THE HEARTBEAT

SEPTEMBER

EDITOR'S NOTE

Hey, person!

Yes, you on the other end of this monthly newsletter.

Forgive our manners. We've been writing to you for the past two months and somehow managed to do the unforgivable. We forgot to properly introduce ourselves.

So, for the next few minutes, grab your coffee, get comfortable and allow us to tell you a little more about who we are what we do and why Heart to Heart Spaces exists.

Consider this our very overdue introduction.

Welcome to our story.

HAPPY READING!
HEART TO HEART SPACES

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Hi, We are Heart to Heart Spaces.

We are a community-based organisation that, if we may say so ourselves, does the absolute most when it comes to mental health awareness, advocacy and creating spaces where people feel seen, heard and supported.

We've been here for... hmmm... about seven years now.

But our story doesn't begin with the eight people who currently give their time, energy and hearts to this work every day.

It begins with our founder, **Auma Rita.**

In 2019, Rita was diagnosed with multiple mental illnesses at a time when conversations about mental health were nowhere near as open as they are becoming today.

During her first inpatient admission at Butabika National Referral Mental Hospital, she found something she hadn't expected: **community**.

There were people fighting battles of their own who still found the strength to sit with her, encourage her, listen to her and love on her. They reminded her that even in the middle of illness, no one should have to feel alone.

And somewhere in that experience, an idea was born.

Rita decided that when she got out, she wanted to do something.
She began by writing a book about her experience.

And then, she founded Heart to Heart Spaces.

What started from one person's lived experience has grown into a community that has spent the past several years creating conversations, connecting people to support and reminding anyone living with mental illness that there is still space for hope.

And goodness, have we done a lot along the way.

(Part of the Heart to Heart Spaces team at the work retreat 2026)

We have held the first two mental health runs in Uganda, reached and educated **more than 1,500 people** through our community outreaches, hosted over 50 safe spaces offering free group therapy, and provided referrals for people looking for mental health professionals and somewhere to begin their healing journey.

For a time, we also provided **subsidised individual therapy**, helping make professional mental healthcare more affordable for people who needed it.

We would have loved to keep doing that forever.

The reality, however, is that most of our work has been funded out of pocket, with occasional support from generous friends and well wishers. Eventually, subsidising therapy at that scale became difficult to sustain.

But giving up?

That has never really been our thing.

We are still here.
Still advocating.
Still creating safe spaces.
Still having the difficult conversations.
Still connecting people to help.

Still dreaming about how much more we could do with the right support.

Still dreaming about how much more we could do with the right support.

And over the coming months, we hope to host a few fundraising initiatives that will help us continue and hopefully expand the work that we do.

So, I guess that's a little bit about us.

If you'd like to know us better, partner with us, support our work or contribute to what we are building, come find us:

Twitter/X: @heartyspaces
Instagram: @Heart to Heart Spaces
Website: hearttoheartspaces.com

And hey don't stop here. There's still a whole newsletter waiting for you.

Keep reading. Thank us later. 😉

YOURS,
HEART TO HEART SPACES.

STORY CIRCLES AND THE HEALING POWER OF AFRICAN STORYTELLING IN MENTAL HEALTH

"Stories matter. Many stories matter. Stories have been used to dispossess and to malign, but stories can also be used to empower and to humanize."
— Chimamanda Ngozi Adichie

Hidden within the heart of African tradition lies one of our greatest gifts: **storytelling**.

Long before therapy rooms, psychology textbooks and mental health awareness campaigns our communities gathered beneath trees, around evening fires and in family compounds to tell stories. Through voice, gesture, music and imagination, stories brought myths, legends, proverbs and folktales to life. They were not simply a form of entertainment, they were how communities taught values, preserved history, nurtured identity and made sense of the human experience.

Stories comforted people during difficult seasons, inspired hope in moments of despair and reminded communities to celebrate during times of joy. They were carefully passed from one generation to the next because they carried wisdom powerful enough to shape lives.

As we continue the conversation on **Africanising Mental Health,** perhaps it is time we rediscover one of Africa's oldest healing traditions.

But first, a few definitions.

A **story** is the vessel through which individuals and communities carry identity, wisdom, healing and hope from one generation to the next. eriences.

A **story circle** is a safe, inclusive space where people gather to share personal stories and listen deeply to one another, creating connection, understanding and healing.

Mental health refers to our emotional, psychological and social well-being. It influences how we think, feel, relate to others, cope with life's challenges and find meaning in everyday experiences.

The Science Behind Storytelling

The intentional use of storytelling has been shown to promote emotional healing, challenge self-defeating beliefs and help people process experiences that are often difficult to express directly.

Why?

