

ETHNOPSYCHIATRIC THERAPY UNDER RWANDAN CULTURE

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ABSTRACT

Our research focuses on ethnopsychiatry uses traditional Rwandan therapy inside ancient Rwandans societies, which led us to ask this kind of question "what are traditional therapeutic techniques were used by ancients Rwandans societies differs to actually Rwandans modern therapy?". It was chosen because we are very interested in the culture and behaviour of Rwandans in both ancestral and modern times. The methodology used to gather information was based on an oral and documentary technique (written and video documents on ancestral Rwandan practices). It was shown that ancestral techniques in the therapeutic field were not well structured, hence the ethical issues, deontology and human responsibilities were not taken into account in the same way as modern therapeutic techniques. In the field of psychiatry, we are interested in Rwandan pharmacology treating mental disorders based on traditional Rwandan systems. From the point of view of scientific ethics, it is almost impossible to confirm that these pharmacopoeia

products actually cure, as no in-depth study has been carried out to confirm their therapeutic role with any accuracy.

Key words: *Ethnopsychiatric, Therapy, Rwandan culture*

I. INTRODUCTION

Ethnopsychiatry or transcultural psychiatry is a field of research which shares its objects and methods with both clinical psychology and cultural anthropology. Ethnopsychiatry has focused on psychological disorders in relation to their cultural context on the one hand, and on cultural systems for interpreting and treating illness, misfortune and disease. This clinical approach has been extended, giving rise to original ways of dealing with the psychological suffering of migrant populations. Political anthropology criticises ethnopsychiatry link with colonial psychiatry and its culturalism (Daniel, 2009 and Géza, 2000). In Rwanda, ethnopsychiatry is a field that is unknown and impracticable due to the norms and laws prohibiting the mentally ill and many other illnesses from being treated by traditional practitioners and clerics. It has been observed in different parts of Rwanda that some traditional healers called “*Abavuzi bagakondo*” claim to be the envoys of Nyabingi, Ryangombe and other gods such as Jaja to treat illnesses and mental disorders among the Rwandan population using traditional therapeutic systems that correspond to ancient Rwandan culture.

The Rwandans believed that a human is made up of two parts: his body and his invisible shadow. When a person is no longer alive, his body becomes a corpse but his shadow becomes an intact spirit and he goes to hell, but because of the love he still has for the rest of the world, he comes to visit it (Kanimba & Misago, 2012). In the past Rwandans believed that after this life there was another group of well-to-do ancestors called Ingabwa and the wicked (CNUR, et al., 2016).

Based on the origin of the name, Spirit comes from the verb to live, which means that something that burns, burns and remains in ashes is no longer warm. So when they say that, it is clear that he no longer has the warmth of life, his body has become careless and he is no longer human, and they call him a cadaver (Muzungu, 219). Another part of the immortal human being was called “*Spirit*”. When a person took care of gods, his Spirit would go to hell but sometimes he would go to what was left of the mountain where he would ask them to respect him and invoke him and also to keep an eye on them so that they did not lose their traditional culture and those who tried to

disobey him would be punished because this spirit caused them various dangers, such as illness (Kanimba, 2012).

The fact that the Rwandans believed demons could attack them and do them harm made those demon to do their best to kill human, which is also called abandonment of gods. To leave them was to live as they wanted, so that they could be calm and not harm the living. To get rid of these ghosts, the Rwandans would build houses (*the most popular were called Cyirima houses*) or put them on the list and make offerings in the house or in the ovens (called jokes) such as beans, milk, etc. They do this first by sprinkling it with water, then throwing it away. Closer examination reveals that this abandonment ceremony brought unity and love between the living and the dead and showed that death should not be a border or barrier between the living and the non-living (CNUR,2016).

How they left, normally, the one who left was the head of the family, not the one who left the family. The demons he left behind were also the family's ancestors. In the homes of the old Rwandans, there was a shelter in an isolated house. These were the homes of the dead. The waiter would come and sit in it, bring the flame and put it in the pot, cut the sorghum and put it in the fire, and the sorghum would explode.

