



Broadcasting hope and local knowledge during the pandemic lockdown in Rwanda:

An interview with Chaste Uwihoreye

The interviewer was David Denborough



Chaste Uwihoreye is a clinical psychologist, narrative practitioner and country director of Uwisenga Ni Imanzi, a child and youth-focused organisation in Rwanda. Chaste can be contacted at uwichaste@yahoo.fr

Abstract

In this interview, Chaste Uwihoreye discusses his ongoing commitment to discovering local names for the difficulties people face. This is one step towards establishing solutions that fit their own lives and contexts. He also describes how the circumstances of the COVID-19 pandemic and the lockdown in Rwanda have led to further innovations. The lockdown that has affected much of the world coincided with the annual period of commemoration in Rwanda, providing a unique challenge. Normally, April is a time of coming together for Rwandan people and communities as they remember the genocide and support one another. It is also a challenging time for mental health workers. This year, Chaste has had to find a new means to respond to people despite physical separation. Combining a range of narrative practices with communication technology, social media, radio and television to reach people both individually and collectively, Chaste has managed to overcome physical barriers to establish contexts of mutual and community support and connectedness.

Key words: decolonising practice; documentation; community narrative practice; naming problems; pandemic response; genocide; practice innovation

DD: To begin it would be great to place your current work in a broader historical context. Since the 1994 genocide against the Tutsi there have been concerted efforts to support survivors, and this has included the creation of the mental health professions here in Rwanda. So much profound work has taken place. I have also heard you speak about how the development of mental health professions has brought with it a professional language to describe people's experiences, and that this may not always be so helpful. Can you say something about the significance of how experiences of suffering have been named following the genocide?

Chaste: Yes, mental health care in Rwanda used to be something done within families and communities. Traditionally, these matters were attended to in family and community-based settings with traditional healers. There was just one psychiatric hospital with a medical team in Rwanda, Ndera. Then, with the genocide, whole social, community and family structures were destroyed, including those regarding mental health. I'm among the second cohort of clinical psychologists in Rwanda who trained in 1998/99 – four or five years after the genocide.

After the genocide, people found that the Rwandan language didn't have words to reflect the crises that would arise in relation to problems of memory. The various 'symptoms' that people experienced were thus named 'trauma' (Gishoma, 2014). In all the research conducted about the Rwandan genocide, all the problems people experienced were named 'trauma' (Davis, Nsengiyumva, & Hyslop, 2019). But this word does not fully capture people's experiences of suffering.

Local mental health practitioners have strived to name these traumatic experiences, manifestations and behaviours. Some Rwandan terms such as *ihungabana*, *ihahamuka* and *ibikomere* have been used to do so. But overwhelmingly, mental health professionals prefer to name them as emotional crisis, traumatic crisis, collective crisis, collective traumatic crisis (Gishoma, 2014; Mohand & Kayiteshonga, 2015). These names were used to provide the population

with ways to understand people's experiences (Ryan, O'Dwyer, & Leahy, 2015). But there are limits of using such names, as they might not fully translate the nuances within Kinyarwanda. Instead, they simplify.

Historically, we used to have a Rwandan language for mental health problems that understood them as coming from outside: from interactions or events rather than from something inside the person. I am interested in returning to these ways of speaking about problems.

DD: I am looking forward to hearing more about how you are now searching for, and finding, Rwandan local names and approaches to problems, putting the power of naming back into the hands of the people as both healing and decolonising practice. But first, I have heard you speak about how you personally learnt a great deal about how to be a 'counsellor' from other survivors and peers – not only from professional knowledge. Can you say something more about this?

Chaste: Yes certainly. After the genocide, a few people – survivors, widows, orphans – tried to organise themselves and recreate traditional types of structures, which is why you hear of 'artificial families' from students of the genocide. Widows got together and started the healing process for themselves. Some became professionals, some became healers. That's how most of us professionals came to be trained. We were trained by an association of widows. When I was doing my internship, I went to AVEGA [Association des Veuves du Genocide] – an influential association of widows. It was they who taught me how to organise a group, how to listen, how to take care, and they were using our local language, Kinyarwanda. I was also taught by orphans crying and supporting each other in a group. I learnt progressively this way.

