

# Enhancing Family and Community Resilience and Wellbeing across the Generations: The Contribution of Community-Based Socioterapy in Post-Genocide Rwanda

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“I was a person who could not talk to anyone in my village and at school. My life was very bitter. I always had worries about my mother. I was forced to be always near her.” (Marie, daughter of a widowed genocide survivor)

“Even if my father was a killer, I’m not. Why to be considered like my father, while in 1994 I was 4 years old?” (Jean, son of a father imprisoned for genocide crimes)

The 1994 genocide against the Tutsi in Rwanda stands out as a man-made catastrophe that resulted in a significant loss of human life with over one million people killed and deep psychological wounds among the Rwandan population, genocide survivors in particular. For that reason, during its immediate post-genocide years, Rwanda represented a traumatic watershed for the humanitarian sector. However, the country soon showed all indication of moving quickly towards socioeconomic prosperity. This quick transcendence of the deep despair and chaos Rwanda was immersed in has been seen by many as evidence of a remarkable resilience among the Rwandan population. Resilience in this context is particularly linked to economic growth, which does not tell us much about resilience conceived as counteracting the Rwandan genocide-related forces and processes that led to individual and social trauma, nor does it tell us if and to what extent both kinds of resilience are linked to psychosocial wellbeing and mental health across Rwanda’s population (Hernández, 2002; IDS, 2013).

In this short communication I will touch upon the issues raised based on my research experience within the program of community-based socioterapy in Rwanda (Richters, Rutayisire & Slegh, 2013, Richters & Sarabwe, 2014; Rutayisire & Richters, 2014). While the focus of this program was at first primarily focused on the generation that lived through the genocide, gradually more attention is paid to an inclusion of the ‘generations after’ in the implementation and research components of this program. In this communication I will give some arguments for the relevance of this inclusion and raise some intergenerational resilience-related issues that need further study. My hypothesis is that while the acute post-genocide humanitarian emergency in Rwanda has been tackled, the seeds of a different kind of emergency have already been sown. If this is indeed the case, and I will give some indications that it is, continuous humanitarian assistance is warranted. In order to substantiate my argument I need first to give some background information about socioterapy.

Socioterapy is a psychosocial peacebuilding program that has been implemented in Rwanda over the past ten years. Its practice shows time and again that what has affected the Rwandan population in particular is not so much the effects of the past violence and its aftermath on individuals per se but more the devastating effects on the fields of interrelationships that constitute their life-worlds. This requires an approach that acknowledges that what people in various ways suffer from is the destruction of the web of social relations that should have provided a holding environment for them. Socioterapy aims to respond to this destruction by creating safe social spaces

for people who live in the same neighborhood to socially reconnect again (Richters, 2010). All community members – ranging from genocide survivors, genocide perpetrators, bystanders, rescuers and people in one way or the other related to either of them – are welcome to participate in these spaces and share with each other their daily life problems and past experiences with violence and retribution contributing to these problems.

Socioterapy brings people together for a journey of 15 group sessions: once a week for a three hour meeting in the direct living environment of the group participants. Each group is guided through the six socioterapy phases – safety, trust, care, respect, new life orientations and memory - by two trained facilitators who usually live in the same neighbourhood as the group members. Throughout the group process the facilitators make sure that the seven socioterapy principles are applied. These principles include inter-est (a concept developed by the philosopher Hannah Arendt which refers to the relevance of healthy social relationships for living a full human life), equality, democracy, here-and-how, responsibility, participation, and learning-by-doing. Through its method of phases and principles a group starts to function as a therapeutic medium for the creation of a safe and open environment for dialogue about current concerns, a confrontation with the past, and the formation of peer-support structures. This all makes the approach differ significantly from individual focused trauma counseling programs. Nevertheless, it does contribute to an increase in people’s mental health (Scholte et al., 2011), which is achieved in particular through the strengthening of relational networks within families and communities.

The many testimonies of Rwandans who participated in socioterapy speak about ‘the underneath of things’, pointing out that their individual resilience conceived as the strategies used for survival does not commonly imply psychosocial wellbeing. In the social space of a socioterapy group, group participants gradually discover and acknowledge that the way they have learned to cope with the legacies of the genocide-related shocks and changes that impacted their lives has not always been the best way in terms of their own well-being and that of their family and community. Socioterapy group participants start to deconstruct what has become normalized in their behavior and emotional life and share with others the wounds they had suffered from in silence before. Together they develop new orientations in life that contribute to their psychosocial wellbeing. They first practice these orientations in the group and from there in their family and community, from which the second generation may profit.

The concept of ‘second generation’ was first introduced with reference to the descendants of Holocaust survivors. It was recently broadened to include children of perpetrators once it was recognized that there can be similarly damaging effects among both groups of descendants, next to radical differences (McGlothin, 2006). Both groups are marked by the genocide and both struggle to understand their own place in the world in light of their link to the traumatic past. The practice of socioterapy provides a window on ‘the underneath’ of Rwandan society, including on what it means to live as the child of a genocide victim or survivor and as a child of a genocide perpetrator.

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The above quotes of two of these children, Marie and Jean, give us a glimpse of the challenges these children may face in life.

Second generation children in Rwanda who are in particular affected by the past violence include children born from rape, genocide orphans, children of parents convicted of rape and/or genocide killing, and children of ethnically mixed marriages. They may be silenced by the past family life, their parents' denial of guilt, their parents' victimization or absence, the constant care their parents require, the lack of proper care they received from their parents, the way they as descendants feel stigmatized by the community, the urgent need they feel to take revenge when they grow older, etc. In different ways these children may feel disconnected from their parents and hence their past. Some may consciously want to be disconnected, for instance from a parent who has killed or a parent who is not able to provide for them. Others may long for a closer connection, whether their parent is a survivor or has been a perpetrator. Many will in the meantime struggle to determine what their identity and position is in this world and what they want it to be. In other words, they are trying to build their own resilience in response to the resilience and/or suffering of their parents.

Our exploratory research indicates that the strengthened family and community resilience and increased family and community well-being can make a positive change in the lives of 'the generation after'. Marie, for instance, feels relieved now that her mother again socializes with her neighbors and she does not need to constantly worry about her mother and care for her. She now feels a kind of freedom. Jean still has to overcome his self-stigmatization, nurtured by a community dynamics that does hold the second generation accountable for their parents' deeds.

To conclude this short expose, the genocide in Rwanda caused shock waves around the world. It was only the immediate post-genocide situation that was perceived as a complex humanitarian emergency to which the world responded with massive humanitarian aid. Meanwhile, the overwhelming evidence of the country's economic resilience has minimized this aid. With due respect for what has been achieved in Rwanda over the past 21 years, I nevertheless propose a continuation of humanitarian assistance for the sake of the psychosocial wellbeing and mental health of the first generation but in particular also the psychosocial wellbeing and mental health of the second and following generations. This may prevent a chronic

emergency in terms of continuous intergenerational suffering and contribute to intergenerational peacebuilding. I introduced the community-based sociotherapy approach as an example of an approach that may help to achieve this.

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