

'Here We Are'

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Community-Based Sociotherapy in Byumba, Rwanda

Composed by
Annemiek Richters, Susan van Brakel en Cora Dekker

Content

Colophon

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Here We Are: Community-Based Socioterapy in Byumba, Rwanda

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Foreword

As is usual in the church responsibilities include the protection of body and soul. Since it was set up, the Rwanda Anglican Church Diocese of Byumba has struggled for the welfare of these two parts of a person. This was done in different ways: when necessary, we have provided emergency aid, we have given infrastructural support and we have assisted people who were destabilized by problems of the soul.

As far as help to traumatized people is concerned, the diocese has, since it was set up during the war, safeguarded the souls of those victimized in the war. War resulted in the tragedies of the 1994 genocide, which left not only wounds in the heart, but also increased other social problems such as poverty, gossip and discrimination.

Since the end of the war of bullets, the diocese has in different ways stuck by those who were injured, destabilized and traumatized by those tragedies. For instance, we have helped with the word of God, convictions, trainings, different teachings in which we were supported by donors and experts in different manners and phases. This was done for different categories of Rwandans. Some people were living in the country during the tragedies, some had come back from foreign countries where they were exiled for a long or a short time, whether in African countries or in other countries on other continents of the world.

These forms of support played a great role in safeguarding the way of life and the social life of people (in particular those who live in the region where the Diocese operates, the former province of Byumba). It has been noted that the methods/systems that were used did not have the beneficial outcome that had been expected: they had just become a routine.

When we continued to use our methods/systems and asked ourselves what to do in order to renew our working manner, we seemed unable to find a better way. We were lucky to meet the specialists from the Netherlands, Professor Annemiek Richters and sociotherapist Cora Dekker. They told us about another method, which is called sociotherapy. After understanding this method and finding that it fits in with our way of thinking we concluded that it could be the answer we needed. From there we started negotiating and exchanging information, which ended with the drafting of a plan of action which we submitted to a donor called Cordaid. We started to bring the sociotherapy program into force in September 2005.

After setting up this program we observed how important it was to the people who live in this region in opening their minds, recovering from their wounds of the heart, overcoming social problems, in building unity, promoting reconciliation and everlasting peace, which reconstructs the good culture of Rwandans of living together and resolving their conflicts. I value this method as very important. Its service record and operating system are exceptional in restoring the true value of the Rwandan culture of living together in harmony. We do not

forget a Christian culture. Both cultural traditions were for Rwandans the pillars of a way of life and, especially, of a good social life; later, they were destroyed by the past and the hard times Rwandans went through.

I support this method and I call upon all people to take this method up as a tool in their daily lives.

God bless those who gave us this method and helped us to get to know it. God bless those who supported us. God bless those who take part in putting it into practice, including government institutions, churches, volunteers and its practitioners.

*EER Diocese Byumba
Bishop of the EER Diocese of Byumba
Mgr Rwaje Onesphore*

Introduction

How this book developed

The idea for this book was already launched in the first months of the sociotherapy training in 2005. First, however, all attention had to go to training therapists and implementing sociotherapy. What had to be figured out as well was whether enough writing skills were available among the sociotherapy program staff and sociotherapists to contribute to the book. All these people involved have all been brought up in an oral culture tradition rather than in a reading and writing culture. This explains perhaps why report writing turned out to be such a difficult and challenging part of their job.

During a national conference on sociotherapy in Kigali in January 2007, the idea was put forward to start developing expertise in African sociotherapy together with the local people involved in the sociotherapy program. In that context, the plan for writing a book again came up. Would it now be realistic for the core group of thirty-two sociotherapists to write down parts of their experience from practice? The question came at a suitable moment. All thirty-two had attended the national workshop and felt proud of its achievements. The book plan was presented as a serious option to the Byumba program staff and matured slowly.

First, in August 2007, the trainers Hennie Smit and Cora Dekker found a form for the way to proceed. They combined a report-writing training request from the staff with a written exam task. The exam assignment was to be assessed in January 2008. Everyone of the group of thirty-two could select a subject from a list the two trainers presented to them or choose their own subject. Subsequently, all had to formulate a main question and several sub-questions to be answered. They had a few months to work on these questions, discuss them together, improve their texts, have them translated, send them in for comments to the trainers, improve them once more using the feedback they received, and finally submit them for a final mark. Those contributions would make up the core chapters of a Byumba book about sociotherapy. This plan motivated everyone to take on the task.

After the marks were given at the end of January 2008, ex-Byumba trainee Susan van Brakel and professor Annemiek studied the contributions and came up with questions for clarification and supplementation, posing these to the authors orally and via e-mail. The authors were asked to complete and strengthen their texts with additional information, concrete examples to illustrate the issues addressed as well as recommendations. By talking to the authors we came to understand even better how difficult the task of writing had been for some, but then everyone had also experienced the writing as challenging and rewarding.

The staff in Byumba worked a great many hours typing and retyping and assisting with translations and corrections of the translations. Next, the people who supported the program in different capacities (as guardian, trainer, researcher or otherwise) were invited to make a contribution to the book.

'Here we are'. We hope that reading this book will be inspirational and that while reading you will take into account the circumstances in which this book came to see the light of day.

Acknowledgements

We thank first of all the sociotherapists who contributed a chapter to this book. In addition, we are grateful for the moral support from the Byumba Diocese and from all other Byumba-located churches and organizations represented by their amazingly dedicated thirty-two sociotherapy facilitators. We express thanks to the Sociotherapy Program staff and to the translators. They were the hard workers who spent many hours behind the computer, e-mailing, reading, discussing, explaining, organizing, typing, re-typing.

We are very grateful to the Equator treatment program for traumatized refugees at the Academic Medical Centre in Amsterdam for granting secondment contracts to its employee, sociotherapist Cora Dekker. We also owe thanks to the staff of the Equator Foundation for their services in enabling the training and research missions. We express sincere gratitude to the University of Applied Sciences in Leiden, which since 2007 has also extended secondment contracts to its employees, the teachers Cora Dekker and Hennie Smit, which helped to bring continuity and quality to the Byumba trainings.

A special word of thanks goes to the Netherlands Institute of Advanced Study (NIAS) in Wassenaar, the Netherlands, allowing professor Annemiek Richters to concentrate on her study of sociotherapy in Rwanda and East Congo for some months, and the Leiden University Medical Centre for granting her research time.

A particular word of thanks is for Susan van Brakel, who together with professor Annemiek coordinated the book process as from January 2008 on a voluntary basis.

Finally and cordially, we like to thank all people who have been donating to this sociotherapy project since 2006. All donations and expenditures beside Cordaid donations have been published via the website www.hoop-voor-rwanda.com. This website was developed by Nelly Wuis, the administrator of the donations and webmaster. We thank her for all her work behind the scenes. A considerable part of all donations has been used to translate and publish this book, both in English and in Kinyarwanda. The Department of Social Work of the University of Applied Sciences in Leiden bore the cost of the English editing, which has been highly appreciated. The editing was done by Eli ten Lohuis. To Cordaid we express thanks for jumping in and guaranteeing unexpected contingencies and also for allowing us to start work on a French translation of this book and its publication.

Leiden/Amsterdam

Annemiek Richters and Cora Dekker

You were needed in our beloved country

Niyitegeka Jean Marie Vianey

I honestly remember
How Rwandans were united
How they were helping each other
How they were answering to the neighbours' alarm.
Then suddenly the brotherhood was broken.

Let me speak out "You came to Rwanda"
When Rwandans were hopeless
When we were covered by sadness and difficulties;
You, sociotherapy, the answer to all questions,
Solution of all problems,
The gift from Our Creator God.

Let me shout out that sociotherapy is
The saver of Rwandans,
The creator of hope,
The decorator of life,
The solution of development.

Sociotherapy,
reliever of Rwandans' hearts;
Widows are relieved;
Orphans are hopeful;
The homeless people are relieved;
Sociotherapy, you are at the top of
the high mountain.

You
have been the solver of social problems;
you gathered 32 family members at Karambo
In order to eradicate the roots of a loneliness;
And HIV-stigmatized people have been set free;
Indeed, you were needed in our beloved country.

I
see you, sociotherapy,
In infiltrating the bottom of the hearts of unhappy people;
Bringing joy, especially to me

Who was rejected from my society;
Surely, you were needed in our
beloved country.

I
testify now, tomorrow and forever,
That we regain respect for each other;
Safety is among us;
Cleanliness is our daily life;
You were needed in our beloved country.

Let me
tell you the truth;
Nowhere can you find trust;
Nowhere can you get respect;
Nowhere can you be saved from your difficulties;
Only in Sociotherapy. You were needed.

What
can reconcile the separated people?
Where can the separated people meet?
What could be the solution for killers and victims?
Where could I get the truth of what happened to Rwanda
If not in Sociotherapy?
You were needed in our beloved Byumba.

Come and see the miracles
Where children are singing “Seziterapi” meaning Sociotherapy;
Where old people are longing for Sociotherapy;
Where the hearts are healed and tension is easing up;
You were needed in our beloved Byumba.

How
can I explain Sociotherapy;
Only to show the Sociotherapy cooperatives;
In poverty a reduction and into our pockets a cash flow;
Could you understand how raped women forgive and forget?
With sociotherapy, that it is possible!

You
were needed in our beloved Byumba
To unite the scattered families and separated hearts;
To reconcile the opposite souls;
To reveal the positive future vision;
Let me rejoice it and taste its tastes!
SOCIOTHERAPY, you were, you are,
and you will be needed.

1. The role of sociotherapy in the reconstruction of Rwandan society

Bitonda Felix and Namara Wherny

The word “sociotherapy” is described as follows in French (as the Petit Robert dictionary puts it): “[Sociotherapy] involves all the social measures put into practice to enable a patient with mental problems to become reintegrated in his society”. There is no word for sociotherapy in Kinyarwanda, but we guess we can say that “it involves measures put into practice to help a traumatized person to live again harmoniously with others within his or her family and society”. The word “family” has different and various meanings in our mother tongue Kinyarwanda and in foreign languages. When we say “family” in Kinyarwanda, we mean “people who have relationships and who live in the same house”. In brief, we mean a husband, a wife and the children (a nuclear family). When we talk about this family and its descendants (genealogy), we say “an extended family”. A family (a nuclear family) is the basis of society. Furthermore, “society” in Kinyarwanda can mean “a family”, as, for example, in “Rwandan society”.

Talking about the people in Rwandan society, we mean Rwandans who have the same culture, language, beliefs, traditions and taboos. In brief, Rwandans set great store by social values. In this article, if we use the concept “family” we mean “a nuclear family”, i.e. a home consisting of a wife, husband and children. We will focus on the ways families lived after 1994, i.e. after the 1994 “Genocide”.

Local authorities and the Dutch professor Richters attended the start of sociotherapy in September 2005



In 1994, our country Rwanda went through war and “the genocide” in which many people died and many things were destroyed. But “no human being can kill everyone” (says a Rwandan proverb): there were survivors of these tragedies.

What are the consequences of these tragedies for the survivors? What did sociotherapy do or what is its role in the reconstruction of the lives of these survivors or in the social lives of Rwandans after the genocide? These are the questions we will focus on here. This article is not the result of research done in a scientific manner. It is based on the testimonies of facilitators, also called sociotherapists, and of group members. The discussions or talks in the sociotherapy programs were made possible by the EER Diocese of Byumba, and started in September 2005.

How does sociotherapy help Rwandan society?

The context

Before we can answer this question we need to introduce the context in which we talk about sociotherapy. As stated earlier, Rwandan society lived through war and the 1994 genocide. Both disasters destroyed and destabilized society. Some consequences need to be mentioned here. A great number of people died, others took refuge in foreign countries. The deaths left many orphans and widows, there were many people, especially women, who were raped, whereby those rapes caused HIV/AIDS to be spread; properties were destroyed, poverty increased. The killings were perpetrated by Rwandans who killed their colleagues because of their ethnicity and opinions. Many of the killers were arrested and imprisoned. Others are still outside the country where they went into exile after committing crimes. Some were not involved in the killings, but are still abroad. Then, there are those who were separated from their families during the repatriation. Repatriation means that the government of Rwanda encouraged refugees to come back to their country.

Families who have relatives in jail often live together with survivors who were hunted down during the genocide. This is a very difficult situation for the survivors and for those who have relatives in prison. Some people accuse others of having killed their relatives, thus making them widows or orphans. Others accuse again others of having put their husbands or fathers in prison. Children say they cannot study because their fathers are in prison and they have no means.

There are women who gave birth to children from other men whilst their husbands were in prison. One can ask oneself how a man who is in prison feels about his home being occupied by another man. When he is released there is fear and mistrust between himself and his wife and mistrust towards the rest of the community. Those who are imprisoned or are ex-prisoners and were judged by the *Gacaca* courts (because of the genocide) already have a very heavy burden to bear. When those who were innocently imprisoned are released they fear and do not trust others or those in their communities. Then there are the conflicts about property which have broken out since the war. Many have feelings of hatred because of what happened before their eyes. Many were traumatized; others live in loneliness and in everlasting gloom and without hope of a future.

The sociotherapy approach: Principles and phases

Principles

The sociotherapy program started from a purpose to help people who were affected by the consequences of the war. The objective is to feel valued again, feel calm and safe, to make people understand that life still goes on, to build up once more unity among Rwandans and to respect each other. In a word, we can say that sociotherapy aims at reconstructing the “friendship” which was destabilized in Rwandan society. The sociotherapy approach is based on several principles.

Interest: One of the basic principles of sociotherapy is “taking an interest in each other”, which is relevant because the war and genocide of 1994 made people become enemies, causing mistrust among people, especially among those who come from different ethnic backgrounds. A person no longer takes an interest in others and mistrusts them. He/she always thinks that if he finds the means thereto, he can take revenge. All of these feelings can provoke serious conflicts between people if this principle of interest is not put into practice. As applied in sociotherapy, the principle of interest shows people that they need each other because everyone needs another person to survive. In Kinyarwanda we say “*Inkingi imwe ntigera inzu*”, which means “One pillar cannot make a house”.

Equality: Rwandan society was characterized by relationships between people that were based on sex, wealth, and with time even came to be based on ethnicity. Proverbs say “A word spoken by a woman is responded to with a machete” (a woman speaking in public was taboo in Rwanda), or “unmatched arms cannot shake”. These words have destroyed Rwandan society because they did not aim at friendship, but at division. This was one of the causes of the war in 1994, when one ethnic group believed that it was superior to the other, and the other one understood that it was mistrusted, had no value and no freedom of expression.

When this equality principle of sociotherapy is put into practice it focuses on destroying the roots of inequality by demonstrating that everyone in the socio-group is equal. This equality principle shows people that they must respect each other and live harmoniously because they are all human beings.

Democracy: In Rwandan society we used to say that the wish of an old man is a rule. Most of the time in Rwandan families, the man dictates the rules and the wife and children do not have freedom of expression (patriarchal hierarchical family). When we used to enter into relations with other institutions or associations we found that the people governed by them did not have freedom of expression as to what was done in their name, but that all opinions came from the top down. That is why in 1994 when the genocide took place (and when people died, and others fled the country) the then administration said that everything was done in the name of the population.

The democratic principle of sociotherapy aims at enlarging the freedom people feel among themselves: participants can give their opinion freely. Everyone’s opinions are valued. These opinions come back in the many testimonies of the participants. The participants say that their homes change for the better because every one has the right to give his/her opinion.

Learning by doing: According to this principle, a problem brought into the group is reduced or resolved. It is like a medicine. When it is effective, the one who needs it cannot delay taking it.

he/she must swallow it immediately. If it cures him immediately he/she will give a testimony of his/her recovery showing how effective the taking of the medicine has been and urging other people to do likewise. The medicine mentioned here does not refer to drugs but to practicing new ways of behaving and practicing openness/one's freedom of expression. Through this principle we, the sociotherapy facilitators, are encouraged by the examples of the group members, which we hope others will follow too and practice.

Responsibility: This principle also belongs to sociotherapy; it is put into practice in order to strengthen the good habit of cooperation, of people working together and helping each other. The good habit of cooperation used to be the characteristic of Rwandan society, but nowadays it is more and more replaced by the idea that individuals should develop and only work/think for themselves and other causes mentioned already. Cooperation is replaced by selfishness or irresponsibility.

According to this responsibility principle your fellow man's problem becomes yours. It is understood that in a socio-group, you have to make a contribution in order to (help) reduce or resolve a problem. Because today it is his/her problem and tomorrow it may be yours.

Here and now: This principle is important for people who used to rely on past times and the way things were done before. This sociotherapy principle of 'here and now' focuses on the present circumstances of the group members, their problems and wishes now. The principle encourages group members to try to solve their present problems; then they are able to think about the future.

Phases

The fifteen weeks of sociotherapy also have a number of phases. They are safety, trust, care, respect, new rules, and memory. Those phases are important in rebuilding these group members' lives. When a person understands that he is safe, can trust his fellow men and women, he/she starts to have contact with them and is able to tell them his problems. Then the principles mentioned above can be applied in practice. Both principles and phases encourage everyone to take care of each other in order to reduce or resolve his problems.

There are testimonies from the participants of the sociotherapy program. In Kinyarwanda some proverbs say "*Kugera kure siko gupfa*" or "*Ntajoro ridacya*", which amount to "there is light at the end of the tunnel". All of these sayings are from people who came to the sociotherapy program full of gloom and with grief in their hearts. People looked as if they were locked within themselves. They could not talk about their problems. This prevented them from entertaining hopes for the future.

We have testimonies showing that, finally, after the destruction of Rwandan society in 1994, friendship is returning between neighbours. Participants who attended sociotherapy groups take good care of themselves again, both physically and mentally. Former disputes between families have been settled because of what happened in sociotherapy groups and what was understood there.

Some cultural values were destroyed by the war. Today sociotherapy tries to reconstruct these. Cultural values that are coming back are, for example: coming and helping to build, cultivating the soil, helping other people to get better. This reconstruction goes together with an alleviation of the poverty caused by the war. Examples of questions we found people

brought to the sociotherapy program are: How can one help a person with whom one has a problem? How can you give help to a person who you have a conflict about land with? Can you give water and fire to each other?

For a period of three months, socio-groups consisting of between 10 to 15 people, or sometimes less, came together once a week for the members to hold discussions, to talk and do games together. At the end of these three months the group members turned out to have become friends, and their problems were (partly) solved. Questions as mentioned above were answered. Group members know that they have a right to speak out against those doing bad things. Group members continue to be able to tell others what they think, due to the confidence they gained during the socio-groups. They can now talk about their problems and reduce or resolve them. Participants now respect the rules and the culture of their society, which leads them to influence their whole communities. This new understanding of their culture helps them improve their communities again. Group members come back to the good Rwandan cultural practice of giving water, fire, and helping others who are having difficulties. These we call good contributions towards building up Rwandan society again.

Let us look more closely at one particular case. During sociotherapy we heard the testimonies of women who say that they now live peacefully with their husbands whereas before their homes were destroyed by the mismanagement of their houses and unfaithful behaviour of their husbands. We heard testimonies of people who have forgiven their colleagues for what happened in 1994. Children, who had given up all hope of ever being able to study because they lived with one parent while the other was in prison, are now able to study. This is thanks to the initiatives of many ex-group members who have created associations to exchange money so that people can pay the school fees of their children.

The case of a young girl participating in sociotherapy as heard during sociotherapy: a young girl, Jeanette, 17 years old, has thanks to sociotherapy resolved a conflict with her parents. For a long time she had not had a good relationship with her parents because of her elder sister, who was a single mother and still lived at home. This sister was jealous of Jeanette because she had a job at the tea plantation while this sister had no work, and probably also because Jeanette was considered by her parents and the community to be a morally good girl unlike her sister (being a single mother whose child was born out of wedlock is a cultural taboo in Rwanda). Jeanette's sister always tried to show their parents that Jeanette, though she was working, did not contribute much to the family household while the sister always helped them with all the household chores and in the family fields. This created a persistent tension between Jeanette and her parents – and yet Jeanette has managed to work out the cause of this persistent tension with her parents.

Later she joined a sociotherapy group. As sessions went on she happened one day to introduce her case to the group members. The members, who were her neighbours and knew about her relationship with her family, explained to her that the source of the problem was her sister who had spread gossip about her. During the discussions, members of the socio-group advised her to put the case up for discussion with her extended family. This was done. After hearing both sides of the story, her father apologized and asked her forgiveness and then he asked forgiveness of the entire family because he had already recognized and felt guilty about the

way he had been treating his own daughter, taking money from her secretly to buy beer and other things for himself, thus leaving the rest of the family to believe she did not contribute to the household. The discussion resulted in peace, trust and better social relations in the family.

Conclusion

Sociotherapy can play an important role in building up Rwandan society. We have especially been talking here about the society as it evolved after the war 1994. The role of sociotherapy is important because it facilitates: it helps people meet and talk. Much has been revealed between people who before lived as enemies. There is a saying: *“Umuryango utazimuye urazi”*, meaning, “If someone does not discuss their problems with others their problems will remain”. Many difficulties are resolved with the help of the principles and phases of sociotherapy, between married people, between parents and their children. First, in the socio-group trust is established among all its members, then members of the group can open up and the problems one had at home can now be shared and solved. We saw women who talked among men. The men tried to reinstate the bad habit of marginalizing women. They illustrate such behaviour in proverbs like “No hen cackles in the presence of cocks”. However, in socio-groups this kind of behavior changed.

Not all of what we heard can be put in writing in this conclusion. The few examples show us that sociotherapy is a strong tool for building up Rwandan society, for helping to reconstruct friendships in homes and between families. At the same time, sociotherapy is helping to build up friendship amongst Rwandans, and fight the big problems Rwandans are facing such as ignorance, poverty, rape and marginalization.

Moreover, we find that sociotherapy is a useful tool for promoting unity and reconciliation among Rwandans. What we saw of the method of sociotherapy was that people who had been enemies for a long time are friends today.

Bitonda Felix is married and has three children. He has an ‘A’ level in commerce and accountancy, worked as an accountant for a petrol station (Petrorwanda) and now works for World Relief.

Namara Wherny is married and was born in 1969. He has a diploma in Social Work and is a development worker. As a sociotherapist he gives after-care for ex-socio-group members.

2. How sociotherapy is done in fifteen weeks

Niyitegeka Jean Marie Vianey and Ngaruye Juvenal Marien

How does sociotherapy start?

At the start of sociotherapy sessions, it is explained it will take fifteen weeks. During those weeks the group members come together and meet once a week. The group members are brought together by the sociotherapy facilitators. The local social institutions and the churches operating in the region where the socio-sessions are going to take place help the sociotherapy facilitators select beneficiaries/candidates. Those institutions know the social life of their people very well. The purpose of sociotherapy is to help local people reduce, resolve and overcome their problems by helping themselves. The local institutions often suggest sociotherapeutic help for widows, orphans, people living in poverty and those suffering from the traumatic consequences of the war.

When the facilitators agree with the authorities on the group members, they start registering the names of the people. A socio-group can consist of ten to fifteen people. After registration the facilitators set a suitable day. When choosing a day the facilitators also have to arrange a time and a place to meet. This can be in a playground, under a tree, and in a church. Those places that feel good to the group members are suitable. Then, the beneficiaries are invited to meet for the first time.

In the first meeting, the group members are told about the purposes of sociotherapy. The sociotherapy facilitators explain the principles and phases of sociotherapy to the group members. The sociotherapists also tell the group members that they are not going to give them lessons, but that they invite them to participate in discussions and that everybody can take part in these discussions. The sociotherapists explain it happens like this so that everyone can share problems and work together and find solutions together to reduce or resolve problems. The problems of the group members often look very much the same.

After this explanation, the socio-group members are asked to give a kind of presentation. They start the meeting together with the facilitators. Group members are first given the opportunity to choose the rules for their group for the next fifteen weeks. The facilitators ask the group members to respect each other and to respect the rules set by themselves. Facilitators do this in order to show the beneficiaries the advantage of the sociotherapy method. The next issue is to look together for a day and an hour to meet which is convenient to all group members. The facilitator reminds the group members of the day and hour to meet next time and asks them to choose a person who will open the discussion next time with a prayer. The one who starts asks about the group members’ situation at home. The beneficiaries participate also as they explain their problems and try to reduce or resolve them. Then, the facilitators write down any questions about freedom of expression, trust, fear, difficult problems. They also observe the situation during the first session and write down what is going on in the group.

This way, in the next session it will be easy for them to know where to start and to facilitate the discussions better. To give some examples: sometimes a kind of fear is observed among the group members by the facilitators. Next time the facilitators will prepare a game or a sketch. This change of method creates a kind of familiarity among group members.

The way sociotherapy is practiced

During the second session the facilitators ask the group members again to give a kind of presentation so that they become acquainted with each other. Group members can hand each other a pen or another symbol which gives the next person who receives the object the right to speak. Afterwards, the facilitator asks the group members to write down on a piece of paper their opinions or some advice for someone in the group. Then, in the next sessions, the group members agree on the agenda of the day, they remind themselves of what they talked about during the previous session and what they thought about the matter in between the two sessions. Group members can continue the procedure of using a pen in order to get the right to speak. Group members explain what pleased and what displeased them. Often, group members develop a relationship. What displeased them is sometimes left out of the discussion. Afterwards, the facilitator asks and assists the group in also choosing a more difficult problem to present and discuss. Group members then start on this and try to find solutions to the difficulties.

After choosing a difficult subject, other members of the socio-group are asked to give some advice and their opinion in order to help their companion. Often one can observe that most of the time the group members have encountered the same problems as the member that brought the problem up for discussion and advice. They tell this person how they reduced or resolved the problem. Sometimes a member finds that he or she has come across a problem that is more difficult than that of another member. The principles help the discussions to go well.

Another example: going by the principle of interest, one observes that everybody considers the problem of another group member, even if it displeases her or him. In fact, she or he adopts the problem as his or her own. This makes her or him give advice as if she or he were in the other person's shoes.

