

Advancing Healing and Reconciliation Project

Final Report

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Introduction

The implementation of the Advancing Healing and Reconciliation project began during a poignant moment. As we arrived in Rwanda in January 2003, President Kagame ordered the release of about 40,000 prisoners involved in the genocide. Some were immediately released, but most first attended re-education camps (*ingando*) to prepare them for the re-entry into their home communities. This announcement created substantial anxiety, with people concerned that killers of their relatives would return to their communities. Survivors were afraid of new violence; perpetrators feared revenge attacks. The release of prisoners also raised concerns about retraumatization at the societal level. In such a moment, the goals of this project—to provide tools for understanding genocide, promoting community-based healing, and preventing future violence—became all the more urgent.

The Advancing Healing and Reconciliation project was funded by a grant from USAID's Victims of Torture program and was conducted under the auspices of the Trauma Research, Education, and Training Institute of South Windsor, Connecticut. The co-directors of the project are Dr. Laurie Anne Pearlman and Dr. Ervin Staub, with associate Dr. Vachel Miller. As psychologists and educators, our work has been a response to one of the fundamental questions that arises in the aftermath of genocide: after such violence, how can groups that continue to live together build a better, non-violent future?

The work USAID supported from 2002-2004 continued and expanded efforts we have undertaken since 1999 to apply our understanding of the psychological origins of mass violence and the dynamics of trauma and healing to support reconciliation. Based on many years of academic research and professional experience, our approach is intended to make the past comprehensible and enable the future to be more livable.

This report provides an overview of our work in Rwanda supported by USAID from 2002-2004. It describes the social context to which our project responds, focusing on the challenges of reconciliation in the aftermath of the intensive violence. We briefly introduce the primary components of our conceptual approach and highlight the earlier work we conducted in Rwanda that enabled us to refine and evaluate our approach. (For a more detailed discussion of the theoretical background for our work and the related evaluation, please see Staub, Pearlman, Gubin, and Hagengimana, in press.) Later sections of this report describe the implementation of our project in more detail. We then focus on the outcomes of our work to date, with attention to the value of the project for participants as well as the extended impact of the project, both in Rwanda and elsewhere. Finally, this report reflects on lessons learned through our work, suggesting important organizational and personal considerations for others who wish to undertake related projects, whether in Rwanda or in other traumatized societies.

The social and psychological context for the project

The genocide that occurred in 1994 created dramatic change in the social and psychological landscape of Rwanda. The events of the genocide itself are well known, but merit review here as a context to which our project responded. The genocide was swift and horrific: in three months, between April and June of 1994, somewhere between 600,000 and 800,000

Tutsis were killed. About 50,000 Hutus were also killed, either because they were politically moderate and were expected to oppose the genocide, or they came from a different area of the country and had a history of suspicion and conflict with the Hutu leaders in power at the time.

In addition to the killings, rape and other forms of physical and psychological violence were committed during the genocide. The perpetrators in this government-organized violence included members of the military, young men organized into paramilitary groups, and ordinary people, including neighbors and even family members in mixed families (des Forges, 1999; Mamdani, 2002; Prunier, 1995). This was an “intimate genocide” (Staub & Pearlman, 2001), neighbors killing neighbors and people in some mixed families killing their own family members or handing them over to the killers.

With many Tutsis who were refugees in neighboring countries returning when the genocide was stopped, the distribution of the population is about the same now as it was before the genocide (14% Tutsi, 85% Hutu, and 1% Twa). To enable families and communities to live with each other peacefully, the government has introduced varied avenues for the promotion of unity and reconciliation. The gacaca process of community justice is one such avenue. The release of prisoners that began in January 2003 is another aspect of this effort.

At another level in the national movement toward unity, people are expected to consider themselves Rwandans, and not use the terms *Hutu* and *Tutsi* to identify distinct groups. On one hand, this policy encourages Rwandans to focus on an overarching common identity rather than on group differences. Since attempts to discuss matters of group identity and history are regarded as having political implications, the government has suppressed such discussions, labelling them as “divisionism.” But this policy is also problematic, in that it can inhibit the examination of the relations between the two groups. A community-wide exploration of past relations between Hutus and Tutsis may be required for healing and reconciliation to take root as a societal process.

At least some limited degree of safety is needed for healing to begin (Herman, 1992; McCann & Pearlman, 1990a). Since the genocide, several events and processes have continued to impact people psychologically, including widespread poverty, the release of prisoners, the adoption of a constitution, national elections, and recurring violence in the Congo. The gacaca process in particular may threaten security, as people testify about their experiences during the genocide. Nonetheless, violence within Rwanda has been limited in recent years and people on the whole seem to feel physically safe. A greater sense of security provides the psychological foundation important for healing. (However, a few recent killings of survivors, possibly because they were potential witnesses in front of the gacaca, may endanger this feeling of relative safety.)

Understanding the impact of intensive violence

We believe that most Rwandans are likely to be traumatized by the events of the genocide. An understanding of the impact of those wounds and their potential to generate renewed violence is an essential backdrop to our approach in this project. Before describing our

conceptual approach in more detail, it is important for us to sketch the psychological impact of intensive violence—both for survivors and perpetrators.

Certainly survivors (those Tutsis who lived in Rwanda during the genocide) may be the most deeply traumatized by the violence directed against them. Yet because identity is rooted in part in group membership, those Tutsis who returned to Rwanda to devastated families, communities, and indeed their entire group have also been traumatized (Staub, 1998; Staub & Pearlman, 2001). Traumatization is especially likely among “returnees” whose parents may have been traumatized by the violence from which they fled in earlier decades. In addition, the returnees were not accepted and integrated in the countries of their former refuge, which strengthened their identities as Tutsis from Rwanda and perhaps in turn their identification with those more directly affected by the genocide.

For the survivors and all members of the survivor group, the impact of intense violence is enormous. Their basic psychological needs are profoundly frustrated: their collective identity, their way of understanding the world, and their spirituality are all disrupted. These disruptions, along with those of interpersonal relationships, and the ability to regulate internal emotional states, co-exist with and can give rise to profound trauma symptoms (Allen, 2001; Herman, 1992; McCann & Pearlman, 1990a; Pearlman & Saakvitne, 1995). As a consequence, people feel vulnerable, the world looks dangerous to them, and other people, especially those outside their group, seem untrustworthy (McCann & Pearlman, 1990a; Staub, 1998).

The sense of vulnerability and the perception of the world and other people as dangerous increase the likelihood that, without corrective experiences, former victims will become perpetrators. They are likely to be especially sensitive to new threat. When conflict with another group arises, it may be more difficult for them to take the perspective of the other and consider the other's needs. In response to new threat or conflict, they may strike out, believing that they need to defend themselves, even when violent self-defense is not necessary--and in the process become perpetrators (Staub, 1998; Staub & Pearlman, 2001). This self-protective violence seems especially likely when former victims live with and are surrounded by the group at whose hands they suffered such extreme violence and when there is not yet the sense that justice has been done.

Healing from psychological wounds, from the trauma that has resulted from victimization, is likely to prevent such defensive violence and to enhance the capacity members of an intensely victimized group for reconciliation. We define reconciliation as mutual acceptance of each other by members of formerly hostile groups, including the expression of changed attitudes in positive actions, as circumstances allow and require (Staub & Pearlman, 2001). Structures and institutions that promote and serve reconciliation are important, but reconciliation must include a changed psychological orientation toward the other.

Reconciliation implies that victims and perpetrators do not see the past as defining the future. They come to accept and see the humanity of one another and see the possibility of a constructive relationship. Following great violence between groups, especially genocide,

reconciliation is a profoundly difficult challenge. If reconciliation between groups occurs following intense violence, it is likely to be gradual and progressive.

In order for reconciliation to unfold, attention must also be given to the woundedness of perpetrators. Reconciliation requires that perpetrators begin to open themselves to the suffering of others and to their own responsibility for their actions. Part of the woundedness of perpetrators is that they close off emotionally to the suffering of their victims, and perhaps of people in general. When the violence is extreme and premeditated, those who have engaged in it need to maintain psychological distance from their own behavior to avoid being overwhelmed by guilt, shame, and horror, especially after the world points to the appalling nature of these acts. To protect themselves from the emotional consequences of their actions, perpetrators often continue to blame victims and hold on to the ideology that in part motivated, and to them justified, their violence. Ideology and the continued devaluation of the “other” provide a psychological armor against the wounds created by the perpetrators’ own violence.

Those members of the perpetrator group who did not participate in planning or executing the genocide but were passive bystanders to it are likely to be similarly, although presumably less intensely, affected. Healing from the psychological consequences of their own or their group’s actions may enable people to see the humanity of the victims, to feel empathy, regret, and sorrow, and to become open to reconciliation.

Healing and reconciliation need to go together, especially when the groups that have been engaged in violence continue to live together. Healing is essential both to improve the quality of life of wounded people and to make new violence less likely. Healing from psychological wounds is a foundation for reconciliation among those who were harmed, have done harm, and who belong to the groups that harmed and were harmed. As healing begins, reconciliation becomes more possible. As reconciliation begins, it generates security and trust, which facilitates further healing. This is a cycle in which progress in one realm fosters progress in the other. This process is at the core of our work in Rwanda, the overarching goal of which is to prevent future violence.

Conceptual foundations of the project approach

To promote healing and reconciliation, our project focused on two interconnected themes. The first theme, broadly stated, is that people in Rwanda can understand trauma as a normal response to abnormal events and help each other recover from the painful events associated with the genocide. The second theme is that genocide is an understandable social and psychological process, and that an understanding of how genocide evolves can provide avenues to the prevention of future violence.

Our understanding of these issues is grounded in extensive scholarly research on the origins of genocide and mass violence as well as many years of research and professional practice in working with traumatized individuals. Without reviewing the conceptual foundations of our work in great detail, it is useful to highlight several key elements that form the backbone of our work. Those elements are described briefly below:

1) Understanding the effects of trauma and victimization and avenues to healing.

Understanding psychological trauma and the profound effects of traumatic experiences on the self, perceptions of people and the world, and one's spirituality can contribute to healing (Allen, 2001; McCann & Pearlman, 1990a; Rosenbloom & Williams, 1999; Staub, 1998). Realizing that the way one has changed is the normal consequence of extraordinary, painful experiences can ease people's distress and open the possibility for further healing.

Providing people with a framework for recovery offers hope, a fundamental aspect of healing (Saakvitne et al., 2000). Traumatized people often carry their pain and sense of danger into the present. Engagement with their painful experiences, under empathic, supportive conditions, can help them see the present as more benign. It can also help them gain new trust in, and reconnect with, people. Trauma specialists have found that another aspect of healing is creating a story of one's experience that makes sense of it. Trauma narratives may create meaning (Harvey, 1996; Herman, 1992; Lantz, 1996; Pennebaker & Beall, 1986), such as trying to prevent such suffering by others (Higgins, 1994). Encouraging people to talk about their painful experiences, or exposure, can overcome the avoidance that maintains trauma symptoms (Foa, Keane, & Friedman, 2000). In our work, we have summarized our approach to healing with the acronym "RICH" which refers to Respect, Information, Connection, and Hope (Saakvitne et al., 2000). These principles were formulated to help people who are not trauma specialists to grasp the essentials of healing relationships. They are readily understood, conveyed, and applied by anyone who is interested in promoting trauma recovery.

Another dimension of our approach involves understanding retraumatization. When events awaken traumatic memories, old psychological wounds can be re-opened and cause retraumatization. In working with traumatic memories, it can greatly help survivors to have choice and control over their exposure to reminders of traumatic events and the ways in which they discuss their memories. The same things that help people manage and process trauma can be helpful in managing and processing retraumatization.

Helpers who have been traumatized have special sensitivities as trauma workers. They may be more attuned to the needs and vulnerabilities of those they serve. Their own traumatic experiences can also be reawakened through their work. McCann and Pearlman (1990b) coined the term "vicarious traumatization" to describe the negative transformation that can come about in helpers who engage professionally with trauma survivors and their trauma material. (See Sabin-Farrell and Turpin, 2003, for a review of the research on vicarious or indirect traumatization). Wounded healers need additional support in order to work effectively and to protect them from retraumatization. Our training includes attention to vicarious traumatization among wounded healers.

