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Unspoken Pain in Post-Conflict Mental Health Practice: A Field Reflection from Rwanda, 2025

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ABSTRACT

Mental health in low- and middle-income countries, particularly in post-conflict contexts like Rwanda, remains challenged by limited access to care and entrenched cultural stigma. This case study, drawn from community-based psychosocial support sessions led by Umuhumurizamutima (trained community counselors), illustrates the therapeutic and cultural complexities of unspoken trauma through the use of the empty chair technique. In one session, a young woman's tears were not for what she expressed but for what she *"wasn't able to say,"* revealing how silence can hold a greater emotional burden than words. Situated within Rwanda's cultural history, where silence often serves as a survival mechanism. This observation underscores that emotional expression does not always equate to healing. The discussion highlights the need for practitioners to recognize unarticulated pain, listen "between the lines," and provide presence-centered, culturally sensitive care. Recommendations call for strengthening decentralized mental health services, expanding lay counselor training, and fostering safe, empathetic spaces where individuals can share their stories without fear. This case contributes to the literature by documenting field-based insights that are rarely captured in formal research, reinforcing the notion that healing lies not only in speaking but also in being heard.

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Received: August 13, 2025
Accepted: November 25, 2025
Published: December 31, 2025

Cite this article as: Gashugi et al. Unspoken Pain in Post-Conflict Mental Health Practice: A Field Reflection from Rwanda. *Rw. Public Health Bul. 2025. 6 (4): 44-47.* https://dx.doi.org/10.4314/rphb.v6i4.4

INTRODUCTION

Globally, mental health remains an underserved priority, particularly in low- and middle-income countries where access to services is limited, and stigma persists [1]. In post-conflict societies such as Rwanda, emotional and psychological wounds are often buried beneath years of silence, not only from genocide-related trauma but also from gender-based violence, abandonment, poverty, and complex grief [2].

Community-based mental health approaches have emerged as vital solutions for addressing psychological distress by leveraging culturally rooted strategies and fostering local engagement [2,3]. Despite commendable investments by health systems to address mental health issues within communities, many personal and culturally influenced challenges remain underexplored [4]. These deeply personal experiences, often shaped by pain and silence, can serve as bridges for developing more responsive community-based approaches. Such individual stories may act as mirrors, highlighting what remains unaddressed within mainstream or widely recognized therapeutic models [5]. Among the most effective and respected community techniques are those

derived from the principles of narrative therapy. Narrative therapy values a person's lived experience and story, positioning the therapist as a respectful audience to that narrative [6]. One of the most impactful methods borrowed from Gestalt therapy and often used within this narrative framework is the "empty chair technique." This approach allows individuals to externalize internal conflicts by symbolically addressing an imagined presence, facilitating profound emotional expression and processing [5,7,8,9].

Given the rarity of studies that document reflections from real-life community mental health practices, this communication seeks to inform mental health practitioners about such experiential insights [10]. These field-based observations may guide future interventions and enhance professional sensitivity to contextual and unspoken dimensions of trauma. This case study thus contributes to the growing body of knowledge, often known in practice but undocumented in literature, by showing how the "empty chair technique" can reveal not only articulated trauma but also the deeper pain that often remains unspoken [11].

THE EMPTY CHAIR AND THE UNSPOKEN PAIN

A Case Observation from Community Mental Health Practice in Rwanda

This case is drawn from a series of 15 psychosocial support sessions facilitated in a semi-urban district in Rwanda, conducted in a community safe space between April 18 and May 30, 2025. These sessions were designed to support emotional healing and dialogue around trauma, facilitated by trained community-based counselors known as Abahumurizamutima. With general consent to share anonymized observations for educational and reflective purposes, session 7 was chosen due to the depth of emotional intensity and its strong resonance with broader themes of silence and unspoken trauma observed across other sessions. During this session, a young woman, approximately 26 years old, participated in an *"empty chair"* activity. She began haltingly, addressing a symbolic figure from her life. As her words unfolded, tears streamed down her face. Eventually, she fell silent. When gently asked about her emotional reaction, she responded:

"I am not crying because of what I have said, but because of what I wasn't able to say."

Her response deeply impacted the community-based counselor (Umuhumurizamutima), emphasizing that even in therapeutic spaces, emotional expression may not equate to emotional release. The real burden, it appeared, was held in the silence, in the words left unspoken.