Next, the facilitators have an opportunity to explain to the group members the principles that are used in sociotherapy and that are also applicable to Rwandan society. To show how these explanations are given: giving salt, fire and/or water to each other illustrates the principle of taking an interest in the other. Eating or drinking together illustrates the principle of equality. Having the right to speak in public, in a meeting, illustrates the principle of democracy. Leading one's companions in different ways illustrates the principle of learning by doing. Visiting each other everywhere and giving help stands for the principle of responsibility. And there are other principles which help people to have a better life. However, even if it seems that group members are talking to each other, there are some people who are still afraid to speak despite the security and trust they feel towards their companions. That is why the sociotherapy facilitators must pay a lot of attention in order to lead the meeting well. To achieve a good result security and trust must be created. If there is no security and trust, people cannot speak freely. It is difficult to create safety and trust in the first session. People do not know each other. One method to create safety and trust is the use of games. Group

members then become close to each other. By playing different roles in a game they start to open up and speak. This helps to create safety and trust, and prepares group members for the next phase. In the next meetings you often find that there is a change. The group guides itself.

The way the last meeting is ended

Just like the start of the program, its ending takes two or three weeks. That means that between the twelfth and the fifteenth socio-meeting, the closing phase takes place. The facilitators observe the situation in a group. In the beginning a group is characterized by a kind of shyness because group members worry about themselves. This prevents them from feeling comfortable. As the sessions move along group members change their minds. They reveal their problems and work together in order to find solutions to their problems. In the course of the sessions you can see that group members testify to how their way of life and thinking has changed. The facilitators lead the last discussions. How the program is ended depends on the situation that is prevalent in the group. The group members are asked to review what sociotherapy has done for them. Afterwards, the group members give their testimony based on what sociotherapy has done for them and how they were living before they came to sociotherapy.

After having received fifteen weeks of sociotherapy the group members are also asked to say which problems were not solved. Most of the time one finds that the problem of poverty is the most difficult one in groups. From the testimonies it also appears that some group members were afraid to say that they are infected with HIV/AIDS. But because of the atmosphere of safety brought about by the sociotherapy method, they say it openly and accept advice from others. The advice can, for instance, be to join an association. Another problem that group members may suffer from is that of misunderstanding within families. In the testimonies of some members you see that they say that because of the teachings of sociotherapy, there is now a better atmosphere in their families.

The most important thing to observe during the last session is that beneficiaries do not want to part from this program. Most try and create some small activities which will continue their togetherness. At the end of the program they set up activities like knitting, sewing and cultivating the soil. Several people have created small associations whose purpose is to exchange money.

To prepare for the last day, beneficiaries give a small contribution to organize a party to bid each other farewell. At the end, one of the facilitators delivers a speech in which he thanks them for their participation in the debates and asks them to be an example to the people they live with, in their community, and to give others the same advice. In order to avoid whatever can destroy or destabilize their unity. Finally, they pray to God and go back home.

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3. Sociotherapy and Orphans: How socio-therapy can help orphans to plan their future

Uwamariya Victoria

Introduction

Rwanda is a country which has high mountains – to an altitude of 1,800 m. It covers an area of 26,338 km² and has 8.3 million inhabitants (Census of 2001). Of the African countries, Rwanda is among the poorest. 90% of Rwandans live in the countryside and depend on agriculture. The district of Gicumbi (in the Northern Province) is one of the 30 districts that make up the 4 provinces of Rwanda.

In this article I am going to discuss some of the help which orphans have received through the sociotherapy program, years after the war and genocide ravaged Rwanda.

Rwanda has many orphans due to the war, the genocide and HIV/AIDS. These orphans have not only lost their parents but many of their homes were destroyed too. The elder orphans then often take on responsibility for their younger siblings. Because of the lack of adults in the family they have created what is known as ‘child-headed households’, which means that it is the elder siblings who become the heads of the households and look after their younger brothers and sisters. There are also the children who still have one parent but who are also

Part of the first trained 32 sociotherapists. September 2005



known as orphans. Finally, there are those orphans who lost their whole family and have gone to live with their extended family.

After seeing all the problems that orphans face many programs were set up nationwide to protect orphans; these included both government and private initiatives.

The national program was called 'The eye of a neighbour' (*ijishory' umuturanyi*) or 'Take a child as yours', which means that if you see a child of a neighbour with a problem you intervene as though that child was yours. This national initiative was put forward by Rwanda's First Lady, first of all to help orphans but also to protect all Rwandan children. The sociotherapy program has played a part in this by getting orphans to open up and discuss their problems in a group situation. We are now going to look at this role of sociotherapy in more detail by endeavouring to answer the following questions: What problems do orphans encounter in their daily lives? What can sociotherapy do to help with the problems in their daily lives? How can sociotherapy help orphans to express their feelings and problems? What can sociotherapy do to help reduce their problems? What can sociotherapy do to improve the lives of orphans? How can sociotherapy help orphans to plan their future?

Sociotherapy

What is sociotherapy? What does it set out to do? How does it work?

Sociotherapy is a way of helping people to heal the wounds of trauma. Sociotherapy helps those who participate in it, to overcome the consequences of war and other hardships in order to live in harmony with themselves and others. Sociotherapy helps participants to deal with the problems they have encountered, so that they can be reintegrated back into their communities and regain their self-confidence. In fact, it is a method of helping people to overcome their problems. Thus, sociotherapy helps participants to regain self-confidence, to feel calm and safe. It enables participants to understand that life still goes on and to give them hope for the future. Sociotherapy helps everybody from adults and youths to children.

What problems do orphans face in their daily lives?

Through its principles, sociotherapy creates a protected and safe environment in order for its participants to open up in front of others. The following are the problems that orphans have said they encounter in their daily lives:

On a psychological level

1. Loneliness: Loneliness is the problem which the orphans meet because they always ask themselves what the point is of living when they are alone, there is no one to take care of them and they miss the love of their parents.
2. Responsibilities: Orphans have responsibilities that exceed their abilities. Although they are children, as heads of the households they encounter difficulties that they are not old and wise enough for to cope with. Plus, these children carry a sense of guilt, feeling guilty that they are unable to solve many of the problems they face.
3. Despair and grief: They often live in despair asking 'why am I an orphan?' and 'will my problems ever be solved?' This causes orphans a lot of grief.
4. Poverty: The orphans often live in poverty because there is no one to take care of them and this makes them feel very unsafe and insecure.
5. Lack of encouragement: Orphans often lack someone to encourage them. Because they

live alone there is no one to appreciate them or to correct them, and therefore they think that work is a waste of time. There are some examples given by the orphans who said that "you see, I miss not having my parents or anyone else to discipline me, even if I am innocent", the other one said: "you see, I was the first in my class, but I miss not having someone to show my report card to".

Health

1. HIV/AIDS: This incurable disease affects many orphans. Those orphans who have HIV/AIDS were infected in either one of two ways. Either they contracted the virus from their mothers at birth (many women were raped during the genocide/war and were infected with HIV). Or else, they got the disease because they became targets of sexual abuse due to their poverty-stricken life.
2. Poor nutrition: You find that these children are malnourished because they lack food, both in quality and quantity.
3. Mental-health problems: Some of these children have serious mental-health problems caused by trauma. Trauma is characterized by sleepless nights, nightmares, easily forgetting what you were going to say or are supposed to know.

Finance

Some of these children live in poverty because they were born in unknown circumstances (by this we mean that they do not know who their parents are or where they are from), others lost their parents and their homes. Some are not able to get a job because they did not study, they do not have any skills and no basis from which to start a business. This has consequences for those who are of school age because they cannot find the necessary means on which to build their future.

Social life with others

Mistrust of others in the community: Many orphans still live in the house of their parents and live with the knowledge that their neighbours played a role in the killing of their parents. Therefore, the orphans ask themselves 'why do these neighbours, who contributed to the poverty of my family, not help me now?' The orphans are carrying around these prejudices for which there may or may not be a base; however, they will never know this because they keep their thoughts to themselves. Other orphans often don't trust anyone because they themselves have never received any kindness or compassion from others. Therefore, again, they keep their problems to themselves.

A lack of trustworthy neighbours: This goes for those children who have lived alone since the war. They now have no adults whom they know or can trust living nearby. For example, before the war, if a family had a problem they had friends and neighbours who they could go to for help but the war changed this and now not only have they lost their families but other people around them too who they trust.

How has sociotherapy helped orphans to overcome their problems?

By coming together in groups

As we have just explained, sociotherapy gives orphans an opportunity to come together (in groups) in a safe environment and with dignity. During the socio-sessions, orphans meet with the facilitators who begin by trying to create an intimate atmosphere. This is done in order to create room for everyone to open up and feel free to share their feelings about the things that prevent him or her from living a normal life. The first sessions in a group are often difficult: some members of the group do not want to talk, they are just there physically, but their minds are far away. To give an example: a member of the group is asked to respond to a question and gives an answer that is completely unrelated to the question. It is after four or five sessions that members of the group begin to become relaxed in each other's company and start sharing their thoughts with other group members. Through attending socio-groups many orphans begin to build up self-confidence: the first sessions help them to gain confidence and to see that others value what they say and therefore they also need to show that they value what their fellow group members say.

It was seen that sociotherapy is a solution to the loneliness of orphans. When an orphan meets with others who have the same problems, he/she understands that she/he is not alone and he/she understands that there is someone who cares about him/her in particular. When they meet they talk to each other, they laugh, they weep, they embrace, and this helps them to visit each other, to share their daily experiences and finally, it helps them to have happiness in their hearts.

An example: In a socio-group facilitators create time to play, as one of the sociotherapy ingredients is games. Most children like games, and special time is allocated to games, which has a lot of meaning for and impact on socio-groups. We discovered that this plays a big role in opening up the minds of the orphans. During playtime, we use traditional games and orphans feel at ease with each other. On the one hand, this gives facilitators the opportunity to learn many things, while on the other hand, it helps orphans to understand that they can succeed and sharpen their brains. This is when an orphan who has attended a socio-group can regain his/her self-confidence and begin to look to the future.

One child said: "Sociotherapy made me understand that I am not alone, I have parents and brothers and sisters. Because during sociotherapy, I came to understand that those people who we share stories, problems and solutions to everyday experiences with, are playing the same roles that my father, mother, sister and/or brother would have done."

Another example is that often socio-groups are a mixture of adults and children. When an adult in the group says to an orphan "my son" and gives them a solution to a problem, the child feels that he has a parent who cares about him and the children also feel that they are no longer alone because they have someone they can trust and go to for help.

By motivating orphans to join associations

Motivating these orphans to join associations helps them to feel more positive about the future. For orphans, a socio-group becomes like a family, where everyone has struggles in common and where they together build a bond through together finding solutions for every kind of problem that has arisen in the group. In order for orphans to continue in this way (when sociotherapy ends) they are encouraged to form associations in order to continue supporting one another in this way.

Conclusion

Sociotherapy is seen as a solution to the daily problems of orphans and the challenges they face. As we saw, the orphans have many different problems, including loneliness, poverty, responsibilities exceeding their abilities, no-one to trust, loss of maternal affection, grief and so on. In order to solve the orphans' problems, many initiatives have been set up to help the orphans to have the self-confidence with which to face the future. Since 2005, the EER Byumba Diocese together with Cordaid and a few professionals from the Dutch Equator Organization and Leiden University Medical Center, have developed the sociotherapy program. This program has helped many people, including orphans. Through these socio-group discussions, this program has helped orphans to entertain hope for the future, to gain self-confidence, to feel that life will continue, and to begin working hard and plan for the future. Sociotherapy is not the answer to all the orphans' problems, but it gives the orphans the tools and a support network to help them solve their own problems.

For the future of the sociotherapy program it would be good for sociotherapy to have links with other programs that could assist orphans with some of the challenges they face. Sociotherapy also needs to increase its capacity to reach more orphans in need and to assist the orphans with the resources they need for their daily lives. Having said that, the sociotherapy program in Byumba has been life-saving for many orphans and others. Sociotherapy has already contributed to solving the problems of many orphans and giving them a good foundation for the future. I would like to thank those organizations who set up the sociotherapy program. I also want to give thanks to God and all the individuals who have invested their time and energy in this program.

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4. How sociotherapy can help widows until they live in harmony with others in the community

Nyirambabazi Kezia and Nyirahabimana Charlotte

The problems that have happened in Rwanda such as genocide, war and the wide spread of HIV/AIDS, have had major consequences for Rwandan society. One of these consequences is a large number of widows. Widows often encounter the following problems:

- They think that they are not respected by others because they are widows.
- They think that they have no value and fail to overcome their problems in life, and therefore they live in loneliness.

Sociotherapy came to help Rwandans to overcome these problems. It is for this reason that we are going to look here at how sociotherapy can help widows, who face many challenges, to take these on so that they can live in peace with others in their communities.

How can sociotherapy help widows talk about their problems?

Sociotherapy helps widows to talk about their problems by gathering them in groups. Widows are taught the principles and phases of sociotherapy. Participating in the socio-therapy process helps them to feel safe and to develop trust. This then helps the widows to open up and talk about their problems.

How can sociotherapy help widows find solutions to their problems?

After talking about their ordinary problems in the group, widows later discuss the more difficult problems they are facing. Every member of the group has an important role to play. When the group is trying to solve a problem of one of its members collectively, each member of the group has the chance to give his/her opinion and to offer any piece of advice they may have.

Example: The problem of poverty and loneliness

When a widow is lonely, she is unhappy to meet others because she feels disrespected. When she is invited to a big ceremony, she knows that she will have to go there alone, whereas others will be with their husbands. This can make her stay at home. Widows often live in poverty; therefore, they lack the food with which to feed their children, and the means for clothes and school fees for their children.

In one socio-group, one widow put forward the problem of poverty, another the problem of loneliness. After hearing and getting to understand both problems, the widows realized that the problem of loneliness was more difficult than that of poverty. Therefore, in this socio-group they decided to give priority to the problem of loneliness.

Its solution

The group member who brought the problem up was again given time to explain the problem in more detail with the other group members listening. In a group there was a widow who

had earlier encountered the same problem. She advised the other lady in accordance with what had happened to her and she told her how she had solved her problem. She said that when she participated in widow groups she began to resolve her loneliness. As the lady with the problem of that day began to meet others, she recovered slowly from her wounds until she recovered from her loneliness completely.

Advice from others

- Others tried to advise her that when a problem is revealed and discussed, it can make you feel comfortable.
- Another piece of advice which helped her was from another widow who told her that she had had the same experience. She told her that one day she had been invited to a wedding ceremony. She thought first she would not go there but she then decided to go there to see how she would be received. When she arrived there she was warmly welcomed. After this she began to see that she was a human being with value. Today people still invite her to wedding ceremonies and give her a role in the ceremonies, for instance welcoming people.
- In the group there was another woman who testified to what had happened to her. She said that she now dared to join others and participate in the meetings of the authorities. As a result she was elected as the representative of her village. Everyone voted in her favour.

After receiving the advice of her group members, the woman was again given some time to say something on how she received the advice of her companions. She said that the advice from her companions had strengthened her again and she felt that her heart had been opened. From there, she was going to take the first step towards associating with others, as she had regained hope.

The role of a sociotherapist when helping widows build up their self-confidence

As a facilitator of the socio-meetings, a sociotherapist first gives the floor to the group members so that these group members can give their opinions and offer advice. After this, the facilitator states her/his opinions and gives advice. A sociotherapist also summarizes the opinions and advice from the group members. After the fifteen sessions of the group have ended, a sociotherapist will still stay in touch with and monitor the progress of the group members.

How can sociotherapy help widows live in harmony with other people in their community?

Because sociotherapy brings together people who have problems, they are able to help each other. They are helped by the advice from their group members who also have the same problems of widowhood. They know that it is up to them to help each other and that they can regain their self-confidence. This gives them the power to overcome situations where they feel disrespected by people in their communities. Not only can they now help themselves but they can also help others in their communities who have similar problems.

Some examples of how the widows have helped others:

- To come in and help when there is a problem
- To be in an association
- To give opinions and advice if needed
- To participate in the decision-making process of the government
- To attend all ceremonies to which they are invited and to invite others.

Conclusion

When a widow joins a socio-group she knows that she is not the only one who has problems. She can take into account the advice given to her by her companions-in-sociotherapy. This can help her to reintegrate into the community and regain self-confidence plus live peacefully with others. For this reason sociotherapy came just in time and we are in need of it because of the problems that have ravaged Rwanda.

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5. How sociotherapy helps widows to have hopes for a brighter future and to live harmoniously with their families

Ingabire Marie Chantal and Mukansabimana Claudette

Introduction

After the war of 1994 and the tragedy of the genocide, Rwanda has a great number of widows. These widows have many problems in their daily lives. It is for this reason that sociotherapy has come: to help them to overcome these problems. We will endeavour to answer the following question:

- How can sociotherapy help widows to have hopes for a brighter future and to live in harmony with their families?

In our contribution to this book about sociotherapy in Byumba we would like to write about the groups we are working with: the widows. We have developed some questions which will guide us in this article. The questions are:

- How do widows live with their families?
- What are the problems widows face?
- Do widows have hopes for a better future?

How to process experience applying principles and phases. October 2005



The sociotherapy method

In order to gain a better understanding of the problems of the widows, we assume it would help the reader to understand the meaning of the words we are using and which form an important part of the questions.

- **Sociotherapy:** a method which helps people to build their self-confidence, to give people a sense again of the value of humanity, to feel calm and safe.
- **Widow/Widower:** a woman or a man whose husband or wife is dead and who has not married again.
- **Family:** a group of people (parents and children) who share the same house and family values. A family consists of at least two people.
- **Hope:** a person's emotional/mental state whereby he wishes for good things in the future. The precondition of hope is safety.
- **Problems:** the difference between the current situation you find yourself in and what you would like to happen in the future.

Sociotherapy has six phases:

1. **Safety:** it is necessary to know if the person you look after is safe. This is the most important phase.
2. **Trust:** it is necessary for a person who needs help to trust the person who can help because when there is no trust you cannot move forward.
3. **Care:** a person who needs help needs to understand that there are people within the socio-group who can take care of his or her.
4. **Respect:** a person needs to know that, even after he or she has shared his or her problems with the socio-group, he or she will still have the respect of all the members of the group.
5. **New rules:** these are the rules set by the group members themselves and which are agreed upon by all the group members.
6. **Memory of emotions:** the participants have the right to remember what happened to them and to be able to live with these memories.

Sociotherapy also has six principles:

Interest
Equality
Democracy
Learning by doing
Responsibility
Here and now

All of these are applied by the sociotherapy facilitators. Facilitators seek out participants who have problems and gather them together in groups of about ten people. The participants and the facilitators sit in a circle during the socio-sessions, which symbolizes the equality principle and helps the participants to understand that they are like the others and that there is no difference between a person who needs help and the one who takes care of him. Sitting in a circle gives the participants respect and makes them feel free.

In the beginning the participants set their own rules to follow during the fifteen socio-sessions; they do this of their own free will in order to make the socio-sessions go well. The

rules (e.g. to come to every session) which have been set are sometimes not respected for different reasons. For example, there are government activities like *umuganda* (community work) and *gacaca* (local courts set up to judge those convicted of genocide crimes) that people are obliged to attend if they happen to be held in their sector.

When the participants have gone to socio-groups they feel reintegrated and understand that they are people like other people; when the participants share their problems with others they begin to regain a sense of their human value.

How do widows live with their families?

Widows have a difficult life after the death of their husbands. We can give many examples. In this contribution let us go into one example. Many women after losing their partner face mistreatment and harassment from their families-in-law. Families-in-law often take back the land and other property of the husband saying that the widow has no right to them.

What are the additional problems widows face?

- Many widows find themselves in traumatic situations after losing their husbands
- They have lost their property and the right to claim this back
- For this reason widows are not able to take care of their families and are not able to pay the school fees for their children
- Widows are vulnerable to mistreatment and sexual abuse
- Widows are ignored by their own children and their families
- Widows cannot easily find people to console them, to help them or find someone with whom to discuss what happened to them
- Widows are exposed to doing heavy work, which they are unable to do and which their husbands did for them, such as carrying and splitting firewood
- Widows face abandonment by their in-laws and therefore they have to keep their problems to themselves
- Widows face persisting health problems (such as migraines).

Do widows have hopes for a better future?

If widows do not have the chance to meet others in groups and discuss their problems, they will continue to live in loneliness and have problems which they cannot overcome themselves. This gives them the belief that they have no value. To make things clearer, we would like to give an example from what we have seen in practice.

A widow in our group, who lives in our district, came with a problem about land. Her brother-in-law had taken her field. Before, the widow had legally lived on the land with her husband but they had a disagreement with his family. When her brother-in-law cultivated her fields, the widow lodged a complaint against him. Then the brother-in-law rushed to the local authorities and used corruption to win the case. During the sentence the widow found that her claim against the brother-in-law was annulled. This widow then refused to go to other institutions. She kept quiet but she prayed. She had lost all hope for a good life. In addition, the widow was weighed down by grief and often suffered incurable headaches.

After coming to the sociotherapy group this widow discovered she could again feel safe, feel respected and trusted. She felt free because she was given the freedom to explain her problem. She now became motivated to overcome her problem. The widow told her group members about her affairs. The other group members understood and gave her the following advice:

- dare to approach the family and discuss the problem with them
- get to know the law that protects the family
- find a certificate that proves that she lived legally with her husband in order to claim back her property
- contact the institutions again and lodge the complaint again.

After following this advice the widow was given back her right to her property by the authorities. The widow no longer has persistent headaches.

After being given back her property by the authorities, the group members also advised the widow to approach her family and to choose mature members of the family and discuss the matter in order to once again have a good relationship with the family. This widow has regained her hopes for a good life due to sociotherapy.

Sociotherapy helps widows to understand that they are safe and respected, because before many of them did not have people to share their problems with and did not know how they could find safety. Sociotherapy helps them to have trust in themselves and to understand that if they lost their beloved relatives, life still goes on. For that reason they should respect themselves and be respected by others. Sociotherapy helps the participants to abstain from bad habits, and teaches them to take care of the children left behind by their husbands.

When the fifteen socio-sessions come to an end you find that the participants do not want to finish the sessions because they have become so well-acquainted. The facilitators often feel the same way.

Conclusion

Widows need sociotherapy because it helps them have a better future and live peacefully with their families. It was observed that fifteen socio-sessions give widows enough time to feel happy again and to be able to think about how they are going to continue working together as a group and how they are going to apply what they have learnt to improve their lives.

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6. How sociotherapy helps widows to build and to protect the sovereignty of their families

Mbabazi Jonathan, Mukakayange Didacienne and Uwera Bibiane

Introduction

At the moment, Rwandan society is still suffering from the wounds and scars from the war and the genocide of 1994. We find these wounds have resulted in both economic and health problems. We have chosen to do this assessment in order to make a contribution towards rebuilding social life, especially towards rebuilding the lives of those who were widowed during the genocide and the war. We enjoy our roles as facilitators because we can give widows the tools to overcome their problems and to again have a sense of their own worth. We are also able to help the widows to protect their homes, which their husbands had left, to help them to be free from interference from others and avoid mismanagement and to help them give their children a good education.

The scope of this assignment

We have carried out our assessment in the former province of Byumba, sector of Byumba, more specifically, in the village of Gacurabwenge.

The questions we investigated for this brief assignment are:

1. What is a widow?
2. Who can play a role in overcoming a widow's vulnerability?
3. What can sociotherapy do in order to help a widow living in poor circumstances?
4. How can the phases and principles of sociotherapy help a widow to build up her life again?
5. Who can help widows improve their position?
6. How can sociotherapy take care of widows?
7. What are the goals of sociotherapy and what happens after fifteen weeks of it?

The result of our assessment

The answers were given to us by people who live with the widows in the community.

1. A widow is a woman whose husband has died.
2. The widow is the first person responsible for pulling herself out of bad circumstances. She can do so by contacting others or by participating in discussions with the aim of reconstructing her life and, in particular, her social life, which was destroyed by the war and genocide. Those discussions take place, for example, in sociotherapy. After building a sense of safety and trust in a sociotherapy group as well as beginning to recover from painful feelings of the past, a widow can join an association (formed by all the members of her sociotherapy group) in order to promote and set up small projects that are profit-making.
3. What sociotherapy can do to improve a widow's way of life lies in the way the

sociotherapists bring together widows who have the same problems and similar living conditions and facilitate the discussions among them. Before they join an association the widows can, if they have recovered somewhat, visit their companions, who have also been through the fifteen-week sociotherapy experience. There they can see what those women have achieved. This visit will motivate them. When sociotherapists remain close to the widows after their fifteen weeks of sessions, the widows understand that they are taken care of, which enables them to give each other advice.

4. The phases of sociotherapy – safety, trust, care, respect, new rules and memory of emotional feelings – and its principles – equality, democracy, interest, learning by doing, responsibility and here and now – can help a widow to build up her (emotional) life.
5. Others who can help a widow increase her power are the government, churches and welfare institutions, especially associations for women. The difference between sociotherapy and those institutions is that sociotherapy tries to help a person to regain his/her sense of humanity, safety, trust, that it cares for them, gives them back their sense of their own value, gives them new rules to adhere to and shows them how to keep their memories alive.
6. Sociotherapy can only take care of widows when they are given intact programs that respect the phases and the principles of sociotherapy. These programs have been set up before they are given to the beneficiaries and include the phases and the principles of sociotherapy. When the beneficiaries are given the complete program and know the principles and the phases of sociotherapy well, and when they live by them, nothing can stop sociotherapy from being of importance to them.

It would be better if the widows honoured sociotherapy by participating in the socio-groups and other socio-activities, and respecting its phases and principles. After finishing all fifteen meetings, it would be possible for widows to start on another activity; to form associations in order to avoid falling back into previous situations in which these widows did not feel were miserable. Widows should also decide on a time to meet.

7. The aim is that the widows recover from the wounds of the war and genocide and are able again to take care of themselves, to educate their children, stop wasting their property for nothing or destabilizing their homes and start to pick themselves up again and empower their lives. The aim is for them to be able to make clear what they need from other people in order to regain their sense of safety, to help others, for instance to build houses, save money, feed them, help them have medical care, etcetera.

After the fifteenth socio-meeting, the essential thing is that the widows who have received sociotherapy continue to meet in order to exchange ideas and to carry out activities that will help them to improve their lives and fight poverty.

