



The Significance of Indigenous Knowledge in Social Work Responses to Collective Recovery: A Rwandan Case Study

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Abstract

This paper reports a portion of findings of a large research project that sought to understand social helping and healing practices that have arisen in the post-genocide contexts that could inform social work education and practice in Rwanda. A team of Canadian and Rwandan researchers used a community-based and collaborative practice to invite local partners to share their knowledge through 4 different annual workshops. The findings indicated that the locus of helping in Rwanda is focused on community or collective practices, such *gutababarana* “mutual rescue,” *umuganda* “community work,” and *ibimina* “tontines.” These practices are supported by the Rwandan government policies that encourage the revitalization of traditional ways of solving socio-economic problems and rebuilding social relations. Yet, the study noted a disconnect between learned theories and local practices and locally produced materials as social work becomes professionalized in Rwanda. Implications for social work education and practice in post-colonial post-conflict societies are discussed.

INTRODUCTION

In this article, we examine how Rwandans seek healing from the impact of the 1994 genocide against the Tutsi largely by going outside the realm of conventional Western professional programs. Although the Rwandan experience is our primary case study, we reference similar challenges in the broader African context and take note of resonances with Aboriginal healing pathways and approaches in Canada. We conclude by

considering implications for future social work knowledge and practice nationally and internationally.

We begin by providing an overview that looks briefly at the concepts of a) collective trauma and b) collective healing. We find these collective concepts to differ from predominant notions of individual trauma and healing and their significance for the process of recovery underway in Rwanda. We pay attention to the role of social work as a new profession developing post-genocide Rwanda. Next, we discuss the theoretical and methodological underpinnings that guided the study, and some key insights and questions raised during our research process. We then articulate key findings, which focus on the recovery of meaningful collective practices based in Rwandan culture and the implications for the development of indigenous approaches to social work practice in Rwanda and other parts of the world. In the discussion section, we examine several key challenges and opportunities confronting social work academics and practitioners as they blaze a unique Rwandan path. We conclude by reiterating the importance of supporting research and indigenous knowledge creation towards advancing more meaningful and useful social work approaches.

BACKGROUND

Rwanda is a small country located in Sub Saharan Africa that became known worldwide because of its infamous 100-day state-sponsored genocide during which an estimated 800,000 of its Tutsi population along with moderate Hutus were murdered by their neighbors. This genocide violated all the moral norms and taboos that protected human life, especially the most vulnerable. For the first time in Rwandan history, dehumanization and other various forms of violence that went beyond imagination quickly replaced the sense of traditional morals that united Rwandans and sustained them as a collectivity. The killers used household tools, such as knives and machetes, threw the Tutsi people in toilet pits alive, or burned them in churches where they had sought sanctuary. They stripped women naked, raped them in front of their families, and forced them to march to their death. These killers did not spare the vulnerable, such as children, the elderly, or those who lived with disabilities.

Research conducted in post-genocide Rwanda suggests that the genocide had very negative psychological impacts on the mental well-being of the majority of Rwandans. For instance, the study by Munyandamutsa and Mahoro Nkubamugisha (2010 as cited in King, 2011) found the rates of PTSD to be at 28.54% in the general population, with depression being the first comorbid disorder with a prevalence of 53.93%. Emerging interdisciplinary research suggests that many Rwandans still live with feelings of fear, despair, loneliness, mistrust and resentment, and enforced silenced caused by the genocide and sometimes by programs such as the community tribunals, known as *gacaca* and the annual commemoration events (Clark, 2010; Hatzfeld, 2007, as cited in King, 2011). *Gacaca*, which literally means lawn in the Kinyarwanda language, is a modification of a traditional Rwandan justice mechanism for dispute resolution that the government of Rwanda re-introduced in 2002 as an alternative community justice approach to supplement the work of the legal trials set up for genocide crimes (Des Forges & Longman, 2004).

We argue that the genocide against the Tutsi did more than destroy human flesh and infrastructure; it damaged the lives of individuals and communities and created collective experiences of vulnerability and trauma that merit new ways of understanding suffering and healing. In this paper, we present focus our attention on social helping and healing practices that have arisen in the post-genocide context that could inform social work education and practice in Rwanda.

LITERATURE REVIEW

GENOCIDE AS COLLECTIVE TRAUMA

Traumatic events have both individual and social impacts. Accordingly, processes for healing need to operate in different ways at individual and societal levels (Drozdek, 2010; Nets- Zehngut, 2012; van der Kolk, 2014). In the case of Rwanda, the 1994 genocide involved mass violence by large numbers of perpetrators mobilized against the Tutsi as a people. Thus, the concept of collective trauma has particular salience. Somasundaran (2007) describes collective trauma as representing "... the negative impact at the collective level, that is on the social processes, networks, relationships, institutions,

functions, dynamics, practices, capital and resources; to the wounding and injury to the social fabric” (p. 6). Based on his extensive work in Sri Lanka, Somasundaran recognizes that there are interactive effects of individual-social suffering created by natural disasters and manmade violent events, such as genocide and other forms of state-sponsored violence. Critical scholars such as Farmer (2005) and Kleinman (2000), as cited in King (2011), use the concept of social suffering to explain that the impact of mass violence in non-Western societies is closely linked to systemic forms of oppression including racism, scarce resources, gender-based violence, chronic diseases, and extreme forms of poverty. Accordingly, such events tear apart communal life, undermine morals and taboos, and destroy the very social fabric of community that individual members rely on for support and recovery.