2) *Understanding the origins of genocide and the prevention of future violence.* People often see genocide as incomprehensible evil. Yet we believe that it is possible to offer a framework to make sense of how genocide arises and evolves. The influences leading to genocide include social conditions such as economic problems, political turmoil, and conflict between groups (Staub, 1989; 2003). They include characteristics of cultures, such as a history of devaluation of some group, excessive respect for authority and the absence of pluralism, and past victimization or other great trauma. These conditions give rise to scapegoating some group, usually the already devalued group, for life problems, and to creating an ideology, a vision of ideal social arrangements, that provides hope for one group, but usually identifies another group as an enemy that must be destroyed to fulfill the ideology. An evolution of increasing violence and the passivity of “bystanders” leads, in the end, to genocide.

Learning about similar ways that others have suffered and examining the psychological and social roots of such violence can help survivors see their common humanity with others. It can mitigate negative attitudes toward oneself, and even toward perpetrators, helping victims to see perpetrators (as well as passive bystanders) as human beings, in spite of their horrible actions. This experience should make reconciliation with members of a perpetrator group more possible.

Through this understanding, people gain a sense of hope that if the origins of mass violence can be understood, action can be taken to prevent the recurrence of violence. Understanding genocide helps people move beyond the belief, which many people held in Rwanda, that what they experienced was incomprehensible evil and beyond the belief that the genocide was purely the result of bad leadership and ignorance, which are also widely held views. It helps them to see genocide, however horrible, as a human process. It helps them to see their common humanity with others who have suffered mass violence. Understanding provides direction and focus to prevention efforts, pointing toward concrete steps that can be taken by policymakers, community workers, and others to create positive relations between groups.

Encouraging results of early intervention

Prior to beginning the USAID-funded Advancing Healing and Reconciliation project in 2002, we conducted several initiatives with similar goals in Rwanda. Our early work enabled us to develop our approach and demonstrate its effectiveness. In June 1999, we conducted a two-week seminar in Kigali with about 35 Rwandan participants. These participants were facilitators from local and international NGO’s that work with groups on healing and community development. About two-thirds of the participants were Tutsi and one-third were Hutu. We provided seminar participants with information about trauma, avenues to healing, and the origins of genocide. In this seminar, we emphasized that when people deeply engage with information and connect it to their own experience, it can be a powerful contributor to healing and reconciliation. We also invited people to talk in small groups about their painful experiences during the genocide, providing support to each other.

While there have been many interventions in situations of conflict or following violence between groups, the evaluation of the effects of these interventions is usually limited and often anecdotal (Ross & Rothman, 1999). To learn whether our intervention had beneficial effects, to determine whether its more extensive use in Rwanda and elsewhere would be of value, we conducted a controlled evaluation study. We expected that over time, as measured by a delayed post-test, participation in our intervention would reduce trauma symptoms and contribute to both Hutus and Tutsis developing a more positive orientation to the other group. However, we also expected that immediately after the intervention experience, participants might report increased trauma symptoms as a result of engaging with painful experiences. This initial, temporary increase in symptoms is sometimes reported after disclosure and/or an exposure session (Foa et al., 2002).

We evaluated the effects of the training on people in community groups with whom our trained facilitators subsequently worked. We have reported this research in detail elsewhere (Staub et al., in press), and describe it briefly here. For the purpose of evaluation, some of the people whom we trained created and led new groups. They used their traditional approaches integrated with the content of the training in which they had participated (integrated groups). Facilitators from the same organizations who had not participated in our training led other newly created groups in other parts of the country (traditional groups). All groups met for four weeks, twice a week, for two hours each time. In control groups, community members completed the same questionnaires at the same time as participants in the treatment groups—before the treatment, immediately afterward, and two months later.

The participants in the integrated group showed a reduction in trauma symptoms from before the treatment to two months afterwards, both over time and in relation to the two other groups, which showed some deterioration. The integrated group participants also showed a more positive orientation toward members of the other group, both over time and in relation to the treatment and control groups, which did not change on this dimension. This positive orientation consisted of a greater awareness of the complexity of the roots of violence, greater willingness to work together for a better future, and “conditional forgiveness,” that is, the expression of greater willingness to forgive members of the other group if they acknowledged what they did and apologized (the latter applying more to Tutsis than to Hutus) (see Staub and Pearlman, 2001; Staub et al., 2003; Staub et al., in press).

In addition to this intervention, our early work in Rwanda also included seminars with national and community leaders. In August 2001, we conducted a four-day meeting with government ministers, members of the supreme court, heads of national commissions (electoral, constitutional), the heads of the national prison system and of the main Kigali prison, an advisor to the president, leaders of religious organizations, and commissioners of the NURC. One purpose of this seminar was to advance leaders’ understanding of the impact of genocide both on themselves and on the people of Rwanda, and to consider avenues to healing that leaders might promote. Another especially important purpose was to provide an understanding of policies and practices that might reduce the likelihood of renewed violence and promote positive relations between groups in Rwanda.

In addition to our work with national leaders, we also facilitated a four-day seminar for approximately 35 community leaders in June 2002. Our purpose was to help participants in the course of their work in the community lessen the potential negative effects and promote the potential positive effects of the gacaca, which was in its pilot phase. We, as the facilitators, and the NURC, which organized the workshop, agreed that the purposes of the gacaca process—justice, healing, and reconciliation—might be advanced if people had ways of understanding how genocide comes about. In addition, understanding psychological trauma and healing might help to minimize the retraumatization that seemed likely to occur as a result of the gacaca hearings and enable people to support each other in the process.

Implementation strategy for the Advancing Healing and Reconciliation Project

As with our prior work, the aim of this project was to contribute to healing and reconciliation in Rwanda. Developing an intervention that could be used with groups seemed essential, for a number of reasons. First, much of the population of Rwanda has been affected, so very large numbers of people want and need to be included. Second, the genocide was a community disaster, and healing as part of a group, in the community of others, is likely to be more effective. The approach we developed is a neighbor-to-neighbor approach to promoting healing and reconciliation. It is not a trauma counseling or mental health approach, but resembles more a public health approach to group change. Third, like most African cultures, Rwandan culture is community-oriented rather than individual-oriented, supporting a group approach. Fourth, one of the consequences of victimization is disconnection from other people, and group healing can help people reconnect with others. Finally, because highly trained staff in Rwanda are relatively scarce, our goal has been to develop an intervention that could be delivered by people without extensive training, that could be used with groups, and that could readily be integrated into other programs for healing, reconciliation, and community-building. For these reasons, our project focused on developing an approach and related material that could be shared by the staff of Rwandan governmental and community-based organizations with large groups of people.

Based on the effectiveness of our early interventions in Rwanda, our work in the current USAID-funded project focused on three primary strategies for conveying our conceptual material about the origins of genocide, trauma, healing and the prevention of future violence.

1) Training-of-trainers seminars

We decided to continue to offer a series of seminars on the project approach for Rwandese governmental and community-based workers. This decision was based on the positive research findings from our earlier seminars as well as encouragement from previous seminar participants and the NURC. We planned a series of three seminars to be held in January 2003, June-July 2003, and January 2004. These seminars were intended to equip participants with a solid grasp of the conceptual material in addition to providing skills needed to train others in the project content. In addition, our hope was that participating in the training-of-trainers process would promote recovery among the participants themselves, which presumably would enhance their effectiveness as trainers and help protect them from vicarious traumatization.

2) *Leaders seminar*

Second, the project included limited training in the project content for Rwandan national leaders, a follow-up to work done in 2001 with leaders. A one-day seminar for national leaders was held in January 2003. This seminar focused on the application of project concepts to practical choices facing Rwandan leaders at the policy level.

3) *National public education campaign*

The final major component of the project involved supporting a public education campaign that we initiated in 2001. Designed to promote project themes in a popular form, this campaign is being conducted by a Dutch NGO (La Benevolencija) based in Amsterdam and funded by the Dutch and Belgian Embassies.¹ The vision for the campaign, conducted by La Benevolencija, includes a drama series and a journalistic program broadcast over a national radio station. The radio programs will convey key project messages with the overarching goal of promoting understanding, supporting healing, and preventing future violence. At the community-level, a third component is envisioned. That component includes dialogue and other learning activities to deepen the impact of the radio programs. The drama series began to broadcast in Rwanda in May 2004.

Further detail on the operation and outcomes of each of these three components is provided below.

Training-of-trainers Seminars

In January 2003, we began to train a group of trainers in the project content. These trainers are individuals who will be able both to use elements of our approach, as they find it appropriate and useful for the setting in which they work, and to train others. Attendees at each of our three training-of-trainer seminars included a diverse group of practitioners who work in government offices, local and international NGOs, and other local organizations. Specifically, the participants include trauma counselors, members of the NURC, and representatives of various government and civil society organizations, such as SARUKA, ARCT, IBUKA, FARG, and Penal Reform International. In addition, several staff members (both local and international) from La Benevolencija attended the seminars. A core group of people participated in the three seminars were the same; a few additional people joined along the way while some initial participants did not attend all three seminars.

In terms of process, we employed a variety of learning modalities in the seminars, including lectures, discussions (both plenary and small-group), role-plays, and other activities to facilitate the integration of project concepts. Special emphasis was placed on experiential

¹ La Benevolencija sees the Rwanda project as a prototype for a new kind of violence prevention campaign, based on respected academic research on the origins of violence between groups. Ultimately, the public education campaign undertaken in Rwanda is expected to have application to other conflict and post-conflict settings around the world.

learning among participants. The seminar provided participants with many opportunities to reflect on their own experiences in relation to key concepts.

The initial training session took place at the Hotel Umubano in Kigali in January 2003, attended by approximately 75 participants. This seminar focused primarily on the conceptual foundations of the project approach, with particular attention to the application of the approach to the immediate concern (at the time) about the release of prisoners into local communities.

After the initial training in January 2003, participants gathered twice, in April and May, to review their experiences in the use and integration of the material in their work. The local project coordinator, Alphonsine Abia Mutabonwa, president of ARCT, facilitated these meetings. Participants explored the approach further and began to use it prudently with community groups and in reeducation camps with prisoners whom the government had released.

At the request of the NURC, which co-sponsored the event, the second seminar was held in Gitarama, at the St. Andre retreat center, in June-July 2003. The quiet, residential setting enabled participants to focus on the training during the day and to continue sharing experiences informally during the evenings. Approximately 45 people were in attendance.² The majority of participants had attended our previous seminar in January 2003. This second seminar focused on deepening participants' understanding of the conceptual content of the project approach. Participants also began to develop their own ideas and materials for training others in the approach. (A complete summary of the proceedings of this seminar is attached as appendix A to this report.)

In January 2004, we conducted the final seminar in our training-of-trainers series. This seminar took place at a private club/meeting center in Kigali. Approximately 40 participants attended. One purpose of this seminar was to review the conceptual material and address new questions that might have arisen for participants. This seminar also provided participants with opportunities to prepare role-plays, visual displays, and other participatory methods they might use in sharing the project material with colleagues, neighbors, and others in local communities. Concluding activities in this seminar built momentum for the participants to continue their work in the future. (A complete summary of the proceedings of this seminar is attached as appendix B to this report.)

Seminar and consultations with national leaders

Building on our initial seminars, we collaborated with the National Unity and Reconciliation Commission in Rwanda on holding a seminar for national leaders. In that seminar, we discussed with high-level government officials, legislative and judicial authorities, political and church leaders ways of developing policies and practices that might contribute to healing

² The organizations represented at the training included: the National Unity and Reconciliation Commission, FARG, Penal Reform International, Urunana, Student Club for Unity and Reconciliation, IBUKA, SERUKA, the Constitutional Commission, Medicins Sans Frontiers, IRC, ICYUZUZU, and the Remera prison.

and make renewed violence less likely. We discussed how to humanize devalued others, lessen the grip of authority in a society, and heal a wounded population. One theme of the discussion was the importance of creating a shared history. Conflicting views about history support the persistence of blame, mistrust, and antagonism. Especially when groups live together, creating a historical narrative that is acceptable to both sides may be central to reconciliation.

In addition to our seminar with leaders in January 2003, we have engaged in dialogue with a number of leaders about the challenges of healing, reconciliation, and violence prevention, with regard to various sectors of Rwandan society. The Ministry of Education has demonstrated particular interest in the use of our project approach in curriculum development, and the use of the radio programs (see below) in adult literacy projects. As Rwanda attempts to integrate peace-related themes into the primary school curriculum and move toward more peace-oriented pedagogical practices, many of the themes in our project could lend themselves to practical application in schools. We have prepared an extensive concept paper on this topic and shared it with several key stakeholders in the education sector, including the National Curriculum Development Center and the British development agency, DFID.