Conclusion

In answer to our initial question: “How can sociotherapy help widows to build up and protect the sovereignty of their families” we found that sociotherapy can play an important role in ending the bad living conditions of a widow if she participates in it as it can be. After ending the phases she can collaborate with others in activities to promote herself, and to look for a way of life that can give her and her family respect.

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Mukakayange Didacienne was born in 1968 and is married. She has a secondary school certificate (A2) in social sciences.

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7. The importance of sociotherapy in secondary schools

Hahirumukiza Bernard and Mukakayange Veronique

Introduction

When we say 'a student' we mean a person studying, from a child of at least three years of age and upwards; indeed, he can be of any age. Even those who are married with children can study in the secondary schools of our country (while previously, a man or a woman who was married was not allowed to go and continue their studies in a state secondary school). In this article we focus on secondary schools only and we will talk about a student's rights and responsibilities. Next, we will talk about the problems that concern sociotherapy.

In Rwanda, we have boarding and day students. These students have rights and responsibilities, too.

Some of their major rights are the following:

- To live in order to study
- To be taken care of without discrimination
- To be protected and to be given all that is needed in order to survive
- To be led and be given advice
- To know and to have parents
- To live in a family, with one's parents
- To have freedom of expression

Other part of the first trained 32 sociotherapists. September 2005



- To be heard and be free
- To have medical assistance
- To receive respect

The rights of children or students were violated especially during the war and the 1994 genocide. It has sometimes happened that students witnessed violation before their eyes. Sometimes they were told about violation or understood violence had been perpetrated against their neighbours. This violence has given these students (a lot of) traumas. Traumatic feelings are not always observable. They are often hidden. That is why in many secondary schools in Rwanda there is traumatising.

Students have continuous problems. They remain silent because they can find no one to trust and to whom to reveal what happened to them. Some live in loneliness, separated from others. There are others who do not follow their courses. Others mistrust their teachers and their fellow students, they do not wash their clothes, they no longer laugh, do not play; there are other students who urinate in their beds, others steal things from their fellow students.

Responsibilities

Like all other Rwandans, a Rwandan secondary-school student is asked to build up Rwandan society in order to have a better future. If we want to have a positive future we need to invest in young people. Thus, having experienced the power of sociotherapy in changing and helping people to live in harmony and show self-confidence, we would say that children should not be left out. A child cannot achieve this when he does not feel safe, when he does not experience trust, care, respect, when he does not respect rules and when he does not know have memory of what has affected his life.

As with other responsibilities, a Rwandan secondary-school student must understand that he has to take care of others, feel equal to others, have freedom of expression and democracy, and feel involved with what is happening in his area or somewhere else, so that he grows up with social values.

How can sociotherapy help students to regain a sense of safety and trust?

With the loss of his/her major rights a secondary-school student loses his trust in mankind. Many students have no future. Drunkenness, prostitution and the use of drugs become their ways of escape, which makes them ignore the rules.

Sociotherapy teaches secondary-school students to build themselves on the principles and phases of sociotherapy. After they plucked up the courage to shed these bad habits, we saw many students planning their future. Some of the students do not tell the truth, they tell lies, they forget and ignore. But after having been facilitated and taught in socio-groups, they change and in turn have changed others. This we noticed in the students who received the sociotherapy program. You find that there is a change in their daily social life. The answer to the following question will help us to get a better understanding.

How do students who received or went through sociotherapy live with the families they come from?

Because of the painful recent history Rwandans went through, the ways families live are different. When a person has had bad experiences, the ways in which he organizes his life now are bad. He who has had a good life story has a good and healthy way of life (a student who has led a good life has not been scarred by wars and other bad things which can impede his/her life). Good or bad life histories can be seen on the external body, in people's hearts and even in their behaviour and daily moods. We especially note a difference when nothing is done to help. For example, in some cases there has actually been a dramatic deterioration where we have observed that people's lives have definitely worsened as, for instance, in orphans who were left behind because their parents were killed by AIDS.

There are many among the secondary-school students who have experienced bad things. Those who were lucky to attend sociotherapy were given information and lessons which comforted and consoled them. Those who had emotional and material problems shared them with other students in the socio-groups, and they discovered that they really recovered. Those who would not talk before now talk, laugh and play, while those who felt despair are now planning for a better future after attending socio-groups. Secondary-school students live much more in harmony with others at school, in villages, at home, and with their families. This can be observed in debates/talks and heard from the testimonies of others.

When we talk about the social life of students who received sociotherapy and the families they come from, we need to compare their earlier and more recent relations with their families, and consider what happened in 1994 and what the consequences were, which poses many questions.

What are the consequences of what happened in 1994 for the ways of living of students from secondary schools?

What happened in 1994 was, for most, inhuman. Some of the students saw the atrocities; others were told about atrocities or heard of them, depending on their age at the time. It happened that a person killed someone else without any reason, even those that were in a close relationship (a wife and husband) in front of children because they did not have the same ethnicity or opinions. The belongings of other people were destroyed and looted. All of these horrible events left various consequences in the hearts of our present secondary students. These consequences were: *conflicts, divisionism, hatred, grudges, bad history, despair, bad ideology, racism, poison, trauma, poverty, illiteracy, corruption, unforgiveness, disrespect of rules, mistrust, rivalry, refusal to marry among themselves, rape and other violations*. These consequences have made a Rwandan child, even a student, feel as if he were a dead person, so that he hated himself and hated things and people.

Let us give an example. One student from a socio-group said, "I was young at that time, my mother helped me to put another child on my back; and then we fled. That child was so big and was already weaned. My mother was pregnant and carried another child. That one survived. Our father had then already been killed before our eyes. We had a tough and long journey of two days without resting. After that we came across many people. We were together with our neighbours who were also hunted down. They killed our mother and others. They told us that

we would be killed by others. It has been so difficult for me I cannot yet bear these things, they left a great impact on me, which I feel in my chest. If they come again, I will remember them. But, when I am in a sociotherapy group I become another person and I feel safe. I have got many friends from there and I also love my parents again because I have understood that I was obliged to carry my brother. I take care of him. We are two and we love each other.”

The testimony of this child, like that of others, is so long. They share this characteristic with their fellows from socio-groups. Sociotherapy has given them the ability to reconcile themselves with their conscience, with others, to reconcile themselves with God and to forget what happened to them because they are not the only ones who were made to suffer at that time. There were other students who asked their fellow students’ pardon. They decided to respect each other, to keep secrets, to be impartial, not to judge but to live in harmony and to entertain together. These are results of what happened and of how sociotherapy helped secondary students in Byumba to reduce, to overcome or to bring their difficulties to an end.

How do students who are in sociotherapy live at school and in their villages?

Like all other people, students live in a wider Rwandan society. They have their past and the future. So they talk to each other and debate in order to plan their future. After the debates in sociotherapy, students give testimony as to what they were like before that day. They have had enough time to listen to others, to observe and to advise themselves; then their plans are good and focused on a brighter future.

At school: There is a student who failed because of loneliness. He said, ”I hated everybody, because I did not trust anybody and I thought that what had happened to me would one day happen to me again; for that reason I thought that I was wasting my time”. Today this student has got many friends, he is no longer alone, he is successful, he plays, he laughs and he is happy. In fact, he lives peacefully with others. In general, we can say that students who did sociotherapy now have a good relationship with others and with the authorities.

In villages: Students leave school for the holidays and there are also boarding students. Those who attended sociotherapy see and understand many more things, which helps them to resolve their social problems and conflicts. One says: “I hated my father and the children of my stepmother, because he left us in poverty. We were miserable and he refused to give us the money he managed to get. Our mother worked hard to survive. Today we are mature enough; we are able to work for ourselves”. This student goes on to say that after he found sociotherapy, “I preferred not to imitate my father or to hate him, but for the time being we live in harmony”. But he and his neighbours ask themselves the same question. They always ask our mother what is going on. “As to me, I think that we will be a good example to others in different things.” Testimonies like this hold out hope that after having sociotherapy those secondary-school students will live peacefully with others at school, in villages and with their families.

Conclusion

Sociotherapy was needed and necessary and came at the right time. Before, secondary-school students did not find the time to exchange ideas, opinions, to share food because of the gloom, the tears and the grief owing to what happened in Rwanda. Today they meet in order

to comfort themselves; they play, they laugh, they give each other advice. Furthermore, at the end of their fifteen socio-sessions they set up associations in order to meet as usual. At school, it is necessary for them to meet regularly in order to share their knowledge and experiences. Then, what they have been through is no longer a burden to them, but becomes a pillar which supports them and points them to a better future. In fact, safety, trust and dignity originate from being respected and respecting others. These factors make us respect the rules when we not only remember the bygone and focus solely on problems, but also choose the best things and take them as good examples.

Recommendations

Having seen the importance of sociotherapy, it would be good if it were included in the school curriculum.

A group of teachers should be selected when sociotherapy is extended/started in new areas.

Hahirukiza Bernard is married and has four children. He has an A level in arts and crafts. By profession he has been a teacher in a secondary school for 15 years as well as a sociotherapist.

Mukakayange Veronique is married and has 6 children. She has an A level from a teacher training school. She has taught in a primary school for 8 years and is also a sociotherapist. At the moment she is also studying at university.

8. How sociotherapy helps students in their studies and in their social life at schools

Mukakimenyi Denise and Nyiramajyambere Francoise

Introduction

What are the problems students encounter in their studies?

What is the role of sociotherapy in helping a student?

After receiving sociotherapy, how are their studies and social life with others different?

It has been noted that Rwandans have many problems resulting from the war which took place in our country, in particular the genocide which played a big role in breaking the hearts of Rwandans.

The consequence of this is that many children, especially those of school age, encounter many difficulties that affect their ability to study. Examples are their lacking the means to pay school fees and their having the responsibility for younger siblings. This is where sociotherapy came in as one of many approaches to help people find solutions themselves.

How does sociotherapy help students in their studies and in their social life at school?

What are the problems students encounter in their studies?

What is the role sociotherapy can play in helping a student?

What is the impact that sociotherapy has on a student's studies and relationships with others?

What are the problems students encounter in their studies?

The problems that a student may encounter in school are numerous and because he/she is preparing to go out into society, it is important that he is equipped to deal with these problems so that he may be able to contribute to society and the local community.

The following are a few of those problems:

Poverty

Poor results

Bad relationships with others

Lack of trust

Physical handicaps

Trauma

Because of all these problems a student is in a situation where he/she cannot progress his/her studies. If he/she cannot make progress with his/her studies, his/her future is less certain.

The major problem that has been seen to exist is that if a student is held back by all these problems, he/she is unable to concentrate on his/her studies. He has no trust or feeling of safety when among his peers. Even if a small incident happens this can trigger major trauma in these students: so much so that they have to go to hospital. For example, if someone slashes another student's bag this can trigger some students. Other students take drugs as a solution to their problems.

What is the role sociotherapy can have in helping a student?

As we discussed above students face many problems and sociotherapy helps students to take time to discuss their problems in groups. These discussions are like a journey that a person needs to make in order to regain his/her normal life. This gives him/her a sense of security and helps him/her to build trust both in the school environment and at home with parents/family. The result of this is that he/she has self-confidence and a more positive attitude to the future, which motivates him/her to study and regain his dignity.

These group discussions help the group members to acquire other skills such as conflict management, compassion, charity; they encourage the participants to be more socially aware of the needs of others, they give them a sense of responsibility. In short, they equip them for the future, so that they become valuable members of society.

Students who have taken part in sociotherapy are proud of being a group member because they feel valued and they have people who care for them and who they also care for. The sociotherapists can also be advocates for the group members helping them deal with problems by going to the local authorities or the relevant authorities.

The group work helps people to feel more open, to be less afraid of asking questions, asking for help and expressing their feelings. For example, once you have built up trust in the group you can then go to group members for help when you are outside of the discussion group, in the school environment. Group members can help each other with their studies and so on. Therefore, once a student feels valued by others he begins to gain self-confidence and feels whole again.

What is the impact that sociotherapy has on a student's studies and relationships with others?

What is the impact on students' studies?

In students who have already received sociotherapy one can observe that they have developed more courage at school. This is because during the discussions those students have regained their self-confidence and values, which has helped them to understand the importance of school. One can find that the students have taken new measures to improve their life and studies because they have more open minds and a positive outlook on the future. They have a feeling of safety and they understand that they can offer advice to their fellow students who have not had sociotherapy.

What is the impact on students' relationships with others?

The characteristics of the students who have had sociotherapy are as follows:

- Politeness towards their leaders (headmasters and teachers)

- Able to give advice to their fellow students who have the same problems
- Able to value each other, and help each other with their studies
- Equipped to take measures which enable them to overcome problems, to take further steps towards resolving their problems
- Able to reconcile themselves with others who have not had sociotherapy
- Able to create an interest in sociotherapy in others who have not yet attended sociotherapy sessions through the testimonies they give
- Able to leave behind the bad behaviour that they showed before going through sociotherapy. The school benefits from a reduction of bad behaviour in the school.

Recommendations for the future:

- Because of the results we have seen, sociotherapy needs to be set up in every secondary school.
- It should be the schools that decide which of their students need to have sociotherapy because the school knows its students better than outsiders.
- School directors should be involved in setting up sociotherapy programs in their schools and to promote the sociotherapy program among the school community.

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Nyiramajyambere Françoise was born in 1973. She is married. She holds an A2 certificate in accountancy. She worked as a NCR again in Ex-Umutara Province. She is working as an accountant in EPR Byumba. She is a sociotherapist.

9. Sociotherapy and former prisoners

Butera Sylvere, Nsabimana Israel, Safari Ildephonse

Introduction

After the genocide which ravaged Rwanda, the way Rwandans used to live changed enormously. Many were put into jail, others lost relatives who had taken care of them. Many were handicapped. Furthermore, many people lost their property. For that reason many became impoverished and severely so. Then, 10 years later, sociotherapy intervened in order to help resolve some of the problems as far as its objectives are concerned and to help the citizens of Byumba reintegrate into normal life.

In general, Rwandan society as a whole was traumatized. All categories of people were affected by the trauma: men, women, widows and orphans. For that reason we would like to find answers to the following questions:

- What can sociotherapy do for ex-prisoners so that they are again of value to Rwandan society?
- What does sociotherapy do for ex-prisoners so that they can live in harmony with their families?
- What does sociotherapy contribute to their betterment?

Ex-prisoners in particular have got many problems. These stem either from the situation they lived in when they were in jail or from the living conditions they were in before. On their release from prison, some came back with diseases and handicaps like stomach aches, AIDS, tuberculosis, swollen legs, etcetera. When the ex-prisoners came back to their homes many found new and complicated problems including:

- Their wives had remarried
- Their wives had given birth to children from other men
- Their houses were destroyed
- And furthermore, some could not trace their families and their property.

These discoveries added to their sadness, grudges, fears, shame, which traumatized them even more. In fact, an ex-prisoner who finds him/herself in that situation needs to be taken care of through sociotherapy in order to resolve or to reduce the above-mentioned problems. He can start to do so by sharing his experiences with others. The sociotherapy method and the sociotherapy facilitator do their best to give ex-prisoners in such complicated situations a sense of security and hope and hope that they will find a reason to keep living, to develop their self-respect and will start to respect and love all their fellow beings.

Ex-prisoners have to know their rights in order to be able to work together. Moreover, they have to know that they are of value to the families they live in.

Ex-prisoners have to work with others to overcome the problems they face in their daily lives. They also have to give up bad habits and abstain from the shameful deeds of killing others or driving them to suicide and forgive themselves their evil deeds. In order to deal with those

problems sociotherapy finds it important to put the ex-prisoners into groups (we called them solidarity camps) for three months and facilitate them on the following topics: regaining a sense of security, hope, learning to respect one another, keeping to the new rules developed in socio-groups, remembering emotions. Further, they are taught these sociotherapy principles: to develop a desire to care for each other, to practise gender equality, democracy, to learn by doing, to participate in society, to assume responsibility, and not to forget yesterday, today and tomorrow (the future).

It became clear from the debates/talks, which covered the topics mentioned above, that the ex-prisoners became conscious of the possibility to regain again a sense of their humanity. The socio-sessions gave them back their sense of their own value. Returned to them (the idea of their legal right to) their property. Because of those debates/talks the ex-prisoners repented their deeds, which enabled them to pardon and ask those they had offended for pardon. Then, the ex-prisoners can live more in peace - as it was before.

It is also clear from those debates/talks that the ex-prisoners plan to better themselves through associations and cooperatives that can make a profit. Sociotherapy continues with after-care meetings in order to achieve all of these objectives while respecting state policies. In fact, sociotherapy came at the right time and was needed as is seen in the testimonies from those who received it.

If at all possible, sociotherapy should be applied in the whole country because the problems are common to Rwanda as a whole.

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Nsabimana Israel was born in 1950. He is married. He studied 3 years in secondary school.

He did military service from 1968. He is a sociotherapist.

Safari Ildephonse was born in 1978 and is married. He has a certificate (A2) in human sciences. He has been a teacher in COBANGA secondary school and is now a sociotherapist.

10. Sociotherapy and single mothers: The role of sociotherapy in reducing the number of children per single mother in Byumba

Josephine Mujawiyera

Introduction:

Single motherhood refers to mothers who have sole responsibility for their children. These women include widows, divorced women and girls who have never been married. To the latter category belong girls who gave birth at their parents' house and girls who are orphans and heads of households. In Byumba we have a large number of such single mothers. They will be the focus of this chapter.

When in the summer of 2005, the sociotherapy program was introduced in Byumba this group of single mothers was also taken into consideration as being able to benefit from sociotherapy sessions. In fact, during one training session when we were talking about types of families, the single motherhood families of girls who give birth at their parents' house was named as the second most problematic family type, with many problems for the mother and her children. The child-headed household was considered as the first problematic family type in the community. The single young mothers consider their status as being lower than that of

Sociotherapists themselves experience the impact of relaxation via playing games. September 2005



a widow, even if they have the same burden of bringing up their children by themselves. In Rwandan culture, the single young mother is not a girl since she has children, but she is not a woman either because Rwandan culture considers that a female is only a woman if she has had a known husband. Thus, the single young mother lacks everything, as is expressed in the Rwandan proverb *Ingata imennye*, which means breaking the container and spilling the content with no possibility of redressing the situation.

The family unit focused on in this chapter, then, has a mother and children. In many cases, the children are from different fathers. In those family units, there may also be the single mother's brothers and sisters whom she started to take care of after the death of the parents. For a single mother who is not an orphan and lives at her parents' house, her own family unit is part of a larger family unit, the extended family, which includes her parents, and sometimes her grandparents. When grandparents are part of this extended family, they depend on the single mother's parents when they are still alive or they depend on the single mother for their living if the parents of the single mother are dead. In all cases, an increase in family size is unwanted and the single mother who is responsible for this increase will have to suffer the consequences. Using sociotherapy to reduce the number of children per single mother would bring a solution to the whole extended family and to the community at large.

What I would like to discuss in my contribution to this book is how the sociotherapy method can help to reduce the number of children per single mother. In sociotherapy, a method that uses phases and principles is used. This method is applied in the form of a variety of activities. There are six phases in sociotherapy, which themes are respectively: security, trust, care, respect, new rules and memory. For this contribution, we have chosen to focus on the application of three phases only: the security, trust and respect phases. The single mother in Rwandan community encounters in her daily life problems with security, trust and respect which, taken together, aggravate her situation and push her into having more children. For this reason, we have chosen those three phases to show how sociotherapy helps solve those problems and thus addresses the issue of family size. Normally the average number of children per single mother in Byumba is two but in rare cases, the size of some families is bigger, amounting to five children or more per single mother.

The phase of security

During the sociotherapy sessions, the single mothers were free to talk about and share their everyday problems knowing that they were not alone in facing the problems. When the phase of security was introduced by the facilitators, two aspects of security came up: 1) the child's certainty of his identity, and 2) the economic security of the mother and children.

In Byumba and in Rwanda in general, single mothers do not reveal who the father of the child is. We as facilitators had the idea that for every person to be secure, his or her identity has to be clear. A child who does not know his/her father is very insecure. When a child is registered under his grandfather's name, as happened during the census (2001), this becomes confusing. Children may think later that their grandfather is the one who made their mother pregnant. Incest is not accepted in society. The child feels the curse that is connected with that state and grows up in a disturbed mental state.

To the single mother, registering the child under his grandfather's name is a way of securing the grandfather's inheritance for this child. When discussing this assumed benefit to the child in our sociotherapy sessions, we came to realize that when those children from single mothers are grown up, their uncles will not share the family inheritance with their nephews/nieces. They only agree to give up the share that goes to their sister, i.e. the child's mother. This share is usually very small and is not sufficient for more than one child. For reasons of economic security, therefore, a single mother should not have more than one child.

As already stated, the average number of children per single mother is two. Therefore, we went ahead and discussed family planning during the socio-sessions. Most group members were not sure if they should have family planning or if they should just abstain from sex. Some said that practising family planning might resolve the problem of having many children, though the method was not necessarily going to resolve the problem of HIV/AIDS. This resulted in a hot debate as some women said that they preferred being infected to having children. Rwandans do not like to use condoms; they say that one cannot eat a sweet in its cover!

Had the single mother group members known about family planning before they became pregnant? The answers revealed that they had heard of it but they felt that being girls, they could not actively take action in the way of family planning. Actually, even today they cannot go to the health centre for contraceptive pills when they do not have a husband. The single mothers explained that they could not stand community gossip. It is enough for them to be known as a single mother without being labelled as that girl that takes family-planning pills! Still, some single mothers agreed that they should do something to stop having children at their parents' home. Those single mothers who are orphans and heads of households have greater responsibilities when the number of children in their care increases. The orphan brothers and sisters they care for suffer more when the head has her own children to take care of as well. The problem is that family planning methods are still not widely available and are expensive. The Ministry of Health is looking for ways to help families reduce the number of children as the Rwandan population is among the largest in the world.

The phase of trust

How did single mothers become pregnant? Were promises made by the father of the child? During our sociotherapy sessions, only two mothers explained that they had had promises of marriage before they had sex with the father of the child. The mistrust came when the father failed to honour his promises and also failed to help the mother care for the child. This causes the single mother a lot of suffering as she does not have resources of her own to provide her children with proper care. The father denied all responsibilities. The single mother who is let down by a man does not want to reveal to the family who the man is who made her pregnant. As long as he stays unknown he walks free in the community. During the discussion in the group, one mother decided to take the father of her child to the police to bring charges against the father of her child so that he will be obliged to take his responsibility. She took this decision because she felt that she should not continue to cover up for someone so dishonest and irresponsible. She also wanted the best for her child if the man meets his obligations of taking care of his child. She had developed self-confidence and knew that exposing a man as the father of her child is also a step towards reducing the number of children because a single mother does not want to be known as someone who has had many men in her life.

Single mothers take care of their children alone without any help from the fathers of their children. We saw that when she is pregnant and even after the delivery, the man claims that he cannot take responsibility since he is not the only one who slept with her. All single mothers in our socio-groups want to reduce the number of children. They want to get contraceptive pills for their health. They think that if they continue to have children they will be at risk from HIV/AIDS infection, they will get economically poorer and their family will suffer more and their status will also get worse. The single mothers were free to discuss those issues because they had gained trust among themselves and they also trusted the facilitators. Thus talking about status during sociotherapy, we came to the phase of respect.

The phase of respect

In Rwanda, it is taboo for a girl to get pregnant and have a child at her parents' home. Everyone considers this bad behaviour and a destruction of the family's image. In the past such a girl was drawn into the water and killed.

The group noted that every individual has a need to be respected. To earn the respect of the community, you need to have self-respect first. Self-respect is closely related to the image people have of themselves. When this image is positive then a person will want to build on the status achieved already and will even want to increase it. Coming together with single mothers in sociotherapy is itself a step towards boosting the morale of those single mothers. As they shared their experiences and thoughts in the socio-groups, they confessed that when they are alone and have no one to talk to, they think of themselves as the outcasts of society. When coming together, talking and being listened to, the single mothers start seeing that they are normal people like other people. It is through (the methods of) sociotherapy that they learn that they should not look at themselves as if they have done something outside the norm and that they should rather understand that there may be other girls who were also involved in sexual activity. The difference is only that those girls did not get pregnant. After a while, they stop looking at pregnancy as something unusual but begin to see it as a normal completion of a process in their body. Then the focus gradually shifts from children and pregnancy to the sexual activity that made them pregnant. Having increased their self-esteem the single mothers then resolve that they should stop bringing unwanted children into the family as this affects their image and their security in the family and in the community. Taking this step reconciles them to the community and thus increases the respect they command from the community. The single mothers understand that stopping the increase in the number of unwanted children has to do with their bodies: either they abstain from sex or they take contraceptive pills. They chose either method as responsible and adult members of the community. Self-respect makes them capable of respecting others and especially respecting and abiding by the community's rules and regulations. For the sake of respect they are able to restrain themselves from producing unwanted children.

What single mothers learned from the three phases of sociotherapy

Single mothers learnt from the Security phase that they should act responsibly, that they should not seek a temporary solution but a permanent one. If they look for security they should create a secure environment for themselves and for others, especially for the children. They saw that in Rwandan society, for the child's sake they should stop giving birth to children outside the context of marriage. From the Trust sessions the single mothers learnt

that they should not believe a man who is looking for sex even if he gives them his word. The single mothers also learned that having been deceived by one person does not mean that they should stop trusting all other people. Trust is part of our everyday life and we have to trust drivers, doctors and nurses, friends and neighbours, in our normal life. The phase of trust was also a step towards reducing the number of children of a single mother as she becomes more discerning about male-female relationships. The Respect sessions helped the mothers resolve to behave in such a way that they could still claim everybody's respect. Having a child does not make them the guiltiest of the community. If people look down on them, they should still enforce their right to be respected by showing behaviour that displays their self-respect. The single mothers in our socio-groups have assimilated the sociotherapy principle of responsibility¹ and have resolved to live their lives without waiting for someone else to dictate to them when and how to behave.

Conclusion

During the two-year experience of having sociotherapy sessions with single mothers, we observed that many single mothers stopped living a life that had no purpose. Most shifted from a negative self-image to an image that held hope for the future. The single mothers started to behave like other people and claimed respect. They discovered they are responsible for their own life and have developed confidence in that life.