DD: What in particular do you think you learnt from working with the orphans?

Chaste: I learnt a lot. I learnt how to listen, and how they were using Rwandan names for what they were going through. Most of all, I learnt how strong they were. Many had lost

everyone. Imagine, five or ten years old and you have lost your mother, your father, your aunt and you alone continue to live. I learnt of their resilience and capability, but also how to build on that to support other people. That's the single most significant thing I learnt from them.

When I compared that to what I was learning in university it was quite different. At that time there were so few teachers from Rwanda that we were taught by Belgian teachers, in French. I also remember attending a course on psycho-trauma and therapeutic process from the US, in English, and wondering, 'How can I use this language?'

During the yearly April commemoration period, we have a mass emotional crisis throughout the country. I didn't learn how to offer support for that from any school. It was the community who taught me how to offer support during a mass crisis. I remember starting the work I do now with orphans, young people, survivors of the genocide; it was one psychologist working with around 300 orphans. I had only been taught how to work one-to-one, and it was those young people who taught me how to organise them into a group. They came together as a group of 200 and said, 'We will go somewhere where we can sleep together, eat together, dance together, cry together'. This taught me something that would never have been said in school, and it was very, very, very helpful!

So, from all those learnings I said to myself, 'Why not also go back to our traditional ways of speaking and talking?' I find Rwandan proverbs rich with metaphors, and useful tools in supporting people dealing with challenges and problems. I asked myself, 'Why not see how people name their own problems using our Rwandan languages?' I started to see that, with a little help, people know how to describe the pain and problems they are experiencing in ways that are not reduced to pathologising concepts. I have come to see that the process of supporting people often starts with them naming the problem themselves.

There is a Rwandan proverb that describes this very well: *ibuye ryagaragaye ntiba rikishe*

isuka. This means that when you identify a stone in your field, this stone will never damage your hoe. Identifying the issue that needs to be addressed and describing it clearly in the person's own words and language is a vital step towards finding an effective solution. In this, I find support also from the field of narrative therapy.

DD: I'd like to learn a little about the questions you ask, or the process you follow, when you first meet with someone. How do you go about exploring together to find the person's own naming? And, if someone has claimed one of those Western concepts or been told they have a particular pathology, how do you have a conversation that assists in this instance?

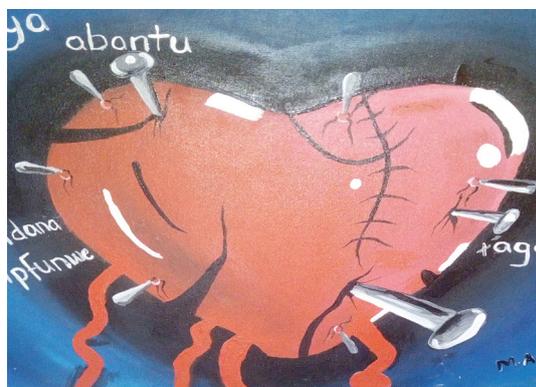
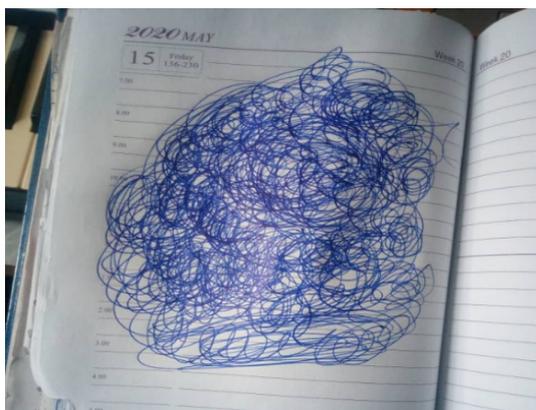
Chaste: It's a relatively simple and uncomplicated process. Unlike all the checklists and tests that have arrived in Rwanda from elsewhere, we begin just by getting to know one another a little. We learn each other's names, where we are from, and discuss general things. Then, in order to learn about the specific problem they are dealing with, I introduce a proverb, acknowledging that if they have taken the time to come to see me, just to discuss this problem, then maybe things aren't so easy for them at the moment – *Akababaje umugabo kamurenza impinga*. This is just a simple introduction to then hear about what kind of problem they are dealing with.

