RECLAIMING THE SELF AND THE QUEST FOR MEANING IN LIFE: PERSPECTIVES ON THE PROCESSES OF PSYCHIC RECONSTRUCTION AMONG SURVIVORS OF THE GENOCIDE AGAINST THE TUTSI IN RWANDA IN 1994

Emmanuel Mihigo M., Denis Kazungu, Innocent Kagabo, Turikumwenamungu Jean Bosco

Abstract

After the genocide perpetrated against the Tutsis in 1994 in Rwanda, various therapeutic approaches were used to support survivors in their psychological reconstruction. However, narrative therapy remains poorly documented. The study proposes to study the role of narrative therapy, the mechanisms by which it promotes the overcoming of suffering, its impact in the reconquest of oneself and the restoration of the meaning of life. Based on a purposive sample, eleven participants were interviewed through semi-structured interviews. Through a thematic analysis, the results reveal that the sharing of experiences allows victims to put their suffering into perspective, to tame their suffering and thus regain the power to act and a certain ability to project themselves into the future. The group framework, which has become a space of collective catharsis, offers a place for exchanges on existential meaning. Rwandans having a culture of orality, the narrative approach is part of its socio-cultural anchoring and allows for easier emotional communication to externalize their suffering. The relevance of narrative therapy in this socio-cultural specificity demonstrates its therapeutic potential in psychological reconstruction. However, studies with larger samples would be needed to confirm the robustness and transferability of the results.

Key words: Reclaiming, search, reconstruction, genocide, Tutsi

Introduction

The twentieth century tragically distinguished itself as an era marked by genocides, notably those perpetrated against the Armenians, the Jews, in Cambodia, and against the Tutsi in Rwanda, during which populations were massacred and systematically exterminated under the force of visceral hatred (Alloa & Kristensen, 2007). As for the 1994 genocide perpetrated against the Tutsi in Rwanda, it was one of the most horrific and devastating events of the twentieth century, with more than 800,000 people killed in just 100 days (Mafeza, 2013). The impact of this genocide on mental health is both profound and enduring, affecting not only those who directly witnessed the violence or survived it, but also subsequent generations (Dozio et al., 2020; Rieder & Elbert, 2013). Beyond the physical annihilation of the victims, the 1994 genocide perpetrated against the Tutsi in Rwanda left survivors with a heavy legacy of memory and psychological trauma burden (Cherifi, 2008).

Given the scale of the genocide's repercussions on individuals' mental health, numerous psychotherapeutic interventions have been implemented to support survivors. The present study seeks to examine the role of narrative therapy in the process of psychological reconstruction and the quest for meaning in life among survivors of the genocide perpetrated against the Tutsi in Rwanda in 1994. In a national study conducted in Rwanda on the prevalence of mental disorders, associated comorbidities, and the use of mental health services, researchers reported that the events that occurred during the 1994 genocide against the Tutsi in Rwanda, by virtue of their magnitude and the horror inflicted upon victims, are classified as major traumatic events. The study found the highest prevalence of mental disorders among survivors of the 1994 genocide against the Tutsi, including episodes of major depression (35%), PTSD (27.9%), and panic disorder (26.8%) (Kayiteshonga et al., 2022).

Grieder (2016), in his article, reports the poignant testimony of a survivor of the genocide perpetrated against the Tutsi in Rwanda, who states: "*Suffering has built a house in my heart; I weep so that it may be destroyed*." This testimony conveys the intensity of the suffering that this survivor experienced and continues to endure. As this account illustrates, the trauma inhabits him permanently; he cannot rid himself of it on his own. He asks that this suffering leave him and be dislodged from his psyche. The devastating impact of trauma means that he is no longer himself: his identity is affected at the deepest level, and he can no longer exercise control over himself. Psychological reconstruction through the narrative elaboration of one's life story, values, and social roles may confer meaning upon survival and one's future.

Referring again to the traumatic experience of the survivor cited above, Wolynn (2017) speaks of a traumatic past that does not pass, that does not fade, and that is liable to profoundly transform an individual's identity. In the same vein, Munyandamutsa (2014), discussing the transmission of trauma, aptly stated: "*We transmit what we are, what we have become, and what society has made of us*." From this, it follows that trauma brings about an identity transformation. This past affects the meaning of life and may be transmitted across several generations when the family narrative remains exclusively centred on trauma, making it difficult to free oneself from endured suffering and from the deathly power of tragic memories (Anaut, 2016).