In the North American context, the collective trauma caused by the genocide experienced by Indigenous peoples is referred to as ‘historical trauma’ (Brave Heart 1998). In the Canadian and U.S. literature, there is extensive discussion of the intergenerational nature of its continuing effects over several generations (Brave Heart 1998, 2003; Quinn 2007; Waldram 2004). This adds an important dimension to the understanding of collective trauma in post-conflict settings. Our previous research revealed that trauma is still an issue in Rwanda for the initial survivors and that it is now having significant social effects on the youth of the next generation. This is expressing itself, for example, in terms of notable increases in substance abuse among this group (King, Dudziak, & Kalinganire, 2014).

The understanding of collective trauma stands in contrast to the Western literature that has focused predominantly on understanding trauma as an individual phenomenon. There have been questions about the exportation and imposition of Western approaches rooted in trauma theory, which privileges diagnosis and treatment of the individual using largely a psychological framework. Elsass (2001) states that models that individualize and medicalize trauma may be inapplicable in cultures that emphasize a collective and traditional approach to healing from violence: “...PTSD believers have been criticized for importing technical diagnostic approaches which appear to ignore the war-affected populations’ own traditions, meaning systems and priorities” (p. 307). Summerfield (1999) goes further to critique the major assumptions underlying the Western trauma

discourse with reference to Rwanda and Bosnia which “views trauma as an individual-centred event” and is “highly problematic when applied to diverse non-Western survivor populations” (p.1453). In addition, focusing on individual suffering may lead people to overlook the multiple dimensions of life that are affected by mass violence.

COLLECTIVE RECOVERY

Individual and psychological responses to collective trauma continue to dominate the discourse of healing. However, there is a growing body of literature that emphasizes recovery based on collective healing responses. Nets-Zehngut (2012) defines collective healing as “a process by which a party repairs the psychological damage it has incurred during a conflict” (p. 247). It functions as a community healing process based on community healing practices such as confronting the past, expressing painful emotions, and reconnecting with each other to establish or reaffirm their unity and common destiny. It has been suggested that overcoming collective trauma demands collective recovery that is rooted in cultural and holistic understanding of health, suffering, and healing (Kirmayer, 2006; Kleinman, 2000; van der Kolk, 2014). Somasundaram (2007) concludes that the interacting and interrelated systems of human life that are affected by mass violence necessitate approaches that consider the sources of suffering, and explore the process by which the healing of one system may influence the healing of the others.

From an indigenous perspective, this kind of recovery aligns with a collective philosophy, which emphasizes reciprocity and accountability, or a way of life that creates a sense of belonging (Kovach, 2005), and healing within the community (Nets-Zehngut, 2012). The indigenous perspective emphasizes the social and relational nature of recovery, also found in non-Western philosophies or ways of life. For example, many African societies utilize the concept of *ubuntu*, to signify both the qualities and the status of what it means to be *umuntu nyamuntu*, or “a fully human being.” Rwandans define a fully human being as a person who is sociable and characterized by virtues of humility, love, care, thoughtfulness, wisdom, consideration, and hospitality. According to Muwanga-Zake (2009, as cited in King 2011), such qualities are not to be mistaken as simply social or altruistic; they form an ethic and unifying vision which reinforces the social bonds and social relationships. They are part of a code of human conduct towards

each other in the life of community both in times of peace and good health and in times of adversity. Various ethnic groups in Africa have relied on this philosophy to address conflicts and facilitate collective healing. An example of the inspiration of *Ubuntu* principles is the conceptualization and implementation of the South African's Truth and Reconciliation Commission (TRC). In South Africa, *ubuntu* is a guiding principle which means "my humanity is inextricably bound up in yours" (van der Kolk, 2014, p. 349). *Ubuntu* helped the TRC to recognize the shared principle of human dignity and the collective interest in establishing a common destiny as they dealt with the suffering associated with the Apartheid regime. These cultural ways of life are also relevant to Canada as its Indigenous people and settlers determine ways forward in response to the recommendations of TRC.

