and middle-income

settings and are mostly researched in the discipline of anthropology and economic development (Ardener, 1964, Geertz, 1956, Okeke, 2014, Dekle and Hamada, 2000). RoSCAs are understood to build social capital and trust in the post-war context of Rwanda (Benda, 2013) but their meaning-making function has not been given attention. In combination with practices in other social groups, my findings extended the knowledge of the ways in which suffering people make sense of their experience and cope with their suffering in different social groups.

Narrative that gives meaning to existential suffering and transform the suffering into what is acceptable to the person and the society can work therapeutically; such a phenomenon is reported by classic anthropological studies, such as Levi-Straus (1963), Kleinman (1986), and Kirmayer (1998). In my findings, religious and traditional activities, everyday-life practices and life-event ceremonies were key elements to construct shared life and narrative among local Rwandans, and thus, played essential roles in giving meaning to their lives and helped people to make sense of what had happened. These practices are in fact suggested as constituents of the notion of 'living' and as the communities' healing process by Gibbs (1994), Last (2000) and Pells (2011). Based on my findings, I support the idea that 'living' is the local healing process or 'healing' itself. But my question was "how can 'living' be 'healing'?" and I render one explanation by means of focusing on meaning as well as shared aspects of suffering and healing. That is, local communities are reconstructing shared life and shared narratives to restore meaning of life and make sense of the things happened to them through religious and traditional activities, everyday-life practices, and life-event ceremonies. In this way, 'living' itself can become healing. Here, I reconceptualised war-related suffering as the destruction of shared life and narrative, which deprived victims of meaning in their life and ways of making sense of the world. Conversely, I revisited the communities' healing way of 'living' as a means of reconstructing shared life and narrative, which gives meaning to life as well as the world. By reconceptualising local experience of suffering and healing pathways, I provided a new insight into understanding what people who are recovering from war are actually doing through 'living' with others in communities.

I would like to emphasise that, in my view, 'living' itself can be healing not because war victims are occupied by everyday-life survival as Pells (2011) suggested, rather, because it is a way of reconstructing shared life, narratives, and meaning. I have more emphasis on the significance of the loss of meaning in suffering than socio-economic conditions such as poverty. Thus, in my view, reconstruction of shared life, which recreates shared narratives and meaning, is essential in the healing process. Here, the wounded past is not totally ignored, but rather positioned and integrated into a larger narrative of shared life, through 'living' day to day with others.

Healing in the Light of Local Views of Moral Values, Life and Death

Time, narrative, and healing

The previous section discussed communities' healing processes with a specific focus on 'sharing'. Drawing on my findings and narrative theories, I argued that suffering arises from the destruction of shared life and conversely, the reconstruction of shared life becomes a crucial part of healing as it allows sufferers to recover meaning in their lives. I found 'living' as a healing process itself in line with Gibbs (1994, 1998), Last (2000), and Pells (2011). At the same time, however, I emphasized 'sharing' and elaborated 'living with others' as a way of regaining meaning and sense-making; by doing so, I offered one explanation as to how 'living' itself can be 'healing' and contributed to advancing the notion of 'living' as healing.

But what is 'healing' for local communities? In light of Davis (1992), I ask this question to inquire what characteristics of humanity and what social world they attempt to preserve and repair. Uwineza's account provides a window into the most common idea of healing among the research participants. That is; "not thinking about the past, not remembering the past, but you make a decision to see future." (S41, 20-Apr-2016, Chapter 5). In fact, to "think about a future" was a recurrent key phrase to describe healing pathways in participants' narratives. In interviews, many participant narratives traced a time trajectory to move forward to a future through participating in a community (case stories of Namahoro and Didier are shown in Chapter 5). Furthermore, the community observation documented the on-going narrative shift of Nyirakamana from talking about problems that resulted from the past to talking about her hope that God will resolve her suffering in the future (Chapter 6).

Indeed, 'time' is also a crucial factor in discussing Western psychiatric and psychological conceptualizations of recovery of trauma. This is because 'trauma' is psychiatrically and psychologically understood as a past memory that influences the present experience (Young 1995), and thus, psychiatrists and clinical psychologists have attempted to work through the past memory of trauma in order to mitigate its influence on the present. For example, from the psychodynamics perspective, e.g. Herman (1997), trauma recovery and treatment involve working through, transforming traumatic memories, and integrating them into the survivor's life-story. In this tradition, the past is closely considered through 'talking cures'. Cognitive-behaviourism has more focus on the present while still regarding the integration of trauma into a personal life history as a key element in trauma psychotherapy. Psychiatrist Bessel van der Kolk and his colleagues (2007) compiled theories and techniques to understand and treat trauma from the perspectives of cognitive-behaviourism, bio-psychology and bio-psychiatry. For them, the aim of therapy is to help traumatized people to "move from being haunted by the past and interpreting subsequent emotionally arousing stimuli as a return of the trauma, to being present

in the here and now, capable of responding to current exigencies to their fullest potential." (Van der Kolk et al. 2007: xvi). Both approaches have been developed in Western psychiatry and clinical psychology; they are then transported to other social and cultural settings of the world, including war-affected communities. However, drawing from my data, I would argue that emic experience of time orientation in the healing process is likely to be different from those Western psychiatric and psychological theories. In other words, emic experience of healing process has a future orientation whereas Western theories of psychotherapy have a past orientation.

The future-orientated experience of healing among local communities is reported in some anthropological studies. For example, Last writes that in the communities' healing process, "the past can matter less than the future" (Last 2000) (I will discuss his notion of 'future' later in this section). Pells (2011) demonstrated how the future matters in local ways of healing. With the purpose of challenging the predominance of the trauma paradigm in Rwanda, Pells (2011) showed that the main concerns of Rwandan children and young people recovering from the genocide are not traumatic memories of the past, but current everyday life as well as the future. According to her, many young survivors who participated in her research reported future aspirations to make their lives meaningful. In her view, they give meaning to their own past and suffering through creating a meaningful future. With my findings, I support the views of Last and Pells. Represented by the key phrase "think about a future" in my study, the local healing pathways have a distinct orientation towards a future, not a past or not even a present.

This poses the question, "why are local ways of healing future oriented?" and another set of my findings provides the answer: local communities are re-constructing shared life, and thus, shared narrative, as their means of healing themselves. When healing is conceptualized as narrative re-construction, it can be presumed that the healing experience follows a time trajectory towards a future given that making order is a central function of narrative. From Ricœur's (1991) perspective, narrative puts temporal and fragmented experience of the past (memory), the present (attention), and the future (expectation) into order and makes them coherent. Based on this notion, constructing narrative itself can be understood as creating a time trajectory. However, the re-construction of narratives *toward a future,* is still unique in local communities considering that Western psychotherapies also aim to re-construct narrative but orient their patients toward the past or at least the present. In my opinion, the gap between them is perhaps *what* to re-construct and *how*. Western psychotherapies attempt to re-construct the meaning of traumatic memories, and in turn, a personal life-story, through talking about the traumatic past or the current problems as a projection of the traumatic past, in a controlled condition as a therapy. However, the narrative re-construction of local communities takes places in life. They re-construct their lives by means of 'living' with others. In this way, time is opened toward a future because we cannot live toward a past as human beings. It can also be said that there is a

difference between stories and life, drawing on Ricœur. To distinguish the two, he said; "it is true that life is lived and that stories are told." (Ricœur 1991). Although he did not particularly address the difference between telling stories and living life in relation to how time can be differently experienced, in the light of my findings, I would say the following: When we tell our life-stories, we may stay in the past. But when we live our lives, we can create a future and move forward.