According to H. Audoin-Rouzeau & Dumas (2014) and Jacques Palard (2015), the 1994 genocide against the Tutsi in Rwanda was a "genocide of proximity", carried out with unprecedented cruelty, in which violence predictably penetrated the intimacy of social and affective bonds. People lived within the same milieu, where neighbours shared drinks and gave their daughters and sons in marriage. The particularly dramatic nature of the genocide perpetrated against the Tutsi in Rwanda is evident in the fact that it was not committed by strangers, but by neighbours and individuals connected to their victims through kinship or close social ties. Thus, the social and family setting, ordinarily perceived as a locus of protection, was transgressed: people killed, without fear, those with whom they had shared so much, those with whom they had ties of filiation. In this way, individuals who, under normal circumstances, were expected to embody figures of protection and solidarity swiftly became perpetrators, irreversibly shattering bonds of trust within communities. Violence reached the deepest level of victims' intimacy precisely because it was perpetrated by those close to them (Sibertin-Blanc & Vidailhet, 2003).

This abrupt shift in social and affective proximity calls into question fundamental relational reference points, notably as expressed in the Rwandan proverb: "*Inshuti ya hafi ikurutira umuvandimwe wa kure*", which literally means: "*A close neighbour is better than a distant brother.*" This

proverb traditionally underscores the importance of neighbourly relations grounded in solidarity and mutual aid, yet it was tragically undermined by the reality of the genocide, in which geographical proximity sometimes became the very vector of betrayal. Violence reached the deepest level of victims' intimacy precisely because it was perpetrated by those close to them (Sibertin-Blanc & Vidailhet, 2003). This paradox highlights the collapse of traditional social frameworks and the depth of the moral rupture induced by extreme violence. The community that did not intervene to protect some of its members who were targets failed by doing nothing to save lives in danger and itself required psychological reconstruction (Staub et al., 2005). Indeed, the psychological reconstruction of survivors cannot be dissociated from that of the community itself: the two are intertwined, difficult to separate, and mutually influential. Survivors continue to live in proximity to former perpetrators and their families, and they share almost everything in their daily lives. In this context, the community plays an essential role in support, integration, and the restoration of social bonds. Without this work of community-level psychological reconstruction, the psychological reconstruction of survivors remains partial.

Moreover, another important aspect emerges in the accounts of certain survivors. Referring to the words of a survivor observing the return to the community of former perpetrators released after having served their sentences, he reports: "*These people (former perpetrators) who are being released made no confession, and they know where they threw ours (those who were killed), and they did not want to show us where the bodies of ours are. We cannot believe that they have changed. They should not be released, because at any moment we risk being traumatised again.*" These words convey a persistent anxiety an inner sense of insecurity that could be alleviated only if there were guarantees of change and non-dangerousness, acknowledgement of responsibility, and expressions of regret, things that perpetrators rarely provide (Staub et al., 2005). Such assurance would then have a genuinely soothing effect.

Indeed, survivors of the genocide experienced not only an alteration of their being, affecting not only their identity, that is, what they had become, but also their relationship to existence and their future becoming, namely what they can or should become (Munyandamutsa, 2014). The trauma endured by survivors brought about a psychic breach that was not limited to a mere intrusion; it also destroyed or profoundly altered the person in their innermost being, rupturing the sense of continuity and depriving them of the capacity to think and to envisage the future (Sibertin-Blanc & Vidailhet, 2003). This article aims to explore the contributions of narrative therapy to the process of psychological reconstruction and to the quest for meaning in life among survivors of the genocide perpetrated against the Tutsi in Rwanda in 1994. To this end, three specific objectives were established: (1) to identify major transformations in the life narratives of survivors who have received narrative therapy; (2) to analyse the mechanisms through which this therapeutic approach fosters the development of resilience at both individual and community levels; and (3) to explore the impact of narrative therapy on reclaiming the self and restoring meaning in life, key elements that are most severely affected and that constitute foundations of psychological reconstruction.

The post-genocide period required interventions adapted at both individual and collective levels in order to support the psychological reconstruction of survivors and to restore meaning in life, as this constitutes a fundamental human need (Kühn, 2003).

There was an urgent and pressing need to establish appropriate therapeutic interventions to address the psychological consequences associated with the genocide and to alleviate the burden

of psychological disorders among survivors of the 1994 genocide against the Tutsi in Rwanda. Certain therapeutic interventions were initiated in Rwanda with a view to improving the mental health of genocide survivors, notably the approach of community and individual sociotherapy, such as "*Mvura Nkuvure*" in Kinyarwanda, which literally means "*heal me, I heal you*", and which aims to promote psychosocial healing and reconciliation in the post-genocide context in Rwanda (Jansen et al., 2022). EMDR (Eye Movement Desensitization and Reprocessing) is, for its part, an individual approach intended to enable the processing of traumatic memories in a less painful manner (Carriere, 2014). Although efforts have been devoted to addressing the psychological consequences of the genocide, very few studies, if any, have focused specifically on the restoration of meaning in life, even though the genocide profoundly altered self-perception and the relationship to existential meaning.

