



Survivors supporting survivors: Recalling the history of the Ibuka counselling team

An interview with Adelite Mukamana



Adelite Mukamana is the manager of the psychotherapy and healing unit at Never Again Rwanda, and a founder of PsyRwanda, a nonprofit organisation that contributes to psychological wellbeing in Rwanda. In a previous role she was the coordinator of the counselling team of Ibuka – the national genocide survivors' association. Adelite can be contacted at: madelite06@gmail.com

Abstract

Adelite Mukamana was in her early twenties when, as a newly qualified psychologist, she found herself in the position of coordinating a team of equally young and inexperienced colleagues to support survivors of the Rwandan genocide. In this interview, Adelite describes the process of finding solutions for complex challenges through necessity, and the steps she and her team developed in order to more effectively support those they worked for and with during these profoundly difficult times. This interview took place in Kigali in February 2020, just days after a reunion event with members of the original Ibuka counselling team. The interviewer was David Denborough.

Key words: *genocide survivors; trauma; counselling; Ibuka; narrative therapy; Dulwich Centre*

DD: It's lovely to meet with you again, Adelite. Perhaps you could begin by introducing yourself and saying a little about the context and history of your work.

Adelite: Yes. My name is Adelite Mukamana. I'm a clinical psychologist. In 2006, when we first met, I was working with Ibuka – the national genocide survivors' association – here in Rwanda. I was a new practitioner in the field, and it was a critical moment for our country, especially for survivors. It was about 10 years after the genocide and Gacaca¹ community justice processes were taking place. When I was recruited by Ibuka, as a newly trained psychotherapist, I initially felt confident in my abilities. I had done well in my psychology studies. But when I sat down to offer counselling to genocide survivors, I found that what I had learnt at university didn't solve a lot, maybe because what I learnt at school had come from very different contexts to the situation we were responding to. Everyone we were meeting with was a survivor of the genocide. Our role as counsellors and psychologists was to prepare survivors to face perpetrators during the Gacaca court processes.

DD: For those readers who don't know about Gacaca, am I right that Gacaca is a traditional form of dispute resolution in Rwanda, which was then adapted to use to bring perpetrators of the genocide to some form of community justice?

Adelite: Yes. That's correct, and it was not easy. The Gacaca hearing, which would take place in the local village, was the first time that the survivors had recounted their narratives of the atrocities during the genocide, so it was very difficult for them. Nor was it easy for those of us who accompanied them because almost all Ibuka practitioners were also survivors, so the Gacaca testimonies also reflected what had happened to each of us. We were not prepared for this.

No-one could predict what would come out of the Gacaca processes, which began with a belief that 'We are going to understand the truth about what happened during the genocide'. But what is truth? And what costs would there be in accompanying others

while we ourselves were trying to deal with our own experiences of the traumatic events of genocide? What occurred during the genocide is beyond understanding; it's even beyond what you can imagine as a human being. During Gacaca we faced horrible narratives, and it was terrible to understand the perspectives of perpetrators as they talked about the ways they had killed people; some without any remorse. They would give their testimonies as if describing a football match or something. It was terrible to see, and to see how this affected survivors.

DD: Am I right that sometimes survivors were also threatened during the Gacaca times?

Adelite: Yes. The Gacaca period was a critical moment because some perpetrators were in prison, and others not. Many of those not in prison were concerned about what would happen to them if they became known as perpetrators, so there were accounts of aggression towards survivors to keep them quiet. Their cows were killed; sometimes they themselves were killed. This was going on alongside hearing these narratives of the perpetrators: explaining how they killed a family, and sometimes parading the details as if to deliberately retraumatise survivors.

DD: One of the things I remember from those times is that you were such a young team, weren't you? Taking on this extraordinary task of accompanying people as they heard those testimonies and testified themselves.