He laughed and said “*Laugh at Gasani in Rwanda, laugh at the owner's success, defeat the enemy, defeat the witch*” He could have said similar words. When he had finished reciting the prayer, he immediately told the elder everything he had come to tell him (Muzungu, 2019 and CNUR,2016). In the context of divination, which means knowing the hidden (*existing but also invisible*) and change (*knowing the future*). In this ceremony, the witch played an important role as she was considered to know the difference between worldly symbols and the divine will (CNUR,2016). There were different forms of divination including: divination (prophecy), divination of fat, cows or sheep, rituals, chicken, tradition (divination), oil etc. (Kanimba Misago, 2012). The value of this divination practice is that it shows that Rwandans had a heart and mind that advising who is superior to the other is important in their lives (Muzungu, 2019).

II. AREAS OF STUDY AND METHOD

2.1. Areas of study

Rwanda covers an area of 26,338 km² in the Great Lakes region. It borders Uganda to the north, Tanzania to the east, Burundi to the south and the Democratic Republic of Congo to the west. Its

capital, Kigali, is located in the centre of the country (Nyamoya, 1990). The traditional belief in a single God, Imana, who is sensitive to their condition, oral stories, language and proverbs, songs, drums and dance all play an important role in this culture, which is heavily influenced by the warriors' battles and agricultural activities: livestock rearing and farming and, to a lesser extent, hunting and fishing. Western clothing has become more widespread since colonisation, but the cotton loincloth remains a very important link for women between tradition and modernity. (Ošlejškova, 2018).

2.2. Method

In the course of our research we used oral surveys, semi-structured face-to-face interviews with older people and telephone interviews, and observation techniques. For the analysis of the results, a content analysis and an inter-interview analysis were used.

III. PRESENTATION OF RESULTS

3.1. Classification of mental disorders in the Rwandan tradition

Our results presented below in the two tables contain the results of classification of mental disorders according to the ancient Rwandan culture and its ancient traditional mode for treatment in Rwandan culture. However, modern psychiatric practice in Rwanda is relatively recent. For a long time, the mentally ill in Rwanda were under the exclusive care of healers, and symptoms were associated with traditional interpretations that are still very much alive. The cohabitation between modern psychiatric techniques and traditional therapies is often enriching for some in Rwanda.

Table 1: Classification of mental disorders:

No	Mental illnesses or disorders	Explanation
1	<i>Ibidongo</i>	The ibidongo is a kind of classification of mental disorder caused by the spirits of ancient people died, a belief more widespread in northwestern Rwanda.
2	<i>Ibitega</i>	Is a kind of mental disorder that the ancient Rwandan believed that the spirits of ancestors or bad people send to people via domestic animals to take his targeted victim.
3	<i>Ihahamuka, Ihungabana</i>	<i>Ihahamuka</i> and <i>Ihungabana</i> are a kind of mental disorder known in Rwandan tradition since the ancestors and even in modern society. <i>Ihahamuka</i> and <i>Ihungabana</i> mean “ <i>trauma (in the context of neurotic disorder)</i> ”, a syndrome that manifests itself in people or individuals presenting stressful

		behaviour, anxiety, depression, etc. This was considered to be a curse due to a failure to respect the ritual norms and ancestral customs of Rwandan culture. This situation is widespread in all regions of Rwanda.
4	<i>Ibigashari</i>	<i>Ibigashari</i> , is a type of psychotic disorder that affects the functioning of the brain by altering thoughts, beliefs or perceptions. A person with a psychotic disorder may, for example, be convinced that they are being spied on or followed, hear voices or have the impression that other people are manipulating their thoughts. Individuals with psychotic disorders are considered to be like those who were bewitched by demons called <i>Ibigashari</i> in ancient Rwandan society.
5	<i>Amadayimoni</i>	People and individuals with mental disorders in both ancient and modern society believed that those suffering from mental disorders were suffering from evil spirits who had or had a malign influence against humans. For more than 2 million years, Rwandans have believed that mental disorders are the result of demons affecting humanity.
6	<i>Nyabingi</i>	She is a legendary woman in the culture of Rwanda, Uganda and Tanzania, where religions or "possession cults" formed around her. In the 20th century, the name "Nyabinghi" was adopted by Jamaican Rastafari followers for their gatherings and, later, as a style of drum used in religious practices. The veneration or worship of the deity or spirit of the woman known as Nyabinghi began in Rwanda around 1800. She was considered a powerful force in daily life. Religious practice was carried out through a medium who communicated with Nyabinghi's spirit. To appease her spirit, believers brought offerings to the medium, who negotiated with the spirit on behalf of the believer. While some mediums communicated directly with Nyabinghi, she could also possess ordinary people who were not official leaders or mediums of the religion. Belief in this religion was particularly strong in the southern regions of Uganda and the northern regions of Rwanda, which were once part of the pre-colonial kingdom of <i>Ndorwa</i> . With the arrival of Western religions in Rwanda, the priests and pastors regarded <i>Nyabingi</i> directly as a demonic spirit. Through biblical teaching, some people began to believe that mental disorders were the negative results of the spirit of <i>Nyabingi</i> in the ancient and modern Rwandan community.
7	<i>Abazimu</i>	In the ancient Rwandan belief system, the <i>Ibazimu</i> are spirits centred on the dead who can have a positive or negative influence on the lives of the living. They were at the root of mental illness or madness on persons close to them. Those suffering from mental disorders are called <i>Bazimu</i> patients by the Rwandans.
8	<i>Ibisazi</i>	<i>Ibisazi</i> is a name often attributed to the mentally ill in Rwandan society, both past and present.