La Benevolencija drama series

Radio is the primary means through which the population in Rwanda receives information. In 2001, we began to collaborate with a team based in Amsterdam, as well as with local journalists, on the development of radio programs designed to support understanding of genocide, healing, and reconciliation on a broad scale. These radio programs are entertaining stories, with information embedded in them. The aim is to inform the population about the origins of genocide and to help them understand perpetrators' actions as a means of lessening the tension between groups that is likely to arise in the course of the gacaca proceedings. The programs are also intended to inform people about trauma, retraumatization, and healing, both because of the direct benefits such information provides and because it can help people find ways to protect themselves from retraumatization and support and help each other to move toward reconciliation. By following the lives of various characters living in two Rwandan villages, listeners will understand how violence evolves, how to prevent violence, how to start the process of reconciliation and how to help trauma survivors. These programs, which started to broadcast in May 2004, are expected to continue for three years, if continued funding can be secured.

The purpose of the radio projects is to disseminate elements of our approach to the general population. From the initial conceptualization stages of the project to more recent implementation, we have provided guidance for the staff of the radio project in areas ranging from conceptual content to implementation strategy to evaluation. In terms of conceptual content, we have conducted a number of informal workshops and formal training sessions for radio project staff members, both international staff and local writers. In January 2004, we distilled our understanding of the origins of genocide, trauma, healing, and violence prevention into a series of communications objectives that serve as the conceptual backbone for the radio programs (The communication objectives are attached as appendix C to this

report). Since then, we have worked closely with the staff of the radio project to articulate the sequencing of the objectives for the programs and refine the initial story line for the drama series. Beginning in April 2004, we have reviewed draft scripts for programs and provided feedback to the creative team in Kigali.

Our engagement with the radio project extends beyond the conceptual content. At every phase of the project's development, we have provided encouragement, support, and counsel to project staff, especially with regard to personnel and organizational challenges. Given the complexities of initiating a public education campaign in Rwanda, such support has been essential to the success of the project. Further, we have assisted the project staff in their fund-raising efforts and in strengthening relationships with key stakeholders in the Rwandan government and civil society.

Project Outcomes

The Advancing Healing and Reconciliation project has ultimate goals that extend far beyond what the project could achieve within a relatively brief timeframe of approximately 20 months. As noted earlier, the psychological and social processes of healing and reconciliation require many years to unfold, particularly at a grassroots level. At best, a limited intervention such as ours can provide conceptual resources for those processes and build the capacities of individuals and groups to advance healing and reconciliation in a variety of social environments.

In that respect, the Advancing Healing and Reconciliation project has proven successful. Participants in our training-of-trainers seminars report that the project has been particularly effective in providing a comprehensive understanding of the genocide in Rwanda while opening concrete avenues for preventing future violence. Participants leave the seminars with knowledge about how they can help others heal and with ideas they can share with others about improving chances for lasting reconciliation in Rwanda.

At one level, an indicator of project success is the number of participants in the training-of-trainers seminars. In January 2003, there were approximately 75 participants; in June 2003, there were approximately 45 participants. At the final seminar in January 2004, there were also about 45 participants.³ As noted earlier, participants in the seminars came from a broad spectrum of government offices and civil society, included journalists, NURC commissioners, trauma counselors, and other NGO staff and social service providers. Both international and local staff of La Benevolencija have also participated regularly. In addition to the seminars we conducted, there were three national follow-up meetings facilitated by the local project coordinator and the NURC which were organized to provide on-going support to the participants.

³ As suggested earlier, the number of participants varied slightly from day to day during the seminars.

Throughout the project, we gathered feedback from seminar participants to improve our work. Participants completed written evaluations at the conclusion of each day of the seminars. These evaluations invited participants both to rate various aspects of the seminar and provide substantive feedback. At the conclusion of each seminar, an additional written evaluation enabled participants to provide feedback on the quality and relevance of the seminar as a whole. In addition to this formal evaluation process, we also gathered informal feedback from participants throughout the seminars.

Over the course of our work, we found that the seminars had an impact on at least two levels. First, the seminars have increased the participants' capacity to understand the conceptual material and apply those concepts to their own processes of healing and understanding the genocide and violence prevention. At another level, participants have made significant efforts to use and integrate the project material in their professional lives. The impact of our project on these two levels is described below.

Personal impact: Gaining understanding and hope, minimizing vicarious traumatization

The comments provided by participants in evaluations of the seminars indicate the depth and breadth of their learning. At the outset of the training-of-trainers seminars, many participants expressed feeling overwhelmed by the enormity of the task involved in reconciliation. They also expressed a lack of confidence in their own ability to comprehend the genocide and its effects and to contribute to others' healing and reconciliation. Participants often shared an understanding common in Rwanda that trauma involves a kind of "madness." Further, most participants entered the seminars with a relatively simplistic view of the origins of the genocide (a perspective common in Rwanda that emphasizes "bad leadership" and "ignorance" as key causes) and no coherent understanding of key avenues to preventing future violence.

In the course of the seminars, participants expressed a growing understanding of how the genocide occurred and avenues to prevent future violence. Rather than a uni-dimensional explanation for the genocide, participants developed a more comprehensive view of contributing factors on the societal level as well as on the level of the individual perpetrator. Participants found this understanding to be empowering. They left the seminars feeling a fresh sense of hope and a belief in their own ability to address the wounds of Rwandan society. In the final seminar, echoing feedback from many others, one participant noted that Rwandans should look for the influences leading to violence and that the seminar provided training in what those influences were. Participants also felt a broader sense of empathy, appreciating how the genocide had profound and diverse consequences for everyone in Rwanda.

Several participants also expressed their appreciation for the ways in which the training seminars have enabled them to begin or continue the process of healing in their own lives. The seminars provided a safe space for participants to share experiences with a diverse group. At times, participants shared their personal experiences of being overwhelmed by their work. As “wounded healers,” they have their own traumatic past to integrate while simultaneously attempting to assist others. This challenge sometimes exceeds a helper’s resources. The group took quickly to the concept of vicarious traumatization and reported finding it helpful to be able to acknowledge the various strains of the work in a context that normalized their responses.

In their evaluations, participants often commented on the usefulness of the concepts for their work and the importance of the overall approach for promoting healing and reconciliation in Rwanda. Participants found the RICH (Respect, Information, Connection, and Hope) framework especially useful as a practical approach to healing. The RICH approach surfaced repeatedly in participants’ role-plays and discussions of their preliminary integration of project material. Participants also welcomed concepts related to the origins of genocide and conflict prevention as an alternative to conventional politically oriented explanations of the Rwandan genocide. Participants regularly commented that our seminars should be made available to a much broader audience in Rwanda (a vision we have undertaken to realize in our work with La Benevolencija).

Overall, the training-of-trainers seminars received consistently favorable reviews from participants. On a ten-point scale, the overall seminar rating from participants of the first two seminars was 9. Based on prior work in Rwanda (our own and that of others), this is a very strong rating. An overall rating offered by participants at the conclusion of the final project seminar in January 2004 was similar.⁴

Many of the final responses to the seminar series indicated a high level of appreciation for the process and content of the seminars, with comments such as “Very helpful and “tres tres fantastique!” Participants particularly appreciated the opportunity to construct role-plays about project themes and practice other interactive methods of working with the project material. They felt that the seminars had provided a solid basis for continuing the integration of the material in their work and sharing it with others. In their final evaluation responses, several participants expressed a desire for further training and recommended extending the program. One person asked how participants could begin further academic study of the concepts. Such responses indicate both participants’ depth of engagement with the material as well as the need for effective tools to work with the sensitive social processes (gacaca, reintegration of prisoners, etc.) now under way in Rwanda.

Professional impact: bringing new ideas into practice

Throughout the seminar series, we encouraged participants to explore possible avenues for integrating key concepts in their work with diverse populations in Rwanda. Participants

⁴ One particularly enthusiastic participant rated the overall training program with a score of 14/10 “to show how participants are pleased!”

reported a wide range of ways they integrated the project material into their work, from conducting active listening sessions for two hours each week with staff members of a government body to conducting trainings for gacaca judges. One participant was asked to run for political office because of her sophisticated understanding of social processes; she accepted, and was elected.

In January 2004 during our final seminar, several participants reported on illustrative uses of the project material. One woman who works in the prisons described how the training had changed her understanding of trauma. She had shared the RICH approach with a group of prisoners and guided them in active listening. Another participant, a representative of a student-run reconciliation club, presented information on the origins of genocide to youth in his community in order to help answer questions about how the genocide occurred and to promote a more moderate relationship with authority. A third participant mentioned how she had used the RICH approach in solidarity camps for released prisoners. She also shared the RICH approach with health animators and gacaca judges. She felt it was helpful for the judges to gain a broader understanding of trauma in order to be more effective in managing gacaca proceedings. Another participant, a member of the NURC, described how he had offered several ideas from the project material at a recent meeting in Burundi. All of these examples indicate the diverse ways in which seminar participants have integrated the project material into their work. Such integration is one of the most important outcomes of this component of the overall Advancing Healing and Reconciliation project.

At the conclusion of the final seminar in January 2004, participants generated additional ideas for integrating project material into their work and daily lives. One participant discussed his interest in talking about the genocide with neighbors over tea; another participant suggested that he could help his office colleagues heal from their own trauma. These are examples of the kind of simple, yet deeply significant, actions that individuals can take to promote “neighbor-to-neighbor” healing and reconciliation.

Another indication of the impact of our work comes from the ways in which the NURC has approached the educational activities they undertake with released prisoners. For a BBC report, the Executive Secretary of the NURC was interviewed. She participated in our leaders seminar in January 2003 and was exposed to our approach in a variety of additional, informal ways. In the interview, she described the importance of perpetrator healing, reflecting in her own words several core concepts from our project materials. We anticipate that, in the future, additional indicators of the impact of our project will be visible in the work of individual seminar participants and in the work of their organizations. (However, a note of caution. Although the Executive Secretary of the NURC described in the BBC interview the introduction of elements of our approach into sensitization campus, our understanding is that the traditional approach of instruction, not our interactional, experiential approach, is still dominant in those camps.)

Interest in our conceptual material appears to be growing. In June 2004, we learned from a colleague in Rwanda that Dr. Staub's book, *The Roots of Evil* (Staub, 1989) is the best-selling book at the main bookstore in Kigali. The bookstore is also interested in selling *Risking Connection*, a publication focused on Dr. Pearlman's approach to trauma and healing. Although complex English-language books may have a limited audience in Rwanda, the visibility of our books in a leading Kigali bookstore indicates that there is sustained interest in the conceptual foundations of our approach and desire for deeper understanding.

Public Education Campaign

As noted above, our primary role in the campaign has been to provide a comprehensive conceptual basis for the construction and evaluation of the radio programs. We have worked closely with the staff of La Benevolencija to organize key concepts into communication objectives for the programs. Secondly, we have engaged in extensive support to project staff, both in terms of project implementation and team development throughout various stages of the project.

Over time, the public education campaign will collect data on its effectiveness in promoting healing and reconciliation in Rwanda. The radio project staff have formed a series of "listener groups" that will provide ongoing feedback about program content to be used to improve program quality and ensure the responsiveness of the programs to the diverse audiences in Rwandan society.⁵

We worked closely with the radio project staff as well as a doctoral researcher from Yale University to develop a methodologically rigorous approach to outcome evaluation for the radio programs.⁶ We devoted considerable attention to discussion of methodologically and culturally appropriate evaluation strategies that will enable us to best articulate the impact of the radio programs. The results of the outcome evaluation will be a unique contribution to research on peace-oriented social interventions and inform the development of future programs in post-conflict settings.

At this point, we can report on several intermediate outcomes related to the organizational infrastructure for program construction and the development of program content. Several milestones achieved since June 2003 are listed below:

- La Benevolencija granted accreditation for its agenda in Rwanda by MiniLoc
- Formulation of comprehensive communication objectives distilled from a wide base of research (our own and others') underlying the project
- Organization of an effective creative team, including five Rwandan writers and journalists, for the journalistic program and drama series

⁵ As of July 2004, initial data from the listener groups are not yet available in English translation.

⁶ The new evaluation approach builds on earlier consultations with a faculty member from the University of British Columbia. We worked closely with La Benevolencija to critically review this initial approach and consider alternative strategies.

- Development, in collaboration with a researcher from Yale University, of an innovative and rigorous outcomes evaluation strategy
- Creation of a story line for the drama series and initial scripts for the introductory programs
- Development of a program logo and public relations plan
- Launch of drama series: “Museke Weya” (“New Dawn”)

On May 26, 2004, La Benevolencija broadcast the first episode of “Museke Weya” (translated as “New Dawn”). The broadcast, aired at 8:45 p.m., was carried by the national radio system across the entire country. The same day, La Benevolencija hosted a celebration of the program launch, an event attended by several Rwandan government representatives as well as the American and Dutch Ambassadors. Another program launch event attracted more than 1,000 people to Nyamirambo stadium in Kigali in early June.