DD: There seems a significant acknowledgment of suffering or hardship embedded into this opening.

Chaste: Yes, it's important to acknowledge both the difficulty of their situation, and their strength. So, I might say, 'You've travelled a long way and taken all this time just to talk to me. It's not easy to live as an orphan' – or to be poor, not sleeping, having physical pains, being confused, taking drugs, whatever their situation is. Only then will I introduce the first question, which is: 'This situation has created something that is a problem for you. Can you picture it and imagine what it looks like?' Sometimes, I show images that others have drawn, but the question always comes first. The images and drawings of others can

sometimes inspire people in naming their own problem. And the problem may have two or even more names and that's okay!

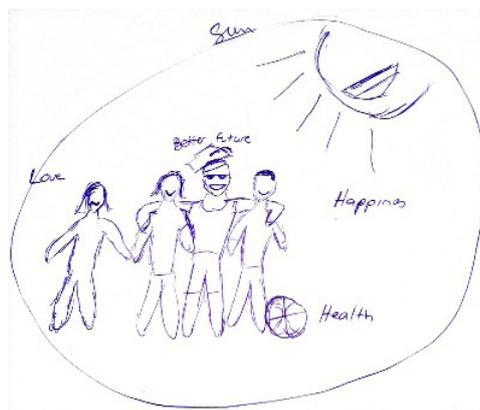
Some examples of images of problems:



This first part of the process is about them drawing that thing that has been created in them by the situation, and to try to name it in their own words (possibly introducing examples others have used as inspiration).

The second step in the process is like dividing something small, such as a peppercorn, into two parts. I want to help them to separate the problem from themselves. This step involves them drawing their sense of who they are, their identity. Rwandans are an honest people and often they will draw an image of an honest and peaceful person. Or someone who likes people.

Some examples of images of people separate from problems:



Now we have two things: an image of a person and an image of a problem that has been named.

Then I will ask, 'If this thing (the problem) in you has been created by this situation, what could replace it?' For example, if they have drawn a cactus or a big stone on their heart, what could replace that?

We are now trying to work in two ways. We are dealing with something that is negative and that we want to get rid of or reduce in size, but we are also dealing with something that is preferred, that we can use to replace the problem, so they can be okay.

DD: You are clearly using visual imagery in powerful, beautiful ways. Are there ever people for whom visual imagery doesn't work quite so well, and you have to use some other form? Or, do you find that within Rwandan culture the visual imagery works well? I know you're also using proverbs, which is another realm.

Chaste: Most of the time, I like to evoke the five senses. If you cannot see it, can you hear or smell or taste what it is? What kind of sound, smell or taste could you replace it with? If it's a feeling or pain in their body, what could they replace that with?

DD: This sounds like a sensory narrative practice. When people come with psychiatric or DSM understandings of their problem, how do you respond then?

Chaste: I remember a young Rwandan girl living in Brussels who had been told by many professionals – psychiatrists, psychologists – that she had 'panic disorder', for which she been given psychiatric medication. This had transformed into 'social phobia' and she could not leave her house. Her mum decided to bring her to Rwanda after three years of nothing moving forward. When I tried to go through this process with her, the girl told me, 'I have panic attacks and panic disorder. This is my problem'. That was not easy, and I was stuck because I didn't know how to deal with panic attacks and panic disorders without medication, and they had already been through that without success.

So I said, 'Yes, that is what we professionals – doctors and psychologists – have told you. But nobody was looking into your heart. We told you only about what we had read

somewhere and tried to compare you to what was written in those books. But you are the only one who knows or can say or feel what is happening to you'. And she said, 'Yes'. So, I asked her to try to look into *her* pain, to see it and how we might replace it. She took her time, and then told me, 'You know, I have a cactus'.