Because the brain responds to a vividly told story in remarkably similar ways to how it responds to lived experience. Neuroscientists describe this as neural coupling. The process through which listeners activate many of the same brain regions as the storyteller.

When someone describes smelling freshly baked bread, the listener's olfactory cortex becomes active.

When a storyteller describes running through a crowded street, the listener's motor cortex responds as though preparing for movement. Stories therefore become more than words. They become lived emotional experiences inside the mind of the listener.

This is one of the reasons storytelling has such extraordinary therapeutic power. It allows people to safely revisit difficult experiences, develop new perspectives, build empathy and imagine hope before they are ready to live it.

Fascinating, isn't it?

Interestingly, African storytelling traditions understood this long before neuroscience gave it a name. Our ancestors knew that stories could strengthen communities, restore hope, pass on resilience and help people make sense of suffering.

A story circle simply brings that wisdom into today's mental health conversations.

Why Story Circles Matter

Story circles create spaces where people feel safe enough to speak honestly and brave enough to be seen. In listening to one another's experiences, people begin to realise they are not alone. Isolation gives way to connection and silence is replaced by understanding.

Sharing personal stories also helps people organise difficult experiences, process painful emotions and discover meaning in moments of grief, trauma or loss. Often, healing begins not because someone offers advice, but because someone listens without judgment.

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As stories are exchanged, empathy naturally grows. Communities begin replacing assumptions with curiosity, criticism with compassion, and fear with understanding. This shift is especially important when addressing mental illness, where stigma often thrives in silence and misunderstanding.

Story circles also strengthen identity. The stories we tell ourselves shape how we see who we are. By reflecting on their journeys, people begin to move beyond diagnoses, labels or painful experiences and reconnect with their resilience, strengths and sense of purpose.

Within African communities, storytelling has always preserved cultural wisdom.

Every story carries lessons, traditions, and shared history. Story circles reconnect people with that collective identity and remind us that healing has never been solely an individual journey. It has always belonged to the community.

Perhaps one of their greatest strengths is their ability to reduce stigma. When people openly speak about depression, anxiety, trauma, addiction, or recovery, mental illness becomes less of a secret and more of a shared human experience. Shame loses its power when people realise that others have walked similar paths. Stories also cultivate hope. Hearing someone else's journey of survival, resilience and healing reminds us that change is possible. Sometimes the hope we need arrives through someone else's testimony.

Storytelling has also found its place within professional mental healthcare. Therapeutic approaches such as Narrative Therapy, Cognitive Behavioural Therapy (CBT) and trauma-focused interventions often use storytelling and personal narratives to help individuals understand experiences, challenge unhelpful beliefs, and rewrite the stories they carry about themselves.

Bringing It Home

The power of African storytelling in mental health is immense.

Stories connect us with people whose experiences mirror our own. They encourage us to speak when silence has become heavy. They invite us to listen with compassion and remind us that vulnerability is not weakness but courage.

Most importantly, they help us understand that mental health is not a foreign concept imported from elsewhere. Mental health has always existed within our communities. Our ancestors may not have used today's clinical language, but they understood the importance of belonging, listening, community, and shared healing.

BY PAMELA NATASHA BUGEMBE
COO HEART TO HEART SPACES

LET'S SIT WITH BIAS

I recently watched a TikTok by Dr. Jessica Katanga where she talked about the hierarchy that exists within mental illness and the science of stigma which illnesses we are comfortable talking about, which ones we whisper about and which ones we would rather not talk about at all.

It had me thinking.

Maybe we are not simply stigmatizing mental illness.
Maybe we are deciding which mental illnesses are acceptable enough for our empathy.

We have made significant progress in talking about mental health. We speak about anxiety and depression. We encourage therapy, self care, rest and asking for help.

And that progress matters.

But what happens when the conversation moves beyond the mental illnesses we have learned to make palatable?
What happens when we say **schizophrenia? Psychosis? Bipolar disorder? Substance use disorder?**

Does our language change?

Does our empathy change?

Does the person suddenly become someone we need to fear rather than understand?

There is indeed a hierarchy of stigma.

Not all mental illnesses are stigmatized in the same way.

Someone can increasingly say, "I have anxiety," and be met with understanding. A person can speak openly about depression and, although stigma still exists, be met with compassion.