Adelite: Well, before the genocide there were no psychologists in this country. Rwanda had one hospital that cared for anyone with mental problems, but no department of clinical psychology or mental health; nothing of that nature. So, I was among the first generation of clinical psychologists and counsellors who trained for one year with Association Rwandaise. We were between 20 and 25 years old and this was our first experience in dealing with issues of trauma, let alone atrocities. Dealing with atrocities was not easy, because we didn't have models, we didn't have elders who could teach us, and we each had our own trauma. We weren't able to overcome our own difficulties before supporting others going

through Gacaca, so when we heard the testimonies this also brought problems of memory for us.

DD: I also recall that you developed interesting teamwork with the assistant lawyers.

Adelite: Yes. At Ibuka, as well as clinical psychology counsellors, there was a department of lawyers who were there to set out legal issues. Of course, these lawyers were also survivors assisting survivors, and assisting those who were being threatened or assaulted by the perpetrators. These were not normal scenarios.

DD: So, when these things were happening during the Gacaca processes, it was the lawyers who had to investigate and support the witnesses?

Adelite: Yes. And because we, the counsellors and psychologists, were considered mental health professionals, we received clinical supervision, but the lawyers did not. They were traumatised but not trained in how to heal their trauma. We had those two departments – the psychosocial department and the department for lawyers – but sometimes victims didn't know whether they were speaking to a counsellor or a lawyer. They would just come and talk about their suffering: the trauma, the issues of injustice, social and economic concerns – a whole mix of problems. The lawyers received all those issues just as the counsellors did. It wasn't easy for them to work in those circumstances.

DD: It was an extraordinary scenario and, as you said, you had no choice, but it was quite a task. I remember when Kaboyi Benoit, the executive director of Ibuka, invited Dulwich Centre to Rwanda. It was at this time you are describing. He was understandably concerned about the team and looking for ways to assist you in this extraordinary task, and for ideas that would be helpful in working with people.

Adelite: Yes. Benoit could see we were struggling and asked if the Dulwich Centre team could help. You came with Jill Freedman and Cheryl White. At the beginning we didn't think anything would help us. We were fed up and overwhelmed. If someone had so many

problems – trauma, genocide, no shelter, nowhere to live, no education – I couldn't at first imagine having the energy to ask them questions. It was very difficult for us. But finding a space where we could talk about those things as a team – I think that was the first step, a space that allowed us to be aware of what was happening around us. That setting, that time to share our problems, where we felt safe to think about ourselves and not just talk about programs, made it possible to find ways to help others because we started with ourselves.²

DD: I remember the exquisite care that you were taking of each other; the ways you invited one member of the team to fulfil the role of 'morale' – involving song and dance and humour – even in these extraordinarily hard times. There was such great care being taken between you all. And you had extra responsibility, didn't you?

Adelite: I was the coordinator for the team, so I was responsible. I remember thinking, 'I can't do this. I don't have the answers and people are waiting'. People come to counsellors to talk about their problems, but I didn't have solutions. Being able to talk about those limitations was a good moment. Also, I remember clearly that instead of investing time focusing only on people's problems, we learnt skills to notice and draw out the skills, the resources of the survivors we were meeting with. That was key for me. It helped us as practitioners and helped us to help others.

DD: I understand that around this time you changed your way of documenting what you were noticing when speaking with people.

Adelite: Yes. Originally, when we would first see someone, we would try to fit their experience into the theories we had learnt at university. We were using a checklist: if they cannot sleep and have flashbacks, that's trauma; if they think a lot of about their death, and their loved one's deaths, that's depression. We would tick, tick, tick on the checklist and then we were done. As coordinator, I could see there was something wrong in this, but I didn't know what to do. It was after our second narrative practice workshop, with

Jill Freedman and Gene Combs, that instead of fitting people's experiences to our checklist, we started writing down what people were telling us and how they were describing their experience: this boy 'has many tears'; maybe he is 'losing sleep'. This was no longer just a tick, but we put words to the situation. We also began considering possibilities beyond a diagnosis. Instead of focusing on problems as signs or symptoms of an illness, we started putting our energy into naming something that people could find solutions for.