The launch of the drama series generated significant media attention, both in Rwanda and in Europe. The Head of Mission of La Benevolencija in Rwanda was interviewed on national media. Members of the La Benevolencija management team have been interviewed about the project on several occasions by four national Dutch radio programs such as “Business News Radio.”

La Benevolencija has also posted a web site to support the dissemination of project information. The web site (www.labenevolencija.org) features a description of the evolution of the project and provides links to our own web site (www.heal-reconcile-Rwanda.org) as well as other international efforts designed to promote inter-group understanding. This web site will draw a new audience to the Advancing Healing and Reconciliation project and strengthen the network of practitioners and researchers working in related initiatives.

Indirect and extended impact: Rwanda and beyond

In addition to conducting our primary project activities, we have also led several other seminars during field visits in Rwanda. One such seminar was a day-long training that Dr. Pearlman conducted for staff of the International Rescue Committee focused on issues of trauma and vicarious traumatization. Another seminar was held at the US Embassy for both Embassy and USAID staff to provide an overview of key project concepts and some opportunity for staff to discuss their own responses to the work of healing and reconciliation in Rwanda. Dr. Staub also addressed a conference in Kigali on children and trauma in July 2003. We also presented the radio project at the Dutch Embassy to the international diplomatic community in Rwanda.

In April 2004, Dr. Staub traveled to Rwanda to participate in an international conference on the origins and prevention of genocide during the commemoration of the 10th anniversary of the genocide.⁷ During this meeting, Dr. Staub addressed an audience of top national and international leaders, discussing the origins of the genocide in Rwanda and several critical dimensions of the prevention of future violence. On this occasion, and on other occasions,

⁷ This trip was financed by IBUKA with support from Belgium.

Dr. Staub raised questions about current struggles around issues of pluralism, identity, and respect for authority, while also affirming the governments' efforts to promote reconciliation and to overcome historical antagonisms between groups. An expanded version of Dr. Staub's address will be published in a special collection of conference presentations by IBUKA.

Outside of Rwanda, the Advancing Healing and Reconciliation project has generated attention within the professional community of psychologists and other scholars and mental health professionals working toward more peaceful futures in divided and post-conflict societies. We presented our work at a conference sponsored by the Psychologists for Social Responsibility in September 2003 entitled "Working with communities affected by ethnopolitical conflict," in Pendle Hill, Pennsylvania. Our project was one of two used as an extended case study for this group, a group charged with developing guidelines for best practices in post-conflict areas. This process provided opportunities both for us to gain expert input from colleagues with relevant field and academic experience and to share our learning with these colleagues.

Our roles as practitioners and academics have opened several opportunities for public dissemination of and dialogue about our work. Over the past year, Dr. Staub and Dr. Pearlman have been invited to share their work on the Advancing Healing and Reconciliation project with a number of professional audiences. Since the inception of the project, we have made presentations at the following events:

- "An international conference on personal and community reconstruction, resilience, and empowerment in times of ethnopolitical conflict" organized in 2002 by Psychologists for Social Responsibility (Orno, Maine).
- A commemoration of the 10th anniversary of the Rwandan genocide in April 2004 (Boston, MA).
- "Trauma and Transitional Justice in Divided Societies" organized by the United States Institute of Peace (Warrenton, Virginia).
- International Society of Political Psychology (five addresses/presentations, including a plenary address on healing and reconciliation), Lund, Sweden, July 2004
- International Society for Traumatic Stress Studies (two presentations, including a featured symposium, New Orleans, Louisiana, November 2004)

Several professional publications have documented the conceptual foundations and practical implementation of the project. As work conducted under the current grant extends work begun in 1999, there has been a series of articles describing the approach advanced by Dr. Staub and Dr. Pearlman (see bibliography at the conclusion of this report).

Recent articles focus on work completed under this grant. An article describing the Advancing Healing and Reconciliation Project appeared in *Peace Review* in September 2003 (Staub et al). (This edition of the journal was dedicated to success stories of peace-related

initiatives in Africa.) We are finalizing another paper that describes this project, in the context of all of our work in Rwanda (Staub & Pearlman, manuscript in preparation).

Our work on this project has attracted a number of other professionals working in peace psychology and related disciplines. An aspect of our commitment to Rwanda and our work under this project involves connecting skilled professionals with opportunities for service and research in Rwanda. Since January 2003, professionals interested in child survivors of the genocide, the role of journalism in trauma and healing, traumatized children, the use of dialogue for reconciliation in post-conflict settings, peace education, and entrepreneurial education for youth have traveled with us to Rwanda. With our support, several of these individuals have developed rich connections with their Rwandan counterparts and are now either engaged in or are seeking funding for further research and constructive social engagement in Rwanda. At an organizational level, we have held several discussions about work in Rwanda with representatives of the Dart Foundation, the Open Society Institute, Camp Rising Sun Alumni Association, Karuna Center for Peacebuilding, and Facing History/Facing Ourselves. In this manner, our project has had a “multiplier effect” in helping to build a foundation for several other initiatives that will serve healing, reconciliation, and social reconstruction in Rwanda.

At another level, the Advancing Healing and Reconciliation Project has made a special effort to provide guidance and encouragement to other researchers interested in promoting social cohesion in the wake of violent conflict in other areas of the world. Through professional linkages and the project web site, we regularly receive inquiries from other psychologists, researchers, and graduate students in the United States and abroad who are interested in learning more about our approach and building upon our work. We have assisted many of these individuals by identifying appropriate contacts in Rwanda and providing further information about our current work and past research. This aspect of our project outreach is likely to continue after the conclusion of the grant period.

Finally, on a more personal level, Drs. Pearlman and Staub have addressed informally many community groups such as faith-based groups, Rotary organizations, and groups of psychologists and social workers who expressed interest in our work in Rwanda. It has been rewarding to increase awareness of the history and current situation of this country and its citizens. Some material benefit has come to Rwanda through these talks, as we have used these opportunities to raise money for a Rwandan girls’ school recommended by US Embassy personnel at these talks.

Project sustainability

In December 2003, a core group of training-of-trainers participants⁸ met on their own initiative over a two-day period to draft recommendations to the NURC for the continued support of participants’ use and integration of project material. Specific recommendations arising from this group included trainings for gacaca judges, school-based activities, the development of training manuals and a resource center, and the creation of a network of

⁸ This group included representatives of both governmental and civil society organizations, including the NURC, Seruka, Penal Reform International, FARG, ARCT, and the Ministry of Health.

individuals and organizations to follow up training programs. Those recommendations were presented to the full group of participants in January 2004 and are currently under review by the NURC. However, we have not been informed by the NURC of institutional structures or mechanisms that have been, or will be, established to support the work of seminar participants.

Over the past several years, our project has developed a strong partnership with the National Unity and Reconciliation Commission. As a means of sustaining our work in Rwanda after the conclusion of the grant period, the Executive Secretary of the NURC has expressed her interest in supporting the individuals we have trained in the project approach. NURC members have volunteered to assist in the formation of a network of practitioners, to guide efforts to both integrate the project approach into existing professional work and extend the training to others. Participants have recommended that they meet periodically with representatives of the NURC for support and encouragement.

In our seminars, we have provided participants with comprehensive handouts and notes (in both English and Kinyarwanda) outlining the key concepts of our approach. This material is intended as a resource for participants as they work with others, particularly as they conduct their own training sessions. Participants can also access project materials from the project web site (www.heal-reconcile-Rwanda.org). The web site serves as an archive of lectures and provides linkages to related projects.

Fundamentally, the approach advanced in this project does not rely on external funding or resources, particularly at a grassroots level. Understanding of the origins of genocide and skills in active listening can be shared with others at no cost. Unlike other projects that may require expensive inputs, this project focuses on providing citizens and local leaders with ideas and skills that can be readily shared with others. Neighbor-to-neighbor healing is a profoundly sustainable approach to peace and social reconstruction. In this respect, the essence of the Advancing Healing and Reconciliation project can be sustained over time as the understanding and participants share the skills offered in the original training within their families, organizations, and communities. However, more formal organizational structures (such as those recommended by seminar participants to the NURC) may be needed to encourage and support participants to continue to develop their understanding of the project material and train others in the project approach.

In terms of the impact within the community of psychologists and educators dedicated to promoting peace in post-conflict societies, our project will continue to yield positive results after the conclusion of the grant period. The project web site will remain active for at least two years (through 2006), thus providing a rich resource for similar interventions. As part of their ongoing commitment to healing and reconciliation in Rwanda and elsewhere, project staff will continue to respond to inquiries about publications, research strategies, and training materials as requested.

Project staff will continue to devote time to sharing the fruit of their work with others. Project staff will also continue to reflect on the purpose and impact of the project approach in

professional conferences, journals, and other venues. One potential avenue for further outreach is the publication of a guidebook/training manual based on project materials. Such a guidebook would provide background information on key concepts as well as sample training activities and outlines for workshops. While based on our experience in Rwanda, this guidebook would not be limited to use in Rwanda. It would provide a resource for others working on healing, reconciliation, and violence prevention in other areas of the world. A preliminary proposal for the creation of this guidebook has been developed and funding sources are currently being identified.

Finally, project staff will have an ongoing role in reviewing episodes of the radio programs to ensure the consistency of project messages. We also plan to be available to train new public education campaign staff and consult to the evaluation research process as needed.

Lessons Learned

The lessons learned from our work in Rwanda are many. Almost all international professionals who have worked there seem to agree that the environment in Rwanda is complex. It is open to innovation and collaboration among governmental and civil actors, while, at the same time, the environment can frustrate planning and progress with highly sensitive political and social dynamics. At a personal level, Rwanda can be a richly rewarding as well as disturbing place to work. The legacy of the genocide makes anyone working there vulnerable to vicarious traumatization, a concern that is particularly important for those who work toward reconciliation.

Here we will reflect primarily on lessons learned at the project level, while also noting key lessons at the personal level that may be valuable to other practitioners who undertake future work in Rwanda.

The nature of our project, as well as the nature of our ongoing professional commitments in the United States, enabled us to travel to Rwanda for field visits of limited duration at specific times of the year. Unlike many other USAID-funded projects, this initiative did not maintain an office in Rwanda. The primary advantage of this approach was that it greatly decreased overhead expenses related to office rental, equipment, vehicle use, etc. During our field visits, project staff relied upon locally available internet access and duplicating services. Meetings were held in a variety of locations, including the offices of USAID, the NURC, and at the hotels in which staff resided during field visits.

From a managerial perspective, there were several disadvantages to the lack of a project office. Generally, the project faced challenges with communication at a distance. Norms and customs regarding professional communication differ in Rwanda and the United States, particularly with regard to the use of electronic mail. Our colleagues in Rwanda were less responsive to communication over e-mail and telephone than would have been ideal. We have found that our Rwandese colleagues and partners tend to be very responsive in person during our field visits. From a distance, however, much effort was required on our part to maintain communications and much patience was required to obtain desired information.

Based on our experience, we would advise future projects that share our organizational structure (with staff based primarily outside of Rwanda) that project implementation should not depend on intensive, frequent communication with local organizations. We found that an organization such as the NURC can be very effective in managing logistics (venue coordination, invitations to participants, etc.) Yet we found that communication about these logistics and related planning was inevitably initiated by us. In other words, our Rwandan partners responded to our questions but did not proactively engage us in planning discussions.

A key lesson learned from our experience in Rwanda was the importance of flexibility in planning and scheduling. Scheduling for particular events tended to be fluid in Rwanda, with occasionally sudden and unexpected modifications. Similarly, opportunities for meetings and/or invitations to events often arose without warning. It is important for project planners to maintain open space in work plans and calendars. In our own planning, we learned to leave several unscheduled days at the beginning of our field visits, knowing that those open days would be essential in accommodating schedule changes or unexpected meetings. In terms of our own psychological equanimity, we found it helpful to maintain a certain level of detachment regarding particular meetings or events, while focusing on fulfilling the project goals at a higher level. Otherwise, unanticipated changes might severely frustrate long-established plans.