In another context, Giacaman (2007) refers to this kind of healing in relation to Palestinian youth by explaining that "...there is no universal response to highly stressful events, and many of those exposed to the excesses of war heal within community, as personal recovery is deeply rooted in social recovery" (p. 361). To reinforce this point, Tummala-Narra (2007) discusses the importance of understanding the cultural context of recovery and resiliency for effective intervention: "compared to individual trauma, collective trauma may involve higher mobilization of social support, social sharing, social participation, and rituals reinforcing social cohesion; all these factors enable individual's beliefs about the ability to deal with trauma recovery" (p.52). Similarly, Pearlman (2013) discusses non-clinical approaches to post-genocide psychosocial interventions which can include public education, community forums, large-scale ceremonies and rituals, institution-based programs (e.g. set in faith communities, schools, and work places), and the media. Lastly, Farwell and Cole (2001) observe that "widespread destruction requires equally widespread notion of rehabilitation" (p.36). They state that

Focusing on the individual as the sole locus of trauma allows providers of mental health care to circumvent the messy and politically entrenched social realm shaped by war and state-sponsored political violence. By conceptualizing healing as a process that mobilizes individual and community resources and builds communities, we can address the psychosocial health of both child and context, without denying individual symptoms and suffering (p. 36).

King (2011) suggests that the notion of healing in such contexts

“is more than understanding and feeling better about oneself and closest loved ones. ..[it] entails the creation of new identities, humanness, people with *impagarike* ‘life force’ who return to their communities with energy and desire to perform their individual, family, and community responsibilities as active citizens” (p. 274)

Collective recovery conceived from this perspective invites social action and connects psychosocial healing with resilience and culture. This kind of healing draws on an on-going understanding of social structures that contribute to suffering (Foxen, 2010; Harper & Speed, 2012; Nets-Zehngut, 2012). It also calls individuals to transform traumatic memories into new narrative meanings and identities and to take responsibility for the well-being of the community (Gobodo-Madikizela & Van der Merwe, 2007). At a macro level, Pedersen, Tremblay, Errázuriz, and Gamarra (2008) emphasize the importance of local administrative justice and community mechanisms in the appeasement of violence and reconciliation processes aimed at eliciting collective memories of the recent past. Somasundaram (2007) concludes that this kind of collective healing or recovery is complete when it includes spiritual meaning, hope and strength needed to produce resilience and improvement at different dimensions of the affected systems.

Accordingly, intervention models in these complex post-conflict situations should preserve and strengthen the protective influences and cultural forms of support, including endogenous forms of healing and coping. In other words, they should take into consideration the cultural and social realities of those affected in order to minimize disruptions and capitalize on protective practices and the resiliency of community structures that have survived the conflict. This is particularly important in the context of post-genocide Rwanda where both families of victims and perpetrators must continue to live in the same neighborhoods.

SOCIAL WORK PROFESSION IN POST-GENOCIDE RWANDA

Literature on collective trauma and healing emphasizes theories and concepts familiar to social work education and practice (i.e., healing, recovery, resilience, strength-and-culturally-based perspectives). The government of Rwanda has emphasized social and economic development as the roadmap to post-genocide recovery. This approach

seems to have opened a new space for social work as a profession. Kalinganire and Rutikanga (2014) describe various sequential phases in government response to the genocide.

The emergency phase from 1994 to 1997 was concerned with responding to fundamental needs such as food, shelter, clothing and medicines. The rehabilitation phase from 1998 to 2000 focused on rebuilding the social fabric through peace and reconciliation programmes with the aim of helping people to recover from the shocks of the genocide. In the development phase (2000-2005), the main objective was to promote income-generating activities and increase agricultural productivity. The sustainable development phase followed after 2005 which includes grassroots participation in decision-making and empowerment of all people with a focus on vulnerable groups in the community (p. 235).

Social work as an academic and professional programme in Rwanda began with the vision of community-based practice. As Kalinganire and Rutikanga (2014) state:

When social work formally started in 1998 as a response to the increase of distressed vulnerable groups (genocide survivors, widows, child-headed households, the elderly, prisoners, and displaced persons) due to the 1994 genocide, the following terms were collected to describe the broad profile of roles social workers have to play in Rwandan society (University College Cork 1999): *Umujyanama w'imibereho myiza y'abaturage* (counsellor in social affairs); *Umuhuza* (coordinator); *Umukangurambaga* (animator of the community); *Umufasha w'abatishoboye* (helper of vulnerable groups); *Umuhuza* (someone who gives consolation); and *Ruburirabose* (who informs the community about all possible problems) (p.237).

Currently, social work practice is described as “the process of assisting ordinary people to improve their own communities by undertaking collective action” (Kalinganire & Rutikanga, 2014: 237). The statement captures the integration of individual and community focus and it inspired the theoretical framework and the methodology that guided this study.

THEORETICAL AND METHODOLOGICAL UNDERPINNINGS

A partnership approach rooted in a community development approach to social work guided by the principles of social justice (McGrath et al. 2007) guided our research. This was evident in a ten-year partnership of Canadian and Rwandan social researchers who sought ways to strengthen social work education and practice in post-genocide

Rwanda. This partnership included a number of faculty members and students from the Social Work Program of the University of Rwanda (UR) and a group of social researchers from three Canadian Schools and Faculties of Social Work (York University, St. Thomas University, and University of Manitoba). In our previous project, we worked together to strengthen the capacity of the UR social work program and helped to build recognition for the new profession in the country. This project had led in 2010 to the development of a Social Work Centre for Education and Practice. During this project, an advisory group was formed to provide counsel and guidance to the team and the activities of this center. This group includes local practitioners from human services and members of the local government and non-government organizations from Huye district where the UR's social work program is located. In this endeavor, we were convinced that social work education in Rwanda should capitalize on knowledge of Rwandan history, local practices, and a broader understanding of international issues, such as population displacement, environmental factors, hunger, civil violence, along with themes of collective trauma and healing. We also believed that social work intervention could only be useful or helpful when it included the examination of each community or region's historical, cultural roots, challenges, assumptions and existing approaches to healing and recovery.