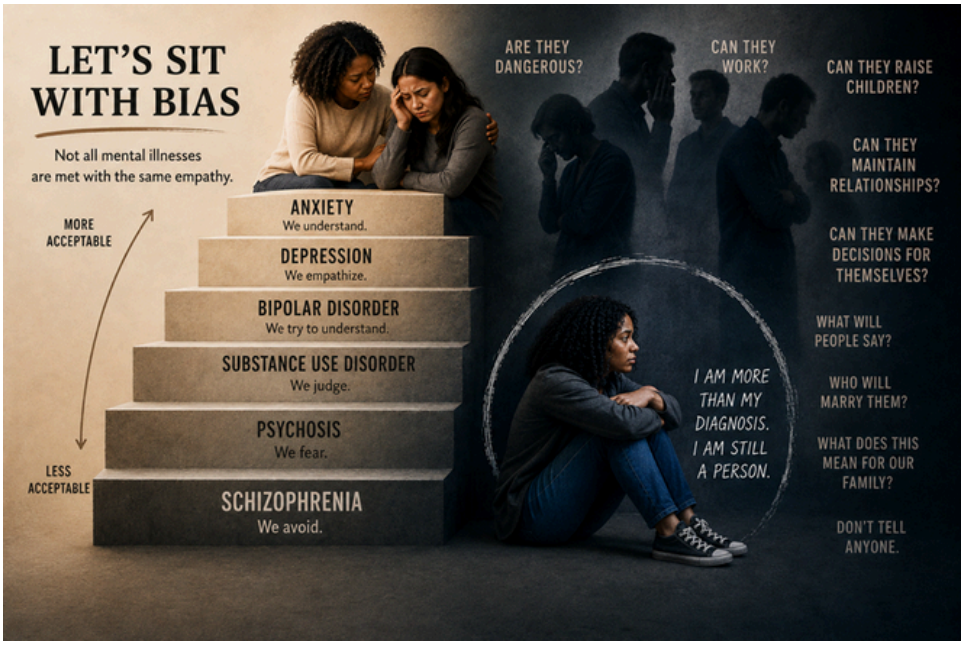
But mention certain diagnoses and suddenly the questions change.

Are they dangerous?
Can they work?
Can they raise children?
Can they maintain relationships?
Can they make decisions for themselves?

Then come the quieter questions:
What will people say?
Who will marry them?
What does this mean for our family?
Don't tell anyone.

And sometimes we have decided who a person is before we have learned anything about the actual person standing in front of us.

That is where we need to sit with our bias. Because stigma has consequences.



People hide symptoms because they fear what a diagnosis will mean socially. Families may delay seeking professional help because they fear a particular label. People hide diagnoses from partners, employers and friends because they know that sometimes the moment you name your illness, people begin seeing the diagnosis before they see you.

We also need to ask:
Which mental illnesses are we comfortable supporting?

Which diagnosis makes us uncomfortable?

Which one makes us create distance?

Which one makes us assume danger, incapacity or hopelessness?
Perhaps sitting with our bias means being able to notice where our empathy ends and asking ourselves why.

Imagine needing help while simultaneously being afraid of what receiving that help might cause people to think about you.

There are circumstances where severe mental illness can genuinely affect a person's judgment and ability to make certain decisions and urgent intervention may sometimes be necessary.

But having a mental illness does not automatically remove someone's autonomy, dignity or right to participate in decisions about their own life.

So perhaps the conversation about mental-health stigma needs to go deeper.

It is not enough to ask whether we support people with mental illness.

BY AUMA RITA
FOUNDER HEART TO HEART SPACES

HOW WELL DO YOU KNOW MENTAL HEALTH?

YOU HAVE COME THIS FAR.
LETS END THIS MONTH'S EDITION WITH A QUIZ:

1. **What does mental health refer to?**
   A. Only whether someone has a mental illness
   B. Our emotional, psychological and social well-being
   C. How physically fit someone is
   D. How intelligent a person is

2. **Can someone have a mental illness and still experience periods of good mental well-being?**
   A. Only if their diagnosis was incorrect
   B. Yes
   C. Only after they stop treatment
   D. No

3. **Which of these is a healthy way to support someone struggling with their mental health?**
   A. Avoid them until they feel better
   B. Tell everyone what they are going through
   C. Listen without judgement and encourage appropriate support
   D. Tell them to simply think positively

4. **Which statement about mental illness is accurate?**
   A. People can often improve with appropriate treatment and support
   B. People should be able to overcome it through willpower alone
   C. It is always caused by personal weakness
   D. Everyone with the same diagnosis has the same experience

5. **When should someone consider seeking professional mental health support?**
   A. When thoughts, feelings or behaviours are causing significant distress or affecting daily life
   B. Only if they need medication
   C. Only when they have reached a crisis
   D. Only when friends tell them to

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LOOK OUT FOR THE ANSWERS IN THE NEXT NEWSLETTER.
FOR NOW, THANK YOU FOR READING OUR NEWSLETTER.
SEE YOU NEXT MONTH!!