Narrative therapy was first introduced by the Australian Michael White and the New Zealander David Epston. It was initially applied in family therapy and subsequently extended, with considerable success, to the treatment of trauma, eating disorders, addictions, bereavement, and intimate partner violence. Narrative therapy holds that realities are socially constructed, that individuals are experts in their own lives, and that problems are separate from persons. It also recognises that individuals possess competencies that help them change their relationship with their problems (Gros-Louis, 2015). As an approach centred on psychological reconstruction through narrative, narrative therapy offers a relevant framework for exploring and rehabilitating meaning in life among survivors. It helps individuals not to define themselves by their status as victims but rather aims to separate the person from the problem, thereby enabling psychological reconstruction (Dekruyf, 2008). In Rwanda, oral tradition occupies a central place in the psychological construction of identity through the transmission of narratives. From this perspective, narrative therapy, which likewise relies on the use of narration, could, once contextualised and adapted, constitute a relevant lever for fostering psychological reconstruction (Betbèze & Ostermann, 2022).

Studies, notably that by Karibwende et al. (2022) conducted with orphans, that by Murengera et al. (2025) carried out with survivors of the genocide against the Tutsi in Rwanda in 1994, as well as that by Rani et al. (2024) focusing on women who were victims of domestic violence, have all shown that narrative therapy contributes effectively to reducing symptoms of anxiety and post-traumatic stress disorder (PTSD; French acronym TSPT). However, few studies have been conducted in Rwanda specifically on the mechanisms of psychological reconstruction and reclaiming the self among survivors of the 1994 genocide against the Tutsi. Drawing on survivors' traumatic narratives, our study aims to address gaps in the literature concerning the impact of narrative therapy in the process of psychological reconstruction. It also seeks to examine how this approach may contribute to restoring meaning in life in a context where trauma, by its nature as a psychic breach, has caused rupture, blockage, and disorganisation of the psychic apparatus (Sibertin-Blanc & Vidailhet, 2003). This impediment remains palpable today, as survivors' capacity to envisage the future, or to regain continuity of life, continues to be affected.

2. Methodology

2.1 Qualitative approach to the study

This study used an exploratory qualitative approach to examine how narrative therapy contributes to psychological reconstruction, reclaiming the self, and redefining meaning in life among survivors of the 1994 genocide against the Tutsi in Rwanda. This approach was appropriate insofar as it facilitates the expression of individuals' lived experience and aligns with the tradition of a Rwandan society characterised by a culture of orality. Semi-structured interviews provided a flexible framework for the collection of rich qualitative data, enabling an in-depth understanding of participants' thoughts, feelings, and beliefs regarding their lived experiences and their projections into the future.

2.2 Study setting

This study was conducted with survivors of the genocide perpetrated against the Tutsi in Rwanda in 1994. The selection of participants was guided by the fact that they were attending narrative therapy sessions facilitated by Uyisenga ni Manzi, which remains the only organisation recognised in Rwanda for its expertise in integrating narrative therapy within its community-based psychosocial interventions. We collected and analysed survivors' narratives concerning their process of psychological reconstruction following their participation in narrative therapy sessions.

2.3 Sampling method and sample characteristics

Participants in this study were survivors of the 1994 genocide against the Tutsi in Rwanda who had previously taken part in narrative therapy sessions. Purposive sampling was used to select 11 survivors who participated in narrative therapy sessions facilitated by the organisation Uyisenga Ni Manzi. Participants spoke about their experiences in order to explore the outcomes of narrative therapy. Sample size was determined on the basis of the principle of data saturation, which holds that data collection may cease when no new themes or information emerge (Bowen, 2008).

2.4 Data collection

Some of the data used in the present study were initially collected as part of a broader research project. A portion of these data had already been analysed and published in a Master's dissertation, which focused on the contribution of narrative therapy to reducing anxiety, depression, and post-traumatic stress disorder among survivors of the 1994 genocide against the Tutsi in Rwanda (Murengera et al., 2025). This article, however, addresses a distinct research question and adopts a different analytical angle that was not examined in the Master's dissertation. When conducting this research, we generally focused on certain elements that contributed to the process of resilience among survivors of the 1994 genocide against the Tutsi in Rwanda. However, we remained driven by a desire to understand how survivors were able to regain agency and a

degree of capacity to envisage the future. This aspect had not been sufficiently addressed and is the focus of the present article.