Josephine Mujawiyera is a trained teacher and taught secondary-school-age students (aged 12 to 18) from 1972 to 1979. Since 1981 she has been actively involved with women's organizations within churches and ecclesiastical organizations. She was a general trustee of the World Wide Mothers' Union in London, the UK, for six years (2001-2006). She trained in counselling and in adult training in 1994 and has had many short courses in these subjects. She also trained in International Business Administration and worked as a Diocesan Finance Administrator in the Kigali Anglican Diocese from 1985 to 1991. Josephine is a mother of five children aged 28 to 18. She is currently involved daily with social work for orphans in a child-led set up. She has led sociotherapy sessions with orphan heads of households but has subsequently moved on to concentrate on single mothers, which she has done now for the last two years.

¹ The principle of responsibility means that a person's life depends on his/her own decisions and he/she should not blame things on others.

11. The role of sociotherapy in handling conflicts in socio-groups

Mukankusi Eugenie and Uwimana Leocadie

In its efforts to rebuild Rwandan society, the Diocese of EER Byumba has set up a sociotherapy program in which problems are resolved through groups.

What are the kinds of conflicts we find in groups?

The conflicts we often encounter in groups are of the following three kinds:

1. Simple conflicts between two individuals

This type of conflict occurs when a person fights for certain rights which another person denies him. It means that there is a disagreement or that they do not have the same views about a person's rights.

Examples: Misunderstandings between a husband and his wife about family management, family planning or the education of their children. Then there are often misunderstandings between neighbours when provocative words are spoken due to drunkenness.

2. Conflicts based on different interests

This occurs when two or more people have a conflict of interests, and one party opposes the actions of the other party.

Examples: Conflicts about family possessions which result in one party lodging a complaint with a court. These conflicts are often related to problems about land and other property. Then there are conflicts about who is entitled to a profit; this may occur in a job context, between an employee and employer, about salary or other things that make a profit for someone. Conflicts are encountered especially in business, when one person refuses to pay back a debt to another person.

3. Conflicts to do with origins/roots

This type of origin-related conflict originates from people's different behaviours because of their different cultures and attitudes towards others. Sometimes these differences operate on the family level, sometimes even on the level of the ethnic group.

Examples: Two people can oppose each other because their roots lie with different ethnic groups. Let us consider the Rwandan races of the Abasinga, Abega and the Abacyaba. These are the names of a few of the races which compose Rwandan society. Every Rwandan has a race which he or she comes from. When a person arrives in another ethnic group he may cause trouble because he is proud of his ethnic background. A person may be incorrigible or behave badly because of the environment he was brought up in or because of the influence of an older generation. A problem may arise that is impossible to resolve because it originated from previous generations and is based on some old or traditional conflict.

An illustrative example of a conflict based on ethnic groups was observed in the Rutare area. One lady used to come to the group session and would follow the discussions looking in a different direction. She did this out of a lack of trust and safety; she had a problem looking looking others in the face. Later it was discovered that in her mind she had developed the idea

that she was discriminated against when the group chose people to go and teach others how to make baskets. She was left out because of her ethnic background which is different from that of other members of the group. This made it difficult for her to interact with others, and she never felt comfortable in the group. When the facilitator noticed that situation, she brought it forward as a case to discuss in the group. During the discussion it became clear that not any sort of discrimination as she had earlier thought had occurred. Since then, she was relieved in her heart and started to trust other members of the group; now she is happy.

What are the methods sociotherapy uses in handling conflicts?

The methods which sociotherapy uses to deal with conflicts are the following:

- A prayer is the key to everything,
- A facilitator uses the method of groups,
- A sociotherapy facilitator guides a group and gives advice,
- A facilitator reserves time to listen to those people in the groups who have problems which need to be resolved,
- A facilitator needs to see whether the arisen conflict may be resolved publicly or privately,
- A facilitator must be a person of integrity to guide the groups during socio-sessions,
- A facilitator has to be monitored sometimes in his activities, this will help him to resolve conflicts which exceed his capacity,
- A facilitator encourages group members to participate in some activities which lead to the economic development of their area which can help them to resolve some of the problems caused by poverty,
- A facilitator makes sure the group continues to meet on a regular basis,
- A facilitator pays follow-up visits to people who have been in a conflict, asking neighbours and seeing whether there has been any improvement in their relationship.

What is the impact of sociotherapy?

We have been witnesses to several outcomes from sociotherapy groups. We would like to share these in this article. We have seen results for individuals:

- When conflicts are resolved, people are unburdened, feel free, have peace, and love because their heart is calm and at ease.

We have witnessed results for group members in their home lives and in relation with their neighbours.

- The people they live with have peace again because the burden has been taken away. The conflicts group members had resulted from the many heavy problems in their hearts (on their minds). These were the consequences of their encounter with the events/disasters from the past, and which caused them to feel hatred, sorrow and despair.
- When the problems are reduced or gone, sociability and cooperation return.

Group members begin their development by starting to practice what they learned from sociotherapy in their own homes. This can then be extended to (larger) communities, to districts and to the whole country. However, laziness may stand in the way of further development. If there are no conflicts people are free to sit together, to discuss and plan for the future. When people sit together, God will join them and He blesses what they are doing (a Rwandan proverb).

Mukankusi Eugenie has an A level in social sciences. She has been a sociotherapist since 2005. *Uwamaliya Leocadie* has completed the six years of primary school and then three years of vocational training. She is a business woman and has been a sociotherapist since 2005.

12. How sociotherapy can increase its role in solving Rwanda's problems

Nvunabandi Jean de Dieu and Ruhorahoza Sylvestre

After the 1994 genocide, Rwandans had to live with the consequences of what had happened to them. They lost all hope for life and for the future; these did not have any value to them. They were full of sorrow, shame and disappointment.

The war and genocide left scars on their hearts. They lost their beloved relatives, many were raped and a big number of Rwandans became refugees. There was also the imprisonment of many Rwandans who were accused of participating in the genocide. Many Rwandans were infected with HIV/AIDS after being raped. The number of widows, widowers and orphans increased because of the genocide and large-scale massacres and due to the spread of HIV/AIDS. Some of the consequences of the genocide were individual. Among these are being raped, being seriously injured, being infected with serious and incurable diseases and being traumatized. Other consequences, such as the loss of beloved relatives, the loss of property and increased poverty, have affected whole families or communities.

After the genocide, Rwandans needed a cure for their wounded hearts so that unity and reconciliation might prevail. The sociotherapy program (which is commonly known as "Isanamitima" in Kinyarwanda) is one of those cures.

The word sociotherapy is made up of two parts: "socio" and "therapy". "Socio" means those who are together or "society", while "therapy" means to heal and in this context denotes a medicine to bring people together. Therefore, sociotherapy is a good way to help people come together to overcome their problems. The difference between sociotherapy and other methods (to help people who have problems) is that sociotherapy helps people in groups, whereby group members are given an opportunity to help their companions to overcome problems as well as solve their own.

What is the importance of sociotherapy in group sessions and in the community? Sociotherapy in groups has great importance because it helps a person who has lost all hope of living to build up and regain his/her sense of humanity. Sociotherapy done in socio-groups is important because the testimony of a group member helps the other group members solve their own problems as they use the experiences of others. Then a group member's community gains much through the changed behaviour of a person who has joined the socio-group sessions.

We give here three examples of testimonies from socio-group sessions:

1. The testimony of an old woman from a Muhura group. When she lost her relatives in 1994 and became the sole survivor of her family, she lived in despair. She could not join other people in the community. She testified how she started to participate in socio-group sessions and she ended up declaring that she had regained her sense of humanity. She began to join

others and nowadays, she is a good person who rejoices with others.

2. The second one is a testimony of an old woman from a Rukizi group. She testified that every April, she used to put together her possessions in a sack ready to run away. She would always feel, in April, the terrible horror of the war and genocide that took place in April 1994. Since she joined others in sociotherapy group sessions, other group members have strengthened the woman and encouraged her to attend mourning debates (which normally take place every April). For the time being the old woman is back to her normal life.

3. The third one is a testimony of a widow from a Bushara group. She used to have an affair with her neighbour's husband. After she started participating in sociotherapy group sessions, she changed her behaviour. She apologized and asked for forgiveness from her neighbour whose husband she had had an affair with. Today, the two women have become good friends while before they were enemies.

As different group representatives have told us, there are many other examples – from different socio-groups – that show how people have found solutions to their problems.

How sociotherapy solves group members' problems during sessions

Sociotherapy has facilitators, people who are trained in the sociotherapy program. These people are the ones who conduct the sessions and who also report to the sociotherapy officials. They are there to monitor the sessions and also occasionally to give advice. They sit in a circle with the group members who bring up their problems and seek solutions. During the group sessions the group members start with one problem and work their way through all the problems each member of the group has until they have found solutions to all the problems. Everyone in the group session has equal rights.

When there is a problem that the people in the group are unable to resolve, the facilitator of the group advises the group members on steps to take in order to resolve it. When necessary, she/he can seek advice from other group facilitators or his/her superior in the sociotherapy program.

The sociotherapy method whereby people sit in a circle symbolizes equality in the group. A sociotherapy group is composed of between six and twelve people. In those groups, people have common things they have to respect. Socio-groups have rules they must follow. These rules give everybody freedom of expression because they are set by the members of the socio-group themselves. In this environment, everybody is open and says what is in his/her heart. Her/his group members and the skilled facilitator give their views and offer advice on how to overcome their problems.

What does sociotherapy need to increase its problem-solving capacity in Rwanda?

Sociotherapy is like good fruit in the community. The burden in the hearts of people is lifted, especially in the areas where sociotherapy operates. But sociotherapy still has much more to achieve. It needs enough materials (more sociotherapy documentation) to help people to understand more. These materials will help many facilitators and trainers in conflict management. Sociotherapy also needs to work together with other programs, especially programs geared to alleviating poverty. People who have been through sociotherapy confirmed that the cause of the problems they encountered is most of the time rooted in

poverty. Examples mentioned involved people who had lost property, orphans and widows living in miserable conditions, people with serious handicaps due to the wars and people who remain alone.

Conclusion

After the three years that the sociotherapy program operated in the EER Byumba Diocese, no one can doubt its positive role in resolving conflict. This is noted in the testimonies of different people. These testimonies can confirm categorically that sociotherapy is still needed; moreover, sociotherapy can extend its limits and operate in other parts of the country too.

Reverend Mvunabandi Jean de Dieu was born in 1972. He is married and has a bachelor's degree in theology. Since 2007 he has been a pastor in EAR.

Ruhorahoza Sylvestre was born in 1974. He is married and has an A2 certificate in primary school teaching. He has been a primary school teacher since 1998. From 1998 to 2004 he was vice mayor.

13. Sociotherapy and after-care for ex-socio-group members

Bisangwa Simon

Introduction

Many people in Rwanda needed a sociotherapy program. There were still many wounds that needed to heal because of the war. In particular because of the inhumanities that took place during the genocide in Rwanda. Those who did not die were seriously traumatized. These internal wounds caused many people to feel terrible loneliness and despair. Nights for many people became sleepless because they thought that they were alone with their problems and depression.

Ex-groups are groups that have ended the official program of fifteen weeks. An association is a group of people who have the same goals, get together, and have begun an activity that will be useful to them all.

Ex-groups: Are groups that have ended the official program of fifteen weeks.

Shared burden

When sociotherapy brings people together, people start communicating with each other, start listening to each other, start socialising together and start to feel safe. Many in the socio-

A sociotherapy group in action. July 2007



groups decided to reveal the secrets of the burdens they stored in their hearts. This helped people in the groups to trust themselves and each other. Everyone in these groups has the right to speak of the feelings they are fostering. The burden of these problems is reduced or taken away when a person tells his or her problems to others. Group members helped to find solutions to the problems laid before them. Some said: "In fact I am joking because there are others who have a heavier burden than I", meaning "I have fewer problems than others in the group".

Hope created

After fifteen weeks of methodical sociotherapy meetings, most group members recover, feel united, love each other, feel relaxed and decide to work as a family and work together. This can be noticed by everyone. In particular, by those who have not yet had a chance to join a sociotherapy program and would like to.

All this creates hope for the future in group members. While gathering and sharing problems, the advice given by the group becomes like a medicine for everyone. This experience motivated group members to make plans for the future. In particular those people whose problems were solved due to the group discussions. Group members were asked how their unity could continue and be strengthened after the fifteen socio-sessions had finished. People started to think about different activities that could continue to bring them together. Examples of activities which came to mind were to form associations (these associations often collect money from each member of the group every time they meet, which is then given to a member of the group who will decide how to spend the money. Each member of the group takes his turn in collecting the money), to select a type of crop to cultivate together or to choose some form of craft whose products they can sell.

Not all the problems could be addressed in or with sociotherapy

When a person joins a group, he/she reveals after some time his/her tough problems to his/her group members. Many problems have been resolved. However, it has also happened that group members cannot find a solution to someone's problems despite the use of sociotherapy. Such a person can fall back into his/her loneliness and bad memories that he/she had earlier left behind. For example, people do not always have a shelter, or they remain hungry, have small fields, are not able to pay the school fees for their children because of poverty and/or they suffer from HIV/AIDS.

Desire to remain together

When people are united, they gain more. People want to work within a group as this empowers them. They often feel much more comfortable. After the fifteen weeks of sociotherapy most group members desire to remain in touch with others within the group. Some, for example, may suffer from malnutrition. Curing malnutrition can be difficult. For that reason it is better to set up an effective after-care program and have follow-up sessions with the groups. The results for sociotherapy are better if 'old' ex-groups are kept in touch with so that suffering, as from kwashiorkor, can be avoided.

We sociotherapy facilitators did not want to lose the trust that had been carefully built up in socio-groups. When a certain group came to an end, we tried to find ways to keep group members gathering together.

Association set up by ex-sociotherapy group members

Group members did not only think about activities but they also put them into practice. They started associations born of the socio-groups. They renamed and set up new rules as they learned to do from sociotherapy. Groups established leadership. After this, they started to bring into practice what had been decided that they would achieve. Many lives changed for the better because of that. This result is certainly one of the good things to come out of the training and doing sociotherapy.

Support for ex-beneficiary associations

To achieve the goals of the beneficiaries, sociotherapy must help them to set up a program which will support the united group in which everyone has to play an important role in cooperation with his/her group members. Then, groups can get support from other places, which in turn will increase what they have already achieved.

Examples of solutions to these problems

If the united group can find at least two cows, then after a cow has given birth the group can give the calf to one of the members of the group. Those who are not able to breed cows can breed pigs. To make this possible, it would be better if the officials of the sociotherapy program had contacts within other institutions in order to work together with them and inform these institutions about these groups of people working harmoniously together. The sociotherapy officials have to ask other institutions for support; especially so for the program whereby one cow is given to each family. This way, sociotherapy can bring Rwandans together.

It is recommended to assess and develop such an additional after-care program.

Bisangwa Simon is married and was born in 1954. He has had 4 years of post-graduate (D4) education. In 1973 he became a primary school teacher. In 1974 he became a MIYOVE Tribal Court Agent.

14. The need for cooperation between sociotherapy and local authorities for the sake of healing

Murindahabi Canisius

Two years of sociotherapy in communities in the former province of Byumba (today the Northern Province) have come to an end. This sociotherapy program intended to heal people, to help them recover from a gloomy situation, from wounds and other problems enough to break someone's heart. How people are affected by all sorts of problems depends partly on the specific community they live in.

During those two years I noticed that the sociotherapy program can help local institutions to resolve some of the problems they encounter, and that sociotherapy can gain from cooperation with local authorities. Sociotherapy and local authorities can strengthen each other in reaching their aim to heal people and make them feel safe. The problem is that those who do not feel safe may look for it by force by doing bad things like revenge.

How local authorities contribute to healing

Local authorities contribute to healing by listening to the problems people present them with and by trying to resolve or reduce them. The problems that prove too difficult for the local authorities have to be submitted to the higher authorities, who should solve them. The

Break during sociotherapy training in Kisaro. Murindahabi Canisius (in the middle). November 2005



local authorities contribute to the healing by reconciling people who have conflicts with each other, because a person cannot feel safe when he/she has problems with her/his colleagues or neighbours.

How sociotherapy contributes to healing

A socio-group is composed of about ten people. Group members help each other in various ways. The Rwandan proverbs 'union makes strength' and 'one pillar does not make a house' apply very well to sociotherapy. Group members often advise each other regarding problems presented in the group. The group may also help in other ways. If necessary, the group members can do something concrete for one of them, such as helping him or her to build a house.

Differences and similarities between the methods used by sociotherapy and by the local authorities

Sociotherapy works in a group of ten people (the beneficiaries) and two leaders who are trained in facilitating talks/debates. A socio-group is based on six principles: interests, responsibility, democracy, gender equality, learning by doing, and the here and now. Sociotherapy is done in six phases: safety, trust, care, respect, new rules, and memory of emotions. Local authorities take top-down decisions based on the advice of people they have consulted. In sociotherapy, the solution to a problem comes from the group members. Sociotherapy is very close to people, as traditional gacaca was. However, sociotherapy differs from traditional gacaca in the sense that it empowers people to improve their future life.

Sociotherapy and local authorities resemble each other insofar as both take the opinions and advice of other people into account. This way they both aim to find a cure for everybody.

Cooperation between sociotherapists and local authorities

Good results can be achieved if sociotherapists and the local leaders work together. For instance, safety can be found and trust can be built when certain material problems presented during sociotherapy are brought to the attention of the local authorities. For instance, if one of the socio-group members' house is destroyed, it is beyond the capacity of the group to solve that problem, while local authorities do have the capacity to help to solve such a problem. What local authorities could also do in the near future is organize a socio-group-like meeting in every village (which consists of a group of ten houses) to come together once a month. This will give people who live closely together the opportunity to talk to each other about their problems under the guidance of a trained facilitator.

Murindahabi Canisius studied at the Theological College of the Pentecostal Church for six years. He was trained in trauma healing. Since 2002 he has worked as a pastor in the ADEPR Church (a Pentecostal church). As a sociotherapist he has facilitated 'mixed groups' in the Kisaro zone.

15. The Christian Church and sociotherapy working together to build up a person

Kangwera Kezia

After two years in the sociotherapy program and twenty years in the Christian Church, I am very happy to inform readers about the collaboration between the Christian Church and sociotherapy to build up a really fit, happy person, wanting to live, to be of value to others and with hope of a brighter future

Sociotherapy and a person's way of living

Sociotherapy is a method that is used to build up a person and this is done in groups of ten people, in general. When talking in groups, people gain strength from each other, which helps to heal the painful wounds inflicted by their pasts, the burden they have kept locked in their hearts. This painful impact was brought about by certain circumstances in the life of this person. Most of the time those wounds were caused by the war, diseases, bad habits (which have harmful effects on somebody's life and those around them) and other causes that can make a person lose his or her sense of humanity.

Sociotherapy helps the members of the group to understand more about themselves and to understand what happened to them and the consequences of these events. The group members help each other to regain their understanding of human values. While attending sociotherapy groups, people exchange ideas, give testimonies and share experiences. This helps a person gain back his/her sense of humanity, value for life and helps them express these feelings. Group members help each other to understand that he/she is not alone. People are able to draw a line, begin a new life and become new people.

A socio-group is generally composed of ten members and is led by two sociotherapy facilitators. Everybody has a role in the group dynamics. Most of the time of a socio-session is spent exchanging ideas. Every session uses the six principles of sociotherapy, which are: interest, equality, democracy, learning by doing, responsibility and here and now.

The recovery of a person follows six phases: safety, trust, to take care, respect, new rules and memory. In other debates/talks about life in general, group members find common ground and gain respect for each other. When problems are resolved everyone feels safe.

Everybody participating in a group is supposed to attend all the sessions, follow them carefully, give his opinion and advice and participate in each activity of the group. This includes socio-sessions, manual work, relaxation time together and different games which require members to have physical and intellectual abilities. Every person is an important element of the group.

The Christian Church and a person's way of living

The Christian Church is a community based on knowing and believing in God; spreading God's love and accepting guidance from God, the creator of all in all.

The Christian Church helps both a person who is a Christian and a person who is not a Christian to understand that God wants him to protect the world and take care of it in order to make it good. In Genesis 2:15 it is said “then the Lord God placed the man in the Garden of Eden to cultivate it and guard it.” And in Mark 12:30 it says: “Love the Lord your God with all your heart, with all your soul, with all your mind, and with all your strength. ...Love your neighbour as you love yourself.” And in Matthew 7:12 “Do for others what you want them to do for you.”

A person is taught the good news of Jesus Christ’s salvation, love of God, so that he comes out of bad times and lives in good times. He is no longer in tears, does not live in despair, loneliness, hatred etc. A person lives in peace and in harmony with others, full of love and he is saved. Then he lives waiting for eternal life.

To expand on this, the Christian Church preaches in big and small assemblies, from churches to family homes, using the Bible and other written documents based on the Word of God.

Using the Church’s evangelical methods, people are taught in churches where many people can meet. Often the church has many groups composed of different people. For example, there are prayer groups, Bible study groups, groups for married people, mothers’ unions, fathers’ unions, youth groups, choir groups, groups for widows, groups for orphans, groups for students etc. There are also various levels within the structure of the church: the diocese, district, parish, chapel, village and the family. Then, as these assemblies become small groups, sharing the word of God becomes stronger and the word spreads. Each person takes part in building up the Christian church by participating in assemblies and other activities. This is because when people receive the word of God, they change their mind and understand that it is up to them to live in a world which is characterized by peace and security. They achieve this when they put into practice what they have learnt in the different assemblies.

The Church’s activities

By using pastors and volunteers (who teach people, listen to people, give people advice) the church is able to support more needy people. For example, it gives prisoners and sick people something to eat, builds houses for widows and orphans, pays school fees for vulnerable children, helps them to get medical assistance and helps people to discuss their problems with different leaders.

In conclusion, the Christian church corresponds to sociotherapy in that both build up a person in his life. They do so by giving him/her advice, by giving him/her testimonies of others and their experiences, by showing him/her that she/he can do different things which help him/her to understand that he/she is not the only one who has problems. It gives him/her a sense of value and love, shows him/her that other people support him/her. Then, he/she feels safe, calm and has the courage to face the future.

Kangwera Kezia is married and has been a pastor in EAR since 1998. She studied at the Kigali Institute of Education (KIE) in 2007. Since 2008 she is a teacher in the CFPJ (Professional Centre of Youth Formation).

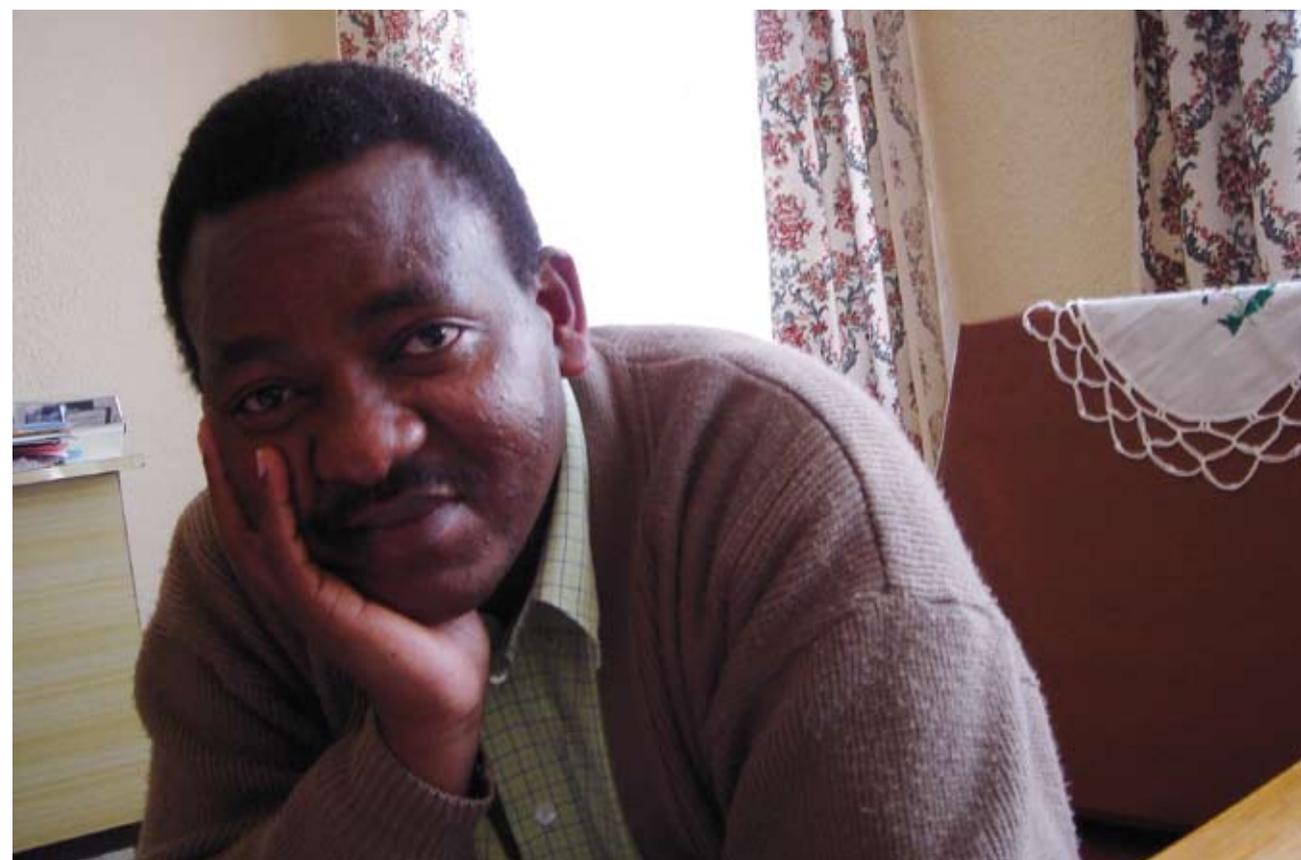
16. Sociotherapy compared to traditional gacaca: Its relevance for the reconstruction of society

Ngendahayo Emmanuel

Introduction

Soon after sociotherapy came to Byumba it attracted the attention of many people. They developed different feelings and opinions about it. Some of these were expressed in some form of appraisal. All stakeholders – project staff, sociotherapists, beneficiaries, local authorities – appreciated the approach because it has so many similarities with traditional culture. Many were amazed, wondering how it was possible for people to become friends and trustworthy in such a short period of time (15 socio-sessions)! Some even wondered how people can so easily become like members of one family. Some others raised questions like: is this approach not a kind of trauma counselling? Will this project also help us directly to fight poverty; will it give us food or non-food items? Again others were suspicious, wondering whether, since the project was initiated by the Anglican Church, it was not a way of persuading people to become members of this church. Also, would people participating in the sessions perhaps perceive these sessions as a gacaca court, that is to say, wouldn’t they have the idea that problems were being created instead of solved? For example, there may be the problem that someone is made to feel uncomfortable, because there is always a danger of being accused of a crime, whether one is guilty or not.