The current project, funded by Canadian Social Sciences, Humanities and Research Council (SSHRC) sought to generate knowledge about indigenous social work practices in post-genocide Rwanda. The research team adopted a combination of approaches that focused on the mobilization of partners' knowledge across sectors and across cultures to co-create knowledge that would facilitate a distinctly Rwandan approach to social work practice and pedagogy.

A PARTNERSHIP APPROACH

The features of the partnership approach that guided this study have been published in another paper (see King, Hynie, Mukashema, Habineza, Kubwimana, & Musindarwego, 2016). All partners involved shared a commitment to involve the local community in substantively meaningful ways such that we could engage and dialogue in a space from which culturally relevant research and practice could emerge (Chambon,

2008). Given this commitment to community-based and collaborative practice, the study was designed and structured around four community workshops that were held in Huye district over a period of four years (2012 - 2016).

In the workshops, we sought to integrate the experiences and lessons learned from local practitioners, field supervisors, social work students, faculty and later policy makers and administrators to articulate what local practices and knowledge are congruent and effective regarding clients' values and expectations (Gibbs & Gambrill, 1999). We continued the conversations through monthly Skype conference calls between face-to-face meetings and workshops. We also used regular email contact and Dropbox for sharing work. Both the Canadian and Rwandan teams obtained ethics approval from their respective universities prior to data collection.

DATA GATHERING

The research team members met in Rwanda to design the study and data collection tools. The Rwandan colleagues recruited and trained the student-research assistants who assisted with data collection. Together, the recruited research participants who were local practitioners from various human services in the Huye and Gisagara districts. The engagement with the local agencies through interviews was particularly important for expanding the networks and strengthening the relationships between the university and the community. Students supported by the Rwandan research team explained the purpose of the study and its procedures in different community agencies during the recruitment process. Twenty-one interested people participated in one-on-one interviews, including fifteen females and six males from interdisciplinary backgrounds operating in a variety of social work settings.

The UR students transcribed the interviews first in Kinyarwanda and then translated them into English. All research team members analyzed the data using thematic analysis. At the second annual workshop, the research teams discussed the different themes that had emerged and developed a presentation for local stakeholders, members of the local government, and academics from related disciplines. This workshop also provided an opportunity to conduct member-checking by gathering ideas and comments on the findings from a large group of practitioners, many of whom had been interviewed.

The participants discussed and critically examined patterns and practices uncovered during the workshop in a manner that addressed what was relevant in the local context. Additionally, they compared these practices with internationally accepted standards and principles of the social work profession (Chambon, Schröer, & Schweppe, 2012).

An important turning point in the study occurred during these discussions in the second workshop concerning the idea of understanding indigenous knowledge in social work practice. Some questioned the term ‘indigeneity’ as a foreign concept and critiqued the use of imported social work theories and practice rather than acknowledging that “what people just do” to help others may constitute the very knowledge that social workers need to uncover in order to practice effectively in their context.¹

The research team had noted this bias prior to the workshop, during data analysis, when we observed that many participants had not answered the questions concerning local practices (report of research team meeting of June 23, 2014). Instead, the data seemed to focus too much on the theme of professional “learned” social work theories and approaches rather than probe about what people were doing locally to respond appropriately to the needs of clients. Those participants who did answer the questions indicated they preferred to integrate Rwandan local practices and Western theories. However, there were no examples about the kind of integration in knowledge and practices and how it was done. To address this gap, the research team decided to conduct focus groups with all the participants at the second workshop. A flood of responses and new data emerged and most importantly, new insight and knowledge which will be discussed in the following section.

As a community-based research practice, we encouraged the reflexive engagement of researchers with community members (Moffatt, George, Lee, & McGrath,

¹ The term “indigenous” or “indigeneity” usually applies to first peoples who are minorities in their own lands. In this sense of the term, the Batwa people would be considered the only indigenous people in Rwanda. So for this reason, research participants and stakeholders preferred to use the language of “local practices” to describe pre-colonial traditions of healing and helping. However, as the study progressed, stakeholders began to use the terms interchangeably. Some of the Rwandan researchers, in particular, adopted the term “indigenization”: “...professional social work must be relevant to the needs of different societies and so has a locality dimension. Thus, any imported knowledge must fit the local context. In view of this, indigenous knowledge is defined as local knowledge that is unique to a given culture or society, based on its members’ common stock of experience” (Kalinganire & Rutikanga 2015, pp. 8-9). Shizha (2013) notes that “In Africa, the term *indigenous* is seldom used” because all formerly colonized original inhabitants are indigenous...have close ties to the land and in Africa they have a special relationship to their traditional land... (p. 2).