The background work we did before our first trip to Rwanda and on an on-going basis to obtain cultural information was very important. We created meetings and some close professional relationships with Rwandan people in the US and in Rwanda, to ask about the culture, how our perspectives and approach might fit with those of the Rwandese, local historical approaches to similar issues, and so forth. Remaining open to cultural information along the way is very important for the ultimate applicability, usefulness, and sustainability of such work. Establishing close working relationships with Rwandese with whom one can check out the effects of various ideas and applications was very helpful. This would be true in any culture different from one's own, and was especially true in Rwanda, where local people informed us that without close working relationships, Rwandese would tell us what they thought we would want to hear.

Recommendations for reconciliation-related project activities

Intensive seminars focused on healing and reconciliation were a central component of this project. Reflecting on our experience conducting these seminars in Rwanda, we would like to suggest several recommendations for other individuals or organizations that might offer other seminars on related topics in the future.

First, it is very important to create space for open and empathic discussion of identity-related issues. This is a challenging task, given the current emphasis on a unified Rwandan identity and the suspicions that accompany any public discussion of ethnicity as “divisionist.” We believe that healing from the wounds of the past requires an engagement with identity, rather than denial or suppression. In our seminars, we were careful to create a learning environment grounded in understanding and empathic concern for the experience of all

groups in Rwanda. By discussing how the genocide traumatized all segments of the Rwandan population in different ways, we encouraged members of various groups to open themselves to the experience of others. In keeping with our approach to healing, participants exercised choice and control in sharing their experiences with colleagues in small groups. Participants were free to choose their own small groups, with our encouragement to work with others whose experience might be different from their own.

As noted above, we have chosen to take an indirect approach to the origins of the genocide in Rwanda in order to encourage more open engagement with the past. We explained a general outline of the starting points, societal, cultural and psychological influences, and evolution of genocide, and encouraged participants to apply the framework to the Rwandan experience. In plenary discussions, we emphasized the importance of understanding multiple perspectives in order to create a shared history. We did not prohibit or discourage discussion of “Hutu” and “Tutsi” as groups. Yet we emphasized inclusiveness: when questions about the actions or intentions of particular groups arose, we attempted to address them in a manner that promoted deeper understanding. We also made frequent references to historical occurrences of mass violence in other countries in order to widen participants’ perspectives. In this manner, we attempted to model how participants might engage others in dialogue about Rwandan history and the events of the genocide in a way that promotes reconciliation rather than reinforcing antagonism and self-protection at a collective level.

We also made special efforts to affirm participants’ shared commitments to reconciliation and healing. Throughout the seminars, we expressed appreciation for the participants’ work with different segments of the Rwandan population—whether survivors’ groups, prisoners, or others. We find that in such an environment, participants respect each other as having a mutual concern for a peaceful future in Rwanda. This environment of shared commitment and mutual respect enables participants to listen openly to perspectives and stories that they initially might not hear, or be able to listen to, outside the seminar.

We have learned that one important aspect of creating an inclusive, affirming environment is to provide space for participants’ own creative expression. During transitions between sessions in our seminars, participants sometimes sang or danced together. As facilitators, we also shared songs from our own cultural traditions. The energy released in song and movement provided a vital balance to the intensive emotional and cognitive work participants did during the seminars.

Throughout our seminars, we attempted to engage participants’ creativity. We found that participants took great pleasure in preparing and presenting role-plays that dramatized particular concepts. Through role-plays, participants found their own vocabulary for sharing ideas with others. The role-plays also revealed how the project concepts were being interpreted and enabled us to follow up in later sessions with further commentary and elaboration. We moved away from following small group work with each group reporting back to the plenary. This mode is comfortable to participants, yet we found that it demanded an excessive amount of time and often resulted in repetitive comments. Rather than each group reporting to plenary, we tended to conclude small group work with general discussion

in plenary that surfaced key issues and enabled participants to reflect on how they felt during the small group work.

As with all of our work in Rwanda, we learned to be flexible in the facilitation of our seminars. We often found it necessary to modify our seminar plan to accommodate changes in meal times or the arrivals of guests. Generally, we relaxed our expectations about starting and ending particular sessions at pre-determined times. Most meetings began considerably later than the scheduled time, and participants generally preferred working until the task was finished rather than stopping at a given time. We found it useful to discuss and negotiate both daily and overall time management with participants during the course of a seminar, although such collaborative planning was clearly new to most participants.

We also learned that no one seminar can meet the diverse needs of all participants. In their evaluations, some participants requested more time for work in small groups; other participants requested more time for plenary discussions. One of the most common requests was for a longer seminar in order to expand opportunities for review and practice with the material. Based on this feedback, we would recommend that seminars like ours with substantial conceptual content and skills-training components take place over a minimum of five days, and perhaps longer. We found the daily written feedback useful in reflecting our respect for participants' expressed needs and in shaping the seminar to their evolving needs.

In our efforts to prepare seminar participants to train others, a challenge we encountered is the dominance of “sensitization” as a mode of public education in Rwanda. Given low literacy levels and limited access to print media in Rwanda, it is understandable that the government often relies on “sensitization” campaigns to communicate messages about important social processes such as the gacaca. As we understand it, “sensitization” typically involves gathering community members in order for a government official to explain a program or policy and instruct them on their expected behavior (e.g., regular attendance at gacaca meetings). In our own seminars, when we invited participants to imagine ways they might convey project material to others, they often suggested a strategy of sensitization. (For example, in their recommendations to the NURC about furthering project objectives in the future, a group of seminar participants placed strong emphasis on sensitization.) This is not surprising, since it is the form of public education with which they are most familiar. Yet it presents a problem: fundamentally, sensitization is an authoritarian, didactic approach. Such an approach is at odds with some of our central project themes, such as moderate respect for authority and the importance of empathic listening, dialogue, and active engagement for mutual understanding. Our experience suggests that a shift from an authoritarian to more dialogic form of communication—particularly between government officials and citizens—requires training beyond the limited number of seminars involved in our project.

Taking care of the staff

One of the key elements of our approach is an emphasis on the management of vicarious traumatization (VT). We explained to participants that, by engaging with matters of healing and reconciliation in Rwanda, they were likely to experience vicarious traumatization. Similarly, we realized that, despite the limited duration of our field visits to Rwanda, it was

important for us to consider the impact of vicarious traumatization and ways in which we might best attend to our own well-being in the process of our work. Based on our experience, we would like to offer practical guidance to others working in Rwanda regarding VT.

We cannot emphasize enough the importance of self-care for both local and international staff working in Rwanda. By self-care, we mean attention to one's own physical, spiritual, and emotional reactions and needs. The nature of self-care will be different for different people. In general, it might involve taking time for daily exercise or other physical activity that is health-promoting. Self-care also involves taking time away from the demands of the work in a manner of one's own choosing: reading a book, listening to music, or enjoying dinner with friends, for example. Such activities can replenish the inner resources that everyone working in Rwanda calls upon in order to function effectively and compassionately. Professionals should not feel guilty about attention to their own comfort or well being, since self-care is a habit that will enable them to do their best work on behalf of others.

One way in which groups of people working together in Rwanda can manage VT effectively is by allowing time to process their experience together. Working in a deeply traumatized society affects everyone in different ways. The impact of VT may be particularly acute during memorial periods and for those involved in gacaca proceedings. We suggest that organizations (both local and international) encourage staff members to set aside a regular time to discuss together how they are feeling in a climate of empathic listening.

Professionals working in Rwanda should also be aware of the importance of setting appropriate limits and managing expectations about their work. The magnitude of the work that needs to be done in Rwanda can be overwhelming and may lead professionals to accept increasing demands on their time and energy. We certainly found this to be the case and have seen it in others. Professionals may also find themselves being asked to provide personal support (in the form of money, material goods, after-hours listening or counseling, or assistance with personal or family problems) to individuals with whom they work. Such demands can lead to quick "burn-out" or even despair. It is useful for professionals to place realistic limits on what they expect of themselves and realistic boundaries on what they offer others in terms of energy or other resources. Because these recipient needs are legitimate and often compelling, professionals may need to think through in advance, with supportive colleagues, how they might want to respond to such requests.

Issues and contemporary societal/political processes important to reconciliation

Ultimately, the effectiveness of our work and that of all third parties depends on the social and political context within which it is conducted. For example, reconciliation would undoubtedly be promoted by development efforts to mitigate the extreme poverty in which most of the population lives. We discuss here a few additional issues we regard as important. (The following section is primarily taken from Staub and Pearlman, manuscript in preparation—see reference list.)

During the genocide, some Hutus spoke out against the killings or publicly attempted to protect Tutsis and were killed as a result (des Forges, 1999). Others successfully saved lives by hiding Tutsis, or even by stopping those who came to take a Tutsi away (Staub & Pearlman, 2001). Acknowledging such heroic rescue might help Hutus feel that they are not blamed and devalued as a group. In our 2001 leaders' seminar, we discussed the potential value of promoting reconciliation of acknowledging and honoring Hutus who had tried to help Tutsis. Participants thought it might be too early for such an acknowledgment, that it would be too difficult psychologically, given the deep psychological wounds of Tutsis. We again discussed this issue in the community leaders' seminar in 2002, where participants had similar feelings. In our January 2003 seminar, the head of commemoration in Ibuka, who was also present in the 2002 seminar, reported that Ibuka was now planning to include such acknowledgments in future genocide commemorations. This did happen in the commemoration of the genocide in April 2003. Among the likely influences promoting this was a book published by African Rights in 2002 about heroic helpers, *Tribute to Courage*.

An even more difficult issue is the acknowledgment by Tutsis of violence against Hutus, including civilians. Such violence took place in the course of the civil war, immediately after the genocide ended. It was an aspect of fighting infiltrators who came into Rwanda for several years after the genocide to kill Tutsis (des Forges, 1999), and killing Hutus who left Rwanda after the genocide, in Zaire (now the Congo), when Rwandan forces helped overthrow Mobutu.

Unless their "truth" is addressed, people will hold on to their own version of history, which blames the other. The development of an inclusive history, a description of the past that includes multiple perspectives and a complex exposition of the many factors that contributed to and supported these actions, seems important to promote reconciliation.

Contemporary social processes will also contribute to or impede reconciliation. Many of these processes have been positive. These include the repatriation of Hutus who left the country after the genocide was stopped by the RPA and their reintegration into society and even into the army; the gacaca; the release of prisoners in 2003; decentralization consisting in part of local elections; educational and other processes in reconciliation; efforts to improve the educational system, including free primary schools starting in 2003 and new universities; the development of a new constitution; and more.

Other processes such as free speech and the national elections (held in the fall of 2003) have been more problematic. The Tutsi minority, about 14 percent of the population, may justifiably have feared the outcome of totally free elections that might have brought Hutu leadership to power only nine years after the genocide. The international community was most likely unwise to pressure Rwanda, which desperately needs the financial support of this community, to hold elections at this time (Uvin, 2003). Continued decentralization, increased free expression and pluralism, and the building of civil society before elections would probably have contributed more to democratization at this time.

Given the existing situation, certain restrictions or limitations on the free expression of ideas (certainly limiting hate speech and ideologies of hate like those that preceded the genocide) may be required to ensure the safety of the minority, and even as a protection of the majority from those who would initiate new violence. The more openly such limitations and the reasons for them are discussed, the less likely that they will create additional conflict between groups. However, when those limitations are excessive they deprive people of a voice, of identity, and create antagonism. (Excessive reference to “divisionism” in Rwanda may be a source of new problems.)

Finally, it is important to understand that reconciliation and the creation of a peaceful society have been challenged by many upheavals that Rwanda has experienced not only before and during the genocide, but also in its aftermath. Fighting infiltrators in the northwest of the country, the war in the Congo, the return of a huge number of refugees, hostilities with Uganda, the release of 40,000 prisoners in early 2003, the adjudication of property claims between members of the different groups, the gacaca, the creation of a constitution and new political parties are a partial list of the many processes that have psychological effects that must be managed if they are not to contribute to a renewed cycle of violence.

To create a peaceful society after intense violence requires addressing the impact of violence on all parties. It requires understanding and addressing the past and creating changes in the culture. It requires dealing in constructive ways with the many difficult societal events and processes after a genocide, mass killing or intractable conflict that are involved in rebuilding society in ways that promote peace.

Concluding remarks

Our work in Rwanda has aimed to contribute to healing from psychological wounds, to foster reconciliation, and to help to prevent violence and build a peaceful society. We now find that the conceptual vocabulary we have shared in our seminars and consultations has begun to take root. In conversations with participants in our seminars, including leaders, we have heard them express ideas and discuss policy matters using concepts and orientations we have presented and developed in our seminars. The continued interest of the NURC, government leaders, and journalists in working with us is another positive indicator. The fact that a core group of our seminar participants has initiated planning for the integration of our project material into the ongoing operation of the NURC also points to the ways in which our work is having an enduring impact in the movement toward reconciliation in Rwandan society.