Pastor Emmanuel Ngendahayo. September 2005



These different reactions created in my mind a very fundamental question. “Is there any similarity between this new approach with something which is inherent in the previous Rwandan culture? Does sociotherapy perhaps remind people of something in their culture of the past or of their old ways of dealing with daily problems?” While asking myself and many others these questions as somebody who follows the activities of sociotherapy and yet shares the same experience with the same community, something occurred to me. This thing is a kind of ‘gacaca system’.

I did not stop there. I went on to ask myself questions like “why did traditional gacaca come into being, who was it implemented by, how was it practised, etc”. What I observed was that people could, on the one hand, see the sociotherapy approach as being similar to the traditional gacaca that used to help individuals or families restore broken relationships, and could, on the other hand, see that a new element had been introduced: helping individual people deal with personal problems and a great deal more.

Reflecting on the above questions, my mind went back as far as creation and I wondered how the first human beings lived together, in particular the people inhabiting Rwanda. My conclusion was that the living together of people went with misunderstandings, discussions, disputes and serious conflicts. This happened at all levels: at individual as well as interpersonal level, within groups of people and between groups of people. The examples are numerous. In the Bible, we know of the case of Adam and Eve and the Creator.² We also know the case of Cain and Abel.³ In Rwandan family life, we know what happened between wives and husbands, parents and children, brothers and sisters, friends, neighbours, etc. As time went on, conflicts, misunderstandings and psychosocial problems increasingly occurred within the community, at all levels and in all strata of society.

The problems of living together suggested and generated many theories and approaches, among which gacaca, that might contribute to their solution and could, if possible, prevent them from arising. In Rwanda in particular, social life was characterized by discussions and discord among people, which could cause conflicts and other bad actions. In this social life, where conflicts could not be resolved by those who started them until a third person was found, there were different ways of helping people who had clashed resolve it. Rwanda’s initial ways of solving interpersonal problems have changed, as has the nature of these problems. Problem-solving approaches have changed over time due to changes in culture, knowledge, research and other developments. Examples of different approaches are those based on belief (Christianity), on culture (gacaca for Rwandans), science and technology (for example, psychotherapy, conflict management, and peace and reconciliation). In the proverbs of the Rwandan ancestors we find many examples which show us that people need each other and that to live in harmony among people is so important.⁴

² Genesis 3: 11b - 12.

³ Genesis 4: 6 - 8.

⁴ *Kubaho ni ukubana* (The value of existence is to be with others); *Abantu ni magirirane* (People are created in order to help each other); *Ntamugabo umwe* (No one lives alone); *Umutwe umwe wifasha gusara ntiwifasha gusora* (One person alone cannot achieve much apart from making a fool of himself); *Abishyize hamwe nta kibananira* (For those who join together, nothing is impossible); *Abashyize hamwe batwara inzovu ku mashyi* (Those who join together can carry an elephant); *Abishyize hamwe Imana irabasanga* (God joins those who work together); *I buharankakara havuga abagabo ntihavuga umugabo umwe* (In difficulties the voice of one man cannot save him, only a collection of voices can do that); *Amaboko abiri niyo avuguta umuti* (Two arms can provide the answer); etc.

After observing the way sociotherapy operates – its logic and its achievements – I came to ask myself if it has any similarities with a traditional way in which the Rwandans used to resolve their problems. In what follows, I am going to discuss the similarities and differences between sociotherapy and traditional gacaca. Not from an academic angle, but from experience and basing myself on the oral information given by others. The following questions will guide me. What is gacaca and what are its aims? Why did gacaca and sociotherapy come into being? How did sociotherapy and gacaca begin? What is the importance of sociotherapy and gacaca to people? Is there any relationship between sociotherapy and gacaca?

Characteristics of gacaca

In the community of Byumba, gacaca has known three forms. There was traditional, Christian and juridical gacaca.

- Traditional gacaca was used in the past by our ancestors.
- Christian gacaca is practised by Christians and is based on the Bible, on the word of God; According to Act. 2:43-47, the first believers used to sit together and share every kind of situation. This inspired the Rwandan Christians to apply this in their daily lives. As in traditional gacaca, people solve their problems by sitting together and looking for solutions. Christians did the same through expressing their love for each other. A group of Christians from the same surroundings will meet and share their views every time there is a problem. They consider one another as members of the same family. They share every good and bad situation as it may affect anyone of them. They do this themselves in accordance with the guidelines given in different scriptures that focus on ways of living together. They try to sympathize with every member of the community, adapting their sympathy to the specific emotional situation the person is experiencing, ranging from the loss of a person to occasions that have to be celebrated with festivities.
- Gacaca courts came into being after the war massacres and genocide. They aim to organize proceedings dealing with the crimes committed during the war and genocide, including massacres.

In brief, these three forms of gacaca aim at one thing: people play a central role in resolving the problems they have. In this article we will merely focus on traditional gacaca.

Traditional gacaca was a peaceful way of reconstructing social life and preventing all sorts of problems, and was based on dignity, integrity and natural intelligence, which were all rooted in the Rwandan cultural way of living. Traditional gacaca aimed at resolving any problem between two or more people so that they would be reconciled and could live together in peace again. It also aimed at setting right any person who had done something wrong in order to make him return to the respected ways of society and to return to the victim a sense of his value as a human being. This tradition was led and guided by old people from the family or from the village.

Characteristics of sociotherapy

Since its introduction to Byumba, sociotherapy has been taken by the local people as a way of strengthening their hearts and bringing unity among people. Sociotherapy is a kind of locally based community forum where people deal with issues themselves after having been empowered by participating in the group. It is a method that says that it is not the individual who has a problem, but that the whole environment should be looked into.

The main objective of sociotherapy is to restore and increase security and trust among people. To help restore a good social life to people together with good ways of working together again and to gain back the value of life. In brief, sociotherapy is a way which aims at assisting an individual person or a group of people to change their minds, to have trust in themselves, and in others too. This helps to make them live harmoniously and think about their future as something that may hold good things for them. People have to struggle to reach this: they can only do it in collaboration with each other and if everyone shows dedication. To achieve this, sociotherapy brings people methodically together. Sociotherapy is facilitated by people who were taught and trained in the necessary knowledge and skills.

The historical roots of gacaca

The reason why gacaca developed and how it developed has its roots in the history of the country, which needed to solve problems in a participatory way. In ancient times, the Rwandans did things in their own manner, which was based on the capacity and the knowledge they had. Here we can adduce the example of how Rwandans found clothes to wear by pounding the bark of certain trees. Rwandans used to wear clothes made by themselves from the skins of animals and the bark of certain trees. There is also the example of how Rwandans found fire by turning a tree in a hole dug in another tree. Before safety matches came to Rwanda to help one make fire, there was a system called *gukaraga urushingo* which consisted of floating the sharpened head of a tree in a hole of another part of the same type of tree. Then after a few minutes of quick and many movements, fire was generated by means of these actions. They did all this based on their traditional or indigenous knowledge without having any reference to how things were done elsewhere. They had to rely on themselves to resolve any problem that might come up.

Gacaca came when people sat on the grass, commonly known as *umucaca* (its diminutive is *agacaca* from which the word 'gacaca' derives). People of integrity sat on the skins of a respected animal, called *inzobe*, which gave them a special authority. The animal whose skin was used was perceived as a symbol of truth. *Gusasa inzobe* refers to the use of those skins in the form of a kind of pact to tell the truth regardless of what is going to take place there. The suspect of a crime/the maker of a problem or trouble was asked to explain himself before a group of people. When people found him/her to be guilty, he/she was obliged to pay a fine. The fine could be a drink that had to be provided immediately and shared by all present. Then the crime or whatever problem was at hand was wiped out in unity and with joy.

In traditional gacaca it was the people of integrity who made the decisions concerning the ways in which the problem that was brought to their attention was to be solved. The other people present during the gacaca meeting were there as eye witnesses of what was going on, and not as participants in finding a solution for the problems at issue. As we will see, there is a fundamental difference between gacaca and sociotherapy in this respect.

The reason for sociotherapy to come to Byumba

Sociotherapy came into being because other approaches to problems – such as trauma counselling, Christian counselling, conflict resolution – that were available after the war and genocide were weak and not able to resolve the problems related to the traumas of the Rwandans. In Rwanda, in particular in the region where the EER Diocese of Byumba operates,

the war, genocide and massacres continue to leave a traumatic burden in the hearts of many people. This has resulted in many interpersonal conflicts, such as conflicts between neighbours and within families. Leaders have used different ways to help those traumatized people. Their methods were based on traditional religion and on Christianity utilizing the word of God to comfort and console people. Other methods like trauma counselling and traditional healing were based on knowledge and intelligence discovered and renewed over time. As time went by, the methods applied continued to fail to have a good result. All these different methods were individual-oriented. Someone could be judged and yet when he/she returned to the community he/she met the same problematic environment which caused him/her to have a relapse. Some people testified that the individual-oriented methods that consist of asking them questions and questions, seem like a method to judge them. And yet, when they are back in the communities, they meet the same environment which contains the cause of their problems: people/neighbours who harass them and symbols of bad memories (such as a tree under which a family member was killed). This has led me to think further: a patient comes to talk with a counsellor alone. What they share is most of the time common to other people, but this patient thinks that he is the only one who has this kind of problem. While working around in the community, seeing others going about their business, he thinks that they are fine. This makes him jealous and frustrated. But in sociotherapy, the fact is that people sit together and in turns everyone has a chance to state his case and is free to participate in other people's cases. These two elements (having a space to express what disturbs him, and the freedom to say what he thinks) make him feel much better. And this can be seen in four different areas:

Listening to other people's cases, he finds he is not alone with the problem.

Having told/shared his situation to the group, releases him.

From the contribution of others, he derives a guarantee of safety, because none of them will come against him. People who meet in a group are from the same area, know each other, they build confidence, trust, familiarity, different kinds of relationships among themselves; this gives them safety, they are now members of one family, there will be no more bad actions against each other.

Not only are there these factors, but the method also opens up other possibilities of relating with neighbours in a new mutual kind of living whereby people residing in the same area share whatever happens among themselves.

Now, the individual-oriented approach which consists of asking questions in order to know more about the situation and its original causes (like interrogating, they said!) is against Rwandan culture, where people like privacy. In the mindset of Banyarwanda, people do not like their things to come out into the open, not at any time or in any way. There are many examples from normal life to show this. For example, a *munyarwanda* who respects himself will not tell you the number of children or cattle he has, for fear that they will all die. On the other hand, if you meet a *munyarwanda* going very far he will never tell you exactly where he is going apart from saying: "I'm just going to a place around here - just next to here!" This is the way that somebody from this area uses to show you that he is not free to tell you where exactly he is going for fear that you may ask him what he is going to do there. Either he does not trust you, or he is not sure of what will happen there. Sometimes it is positive, sometimes it is negative, or even neutral depending on your normal relationship.

One remarkable thing which prevented people from getting good results is that people who were assisted came back after some time explaining that they were in a worse situation than they had been before. “When I left I was better, but now the situation has become worse”.

But it is not easy to find the right sort of advice for these people. For these people for whom the approach did not work, advice came in different forms: either go and look for somebody else who is a counsellor, or, to those who showed that they are Christians, go and search the Bible and pray, while others were promised a visit at home in order to talk to their relatives/ members of the family or neighbours.

Some of the causes, people explained, lay in the fact that, when they arrived home, they continued to face the cause of their problems: their neighbours who harassed them as well as other signs that made them remember what had happened to them. There were others who said that one can find other people who use other ways and do nothing except rebuke and judge them.

It was the two specialists from the Netherlands who suggested another way to approach people’s difficulties. This approach was called sociotherapy. This method came with something special. This method helped our people to understand that it is not they who are the problem, but that the problem is the fragmented society. By using the principles⁵ and phases⁶ of sociotherapy and its applied operating system, sociotherapy makes people relate to others who they meet in daily life. Sociotherapy facilitators encourage local beneficiaries to struggle for the victory of life for themselves and to trust again in good things rather than bad things.

Similarities and differences between sociotherapy and gacaca

The major similarity between sociotherapy and traditional gacaca is that both make people feel at home in the family, feel safe and protected. Both methods help local people who have problems among themselves, to live peacefully again and to show each other that they are valuable. Both help a person or many people to build up trust. They are also similar in the sense that they both aim to protect the value of human beings. On that understanding, people are given the freedom to socialize, to have love and trust among themselves. These ways give local people themselves a role to play in what is going on in the society they live in, so that every one understands that he has to make a contribution for the better according to his/her ability.

In sociotherapy there is democracy. Everyone has every right to express himself, and conclusions of group debates come from the consensus of the group. In traditional gacaca, the population could only half participate and the last word was reserved for the committee of people with integrity. Again, in sociotherapy it is assumed that every one who is there has come because something is wrong within himself or between him and others; while in traditional gacaca, there are only two parties that have a case to be solved by the committee, and the population observes as witnesses. In other words, in sociotherapy one comes to realize that it is not me/him only who has a problem, but that all of us have problems and that the solution is within us at the same time. In sociotherapy the main objective in the end is the advice to each other, while in gacaca, in whatever way things end, there should be *icyiru*,

⁵ Principles of sociotherapy: Interest, Equality, Democracy, Learning by Doing, Here and Now.

⁶ Phases of sociotherapy: Safety, Trust, Care, Respect, New rules, Memory of Emotions.

which is a sort of penalty that the guilty person is charged with. In sociotherapy there is the use of prayer, which was incorporated intuitively and gave it added value, while prayer did not play a role in traditional gacaca, though participants in gacaca were believers in one God. A last difference between sociotherapy and traditional gacaca is that in contrast to gacaca, in sociotherapy one feels protected by the relative closeness of a small group.

Even if these two methods have similarities, they also have some differences. The main thing in which they differ is their origin here in Byumba. Gacaca has roots in the traditional ways of Rwandans, which means the special ways in which Rwandans use their own manners and traditional knowledge typical to Rwandans. Traditional gacaca used the wisdom transmitted from generation to generation. This was most likely influenced by the oral tradition which characterized the Rwandan people. And even before foreigners interfered and introduced new systems, there had been in Rwanda particular ways in which systems were socially organized to help the population cooperate and live together in harmony. In contrast, sociotherapy has come from a foreign country. Sociotherapy is based on social-science theories developed in sociotherapy practice and research.

Conclusion

When we observe both methods, sociotherapy and traditional gacaca, we find that both are good and have similar objectives. While gacaca is rooted in Rwandan culture, sociotherapy very much relates to that traditional culture. In addition, it has incorporated other elements characteristic of Rwandan culture, like praying which has become part of the Rwandan way of life. The incorporation of prayer in sociotherapy seems to strengthen the sociotherapy approach and contribute to the impact of sociotherapy. The strength of sociotherapy can also be explained by the fact that games are part of its methods. Games also relate to traditional Rwandan culture in the sense that traditional games and dances have always played an important role in that culture. Given the acceptance of sociotherapy by the people as something that fits very well within their traditional way of life but that also brings something new (such as equality and democracy) that very much appeals to them, and given the positive impact sociotherapy has on their lives, it is recommended that sociotherapy becomes integrated in all institutions in charge of the social life and civic education of Rwandans. In order to do so successfully, research should guide the integration process. Questions to be answered are: how to integrate sociotherapy in a sustainable way, how to adapt the way sociotherapy is to be implemented to the specific institutions (such as schools, associations, etc.); what are the specific problems of the various stakeholders that need to be addressed in sociotherapy; what is the impact of the sociotherapy intervention on these stakeholders; how is this impact brought about, etc. Sociotherapy cannot solve all the problems Rwandans face in social life. However, the Byumba experience thus far has taught us that sociotherapy can prepare the ground in a sustainable way for people to contribute to the reconstruction of society.

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17. The role of sociotherapy in alleviating poverty in Rwanda: The case of groups assisted in Byumba

Munyaneza Nehemiah

Introduction

In Rwanda we understand poverty to be:

- the lack of something to eat
- the lack of something to wear
- the lack of means to pay the school fees for our children
- basic housing that is not improved

This contribution is going to focus on the role sociotherapy may play in alleviating poverty in Rwanda paying special attention to the survivors of the genocide and the war of 1994. The war and 1994 genocide left the survivors with difficult problems that include poverty, wounds of the heart, loss of beloved relatives and destruction of property. Because of all this, these survivors lost all hope of working again and of thus bettering their lives again.

The war and genocide in Rwanda were characterized by mass killings, rape and the massive destruction of the infrastructure and communities. After the war and the 1994 genocide many Rwandans lost their relatives. Many people became widows/widowers or orphans. Other people were tortured, blinded, deliberately infected with HIV/AIDS by their aggressors.

It was a period that was marked by despair. Young girls were raped by a great number of men, mothers were raped before their children and husbands. They were stabbed through their genital organs. Fathers were forced to rape their daughters. From a moral point of view, it was a catastrophe. After the war, killers and their neighbours/close friends were afraid of their being sentenced to death; everyone felt hopeless.

The consequences of the disaster for the socio-economic life of Rwandans

Despair, shame, remorse, suicide, death and poverty were the result. In fact, having lived through so many disasters a great deal of the victims of the war and genocide lost all hope for the future.

They hated life and God, who they had expected to have helped them, but in their opinion had not done so. They cursed the local community which did not intervene. They regretted that the International Community watching these events did not do anything. They hated themselves for having been born. They cursed their helplessness. For them, the future did not exist. They thought that it was better to die today than to wait until tomorrow to die because they did not see any future for themselves, they had nothing to motivate them, nothing held any value for them, they had no hope.

Suicide

These are (some of) the sentiments expressed:

"I am not more beautiful than my mother, I cannot be wiser than my killed father"

"I will never find my parents, my sisters and brothers"

For many, the conclusion was:

"I want to die now"

"I do not want to live".

This despair led many to drug taking and to prostitution, in brief, to self-destruction. Many young girls engaged in prostitution without thinking about the consequences and were infected with HIV/AIDS. In boarding schools, students refused to study. They kept thinking about their lost sisters, brothers and killed parents. They quit school and turned to the streets. They hated life. Today, many are dead or socially, half-dead. The many traumas have led to severe frustration in these young students, who cannot forget what happened to them

Parents lost the courage to invest because what they had earlier achieved with great effort was gratuitously destroyed. They said *"There is no reason to suffer again"*. Some turned to begging because they had lost the courage to plan for the future. These are the depths of despair. The killers for their part were regretting the killings during the genocide. They are still listening to the voices of the children and innocent people they killed. Some of the killers remembered their own wives and children that they killed because they did not share the same ethnic background. Some of them went mad and ran across the country.

Sociotherapy and the curing of hearts

In the year 2005, a sociotherapy program was started in Rwanda, in particular in Byumba. After training people in sociotherapy, many socio-groups were formed. Based on a set of principles, sociotherapy promotes equality among socio-group members, interest, democracy, responsibility, learning by doing and the here and now. It also goes through phases: safety, trust, care, respect, new rules and memory of emotions. The participants are given recreational games and stimulated to regain their sense of safety and hope. In peer groups victims of the war and genocide have conversations focusing on the ordinary things in life and they play games to reduce the tension caused by their troubled memories. Then, through the testimonies of others, people find that they are not the only ones who have encountered these problems. They learn that there are many who have suffered. Some have suffered more than others, but the group members also observe how some have managed to overcome their problems.

By means of such groups, their members share their bitter experiences of the past and their hopes for the future. They weep together, comfort and encourage each other. The group members find that not everybody is their enemy. By means of the different phases and principles of sociotherapy, a participant experiences that she or he is respected and that there are still people who love her or him. A group member begins to feel there is a new world (opening up to him). Peace...the group becomes a place of relaxation. In a socio-group he/she begins to feel life. He/she does no longer wants to die. He/she begins to love his/her life. Social problems like polygamy or family conflicts are also discussed in the group. Moreover, group members meet other people who have asked forgiveness for what they did during the war and genocide.

Now, here is development! After all I want to live!

As their morale is raised and they regain a taste for life, the members of a sociotherapy group begin to think about the future. They say, *"Even if these terrible things happened to me, I must live after all"*. Then, he engages in work and does his best in order to survive.

At the schools, we, sociotherapists and leaders of socio-groups, heard the testimonies of students who took an interest in school and academic life again after the sociotherapy sessions. Parents begin to invest in their children's future.

Sociotherapy associations for social economic improvement

After fifteen weeks of sociotherapy, many group members form associations in order to reconstruct and rebuild their houses. Contributions for medical assistance are collected by members of the associations. Today, some have a small business, which helps them to save more and more money for their children's school fees, for clothes and food.

Today, those who did not want to work because they had lost so much in the war, have with the small financial support from the associations formed through the sociotherapy program, begun to become reintegrated and have started to work again.

Conclusion

To conclude with this point, I would like to stress the major role of sociotherapy in alleviating poverty in Rwanda. In a sense, sociotherapy recreates a person who has been ruined by the past. A person destroyed by history. A person re-established in the company of other group members has hope and a future. Family conflicts and social conflicts are reduced or resolved. Social harmony has been strengthened. Work, the source of prosperity, has become a high priority.

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18. Sociotherapy in 2012

Sarabwe Emmanuel & Mukamana Solange

Introduction

In the recent history of Rwanda, we find that the problems which many Rwandans encounter in their daily lives have destabilized their ways of living and social life. Most problems are related to the war and are to do with family conflicts. Family conflicts originate from ownership of property and have to do with hunger. Other problems originate from our culture. We are thinking here of the consultation of ancestors and the belief in Lyangombe. This belief refers to the ancestor of the Rwandans who is worshipped when one wants to be successful, to find a solution to one's problems or to know one's future. The third type of problem we should mention here is the HIV/AIDS pandemic. Those problems were all increased by the 1994 genocide. This accumulation of problems caused the death of many people and the loss of property. Many Rwandans are without hope for the future because they do not feel safe and do not trust their fellow beings.

In the past Rwandans have had many methods with which to overcome problems. One of these was the idea that people were related to each others through blood ties, and thus had a special 'network' to fall back on. They used poems, dances, *gacaca*, stories, songs and epics. Those

Sarabwe Emmanuel (in the middle) and Mukamana Solange (right). August 2007



activities in the past gave Rwandans dignity and unity. However, all of these customs did not prevent Rwandans from developing hatred, traumas and the feeling of having no value. Up to today these feelings can still be seen in acts of death, for instance when people commit suicide, by taking poison.

Sociotherapy, which we implemented in Byumba, is a new method. This approach brings people together who have problems. It helps participants to come together and to find help among themselves, to create feelings of safety, develop feelings of hope and to try together to reduce or resolve the problems of their daily lives.

To see what sociotherapy has already achieved and to think about a vision for the future, we asked ourselves the following question: *What will sociotherapy do for Rwandans in 2012?*

To find an answer to this question, we added the following sub-questions.

1. What will be the role of sociotherapy in the government's programs concerning a) unity and reconciliation, b) the fight against trauma and c) the country's development?
2. What, in 2012, will be the difference in the social lives of the Rwandans who have had sociotherapy compared with their lives in the time before sociotherapy came to Rwanda?
3. What is the value sociotherapy can have in Rwandan society?

The role of sociotherapy in government programs

In socio-groups, the beneficiaries have time to talk about their problems. They talk about what prevents them from having peace in their hearts and peace in their lives in general. Everybody is encouraged to listen to his/her fellow human being and to make a contribution towards the solutions of his/her problems. The advice and views offered by his/her fellow group members/colleagues make him/her understand that there are people who worry about the life she/he is leading and that they also have pity and love for him/her; thus, he/she understands that he/she has value in Rwandan society. Giving him/her advice and showing him/her love make him/her feel free. All this, as we have mentioned, allows someone who takes part in the sociotherapy program to love him/herself again and understand the sweetness of life; it makes him/her understand that to live in peace with others gives him/her hope for the future. People who have built trust in their group and shared the problems of their life do not disagree any more, as was often the case among Rwandans. Thus, everybody becomes each other's adviser; they become friends and eat together. To eat and know that there is another person who you share the same problems of life with helps one not to be lonely and overcome by the sorrow of what one has undergone or is still undergoing. This decreases mental problems. A person realizes that he/she is happy to be among others and work together with them; understands that he/she his/her past history is securely remembered, thinks about what can improve his/her life; prepares for his/her future and can consult with fellow human beings on what he/she is not able to do him/herself in the way of improving his life/situation.

Differences in social life

As has been mentioned above, there will be more openness, no hidden problems anymore; no more shame but trust in the future. Rwandans used to have different methods through which they could meet and give each other advice about their daily problems. As the years went by, these methods disappeared, so that Rwandans had no way of talking about their daily life anymore. The problems which the country encountered made Rwandan society fall apart.

When we first described the problems Rwandans encounter, we saw that many Rwandans are characterized by feelings of unsafety/insecurity. This can be observed in several ways. Some people refuse to draw up plans for long-term projects because they do not entertain hopes for a good future. It can be observed that some people prefer not to talk about their problems no matter where, neither to political institutions nor to any other kind of organisation. Those observations show that people have no self-confidence; neither do they trust those institutions just mentioned. There are many Rwandans who think that a human being has no value because of the way they were killed and because of other things perpetrated against them. That is obvious from their keeping silent in debates. People do not participate in happy and sad events with others, do not wash themselves as usual and do not wear clean clothes. Dropping daily practices of personal hygiene is not always done because someone does not have the means. Other Rwandans develop bad habits like drunkenness, taking drugs, not respecting rules, or commit suicide.