Living toward a future with others

Interestingly, my research findings repeatedly emphasize the shared aspects of local healing pathways. When we view 'living' in terms of time, again, 'living toward a future' is likely to be experienced through interaction with others. For example, in Chapter 5, Namahoro and Didier narrated their experience of living toward a future while being involved in church-based or mutual-saving groups. In Chapter 6, I described the way in which the suffering Nyirakamana shifted her narrative orientation from the past to the future through her interaction with her neighbours. Generally, among my research participants, narratives of suffering described the degree to which their thoughts and memories are oriented towards a wounded past in relation to how isolated or disconnected from others they perceive. Conversely, narratives of healing described the degree to which they are oriented toward a future in relation to how much they are involved in a community.

Considering that a community provides shared narrative as a resource for individual's sense-making (Rappaport 1998, 2000), it is understandable that suffering increases in socially isolated or disconnected conditions whilst healing takes place through reconnection to others in community. However, why does such reconnection allow a shift in the time experience from the past toward the future? Drawing on social theories of time which view time as a social construct, I attempt to understand why sufferers can change their time experience through interaction with others. Sociologist Barbara Adam examined different conceptualizations of time in natural and social sciences in her book "*Time and Social Theory*" (Adam, 1990). The main purpose of her debate was to re-evaluate the dualistic conceptualisation of natural and social time, which reached a conclusion that all time is social time. For her, time always symbolises something that is socially formulated and thus is inseparable from the meaning of time that is socially given. In her 2004 book, she writes about social time, social practices, and social lives as follows: "Cultural practice creates social time and, conversely, in their relationship to time human beings create culture and structure their social lives" (Adam, 2004: 71). In line with Adam's (1990, 2004) theory, in the rural villages of Rwanda, social and cultural practices play a vital role in creating a time experience. The villagers rarely have a tool to tell the time (e.g. a watch, calendar, diary). Some have mobile phones but these are rarely used for checking the time. They can know time from natural phenomena (e.g. birds sing in the

morning, the hills change colour at sunset), but the most common and important ways of knowing time for them are social activities, such as masses at church and meeting schedules of communities. For example, they say "after the second mass" instead of 10 am. Also, explaining how to count down days for the next community meeting, Namahoro said: "Think about the next meetings all the time, and you get a calendar in your heart." (fieldnotes, 21-Dec-2015, Chapter 5). In the light of Adam's thesis as well as my ethnography, I would say that time experience is created and given meaning through social practices and interaction with others; hence, it is through living with others that sufferers can change the way they experience time and create a future.

My findings additionally provide insights into the way in which attention toward the wounded past can be re-oriented toward a future through interaction with others at a more pragmatic level. For example, in Chapter 5, Namahoro and Didier said that while getting involved in communities, their thoughts about the past were replaced by thinking about the close future that their communities would bring (e.g. the next meeting, the next turn of taking money, and the future life plan after taking that money). In Chapter 6, while female neighbours were carrying out the *Umuganda* farm work for her, Nyirakamana waited for them to come back so that she could offer them food in return. This, as I observed, was the turning point when the orientation of her narrative shifted from the past to the future. She believed that the women would complete the farm work for her and come back as they always do. Adam (1990) discusses the phenomenon of waiting as a significant aspect of social time. According to her, humans can anticipate and wait based on knowledge of things and processes which are socially constituted and normed. Drawing on her idea, it may be said that Namahoro and Didier waited for the future (e.g. the next meeting) because they knew that the community brings that time based on their long-term experience, custom, or tradition as to how it works. Nyirakamana also waited for the future (i.e. the women's return and fulfilling her needs) because she believed that it would happen based on her long-term relationship with the women which pre-dated the war. Particularly in the story of Nyirakamana, I analysed such a belief, or knowledge in Adam's word, as 'trust'. That is, trust in others or in a community based on the long-term relationship, custom, or tradition since before the war period may allow them to keep interacting with others and orienting their attention from the isolated past to a future with others.

Healing in light of the local views of moral values, life and death

So far, I have discussed the notion of 'living toward a future with others' and how it works as 'healing' which seems to be a potential answer to my question "what is 'healing' for local communities?". However, I still feel the need to examine the concept of 'future' and what it means to local communities. From my own life in a rural community of Rwanda where clock time and calendar days were almost meaningless, I have doubts about an assumption that time,

as a universal concept, constantly or linearly flows from a past to a future. Therefore, I would like to avoid that assumption in discussing the notion of 'living toward a future with others' as a local experience of healing. Some Kinyarwanda terms which can signify both past and future may also support my conviction; for example, '*ejo*' can signify both yesterday and tomorrow, '*kera*' can signify both long ago and far in future. To my knowledge, Rwandans in rural villages seem to measure time in relation to a perceived distance; linguistically they also use a word like '*kure*' for meaning both 'long' time and distance. Likewise, these terms, such as *ejo* and *kera*, refer to a distance from the present without specifying past or future. To clearly signify a future or a past, '*-zaza* (that will come)' or *'-shize* (that ended)' needs to be put after the term (e.g. '*ejo hazaza*'-tomorrow, '*ejo hashize*'-yesterday). Considering such a sense of time, I question what a 'future' means to rural Rwandans. As part of the discussion regarding what 'healing' is for local communities, I will ask the same question differently; what is 'living toward a future' and how does it work as 'healing' when it is close to death?

To answer this question, I will revisit the story of Nyirakamana and her neighbours in Chapter 6. In this story, Mama Kamana spoke about the goal of neighbours' helping activity for the elderly woman Nyirakamana, "If we help her, she goes on moving her days (*gusunika iminsi*) and she will go home [die] well (*gutaha neza*)" (Mama Kamana, 11-Nov-2015), which represented their ideas about a 'future' comprehensibly. But their 'future' does not end with death. The story of Nyirakamana and her neighbours subsequently revealed that the 'future' led the elderly woman toward two different lives after death; a life in Heaven and a life on earth. In the local view, life turns into a holy spirit and stays with God in Heaven. At the same time, on earth, life is handed over to the next generation as a name and as a life-story including many episodes about that person; in this way, life goes on beyond generations. Healing Nyirakamana's suffering occurred in the context of these cyclical views of life and death.

However, there are two further questions: "Why can living toward a future beyond generations be healing for local people who are suffering from the war?" and "What does 'healing' mean to them particularly in relation to the cyclical views of life and death?" One key to answer this question may be in Last's (2000) study. He writes about local concepts of future and past in Sub-Saharan Africa as follows:

> Others' concept of the future may differ from ours. There, the ancestors are ahead of the living on the road of life; we follow in their footsteps, as our descendants will follow in ours. The past is not behind us; it is ahead – we will have to pick up what those ahead have dropped, as our descendants will pick up what we drop. (Last 2000)

His descriptions allude to the idea that, in the context of cyclical views of life and death, living toward a future can mean living the past that others from the past generations lived and could not live. Likewise, the past that one lived and could not live will be lived by others in future

generations. Pells (2011) also mentions a similar local experience of cyclical past and future among Rwandan children and youths recovering from the 1994 genocide although her notion does not go beyond generations. She writes; "concerns about the future can shape past memory", at the same time, "past memory shapes future concerns" (Pells 2011). In her study, she demonstrated that the past can be healed by creating a meaningful future. Taking Last (2000) and Pells (2011) into consideration, I would suggest from my findings that by means of living toward a future, the unhealed past can be lived, and thus healed, by oneself or by others from the following generations in the cyclical views of life and death.