DD: Am I right that you would document in a way that acknowledged both the suffering and recognised steps forward? If you had discovered that there was something the person was doing, something in their life that was bringing even the smallest comfort, this was also written in the notes as something that was possibly helpful. I remember you talking about this the other day and the example you gave related to someone for whom prayer was significant.

Adelite: Yes. Even small things we would include in the notes.

DD: I know you also developed particular ways of assisting people in relation to grief. Could you say a little about your work in that area?

Adelite: It's often difficult to deal with mourning and death, even for just one person, but especially after genocide. What I have learnt is that some questions open up different possibilities for memory. For instance, a question like, 'If your loved one could see you today, what do you think they would love to see?' This sort of question can invite a reply of, 'I think my father would like me to be the happiest woman, enthusiastic and very caring. When I was young, I promised him I would take care of my children and spoil them like he used to spoil us. When I think of this, I see him laughing'. This is very powerful.

Or they may say, 'My mom was very shy but very caring, very attentive. She would want me to keep caring and paying attention to my children'. Instead of seeing images of their loved ones being killed, this brings different memories. These questions help us to look

back to see what's positive in our life. When we feel overwhelmed by something, these memories can help build conviction in our potential to overcome a problem.

DD: I've also heard you speak about the significance of grieving rituals.

Adelite: Yes. Within our culture we have two distinct phases after the death of a loved one. There is a time of mourning and a time of returning to normal life. During mourning we have time to feel sad and to be supported by others. Then, after the mourning period, we return to our activities and to life as usual. At that time there is a ceremony to separate the moment of mourning and the moment of the return to normal life. It is a time to say, 'You rest in peace where you are and I will remember you as my beloved one. Rest in peace where you are but now I have to leave'. This is a symbolic ritual to let him or her go; to allow them to start another journey in the afterlife. And then we, the living, return to our usual activities.

DD: Have you found ways to bring these two different practices together – the narrative therapy–influenced questions of 'If your loved one could see you now ...' and mourning rituals of 'Let them rest in peace'?

Adelite: When we are dealing with profound hardships, it is easy to forget that we have many sources of strength. Strength does not just come from therapy; we can also find strength in our culture – including within mourning rituals – as well as through music, prayers ...

DD: The other day when we had the reunion of Ibuka counsellors, you told a fantastic story about Mr Fear and how it relates to the challenges you were all facing back at the time of Gacaca. Can you share that story?

Adelite: This story is about a buffalo who wanted to attack a man called Mr Fear. Mr Fear was afraid of the buffalo and tried to climb a tree to escape it, but the tree was unstable and he fell. When Mr Fear fell, he got caught on the horns of the buffalo. This disoriented the buffalo and Mr Fear managed to ride the buffalo through the village without getting hurt. When people saw that Mr Fear had

overwhelmed the buffalo, they celebrated! It was no longer just Mr Fear facing the buffalo but everyone in the village. The whole population then participated in the killing of that buffalo. Mr Fear felt proud of himself, even though the solution to the problem was not something he would ever have thought of before he encountered the buffalo.

When I think about that buffalo and that story, it reminds me of when I started as the coordinator at Ibuka. I was like Mr Fear! I didn't know if I or the team had the abilities to respond to what we were facing. Fortunately, the narrative therapy approach meant I could share with the other counsellors my own fear and limitations. Even as the coordinator, I didn't have to bring solutions for everyone's problems. It was no longer my business to respond to all questions but together with other counsellors we could find ways forward.

DD: I hadn't thought of that before, but it makes a lot of sense to me. If you as the Ibuka counsellors worked from a counselling model that believed in the counsellor needing to provide the solutions for other people, and you were responding to survivors of the genocide going through the Gacaca process, which had never happened before, I can imagine the burden of that responsibility would have been overwhelming.

Adelite: Yes. We learnt that we were not there to give solutions, but to accompany people in finding their own ways to overcome their situation. We were in it together.

DD: I recall you describing that when people first came to meet you, you would try to acknowledge the journey they had been on, and how you didn't know what you would have done in their particular situation. I remember you saying that you would also ask them what had kept them strong, or moving, on that journey. Could you say a little about how you and your team would receive survivors and try to respond to them during that first meeting?