One of the results which sociotherapy has already achieved in helping Rwandans in the Northern Province to find solutions for their problems and to regain a sense of value through its group-work, is that Rwandans will consider sociotherapy as a cure for their problems. We think this is so because we saw in practice that our people considered sociotherapy as a 'medicine' for their problems.

The recovery of one beneficiary who had a lot of difficulties and who experienced the consolation of others during the fifteen socio-sessions in a group will be a testimony for others. This example will motivate others to also take part in sociotherapy. We have noticed that beneficiaries who attended sociotherapy groups continue to meet each other afterwards in order to keep exchanging their ideas about their daily lives. Sociotherapy sessions had already stopped for them. The ex-beneficiaries made place for other people to also attend fifteen sessions. All the positive results of the sociotherapy method, made public by those who joined, make others who have not yet joined eager to benefit from it as well. The testimonies of the discussions resulting that have come out of sociotherapy helps everyone who has problems, or lives with people who have problems understand that he/she can find a lessening of or solution to that problem.

In families, the government and nongovernmental organizations, there are methods which bring people together even if the objectives of such meetings are different from the one aimed at in sociotherapy. When sociotherapy extended to other areas, its results can affect every category of Rwandans. It will be wise to set up a suitable program to make sociotherapy known on the radio, in newspapers, in meetings etc. It is advisable to have contacts with families and institutions so that the sociotherapy approach can be added to their programs that bring people together. Here we could think of the Human Rights Commission, for example. If those institutions and this organization will consider the sociotherapy method and encourage people, we think excellent results can be achieved, especially if a start is made in the villages. It is there that the largest number of people with problems can be found. The good news is that there are leaders from those community-based institutions who have already begun to implement sociotherapy. This will ensure that sociotherapy will reach many people in little time. If it spreads as was explained just now, sociotherapy can reach at least half of the Rwandan population in 2012. Those who participate in sociotherapy will experience a change

in their daily lives. Their mental health will improve, they will realize that they have value, will find the sweetness of living and living with others, will have peace and feel calm, will dare to talk and tell others their opinions, will better themselves and work with others in order to improve their situation. In fact, he/she will have hope for the future. All these things are what those in Rwandan society who have not yet received sociotherapy lack. In accordance with what was said earlier, the category of Rwandans who have received sociotherapy will have a way of living that is different from the one they had before they joined the sociotherapy program.

The value of sociotherapy in Rwandan society

The testimony/reports/accounts from the daily social life of Rwandans, from the leaders and from the organizations that have applied/added sociotherapy to their programs, will show sociotherapy as a means to solve or to reduce the different problems of Rwandans. Everyone will see sociotherapy as a pillar on which to build a lifestyle that will promote better mental health, and result in a better living and working with others, and in having security and value. All of these converge to form a good way of working that is aimed at development.

Conclusion

As there are still many problems in Rwanda due to the loss of many relatives and belongings, which have caused people to feel they have lost their sense of humanity and lost all hope for the future, we conclude that the sociotherapy method will help people to open up, to reveal their problems. In sociotherapy, beneficiaries are given advice in small groups. Beneficiaries also give advice to others with whom they share the same problems.

For that reason we would recommend that sociotherapy is considered seriously in Rwandan institutions, both in political and in religious institutions as well as in other organizations like schools, hospitals, universities. We think application of this method will help Rwandans regain their feelings of humanity, their sense of harmony while living together, their experiencing togetherness and stimulate marriage to each other.

To make this vision really happen, we think it is necessary to monitor closely the activities around sociotherapy in Byumba so that people may recover with the help of this sociotherapy method and can testify to its success.

It is for that reason important and necessary that sociotherapy facilitators who are happy to start up groups contact their chiefs of groups. Because if a problem occurs in Byumba, this problem can make others lose interest. Contacting chiefs of groups is necessary and has to be done until the sociotherapy method is launched in each sector of Rwanda.

Recommendation

Allowing sociotherapy to play an important role in Rwanda and make a difference by the year 2012 requires organizing many meetings that can show results. Those meetings can be organized both on a district level and at a provincial level and the national level. Those meetings can encourage people to participate. This idea requires representatives in state institutions that can be in charge preparing people to adopt the method. If we say 'state level', we are thinking especially of local institutions. They play an important role in the daily social life of Rwandans and understand daily social life of these local people.. To make this possible, the local state institutions must be given enough information about sociotherapy so that they can actually support the method.

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19. Sociotherapy and widows living with HIV/AIDS

Tuyisenge Marie Jeanne

Brief background to the situation

The war and the 1994 genocide devastated Rwanda. Many people died. As a result the number of orphans and widows increased. This chapter will focus on widows. Most of them live in extreme poverty. One of the reasons for this poverty is that their property was destroyed during the war and genocide. Some widows are contaminated by HIV/AIDS resulting in many cases from sexual abuse. As it is said by the Minister of Health, to take care of people living with HIV/AIDS must exceed meeting their physical needs. It is of the utmost importance that also their emotional needs are taken care of.⁷ In this chapter we will examine how sociotherapy helps widows living with HIV/AIDS in their daily lives, particularly in their emotional and social life. To achieve this I will try to answer the following questions:

1. What are the problems widows encounter in their daily lives?
2. How does sociotherapy help widows to overcome those problems?

To start with I will present some background information about sociotherapy.

The sociotherapy program in Byumba

A sociotherapy program operates in the former Byumba province since January 2006. Its aim is to help people who encountered a number of difficult problems in their lives, in such a way that those problems seriously destabilized their way of thinking, expression, working manner, and moral and social life. The program helps people to have value again, to be calm and feel free; making them understand that life is still going on, restoring unity among Rwandans and respect for each other. Sociotherapy is done in groups.

Principles and phases of sociotherapy:

- Interest: to have something which can make you be together and be in control of yourself.
- Equality: to respect that people are equal.
- Democracy: to assure that everyone has freedom of expression.
- Responsibility: to be involved in what is going on in one's environment and understand that one has to take part in it.
- Learning by doing: a person learns quickly from what he or she is doing in the group.
- Here and now: to concentrate on the present and not to forget the past.

Socio groups meet once a week during a period of fifteen weeks. During those weeks people are guided through the following phases: safety, trust, care, respect, new rules and memory of emotions. Those phases are important for the reconstruction of people's individual and social life. When a person feels safe and has trust in his or her colleagues, that person starts to have contact with the others and is able to tell his or her problems.

⁷ Ministère de la Santé, Prise en Charge Psychosociale des Personnes Vivant avec le VIH/SIDA, Manuel du Prestataire, Mai 2007.

Problems of widows in social life

Widows living with HIV/AIDS usually feel very lonely. They feel ashamed and anxious to approach others. Since they feel responsible for their problems, they expect that if they would talk to others about them, these others will blame them and laugh at them. The widows feel stigmatized and mistrusted by people living around them, when, for instance, they are not invited for wedding ceremonies. Apparently people do not want to share food and drinks with them, afraid to be contaminated with the HIV/AIDS virus. This is hurting the widows, because it is a custom in Byumba that people drink and eat together. Many of the widows are mistreated by their families. There are often property conflicts. Family members from the side of the husband want to take the widow's property away from her. And because they think that the widow will die soon they count her days and do not take care of her.

Widow's personal problems

A widow is a woman whose husband is dead and who has not married again. Widows in Rwanda are categorized according to the cause of their widowhood. Commonly distinguished categories are widows due to war, due to genocide, due to AIDS and/or other diseases resulting in death. The widows who come to participate in socio groups usually suffer from great despair. They think that their life will soon come to an end. Related to that, those who have children and grandchildren are very anxious about their future. Many widows have no (proper) shelter, suffer from the destabilization of their lives due to the incurable disease AIDS, and spend many of their nights not sleeping but worrying. They are weak because they do not have enough food to eat while they are obliged to have an adequate nutrition in case they are on AIDS treatment. They are not motivated to work because they always think of pending death. Many widows are not interested in hygiene whether that concerns their own body or their living environment, they do not take proper care of their children. They are gloomy and do not have any hope for the future. Some think about committing suicide, others become prostitutes and spread HIV/AIDS to others. These women regret what they are doing and condemn themselves. They think that they are responsible for their contamination. They always feel unsafe.

Methods used by sociotherapy to help widows living with HIV/AIDS

Sociotherapy uses different methods to help people, including widows, to participate in socio groups.

1. The meeting in a group helps widows to come out of loneliness, be self confident and feel valued, and reintegrate with others who are important in their lives. When they meet, they talk to each other about their lives. They discover that they share the same experiences and problems. This makes widows feel calm and bear what they are faced with in their lives, such as the disease HIV/AIDS and its many consequences. The widows build up happiness in their heart. In the group they can share their emotions. They can laugh and weep.

The women advice each other about how to deal with their problems. The facilitators contribute to the advices given. This strengthens the widows, invigorates them, helps them to resolve some of their problems, and gives them hope of living again. The women start visiting each other. They start to give each other when needed salt and fire, and they start cultivating together. This all helps them to relax, and results in unity and love amongst themselves. They learn to respect each other.

Particularly the development of associations after the ending of the fifteen socio sessions is experienced as strengthening the widows in their mental, emotional and social lives, and prevents them from falling back in their old situation. It gives them their morale back. In associations widows focus on agriculture, sewing, knitting, etc. and sell their products (vegetables, potatoes, etc.) to others. These activities help the women to overcome loneliness and laziness, to avoid engaging again in bad habits such as prostitution and drunkenness, and to overcome poverty.

Conclusion

To conclude, widows living with HIV/AIDS encounter a variety of problems. They suffer from despair, loneliness, and stigmatization. They condemn and neglect themselves. Sociotherapy offers them the space to share their problems. This comforts them and helps them to feel calm and free and be reintegrated in their family and community. They feel invigorated and have hope for the future again. Their membership of an association helps them to overcome material problems. After ending the fifteen socio-sessions, the women continue to advice each other which helps them to avoid falling back in the previous situations.

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20. Life under the shadow of guilt beyond the prison walls: Ex-prisoners tell their stories in sociotherapy

Théoneste Rutayisire

Introduction

After the 1994 genocide, the news of the release of prisoners was often overshadowed by strong feelings of mistrust, uncertainty and fear both on the part of the ex-prisoners and the would-be welcoming neighbours. However, there was also a common feeling, especially among close relatives, spouses and friends, that now that so-and-so was out, every thing would be over and he/she could now forget about the matter and look ahead towards another and better life. But what people don't know, don't see or don't feel is that people may walk out of prison gates but cannot walk away from the shadow that the sheer fact of imprisonment has cast over their lives. Only ex-prisoners know, see and feel this shadow. Although going to and coming out of prison is by no means a new phenomenon in Rwanda, few if any would deny that after 1994 any sojourn in prison, however short or dubious, casts a darker and more ominous shadow on one's life than it would have done prior to 1994.

The objective of this short essay is to share with our readers what ex-prisoners shared with me

*Research conversation between research assistant Théoneste Rutayisire and Equator psychiatrist, Pim Scholte
November 2005*



and my fellow sociotherapists during sociotherapy about carrying the burden of being an ex-prisoner in their daily lives. This paper will also attempt to explain in what ways sociotherapy can help ex-prisoners lighten the burden of being an ex-prisoner.

Walking through sociotherapy with ex-prisoners

On the one hand, my first contact with ex-prisoners in sociotherapy was by any standard surprising, if not shocking, but, on the other hand, it gave new insights into the realities of ex-prisoners' daily lives. Sociotherapy was barely six months old and the newly trained sociotherapist had just begun the first groups when I visited one of the two ex-prisoner groups that had been formed for what I assumed would be an easy visit.

I joined the group when it was in the middle of a role-play about a Christian journey. They were using the metaphor of a car, Jesus being the driver. After the role-play, I was introduced as a visitor to the group by the two sociotherapists facilitating the group and I was asked to state the reason of my visit. The only reason I had visited that group was to ask the ex-prisoners whether it would be possible to interview someone who was close to them for the sake of research on the impact of sociotherapy. The interviewee could be a spouse, a relative or a neighbour. It was for that reason that I asked them to list at least five people from whom we could randomly choose one. No sooner had I said that or one of the ex-prisoners said loud and clear that he would not be able to find any one because no one, not even his wife and children, trusted him! To me that was shocking and incomprehensible then! But one year later when I joined another group of ex-prisoners, who had been imprisoned for crimes not directly related to the genocide, for about six months, I began to get more insight into the reasons that had led this ex-prisoner to say that; it was only then that I realized that he had really meant what he said.

I mainly rely on the expressions the ex-prisoners used in order to describe what a stay in prison – for whatever reason – does to their image, confidence, dignity and trust. One of the most difficult things for them to deal with, arguably, is what they think the rest of society thinks about them. Few if any would deny that the way in which prisoners and ex-prisoners are perceived by the rest of Rwandan society has worsened since 1994.

Ex-prisoners remarked to us that when you walk out of prison *ukuramo ubwandu*, “you walk out carrying an infection”. The term *ubwandu*, “infection”, is a commonly used term in Rwanda, and is especially used in relation to HIV/AIDS. Therefore the choice of the term indicates how ex-prisoners qualify the state one walks out of prison in as being extremely bad; it is an emphatic description of a tarnished self-esteem. Saying that they are “infected” means that they are “dirty” or “smelly”. Therefore, no one would want to get closer to them or, for that matter, trust them.

Ex-prisoners know how easily but cruelly people after 1994 jumped to conclusions when seeing prisoners in their well-known rose outfits. “There is only one conclusion” (*Bariya ni abicanyi*) “those are killers”, people would say. Ex-prisoners are saddened by the fact that they continue to carry that identity well beyond the prison gates, because, as they told us, when people hear that so-and-so was in prison they draw the same conclusion: *ni umwicanyi* (he/she is a killer). Moreover, ex-prisoners are shocked by the fact that people do not make any effort, before they

actually label a person, to find out why that person had to go to prison. The person must be a killer or a witch, which is probably one of the worst things one would wish to be identified with, whether or not one he/she is an ex-prisoner.

Ex-prisoners use some of the above expressions and adjectives and many more to show how dark their life actually becomes when they are released. It could also be that they themselves expect a better reception and more understanding, and that these don't materialize. They remarked to us that *baraduhahana* (“no one wants to side or be with us”). In other words, they are placed outside normal life.

Being in prison is bad enough for any one, but walking out of prison and finding oneself walking under a shadow of mistrust and suspicion every day makes life for ex-prisoners even more miserable than the rest of society realizes. And this is what one of them kept telling us, his fellow ex-prisoners agreeing: *umuntu yumva yitinye* (“one feels like one is afraid of oneself”). I would argue that this expression shows how strongly the imprisonment, cold reception and ill talk by the rest of society have affected the ex-prisoners' perception of themselves and their confidence. They walk in the shadow not only of distrust but also of fear, they say *iyu ugenda ugirango uroga, ibirenge ntibiba bikora hasi* (“when you walk it is like you are swimming, your feet don't touch the ground”).

We should perhaps ask ourselves if the feeling of mistrust is only one-sided, but ex-prisoners told us that even before they walked out of prison they had already decided that they would only talk, and share everything with ex-prisoners. Why? They argued that only ex-prisoners can understand what they went through and are still going through. Prisoners and ex-prisoners ironically refer to prison as a “university”, a term that other people who are not in that category are now commonly using in Rwanda. There could be many reasons why prisons are called universities; however, in this case I would argue that ex-prisoners call it so because that is the place where they learn to deal with one of the darkest chapters of life both inside and outside prison.

From what was described above one may get the impression that ex-prisoners do not attempt to regain the image and trust and dignity they used to have before their imprisonment. I would argue that they do and one of the ways they do so is by using religion. It is now common in prisons all over the country for inmates to experience a dramatic change in their spiritual lives and this experience lingers on even after their release. Some who were Christians have converted to Islam and vice versa, while others have become self-declared pastors and evangelists. Rwanda being a highly self-confessed Christian society, this may be an attempt for ex-prisoners to regain their truthful place in society. The question is: how far can this take them? Is anyone that matters getting the message?

As one sociotherapist remarked in a focus group discussion, ex-prisoners are desperate to regain their trust and dignity and they would do anything to achieve that, even if it meant walking on their knees from Byumba to Kigali (Focus Group Discussion Byumba, May 15, 2007).

When ex-prisoners are invited to join a sociotherapy group for the first time, they are flooded by waves of fear and distrust because of having to deal with non-ex-prisoners, on the one hand,

and of having to report, in most cases, to the administrative offices, on the other hand. But after some time, as sociotherapists have noticed, ex-prisoners realize that it is the combination of these three elements – sociotherapists (non-ex-prisoners), meeting in a public place (in some cases administrative facilities) and sociotherapy – that helps ex-prisoners send a very clear and strong message to the rest of society, to the effect that “we are not as bad as you take us to be, people are now talking with us and we can go anywhere!” The principles of sociotherapy and the discussions that are generated during the sessions set ex-prisoners free to talk and share their experiences and it also enables them to see how self-imprisoned they continue to be far beyond the prison gates.

Conclusion

Writing about the Mozambican war, Nordstrom argues that violence is a learnt or a man-made culture. In this case, I would use the same metaphor and argue that the feelings of mistrust and worthlessness are learnt cultures, in as well as out of prison. Therefore, they can be unmade and unlearned, if the people concerned are made to see it that way. I am inclined to think that sociotherapy has enough ingredients and principles to enable ex-prisoners to introspect and look at others in a different way, with a view to getting the same reactions from the rest of society.

Reference: Nordstrom, C. (1997). *A Different Kind of War Story*. Philadelphia: University of Pennsylvania Press.

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21. Gusenga (prayer/meditation) and sociotherapy in Byumba

Jan van Schaardenburgh

One of the phases of sociotherapy is ‘making new rules’. One of the rules the sociotherapy facilitators chose to follow in their training was to start and end their meetings with prayer. When after the training the program was implemented in the field, each socio-group also chose to start and end their meetings with prayer as one of its rules to follow. For an answer to the question ‘what explains the impact that sociotherapy has in Byumba’, the sub-question ‘what is the role of prayer in sociotherapy’ also needed to be answered. In July-August 2007 and in January 2008 I had the privilege to do some research on this question and I interviewed some of the sociotherapists and program staff in order to deepen my understanding of the role of Christianity (the ‘Biblical approach’) and, in particular, the role of prayer in the sociotherapy program.

Gusenga

I asked 23 members of the field team for their opinion about the main goal of a prayer at the beginning of a group meeting. The answers (given 3 August 2007) were as follows:

- to create an atmosphere of love and understanding (9)
- to worship the name of our Creator as the One who listens to His people (9)
- to ask for a blessing of our meeting (4)
- to come into a mood of silence and meditation (2)
- to teach beneficiaries about the Bible (1)

To the question about the length of the prayer, the response was: 1-5 minutes (9); 1-10 minutes (13); 1-15 minutes (1). To the question whether a non-Christian (Muslim, traditional believer or otherwise) could still feel comfortable with the way prayers are done, and whether (s)he could even lead a ‘prayer’, the answers were: yes (4), probably (16), probably not (4), no (0).

Basing ourselves on the answers listed above, and the discussions I had with sociotherapists and program staff, we can conclude that prayer functions as a preparation for those who meet to share life and its problems, and makes them ready to contribute to the communication process in the group.

Imana/God is seen as the founder and source of life, his presence as the guarantee of unity and justice. Christians, Muslims and those who believe in traditional religion – nearly every Rwandan feels related to Imana in one way or another.

As sociotherapy is supposed to be a democratic process, every participant is invited to take part in leading a prayer. At the start of a group the facilitators take the lead, but as soon as a certain amount of trust is established the participants are asked to say the prayer as part of their shared responsibility. There are no specific guidelines for the prayers: each group member does it in his or her own way. In the beginning, some people may feel awkward as

they are not used to praying at all, or to praying in public. Sometimes group members think that other persons pray better than they do. But it is stressed by the facilitators that everybody has ways of expressing his/her hope, and can pray in the way (s)he is used to.

An integral aspect of the sociotherapy program, praying can also be seen as one of the possible forms of self-expression that enriches the exchange among the members of the group. As do singing, playing games, joking.

Participants and sociotherapists originate from different religious traditions. Among them you will find Adventists, Anglicans, Baptists, Born Again Christians, Catholics, Jehovah's Witnesses, Muslims, Pentecostals, Presbyterians, Traditional Believers. The variety of believers within one group is no hindrance; rather, it means enrichment and is an invitation to ecumenical exchange.

When sociotherapy started in 2005 there were a few doubts about its motives. Could it be a hidden means of evangelisation on the part of the Episcopal Church? In the course of time it became clear to everybody that sociotherapy is a service rendered to contribute to the healing of society; not a hidden way to proselytize.

As was mentioned before, the way prayers are performed is rather spontaneous. Themes chosen are the unity of mankind, God as an all-loving father, references to Biblical texts of love and understanding, texts of consolation, texts of encouragement, the kingdom of God, life of the first Christians, etc.

Someone observed that in using a Bible story, the person leading the prayer seemed to project the participants into that story. In fact, that is the way in which the tradition of the Bible may contribute to an elucidation of man's existence: in reading those stories and reflecting upon them, one's own experiences are mirrored and put in a broader context, the individual is placed in a transcending perspective that may be inspirational and may dissolve isolation.

Kubaho n'ukubana

(well-being originates from being together)

One of the questions I raised for discussion was how sociotherapy relates to pastoral care. Those who responded underlined that one should see sociotherapy as complementary to pastoral care and Church initiatives. The specific and distinctive character of sociotherapy with its phases and principles entails that participants share time and space for a relatively long period, and do so regularly and in a well-facilitated manner. Human communication is only partly enacted verbally; most of it is done through body language.

In church, people are addressed in much larger groups, which does not favour confidential communication. In a one-to-one counselling situation, the individual is exposed too much and may feel uneasy. In such a setting, answers are sometimes given based on pre-established frames of reference before the real question is heard. In addition, the real question one has may not be formulated because of a lack of trust and a lack of ability to formulate it well.

In sociotherapy, safety and trust are created and cherished as a precondition to communication about deeper questions of life. The confinement of the small group favours a climate that stimulates personal growth. As the individual is embedded in the group process, all aspects of life, the whole context of life (perceived holistically) can gradually be addressed. Abysses of distrust and despair, of hatred and enmity are slowly transcended in the regular encounters. Imana – the name of the God of Israel, Yahweh – means: "I'll be there for you". This name is concretized in the way the participants are together in sharing their joys, their sorrows, their problems and their competences to overcome them.

Ubuntu

The concept *ubuntu* means: 'generosity', 'magnanimity', 'gratuity'. In a way it clearly reflects the value of sociotherapy. *Ubuntu* is a key concept in Bantu philosophy. It is very much related to Imana, as the source of all goodness. It is also the word for 'grace'. The meaning of 'gratuity' is not something superficial, but very profound. I have the impression that inspiration by *ubuntu* among the sociotherapists in Byumba contributes to the secret of their success.

Throughout the ages, religion has had several functions. It can be an instrument of integration and liberation from fear for some people; for other people, on the other hand, it can be a means of domination and self-enrichment at the expense of others. In Christianity, since it became a state religion in the time of Constantine the Great, there has always been tension between these tendencies. A reason why some people speak of the fall of Christianity.

Financially, sociotherapy in Byumba is a low-budget project with only three staff members on the payroll, all the others being more or less volunteers that receive a modest compensation for their contributions. This, however, is compensated by the satisfaction generated by sharing and helping people to get out of the bondage of isolation, frustration, trauma and poverty. I have the idea that as soon as the remuneration of officials in the project of sociotherapy is given too great a weight, the effectiveness of the program will be undermined accordingly.

What is in a name?

To my knowledge, no real Rwandan equivalent for sociotherapy has been found so far. Some use the concept of *isanamitima* (reparation of the hearts, counselling), others *kwivuzwa kivandimwe* (being healed in a brotherly/sisterly way), while again others use other concepts. To express what the English concept of sociotherapy stands for in Kinyarwanda probably requires more than one word. Perhaps a longer description is needed to make clear to the Byumba population what the specifics of sociotherapy entail. My suggestion would be to hold a competition to find the right Kinyarwanda concept.

Words of wisdom

In the field team referred to above, I asked those present to rank 11 arbitrarily chosen proverbs in relation to sociotherapy. This resulted in the following ordering:

1. Abagiye inama Imana irabasanga (God joins those who gather in council)
2. Ntamugabumwe (No one can live on his own)
3. Abashyize hamwe batwara inzovu ku mashyi (Those who work together, can even carry an elephant on their hands; unity makes strength)

4. Ibisangiye imizi, bisangira no kuma (Those who share their roots, must endure the drought together)
5. Ujya kwiheba ukabona ingata iraguye (The darkest hour is the one before dawn)
6. Agahinda n'ukubura uwo ukunda / utakira (Sorrow is missing a loved one)
7. Aho umwaga utari, uruhu rw'urukwavu rwisasira batanu (Where there is no irascibility, a hare's skin is sufficient as a blanket for five people)
8. Imana ifasha abifashije (Help yourself, this way God helps you)
9. Ubabaye niwe uband' urugi (The one who suffers, has to open the door himself)
10. Intimba y'inkoko imenywa n'inkike yatoreyemo (the misery of a chicken you discover at the place where she hides herself)
11. Imana irafashwa (One should help fate a little; God needs people)

Other proverbs that were added by the sociotherapists are:

12. Umutwe umwe wifasha gusara ntiwifasha gutekereza (One head alone can get mad, and does not come to wise deliberation) (9)
13. Inkingi imwe ntigera inzu (One does not build a house on one pole) (7)
14. Ugira Imana agira umugira inama (Those who have God /who are lucky have a mentor) (4)
15. Ugira amahirwe agira umugira inama (Those who are lucky have a mentor) (2)
16. Imana nziza iruta indaro nziza (You are better off with a good image of God than with a beautiful ancestral home) (3).
17. Ababiri baruta umwe (Two are better than one) (2).
18. Ababiri bishe umwe (Two can overpower one).
19. Agahinda si uguhora urira (Grief is not the same as continuous crying)
20. Bagaca igaca ... (Man proposes, God disposes)
21. Kora ndebe iruta vuga numve ("do something, and I'll look at it" is better than "talk, and I'll listen" (Actions speak louder than deeds)
22. Si urw'umwe (Death hits everyone)
23. Umugabo umwe agerwa kuri nyina (If a man is alone, he takes his mother as his example/model; a man alone is powerless) (2)
24. Abantu ni magirirane (People are created in order to help each other; people are interdependent)
25. Ubwenge bw'umwe burayobera (Pigheadedness in a person misleads) (2)
26. Ibiryo biryoha bisangiwe (Food becomes tasty if it is eaten together)
27. Ibihishwe birabona na nyira byo akabona (Truth will be revealed)
28. Ukorora acira aba agabanya (Who spits while coughing, diminishes (mucus); Every little bit helps)
29. Ababiri bahuye bakajya inama baruta ijana rirasana (Two who deliberate well surpass hundreds who mess things up)
30. Ababiri bashyize hamwe baruta ijana rirasana (Two people who live together exceed a hundred who mess things up)
31. Abishyize hamwe Imana irabasanga (God joins those who work together) (2)
32. Abashyize hamwe ntakibananira (For those who join forces, nothing is impossible)
33. Abatajya inama imigambi ipfa ubusa (2) (With those who do not look for advice, projects fail).
34. Utazi ubwenge ashima ubwe (A fool is bigheaded)
35. Ntamugabo umwe (2) (Nobody can live on his own)

That morning there was no time left to deepen our understanding of the different proverbs together, or to choose the ones most appropriate to illustrate aspects of sociotherapy. This is still something to be done, perhaps also as part of the competition.

