



Narrative responses to physical pains

An interview with Sister Seraphine Kaitesirwa



Sister Seraphine Kaitesirwa is a narrative practitioner in Kigali, Rwanda, where she works at a clinic for children and young people.

Sister Seraphine can be contacted c/o: seraphinewase@yahoo.com

Abstract

Sister Seraphine Kaitesirwa is a narrative practitioner in Kigali, Rwanda, where she works at a clinic for children and young people, some of whom experience concerns that show up as physical pains in their bodies. Sometimes, these pains have become named somatoform disorder. The pains can have serious effects for the lives of the children and young people, and their families, causing significant distress. Drawing on narrative principles, and with her appreciation for embodied experience, Sr Seraphine has developed a series of externalising questions and practices that invite the children and young people into a new sort of relationship with the pain, with remarkable effects. On a recent visit to Kigali, David Denborough caught up with Sr Seraphine, eager to hear more about her practice. The two were joined by Yishai Shalif and Cheryl White.

Key words: *physical pain, narrative therapy, externalising, somatic experience, Rwanda*

David: I'm interested to hear how you respond when people speak to you about physical experiences, somatic experience. Perhaps you could tell me a story about your practice?

Sr Seraphine: Usually they are referred by the doctor. They may have gone through many different tests, all of which were negative. They may have been told they are exaggerating. So, first of all I acknowledge their pain.

David: You told a very powerful story today about a man and his tears. It illustrated how you profoundly acknowledge the pain or suffering people bring through their bodies. Could you say a little more about that acknowledgement? How you really give people chance to share their experience with you.

Sr Seraphine: I acknowledge the pain because that is their experience. It depends on the age of the person, but if they are a child or adolescent I will say, 'Can you locate the pain in a drawing?' Sometimes they draw a picture of their body, or sometimes I provide a sketch of the human body. I ask them to locate the pain. Even before they draw I may have asked, 'What shape is your pain? What does the pain look like? If it had a colour what would that be?' Then they can choose to draw with different colours. I might also ask, 'If this pain could have a voice, what would it say?' and they may express that in different voices. I might develop this further to ask, 'If this pain had eyes and ears, what would it not like to hear or see?' Then they might speak of those things. We may go on to explore when the pain is more or less, and what they do to make the pain less. These are the things within their power, and within their means. These are the exceptions. This is how I find out about their strengths, and what supports the pain to become less. After working together, maybe three times, they come and tell me the pain is less. Recently I met with a girl who was using crutches due to her pain. I did this with her, and today she is walking.

David: So, this can be quite profound and disabling pain that they have been experiencing. Does this happen in different parts of the body? Perhaps more commonly in some places than in others?

Sr Seraphine: Yes, it is usually their head or sometimes their legs. The pain may just be on one side. And some young women have back pain.

David: When you ask whether the pain has eyes or ears, what sort of things do people say?

Sr Seraphine: One young lady told me the pain comes when her stepsister says bad things about their mother. She told me, 'My stepsister says she loves me, but she cannot when she treats our mother badly.' She gets a pain in the back of her head whenever her stepsister speaks ill of their mother.

David: And when you asked, 'What does the pain not like to hear?' is that when she told you that? Is that what the pain didn't like to hear?

Sr Seraphine: Yes, as the story unfolded she was crying.

David: What do you think it is about this process that assists people? Why do you think having these conversations together makes a difference?

Sr Seraphine: I believe that sometimes there are issues in people's lives that they have not been able to voice. There are hidden concerns that they are going through alone. But in an environment that takes these matters seriously, they can voice what they don't like and talk about what they are going through. We have created a space for it, in what I've noticed as a culture of silence. So, if someone using crutches is unhappy about something, such as someone talking ill about their mother, it is very hard to say, 'Please stop, you are hurting me.' She will keep it to herself, and I believe this is what causes many body pains. When a child is able to say, 'I'm not happy about what's going on at home,' then I invite parents to listen, so they know what's happening for the young person, and what's going on in their life.

David: And then there's a chance for them to take some action and to do different things at home. Have you talked with a person about their bodily experiences with another person in the room, as an outsider witness?

Sr Seraphine: I haven't had that opportunity. I only invite other people in *after* the voice behind the pain has already been explored, to listen to what is showing up as bodily pains.

Sr Seraphine: I was thinking about the culture of silence. When someone is suffering silently and alone, keeping their concern inside, it tends to expose itself in some way. I've seen it with children, as their way of saying, 'I'm not happy with something. Something's wrong.' It's a kind of signal that they're not happy. The concern or worry expresses itself as pain that cannot be seen by tests. They say they have a headache, but the headache is a way to voice something else that is not going right.