An important and often difficult issue for those who engage in third-party efforts is to extend the benefits of their work beyond the small numbers of people with whom they work directly (Ross & Rothman, 1999). We have worked with leaders, whose willingness and interest in working with us has been astounding, and with facilitators who work with groups in the community, in order to maximize the reach of our work. In addition, in January and June 2003 and January 2004, we conducted seminars that are part of training Rwandan trainers in our approach. The creation of the public education campaign mentioned earlier is another way to extend our approach and to engage the trainers in the work on an ongoing basis

Indeed, the most powerful and widespread impact of our work is likely to result from the La Benevolencija public education project. The drama series—already on the air—and the envisioned journalistic program will reach thousands of Rwandans in a format that is immediately engaging and relevant. We are excited to see how the themes of our work are understood and used by Rwandans at a grassroots level. Of course, the full impact of the public education campaign will not be known for some time. Results of the evaluation will be shared with USAID and other partners when available.

In the long run, the success of our work with national leaders and community leaders will depend on the political and social processes in the country. We hope to have some positive influence on these processes, but of course the social and political processes depend on many factors. The challenges to the creation of a viable social, political, and cultural system are great in Rwanda. Some of the challenges include the psychological consequences of past history and the genocide; the destruction of basic infrastructure, social institutions, and culture (like the justice system and communal relations) in the course of the civil war and genocide; social problems like profound poverty and HIV/AIDS; and the social upheavals mentioned above.

The more the government ensures security, allows the expansion of pluralism, and succeeds in ensuring that people can expect just relations between groups (Leatherman, DeMars, Gaffney, & Vayrynen, 1999), the more hope people will have for a better future. Improving economic conditions in the country would also help. The international community, whose passivity in the face of the genocide was so extreme that it might be regarded as evil (Staub, 1999), could help in this realm. The indications are, however, that passivity, which, sadly, is the rule in the face of mass killing and even genocide (Staub, 1989), will again characterize the behavior of the international community.

A final issue is the relevance of the approach we have developed to other places and times. Information about the impact of violent victimization and other traumatic experiences and about avenues to healing; coming to understand roots of violence against one's group and oneself as part of the group, as well as one's group's violence against others and the nature of one's own role in it (as perpetrator, passive bystander, and so on); and engagement with painful experiences under supportive conditions are important for promoting healing and reconciliation between groups in many places around the world. Presumably this approach or elements of it could be applied to the Israeli-Palestinian conflict, to reconciliation and peace-making between Sunni and Shiite Moslems and Kurds in Iraq with their history of antagonism, as well as to Serbs, Croats, and Muslims who lived in the former Yugoslavia. Such applications remain to be explored and evaluated.

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Appendix A

Advancing Healing and Reconciliation Project Training of Trainers Seminar

June 24 through 28, 2003
Gitarama, Rwanda

This training of trainers (TOT) session was the second-phase in the process of enabling local Rwandese ownership and use of the project approach. Most of the participants in this seminar had attended the first training in the sequence, held in Kigali in January 2003. That initial training focused on the core project themes of trauma, healing, understanding the origins of genocide, reconciliation and prevention of future violence. After the initial January training, participants gathered twice, in April and then in May, to review their experiences in the use and integration of the material in their work. These meetings were facilitated by the local project coordinator, Alphonsine Mutabonwa.

Based on the discussion from the meetings, as well as feedback from individual participants, we decided that the Training of Trainers seminar in June would provide a substantive review of the project material in order to deepen understanding of the concepts. Preparation and rehearsal for future training would be a secondary goal.

At the request of the Unity and Reconciliation Commission, which co-sponsored the event, the TOT session was held in Gitarama, at the St. Andre retreat center. The quiet, residential setting enabled participants to focus on the training during the day and to continue sharing experiences informally during the evenings.

Approximately 45 people were in attendance, representing a variety of governmental and civil society organizations.⁹ As noted, the majority of participants had already attended our previous seminar in January 2003. A group of nine new participants attended as potential members of the creative team for Radio Benevolencia. In affiliation with the Advancing Healing and Reconciliation project, Radio Benevolencia will be developing a media campaign to promulgate project messages broadly among the Rwandan population.

As background material for the training, participants were provided a revised version of the project manual in Kinyarwanda. This version of the manual includes extensive tables on the origins of genocide.

At the beginning of the training on the morning of June 24, participants were welcomed by a commissioner from the Unity and Reconciliation Commission, and all participants introduced themselves. The local project coordinator presented a brief overview of the activities and discussions held by participants in their recent meetings.

⁹ The organizations represented at the training included: the National Unity and Reconciliation Commission, FARG, Penal Reform International, Urunana, Student Club for Unity and Reconciliation, IBUKA, SERUKA, the Constitutional Commission, Medicins Sans Frontiers, IRC, ICYUZUZU, and the Remera prison.

We welcomed participants and applauded their work since January. They explained that the trainers would be expected both to continue to integrate the project material within their own work, while also beginning to train others in the project approach. We suggested that, as trainers, the participants might work in pairs, with a trauma counselor matched with a staff member from the NURC or similar organization.

We also provided an overview of the content of the training seminar, and groundrules for effective work within the group. The importance of safety and trust was emphasized in order to create an atmosphere in which people could share challenging thoughts and feelings. We noted that the process of becoming a trainer, like healing, is a long and slow process.

The training opened officially with a welcoming address from the Vice President of the NURC. In his remarks, he affirmed the importance of the project for healing the “wounded hearts” all too common in Rwanda as a result of the genocide. Such wounds are often passed down from one generation to another. He also discussed the basic needs shared by all Rwandans and the importance of healing for all groups. He encouraged participants to make active use of the material in the seminar.

Following the opening session, there was a discussion about the ways in which participants had used the material in recent months. One participant reported that she had taught prisoners about the signs of trauma and that trauma was not equivalent to “madness.” Another participant talked about the challenge of creating connections among groups in the Ingando (solidarity camps) for released prisoners. A trauma counselor mentioned that she’d used the RICH approach to assist with gacaca proceedings. A different participant remarked that, after a gacaca meeting, he had listened empathically to a traumatized woman. His approach was to “come close to her with a good heart.” Further discussion involved the different aspects of trauma in Rwandan society, and the need for more widespread understanding of trauma. Several participants noted that understanding of the RICH approach had helped them personally.

Regarding the use of the origins of genocide material, an NURC commissioner noted that he had included a psychological dimension to his teaching about the genocide in a solidarity camp. This approach generated more discussion than other kinds of explanations of the genocide. A trauma counselor added that, given recent events such as the release of prisoners, it may be premature to introduce explanations of the origins of the genocide.

In the afternoon, Dr. Pearlman facilitated a review of trauma and healing. She pointed out that talking about trauma can generate difficult thoughts and feelings, and that there are a number of constructive responses, including writing and taking a break from the seminar.

To begin the discussion of trauma, participants generated an extensive list of trauma symptoms. Dr. Pearlman emphasized that trauma symptoms were normal responses to abnormal events and that trauma symptoms often get in the way of leading a full life. Further, healing involves dealing not only with the symptoms, but also addressing the underlying problems related to disconnection, loss of control, and loss of meaning.

Dr. Pearlman presented this new configuration of concepts in relation to the RICH framework. She emphasized the importance of four issues central to healing: engagement with one's own experience, connection with other people, control over one's life and one's story, and the process of meaning-making, both retrospectively with regard to past events and in terms of a constructive vision of the future.

Dr. Pearlman also demonstrated a response to a person experiencing acute and disabling traumatic symptoms. She suggested grounding techniques included reminding the person that the traumatic events were over, that he/she was safe now, suggesting the person breathe and walk around to reconnect with the present circumstances, and remaining calm and connected to the individual. Participants found this demonstration useful, given their regular work with traumatized individuals.

One of the core skills for trauma support is that of empathic listening. To deepen understanding and capacity for empathic listening among participants, Dr. Pearlman and Dr. Staub conducted a demonstration of different responses to a distressed individual, some more empathic than others. Participants discussed the qualities of the different responses, noting particular elements of empathic listening. Participants were then given an opportunity to practice empathic listening in pairs, with the caveat that the stories to be shared need not necessarily relate to traumatic events. Following the listening activity, participants reflected on their experience of the activity in plenary. In subsequent evaluations, several people expressed interest in further dialogue about the meaning of empathic listening and further practice in listening skills. We invited some participants to conduct a demonstration role play. They played a group session in which one participant expressed emotional pain while others played fellow group members and empathic facilitators. This role play, initiated by participants, demonstrated their skills and capacity to share their understanding with others.

The second day of the training began with a breathing exercise and a lecture from Dr. Staub on basic human needs. Emphasis was given to understanding processes of constructive and destructive need satisfaction. Dr. Staub pointed out that psychological needs are never perfectly satisfied and that fulfillment creates growth and new opportunities for fulfillment. As an application exercise, we invited participants to write about a time when their psychological needs were satisfied or frustrated and then share that with a partner.

The next session focused on the impact of the genocide on different groups in society, including survivors, returnees, perpetrators, and bystanders. The overarching theme involved the importance of understanding the experience of different groups to further reconciliation. For all groups, traumatic events can disrupt fulfillment of basic psychological needs. Dr. Staub emphasized the impact of violence on identity for the different groups. Victims may feel a sense of vulnerability which can increase the likelihood of unnecessary defensive violence in the future.

The lecture on the impact of the genocide led into a small-group opportunity for participants to engage with their own experience during the genocide. This exercise had the dual purpose of helping participants understand the different impacts of the genocide, in a direct and personal manner, while also providing a potentially healing experience of engagement with

their own past, something they had requested in the previous meeting. We invited participants to write for 5 minutes about their experience, and then move into small groups (of their own choosing) for discussion.

The small-group discussions we observed were varied in content and emotional intensity. One group, for example, spoke primarily of their memories of the day when the genocide began in April of 1994. They spoke of feelings of fear, confusion, and apprehension about what would happen following the death of the President. One person noted that she felt a stomachache when asked to think back on the genocide. Another person described how she did not have any feelings during the genocide: “my heart was like a stone.” In other groups, survivors recounted some of the details of their stories. Some participants, however, were clear that they did not wish to narrate their story to the group at that time.

Participants chose to process their small-group experiences in plenary. It was noted that the sharing can bring relief but can also raise disturbing emotions. The sharing generated empathy for some, as they realized the painful nature of others’ experiences. It was also noted that while some people spoke about their experiences, others chose not to do so. Several people commented that the fact of opening up to others about one’s experiences in a group was a source of hope. The group requested more time to work through the emotions generated by the stories. Some participants felt that the exercise was like a role-play since there was not sufficient time to engage authentically with memories of the genocide. Some commented that perceptions of the genocide vary greatly depending on the area in Rwanda in which a person was living at the time.

The third day of the training began with a prayer, led by one of the participants. In the plenary we reviewed feedback from the evaluations of the previous day. In their evaluations, participants expressed desire for more discussion time and more time to process feelings raised by the activities. Participants were also interested in more creative activities such as music and dance during the seminar. One of the participants then led a song to energize the group.

The first major session of the day focused on the origins of genocide. Dr. Staub opened by asking participants why it was important to understand genocide, and then asked participants about the key elements of the origins conceptualization that they recalled from the training in January. Special attention was given to analysis and elaboration of conventional explanations of the Rwandan genocide, i.e., that it could be attributed to “bad leadership” and “ignorance.”

As an application exercise, participants were invited to choose one of the key concepts from the origins of genocide model. Concepts included: devaluation, scapegoating, evolution of destructiveness, passive bystandership, strong respect for authority, and unhealed wounds. Participants were asked to first reflect on a concrete example of a particular concept within their own environment (passive bystandership, for example, might be a teacher witnessing a child being hurt by older children at school and failing to intervene). After individual reflection, participants shared their examples and ideas with a partner. Then the ideas were discussed in plenary. In the discussion, topics included the influence of past wounds, the

history of social/ethnic division in Rwanda, and personal examples of devaluation in a family. One participant noted the need for a “spirit of analysis” in Rwandan society. Dr. Staub affirmed the importance of being open to listen to each other and different points of view. A challenge for reconciliation is creating circumstances in which everyone can talk about the pain they have experienced.

In the afternoon, Dr. Staub introduced the chart on prevention of future violence (attached), contrasting negative circumstances with more positive, prevention-oriented circumstances. Dr. Staub emphasized concrete actions that individuals could take to support reconciliation and prevention. Another theme was the importance of a shared history that acknowledges the experiences of all groups and provides understanding of why events might have occurred as they did.