This was actually my first encounter with a cactus. I didn't know what a cactus was! We do not have cactus plants in Rwanda! So, she started to teach me about what a cactus is. We talked for almost four months about dealing with this cactus, and considering what could replace it. She said she would prefer small flecks of white pepper on her heart to replace the cactus. So that was our process, getting the cactus out and inviting the pepper on to her heart. When she went back to Brussels she returned to school. Although it was a long process, by working in our Rwandan context we were able to replace the cactus with white pepper.

That's just one example. I sometimes see psychologists who come to me for assistance and they tell me that they have 'a depression', and I acknowledge this as the 'professional language' that they have been taught. But then I tell them the good news that is within one of our proverbs, the same proverb I mentioned earlier: *ibuye ryagaragaye ntiba rikishe isuka* – the farmer that must identify the stone that can harm their hoe. Change doesn't come from outside, or from me as a professional psychologist, but from the person. I am just the facilitator. In this way, we escape much of the complexity and it makes things easier and simpler.

DD: I'd like now to turn to what's been happening in these last few weeks, Chaste. April in Rwanda is the time of commemoration of the 1994 genocide, but this year this has coincided with the pandemic, with Rwanda being the first sub-Saharan country to go into lockdown. I know that during every commemoration period, you and others are totally focused on supporting survivors with problems of memory and grief, and that usually you are meeting face-to-face with individuals and sometimes very large groups. And that you are also attending

commemoration rituals. This year, everything has been completely different. It must have been a very difficult time.

Chaste: Yes, it is a difficult time; a challenging time. But it has also been an opportunity to reflect and to find new ways of supporting people.

DD: Please tell me, what have you come up with? What have your improvisations been? And how has it been going?

Chaste: Every April, even in usual times, the situation is not easy in Rwanda. During the commemoration period, people come together, remembering what happened during the genocide. We share stories, we sing, we chant, we give testimonies and share poetry; there are problems of trauma crisis, emotional crisis. As psychologists and counsellors, we organise ourselves to see how we can support people who may have problems during this time.

This year with the situation of lockdown and confinement during commemoration, it is not easy because all of us are working from home and commemoration is being done in the family home, not in public spaces. So we have had to find new ways of supporting people during this time, including through using the media – TV, radio.

DD: Chaste, before you tell me about how you have been using the media, what were some of your biggest worries or concerns about what lockdown would mean for people during the commemoration period?

Chaste: The big concern was how people who are suffering will face this period. During the commemoration period, sometimes people have loud emotional crises; they may be crying, shouting. But during lockdown who will help people? Who will be with them? Who will tell the person, 'I'm here with you' when she's at home, or he's without his family?

In particular, we have people who lost almost all their family members and who live alone in their houses. If you are alone in your house, how will you manage that situation? That was also my worry.

I was also concerned about us as professionals. The way we get through the commemoration period is by helping others.

This is how we feel useful at this time. But now when we are at home – at certain times I asked myself, 'Am I useful? What can I do? How can I support people who are suffering?' I found this stressful myself. I was also confused and a little bit angry, thinking 'I have to get out and to go to support people'. So these were my different worries.

DD: With all the ways that you and others have created to get through the commemoration period not being possible this time, with so many forms of collective remembrance and ritual unavailable, what have you created instead?

Chaste: We usually try to find meaning in life together with other survivors during this period. I am called on to support individuals, smaller groups or big groups, or to attend commemoration sites. Together we meet people face-to-face. We go to talk to them to create songs, poems, some jokes, and share the testimonies. Until this year we did this face-to-face. This year I have tried to use TV and radio and WhatsApp with individuals, small groups and collectively with the public.

I started by appearing on the TV and radio with an introduction, telling people that even if we aren't together face-to-face, I'm still with you to support you. You can tell me what is happening for you, we can discuss it. And then I provided my phone number through the media. Individuals could call me via phone or call or message me on WhatsApp. Most of the time, people wanted to use WhatsApp.

I would give this introduction on Monday, and then Tuesday would be a day of receiving calls and messages, discussing and responding with individuals. Then on Wednesday, I'd go back on TV, trying to reflect on what had happened on Tuesday. It's been so interesting to see how a conversation shared with an individual on a Tuesday could then support a million people via the media on Wednesday. For example, on Wednesday I would read on the TV or radio a letter that had been written by somebody I was talking with via WhatsApp on Tuesday.