My ethnography additionally renders another significant viewpoint to understand in more depth what healing is for local communities considering the cyclical views of life and death; that is, a local value or the goodness of a life. The story of Nyirakamana and her neighbours traced the importance of living a good life, dying a good death, and handing over a good life-story to the next generation. Activity such as constructing a good-life story with others and leaving it to future generations was called '*kubaka umutekano* (constructing one's history with others)'. As life is viewed as going on beyond generations, rather than ending with death, it becomes a matter of importance for them to maintain a 'good' life. Here, living a good life and dying a good death may not necessarily mean living a long, healthy life. Rather, for them, it may be more meaningful to live and die as a good person, and leave a good life-story in which the person (life) is transmitted and remembered as 'good' after death. Goodness for them can then be represented by that traditional norm which was most recurrent throughout my research; that is, reciprocity. Reciprocity, locally known as '*gufashanya* (helping each other)' and '*gukundana* (loving each other)', was often mentioned in contrast to the notion of '*igisambo* (a thief)' that they used to allude to RPF and *abacengezi* who made war, destroyed lives and deprived them of everything. My findings repeatedly emphasized that reciprocity is likely to play a pivotal role in the healing of local communities by themselves.

I will discuss two important functions of reciprocity based on my findings as follows. First, it connects the current lives within communities as well as a series of lives across generations from the past to the future. For example, Chapter 7 demonstrated that reciprocity plays a role in connecting individuals to a community, allowing them to maintain provision and receipt of social support. Additionally, Chapter 6, the story of Nyirakamana and her neighbours, showed that reciprocity can work beyond generations. In this chapter, Kamana spoke about his grandfather Mashaza; the story of Mashaza showed that as he had helped villages during his lifetime, after his death the villagers repaid that kindness to Kamana.

Also, reciprocity was frequently narrated in association with trust; for example, the story of Nyirakamana (Chapter 6) and the story of Kaka (Chapter 7) showed that trust can be built on reciprocal relationships; conversely, reciprocity can be maintained based on trust. As I discussed

earlier in this section, trust in a community allows sufferers to orient their attention to a future that the community will bring so that they can 'live toward a future with others'. In short, through connecting a series of lives in the past, present, and future, reciprocity drives a community to keep helping each other and working as a healing community beyond generations. This argument would then go back to and support the earlier discussion, including Last (2000) and Pells (2011), regarding the way in which living toward a future beyond generations can be healing. Namely, in a series of lives bound together by reciprocity from generation to generation, the unhealed past can be lived, and thus, healed.

Regarding a second function of reciprocity, which may be more important than the first, I would say that reciprocity, as a local view of moral values or goodness, can direct communities where they go with their narratives of healing. This discussion would also result in responding to the prior question as to what a 'future' means to local communities, and further, what 'healing' means for them. According to narrative theories, moral values are significant constituents of narrative. For example, Squire (2013a) suggests that narrative frequently represents a thematic shift toward resolution, restoration, adaptation, and improvement according to the morality it attempts to convey. There, narrators often attempt to produce a 'better' story and the audience anticipates listening to a 'better' end, although what is 'better' can differ across cultures and context (Squire 2013a). Her idea derives from Ricœur (1991) who views narrative as produced from the ethics tradition as well as innovation; and also from MacIntyre who regards narratives as "morality tales" (MacIntyre, 1984) to transmit moralities from generation to generation. Based on these theories, narrative is to some extent a means of transmitting moral values and it attempts to form a 'better' story for its own sake of creating sense and coherence. Returning to the earlier debates of this chapter, I discussed communities' attempts to heal themselves by means of reconstructing shared life and shared narrative, which is realized through day-to-day living and creating a future with others. Then, I would say that the moral value they attempt to transmit through reconstructing their shared narrative is reciprocity; in their words, helping each other (*gufashyanya*) and loving each other (*gukundana*). Based on the discussions so far, reconstruction of shared narrative, as well as transmission of moral values, are likely to go on beyond generations. If narrative can attempt to reach a better ending as narrative scholars suggest, then, the following could also be true. Local communities I researched may be attempting to transmit reciprocity as their moral values through reconstructing a shared life beyond generations, and by doing so, they may be attempting to construct a better future in which people help each other and love each other.

Attempting to create a better future seems similar to the so-called "survivor mission" (Herman 1997), which assumes that survivors can turn their misfortunes into a source of power for taking social action to make the world a better place. Some Rwandans may have a "survivor mission"

as Pells (2011), Zraly and Nyirazinyoye (2010) reported. However, I am unsure to what extent it is common among my own research participants. Some of them recounted their survivor missions like the priest Martin (Chapter 7). However, most of them were unlikely to think about changing the world; it would be too ambitious for them in the context of political oppression. Many of them take actions to help others but they do so simply because it is part of their everyday practice and because they perceive that "we [neighbours] are like in one family" (Mama Kamana, 21-Nov-2015) (Chapter 6).

I also want to distinguish local healing pathways from "posttraumatic growth" (Tedeschi and Calhoun, 2004). The idea of posttraumatic growth emerged from reflection on the academic and clinical focus on the negative side of traumatic experience. Tedeschi and Calhoun (2004) call for a shift toward focusing on positive aspects of trauma impacts and theorise posttraumatic growth with many potential constituents, including survivor missions, learning from trauma and spiritual growth. However, their theory still assumes a process of resolving and growing through trauma like the other psychological and psychiatric theories of trauma recovery and treatment (Herman, 1997, Van der Kolk et al., 2007). Communities' ways of healing as described in my research, by contrast, do not assume resolution of trauma. The local communities do not anticipate that an elderly woman at a late stage of life, like Nyirakamana, will resolve, recover from, or grow through trauma before her death. Their healing takes place in a larger timescale; and they just go on living today and tomorrow.

To summarise my findings and discussions, I would say that local communities heal psychosocial suffering from war through living day by day with others, attempting to construct a better future in which people help and love each other. I would like to propose this as an answer to my question; "what is 'healing' for local communities?".

Implications for Humanitarian Aid Interventions, Policy and Future Research

Throughout my thesis, I have elaborated emic views of suffering and healing pathways in Northern Rwanda. By doing so, my thesis aimed to fill a gap in the knowledge surrounding controversies amongst different approaches – i.e. medical, cultural/anthropological, and psychosocial approaches – to war-related mental health. One significant controversy in the discipline is over the local capacity to heal themselves. Academics taking a medical position regard local communities as having insufficient capacity to cope with mental health impacts of war, and therefore, to need interventions (Kohn et al. 2004; Lancet Global Mental Health Group et al. 2007; Patel and Prince 2010; World Health Organization 2001). On the other hand, those who have cultural, anthropological and psychosocial approaches see that local communities have assets to heal themselves although a certain kind of assistance is also needed (Bracken et al. 1995; Last 2000; Summerfield 2013; Wessells 2015). However, qualitative evidence for

understanding local ways of coping with mental health effects of war and what kind of assistance would be appreciated is still scarce. My thesis has then contributed to filling that gap.

The gap between different healing pathways

My research findings and discussions show that local conceptualization, as well as practices, of healing war-related suffering are divergent from the major models of trauma recovery and treatment that Western clinical psychology and psychiatry assume. I summarize four important points based on my findings and discussions as below.