2005), and asked the Rwandan researchers to identify as community members and insiders. We drew from Mizrahi's (2001) observations that community may be considered "as a context, as a method, and as a level of intervention" (p. 176) in social work practice.

In the third workshop in June 2015, the advisory committee and researchers grappled with the issues that had emerged concerning local helping practices and formal Western-based knowledge: What constitutes "indigenous" in the Rwandan context? How can Rwandan cultural practices inform social work? Can these practices co-exist with dominant social work theoretical approaches? What are the implications for the social work curriculum in Rwanda and elsewhere? We agreed that we needed to do extensive literature reviews to see how others in both indigenous and post-genocide contexts had grappled with these issues. We defined a series of topics, emanating from the research that we wanted to explore further through the literature and with other colleagues. Eight small writing teams emerged, drawing in other social work faculty and local government representatives who had engaged with us and with the project. We also agreed that we needed to do much more research on local practices in the future.

By the fourth and final workshop in June 2016, which involved 74 participants, everyone was thoroughly engaged and committed to developing a Rwandan approach to social work, grounded in local cultural practices, immersed in the current and historical context and open to incorporating learning from other contexts, including Western sources where they could complement indigenous knowledge and practice. Participants also articulated an important role for social work in terms of bringing practice wisdom and research to bear on the development and implementation of national social policies and programmes.

FINDINGS

PRACTICES THAT WORK AT THE LOCAL LEVEL

In the focus groups of the second workshop, participants gave examples of the practices that they perceived to have a positive impact in the community. Some of these practices were embedded in the Rwandan culture of interdependence, which calls for

assistance, especially to those who are most vulnerable. Examples included *gutabarana*, literally translates as ‘mutual rescue.’ One stakeholder explained:

If in the Rwandan family there is a sickness or death problem, there is a social obligation of *gutabarana* without the person with a sick/dead person having to call for help. ... Everyone has to come for this social support because *kirazira kwanga gutabara* [it is a taboo in the Rwandan culture to not assist others in need].

With *gutabarana*, people can come together to take a sick person to the hospital, known as *guhaka*, which literally means carrying patients to the hospital, especially for people who cannot afford to pay an ambulance or who live in very remote areas that are not accessible by car. This kind of assistance entails physical transportation or financial contribution, as well as accompanying the person in need both emotionally and psychologically. They console the grieved and provide any financial or material support needed. Participants indicated that this falls on the shoulders on the neighbors and friends.

Some of the other practices documented relate to problem solving. Different stakeholders gave examples of *gacaca*: a mechanism that was used to solve interpersonal and community conflicts in traditional Rwanda. The practice of *gacaca* depended on people, known as *abunzi*, or “mediators” who had the skills to mediate and facilitate conflict resolution. Although *gacaca* was transformed into a form of Truth and Reconciliation Commission in post-genocide Rwanda, the old informal approach is still used in rural Rwanda.

Another example provided was: *ibimina*, also known as “tontines.” One participant volunteered to explain what *ibimina* are:

I want to talk about a local practice. I want to talk about the tontines. Here people put together money and save. This helps them in solving their daily problems of which they couldn’t do on an individual basis. These tontines are really helping people especially in credit and savings.

Different stakeholders explained that members in the tontine groups establish and abide by the rules and regulations they put in place. When they function well, they help group members to save money to the point that they can grow into income generating cooperatives that help to alleviate poverty and other related issues. In reference to *ibimina* or tontines, the vice-mayor of Huye district indicated that in 2016 alone over one hundred

of these voluntary groups existed in the district. They are currently a very popular way for people to address a variety of practical needs in an effective and socially engaged manner (Interview, June 1, 2016).

Umuganda, which means “communal work,” was another practice that the participants discussed. Traditionally, *umuganda* meant that people, mainly neighbors, came together to help someone in need. For example, it could mean contributing materials and building a house for someone who is homeless.

Another example provided was *akagoroba k’umuryango*, which translates as “an evening for the family,” which consists of bringing together family members and close neighbors to discuss problems in the neighborhood and try to educate and counsel those who disrupt peace and well-being in the area. The participants in the workshop explained that bringing a problem to the open allows it to be uncovered and discussed by people gathered to find the best solution. When people come together in these informal groups, there is also an opportunity to socialize and support one another emotionally.

While many of these practices existed as what Rwandans “just do for each other”, they became weakened by the genocide against the Tutsi. Since the end of the genocide, the government of Rwanda has encouraged the renewal of these traditional values and practices. For example, the last Saturday morning of every month, *umuganda* is practiced throughout the country. Each municipality, together with local community representatives, determines communal work projects and everyone is obligated to participate. *Umuganda* engages members of different neighbourhoods in activities that benefit individuals (as the example of building a house for a homeless), or the community as a whole, such as clearing bushes, cleaning ravines, and repairing local roads. Through this community work, Rwandans get an opportunity to get to know each other and discuss other community issues that concern them or the people around them.

