

Reports From the Field

Editorial Note: This section of the Journal is devoted to reports by traumatologists who have experience in applying traumatology principles in the field and have a perspective to share that the Editors believe is valuable but are published as they are submitted. Like a letter to the editor, this means of communication assures that the authors are able to share their perspective quickly and unedited. As with all articles published in this Journal, the Editorial Board encourages responses from the readership.

Trauma Psychology in Namibia: Notes from the field

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Since March 2000 I have been working as a trauma psychologist in Namibia, helping to set up clinical programmes and assist in the running of the PEACE (People's Education, Assistance and Counselling for Empowerment) Center, a Namibian psycho-social healing center for all survivors of organised violence. With a background of experience working with refugees and survivors of traumatic experiences in the Netherlands, South Africa and Albania (during the Kosovo crisis), I was seconded by the Dutch development organisation, PSO, to PEACE, on a two year contract.

The following is an account of the work we are attempting to do in the field of trauma counselling and therapy, describing the frustrations we are experiencing, in addition to staffing and financial limitations, set against a background of a challenging political climate. Apart from the counselling and therapy work and training of health professionals and lay counsellors described below, the PEACE Center is also involved in capacity building of local psychologists in trauma therapy, in researching the prevalence and impact of trauma in Namibia as well as being responsible for the establishment and running of a forum for the support and training of Government and NGO workers involved with survivors of trauma. In addition to this we play an active role in networks of trauma centers in the sub-Saharan region of Africa. Our involvement in these networks provides essential support for our center and staff, in our isolated position as the only psycho-social center for survivors of organised violence in Namibia.

Namibia achieved independence in 1990 after a protracted civil war. It was colonised by Germany in the 1884, and the oppression of the indigenous population included massacres and attempted genocide of certain population groups. South West Africa, as it was known at the time, became a protectorate of South Africa, its Southern neighbour, in 1915. The notorious system of apartheid was enforced in South West Africa, together with the violent oppression of any form of political resistance. The war of independence was fought largely in the North of Namibia, on the border with Angola, where most of SWAPO, the liberation movement's camps were based.

Situated on the South Western coast of Africa, the country is vast (824 269 km²). In area it is larger than Texas, or four times the size of the United Kingdom. The population of

only 1.8 million is comprised of 11 main ethnic groups. While the structures and laws for democracy are in place in Namibia, and the institutional freedoms that characterise democracy are present, the practice of democracy is weak. Namibian NGOs are operating in an increasingly challenging political climate. This impacts particularly on those NGOs working in the sector of Human Rights.

Mental Health, due to budget and historical constraints, is very low on the priority list of the Government as the necessary finances and resources are lacking. Mental health services that are available are also highly centralised, leaving the majority of the population without access to treatment. Private psychiatrists and psychologists are few and can only cater for those who can afford it, and then only in the major centers, reaching roughly 15% of the population.

At present Namibia is experiencing a marked increase in suicides, especially in the North. Criminal violence and specifically violence against women and children is on the increase and there is a growing awareness that some process of healing needs to be introduced to address the unresolved traumas of the past. In stark contrast to the Truth and Reconciliation process in South Africa, the issue of reconciliation has not been addressed in Namibia. On coming to power, the SWAPO Government announced a policy of national reconciliation which in practice meant that the past had to be forgiven and forgotten. This is easier said than done in a country where the majority of the population lived under the repressive Apartheid South African regime, and roughly half the total population lived in the North of the country through a war situation reminiscent to the American war in Vietnam. Those who went into exile with the liberation struggle also ended up being exposed to severely traumatising experiences including detention and torture by the liberation movement itself.

The PEACE Center is situated in Windhoek, the capital city of Namibia. As I write this, I am currently running the center almost single-handedly, with the assistance of a janitor. We are in the process of recruiting a project manager, and, in time, a development officer. It is, however, difficult to recruit local staff at the level of experience we require, into the NGO sector, notorious for its low salaries and lack of job security. The poverty of most of our clients makes charging for services unrealistic, and the situation of financial dependence on donors often leaves our hands tied when it comes to offering services that are desperately needed, and which we are more than qualified to do. In the past year the center has undergone two assessments - one by an independent local consultant and one an international team drawn up by one of our donors. Both assessments offered glowing praise for the work which we are managing to achieve under obviously difficult conditions. Yet it remains problematic to ensure a secure inflow of donor funding, enough for us to recruit staff on long-term contracts, and to plan long-term projects with confidence.

Our clients represent a variety of groups, ranging from ex-People's Liberation Army of Namibia (PLAN) fighters, ex-South West African Territorial Forces (SWATF), ex-South African Defense Force (SADF) members, those who were tortured in the SWAPO detention camps, those who were refugees during the liberation struggle in

neighbouring countries or abroad, current refugees from Angola, the Democratic Republic of Congo, Burundi and Rwanda and relatives of all the above groups.

The clients who visit our center are mostly educated, with a Western orientation. Most of them are looking for practical assistance, with the payment of school fees for their children, accommodation and food often on the top of their list of priorities. We are planning to introduce a Social Development programme aimed at referring these clients to appropriate agencies, as we do not feel it is appropriate, or even possible, for our center to attempt to meet these needs ourselves. Counselling and therapy are usually low down on our client's list of needs. Partly through our social interventions, however, we aim to help our clients become aware of the way in which their own behaviour is linked to the social and financial problems that they are experiencing. The manner in which they attempt to cope with the traumatic experiences that they have undergone often results in self-destructive or self-defeating behaviour, or behaviour that has a negative social impact.