2.5 Data analysis

In this study, the qualitative interview data were audio-recorded and transcribed verbatim. The transcripts were reviewed to develop an in-depth understanding of participants' lived experiences. Thematic analysis was used as the primary method for analysing the qualitative data. This technique followed the six key phases of thematic analysis described by Braun and Clarke (2019): familiarisation with the data, initial code generation, searching for themes, reviewing and refining themes, defining themes, and writing the synthesis report. A research team comprising five psychologists was involved throughout the process. Each member independently coded excerpts of the data, after which regular meetings were held to compare coding, discuss discrepancies, and harmonise coding categories. This collaboration strengthened the coherence and relevance of coding categories, thereby facilitating the emergence of meaningful themes. The Cohen's kappa coefficient was 0.80, indicating excellent consistency in code assignment and theme development.

2.6 Ethical considerations

In accordance with the ethical principles established for the initial study, of which the present article constitutes an analytical extension, this research was approved by the Institutional Review Board (IRB) of the Faculty of Medicine and Health Sciences at the University of Rwanda (Ref: CMHS/IRB/162/2023). Participants were provided with clear and detailed information about the aims, procedures, and implications of the study. Their free and informed consent was obtained prior to participation. Confidentiality was ensured through rigorous anonymisation of the data. Participants were also informed of their right to withdraw from the study at any time, without justification or consequences. Given the sensitivity of the topic, listening and psychosocial support arrangements were put in place to respond to any emotional reactions that might arise during the interviews. All interviewers were psychologists with demonstrated experience in managing psychological trauma. Prior to data collection, additional training was provided to raise awareness of the specific features of emotional crises related to the genocidal context and to equip interviewers with empathetic and psychologically safe interviewing techniques to be used should an emotional crisis occur. Immediately after each interview, on-site psychological support services were available to ensure participants' wellbeing at that moment. This organisation ensured a conducive and protective environment, reducing the risks of re-traumatisation.

3. Results analysis

Improvement in debilitating symptoms

Some survivors describe characteristic manifestations of psychological trauma, such as intrusive re-experiencing of traumatic events, nightmares, insomnia, headaches, intense fear,

hypervigilance, startle responses, and social withdrawal. Because of this psychological deterioration and the severity of symptoms, some relatives, friends, or members of the community recommended psychological care. The narrative therapy sessions they received enabled an improvement in symptoms.

MUH states: "*It was the president of Ibuka (the collective of survivors' associations) who initiated my psychological care. My condition showed severe psychological decompensation; I could not do anything. This affected my life. The fact that friends and neighbours intervened so that I would receive psychological follow-up made it clear that I could not function normally.*"

ESP adds: "*It was the Red Cross that invited us to participate in psychological follow-up sessions after observing that we had experienced emotional crises during the commemoration events of the 1994 genocide against the Tutsi.*".

KAY explains: "*What brought me to the doctor was excruciating headaches. I did not want to see anyone, or to talk. I was dizzy, I did not understand what was happening to me, and I was losing consciousness.*" For EMU: "*When I arrived here, I was traumatised, because I was the only survivor in my family, and I had no one left. I isolated myself a great deal, and I struggled to accept myself. Nothing remained with me.*"

MAGO recalls multiple episodes of re-traumatisation. She reports: "*I had about 30 emotional crises per year. There were no periods of remission.*"

The accounts of MUH, ESP, KAY, EMU, and MAGO provide a window into how survivors of the genocide against the Tutsi express their suffering, while also revealing the therapeutic processes at work. Across their narratives, several techniques specific to narrative therapy are apparent. Participants describe how they externalised their problems. Survivors express their suffering as invasive entities. This externalisation, as a first essential step in therapy, initially helps to reduce the emotional burden accumulated over a long period. Their efforts were not limited to describing the trauma; they also involved taking the initiative to seek care. They chose to regain agency over their story by seeking help (re-authoring). This points to their capacity to overcome their wounds and not to be overwhelmed by what happened to them. The involvement of other actors, such as Ibuka, the Red Cross, and neighbours who witnessed survivors' distress, strengthened their initiative in seeking care and psychological recovery. This empathy indicates that survivors' psychological suffering was not perceived solely as an individual problem, but as a shared reality requiring support from a wider community. These combined individual and collective efforts enabled survivors to regain certain capacities that allow them to lead a more or less adaptive life and to live with a degree of balance.

Identity reconstruction

Participants report a tangible return of their individuality despite the impact of trauma. MUK describes how the community perceived her because of her post-traumatic state: "*They had nicknamed me* ***kararubiye****, which means 'the bitter woman'*", reflecting her depression and social withdrawal. She then marks a turning point: "*But now, I am able to reach out to others and communicate.*" This statement illustrates how psychological support through narrative therapy helped her to restore her self-image and, consequently, to break down communication and relational barriers. Moreover, the need to build caring family bonds and to find love and support within a structuring environment is essential to identity reconstruction.