ORAL TRADITIONAL KNOWLEDGE BASE

While in the West many social practices are guided by bodies of knowledge researched and compiled in books, in Rwanda, the above- mentioned practices are supported by a strong oral traditional knowledge base that is expressed through proverbs,

statements of taboos, and folk tales and storytelling. Participants gave examples of proverbs that encourage mutual support, friendliness and togetherness:

- *Incuti iruta incuro*: “a friend in time of great need is better than material things”
- *Inkingi imwe ntigera inzu*: “one pillar cannot build a house”
- *Iyo umuturanyi ahishije inzu ugura akarago*: “when a neighbor’s house burns down, you purchase a mat” meaning that when a neighbor experiences tragedy, you find ways to intervene to offer safety or protection because tomorrow you may be the one in need.

In addition to traditional proverbs, Rwandans use short stories to pass on knowledge and life skills. One practitioner explained how she learned a conflict resolution technique from an elderly woman:

I once had a conflict problem with a couple-clients and I failed to solve it using all the methodologies learnt in class. When I shared the problem with an old woman in the village, she narrated a story about a similar case and the way it was solved. She advised a neighbor’s wife to take a big sip of water and not swallow it (keep water in the mouth) when the husband came home shouting at her. After the husband had cooled down, the wife spat the water and she was able to talk to the husband.

This practitioner applied the same approach and it worked out while the use of the learned conflict management theories had failed to address the problem. This kind of wisdom passed on orally through stories and proverbs offers alternative models of learning and practice.

ROLE OF THE RWANDAN STATE

At the macro level, the overall development strategy of the country is expressed in the national government’s Vision 2020, which was announced in the year 2000 as Rwanda’s strategy for implementing the UN’s Millenium Development Goals. Social policies of the Rwandan state have integrated collective recovery with a mutual self-help approach. The state fosters the social values of collective responsibility in its discourse of “home-grown solutions” to problem-solving. National policies favor the revitalization of traditional ways of solving socio-economic problems built on the philosophy of *kwigira* or self-reliance and *kwiha agaciro* which loosely translates as “taking pride in one’s own success in addressing social problems” (Kalinganire & Rutikanga 2014, p. 237). The

intention is also to lessen the need for external assistance, whether from the national government or international aid (Kalinganire & Rutikanga 2015). However, the government has also implemented some policies aimed at poverty reduction and improving health nation-wide through health insurance, housing and sanitation programs.

While these efforts have shown positive results in the community (Kalinganire & Rutikanga 2014), not some programs mandated from the national level have succeeded. An example is the *girinka munyarwanda* (one cow per poor family) program. This program is intended to foster improved household nutrition, the provision of organic fertilizer, and income generation through the sale of milk (Kalinganire & Rutikanga 2014). While it may be too early to evaluate the outcomes of this initiative, some research participants expressed concerns that some families who received dairy cows have not been able to afford to feed and maintain them. This raises concerns about the approach the national government used to distribute cows without assessing the kinds of farm animals that certain families can manage to raise.

A CRITICAL ROLE FOR SOCIAL WORK

In discussing such issues during the last research workshop, participants determined that there was a critical role for social work to play to impact effective policy development and implementation. As summarized in the table below (Table 1), participants defined the role of social work education as “a bridge” that helps to translate academic training and the social work values into policies, to formulate better programs based on local needs and conditions, and to facilitate and deal with practical issues of implementation at the community level. Participants also perceived this bridge to be the source of various forms of partnerships for knowledge generation, and future planning.

DISCUSSION

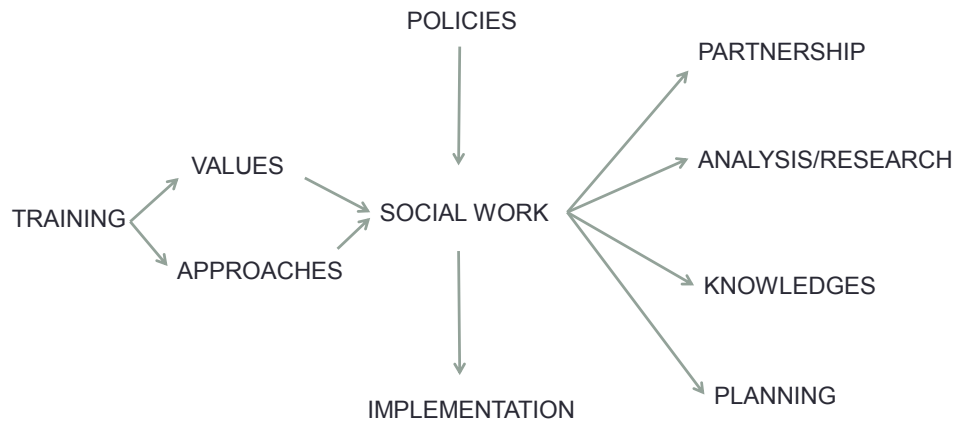
From the findings in this study, social workers in Rwanda face several challenges in their quest to develop a social work knowledge and practice base that is constitutive of and meaningful to Rwandan society. The first challenge concerns the disconnect between learned theories and local practices as social work becomes professionalized.