DD: I'd like to hear more about this. But first, can you tell me in more detail how you would

respond to individuals when they would call you on the Tuesday?

Chaste: I would use the same process that we spoke about earlier. Even though we were not meeting face-to-face, we could use the same process. If someone told me they were not sleeping, or they are crying all the time, or they had a constant headache, I would ask them to come up with their own name for this problem; I'd ask them to draw it and send me a photo of what they drew. They shared with me so many different names, like 'stones', like 'big heart', like 'pains'. They drew these problems or sufferings and they sent me these drawings via a message on WhatsApp. It was really interesting to see people doing this. It was confirming of how people are the experts on their own problems. That narrative therapy concept was affirmed for me. People who contacted me, with only some assistance, could describe what they were dealing with. I would ask them about the characteristics of the problem – if they could touch it, smell it, describe it – and they would send me a detailed description of that problem.

That was the first step, and then I needed to respond. After receiving the photo, description and names of the problem, I would convey some solidarity, company and acknowledgment: it's not easy to live with that problem, that stone is painful, it's hard, it's difficult. How do you live with it? I tried to acknowledge the suffering and also to hear about how the person was enduring this, to seek out some of the sources of their strength.

And sometimes I asked them, 'Can you write a letter to that problem? I don't know what you would like to tell it. I don't know if you would tell it that you don't want it around anymore? Or if you would tell it that you are ready to deal with it?' I have so many letters to problems now! So many documents!

The person would write a letter to the problem or suffering and then share this with me via WhatsApp. It is like we are talking to the problem together, even if we are not together. And we are seeing the problem in front of us, even if we are not together.

DD: I really appreciate that phrase 'talking to the problem together, even if we are not together'. It sounds like this process offered really significant company to people.

Chaste: Yes. And the other thing that helped me a lot during this time was to ask the question, 'Now we are at home, I cannot see you, you cannot see me, but do you think there could be another person who may have the same problem, the same 'stone' or the same challenge you are having?' And most of the time they would say yes. In fact, often they would say, 'yes, there are so many others who also suffer like this'.

And then I would say, 'Can you imagine the name of that person who is also suffering from this problem, and could you write a letter to him or to her?' And then they would write such a letter. And these letters were so very helpful for when I was back on the TV or radio. This was the sort of letter I would read out, and through this, the person was talking not just to me, but to the whole population. Through this letter, he or she would convey how they were feeling, how they had a particular pain, how they decided to get this problem away from their life, and they would include any advice they might have to other people about how to deal with this sort of problem. These letters, these documents from individuals, they have now been shared with the whole population.

DD: Wow. Can you tell me about one such letter in particular?

Chaste: One young lady described to me how she was having a 'heart full of pains', and how her heart had been 'surrounded by darkness'. That was her problem. She drew a 'heart with darkness' and sent this to me. It was an image of pain and blood. We then worked on writing letters, and we sang quite a lot of songs together too, and then at the end of the process she said she thought she was now stronger than the darkness.

When I asked her the question about whether there might be somebody else who has the same problem, she said 'yes, of course'. And then I asked her to write a letter to that person, and she said she would call that

person 'Mahalo'. Mahalo, in Kinyarwanda means 'peace'. So she wrote a letter like this:

Dear Mahalo,

I know you are suffering; I know you have the heart surrounded with darkness. I know you are confused a lot. I know you don't sleep, and you have pains everywhere from feet to head.

I would like to tell you that I passed through the same situation ...

Here she told her story of how she had lost many people in her family during the genocide and how she lived in a very difficult situation. And then towards the end of the letter she talked to Mahalo about how she now recognises that she's strong enough to get peace inside herself. And to replace this 'heart surrounded by darkness' with peace.

The image of peace for her was the sun. She had spoken about how she wanted to replace the 'heart of darkness' with the sun, which represented peace. She ended her letter with:

I'm sure there are many people whose hearts are surrounded with darkness. I hope you also find a way to peace.

This was the letter to Mahalo.

DD: Beautiful. Absolutely beautiful. Did you receive responses about this?