To deepen understanding of prevention and reconciliation issues, we invited participants to create a role-play in small groups that illustrated one of the core concepts such as moderating respect for authority or working together toward shared goals. In small groups, participants created their own role-plays that showed how the concept might be enacted in a concrete social situation. Each group performed its role play for another group. One of the role-plays, for example, focused on moderating respect for authority, with citizens questioning the decisions of leaders and pressing for a greater voice in decision-making. Other groups focused on examples of justice in a community. In one role play a subordinate confronted a major who made very unreasonable demands on them. In another two teachers addressed devaluation of a student by other students. We then asked the observing group to identify the core concept that the role play illustrated. Overall, participants were enthusiastic about the role plays and found it a valuable exercise.

On the morning of the fourth day, Vachel Miller led a discussion of the various methods and techniques that had been used to that point in the seminar, in order to stimulate thinking about the tools participants might use in their own work as trainers.

Later in that session, the radio project was introduced by the current Chef de Mission, and participants were given an opportunity to provide ideas and feedback for the project. Several strong reactions emerged. Participants encouraged the project to do research about Rwandan culture to inform the programs and raised questions about control/ownership of the project and coordination with the government. Dr. Pearlman noted that the original idea for the radio project had come from Rwandan leaders and described the in-depth background work that had been done to date.

Before lunch, the Executive Secretary of the NURC visited the seminar and addressed participants. She encouraged participants to work as a team, meeting monthly and sharing ideas in order to put the training to wider use in society. She affirmed the importance of Rwandans helping each other in the slow process of healing from trauma.

In the next two sessions, Dr. Pearlman led a review of the concept of vicarious traumatization (VT), with a focus on the participants' own experiences. Participants noted the ways in which their work was difficult and avenues for supporting each other. In addition to ideas for

coping with VT, we emphasized opportunities for transforming VT in concrete daily practices that bring meaning and hope into life. In small groups, participants were invited to share their experiences of vicarious traumatization and avenues for healing.

Because this was the final day for Dr. Pearlman and Dr. Staub, an informal ceremony was held to present symbolic certificates to several participants. Several songs added a celebratory air to the occasion. Participants gathered for group photos, and then formed a circle to share a farewell hug with others and a final song.

On Saturday, the seminar began early and concluded at 1 p.m. with an official closing. The first session focused on the needs/concerns of participants regarding their role as trainers. Miller reiterated that participants were expected both to integrate the material into their current work and to begin to train other facilitators in the approach. Several participants expressed a need for support through regular meetings, as well as a financial incentive. Concern was expressed about discouragement that might result from vicarious traumatization. Participants also requested additional resource materials to augment the project handbook. In response to questions about the format and length of future trainings they might conduct, participants agreed that they could make different choices, based on their own circumstances.

The second session was intended to provide participants with practice in training others in key project concepts. We asked participants to work in small groups to develop either a visual aid for a training session or a creative activity (such as a role play) that they could use to train others. Most groups developed visual materials for overarching topics such as basic human needs, the origins of genocide, and healing. Miller suggested that these materials form the basis of a training guidebook that participants would develop themselves over time, with their own diagrams and activities for use in training.

As part of the closing ceremony, a group of participants provided an overview of the training and recommendations for future work. They recommended that the NURC organize additional training to increase the number of trauma counselors available in Rwanda. Training should also be provided for grassroots community leaders, and the NURC should establish a resource center for information on trauma, healing, and reconciliation.

A guest NURC commissioner offered closing remarks. He noted that Rwandans, not colonialists, were responsible for the genocide. Consistent with the current government perspective, he suggested that matters of identity should be kept in private and not be brought into public. He urged participants to understand what is happening in villages and help instruct the people to become positive actors in society. He encouraged participants to help other Rwandans to rediscover joy and be more tolerant.

Appendix B

Advancing Healing and Reconciliation Project Training-of-Trainers Seminar

January 12 through 15, 2004
Kigali, Rwanda

This seminar, the third in a series of three, opened on Monday, January 12, 2004. It was held in the Club Mamans Sportif, a conference facility in Kigali. Organized by Mr. Frank Kobukyeye, director of the Conflict Resolution unit within the National Unity and Reconciliation Commission (NURC), the seminar attracted about 45 participants. The majority of those participants had attended our previous seminars and had some familiarity with project materials. This group included trauma counselors, members of the NURC, and representatives of various government and civil society organizations, such as SARUKA, IBUKA, FARG, and Penal Reform International. In addition, the seminar was attended by several staff members (both local and international) from Radio Benevolencia, the organization working in partnership with the Advancing Healing and Reconciliation project on a public media campaign oriented toward reconciliation.

Day 1

The seminar was opened by Madame Fatuma Ntangiza, the Executive Director of the NURC. In her opening address, she remarked on the deep trauma experienced by all Rwandans in the wake of the genocide. She noted that unity and reconciliation require healing. Understanding the origins of genocide and pathways to healing will be especially important in the context of Gacaca proceedings. Madame Ntangiza encouraged participants to continue sharing what they learned in the seminars with the wider Rwandan population and to find ways to apply the material in their work with communities.

A representative of the Ministry of Health also provided opening remarks. He emphasized the Ministry's concern with issues of trauma and expressed his thanks to participants for contributing to healing in Rwanda.

Following the official opening remarks, Dr. Laurie Pearlman and Dr. Ervin Staub expressed their gratitude for being able to continue this work, in collaboration with the NURC. Dr. Staub outlined the main elements of the project approach. He then reviewed key concepts of his understanding of the origins of genocide. He noted that understanding the origins of genocide can help people feel humanized and serve as a basis for the creation of a complex, shared history in Rwanda. Understanding the origins of genocide also provides a basis for actions that can change social conditions so that they favor trust, cooperation, and peace, rather than animosity and violence.

Thereafter, Dr. Pearlman presented an overview of key concepts regarding trauma and healing. She emphasized that trauma is not madness, and that traumatized people can be effective in their lives. Neighbors can help each other heal by nurturing RICH relationships,

i.e, relationships characterized by respect, information, connection, and hope. This “neighbor-to-neighbor” approach can be used in many ways throughout Rwanda. Dr. Pearlman also reviewed the concepts of retraumatization and vicarious trauma, concepts of particular importance in the context of gacaca proceedings and ongoing reconciliation efforts in Rwanda.

In restating the purpose of the Advancing Healing and Reconciliation project, Dr. Pearlman pointed out that participants can use the project material to enhance, not replace, the kind of work they are already doing. Participants should feel free to use the material in varied ways, as appropriate within their own work contexts. The purpose of this particular training-of-trainers seminar is to focus on integration and practical application of the material, so that participants are prepared to share it more broadly with others.

Following the break, three participants commented on the ways in which they had used the project material. One woman who works in the prisons described how the training had changed her understanding of trauma. She had shared the RICH approach with a group of prisoners and guided them in active listening. Another participant, a representative of a student-run reconciliation club, has presented information on the origins of genocide to youth in his community in order to help answer questions about how the genocide occurred and promote a more moderate relationship with authority. A third participant mentioned how she had used the RICH approach in solidarity camps for released prisoners. She also shared the RICH approach with health animators and gacaca judges. She felt it was helpful for the judges to gain a broader understanding of trauma in order to be more effective in managing gacaca proceedings.

After these comments, several other participants shared insights into their own uses of the project material. One participant noted that analysis of the origins of genocide helps people, especially given concerns about potential violence in the future. Another participant, a member of the NURC, described how he had offered several ideas from the project material at a recent meeting in Burundi.

In the next session, Dr. Staub conducted an interactive review of the conceptual framework for understanding the origins of genocide. Participants’ comments suggested that there is a widespread view that poverty was a key cause of the genocide, in that potential perpetrators were attracted to killing by promises of quick material gains. Dr. Staub noted that, in difficult conditions, people often relinquish individual identity to a group that promises security, strength, etc. Dr. Staub also discussed the evolution of harmdoing, how people change as a result of their own actions—both in negative and positive directions. In discussing the role of bystanders in genocide, the role of General D’Allaire of the UN became a focal point. One participant raised the question, who decides whether a bystander is positive or passive? This issue generated further discussion of the meaning of passivity and moral judgement during the genocide. Other topics discussed included respect for authority in Rwandan culture, the role of past victimization, and the cultural history of devaluation in Rwanda. With regard to reconciliation, Dr. Staub emphasized the importance of humanizing the other, deep contact between groups, and the creation of a complex, shared history.

Following this review, participants formed small groups. Each group was assigned a portion of the conceptual material on understanding the origins of genocide and prevention/reconciliation. The task of each group was to develop a brief (10-15 minute) presentation to convey an important concept. The format of the presentation was open-ended; participants could prepare a lecture, a role play, a community discussion, or come up with other ideas for presenting the material. In doing so, each small group was asked to identify a specific target audience and context for their presentation. The purpose of this exercise, and a similar exercise later in the seminar, was to provide participants an opportunity to practice teaching/presenting/sharing the material within a meaningful local context. In so doing, participants would deepen their own understanding of the material while exchanging practical ideas that they could use in the future. Time constraints did not enable participants to complete their preparation during the afternoon of the first day of the seminar. Consequently, preparation in small groups continued in the first session of the second day.

Day 2

On the second day of the seminar, after completing their preparatory work, each small group shared its presentation with peers. Participants gave each other feedback on their presentations, commenting on how the presentations might be improved or pointing out issues that might arise in discussions with various communities.

The presentations typically took the form of role plays or short theatrical pieces. The topics were diverse, ranging from the role of difficult life conditions in genocide to healing of wounds and examples of moderating respect for authority. Generally, the role plays used contemporary social problems to illuminate the concepts. Later evaluations suggested that this activity was one of the highlights of the seminar for many participants.

Three small groups were selected by the project team to share their presentations in plenary. These presentations, one participant noted in plenary discussion, provided practical examples of how to use the project material. It was generally agreed that role plays are a useful vehicle in Rwandan society for conveying issues and ideas. However, the role plays raised questions about the trade-off between presenting contemporary “real life” situations and explicating the theoretical concepts, particularly in the context of the Rwandan genocide. Another issue involved the importance of positive messages and positive role models, as opposed to presenting social problems without clear solutions. Dr. Staub emphasized that social reality and the theoretical material could be blended in a complementary way.

Following this discussion, a participant who had recently attended gacaca proceedings shared a story about the complex situation of witnesses. Dr. Staub commented on the difficulty of justice and truth after the genocide, given that perpetrators often deny their crimes and pressure others not to acknowledge what happened. In such circumstances, it is difficult for the gacaca proceedings to reveal a complete “truth” about the events of the genocide.

In the subsequent session, Dr. Staub addressed lingering questions about the origins of genocide. He suggested that “bad leaders”—another common explanation for the

genocide—must be seen within their social and historical context. Leaders rely on existing social discourses and divisions to further their agendas, and they themselves are formed by particular social circumstances. Further discussion involved the role of ideology in motivating destructive actions and the importance of the satisfaction of basic psychological needs in supporting the development of non-violent individuals.

Participants noted that understanding the complex forces involved in the creation of perpetrators points toward avenues for preventing future violence. As one participant said, “We should look for signs of evil growing.” Another participant emphasized the importance of pointing out current social problems, so as not to remain passive bystanders in contemporary society. Questions of group identity were of concern to another participant, who wondered about the current level of identification with traditional ethnic categories in Rwanda. Other comments focused on the importance of examining history, understanding various aspects of violence in Rwandan society (particularly in family life), and working together to find solutions to contemporary problems.

Day 3

The third day of the training highlighted trauma and healing. In the opening session, participants were invited to form small groups (of their own choosing). In each group, participants were asked to reflect on their own experience of healing since the genocide. Specifically, what avenues to healing had proven the most helpful? What avenues had not worked? This intensive personal discussion provided space for participants to engage with their own experience and also served as preparation for subsequent sessions.

In the second session, Dr. Pearlman conducted an interactive review of key concepts related to trauma and healing. Several participants commented that trauma is often understood in Rwanda as madness, and that trauma is manifest quite differently in different people. Dr. Pearlman clarified that trauma involves a complex interaction between the person and the situation, within a specific cultural context. Because traumatic events are experienced differently by different people, there is no one way to help people heal. Dr. Pearlman noted that there is a “buffet of opportunities for healing” with respect for the individual as a core concern. Participants discussed various ways of supporting healing. A question arose about the value of crying as part of the healing process. Participants discussed the meaning of crying and the cultural associations it has, particularly for men. Dr. Pearlman also discussed the meaning of vicarious traumatization, pointing out that all who work with an open heart in a traumatized society are vulnerable to vicarious traumatization. Finally, Dr. Pearlman emphasized that the formation of RICH relationships enables a “neighbor-to-neighbor” approach to healing, in which everyone in Rwanda can contribute to healing in some way.