Eli Wiesel, a famous Jewish writer and a survivor of the holocaust, a specialist in Chassidic tradition, and a mediator for peace wherever he can, once cited this question and answer taken from Chassidic lore: Why did God create man? Because He loves stories!

In sociotherapy, people find an opportunity to tell their story and to reintegrate their story into history, so that their hidden resources become available to them once more and they find the strength and hope to prepare for the future. In this process *gusenga*/prayer can be a helpful instrument.

Jan van Schaardenburgh studied theology (Free University, Amsterdam) and missiology (Radboud University, Nijmegen). He served the Presbyterian Church in Rwanda as a pastor in Gisenyi in the years 1978-1985. Since 2003 he has regularly visited friends and projects in Rwanda, including the sociotherapy program in Byumba.

22. Equator and the quantitative study linked to the sociotherapy program

Pim Scholte and Femke Verduin

Equator: A treatment program and a foundation

Equator is the name of a treatment program at the Academic Medical Centre in Amsterdam, the Netherlands. The program provides treatment for refugees who have mental-health problems that are related to the violence of the war or political repression they have experienced. Since the program came into existence in 2003, we have treated patients from ± 35 different countries.

Many of our patients not only show symptoms that may result from traumatization (such as nightmares, or thinking too much). The human violence experienced often also makes them suffer from a loss of core beliefs and values, a sense of being permanently damaged, feelings of shame and guilt, distrust towards and alienation from others. Therefore, the overall psychosocial consequences of war and political violence are far more than the sum of individual psychological symptoms. Systematic violence impacts people's ability to connect socially, and thus negatively influences the collective functioning of groups and societies.

For that reason, Equator chooses to apply a treatment method which uses a trauma perspective and simultaneously focuses on social re-bonding. To reduce the trauma-related complaints and symptoms, we offer medical treatment and individual psychotherapy and body-oriented treatment methods. The other core element of our approach, sociotherapy, focuses on group functioning and social interaction. It aims at the restoration of safety, mutual respect, trust, care, and the setting of democratic rules.

Equator is also the name of a foundation that is linked to our treatment program. It is through the Equator Foundation that the group-focused element of our treatment method, sociotherapy, could be introduced at community level in Byumba. With financial support from Cordaid, the foundation was able to send one of the sociotherapists of the treatment program, Cora Dekker, to Byumba.

Cordaid also enabled Equator to carry out a scientific evaluation of the sociotherapy program in Byumba. This is a quantitative study; it is coordinated by the authors of this chapter, but it could not have been carried out without the aid of many Rwandan collaborators. The study is complementary to the qualitative study coordinated by prof. Annemiek Richters.

Research:

A study on sociotherapy, mental health, social functioning and social capital (2007-2008)

Traumatized survivors of war or political violence often have complex problems, with anxiety (fear), depressive and cognitive disturbances (problems with thinking, memory and

concentration). As mentioned above, most patients also suffer from feelings like shame, guilt, distrust and alienation (feeling a stranger among others). Such feelings complicate social functioning and interpersonal contacts in communities where social structures and cohesion have already been damaged by human violence.

We have been conducting a study to find out if sociotherapy has an effect on people's lives.

Our research questions are:

- 1) Does sociotherapy impact mental health?
- 2) Does sociotherapy impact social functioning?
- 3) Does sociotherapy impact social capital? (for the meaning of 'social capital' see below)
- 4) Are mental health, social functioning and social capital interrelated?
- 5) Can we show that our questionnaire is valid: that its outcomes really reflect mental health, social functioning and social capital, respectively?
- 6) Does sociotherapy impact alcohol abuse?
- 7) Does sociotherapy impact partner violence?

For our study we use a 'prospective controlled concurrent groups design'.

Prospective means that we start interviewing before sociotherapy groups start, that we then interview the same people after the groups finish, and then one more time after eight months.

Controlled means that at these three same points in time we also interview people who do not know sociotherapy and who live in areas where no sociotherapy meetings take place. By doing so, we can compare outcomes from the interviews for both groups; if the groups show differences, we know that these are probably caused by sociotherapy.

We also interview people who live close to the participants, like their family members, friends and neighbours. By doing so, we can tell if sociotherapy has an effect beyond group members only.

Concurrent groups design means that we simultaneously follow people from different groups: sociotherapy participants, people close to them, and people that have nothing to do with sociotherapy.

We compare the answers that people in the three groups have given, to see if people who participated in sociotherapy have benefited from it. Our expectation is that people who participated will say they feel better while people who did not join sociotherapy will not report any improvement. For the group of relatives, friends and neighbours we hope that they feel a little better because they live close to a person who participated.

We measure the effects of sociotherapy on mental health, social functioning and social connectedness. To study social connectedness we use a concept called social capital. This concept is about how connected people feel to people surrounding them and to their leaders. It is also about feeling safe and trusting others. There has been a growing international interest in this concept of social capital, because it is expected to influence health and well-being. But the concept and its measurement need further development, and this study contributes to that.

Additionally, we ask questions about changes in alcohol abuse and partner violence, as these are problems that often occur after traumatization.

We use a long questionnaire with many questions about all these topics. We have paid a lot of attention to the development of the questionnaire to make our questions understandable to the people in Byumba. Our questions are all short questions and we ask people to say 'yes' or 'no', or sometimes they can choose between, for example, 'no' / 'a little' / 'a lot' / 'always'.

Prof. Annemiek Richters does the qualitative part of this research. Her interviewees have longer conversations with people, during which they are much freer to talk about their experiences with sociotherapy. But this takes much more time.

We have trained 8 people from the province of Byumba, students at the local university, to do the interviews. They interview people in Kinyarwanda. Before they start, they ask the person for their consent. People are free to say they do not want to answer the questions.

The first time, the questionnaire was completed at the start of the sociotherapy program, in October 2007. Three months later, directly after these sociotherapy groups had stopped meeting, all respondents were asked to do an exit interview in January 2008. The third interview will be conducted 8 months after these groups finish, in September 2008.

Our three study groups each consist of around 100 people who by now (August 2008) have been interviewed twice. We have called them:

- 1) DE: participants in sociotherapy groups, directly exposed (DE) to sociotherapy;
- 2) IE: individuals living close to those participating in groups, indirectly exposed (IE) to sociotherapy;
- 3) NE: individuals that are not in touch with sociotherapy: the non-exposed (NE).

Results

The results from this ongoing study are not yet known, but we have some results from the pilot study that we conducted (2005-2006). They show that the psychosocial well-being and the social functioning of those who participated in sociotherapy improved. The effects on social capital were not very clear. Therefore, we made adjustments in the study design and questionnaire to see if those will give a different outcome for social capital this time. We will be able to report our findings of the ongoing study after October 2008.

Pim Scholte is a psychiatrist affiliated with the AMC hospital of the University of Amsterdam, the Netherlands. He is the head of Equator, a treatment program for traumatized refugees. He is also the founder and chair of the Equator Foundation, which promotes a combined approach of mental health and social connectedness, and aims to carry out programs in the Netherlands and in post-conflict areas. He has broad expertise in international mental healthcare. For 12 years he was the initiator of, and an advisor concerning mental-health programs in (post-)war situations for Médecins sans Frontières (MSF, Doctors Without Borders). For War Child Netherlands he has acted as a content advisor and program evaluator.

Femke Verduin is a resident in psychiatry at the AMC hospital of the University of Amsterdam, the Netherlands. She will be a psychiatrist in April 2009. She studied medicine from 1995-2002. In 1999 and in 2003 she did research in Tanzania concerning female genital mutilation (1999) and psychotic patients and their families (2003). She worked with Equator, a treatment program for traumatized refugees when it was set up in 2003/2004 and again in 2007.

23. Implementation of Community Based-sociotherapy in Byumba

Cora Dekker

How an invitation led to the implementation of community-based sociotherapy in Byumba

This contribution to a remarkable book deals with the implementation of community-based sociotherapy in a post-conflict area. In this case, in Byumba in the Northern province of Rwanda. Implementation did not happen overnight. It is the result of an interest in and engagement with the process of decolonization. This interest and engagement have taken the author of this contribution to some corners of the world and to refugee clinics in the Netherlands. That is where the ideas central to sociotherapy and subsequent experiences with sociotherapy were adjusted and developed. From there, the idea of community-based sociotherapy for post-conflict countries ripened.

Invitation from the Anglican Diocese of Byumba

On August 31st 2004, a request from Pastor Emmanuel Ngendahayo and Bishop Onesphore Rwaje from the EER (Eglise Episcopal Rwanda) in Byumba was sent to Professor Annemiek Richters and sociotherapist Cora Dekker in the Netherlands, six weeks after their study tour

Training in observing, explaining, listening, reproducing and discussing the result. September 2005



to Rwanda. The request included an invitation:

“I (*read Pastor Emmanuel*) shared news of your visit with my Bishop, and then decided that we should ask you how we can work with you, especially in the ministering of counselling. This is because in our everyday life, we are faced with a big challenge. Because of what happened (the genocide), most of our people are traumatised and cannot do anything, because they have lost their sense of humanity. On the other hand, the personnel who can help them are not well, are not sufficiently equipped, and this gives them many troubles when they are dealing with the patients. So, we would very much like you to consider in which way you can stand alongside us in assisting these fellow human beings and God’s creatures, so that they regain again a sense of the continuity of life and their humanity”.

Fine-tuning the request

Professor Annemiek Richters and I started thinking how to respond to this unexpected request. Before setting aside time, the first thing to do was to fine-tune the request. That is where implementation starts: What is being requested precisely? Has some form of assistance been given already? What results did that assistance bring? What is to be the precise objective of the assistance? What psychosocial method is requested? How do partners see their own position in the request?

Fine-tuning the request with Byumba resulted in communications by phone and e-mail and in two extra visits to Byumba. Our experiences in fine-tuning justified the writing of a proposal. What the Byumba partners were looking for matched what we could offer. With the writing of the proposal, Annemiek and I also intended to find the necessary financial means as well as the time to provide the assistance and give the request our best efforts in order to help it materialize.

Development of the proposal

With a proposal, a local implementing organization has to justify its request to the donor. Such a justification requires information about the general background of the context in which a project will be situated. Contextual information in post-conflict situations is vital to the success of a sociotherapy project. Contextual information has to clarify where the risks of a project lie. Contextual information helps to focus the assistance in the right direction. Information has to be provided about the historical and present aspects of social and individual suffering. How is social and individual suffering presented in social systems such as families, neighbourhoods, schools, churches? Who else has been involved in help after the period of violence and genocide? How should the problem be defined? Who should manage the donation? How does help relate to the country’s official policy? Are there any risk factors that can harm a project in the short or long term? What are the assumptions related to such risk factors? Who are to be identified as the general and specific target groups? What are the general and specific objectives? What will the most appropriate method of assistance be? How will the community be involved? What are the criteria for recruiting facilitators? Who will be the beneficiaries? How to identify the beneficiaries? What is the plan and what are the steps in this plan for the project period? Which results are expected in the short and long term? How will the project be evaluated? If successful, how can the method be embedded in the local social systems to guarantee sustainability? Last but not least, a requesting organization has to put the proposal for assistance into financial terms. How much money

is requested in total, and how much for specific targets? How high are local prices? How will accountability be organized? In Byumba, the conclusion has been to apply for the community-based sociotherapy method.

Can community-based sociotherapy be an appropriate method in a post-conflict area?

Recovering from a genocide that completely ruptured communities is an unprecedented task for all people in Rwanda. Mechanisms which bound people together successfully within social systems were brutally violated during periods of killings done with impunity, of war and genocide. How can a reliable cohesion in neighbourhoods, schools, churches be rearranged? How to approach the thousands and thousands of orphans and widows? How to approach the families with relatives in prison? How to approach and deal with the many phenomena and facts that suddenly appeared in families and had been unknown to them until that time. Soon after the genocide, International Non-Governmental Organizations (NGOs) offered trauma-counselling. Trauma counselling, however, is mainly an individual approach focussing on a person’s inner world. Due to the enormous number of people to attend to, the individual approach adopted in, for example, Rwandan justice, was considered too time-consuming. Instead, to end impunity and restore order, the Rwandan government implemented a community-based justice approach called gacaca. During the development of the proposal in Byumba, it was proposed to also adopt a community-based sociotherapy approach and to assess through evaluations and research if this method could be appropriate.

Sociotherapy is primarily a social-system approach and uses common daily events in the lives of the participants to bring about awareness of and improvement in social and personal contacts. The method of sociotherapy encourages people to participate actively in and be accountable for their social interactions. It therefore uses the group as a therapeutic medium and operates through daily tasks, discussions, games and socio-education (and sometimes psycho-education as well). As they carry out those daily and ordinary activities people are encouraged and enabled to reflect upon many difficulties and frustrations. There are too many to deal with specific issues extensively. The method does not aim to solve every single problem, but helps to increase the participant’s problem-solving capacity. It is essential to introduce and work according to democratic principles of equality, e.g. when paying attention to decision-making styles within families, groups and communities, to ask whether commonly used styles are functional, or if an alternative style might be more appropriate?

Sociotherapeutical interventions are carried out in the subsequent group through the methods of communication (for example discussion), task-giving (for example to assist one another in building a house for one of the group members; to help each other in contacting authorities) and skills (for example to learn about and to play relaxing games). The method does not primarily focus on unbearable difficulties of the past; neither is it aimed directly at reconciliation. When such discussions do come up in socio-groups, they are initiated by the participants themselves. Groups can be open and composed according to various criteria. The benefit of open groups over closed groups lies in the learning process that new participants cause by their changing of the existing group’s dynamics. The best working size of a sociotherapy group is 10 to 12 people. To maintain its momentum, participation in a group is limited in time: the essential ingredient is that one starts to learn what others have learned

before, and then leaves the group in order to make a new start elsewhere. Time and local experience have informed how long participants need to participate in sociotherapy groups during the project.

Participants in sociotherapy groups set and reach their own goals: sociotherapists only facilitate this process. Learning by doing is one principle of sociotherapy: therapists provide an educational role model of what has to be learnt by doing, thereby reinforcing participants' insight and strength. Sociotherapy makes it easier to touch upon unsolved questions and problems in the participants' minds. For this reason, sociotherapy only works when implemented in a participatory way, and would be unthinkable without the contribution of volunteers and people in communities. Sociotherapy is primarily oriented towards the present, not the past. If participants do bring up the past, it will not be ignored, but socio-therapists will help people to not have their minds occupied by the past for too long.

Implementation of training in phases

The Byumba proposal was approved by Cordaid from the Netherlands in 2005 and implementation and realization of the plan started. The first step was to choose 30 future sociotherapists to be trained. For this purpose, recruitment criteria were developed in the period that the proposal was being written. Criteria included the potential trainee's level of education, a reliable relation with and in the community, a stability and willingness to participate in the project for a couple of years on the basis of receiving an incentive only.

In the first phase of the training, which lasted 6 weeks, attention focused on basic concepts like safety, trust, care in the sense of recognition, respect, the making of rules, dealing with memories of the past, as well as on the principles of sociotherapy: interest, equality, democracy, participation, responsibility, learning by doing, here and now. Several specific methods such as games were used to invite participants to contribute with their own knowledge and wisdom.

The second phase of the training - in weeks 7 and 8 of the training - was devoted to preparing the training agendas for an additional group of 75 participants. Trainers developed, discussed and decided democratically on their own lessons to train others.

The training of additional facilitators in the third phase of the training, done by the 30 sociotherapists who had been trained first, took place over 8 days in weeks 9 to 12 of the training. This training was coached by an ex-patriate (Dutch) trainer, the author of this chapter.

Also, the 30 sociotherapists were offered specific coaching and taught the basic concepts of evaluation and of organisational capacity building.

Implementation of community-based sociotherapy in 45 groups of 10 beneficiaries

After three months of training, the 105 trained participants prepared themselves for the implementation of 45 community-based sociotherapy groups. Two staff members composed the first manual, based on notes written daily by the author of this chapter during the 12 weeks' training. Each group consisted of 10 to 12 members. Each group was entitled to have 15 socio-sessions over a period of 15 weeks. A socio-session could last 3 hours. The number of sessions and hours was decided based on local conditions. The decision was based on the

assumption that 15 sessions could be effective in addressing the different aspects (safety, trust, et cetera) of the training. Fifteen sessions per group would enable 3 cycles of 15 sessions to start each year, during which a worthwhile number of beneficiaries could be approached and trained. Fifteen sessions allow beginning sociotherapy facilitators to gain experience. Offering more than 15 sessions requires more experience and a deeper understanding of how to handle lasting difficulties in group members' thinking, feeling and behaviour patterns. Three-hour sessions were suggested for practical reasons. When invited for more than 3 hours, all beneficiaries would have to be offered refreshments during the break. A little calculation of the costs of this showed that offering such facilities would make the proposal unacceptably expensive to the donor.

During one of the last training sessions, a discussion about the criteria for qualifying as a beneficiary resulted in the decision not to start with beneficiaries that are among the most difficult people to handle. It was concluded that starting with those local people who are still unable to cope with their problems, or who are still suffering severely, would carry the risk of them being publicly seen as weak. Being seen as weak by others in the post-conflict community appeared to be a stigmatizing factor for future beneficiaries. The trained group also had to gain experience before being ready to work with intake criteria. Monthly figures over 2007 revealed an attendance of 87.5% of the beneficiaries.

Building organizational capabilities

It has come to our attention, that community-based sociotherapy in Byumba has been highly appreciated by both the beneficiaries and the sociotherapy facilitators. It is for that reason that the donor asked Equator Foundation as early as four months after its implementation (April 2006) to organize a national workshop in the capital Kigali. On behalf of the Equator Foundation Professor Annemiek Richters and the author of this article in turn went to Rwanda to find partners to prepare and arrange the workshop in Kigali. With assistance in the background, Rwandan facilitators organized the workshop themselves. The title of this workshop was "The role of sociotherapy in community healing". The group of 30 sociotherapists prepared and conducted this workshop, which created deeper knowledge and understanding in them and proved a booster to their organizational capabilities

Shortly before that event and during repeated visits (2x2 weeks per year), the ex-patriate trainer provided moral support, advice and additional training in organizational management as well as in developing reflection skills. As of May 2007, the group of 30 sociotherapists (called field-leading team) was very much in need of additional training to deepen their understanding and to strengthen their capabilities to manage the organization process. They underlined this need basing themselves on facts and on repeated argumentation. Additional training was given (August 2007) in advanced concepts that dealt with the dynamics of socio-groups and showed methods of managing and broadening the community-based organization. Special attention was also given to ways in which the 30 field-leading team facilitators could handle self-care.

Evaluation of implementation

The sociotherapy method is an approach that was new to Africa. The trained facilitators had to use all their powers of observation and hearing and communication skills and apply

these to a great variety of issues. It therefore took time to make the sociotherapy facilitators understand and internalize those aspects of evaluation that were delegated to them in such a manner that these became routine (activities) to them.

One evaluation method concerned the weekly report of the number of beneficiaries involved and the number of weekly sessions. Besides, it was also necessary to find an appropriate and workable way of writing and presenting reports to the staff.

The first results turned out to be invalid. From the beginning of 2007 onwards things became more manageable and monthly process figures based on actual practice could be accepted as reliable facts.

Another point that came up during the evaluation concerns the facilitators. None of them left the team for negative reasons. Some left because they got married or inherited land in another province or had new commitments to a paid job. Having settled down in their jobs, facilitators once again returned to practice and found time to do their groups. Some did so in the weekends.

Dr. Pim Scholte and professor Annemiek Richters started to carry out quantitative and qualitative research on the impact of sociotherapy in December 2005. This research involved many sociotherapists, beneficiaries and relatives or neighbours of beneficiaries. Byumba staff members, sociotherapists and other Byumba key persons participated in focus groups to develop research questions and to discuss a number of issues that are relevant to sociotherapy. Students from the newly started University in Byumba gained experience in doing research. This process generated a deeper understanding of the local context as well as of the concepts applied in sociotherapy.

The former translator became a research assistant and went for a master in medical anthropology to the Netherlands, in preparation of a PhD study about sociotherapy in Byumba.

The first research results confirm empirical observations from sociotherapists, beneficiaries as well as local key persons: the community-based sociotherapy approach has a positive effect on community healing. Trust has grown more in participants than in non-participants. Evaluation also showed some weak points. One weak point concerns the processing of all practice-based experiences in reports. Too much outside assistance has been requested and needed in that respect. To address this issue, the idea of a book has been with professor Annemiek Richters from the beginning. The book has gradually become a training tool for the processing of reports and in taking responsibility for them.

Continuation and extension

The general results of the implementation of a community-based sociotherapy approach in Byumba have supplied good reasons for continuing the program. According to practice-based reports, implementation of this approach, which was completely new to Rwanda, has in general contributed to a greater amount of cohesion and togetherness in basic social systems in Byumba. While the staff in Byumba were preparing their annual report for 2006-2007 and submitted their next financial request for 2007-2008, Cordaid Netherlands suggested that

they did not write their next proposal for (just) one year, but for the period 2007-2009, and that they included an increase in the number of facilitators as well as a request for extending the program to new areas. A small extension has already occurred: 16 more facilitators for 8 more groups in some new areas were granted in 2006.

In the meantime and as a result of the national workshop mentioned earlier, a comparable project has been set up in Nyangezi, East Congo in 2007; while a third training took place between May-August 2008 in Nyamata, Rwanda.

If in full practice after training, the three projects can reach a number of 2200 beneficiaries in Byumba using 130 volunteer sociotherapy facilitators giving 3x 15 three-hour sessions of sociotherapy, and 990 beneficiaries in Nyangezi with 72 volunteer sociotherapy facilitators and some 1050 beneficiaries in Nyamata with 80 volunteer sociotherapy facilitators, then this amounts to a total of 4240 beneficiaries per year.

Conclusion:

The question that has to be answered after the implementation of community-based sociotherapy in Byumba is: Is community-based sociotherapy an appropriate method in the aftermath of war and, in the case of Rwanda, after genocide? A cautious conclusion based on actual practice over a period of time suggests that the answer to this question is affirmative. Community-based sociotherapy does indeed contribute towards community togetherness.

Cora Dekker, trainer with the projects mentioned, is a general, psychiatric and community nurse. An expert in post-conflict sociotherapy, she has worked as a sociotherapist with refugees in the Academic Medical Centre of Amsterdam. She is a teacher at the Social Work department of the University of Applied Sciences in Leiden, the Netherlands. She has gained international experience in Zimbabwe, Rwanda, East Congo and Indonesia.

24. The value of sociotherapy for women with experiences of rape

Annemiek Richters

Introduction

In the preparation phase and at the start of the sociotherapy program I was mainly involved as a strong supporter in getting the program off the ground.⁸ Gradually, I became drawn in as a researcher, mostly supervising qualitative research work conducted by Theoneste Rutyaire and later by Jeanne Tuyisenge. The three of us worked together with group facilitators who contributed to the research by sharing their experiences of sociotherapy in focus group discussions, by documenting socio-group processes, and by providing us with case studies and testimonies.

The main goal of the ongoing research is to learn how sociotherapy in Byumba works in practice and what its effect is for the people participating in socio-groups and for their family, friends, neighbors and other people in their households, or with whom they interact. The research team led by Pim Scholte and Femke Verduyn is attempting to reach this goal through a quantitative study, using questionnaires and, in the analysis, measuring

Togetherness and harvest as impact of sociotherapy. December 2007



whether there is any improvement in people's mental health, social functioning and social connectedness after their participation in socio-groups.⁹ The research methods we use in qualitative investigations are individual interviews, focus group discussions, collecting testimonies, observations of group sessions, and study of the literature. Our informants include (former) beneficiaries, their family and neighbors, and other people they live and interact with; project staff; sociotherapists; local authorities and church leaders. The research is an evolving process. The information we collect generates new questions, from which we then select themes for further study. There is close cooperation between the quantitative and the qualitative research teams.

In this chapter I will focus on only one of the research questions: What is the value of sociotherapy for women who have experienced sexual violence in the form of rape. This question came up when I was visiting the Nyangezi sociotherapy project in the Democratic Republic of Congo (DRC) in December 2008, at the end of the three month training of facilitators.