Source: *Our results in the field*

3.2. Traditional Rwandan pharmacopoeia in the treatment of mental disorders

Table No. 2 below presents one of the pharmaceutical methods and its traditional therapeutic mode that the Rwandan population applies to the mentally ill.

Table No 2 :Traditional pharmaceutical psychiatry therapy used in Rwanda

No	Nams vernaculaire	Nas scientifiques
1	Umwarangabo	Anthocleista glandiflora
2	Umutagara	Solanecio manni
3	Umwisheke	Chenopodium ugandae
4	Irehe	- - - - -
5	Ikirogora	Brillantaisia cicatricose

Source: Our results in the field

IV. DISCUSSION OF RESULTS

4.1. Mental disorders and ancient Rwandan culture

According to WHO, a mental disorder is characterised by a clinically significant change on an individual's cognitive state, emotional regulation or behaviour (WHO, 2022). It is generally accompanied by a feeling of distress or functional deficiencies in important areas (WHO, 2022).

There are many types of mental disorder, also known as mental health problems. The latter, broader term encompasses mental disorders, psychosocial disabilities and other mental conditions associated with significant distress, functional impairment or risk of self-harm. The main benchmarks focus on the mental disorders described in the (ICD-11) Eleventh Revision of the International Classification of Diseases (WHO, 2022).

4.2. Mental disorders and Rwandan traditional therapy

In modern terms, psychotherapy includes the care or support provided by a trained person to one or more other people suffering from psychological problems, sometimes in addition to other types of therapeutic intervention using medication, in line with Glicken (2006). Who argues in favour of a therapy based on strengths, rather than deficits and psychopathology. In a multicultural context, TummalaNarra (2007) sees the psychotherapeutic relationship as a significant factor in helping a person to mobilise and use their resilience. Based on Rwandan tradition, psychotherapy was historically practised in the form of rituals, customs and much more (Tummala Narra, 2006).

According to the results of the study carried out by Tummala Narra (2006), Friedman (2000), Ionescu (2004a) and Ionescu (2004b) and the Rwandan Ministry of Health (2004), traditionally in ancient Rwandan society there were no trained psychotherapists but elderly people from the family

called Impfura “*wise men or women*” or abajya nama (counsellors), not forgetting the religious people who conducted ancestral cults. In the therapeutic sessions practised by Umupfumu, impfura or the abajyanama used the names of divinities to soothe the spirit of their patients, any misfortune being taken as the evil attacks of strange spirits on the individual.

According to research by Ionescu, (2010). and the Rwandan Ministry of Health (2004), it was stated that traditional therapists began therapeutic sessions with Imihamuro (evocation of ancestral gods), here the activity was to sing, to surculate in the context of containing the space against strange divine spirits by taking alcohol called Rugwagwa or sorgo called Kigage or Umusururu for some, traditional tobacco and even umutsima (sorgo paste) accompanied by milk. Here the names of the divinities often evoked were: Nyabingi Nyiramubyeyi (Mother), Biheko or Nyirabiheko the Creator gave her the power to live forever, that; she had the power to give life to people tormented by the many problems of life such as lack of children, stress, anxiety, poverty, illness and many others. NTummala Narra, (2006), Friedman, (2000); Ionescu, (2004a) and Ionescu, 2004b) and Rwandan Ministry of Health (2004) explain that, this cult is part of the “*mystery*” religions: “*initiated*”). Given the therapeutic evolution based on Rwandan ancestral spirits, the therapists followed all the processes of the sessions with the aim of curing their patients. In the absence of recovery, the therapist would transfer his patient to the supreme divine “*Ahasigaye nahamana*”, which means the rest is God's or Nature's God, who was represented by three names: Iyambere (They want to show that He is the Supreme Being and that no one shares His nature), Iyakare which means that He has always existed and will always exist, unlike ordinary times when one thing begins to exist and another ends) and Rugaba (*which means that He can do everything, nothing can fail Him*).