For MKT, trauma had cut off any possibility of expressing her lived experience and feelings: "*I felt that I had no one to whom I could tell what had happened to me.*" She nevertheless emphasises that, after some time, this changed: "*I found someone to whom I could tell my story, and I felt relieved; I could see things clearly,*" she continues. This shift from silence to narration reveals a profound liberating effect on the psyche. In addition, narration enabled the person to externalise her suffering and to view it from another angle.

EMU shares a poignant account. Orphaned from the age of two, deprived of his roots, and without a family name, he states: "*Even the name I have was given to me by my benefactor. This name means 'God is with us'.*" His process of identity reconstruction begins with creating a family, through marriage and the birth of a child: "*I want to leave a legacy,*" he says, "*to leave a trace here on earth.*" This testimony illustrates the extent to which the search for filiation, even symbolic, can support self-reinvention and recreate existence within a lineage. It also points to a profound quest: to re-establish an identity continuity ruptured by the genocide. Therapy enabled him to reframe his story, not around what no longer exists (his reference points), but around an identity under construction (alternative narratives). This identity reconstruction work supported the individual in redefining the self, values, and reference points after a life rupture or an event that profoundly transformed one's life.

Among the most severe consequences of the genocide was total destruction, including entire families. This appears clearly in survivors' accounts, particularly those who were too young to retain memories: with their families entirely decimated, they find themselves without identity anchors. Establishing a family can therefore provide a sense of belonging, security, continuity of lineage, and restoration of identity. For EMU, recreating absent filial bonds through parenthood enabled him to recover a lost or destroyed identity and to reconstruct psychologically.

Emotional regulation and the quest for meaning in life

Several participants highlight the decisive role of spirituality in the search for meaning in life and in their recovery process following genocide-related trauma. Belief in a higher power, they suggest, constitutes a source of comfort and trust that helps them to face the most difficult moments. Some accounts indicate that forgiveness, prayer, and religious practices provide a sense of serenity and inner peace. UWI's experience powerfully illustrates this dynamic. Summoned before the Gacaca jurisdictions (community-based courts), she finds herself facing the perpetrator of her husband's murder. She reports: "*The most difficult moment was when we were summoned in the context of the Gacaca jurisdictions. Imagine being in front of the person who killed my husband and threw him into a pit. Honestly, I was confused, I did not understand what was happening to me, and a rage to take revenge was rising in me.*" She continues: "*But, with God's help, I was able to overcome the feeling of revenge and forgive. I began to feel better, and I was able to attend the Gacaca courts without any problems.*" She also describes the pain of being widowed at a young age, and the emotions that overwhelmed her when she saw a couple. She says: "*And when I saw a woman with her husband, I told myself that I too could have had that. Should I be a widow at this age? And to say, it was he who killed my husband. And yet it was not him. Oh my God, I do not know. Forgive me! Seeing the couple aroused jealousy and a feeling of hatred in me. I felt that I could not associate with others. When I saw a man, I hated him and I wondered why, because I imagined that it was men who had killed my husband. But with prayers, I felt a transformation, and the problems*

diminished. Spirituality gave me another perspective on the meaning of life, to forgive and to place things in God's hands. Now it is good, I have recovered, and I do good. I have no problems with people. I meet them, we interact, we talk, and we have a good time. When I ask for something, they give it to me, and vice versa. Neighbours began to approach me, but on my side it took time to trust them and to feel close to them, even though they did nothing against us."

For his part, MUH shares his experience in these terms: "*I cannot find words to explain what I went through. I placed everything in God's hands, because He alone knows everything. I embraced a new life.*" This testimony reflects a psychological process of letting go, in which recourse to transcendence makes it possible to endure the inexplicable, to lessen the weight of trauma, and to reinvest in existence. These accounts show how the genocide caused major psychological wounds that affected meaning in life and disrupted the individual's psychological organisation. Some participants illustrate how spirituality offered a symbolic and practical framework through which to reorganise and restore meaning to existence. Prayer, forgiveness, and placing suffering in God's hands constitute resources to which participants turned in order to soothe their emotions and, in the longer term, to lead a meaningful life. Indeed, these practices appear to help them regain a degree of calm, reaffirm values that remain important to them, and experience, in the moment, a sense of inner coherence.