This case is best understood within the broader cultural framework of Rwanda, where collective history, community cohesion, and silence often intersect. In post-genocide Rwanda, silence can function as a survival mechanism, a culturally shaped form of protection and respect for others. Speaking openly about trauma may be seen as dishonoring the collective narrative or risking re-stigmatization. As a result, individuals, especially women, may experience internalized restrictions on emotional disclosure, even in spaces designed for healing [13].

Abahumurizamutima

Abahumurizamutima facilitating these sessions undergo specialized training that includes foundational psychosocial skills, group facilitation, empathetic listening, and trauma awareness. They are also authorized to refer individuals exhibiting alarming symptoms of mental health illness to formal health centers for further assessment and care. While the Abahumurizamutima themselves are not licensed clinical psychologists, they operate as essential frontline workers within Rwanda's decentralized mental health system, bridging informal community support and formal care services.

This particular session was facilitated by a trainer of community-based counselors, known locally as Umutoza w'Abahumurizamutima, who is a mental health professional. The trainer's role is to provide supervision, guidance, and advanced mental health expertise to the counselors, ensuring quality and safety in the support provided.

The deep cultural competence and understanding of local social dynamics held by the Umuhumurizamutima enable them to establish trust and safety, especially in rural and semi-urban areas where professional mental health resources remain scarce or stigmatized [14].

DISCUSSION

While tears in therapeutic spaces are often interpreted as emotional release or breakthrough,

they can also obscure deeper, unresolved layers of pain [15]. In this case, the tears did not stem from words spoken, but rather from the emotional weight of what remained unsaid. This aligns with broader trauma research emphasizing that suppressed narratives can perpetuate psychological distress through mechanisms like repression and dissociation, which delay healing and complicate long-term recovery [16].

Individuals who have endured trauma, whether through conflict, abuse, displacement, or systemic oppression, often develop adaptive emotional defenses such as silence, repression, or dissociation. While these strategies may provide temporary protection, they can hinder authentic healing over time [15]. This case powerfully highlights that silence may sometimes speak louder than words, and underscores the importance for mental health practitioners to listen "between the lines."

This case affirms that what remains unspoken may carry more therapeutic weight than what is voiced. It also calls for an intentional shift: from interpreting tears as an end-point of emotional release to seeing them as indicators of unexpressed wounds. Moreover, there's a common societal assumption that emotional expression equals healing. Yet, as this young woman demonstrated, healing requires more than expression; it requires recognition, affirmation, and a safe audience. Her story echoes the urgent need to shift community-based mental health work from task-driven support to presence-centered empathy. As she cried not for what was shared but for what remained unsaid, she gave voice to many others whose silence speaks louder than words.

As recommendations, mental health practitioners, community leaders, and peer support workers must learn that a story isn't truly a story until it has an audience. We are that audience. And with that role comes a sacred responsibility: to listen without judgment, to validate without rushing solutions, and to offer space rather than pressure.

This case is not just a report; it is a call. A call to acknowledge that healing lies not just in helping people speak, but in ensuring they are heard. We must cultivate intentional, culturally sensitive, and empathetically held spaces that allow the voiceless to find their voice.

To improve mental health service utilization in Rwanda, it is essential to address cultural stigma and structural barriers through decentralized and contextually relevant approaches. Scaling up ongoing integration of mental health into primary care and community systems can significantly enhance access and continuity of care. Additionally, expanding task-shifting models, such as training lay counselors, offers a sustainable solution, especially in underserved areas.

CONCLUSION

This story from a semi-urban community session in Rwanda reminds us that tears do not always mark release; they can signify constraint. Emotional healing requires more than expression; it demands connection. As such, this case urges mental health systems to integrate practices that honor not only verbal disclosures but the emotional gravity of what remains unspoken. Let us not simply aim to extract stories, but to become trustworthy witnesses to them, guiding individuals from silence to strength.

Acknowledgements: We would like to sincerely thank the Imbuto Foundation and the Ministry of Health through the Rwanda Biomedical Center (RBC) for their valuable initiatives in developing community-based mental health approaches, particularly through the Baho Neza Mental Health Program. We also wish to acknowledge the Rwanda Psychological Society for its important role in training community-based counselors. Special gratitude goes to the participant who courageously shared her emotions, enabling us to gain insights that have informed this reflection. These insights serve as an educational resource for mental health practitioners and policymakers aiming to improve mental health care in our communities.

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