4.4. Differentiation between modern therapy and traditional Rwandan therapy.

Our findings on traditional Rwandan therapy relate to the ritual therapy (*Kubandwa* and *Guterekeru*) and pharmacopoeia (*Anthocleista glandiflora*, *Solanecio manni*, *Chenopodium ugandae*, *Brillantaisia cicatricosa* and *Irehe**) used by the Rwandan people to treat and accompany mental disorders. These findings are also in line with those of Notombe (1976), who states that traditional therapy is a way for people to deal with negative influences on their lives in order to combat and re-establish a broken balance. Depending on the nature and size of the incriminating element, man is driven to find the weapons for his protection in nature or in the socio-familial environment. On several occasions, the author Rwangabo (1988, 1982, 1985) has stated that states that in traditional Rwandan medicine, it is the family environment that plays a primordial role as

the main cause of illness or misfortune and adds that traditional Rwandan medicine stems from the socio-cultural fabric of Banyarwanda, in the same way as their “*way of living, working, eating and dressing*”.

Researchers Taylor, (1988) and Rwangabo, (1988, 1982, 1985), have shown that in Rwandan society there is a perfect practice of discretion accompanied by directly therapeutic gestures and methods. Anyone who deeply believes in these practices cannot consider themselves totally cured of any illness, even a purely organic one, until they have carried out the appropriate ritual gestures that they feel it their duty to perform. Similarly, the findings of the author Kayonga (1974) on traditional Rwandan therapy led us to believe that in Rwandan society there existed perfect discretionary practices accompanied by directly therapeutic gestures and methods. Anyone who deeply believes in this cannot consider themselves totally cured of any illness, even purely organic ones, until they have carried out the appropriate ritual gestures that they feel it their duty to perform. Without forgetting, however, that there were also people who were specialists in identifying the ancestors in question and discovering the best procedure for performing the “*kubandwa and Kuterekera*” rites. They are called Abapfumu, which could be imperfectly translated by the word "sorcerer" in other African cultures. In Rwanda, the term actually refers to one of the categories involved in Rwandan therapeutics as a whole. It is therefore not surprising to find Rwandans visiting such “*abapfumu*” people after or before the treatment of a physical illness in European medicine, in which they also believe, as this is normal behaviour within their culture.

With regard to modern therapy, the authors Canceil *et al*, (2004) explained that the difference between the two therapeutic styles is that modern therapy is organised by several theories responding to the situations of disorder presented by the patient, depending on the context (systemic orientation therapy, cognitive behavioural therapy, psychoanalysis, psychoanalytically inspired therapies, person-centred therapy, gestalt therapy, transactional analysis), while the author Fotso Djemo, (2009) and Mahaniah, (1977) in their research, they had shown that traditional psychotherapy which is based on advice and methods dominated by the belief in the intermediary of ancestral spirits was not well structured and without the professional ethics required by modern therapeutic science.

V. CONCLUSION

The subject of our work is ethnopsychiatry and therapeutics in Rwandan culture. It was chosen because we are very interested in the culture and behaviour of Rwandans in both ancestral and

modern times. The methodology used to gather information was based on an oral and documentary technique (written and video documents on ancestral Rwandan practices). It was shown that ancestral techniques in the therapeutic field were not well structured, hence the ethical issues, deontology and human responsibilities were not taken into account in the same way as modern therapeutic techniques. In the field of psychiatry, we are interested in Rwandan pharmacology treating mental disorders based on traditional Rwandan systems. From the point of view of scientific ethics, it is almost impossible to confirm that these pharmacopoeia products actually cure, as no in-depth study has been carried out to confirm their therapeutic role with any accuracy.

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