This extract brings out the three dimensions of meaning in life (Baatouche et al., 2019): direction (intentionality), value (its specific subjective significance), and sense (felt experience). Direction refers to goals and the impetus that orients life, namely the direction one seeks to give one's existence after trauma. Value concerns what matters to the person, what they choose to retain as important. Sense refers to what is deeply felt. Understanding these three dimensions makes it possible to explore sources of satisfaction, motivation, and resilience in the face of the challenges of existence. Religion, as an established institution that facilitates spirituality (the search for the sacred), can help restore psychological balance (Harper & Pargament, 2015), but it should be approached with great sensitivity (Malviya et al., 2025) so as not to hinder mourning processes.

With regard to forgiveness, most religions encourage it, even when it has not been requested, in order to enable individuals to free themselves from the burden represented by unforgiveness. Similarly, in Rwanda, during reconciliation processes and the Gacaca jurisdictions (Staub et al., 2005), survivors were encouraged by their co-religionists to forgive former perpetrators, asserting that such forgiveness would bring inner relief and liberate them from the burden of unforgiveness and the desire for revenge. Survivors may perceive that forgiveness is expected of them and may experience pressure to grant it. However, forgiveness that one is pushed to offer without it being sought by the offender, and which is not initiated by the victim themselves in a voluntary manner, can entail psychological consequences that hinder the mourning process. The harm caused by trauma must first be addressed and acknowledged before any attempt is made to encourage the victim to forgive (Buetow, 2025). Granting forgiveness should never become an injunction imposed on victims. No implicit pressure should be exerted on victims to forgive. If forgiveness is granted, it must come voluntarily from the victim, not under any form of implicit external pressure. It can be beneficial only if conditions are met: for the victim, when the harm has been recognised, validated, and repaired; and for the perpetrator, as a possibility of relief and reintegration within the community. This work was undertaken in Rwanda prior to the process of forgiveness.

Effect of the therapeutic discussion group

Participants who took part in the group discussion setting emphasised its significant therapeutic impact. They highlight the therapeutic value of this framework. UWI states: "*In the group, I am supported, and I feel comforted. The group helps me not to isolate myself anymore.*"

From the perspective of MKK, MKT, and MUKES, they report that sharing experiences brings them relief and helps them feel that they are no longer the only ones living through such situations. NYIN adds: "*I feel close to others, because we share the same experiences.*" ESP further notes: "*When we share experiences, we help one another. We realise that our problems are less severe in comparison with those of others, and that comforts us.*"

However, VTT and BON point to other phenomena that can emerge within the group. BON explains: "*There is a risk of emotional contagion, especially with negative emotions.*" VTT evokes another salient aspect of sharing experiences within the group. She reports: "*Sometimes we wrote letters to express our feelings and wishes, and the letter was read in the group. This practice made it possible to put feelings into words. What we did not dare to express verbally was expressed in writing.*"

Across participants' accounts, three central mechanisms of narrative therapy implicitly emerge: externalisation of the problem, re-authoring, and the collective creation of meaning. Sharing experiences facilitates externalisation by enabling participants to distance themselves from their difficulties, benefit from group support, and gradually move out of the isolation that confines them. Encounters with others transform how participants apprehend their own story, in comparison with others' experiences and the ways in which those experiences were lived. Exposure to similar or more complex narratives leads to a re-evaluation of one's lived experience, such that experiences previously perceived as insurmountable acquire a different meaning and become more integrable. This dynamic opens the possibility of reorganising one's personal narrative, reformulating it in less pathologising terms, and thereby producing an alternative version of the story that is less centred on suffering.

Rupture with the sense of vulnerability and fear of relapse

Some participants expressed concerns about the difficulty of recovering from trauma. MUH states: "*I see that we will not recover easily, because those who killed ours were imprisoned, but they are released after serving their sentences and they have never confessed. They also know where those they killed are, and they did not bury them with dignity. They are buried in their houses, or somewhere, but they do not want to show us where they threw them. This still affects us.*" This testimony highlights that not having been able to bury one's loved ones leaves the mourning process incomplete, due to the impossibility of carrying out mourning rituals and providing victims with a dignified burial (Bhatti et al., 2023).

UWI reports: "*Moreover, they should not be released, because sometimes we can be hurt again. Professionals should continue to help us.*" For ESP: "*We have problems, because there are many things that can cause relapses. We are asking for advocacy.*"

Resilience is not a capacity acquired once and for all, nor does it constitute complete psychological armouring. Rather, survivors recognise that they retain a degree of vulnerability while also being better able to manage certain challenges and their vulnerable state. They are therefore

right to acknowledge that some challenges remain, and we suggest that maintaining awareness of these challenges can also strengthen this capacity.

The statements of UWI and ESP illustrate a persistent vulnerability to re-traumatisation. The fear of being hurt again motivates an ongoing call for professional support and for advocacy.