First, local experience of healing is likely to be collective and social rather than individual; my findings demonstrated that suffering is most commonly derived from social disconnection and healing can take place through reconnection from the sufferer's point of view. Hence, social pathways of healing may make more sense to them than individual trauma counselling and cognitive-behavioural therapies that focus on intra-psychic and bio-psychological realms. As pointed out by Shweder and Bourne (1982) social aspects of the self and individual-social relationship have more importance in many non-Western societies. Bracken (1998) and Summerfield (2012) argued the significance of social realms in recovery. My ethnography also emphasized that healing is experienced through living with others, which firmly supports their claim.

In addition to the importance of social aspects in local healing pathways, my thesis provides three other insights into the gap between local community processes and Western psychotherapies as healing pathways, as follows. As the second gap between healing pathways, I would argue that local sufferers are likely to experience healing through 'living' lives with others in their communities, rather than directly speaking about their traumatic memories, which differs from what trauma counselling generally offers. In Chapter 7, Murekatete was involved in a genocide survivors' association in which she can freely speak of her traumatic memories and experience a certain sense of healing. Nevertheless, she expressed her distress due to being unable to share life with her neighbours. Based on my findings and discussions, I believe that 'living' with others in a community is the heart of healing for people who are suffering from war because this is the way in which they re-construct shared life, restore meaning of life and sense-making, which were destroyed by the war and thus caused their suffering. I additionally argue that their way of healing, namely 'living', may also need to be distinguished from 'community-based intervention' which is nowadays likely to be a mainstream approach for humanitarian aid organizations. Community-based interventions generally produce new groups for the purpose of the intervention; however, I argue that healing would need to take place within a 'living' community, rather than specifically generated community.

The third gap is the difference of time orientation between local healing pathways and Western psychotherapies. I discussed in this chapter the fact that local communities' self-healing processes in Musanze were future-oriented rather than past-oriented. Local communities generally may not directly address memories of the traumatic past or current emotional reactions as projections of traumatic memories. Rather, as Pells (2011) suggested, they may attempt to give meaning to the past and to their suffering by creating a meaningful future. However, I need to emphasize that the future-oriented healing that local communities apply, at least in my research population, was different from "forgetting". "Forgetting" was mentioned by Summerfield (1999) as an example of a local means of coping with past difficulties. In contrast to Summerfield (1999), Steward (2009), for example, argues that time does not heal suffering based on his experience of managing interventions for trauma healing and reconciliation in World Vision Rwanda. He insists on the necessity of psychotherapeutic interventions which let survivors tell traumatic stories; "I believe that while time does bring perspective, it does not heal the deepest wounds; only proactive, conscious healing heals." (Steward, 2009: 188). Based on my findings, however, both statements may not sufficiently reflect local experiences. That is, local communities apparently attempt to forget the wounded past, but that does not mean that they leave their wounds unhealed. Rather, they heal their wounds by means of reconstructing their shared narratives toward a future. In other words, they are attempting to heal the past by creating a better future and handing it over to subsequent generations.

Finally, I argue that the destination of healing that local communities want to follow may be divergent from the place where Western interventions attempt to lead. This gap can arise from the difference in views of moral values as well as views of life and death. Local views of life and death in Sub-Saharan Africa may be cyclical. Life may be handed over from generation to generation rather than ending with death. The time scale of 'life' may be much longer than Western interventions assume. Although Western psychotherapies anticipate traumatized people will recover within a limited time scale of one life, healing may occur in the larger time scale of a series of lives. Even if individuals cannot complete their healing, their offspring would take over the rest of work. Local morality may not require people to recover from trauma, yet Western interventions stress trauma recovery, or improvements in mental health scores, among their target populations. In terms of not directly aiming for resolving trauma and thriving, communities' ways of healing may be divergent from so-called "survivor mission" (Herman 1997) and "posttraumatic growth" (Tedeschi and Calhoun 2004). I would argue that individuals in local communities would not particularly attempt to accomplish a life without wounds. Rather, with wounds, they live.

Long-term impacts of the gap

Given the above gaps between healing pathways, when humanitarian aid organizations bring Western interventions to war-affected local communities in other cultural settings, some considerable problems can arise. My ethnography traced some long-term negative impacts of humanitarian aid interventions in Chapter 7 as well as the earlier discussions in this chapter. I point out several issues based on my findings and discussions as follows.

First, foreign intervention can result in a narrative gap between social groups or communities which receive foreign aid services and those which do not. It can be serious when an individual's narrative for understanding suffering and processing healing diverges from that of local communities as a result of, at least in part, foreign intervention as in the case of Murekatete. In the context of post-genocide Rwanda, such a gap can occur particularly between Tutsi genocide survivors and Hutu survivors of other tragedies since foreign aid organizations have intensively intervened with the former group and input foreign ways of healing while the latter have healed their suffering on their own. This issue is indeed significant because humanitarian aid interventions can lead to widening ethnic division.

Similarly, humanitarian aid interventions possibly disrupt local networks connected through reciprocity. For example, Murekatete did not need to ask her neighbours for help with everyday life, housing or schooling because the government and international aid organizations supply almost everything she needs. Meanwhile Ishimwe was reluctant to help Tutsi outsiders because, for him, they receive more support than himself from the government and international aid organizations. Both resulted in disruption of reciprocal transactions that ordinarily take place among local community members, particularly among neighbours, for daily survival. Generally, as explained by Masengesho in Chapter 5, maintaining reciprocal relationships is vital for surviving rural life in Rwanda; therefore, community members help each other and process reconciliation when needed as everyday practices as in the story of Kamana and his boss Martin in Chapter 7. However, if when foreign aid organizations supply aid, they only target a certain group within local communities, it can result in the exclusion of that group from the local networks of reciprocity. Summerfield (1999) pointed out a similar issue that when psychosocial interventions specifically target a "labelled" groups (e.g. rape survivors), they can become disconnected from others in their community and from the wider context in which they construct meanings of their experiences.

There is a possibility, as shown in my findings, that foreign interventions can inactivate the capacity of local communities to help themselves. In the story of Nirere told by Mama Kamana, if I had intervened in response to the neighbour women's request, they would not have explored, activated and mobilized their own resources but have been dependent on my assistance. This issue has already been pointed out by Summerfield (1999) and Last (2000); they argued that humanitarian interventions can impede local capacity for healing themselves.

Likewise, by bringing foreign narratives of trauma, recovery, justice, and so on, humanitarian aid organizations may disturb or even destroy locally shared narratives which provide survivors with cosmological understanding of their tragic experience. Given my findings that local communities heal themselves by means of reconstructing shared narratives, I would warn that foreign interventions which impose their own narratives can disturb local healing pathways.

Implications for humanitarian aid interventions, policy and future research

In light of the above discussion, I will now consider how we can fill the gap between the ways in which local communities heal themselves and interventions that international organizations provide. I would like to propose the following points as implications for humanitarian aid interventions, policy and future research drawing on my research.

I suggest we need to pay specific and careful attention to people who are marginalized by the politically-dominant narrative; in other words, politically-silenced people, in local communities in war- and conflict-affected settings. After 1994, the Tutsi-led RPF took over the country as victors of the civil war and they have narrated the victor's history in which the wounds of victims of RPF-perpetrated massacres are unspoken and ignored. The RPF-led government calls for international aid interventions to heal the trauma of Tutsi genocide survivors and to facilitate reconciliation between Tutsi victims and Hutu offenders. However, as losers of this history, the wounds of Hutu victims and their needs for reconciliation with the killers are almost negated. I would argue that humanitarian aid interventions that shed light on only one side of history can lead to a further conflict because of the feeling of inequality and being marginalized that the other side has. However, it is in fact difficult for international aid organizations to aid the politically marginalized and silenced populations under the predominant narrative that the government officially produces. Opposing that narrative can expose them, and possibly their international and national staff, to a high risk of evacuation, national legal sanction, and even assassination. Therefore, we may need a specific scheme which allows international aid organizations to help all civilians who experience war-related suffering on both sides of the war history.