PROFESSIONALIZED HELPING

There are several dimensions to this issue as uncovered in our study. Recognition of the importance of recovering local helping and healing practices has called into question what

Table 1: Social Work as a Bridge

Social Work as a Bridge



constitutes knowledge in professional social work theory and practice. Social work as a Western-based academic discipline has sought legitimacy by initially attaching itself to positivist scientific paradigms and currently, through struggles to prove its efficacy based on evidence-based approaches (Rosen, 2003). In this study, we found that local knowledge is still deemed to be inferior or illegitimate for the training of social workers in Rwanda. One participant articulated it in these words: “You may grow up on this knowledge and it’s something you do but it’s not something that is taught in school” (Focus group, June 23, 2014). Western-trained African practitioners are often limited in their exploration of local knowledge and practices and prone to importing Western theories, which, is at times viewed as the “McDonaldization” (Moodley, Gielen, & Wu,

2013, p.3) of intervention skills. Unfortunately, such approaches create expectations of treatment outcomes always consistent with the Western knowledge source.

Privileging Western social work theories in the training of Rwandan social workers implies that other ways of knowing, especially those transmitted through oral traditions, are relegated to the informal and anecdotal domain. This creates a dual tension for faculty receiving graduate training in Europe or North America where Western theories, discourses and paradigms are legitimized at the expense of indigenous knowledges and ways of knowing. As discussed in our workshops, the professionalization of social work tends to be viewed as moving people away from the values or principles around collective and mutual responsibility. Practitioners and students in this study articulated this dilemma as “not knowing how to go back to their community” and having a hard time being accepted. At best, these new academics and practitioners must learn to “walk in both worlds” on their own with little support, a term often used by Aboriginal peoples in Canada confronting the same dilemma.

This issue is not unique to Rwanda or to Rwandan social workers. Shizha (2013) is his wide-ranging article dealing with indigenization of educational systems in Sub-Saharan Africa, articulates the tensions experienced throughout Africa in the advent of decolonization in the 1960s: “African politicians, academics, policy makers and administrators, because of the Western education they attained, developed a colonized mind that still exists and persists today. This is the reason why they undermine and undervalue indigenous knowledges in education and development” (p. 4). Shizha (2013) also examines several systematic attempts in Africa over the past fifty years to indigenize education and social systems and observes that indigenization is a long term process, and not always successful. Haug (2005) attributes some of such shortcomings to the current power differential and imbalances that exist between “knowledge systems, geo-political regions, languages and social work paradigms” (p. 127) in international social work. Haug argues that international social work discourse gives value to scientific knowledge that derives from a Western modern, mechanistic science paradigm while marginalizing local, oral and indigenous knowledge traditions. We concur with Haug (2005) that international social work organizations should: a) deconstruct what international social work truly is in order to allow representation of a diversity of social work practices

around the world; b) acknowledge voluntary social work that may not be classified as professional, according to the current (western) standard, without dismissing the importance of professional training. The promotion of local or indigenous knowledge and practices will encourage both social work educators, researchers and learners to develop a local knowledge base that can be useful for the profession.

The participants interviewed in our study indicated that the solution was not a total rejection of Western knowledge but that in reality Rwandan practitioners must create hybrid practices as many prefer to opt for a “complementary” approach where they can pick and choose accordingly. This finding is borne out in a national survey of Rwandan social workers. When asked about what models of service delivery they used, Western-oriented or indigenous, 77.8% of practitioners indicated they used “a mixture of both”, while only 22.2% indicated they used “mainly locally based” approaches (Kalinganire & Rutikanga 2014, p. 56). Further research would shed light on how social workers negotiate this dilemma. Greater understanding of what “social workers are actually doing” in this regard could lead to both new knowledge and practice that is particularly applicable to Rwandan culture and context.

REBUILDING SOCIAL RELATIONS

A second challenge pertains to the role and responsibility assigned to social work in the country in helping to reconstruct social relations. The 1994 genocide ruptured social relations not only at the level of national identity but also within communities, villages and families. The fracturing of social relations throughout Rwandan society is particularly poignant given its reliance on interdependence and collectivity as traditional values. In the aftermath of the genocide, many of these cultural mechanisms of social support were severely damaged. Yet, Rwandans continue to rely on other Rwandans for survival. As discussed in the overview, roles such as community facilitator, counsellor of social affairs, animator of the community, coordinator, helper of vulnerable groups, and one who informs the community about all possible problems were originally identified as social work roles that could serve important functions in helping to reconstitute ruptured social relations. Unlike the dominant assumptions about social work in the West being primarily individual-based, the locus of helping in Rwanda emphasizes the community or

the collective social unit, including families. As Kalinganire and Rutikanga (2014) state “the overemphasis on casework as the method of intervention appears to be inappropriate in developing countries” (p.232). Social work assistance is not limited to addressing psychosocial needs but includes economic needs, as well as political and cultural mediation. Thus, the Rwandan social work faculty are recognizing the importance of reinforcing community-based approaches in their curriculum and practice. In designing the first Masters of Social Work programme in Rwanda, for example, the faculty are adopting social development as the primary conceptual framework meant to capture the wide array of skills and functions that social workers could be exercising in the country to fulfill the mandate of helping to reconstruct ruptured social relations (Kalinganire & Rutikanga, 2014).