NYD describes their experience in these terms: "*In addition to the trauma, I have a particular problem: I was infected with HIV. That affected me. When I sit down and I see that I have this problem, that I am not like others, that this problem will not be cured, I feel very sad again.*" This testimony highlights the sense of vulnerability associated with HIV/AIDS infection as a consequence of rape during the genocide.

4. Discussion

This study explored the traumatic experiences of survivors of the 1994 genocide against the Tutsi in Rwanda, and the contributions of narrative therapy to psychological reconstruction and the quest for meaning in life. The findings are particularly significant in view of the historical and contextual experience through which the country has passed, and the consequences for the mental health of genocide survivors. It is notable that, even three decades after the genocide, psychological repercussions remain persistent (Kayiteshonga et al., 2022; Rieder & Elbert, 2013). This article contributes to the literature by shedding light on the contribution of narrative therapy to processes of psychological reconstruction and the quest for meaning in life among genocide survivors. Overall, the analysis identifies four main themes around which the discussion that follows is organised.

Encountering others with the same lived experience

Debilitating trauma symptoms include physical, psychological, emotional, and behavioural manifestations that profoundly affect individuals' psychological integrity, and they constitute primary drivers for seeking psychological care (Pat Ogden, 2021; Vuillard, 2018). However, even before feeling the desire to seek care, trauma can lead victims to believe that they are alone, and this sense of injustice can erode them for years, often until they meet others who have lived through the same or similar experiences. This encounter with others who share the same or comparable lived experience plays a crucial role in psychological reconstruction. From the perspective of narrative therapy, such an encounter constitutes a moment of deconstruction of the dominant trauma narrative (dominant problem-saturated story), as described by White (1990). The encounter also facilitated a break with the isolation in which some survivors found themselves. Being with others who may have experienced the worst helped survivors to relativise their suffering and, consequently, to come to terms with it, a mechanism typical of re-authoring. This corresponds to what Bessel A. van der Kolk (1994) refers to as self-leadership of one's story. Some individuals who had remained isolated for a long time were able to develop a sense of belonging by entering this space of encounter. This space provided a conducive environment in which they could express themselves and be heard without judgement, and rebuild bonds of trust with others. This aligns with Herman (1992), who shows that relational safety and the restoration of social bonds are essential elements in psychological recovery. Furthermore, participants emphasised

that individual psychological reconstruction is inseparable from collective reconstruction. This interdependence helps to explain the importance of encountering others in psychological reconstruction processes, where the individual finds support, comfort, and belonging. The space and the encounter enabled them to identify people whom they could trust.

Role of relatives and professionals in recognising the need for care

The analysis of the findings shows that the decision to seek care was strongly influenced by the surrounding environment, including relatives, neighbours, and professionals, who encouraged survivors to pursue psychological support in response to persistent traumatic manifestations. This observation echoes the work of Murengera et al. (2025), which indicates that help-seeking among survivors is frequently motivated by the persistence of psychological and somatic symptoms that impair the individual's functioning. The manifestation of symptoms proved beneficial in that, rather than distancing the surrounding environment, it created an opportunity for greater closeness, enabling those around the person in distress to provide encouragement and support. Thus, the involvement of relatives and professionals helped to create favourable conditions for psychological support, as an initial step in psychological reconstruction.

A safe space fostering the expression of suffering

The group provided an ideal setting for sharing experiences and expressing emotions without judgement. Moreover, this space offered participants the possibility of diversifying the ways in which they expressed their suffering, notably through orality or writing. The safe space that facilitated the expression of suffering enabled them to feel relieved of the burden of a morbid silence that may be even more pathogenic. This situation weighs heavily on the possibility of mourning, re-establishing social bonds, and undertaking the work of collective memory (Jacques Palard, 2015). In relation to psychological reconstruction, Herman, cited by Zaleski et al. (2016), identifies three key stages in the recovery of trauma survivors: (1) safety, (2) remembrance and grief, and finally (3) reconnection.

In Rwanda, community life has played an essential role in the resilience process of genocide survivors by offering spaces for speech that are embedded in longstanding social practices. The tradition of *gusangira* (sharing) and community gatherings foster a climate in which each person can express their pain without judgement. These collective spaces, often organised at the community level, enable survivors to tell their story, break isolation, and feel that their suffering is acknowledged. Speaking together restores broken bonds and reinstates a degree of belonging. Shared rituals and activities provide a symbolically safe framework, and this sharing helps transform pain into strength and contributes to the restoration of mutual trust. In this way, these spaces for shared speech enable survivors to reconstruct themselves by drawing on solidarity, listening, and the shared recognition of the lived history.