Yishai: I'm curious to know how the idea to personify the pain first came to you.

Sr Seraphine: The drawings worked so well with children, asking where the pain was in the body. So, I thought, 'Maybe we could also ask about what feeling goes with this pain,' but staying with the idea of using pictures, that's when I thought, 'What if the pain had a voice? What would it say?'

Cheryl: Am I right in thinking that in Rwanda sometimes people go to the doctor with a pain, but they know themselves that it's from the genocide or from trauma? That pain is sometimes a metaphor, or a way of talking about something difficult. Does this occur in Rwanda in a way that might be a bit different to some other cultures?

Sr Seraphine: Yes. But also, sometimes it's children whose parents are both alive. There are examples where children have shown body pains but are not happy with the quarrels their parents are having at home. Or maybe their father is not present. Being taken to the hospital means both parents come to check on them. That way the child can create a scenario, using their body, to have both parents come to check on them.

David: Are there times when it's quite difficult for the child or young person to give voice to the pain? When I was a kid, there were times I had stomach ache when there was no physical reason for it, but I don't know if I would have been able to name what that represented. How would you explore that?

Sr Seraphine: Yes, sometimes children can draw the pain but not give any voice to it. Drawing is powerful in itself, and any child can let you know, 'This is where I feel the pain.' Then you can ask, 'If you had anything to tell this pain, what would you tell it?'

David: Okay, you in this situation you can invite them to talk to the pain rather than the other way around?

Sr Seraphine: Yes, you can also talk to the pain.

David: Am I right that you grew up in Uganda?

Sr Seraphine: Yes, I'm Rwandan but grew up in Uganda.

David: Did you notice any differences in relation to body experiences in Uganda than in Rwanda? I'm really interested in cross-cultural differences ...

Sr Seraphine: In Uganda I worked in schools and bodily pains were typical among adolescents, the same as here in Rwanda. The children there had similar complaints about headaches, as a way of saying there was something going on.

David: What about issues that are really difficult to speak about? Like child sexual abuse or other forms of abuse that are very hard or not safe to speak about. How can those be responded to?

Sr Seraphine: It's difficult for a child to share any family secrets, like telling me that mum and dad always fight. It's like taking family secrets outside, and to a child that's not easy. Perhaps they're not happy about dad coming home drunk. There are many issues it would be hard for a child or a woman to speak of.

David: I remember on one of our early visits to Rwanda, when working with counsellors from Ibuka (the national genocide survivors association), that one colleague said: 'It is a trait for many Rwandans not to talk openly about our problems.' They also described the ways in which, despite this, some survivors were turning to friends to share memories that otherwise would not go away, and that sharing them with others meant they were no longer alone with them.¹ If it's a cultural trait in Rwanda, to *not* talk openly about problems, it seems the work you're doing is particularly significant ...

Sr Seraphine: Yes, here in Rwanda, it's very hard to say, 'I'm not happy with the working conditions,' or, 'I'm not happy with what you did.'

David: If someone is unable to speak openly about what is wrong, but can speak of how their body is struggling, the work you do brings people together to talk. That seems really significant to me. Thank you so much Sister.

Reference

Denborough, D., Freedman, J., & White, C. (2008). *Strengthening resistance: The use of narrative practices in working with genocide survivors*. Adelaide, Australia: Dulwich Centre Foundation.

Note

¹ See: 'Living in the shadow of genocide: How we respond to hard times – Stories of sustenance from the workers of Ibuka' in Denborough, Freedman, White (2008, pp. 21-24)



Dear Reader

This paper was originally published by Dulwich Centre Publications, a small independent publishing house based in Adelaide Australia.

You can do us a big favour by respecting the copyright of this article and any article or publication of ours.

The article you have read is copyright © Dulwich Centre Publications Except as permitted under the Australian Copyright Act 1968, no part of this article may be reproduced, stored in a retrieval system, communicated, or transmitted in any form or by any means without prior permission.

*All enquiries should be made to the copyright owner at:
Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide, SA, Australia, 5000
Email: dcp@dulwichcentre.com.au*

Thank you! We really appreciate it.

You can find out more about us at:
www.dulwichcentre.com

You can find a range of on-line resources at:
www.narrativetherapyonline.com

You can find more of our publications at:
www.narrativetherapylibrary.com