Health care providers and non-governmental organizations (NGOs) working in Eastern Congo are very concerned about the increasing number of incidents of sexual brutality in this country. Human rights groups estimate that hundreds of thousands of women and girls have been cruelly sexually violated in DRC since the fighting broke out in 1997. The health consequences of sexual violence in DRC are the same as in other conflict zones. Major health problems are the transmission of HIV, unwanted pregnancy, sexually transmitted diseases, and fistulas. There is often no medical care available to the women who need it. In addition to the physical consequences, women also suffer from the psychological and social consequences of such abuse. The latter may be one of the reasons why women do not get the medical care they need, because women who are sexually violated are often too ashamed to come forward and ask for help in the form of, for instance, AIDS treatment. Such reticence on the part of abused women is the reason for many of them dying because they did not receive medical intervention. What can be done for all these girls and women who need medical and psycho-social care? What kind of programs would be appropriate? Could sociotherapy respond to the needs for care, and if so how? These questions made me wonder what could be learned from sociotherapy as implemented in Byumba about addressing the problems of women who have experienced rape.¹⁰

The problem of rape in Rwanda and in the former Byumba province

In Rwanda, as in DRC, sexual violence has been committed on an unprecedented scale. It has been estimated that between 250.000 to 500.000 rapes were perpetrated during the 1994 genocide. In the months leading up to the genocide many Tutsi women had already been raped as a result of the gender politics of Hutu extremists, portraying Tutsi women as a threat to a racially pure Rwanda through their marrying Hutu men. During the 1990-1994 civil war in the North of the country, preceding the genocide, women (whether Tutsi or Hutu) were regularly raped by the military of the warring parties. In the social chaos and lack of safety and security that continued in the aftermath of the political violence, the level of sexual violence in Rwandan society has remained at an alarming level. A substantial proportion of

⁸ See Cora Dekker "Implementation of Community Based-sociotherapy in Byumba" in this book.

⁹ See Pim Scholte & Femke Verduin "Equator and the quantitative study linked to the sociotherapy program" in this book.

the girls and women who have been raped are now living with HIV/AIDS; they feel cut off from their normal living environment and their lives are marked by isolation and loneliness. Some of these women have children born out of rape. Many of them are now between 14 and 18 years old. They are often hated by their mothers and their mothers' family. The hate is exacerbated because of poverty. Mothers of children born out of rape often project the anger generated by the many problems they face on these children.

One day, more than a year ago, I was visiting a socio-group of women who were meeting for their third session. Some of the women were single without children, some single mothers, and some were married. A few of the women had participated in a socio-group on an earlier occasion. Because part of their problems had not yet been solved, they were allowed to participate for a second time in a socio-group. One of these women started to talk spontaneously. She told us that she was raped during the war, got pregnant and delivered a son. Later she found out that she was infected with HIV/AIDS. Her family caused her problems, afraid that the son would inherit family property. The lady managed to solve some of these problems, but apparently not all of them, otherwise she would not have joined a socio-group again. Since I was only visiting the group for a short while, I do not have more information about the lady. What would interest me is how her previous participation in a socio-group helped her, why she did not speak about all her problems in that group, what she expects to achieve from joining a socio-group again, and what the result of her participation in the second group was. It is only after my Nyangezi visit that I remember the visit I have just described, and decided for reasons given above to pursue the issue of how best sociotherapy can be of support for women who have suffered greatly from sexual violence.

In recent months Jeanne and I spoke with eight women who had experienced rape, and asked them about the role of sociotherapy in their lives. Their age ranged from 23 to 57. Five of the eight women are widows, one is single without children, one is married to the man who raped her, and one is single and taking care of children orphaned by the war. Three women were raped during the genocide by soldiers - one woman, mistakenly seen as a RPF accomplice, was raped during her flight to safety in front of her children; another woman also during her flight, after having been separated from her group, in the bush near the road; and the third one outside her own house after the military had threatened to kill her family if she would not cooperate. One woman was raped during the war by a military, one in her own house by a stranger, one in her own house by a neighbor, one in a shop by a stranger, and one in the house of the man (a stranger to her) who raped her. The latter woman soon married that man after he had promised her that she would have a good life with him. One of the eight women had been raped twice, the first time had taken place long ago on the road and by a stranger. Two women conceived a child from the man who raped them. Six women tested HIV/AIDS positive, one negative and one did not test. The AIDS of four of the eight women is almost certainly rape-related. Of one woman it is not sure if that is the case. The majority of women

¹⁰ One of the sociotherapists told me that in a meeting between him and some people from DRC it was discussed that for cultural reasons it is much more difficult for women in Rwanda to speak about rape experiences than in DRC. This claim should be further investigated I would propose. Like in DRC, many women in Rwanda testified of the rape they experienced. But this was mainly directly after the genocide. Rape during the genocide was a public act, often witnessed by many. Perhaps this overt nature of the rapes in that period was one of the factors explaining the readiness of many women to talk about them. While we also have many testimonies of women from the DRC who have been raped, we also know that the silencing of rape by women victimized by it is a huge problem given the fact that the silencing prevents women from receiving the care they need.

was seriously injured due to the rape they had experienced; physically, psychologically and socially. The women whose rape was directly connected to the genocide or had experienced also other traumatic events, such as witnessing family members being killed, loss of family members in other ways, and loss of property. When considering their present problems - suffering from AIDS, having children with AIDS, not being able to send their children to school nor feed them properly, poverty, miserable living conditions, problems with their own family or family-in-law – it is possible they may not see the rape as the worst experience they have to live with. For some widows, for instance, losing their husband was as bad as rape, or even experienced as worse than rape.

The only criterion for the selection of the eight women whom I have introduced above was the fact that they experienced rape. It seems to me that this collection of women with each a different experience of rape often in combination with a partly different complex of other bad life events, and living in different parts of the former Byumba province, is quite representative of the much larger group of women who experienced rape in the province over the course of the last decades. The women who were interviewed were referred to us for an interview by sociotherapy facilitators. They were only a small selection of the women with experiences of rape whose history is known by facilitators, because women spoke about it in their socio-group or in private with only the facilitator of their group. There must also be quite a few women who have suffered rape and participated in socio-groups, but kept this particular experience a secret.

The participation in socio-groups by women who experienced rape

Sociotherapists identify the following categories of vulnerable people among socio-group beneficiaries: widows, ex-prisoners, single mothers, orphans, people living with HIV/AIDS, and young people (students and unemployed youth). Women with experiences of rape may belong to one or more of these categories. Some of the ongoing socio-groups have beneficiaries who all belong to the same category of vulnerable people, some socio-groups are mixed. Widows are generally seen as one of the most vulnerable groups. However, as one sociotherapist said, 'widows are much better off than married women'. I guess that he referred to the high incidences of domestic violence women are exposed to. One form of this violence is rape within marital relations. According to a recent survey its incidence is very high in Rwanda.¹¹

Women with a history of having been raped have not been identified as one of the categories of beneficiaries expected to benefit from participating together in one socio-group. A major, and very legitimate reason, I presume, is the fact that rape experiences are usually kept quiet, so that it is impossible to identify enough women in one particular area who have been exposed to it and bring them together in one group. It seems that once these women have joined a socio-group it is the group process that encourages them to speak of the experience.

Five of the eight women talked openly to the group about their rape experiences and all their other problems. For a few of them it was the first time they had spoken to anyone about their rape. Of the other three women, one only spoke superficially about her problems in the group

¹¹ Gasibirege, Simon (2007) Nature et ampleur des violences domestique au Rwanda: Situation en 2007. Commission episcopale justice et paix. Considering the high incidence of domestic violence in Rwanda, it seemed a very good initiative taken by 2 socio-therapists to first run a socio-group of troubled married women and subsequently a socio-group composed of their husbands. We hope to learn soon what the effect of this intervention was.

(however she shared her story with some family members resulting in good support by them), one would talk if she was given a chance to join a second group (see vignette of Esperance below), and one would only speak in a group of women who had all experienced rape. The impression we got from some of the other women is that it would be very good if they could participate in a group with women who had experienced similar problems. However, once the environment knows about a particular group in which all its members had been raped, the image of those women in society will be tarnished. If women, who have been raped and are members of an organization supporting people living with HIV/AIDS, would form a socio-group within that organization, it would be rather different. In that case, they may have to deal with the stigma of HIV/AIDS, but they would not get the additional stigma of having been raped. Being HIV/AIDS positive is not per definition associated with rape as a cause of the infection. What also became clear from the interviews is that in a mixed group the role of a facilitator is crucial. Women may more easily confide in the facilitator who can subsequently make it possible for them to speak to the group about the rape. In the next Section we will illustrate that disclosing one's rape experience can be a great relief for women.

Testimony by Esperance

Esperance¹² was advised by group members (all widows) to abstain from sexual relationships with other men, not to engage in bad habits and to go to hospital for a HIV/AIDS test. She did go for testing after the group sessions had ended. The result was positive. Once she knew she had AIDS, she became discouraged, her heart was hurting and she suffered from stomachache which she did not have before. She also did not sleep anymore at night. In fact, she needs more sociotherapy. When asked what sociotherapy did for her, she responded that the important thing was to meet others and the help she got from God. She told others some of her affairs and felt a bit comforted. The fact that she did not tell all her problems continued to disturb her mind. Esperance responded to the question of who could be responsible for her problems: "It is me, because I refused to tell all my problems to the group. My colleagues who are contaminated could have given me pieces of advice concerning how to behave in order to prevent an early death". Nevertheless, sociotherapy helped her a lot, "without it I would have committed suicide". "When I meet others, my sorrow and loneliness decreases. Now we meet in our association which makes me feel happy". Esperance does not have the courage to tell her present problems to her colleagues, because she kept silent about the background of her present problems before. However, if the facilitator would help her to speak, she would do it, and she would feel released.

Releasing the heart

The testimony of Esperance illustrates what sociotherapy can do for its beneficiaries in order to release their heart. A popular Rwandan expression is that 'the mouth is not always saying what resides in the heart'. Apparently it is experienced as a great relief when the mouth does speak what resides in the heart. Many of our informants told us that the effect of sociotherapy is that sociotherapy 'releases the heart'. This was the case with, for instance, Uwimana.

¹² The names of the women used in this chapter are false to assure anonymity.

Testimony by Uwimana

When Uwimana found out that she was pregnant from the man who raped her, she thought of aborting or hanging herself. She thought that if she would ever meet him and would be able to, she would kill him. The hatred remained in her heart. She also hated the baby girl she gave birth to. She could not care for her as other mothers do. She did not love that child. She thought that God doesn't exist. She did not feel like a person. Uwimana was very upset and got many headaches because of the many thoughts. She took medicine, but that did not change anything. Sociotherapy helped her so much because she told others her problems. They advised her to love those she hated; even the child she gave birth to, because she is innocent and not involved in her problems. The result was that her heart was relieved and she gained peace. Uwimana forgave her brothers and sisters who isolated her during these terrible times. She also forgave others who had done her wrong. She took out the heavy burden that was in her heart. We can conclude from the interview with Uwimana that before sociotherapy her heart was burdened, she did not sleep during the night, and she had chronic headaches. During sociotherapy her heart and head opened up. The sorrow, fear, despair and hate disappeared, and peace, love, forgiveness, healing, hope, and trust entered her head. Her headaches disappeared without the need of medicine and she now sleeps well. Uwimana is reconciled with her relatives and neighbors. She is now a happy woman. She looks smart, young and strong. She has hope again for the future, and she has peace despite some remaining problems.

All the other women felt relieved and 'better in their heart' due to sociotherapy. "Others gave me peace in my heart", said Agnes. However, one is more relieved than the other. One woman, who did not speak about her rape in sociotherapy but who had told her rape story to her parents, discovered in sociotherapy that others have problems worse than her own. She had been fortunate and remained free from AIDS. Her parents had always supported her. They had helped her to go to school and to study. She is optimistic about the future. There are also women who realized in sociotherapy that their problems are worse than those of others. They did find relief, made friends and can now share their problems with others. But what remains for most of the women is the problem of poverty. One, however, clearly said that "food alone does not help". A few women have serious health problems following their experiences as the following vignettes demonstrate.

The testimony of Esther

When I came in for sociotherapy, I felt safe, I was released, I accepted that it was better to give pardon to my abusers. I was not the only one with problems. I learned to trust others. Others gave me peace in my heart. It was like vomiting, everything in my heart came out. Now I can talk also to other people, friends and neighbors, who can help me. The neighbors see me interacting with others, so they also start interacting with me, and I with them. The group helped me to overcome my problems in communicating with others. However, Esther states that she still suffers from trauma, headache and nightmares. She can now share these problems with others, but she needs more help. If she could financially afford it, she would ask help from Ndera, the psychiatric hospital in Kigali.

Testimony by Marie

Marie felt relieved after sociotherapy. She experienced that others also have problems. Others comforted her, told her to be patient. Step by step she felt relieved. She does not know the soldiers who raped her, but she forgives them. She still has headaches, which keeps her from sleeping, pain in her eyes and bad dreams. The problems reappear when there is no food.

Conclusion

The trauma of rape experienced during war or genocide is usually accompanied by a conglomerate of other traumas. But also in times of so-called peace rape is not the only problem women suffer from. One problem in particular that often accompanies rape is HIV/AIDS. The stories of the eight women who were interviewed testify that sociotherapy can be a great social support for women who suffer from the experience of rape. All eight women benefitted from the socio-group they participated in. For most of the women, and at different degrees, not all of their health and social problems were solved, but everyone is agreed that a burden shared is a burden halved.

The sample on which this chapter is based is very small. We would appreciate all the assistance we can get to help us talk with more women who have experienced rape and participated in sociotherapy. This will help us to get a more in-depth view on the main question for this chapter: what is the value of sociotherapy for women who have experienced rape.

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25. Role play performed during the opening session of the workshop “the role of sociotherapy in community healing”, Kigali, January 2007

Script written by Munyaneza Nehemie, Mukakayange Veronique, Hahirumukiza Bernard

CHARACTERS

- KALISA AND UWAMAHORO: Sociotherapists
- MUKAKIMENYI: A genocide victim, a widow who is HIV positive. Her children were killed during the war.
- NDAME: Committed genocide.
- MUGISHA: Afraid of telling his crimes to the Gacaca courts
- ZANINKA: A wife abandoned by the husband who has four other wives.
- MUKAMANA: One of the members of the socio-group.
- RWAKARI:
- OTHERS:
 - Narrator.
 - Other players who play/act where necessary.
 - The ones who open and close the curtains.
 - The ones that prepare the scene (chairs, materials)
 - Prompters

RWAKARI: Eh! Eh! My wife is troublesome! I will kill her. She is now probably with her men, it's probably 11 o' clock. Where do you think she might be at this time of night? It is sad that the property I had is now dwindling. Let me go to the bar; when she comes back I will punish her.

MUKAKIMENYI: When will I breathe again? I need water but I have no one to fetch it for me! To see those wretched men kill my husband and children. No, I'd rather commit suicide and nothing at all will stop me!"

NYIRABUKARA: Let those who want to get married. As for me, my marriage is meaningless. It has only raised the statistics of people being married with one more. My husband has abandoned me and left for Uganda because he is not permitted to drink Kanyanga (illegal drink in Rwanda).

I'm now going to be miserable. My children!? Let me go to get them something to eat, it's getting dark.

MAHAME: Our parents died of AIDS and now we are orphans. Our uncles sold our belongings to pay for our parents' medicine. The rest they kept for themselves. To see even Kanyana, the only girl we have, leave school and become a prostitute. She'll follow her parents' path to AIDS. Shouldn't she be helping me with the work?

NDAME: Oh, what have I done! People I've killed, they will surely arrest me! I remember Sentore pleading but I killed him along with his family, even though we were friends; the Sinamenye house I destroyed! Even if they don't catch me, I'll die. I'm a good-for-nothing,

every time I sleep I dream about them. It would be better for me to die; it's all the same for me! What shall I do? Oh, let me go into hiding.

Curtain.

Sociotherapists (Uwamahoro and Kalisa) meet on the road. Kalisa pushing a bike greets Uwamahoro as if they have missed each other.

KALISA: How are we going to start working now that we've finished the sociotherapy training sessions? Let us go and visit Uwamahoro so that we can take measures and know when to start looking for people. Eh! Isn't that Uwamahoro?

UWAMAHORO: You know what, Kalisa? You always come at the right time. This is the right time!

KALISA: First greet me: how are you, Uwamahoro? (Hugs her tightly)

UWAMAHORO: Hey, don't squeeze me so much. If someone sees us what would they think ...? (Laughing)

KALISA: I have missed you so much! Let us go back to our sociotherapy program ... where have you come from?

(They continue to chat till they are out of sight)

UWAMAHORO (with a handbag)

I've come from the market, I looked in on Mukakimenyi: she was about to commit suicide! She used rat poison, but they gave her milk. She tried to commit suicide because the genocide took all her relatives and she is the only survivor.

KALISA: You've just reminded me of Ndame: he was frightened by a bird, and he crashed into a tree and fainted. They've just taken him to hospital ... what was he running away from? He feared that they were coming to arrest him because of what he did in the genocide.

UWAMAHORO: What we're talking about is well-known! ... There are many people who are tired of life and hate every one; theirs is a living death!

KALISA: Yes, it is like that with everyone, isn't it? At Kayira's place they always fight. Why? Because they were rich and now they are poor and the man says the wife is the one responsible. Can't we help them?

UWAMAHORO: And what about Nyirabukara? Her husband left her with little children and went to Uganda and she cannot accept what happened to her!!! And also Zaninka, who is a fifth wife! She and the other wives will kill each other.

KALISA: We'll also go to Mahame: he and his brothers and sisters are orphans who live alone! I heard that his sister has a liking for men and that she has also left school – a home with no parents!?

UWAMAHORO: When they were still alive they were the most best parents in that neighbourhood!

KALISA: This is so much, if things continue like this we'll soon perish and Rwandan society will be forgotten? We have to do something.

UWAMAHORO: What?

KALISA: We could call upon them all and have a talk as we were trained to have in sociotherapy. Maybe in that meeting they'd feel free, accept what happened and start to forgive each other. Besides, in spite of what befell us, we were once one, we were like one body, sharing everything, good and bad. So we should be able to unite again.

UWAMAHORO: How about inviting them next week.

KALISA: No, that is a long way off! Let's go visit them this evening. Do you remember how sociotherapy helped us? Remember how you saw me before? Remind me!

UWAMAHORO: I saw you as ugly, and because we wouldn't meet anywhere, I was scared of you! But now ...

KALISA: And you too ... you were my enemy but now you're more than my brothers and sisters (hugs her again, Uwamahoro smiles and pushes him slowly)

UWAMAHORO: ...We were lucky to be healed so we have to help others with their different problems.

KALISA: Let me accompany you but remember to notify the authorities.

On their way they meet Ndame ...

KALISA: How are you, Ndame! We were thinking if it would be possible for you to come to our sociotherapy group that we want to start.

NDAME: Is it related to the training sessions you've done? It would help me; I heard Ndahiro started yesterday and that it is good.

Curtain

The day of the meeting in groups, people sitting in a circle.

KALISA: Thank you for coming. I'm grateful that you've all come. In the sociotherapy group we speak openly, we are all equal, everyone has his/her time, we respect each other and what is said inside the group concerns us all. Before starting let's pray. If this is all right with you, let Zaninka lead the prayer.

ZANINKA: Thank you Lord for guiding us and letting us meet, please lead us in all we do here. Amen.

TOGETHER: Amen.

KALISA: We thank Zaninka for the prayer, now it is time for some presentations so that we can get to know each other.

MUGISHA: How are we going to do that, by only saying our names, or what?

UWAMAHORO: We will say our names, where we live and what our job is.

KALISA: My name is Kalisa, I live in Gashirwe, this girl is ...

UWAMAHORO: Uwamahoro, I'm a lady, I live in Kabuga ka Muriza, I'm a teacher.

KALISA: ... And we work in a program that helps people resolve their different problems and regain hope. Let's continue with that man.

MUGISHA: I'm Mugisha, I live in Rubona, I have a wife and 8 children.

NYIRABUKARA: I'm Nyirabukara, I live in Kavumu.

KAYIRA: My name's Kayira, I live in Kageyo. I have a wife and 16 children.

RUKAZA: I'm Rukaza, I live in Ntango.

NDAME (murderer): I'm Ndame, I live in Rugarama, I have a wife and children but I have no fields.

MAHAME: I'm Mahame, I live in Bushara. I'm an orphan and I am responsible for my younger brothers and sister. Our sister has left school. Our parents were victims of AIDS; we are poor.

MUKAKIMENYI: I'm Mukakimenyi, I'm a widow.

KALISA: Now that we have finished the presentation, let's ask Zaninka who prayed for us to continue leading us in this conference.

ZANINKA: Thank you. Now the one I give this pen to will tell us how he/she lives. When you have finished, please pass the pen on. Now, let's start. (hands over the pen).

NYIRABUKARA: I'm standing here not knowing if I should say that I am married: my husband has left me to go to Uganda. Now I'm so miserable. Let those who get married be married, me, I am just an addition to the statistics of married people.

KALISA: You have all heard what happened to Nyirabukara; what do you say?

MUKAMANA: Nyirabukara, you really are in a bad situation but be strong because even if you have no husband you will live; there are other women with such a problem but they live through it.

KAYIRA: There is something I want to add: women think less of themselves. Even if their husband is missing, life goes on. Follow the example of Uwamwiza and Nyirazuba.

NYIRABUKARA: When you're really alone you only think of yourself. What you told me is fruitful. Let me pass this pen to this child.

MAHAME: Our parents died of AIDS and now we are orphans. Our uncles have gathered all our belongings, some for medication for our parents, some for themselves, and now we have nowhere to go, Oh God!! Kanyana, the only sister we have has left school to be a prostitute. Now she is about to follow her parents' path towards AIDS.

NDAME: The result of sin is death. If she doesn't leave this path, she'll die.

UWAMAHORO: This man does not give due consideration to the grievance of this child. Me, unlike this man, I have some advice to give to this child. In this country there are many companies that help children with such problems. There are competent peoples who know about property and how to solve such problems ... we will help you.

MUKAKIMENYI: Kalisa and others, I want to tell you that before the 1994 genocide, I had a family, I lived happily like other people. But now I have no relatives, I have no one to look after me ... they made my life miserable, but what saddens me most is that Ndade is one of them (she continues crying, Uwamahoro pats her).

NDAME: What, what? I deny it, Kalisa, I don't know this woman, well, I mean I do know her .. she is my neighbour but I didn't do it.

KALISA: Don't worry. We came here to chat, to help each other (Mugisha stands up looking sad; Kalisa continues). I see that Mugisha wants to tell us something.

MUGISHA: I don't know where to start. The tears of sorrow of this woman touched my heart to the full, I'm sorry of what I did. I'll say it. I'm one of those who caused you pain ... (Mukakimenyi looks at him with both sorrow and surprise)

MUKAKIMENYI: How come I didn't see you!

MUGISHA: I am one of those who came to loot your house. I took your possessions, your mattresses ...

(Ndade interrupts angrily)

NDAME: You'll get yourself in trouble! It's as if they've put words in your mouth!

(**MUGISHA** continues as if he has heard nothing) ... I took your cow and killed it. Now I want to rest from this burden. (He turns to Ndade) So, Ndade, you forget how the family of the deceased was a friend to your family. You visited one another and helped one another. Tell me, didn't they slaughter a cow for you, exchange brides with you? Who would want to remember all the grief we caused her... And you continue to resist?

For my part, Mukakimenyi, I ask for forgiveness and from now on I'll pay you back what I took from you but please, forgive me.

MUKAKIMENYI: If it's from deep within your heart, I forgive you. (Mugisha rests) (Ndade lowers his head between his legs, looks at people but doesn't know where to start)

ZANINKA: Is that what kept you frightened?

MUGISHA: I have nothing more to hide! It was fear that people might know what I did, I was afraid of appearing in front of the Gacaca courts because of my looting during the war. But now I'm ready to appear in front of them. I'll say it all.

ZANINKA: There is a neighbour who acknowledged committing those same crimes – actually, he has even killed. He was living in a hole that he had dug in a banana plantation. The Gacaca courts have freed him. He has accepted his crimes and asked for forgiveness and gave back all he had looted during the war, and they reduced his punishment. Now he goes around giving testimony of how he is at peace with himself!

NYIRANAMA: So you have to put aside your fear and reveal all you did. Gacaca is ours; it's for uniting us even though we first thought of even if we took it for something else.

KALISA: I see that Ndade wants to tell us something.

NDAME: Please help me. The innocent blood that I have shed is calling upon me. Help me! I hear their voices calling me! I've made mistakes. Please forgive me, Mukakimenyi, for what I did to you. Where will I find the ones who are dead? I need to rest, I need peace. Please, I beg you to ask forgiveness for me (Kneels in front of Mukakimenyi)

Forgive meeeeeee.....

Curtain

After some time in a group ...

Ndade with a hoe, Zaninka weaving and others carrying out different tasks, then Mukakimenyi enters.

NDAME (Quickly goes over to hug her happily) How are you? Welcome. I was wondering what had kept you and made you miss the group. (Both laugh)

MUKAKIMENYI: You and your worries! Don't worry - I'm fine.

Nyiramana enters and gets a surprise.

NYIRAMANA: Sociotherapy is a miracle! Is this really Ndade and Mukakimenyi hugging and chatting with each other?

Do you remember the first time we met when you loathed each other ... There is no one who can't be pleased by this!

MUKAKIMENYI: Let me tell you something! I'm a new Mukakimenyi! If it hadn't been for this program, I would have been long dead. My husband and children are dead; I was raped and infected with AIDS. Would I have had any hope to live! Sociotherapy helped me when I felt hopeless. I was desperate and had reached the point of committing suicide. But now I have friends, I have accepted what happened to me and have forgiven those who wronged me. Nothing will happen to me!

NDAME: If I hadn't joined the sociotherapy group, I wouldn't have become a human being again. Do you know how frightened I was? Hiding from whomever. But sociotherapy helped me and enabled me to confess my crimes. Whatever punishment they give me I will do it peacefully and there will be no more crimes from me!

ZANINKA: Sociotherapy is the best. You all know that I'm the fifth wife; my children have gone astray. They are not going to school. Their father abandoned us and the other four wives refused to help. But since coming to this sociotherapy group, I raise crops, my children are back to school, and I have a cow that gives milk. I thought that I was the only one with problems but I realized that there are others with greater ones than mine. *Sociotherapy is the best!!!*

Curtain.

The End.