In search of meaning in life

Our findings highlight the role of spirituality in processes of psychological reconstruction among survivors. Several participants who suffered from the psychological consequences

associated with the genocide drew on spirituality to cope with their difficulties, and in particular to restore meaning in their lives. It was evident that recourse to spirituality was adaptive in coping with suffering. This observation is consistent with a body of research showing that spirituality constitutes an adaptive coping strategy that helps regulate distress, restore a sense of internal coherence, and strengthen resilience (Harper & Pargament, 2015). Some participants reported having forgiven even when forgiveness was not requested. In addition, they stated that they were able to refrain from revenge and to overcome negative feelings. This aligns with Muñoz Sastre et al. (2014), who argue that forgiveness involves overcoming resentment towards the offender, not by denying one's right to resentment, but by striving to regard the offender with benevolence, compassion, and even love, and thereby being able to lead a meaningful life by freeing oneself from the paralysing burden of guilt associated with revenge. For Séméria (2018), meaning in life may be found in religion or spirituality, or through engagement within the community.

Our findings also underscore the complexity of the role of religion and spirituality in survivors' trajectories of psychological reconstruction. According to the distinction proposed by Harper and Pargament (2015), religion may be understood as a search for meaning structured by established institutions, whereas spirituality refers more to a personal search for the sacred. This conceptual distinction appears relevant for interpreting how survivors mobilised these resources after the genocide. While spirituality can support survivors' psycho-spiritual wellbeing, it must be approached with great sensitivity. Indeed, as several authors have shown, prescribed mobilisation may interfere with the necessary stages of mourning, because it may risk obstructing bereavement processes (Neimeyer, 2016).

In Rwanda, during reconciliation processes, survivors were encouraged to forgive former perpetrators, with the claim that such forgiveness would bring inner relief and free them from the weight of the desire for revenge (Staub, 2003). This is consistent with the study by Van Tongeren et al. (2015), which showed that dispositional forgiveness, defined as a general tendency to forgive, reduces retaliatory tendencies, facilitates psychological repair, and increases the likelihood of leading a meaningful life. What emerges here is the disposition to grant forgiveness, rather than incitement to forgive when one is not yet ready.

Implications and limitations

The study highlights the resources mobilised by survivors of the genocide perpetrated against the Tutsi in Rwanda in 1994 in order to reconstruct themselves. It shows how they made a new start and went on to lead meaningful lives. The study offers a deeper understanding of psychological reconstruction processes among survivors who have lived through traumatic experiences. Drawing on narrative therapy, the study aligns with ongoing efforts to develop contextually adapted approaches within the Rwandan setting.

However, certain limitations should be acknowledged. The analysis is based on data derived from individual narratives, which may raise challenges related to the recollection of salient events, insofar as trauma frequently entails a fragmentation of autobiographical memory, with the effect that certain information may be missing. In addition, the qualitative nature of the study, with a small sample, limits the extent to which the findings can be generalised to the wider population concerned, even if it provides insight into the resilience process among survivors of the

1994 genocide against the Tutsi in Rwanda. A study conducted with a larger population would be necessary to examine the impact of narrative therapy on psychological reconstruction and to support its integration as an approach that can assist survivors in resilience processes.

Conclusion

This study contributes to the existing literature by highlighting the profound impact of trauma on all dimensions of the existence of survivors of the 1994 genocide against the Tutsi in Rwanda, with enduring effects that hinder processes of psychological reconstruction. Situated within a therapeutic approach contextualised to the Rwandan model, narrative therapy constituted a safe space that fostered peer support and the sharing of traumatic experiences without fear of judgement. These findings are consistent with previous studies showing that narrative therapy, in a constructive manner, enables trauma survivors to revisit their traumatic experiences, to express negative emotions constructively, to adopt a different perspective on their suffering and their status as victims, and to restore meaning in life, which is most often affected by trauma. Rwanda remains a society with a predominantly oral tradition, and the dynamics of narrative therapy closely align with this Rwandan oral tradition, in which the transmission of knowledge, the sharing of experience, and psychological support are perpetuated across generations through speech. These dynamics reveal the therapeutic potential of narrative therapy in psychological reconstruction and in restoring a sense of existential continuity.

These findings underline the theoretical, clinical, and policy relevance of a form of narrative therapy that is culturally grounded in Rwandan practices. At the theoretical level, they confirm the relevance of approaches that recognise the importance of storytelling in understanding trauma and resilience processes. At the clinical level, they highlight the potential effectiveness of narrative therapy in reducing symptoms and supporting psychological reconstruction. Finally, at the policy level, these results call for the integration and dissemination of narrative therapy among effective therapeutic approaches in the Rwandan context.

Conflicts of interest

The authors declare that there were no conflicts of interest.

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