Following the review and discussion, participants returned to small groups to prepare a brief presentation (10-15 minutes) focused on a specific aspect of trauma and healing. As in the earlier exercise, participants were instructed to choose a specific target audience and context for their presentations. After completing their preparation, each group shared its presentation among a larger group.

Topics of the presentations focused on understanding trauma, vicarious traumatization (especially in relation to the gacaca proceedings), and examples of healing relationships. Several small groups made their presentations in the form of community dialogues, while others created role plays. One group crafted a poem to describe “excessive grief”. Later, three of the small groups were asked to share their presentations in plenary. These presentations generated intensive discussion. Participants were interested in discussing different forms of emotional connection with one’s past and healthy/unhealthy forms of emotional expression, especially among men in Rwandan society. One participant commented that crying involved “being alone with your heart.” Dr. Pearlman noted that connection with one’s self can open connection to others. Participants were also concerned about how to respond to expressions of trauma and grief and potential retraumatization during gacaca proceedings. Dr. Pearlman explained that being affected by stories one hears is not necessarily equivalent to being traumatized; trauma involves an inability to integrate one’s experience and move forward in life.

Day 4

On the fourth day, the seminar began with a brainstorming session. Participants generated ideas, first in pairs and then as a whole group, for possible ways of applying or integrating the project material into their work. Participants were encouraged to focus on individual applications, rather than issues of organization or policy. Many ideas emerged, including the possibility of training NURC staff members, sharing role plays and conducting discussions with students, providing training for families in understanding trauma and healing, and training prisoners in RICH and the origins of genocide. (The full list of ideas was recorded on flipcharts in Kinyarwanda.)

Following the brainstorm, participants were asked to reflect personally about a concrete action, something they had not done before, that they might take in order to apply the project material in their work or personal lives. One participant discussed his interest in talking about the genocide with his neighbors over tea. Another participant suggested that he could help his colleagues in his organization to heal from their own trauma. Several participants noted that they do have resources for undertaking such initiatives, including their support for each other and notes gathered in the trainings.

In the next session, Alphonsine Mutabonwa and Frank Kobukyeye discussed a set of draft recommendations that had been prepared by a small group of participants earlier. Discussion of the recommendations focused on the issue of coordination between the NURC and the Ministry of Health for further training, particularly regarding a community-based approach to trauma/healing. Several participants suggested that attention should be given to the gacaca process, as a context for further training efforts. One participant suggested the need for a sensitization campaign, although a question was raised about the capacity for a sensitization campaign to generate deeper understanding and personal change.

To conclude the content portion of the seminar, Dr. Pearlman and Dr. Staub addressed questions that had been asked in the evaluations from the previous day. Questions included approaches to limiting retraumatization, differences between “martyrs and terrorists” and the status of participants as trainers in the project approach. Dr. Pearlman suggested that

retraumatization can be minimized through several steps, including preparation, support, and debriefing. The interconnection of the various components of the project approach were also discussed, with specific attention to the ways in which understanding can support healing. Dr. Staub encouraged participants to share their understanding with others, noting that they would learn by doing as they trained others. Participants were also encouraged to act with moral courage as they do their work. Dr. Pearlman suggested the value of a peer support structure among the participants. Regarding the use of role plays, participants were advised to use role plays to show positive resolutions for problematic situations and to facilitate discussion around sensitive issues.

Toward the end of the workshop, the project team presented a role play on devaluation, moderating respect for authority, and avenues to cooperation in a school. The role play was well received.

Before the closing ceremony, there was a brief discussion of indicators for success. Logistical complications limited the extent of the discussion, however.

The closing ceremony for the seminar featured comments by the President of the NURC and The Honorable Margaret McMillion, US Ambassador to Rwanda. One of the participants reviewed the content of the seminar and offered recommendations for the future, including ongoing monthly meetings among participants.

Appendix C

La Benevolencija

Communication Objectives

Overall Mission Statement

“Understanding the roots of group violence in the service of prevention, trauma healing and reconciliation.”

Expected overall emotional response to the campaign

Hope, empowerment and benevolence (the desire to promote others’ well being)

The overall purpose of the campaign:

1. To understand the steps that lead to genocide and to promote reconciliation and the prevention of violence
2. To promote understanding of the RICH (Respect, Information, Connection, Hope) method as a path to healing trauma

Desired end result :

1. Rwandans are informed about the steps that lead to genocide and this knowledge would enable them to reject such steps, should they occur again the future.
2. Rwandans understand the path to healing trauma

Communication objective number one: Listeners will know the steps that lead to genocide and to promote reconciliation and the prevention of violence

Message: “Life problems in a society frustrate basic needs and can lead to scapegoating and destructive ideologies.”

Understanding objective - Instigating conditions KNOWLEDGE

1A. - the listener will know how increased economic problems, political disorganisation, conflict between groups and societal chaos make people feel insecure, helpless, confused and vulnerable to scapegoating and destructive ideologies

Prevention objective – Ideology KNOWLEDGE

1B.(i) - listeners know the elements of a destructive or excessive ideology that identifies some groups as enemies, and in their most advanced stages, as enemies to be eliminated method: radio

ATTITUDE

1B.(ii) – listeners will be willing to resist participating in the creation of an excessive ideology

KNOWLEDGE

1C. – listeners will know the benefits of a positive, social vision

ATTITUDE/ PRACTISE

1D. - listeners will be willing to contribute towards the creation of a positive, social vision ie. the inclusion of all groups in the creation of societal arrangements

method: radio

Message: “Genocide evolves as individuals and groups change as a result of their actions.”

KNOWLEDGE Understanding objective - Evolution of harm doing

2A. –the listener will know that genocide evolves in steps, and each consecutive step becomes that much easier and is part of a continuum of destruction

method: radio

KNOWLEDGE Prevention objective - Evolution of benevolence

2B.(i) - the listener will know ways to resist participating in the increasing devaluation, discrimination and escalation of violence that occurs before genocide

ATTITUDE

2B.(ii) – the listener will be willing to resist participating in the increasing devaluation, discrimination and escalation of violence that occurs before genocide

KNOWLEDGE

2C. - the listener will know how to promote and engage in positive steps to counteract the escalation of violence

ATTITUDE

2D. - the listener will be willing to take early action and be supported by and support others (which makes resisting participation in the escalation of violence and taking positive steps much easier)

Message: “Devaluation increases the likelihood of violence while humanisation decreases it.”

KNOWLEDGE

Understanding objective - Devaluation of the other

3A. -listeners know the potential dangers in seeing the other as “bad”, “dangerous”, “immoral” and eventually inhuman

method: radio

KNOWLEDGE

Understanding objective

3B. –listeners know the importance of using words and actions to put others in a positive light/ to humanize others

ATTITUDE

3C. – listeners will be willing to use words and actions to put others in a positive light/ to humanize others

PRACTISE

Prevention objective - Humanisation of the other

3D. - listeners use words and actions to put others in a positive light/ to humanize others
method: radio

Message: “The healing of psychological wounds helps people live more satisfying lives and makes unnecessary defensive violence less likely.”

KNOWLEDGE

Prevention objective - Healing of past wounds

4A. - the listener knows the importance of healing and of participating in and promoting the healing process (as a way of lessening vulnerability, changing the perception of the world as a dangerous place, and diminishing the resulting potential for unnecessary violence that the actors perceive as self-protective)
method: radio

ATTITUDE

4B. The listener is willing to participate in the promotion of healing processes (as a way of lessening vulnerability, changing the perception of the world as a dangerous place, and diminishing the resulting potential for unnecessary violence that the actors perceive as self-protective)

Message: “Passivity facilitates the evolution of harm doing whereas actions by people inhibit it.”

KNOWLEDGE

Understanding objective - Passive bystanders

5A. –the listener will know that passivity in face of harmful actions encourages perpetrators
method: radio

KNOWLEDGE

5B. – the listener will know that acting as a positive bystander is important to stop the evolution of increasing violence that may end in genocide
method: radio

PRACTISE

5C. Listeners will act as a positive bystander
method: radio and possible grassroots communications activities

Message: “Varied perspectives, open communication and moderate respect for authority in a society make the evolution of violence less likely”.

KNOWLEDGE

Prevention objective - Moderate respect for authority

6A. – listeners will know the importance of critically examining and evaluating the words and actions of authority

method: radio

KNOWLEDGE

Prevention objective - Pluralism

6B.(i) - the listener will know the importance of respecting, expressing and encouraging multiple perspectives

method: radio

ATTITUDES AND PRACTISE

6B.(ii) –the listener will respect, express and encourage multiple perspectives

method: possible grassroots activities

ATTITUDE

6C.- the listener will be willing to participate more in the decisions of authorities

Message: “Justice is important for healing and reconciliation.”

KNOWLEDGE

Understanding objective - Lack of justice

7A. – the listener will know that victimization and lack of justice interferes with healing and reconciliation and engenders future violence

method: radio

KNOWLEDGE

Prevention objective - Justice

7B. – the listener will know that justice helps advance healing and reconciliation and that there are multiple ways to promote justice (such as: punishment of perpetrators, restoration and compensation)

method: radio

ATTITUDE

7C. The listener will be willing to take part in justice processes that heal and reconcile

method: radio and grassroots

Message: “Significant connection, deep engagement between people belonging to different groups helps people overcome devaluation and hostility and promotes positive relations.”

KNOWLEDGE

Deep contact, shared goals

8A. (i) –the listener will know the importance of engaging in and promoting significant and meaningful contact (and communication and projects) involving shared goals with members of previously excluded or opposing groups
method: radio

ATTITUDE

8A. (ii) – the listener will be willing to engage in and promote significant and meaningful contact (and communication and projects) involving shared goals with members of previously excluded or opposing groups
method: radio/possible grassroots activities

PRACTISE

8B. -the listener will engage in significant and meaningful contact or communication with members of previously excluded or opposing groups
method: radio/possible grassroots activities

Objective number two: Listeners will know that the RICH (Respect, Information, Connection and Hope) method is a path to healing

Message: “Trauma can be understood.”

KNOWLEDGE

9A. *Communication objective related to information (understanding):*
-listeners will know the symptoms and manifestations of trauma
method: radio, possible grassroots level community activities

KNOWLEDGE

9B. -listeners will know that the symptoms and manifestations of trauma are normal reactions to extreme events; trauma responses are not “madness”

KNOWLEDGE

9C. *Communication objective related to information (understanding):*
-listeners will know that there are individual differences in people’s trauma responses and that there is a continuum of trauma responses, from severe and disabling to mildly and not visibly disruptive

ATTITUDE

9D. Listeners will adopt empathetic attitudes towards traumatised people

Message: “It is important to tell one’s trauma story and there is a way to tell it that is emotionally safe and constructive.”

KNOWLEDGE

10A. *Communication objective*
-listeners will know why it’s important to have and tell a story

method: radio

KNOWLEDGE

10B. *Communication objective*

-listeners will know how to tell a story that is emotionally safe and that creates a constructive story of the past

method: radio, possible grassroots community activities

KNOWLEDGE

10C.

-listeners will know how to create the right conditions for stories to be told

ATTITUDE

10D. - the listener will be willing to create the right conditions for stories to be told

PRACTISE

10D. – the listener will tell their personal stories in the right conditions

Message: “People can help their neighbours heal and help them tell their stories as part of the healing process; everyone can participate in and contribute to healing.”

KNOWLEDGE

11A. –the listener will know to how to listen empathically

ATTITUDE

11B. – the listener will have a positive attitude towards listening empathically to the storyteller

method: radio

PRACTISE

11C. –the listener will actively listen to trauma stories empathically

method: radio, possible grassroots level community activities

KNOWLEDGE

11D. *Communication objective related to respect (control):*

-listeners will know that they can be a positive agent of other’s healing

method: radio

ATTITUDE

11E(i) People will be willing to be positive agents of other people’s healing (they will reach out and offer support to others)

method: method: radio, possible grassroots community activities

PRACTISE

11E.(ii) -people will reach out and offer support to others

method: possible grassroots activities

Message: "Healing is a long, slow process."

KNOWLEDGE AND ATTITUDE

12A. Communication objective related to information.

-listeners will understand and accept that healing is a slow process.

October 18, 2004