Burnet (2012) advocated securing a place and an opportunity to break the silence so that the politically-silenced group can freely express their opinions. I support her idea but we need to be careful not to force them to speak from their wounds. As I argued regarding the study by Zraly and Nirazyinyoye (2010), forcing people to speak out may be an imposition of a foreign narrative which views 'breaking silence' as justice and moralily, which may not exactly fit local views and narratives. Moreover, silence can be a local moral value in some cultures like Japan (Imao 2016). In my opinion, the important point is to secure the politically marginalized people

so that they can construct narratives as they need and as they want, including not only speaking, but also praying, holding funerals and other rituals.

Second, I would argue that we need to learn more about local experience of healing pathways as well as the ways in which local communities heal themselves after war, and explore ways which enhance and scale up *their ways*. International societies, including many researchers and aid organizations, believe that local communities do not have sufficient capacity, knowledge and skills to cope with their own suffering; and they have imposed their knowledge, techniques, justice and morality. The Global Mental Health movement advocates "scale up" of psychiatric services based on assumptions that local communities have insufficient resources for managing mental health problems (Lancet Global Mental Health Group et al. 2007; Patel and Prince 2010). However, what I refer to as "scaling up *their ways*" attempts to scale up healing pathways and practices that are in place within local communities and make sense to them.

However, we need to be careful about scaling up communities' ways. The application of grassroots practices to national policy has already been attempted in Rwanda, for instance the *gacaca* court (the origin is traditional reconciliation system of *gacaca* – see Chapter 5) and the government-run *umuganda* (the origin is communities' mutual help system – see Chapter 6). Both are the main policy of the post-genocide government. However, notably, these applications of grassroots systems at the political level are criticized for not matching the needs and realities of grassroots communities (for example, Thomson 2013). My research participants also sometimes said that the governmental *gacaca* and *umuganda* are different from what they perceive as their own practices. Practices of grassroots communities may be re-conceptualized and transformed into different social systems once they are taken up by the government and used for political purposes. Hence, I suggest that the scale-up of local ways of healing should be conducted in close partnership with the civil society and grassroots communities, including those who are politically silenced.

Drawing on my findings and discussions, I advocate interventions or support that aims to support local communities to reconnect isolated people, restore cosmological and grand narratives to make sense of what happened, process mourning and reconciliation in their own ways. These narratives can include traditional and religious narratives, ceremonies, rituals, everyday-life practices, other cultural and leisure activities, which can produce life stories, episodes, and memories shared with others and narrated for a long time in the future. Support programmes which are designed to help construction and reconstruction of these narratives can work as healing processes for local people. One possibility for such interventions may be providing cultural activities. These are reported to be one of the most common interventions for war-affected populations across the world (Tol et al. 2011; Jordans et al. 2016), and they are locally perceived to be effective (Bolton et al. 2007). From my research findings, I would say

that cultural activities can be fruitful from a local point of view because they can contribute to reconstructing shared life and shared narratives.

Finally, I suggest that international aid organizations reconsider the purpose of providing supports in light of local views of moral values, life and death; their interventions need to be designed and provided to fit local values. So far, many interventions have been provided for the purpose of reducing mental disorders (including traumatic responses) and improving mental health which are measured by psychometrics. However, I would say, these destinations may not coincide with where local communities lead themselves. In other words, we have to be aware of and respect the fact that the meaning of healing, or what healing is to local communities, can differ from our anticipation; and we need to understand it in light of local moral values, life and death. My ethnography shows that the purpose of life for local people may be to live well, die well, and hand over a 'good' life-story to the next generation. Suffering can be positioned, integrated, and healed in a series of lives beyond generations, rather than being addressed directly and resolved in one life. We have to be aware that 'well-being' for local communities may not be what we conceptualize as being 'healthy' and long-lived, but to live and die their 'good lives' with wounds. Additionally, if reciprocity is an important value of the target communities, I suggest that aid organizations and workers look for a way of placing themselves within a local network of reciprocity, and supply assistance within that bidirectional giving relationship according to the local sense of equality. This could prevent local communities from being dependent on foreign assistance.

Conclusion

This ethnographic research explored the ways in which local communities of Northern Rwanda attempted to heal suffering from war in the context of ongoing political constraints. It contributed most significantly to the discipline of mental health, psychosocial resilience and wellbeing in emergencies through providing elaborate evidence on emic experiences of suffering and healing process. By doing so, it aimed to fill the gap in understanding of local perceptions as well as controversial approaches to the issue, drawing on Doná's (2010a) framework.

Exploring the meaning of suffering, the research noted that the most typical suffering including grief, social isolation, and loss of meaning (existential or spiritual questions) arise from the broken social fabric – what I called 'the destruction of shared life and narrative' – which had provided meaning and cosmology. This finding then interwove these key elements of suffering reported separately in previous literature (Ventegovel et al. 2013; Rasmussen et al. 2014; Hassan et al. 2015; Hassan et al. 2016). In particular, my research population suffered from the

unspeakability of many different wounds under the current political constraints, which made it more difficult to make sense of their experience.

Whilst my findings supported Rasmussen et al.'s (2014) argument that suffering is culturally bound, they also suggested transformation of local conceptualizations of suffering and healing process influenced by the predominant Western psychiatric concept of 'trauma'. Such transformation is also reported in some other settings (Bolton 2001a; Behrouzan 2015). However, my research importantly revealed narrative conflict between those who are involved in communities influenced by Western trauma narrative and other villagers who live in local narratives of suffering and healing. Due to this narrative conflict, the former was isolated in the local community, and thus suffered.

Emic experience of healing process in my research population provided one explanation of the way in which 'living' (Gibbs 1998; Last 2000; Pells 2011) can be healing. For them, 'living' meant to be part of a process of reconstructing shared life and narratives, through which sufferers attempted to recover meaning in their lives. Meaning-making through prayer and spiritual support is reported in some previous studies (Eggerman and Panter-Brick 2010; Hassan et al. 2015). Added to such meaning-making, my research suggested that traditional, ceremonial, and everyday-life narratives also can help recovery of meaning.

The reported usefulness of many different practices (i.e. religious, traditional, ceremonial, and everyday-life practices) also provides evidence of alternatives to speaking for healing. Whereas existing literature advocates the therapeutic impact of 'speaking' (Herman 1997; Zraly and Nyirazinyoye 2010; Burnet 2012), my research emphasizes the importance of 'practices' to reconstruct shared life and narrative in healing process. Yet, this does not necessarily support silence, but advocates allowing suffering people to draw on and construct different forms of narrative according to their needs.

The most unique and important contribution of my ethnography was to revisit the notion of 'healing' itself from an emic point of view in the light of local cosmologies including views of moral values, life and death. My ethnography of local communities in Northern Rwanda shed light on their world in which they attempt to hand over their values – '*gufashanya* (helping each other)' and '*gukundana* (loving each other)' – to future generations. Such values, for them, contrasted with those of the perpetrators of war, '*igisambo* (a thief)'. In particular, elderly people in local communities thought of healing as taking place through handing over valuable life-stories to their offspring. For them, *kubaka umutekano* (constructing a good-life story with others and leaving it to future generations) was an essential activity for healing themselves in the future, after their death. This then opens our eyes to alternative views of healing that takes more slowly, in a much wider time scale than we expect.