Adelite: There were some situations that would overwhelm me. For instance, when I would meet someone who was a widow, who didn't

have children, who had nowhere to live and who had HIV because she was raped during the genocide. When I started to learn about narrative therapy, I still did not know how to respond. It seemed overwhelming to me and as if there was nothing outside the problems to draw on. We talked about this and I realised that what I could do was validate her history and how difficult it was to face all of those problems. I could acknowledge the multiple injustices and hardships she was living with. And then I could ask her how she endured these things; what had helped her to survive until now, or even just allowed her to remain living. Sometimes it was the smallest thing, like digging a small hole in the corner of her home and speaking to this hole as if it were a person, a friend, or protecting and caring for a small chicken that had belonged to her family. So we would start there. We would construct the conversation around that one thing. Even then it was sometimes difficult to know what to say, but I would try to talk about the ways she had sustained herself.

DD: I find those examples very moving, Adelite. There's just one other theme I wanted to ask you about. I have heard you speak about the notion of forgiveness in careful, nuanced ways. It's a very complex realm isn't it? You mentioned that forgiveness 'doesn't make the other person clean' but it sometimes makes it possible to 'live without carrying that weight'. Can you say more about this?

Adelite: Forgiveness is very sensitive and complex here because in the Rwandan context we have the challenge of victims and perpetrators living on the same hills. They have no choice but to live together, and there is a price of living together. It's demanding to ask a victim to forgive but, at the same time, if a victim can forgive this can sometimes be a step towards living in peace with themselves and not carrying the burden of thinking about what happened. Forgiving can, for some people, mean letting go of fear and suspicion that can otherwise paralyse their life.

I think that forgiveness is a journey, not a state. If I am working with a survivor and they believe in forgiveness, what can help on starting that journey is recognising that

forgiveness will not mean the perpetrator is free or clean: no. The perpetrator is the perpetrator. Some people decide, however, 'I do not want the perpetrator to be with me. I want to separate myself from the perpetrator', and the act of forgiveness can be a way to enable this. This doesn't mean you will befriend the perpetrator: no. You just don't want to continue to carry that burden anymore.

DD: I appreciate you naming this complexity. As you say, this is related to the necessity of living side by side.

Adelite: Yes. It's also important to acknowledge that it is now 26 years since the genocide against the Tutsi and many things have moved, have changed. I am married and have two children! And there has also been a lot of movement in those years for the country as a whole. These changes, alongside the necessity of living side by side, have also made forgiveness more possible for some survivors. But we cannot ever expect a victim to move forward just as if everything were normal, and there are always new challenges along the way.

DD: Thank you, Adelite, it has been profound to have this opportunity to speak with you after all this time, and to see the Ibuka team again! What was it like for you to see the team together once more?

Adelite: Oh, that was a wonderful moment! I was very excited and very happy to see the others again, the whole team together. It was very good.

DD: It was very good for us too.

Adelite: Thank you very much.

Notes

1. Rakiya Omaar (2007) explained why Gacaca processes were engaged:

[After the genocide] it was very apparent from the outset, that given the unprecedented level of popular participation in the killings in Rwanda, unprecedented in world history in terms of the percentages of people from the very old to the very young who participated, that it was never going to be possible to achieve justice using the formal western justice system. If there was even an attempt to put the majority of detainees through the courts, let alone all those yet to be arrested, then they would die of old age in the prisons because the entire system would be overwhelmed. The formal court system was simply not a viable option. (2007, p. 54)

Gacaca community courts were therefore established as a method of transitional justice, designed to promote three imperatives (which were sometimes competing and conflicting): justice, truth and reconciliation. For more information see Omaar (2007).

2. The first workshop that Adelite is referred to here is documented in Denborough, Freedman, & White (2008).

References

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

Omar, R. (2007). Intimacy and betrayal in the story of genocide (an interview by David Denborough). *International Journal of Narrative Therapy and Community Work*, (1): 51–159.



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