Chaste: Yes. It was interesting to receive so many responses from all over the country saying thank you. This person has helped me; this letter has helped me.

Mahalo is actually a very popular name in Rwanda! So I got many calls from Mahalo asking me, 'Can you send me that letter – it's my letter!'

DD: [laughs]. That's wonderful. Can you tell me more about the use of song?

Chaste: Yes. Songs have been very, very useful during this time. At every step, like after drawing a problem, I then asked the person if they have a specific song or a proverb or a saying, or a story, or a video, which helps

him or her during that time. And most of them choose to share songs with me. We would then sing it together.

DD: Even though you were not in the same place, you would sing it together?

Chaste: Yes, we would sing it at the same time.

DD: Beautiful.

Chaste: Yes, it was very beautiful. Sometimes people didn't have an existing song, but I could encourage them to create one out of what we had spoken about. And some people did so, and recorded it and sent it to me on WhatsApp.

And then when I was on the TV and radio, I would broadcast this. Or alternatively, in the studio there was also a huge selection of recorded songs – gospel songs, Rwandan songs – and I could also play these if they had been named as significant to people.

DD: I can imagine first just the two of you singing a song together, and then when you get on the radio or the TV broadcasting across the country... Am I right that you also convened small groups via WhatsApp?

Chaste: Yes. The last option I created involved small groups on WhatsApp. After having individual exchanges with some people on WhatsApp, I then linked a group of 10 to continue the discussion. I called these WhatsApp therapy groups. We created some guidelines about how we would use them. Participants then shared drawings and namings of their problems/sufferings with each other, and what they wanted to replace these problems with. We also wrote letters and exchanged them. And I even used certificates.

DD: How did you use certificates?

Chaste: At the end of the groups people sometimes said to me, 'I didn't know how this would work, I don't know how I will meet you face-to-face, but you helped me without seeing me'. They would say, 'We know your face (from the TV), but you don't know *our* faces'. They were showing their appreciation. And so I could say 'That's fantastic that this has been

helpful. It seems that you have been through a long journey, that you have achieved a lot, that you passed through a big storm to a peace in the heart. Could you make me a certificate that describes how you did this? And on this certificate also include some of the tools you used, in case the problem ever comes back?’

DD: So you asked people certain questions and then they created their own certificate?

Chaste: Yes, and then they each sent their own certificate to the group. This sharing of certificates was also a statement that they were not alone and that they would continue to deal with these problems if they come back. And then I could share some of these on the TV and radio.

DD: Chaste, I reckon you could make your own certificate! To go from those profound challenges and worries at this time of commemoration and lockdown and to see what has blossomed.

I've just got one other theme I'd like to ask you about. This has all been taking place during the commemoration period. In past years, I have learnt a great deal from Rwandans about ways of sharing sorrows and honouring legacies during commemoration. It seems to me that you have found some profound ways for people to share the problems of the present both individually and collectively. Do you have any reflections about how this links back to all the efforts of survivors over many years to honour the memories of lost loved ones?

Chaste: David, there are two things that I want to say. It's a hard situation; it's not easy. But also, people are strong. They are so creative. People have created rituals in their homes, using candles or photos, trying to write letters to their mothers, to their lost ones. I have been in touch with one group of young survivors of genocide who are living in a group home through the lockdown. Because they are in a group, they organised for themselves a commemoration event. So many people have done this, and they have invited me and others to join them at a particular time. I receive an invitation, 'I will be commemorating my mother at this time' or 'I have to commemorate my parents' or 'I will be commemorating my children' and the event will start at this particular time. They make a program for the ritual and they invite others to join online. People are strong and creative.

DD: You mentioned at the beginning of this interview how much you learnt from meeting with survivors when you first became a psychologist. Now there's a chance for many others to learn from what you have been doing together over this last month.

Chaste: I am hopeful about what becomes possible when people have the chance to name their own problems in their own ways and then share their stories, pictures, songs and knowledge with others.

DD: I'm so glad we got a chance to talk. I believe this will be so very helpful to others, not only in Rwanda but many other places in which people are suffering at this time.

Chaste: Thank you so much, David.

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