It is argued that Rwandans have repeated violence and peace in their history (Doná, 2013) and also that culture-bound emic views can have both negative and positive impacts on the recovery process (Panter-Brick 2010; Imao 2006). In fact, among my research participants, many experienced and practiced the above healing process but some still suffered from what had happened to them. For most of them, the process was never linear toward healing, rather it spiralled back and forward. Yet, they are making efforts to hand over the local moral value to future generations. I advocate that this is their emic views, experience, and practice of healing the suffering from war and still on-going political constraints 20 years after the genocide in the rural villages of Northern Rwanda. It is, as noted by Davis (1991), characteristics of humanity, the way of life and the social world that they understood as essential to be humans, and thus, are making efforts to preserve and repair.

Diverging from Western etic views, local views and experience of healing in the research population was social, future-oriented and slow, not necessarily speaking but practicing, and making sense according to local views of moral values, life and death. With these findings, this thesis highlights the significance of learning from emic views and providing health services that fit with these views and make sense to local communities.

Postscript

The End of the Quest

My ethnographic inquiry began by questioning the ways in which local communities of northern Rwanda attempted to heal suffering from war in the context of on-going political constraints and it finally led me to ask what 'healing' is for local communities. Based on my findings and discussions, I summarise emic experience of healing as follows. Namely, local communities attempt to heal suffering from war by means of reconstructing a shared life and narratives; by so doing, they in fact attempt to recover meaning of life and to position their experience within their cosmologies. Religious, traditional, ceremonial and everyday-life practices are most commonly sources of meaning as they provide grand and cosmological narratives in which misfortune and wounds could be located as part of a coherent story and make sense. Bearing in mind local moral values, as well as cyclical views of life and death, they attempt to hand over a good life-story from generation to generation by accomplishing their moral value – helping each other and loving each other. Whereas some of them may fail to fulfil this moral value, others seek a way of preserving it and attempt to reconcile even with killers. By passing their attempts on to subsequent generations, they address themselves toward a better future in which they would live in a peace and harmony. Even if individuals cannot complete their healing in one life, their offspring would take over the rest of work, while they themselves are saved by God after death. The wounded past can then be lived, and thus healed, within a wider time-scale of

life and a series of lives beyond generations. This is the way in which they attempt to heal themselves, which is practiced through the simple means of, 'living' day by day toward a better future with others. I would like to propose this as an answer to my question; "what is 'healing' for local communities?".

New Beginning

In winter 2016, when I came back to London from the fieldwork and told a friend (who is a psychotherapist) about my emerging findings of emic experience of healing, living day by day toward a better future, she said: "But war never ends on the earth. Because we are humans. Human history is the history of wars." Actually, since I first joined in social actions for peace building with Native Americans in North America and Aboriginies in Australia in my early 20s, I have asked myself the same question: If it is human nature to repeat wars why are we trying so hard to build a peace? Sometimes, it pessimistically appeared to me as if building a peace itself became a preparation for the next war. The conclusion that I have just now finished writing then leads me to ask myself this question again. In my thesis, I shed light on positive aspects of human beings; but is the reality that beautiful? Seeking an answer, I recalled one young woman, I would say, perhaps one of the saddest women I have ever met.

Six years ago, in 26th October 2011, one year after I first arrived in Musanze as an aid worker, my local colleague, Jean, took me to visit a female sex worker living in an informal settlement, called *tête à gauche*, at the end of Ruhengeri town. It was an area where people internally displaced by the war settled down and made a living from selling illegal drugs, running black markets, and engaging in prostitution. Many female sex workers in *tête à gauche* were orphans of war, whose parents had been killed, disappeared, or imprisoned during and after the war period. Jean was a young, social welfare officer at a local NGO, who had spent his childhood in *tête à gauche* as the child of a sex worker. He wanted to plan a project for girls and women who are involved in prostitution and I was partnered with him. The young female sex worker, called Izere, was a potential participant of an income generation project for women in *tête à gauche* that he was planning. Jean and I visited her to conduct an interview for project planning and he told me that she was living with HIV and close to death. At least two of her children were also infected with HIV.

Sitting on a chair in her small house, we asked a couple of questions about her background and how she became involved in prostitution. She attempted to speak, but instead, she began to cry almost uncontrollably. With many interruptions, she told us that she was raped by a soldier and had her first child fifteen years ago. Soon afterward the soldier went to Congo to engage in another battle and never returned. She was left alone with her baby and began to work as a prostitute to survive. In her memory, she was only ten years old at that moment. Throughout the

telling of her story, her small thin body was shaking due to physical as well as mental pain. I asked her not to force herself to speak. I was afraid of 're-traumatization' due to forced remembrance and speaking. But she told us to listen to her and to listen to the story of her life. She wanted others to know about her, how she had lived as a sex worker after the war, and how her life had ended. "Please talk about my life to others you will meet..."; she said, looking at me, and perhaps a future audience behind me, with serious eyes that reflected her strong will to leave her 'life' in the world.

Afterward she participated in our project for women in *tête à gauche*, which was to handcraft small books to tell old Rwandan stories, *umugani*, and sell them to foreign tourists to generate small incomes. *Umugani* are old stories transmitted by word of mouth from generation to generation, according to my local colleagues, since before the colonial era. Jean and I designed and carried out that small project to assist women in combination with cultural conservation. I remember the time when she completed her first book of *umugani* with shaking hands. She put her signature on the cover of the book – 'Izere'. It was her first time, and perhaps the last time, she had written her name in her life. She smiled angelically in peace and serenity.

The people in these small communities of Musanze, where I have researched and lived since 2010, show me that after all the catastrophic massacres and destruction, even under on-going political oppression and thorough neglect by the international community, they go on living and handing over one life to the next. They go on attempting to help each other, to love each other, to reconcile with offenders and to integrate all the wounds into shared life and in cosmological time. Whatever happens, by any means, they never stop their attempts for living. Whereas others repeat wars, they go on living day by day simply, solemnly, joyfully, and creating the best future they can. In a series of lives handed over from generation to generation, then, war is going to be the past. Life will exist after all wars as it existed before all wars. It then makes me aware of the fact that the lives we are living now are founded on such attempts to create a better future where we live in harmony, not to destroy ourselves in wars. This invites me to a new inquiry; what could I, and we, do to hand over such attempts to future generations as part of this story of 'life goes on'.

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Appendices

Appendix I: Linguistic Features of Kinyarwanda and Translation Conventions

Drawing on Hall's conception of high- and low-context communication, Kinyarwanda can be said to have a high-context communication style. In particular, spoken Kiniyarwanda as used by people in villages frequently abbreviates important components, such as subjects, conjunctions, tenses, relative pronouns, relative adverbs. Therefore, very often, daily conversations are formed of fragmented words and sentences. This abbreviated information, then, needs to be inferred from the context and other background information shared by the speaker and the audience in advance.

For example, I experienced the following episode with my home security guard during my fieldwork. One day, he said that he wanted to go out to buy a piece of soap. He said, "*kugura isabone, saa shita, tugiye kwa Kamana*" (fieldnotes, 25-Sep-2015), which is directly translated as: "buy soap, noon, we go to Kamana's house". Here, words to indicate a subject, tense, and relative adverb are omitted. Getting these words back, the sentence can be; "[I will] buy soap [at] noon [when] we go to Kamana's house." In order to infer the abbreviated information, the receiver of the message needs to know the contextual background in advance. Since I knew that he routinely goes to Kamana's house at noon and that he had expressed his need to buy soap in prior conversation, I inferred the sentence as above. Moreover, I want to point out one more feature of Kinyarwanda in this sentence. He said "*we* go to Kamana's house" but he meant to go there alone. In other words, "*I* go to Kamana's house" would have been grammatically correct in this case. In oral Kinyarwanda, it is common to transform the subject from singular to plural and even from the first person to the second or the third person.