SOCIAL WORK AS HOLISTIC SOCIAL DEVELOPMENT

As participants discussed over several workshops, this understanding of the role of social work calls for a move away from professional identity to focusing on social work as a vocation based on Rwandan cultural values and grounded in a philosophy of holism. Although not referring to social work, Shizha (2013) defines what that approach means from a post-colonial perspective:

African learners were exposed to fragmented and compartmentalized knowledge contrary to holistic learning which they were used to in their villages and communities. Holistic learning contributed to communal knowledge production and acquisition. Indigenous knowledge production was holistic and integrated all activities including rituals and skills required to sustain cultural practices, life of the family and community (Owuor, 2007) (p.7-8).

Effectively, in post-genocide Rwanda social workers are called upon to help facilitate holism in the everyday life of families and communities. This is not easily reduced to a set of skills or techniques but rather relies on a much deeper process of formation that constitutes a third challenge.

INDIGENOUS KNOWING AS A DEEP PROCESS

Developing a social work curriculum based on Rwandan cultural helping practices and centred on the well-being of communities or the social development perspective

presents significant challenges and opportunities for educators.² One of the immediate challenges that social work faculty in Rwanda face is the lack of locally produced and culturally appropriate materials and resources used to train social workers. While the majority of educators strive to use materials produced in Africa and reports and documents produced by local organizations, most textbooks are imported from Europe, USA or other developed countries (Kalinganire & Rutikanga 2015). Thus, the use of foreign materials must be presented consistently within a critical framework that can distill what is relevant and useful for the Rwandan context. Reliance on these outside materials threatens to undermine the agenda of implementing a curriculum based on indigenous values and practices. To accomplish this goal will require a certain courage and confidence to explore with students the process of coming to knowledge in a different way. Shizha (2013) states:

The challenge is to deconstruct and redefine the structures and systems of knowledge and rupture inner imperialism, which Habermas calls “inner colonization” (Rust, 1991, p.617) that are a threat to the identity and self-perception of the African student. Thus, a redefined and transformed education system should aim at reclaiming and commemorate the African cultural histories. Schools should be cultural spaces and centres that provide strategies to reclaim African cultural identities to counteract threats of cultural identity loss (p. 7).

This process is a sophisticated approach that requires methods that support students to immerse themselves in communities. In these local contexts, they will learn by observing what the communities or groups of people are doing to heal the broken fabric of relationships and discourse. Students will inevitably need encouragement and support in entering that wilderness, in order to let go and learn who they are and what they can contribute. Through the process of being with and spending time with people, coming together for celebrations and problem solving, students can discover and name their learning which in turn can lead to new and valuable knowledge for indigenous social work practice. This process of experiential learning demands that students are taught how

² Kalinganire and Rutikanga (2015) summarize issues raised in their survey by social work educators that hinder indigenization of social work knowledge: “almost all the materials used to train social workers are produced outside Africa; little commitment amongst authorities of universities concerned to facilitate local research activities that would respond to lack of locally generated materials; inadequate sponsorship for social work-based research; lack of local literature on cultural/traditional approaches that would help in the process of social work indigenization; research outputs in the field of social work by Africans are not enough; and predominant use of materials produced in Europe, USA and other parts of the world” (p.94).

to engage in critical self-reflexivity. Experiential learning theory defines learning as "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience"(Kolb 1984, p. 41). Experiential learning in the social work context also reverses the primary site of learning: the community and the field are centered over the classroom. Admittedly, this implies a very deep and demanding engagement with learning. However, it is only through such a direct engagement with the local reality that the social work program may fulfill its mandate to help Rwandans to reconstruct their society based on their values.

CONCLUSION

Our project began with the exploration of indigenous practices that can contribute to peoples who have experienced genocide and other forms of collective trauma. Our research reinforces the need to support and develop indigenous knowledge bases that can contribute to international social work practice. The ultimate goal of this project and this paper is to increase the understanding of existing local practices that promote collective recovery in these unique contexts. We acknowledge that even though the recent development of international knowledge exchange has made it possible for social workers to share their ideas about approaches to developing knowledge and practice, many African countries affected by wars and other disasters are still struggling with the production of relevant knowledge that is contextually grounded in their own indigenous practices. Nonetheless, what we have learned through our study and partnership together to date, is that for all countries with a history of collective violence, meaningful intervention begins with historical knowledge and understanding the meaning-making processes established through culture and religion that support recovery. This is equally true for Canada in its ongoing struggle to come to terms with the "cultural genocide" of indigenous people as it is for Rwanda in its ongoing process of post-genocide recovery.

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