These features were commonly observed in interviews too, therefore I translated Kinyarwanda transcriptions using the following procedure: First Kamana, my research assistant, and I produced verbatim translations, and then I wrote down contextual, cultural, and other important information provided by Kamana in brackets [ ]. I recorded Kamana's accounts distinguished from the interviewee's utterances so that I avoided mixing the narratives of different storytellers. We used the same procedure when we checked translations made by other research assistants as well. The table below presents common features of Kinyarwanda found in interview transcriptions and translation conventions.

Features of oral Kinyarwanda		**Translation conventions**
Subject	The first-person singular designating the interviewee him/herself was sometimes transformed to the plural form, the second person, or the third person.	I made verbatim translations and put the true subject in brackets [ ]. In writing the thesis, I presented the true subject except when the subject transformation had meaning in my analysis.
Tense	Kinyarwanda has four tenses, past, present, present progressive, and future, but they are sometimes used interchangeably. For example, the past is sometimes expressed in the present.	I made verbatim translations and put interpreted tenses in brackets [ ]. In my thesis, I presented verbatim translations as far as they made sufficient sense.
Conditional	Kinyarwanda does not have a conditional tense. Conditionality is expressed by the future tense.	I made verbatim translations (in the future tense) and then wrote a conditional sentence in brackets [ ] based on contextual interpretation. In my thesis, I applied conditional sentences when it was obvious from the context. Otherwise I wrote it in the future tense with a conditional form in brackets [ ].
Modal auxiliary verb	Modal auxiliary verbs such as can, could, may, might, must, should, and would are not distinguished in Kinyarwanda. '*Gushobora* (can)' and '*kugomba* (have to/should/must)' were commonly used.	In addition to translating '*gushobora* (can)' and '*kugomba* (have to/should/must)', I sometimes used other model auxiliary verbs (e.g. may, would, could) when it improved the translation.
Relative pronoun	Kinyarwanda does not use relative pronouns. The relation between words and sentences are inferred based on the context.	I translated relative pronouns based on Kamana's suggestion.
Conjunction (a)	Conjunctions are often omitted; otherwise, 'and' 'then' 'but' 'because' were frequently used to conjoin sentences. However, the logic was not precisely reflected in the conjunction; for example, sometimes 'and' meant 'but' and vice versa. Also sentences were often connected using 'and' and 'then' even though they are logically contrasting or giving attribution.	I first made verbatim translations, and then put the interpreted conjunctions in brackets [ ]. In the thesis, I presented an interpreted conjunction when the original could have a different meaning.
Conjunction (b)	'*Iyo*' referred to both 'if' and 'when'. Also '*ko*', which generally means 'that', sometimes meant 'if'.	I based the translation on Kamana's interpretation.
Ironic expression	Sometimes negative forms are ironically used to imply positive meanings. The ironic expression was frequently applied by elderly participants. For example, "I'm not old" can mean "[do you think] I'm not old [?]", alternatively, "I am really old". To distinguish the ironic expression, knowledge of the context and the person was necessary.	I made verbatim translations and then put interpreted translations in brackets [ ]. In the thesis, I presented the interpreted translations.

Table: Linguistic features of Kinyarwanda found in interviews and translation conventions

[redacted]

[16] All research plans deemed to have ethical issues are obliged to make a presentation to the RNEC.

[redacted]

[17] A government-administrative unit which is larger than a village.

[redacted]

[redacted]

[redacted]

Appendix V: Topic Guides

Two versions of topic guides were used in the research: one asked about a community/group which supported healing while avoiding direct questions about the war period (version (a)), the other asked about wartime experience, suffering and healing pathways in series (version (b)). However, both were designed to cover the same questions. Interviewees were asked to choose the version they felt comfortable with before the interview. In practice, except for a few participants, everyone preferred to answer topic guide version (a). The topic guides were gradually developed as the research went on, adding and omitting questions. Here I present the earliest versions I made in the field with a help of local research assistants.

Topic guides, version 15-Nov-2015

Kinyarwanda

Version (a):

Q1. Ese wambwira kominote, amatsinda ,umurwango (mu idinicyangwa mu buzimabusanzwe), ibikorwa ufatanya n'abaturanyi cyangwa ibikorwa bya leta witabira (ubarizwamo)?

Q2. Muribyo wavuze haruguru, ni iki cyagufashije mu kwiyubaka haba mu buzima busanzwe cyangwa mu isana mitima nyuma y'ibibazo byagwiririye u Rwanda kuva muri 1990 kugeza mu 2000 (nka jenoside yakorewe abatutsi, intambara y'abacengezin'ibindi…)?

- Kubera ik?
- Ni gute bigufasha mu kwiyubaka? Duheingero (ubuhamya) mu buryo burambuye?

Q3. Muncamake, wambwira uko winjiye mo bwambere (kugirango winjiremo byagenze bite, byahereyehe,……)?

- Iyo muri hamwe muri iryo tsinda (iryo yavuze haruguru) wumva umeze ute?

Q4. Ese wampa ubuhamya cyangwa inkuru y'uko iryo tsinda (iryo yavuze haruguru) ryagufashije mu kwiyubaka mu buryo burambuye haba mu buzima busanzwe cyangwa mu isana mitima?

- None byagenze bite?
- Nuko bigenda bite?
- None ubu nyuma ya byose urumva umeze ute?)

Q5. Noneho ongera uduhe ubuhamya by'ukuntu nawe wafashije abandi banyamuryango muri iryo tsinda (iryo yavuze haruguru) cyangwa abandi mu kwiyubaka haba mu buzima busanzwe cyangwa mu isana mitima.

- None byagenze bite?/Nuko bigenda bite?
- None ubu nyuma ya byose urumva umeze ute?

Gusoza.

- Ese hari ikindi wakongeraho kubyo tumaze kuganira haba kubijyanye n'itsinda, ibikomere cyangwa mu kwiyubaka?
- None nyuma y'ikikiganiro tugiranye urumva umeze ute?
- None, nyuma y'uko tuganiye urumva twazaguruka tukagirana ikindi kiganiro cyangwa wowe urabyumva ute?
- Ese wambwira abandi cyangwa izindi nshuti zawe muri uyumudugu dukuburyo nabo twaganira?

Murakoze cyane, Imana ibahe umugisha, ngaho mwisubirire mubyo mwarimo!

Version (b):

Q1. Ese wambwira ubuhamya nk'umuntu wari uhibereye mu myaka 10 (intambara, jenoside, intambara y'abacengezi) n'ukuntu mwabayeho muri ibyo bihe kugeza uyu munsi? Wafata igihe kirekire uko ubishaka. Rwose tubwire inkuru irambuye.

- Kuri wowe, ni ubuhe busobanuro ibi bihe bikomeye bifite mu buzima bwawe bwose?

Q2. Ese hari undi muntu cyangwa abandi bantu baba baragufashije kwiyubaka mu buzima bwawe cyangwa kw'isanamutima. Niba bahari noneho wambwira kubijyanye n'ubuhamya bwawe uko abo bandi baba baragufashije mu kwiyubaka mu buzima bwawe cyangwa kw'isanamutima muri iyo myaka 10. Rwose tubwire mu buryo burambuye.

Q3. Ese uretse abo bantu baba baragufashije, nta kominote, amatsinda, umuryango, ibikorwa utatanya n'abandi cyangwa ibikorwa bya reta witabira byaba byaragufashije mu kwiyubaka mu buzima bwawe cyangwa kw'isanamutima?

Gusoza.

- None ubu uratekereza iki ku buzima bwawe (isuzuma)?
- Ubu urumva umeze ute?
- Hari icyo ufite ushaka kuvugaho?

Murakoze cyane.

English

Version (a):

Q1. Can you tell me what groups/communities you participate in? In those you stated, which one is contributing to the reconstruction of your life or wounded feelings after tragedies from 1990 to 2000? Here you can talk about the genocide, the war of the *abacengezi*, and others.

- Why do you think so?
- How is it contributing to your reconstruction?
- For example?

Q3. Can you tell me how you joined in the group/community for the first time?

- How do you feel when you are with the group/community?

Q4. Please tell me your testimony about when the group helped you with reconstruction of your life or of your heart?

- What happened after that?
- How did you feel afterwards?

Q5. Please tell me your testimony about when you helped other members in your group or others with reconstruction of their lives or their hearts.

- What happened after that?
- How did you feel afterwards?

Closing.

- Do you have anything that you want to say about your community, your tragedies, and your reconstruction?
- How do you feel now?
- Can we come back again to continue this conversation with you?
- Can you introduce me your friend from this village or from your group?

Thank you very much. God bless you.

Version (b):

Q1. Can you tell me your experience or testimony during the 10 years (the war before 1994, the 1994 genocide, the *abacengezi* war) and how you have survived until today? You can take as long as you need. Please tell us detailed stories.

- For you, what meaning does this difficult period have in your whole life?

Q2. Can you tell me your testimony about how other people helped you with the reconstruction of your life or recovery of your heart from the 10 years? Please tell us detailed stories.

Q3. Can you tell me your testimony about how your community/group helped you with the reconstruction of your life or recovery of your heart from the 10 years? Please tell us detailed stories.

Closing

- What do you think about your life now?
- How do you feel now?
- Do you have anything else that you want to talk about?

Thank you very much.

Appendix VI: Quotation Conventions

The Table below shows conventions I use to present quotations from literature, data transcriptions, and fieldnotes in my thesis.

Signs	**Meaning**
‘ ’	Signs emphasis
“ ”	Quotation from literature or utterances by research participants, other informants, or me.
[contextual information]	Contextual information in a quotation. See also Appendix I.
[…]	Materials omitted in a quotation
…	Trailing off or pause in a quoted utterance
(S1, EN, 25-Dec-2015)	Data from an interview transcription, uttered by participant ID 1, in English, on the date of 25th December 2015. EN is not presented when it is uttered in Kinyarwanda. (Regarding English interview transcriptions, grammatical mistakes were corrected when I quoted in the thesis.)
(FGD1-S2, 25-Dec-2015)	Data from a focus-group discussion ID 1, utterance of participant ID 2, on the presented date. All quotations from focus-group discussions were translated from Kinyarwanda.
(meeting/*umuganda* transcriptions, 25-Dec-2015)	Data from a transcribed recording of a community meeting or community action *umuganda*, uttered in Kinyarwanda, on the presented date.
(fieldnotes, EN, 25-Dec-2015)	Data from fieldnotes, uttered in English, on the presented date. EN is not presented when it is uttered in Kinyarwanda; translation is made by me with the help of an interpreter. (Regarding English utterances, grammatical mistakes were corrected when I quoted them in the thesis.)
(translation-notes-S1, 24-Dec-2015)	Data from written record of verbatim English utterances of translators while producing translations of S1’s interview transcription.

Appendix VII: *Ibikomere* (Wounded Feelings) due to the War Period

The table below presents *ibikomere* (wounded feelings) resulting from the war period, as recounted by participants.

***Ibikomere* (wounded feelings)**	**Example narratives**
(feelings of isolation, loneliness, helplessness) *They were most commonly recounted by using different words and expressions of Kinyarwanda; but the word most frequently used was "*wenyine(pro.)* (alone)". See body text for quotations.	"I suffered… bcause I was alone and also someone who… can help me, like includ[ing my uncle], also died in that period. So I stayed without anyone who can help me." (S42, EN, 10-May-2016) "A wounded feeling (*igikomere*) that I will never forget [is…] can you imagine that you have lived with many neighbours and you see all of them were killed and you stay alone (*wenyine*) in that area?" (S9, 16-Dec-2015) "[Since my uncle was killed and I became an orphan,] it brought me a wounded feeling (*igikomere*), and I became withdrawn. I think that I am alone (*wenyine*). There is no one who lives with me." (S7, 29-Nov-2015)
Kubabara(v.) (feeling sad, pain) *Intimba(n.)* (deep sorrow, deep sadness)	"Feeling sad (*kubabara*). I was sad. But because I didn't see the person who did it [killed them], I decided not to take revenge." (S28, 9-Apr-2016) "Can't I take it [the pension] because I am not a 'right' person [as a Hutu]? I still have deep sorrow (*intimba*)." (S36, 6-May-2016)
Agahinda(n.) (depression)	"I can't ignore my depression (*agahinda*). If it was a goat, I can forgive them because [I can understand that] they had hunger. But if it is a person… two, three, four people [and more] …. it was many." (S28, 9-Apr-2016)
Kwiheba(n.) (no hope, hopelessness, despair)	"My husband and me, when we were separated, I had a heart with no hope (*kwiheba*) and I was overwhelmed alone with problems." (S2, 28-Jan-2015)
Guhangayika(v.) (being anxious, worried)	"I was anxious (*guhangayika*). I was anxious about having a bad life because I stay[ed] alone and I live under the bad condition. There was no food, *abacengezi* came every day and disturbed our minds." (S4, 7-Nov-2015)
Ubwoba(n.) (fear)	"What I saw through my eyes [soldiers shooting my family and relatives] brought me a lot of fear (*ubwoba*)" (S39, 9-Apr-2016)
Kwishishya(n.) (mistrust)	"Because of the war period, people have mistrust (*kwishishya*) against each other" (S1, 9-Sep-2015)
(anger) *Anger was not clearly verbalized, rather, expressed by saying "I can't forgive [the killers, rapists]" or putting extreme emphasis on some words.	"There are some people from my own family who attacked our house [as rapists] ... who [also] played a role in the death of my father. I can't forgive any of them. […] My wounded feelings (*ibikomere*) are so many." (S35, 26-Mar-2016)

Appendix VIII: General Schedules of Community Meetings

A general schedule of a church-based group meeting

i. Opening prayer
ii. Reading Bible episodes in turn
iii. Sharing ideas for interpretation of the Bible episodes
iv. Announcement from the church and from community members
v. Discussion to resolve members' problems and help vulnerable people (e.g. planning *umuganda* community work and charity activities)
vi. Closing prayer

A general schedule of an *ikibina* mutual-saving group meeting

i. Collecting money (called 'contribution') from each member
ii. Distributing money to each member
iii. Providing loans and getting loans back with small interest payment
iv. Announcement from the group leaders and other members
v. Discussion to resolve problems of the group organization and individual members
vi. *Umusabane* party (talking about everyday-life matters, small businesses, projects, etc. while drinking banana beer)

***Ikibina* mutual saving system**