Many of those in our target groups, particularly those who have survived torture, are coping using well-entrenched systems of defense, such as denial, repression and projection as well as much abuse of substances. They frequently express their need to be in therapy, yet avoid making an appointment. Those who do come for counselling or therapy usually do so with a clear aim in mind. Their focus is on crisis management or on assistance with relationship problems, parenting difficulties, etc. Many come into counselling stating clearly that they do not want therapy. Therapy with these clients therefore usually takes the form of short-term (often single-session), supportive, structuring interventions. In a small number of cases long-term, explorative therapy has been offered successfully.

Those who have survived extremely traumatic experiences, such as long-term torture, seem to avoid help-seeking behaviour. It appears that the closer the exposure to trauma and the more severe the traumatic experience, the harder it is for the survivor to seek help. Surviving extreme trauma takes great strength, and asking for help is often experienced by the survivor as weakness. As many of these clients are still in some way in the process of "surviving" the long-term sequelae of trauma, they need to maintain that self-image of "the strong survivor". Asking for help can be experienced by them as admitting to themselves that they cannot cope, that are not as strong as they need to be, and is therefore something to be avoided. Furthermore, re-exposing one's self to the experienced trauma through therapy increases one's vulnerability; something to be avoided when most of one's energy is involved in surviving. Facing our clients' defenses against engaging in therapy can be frustrating, as it is often clear that they would benefit from it, but we are aware of the need to respect our clients' defenses. Often it is the relatives of these survivors who make the move to therapy. Interventions with the relatives often have indirect therapeutic effects on the index patient, as the relationship between the couple or within the family, becomes healthier.

Refugees currently make up approximately one third of our clientele. Refugees in Namibia are offered shelter by UNHCR at the Osire refugee camp, approximately 200

kms from Windhoek. Osire is a tent camp, which, mainly due to the ongoing conflict in Angola (Namibia's Northern border), has grown to over 20 000 inhabitants. Conditions in the camp are grim, with WFP being forced to offer food rations at 70% of the recommended monthly diet of 2 100 kilocalories. (Note: while this article was being written in May 2001, the Swedish Government responded to an urgent appeal by WFP and donated US\$1 million, ensuring sufficient rations for the refugees for the remainder of 2001.) Educational and recreational facilities are extremely limited, resulting in high levels of violence, including sexual violence. Medical and psycho-social facilities are also minimal, with only 9 registered nurses, 1 doctor and 4 social workers/assistants based in the camp, operating from a two-roomed clinic.

Through the Namibian Red Cross, the implementing partner of UNHCR in Osire, a system of health promoters, or community health workers has been put in place, with the camp divided into "blocks", and 38 volunteers, many of them qualified nurses in their home country, responsible for assessing the health needs of the refugees living in their assigned "block".

PEACE Center staff visited Osire in March 2000, in order to assess the prevalence of psycho-trauma among the refugee population, as well as the need for trauma counselling services. When they heard the reason for our visit, we were welcomed by a growing group of refugees. People were called by the group before us to testify about their experiences. These included experiences of witnessing the destruction of their villages by the rebel UNITA army, in Angola, and the witnessing of the execution of entire families.

The refugees we spoke to expressed an overwhelming need for trauma counselling services and enthusiasm for the idea of the health workers to be trained as volunteer counsellors. However, despite the refugee's need and enthusiasm to participate in the PEACE Center's proposed training programme, we have to date been unable to obtain official permission to enter the camp to do so.

Some refugees who manage to obtain permission to leave the camp, as well as refugees who have managed to find shelter in Windhoek, visit the PEACE Center for social assistance and counselling. Refugees living in a foreign country, and especially in a situation such as Osire where they cannot easily come and go, and where they are completely dependant on the authorities for their survival, are exposed to feelings of extreme vulnerability. These feelings are exacerbated when the refugee has undergone traumatic experiences and all the more so when these entail the murder of close relatives and other members of their home community. Many refugees from Osire who come to our center feel that they will starve to death if they remain there. While the food situation in Osire has been a cause for concern, it has to date never been a life-threatening one, and we interpret these fears as manifestations of the refugees' feelings of vulnerability. Our interventions in these cases are usually focused on addressing these feelings of vulnerability. However, it can be frustrating and de-motivating for counsellors to work with these refugees, when we are not able to assist them with their immediate needs, which at times seem so overwhelming.

The conflict in the north of Namibia, where Angolan armed forces together with the NDF are fighting UNITA bandits on Namibia soil, is resulting in a situation of ongoing trauma for civilians living in the area. There are reports of increasing incidents of anti-personnel explosions, banditry, including the looting of food and livestock, rape, abductions and forced labour. In addition, the NDF have been accused of arresting and torturing suspected UNITA supporters, sometimes on as flimsy a basis as a foreign sounding name. Much secrecy surrounds these detentions, and the whereabouts of some of these suspects months after their arrest is still unknown, with families claiming that they have been executed.

Unlawful detention, harassment and claims of torture of those in detention are not only linked to the Kavango region, however. In 1999, the secessionist movement in Caprivi was met with wide scale arrests, followed by torture and interrogation of suspects. Individuals and communities that were suspected of supporting the secessionists have similarly been intimidated, with many civilians fleeing into exile in Botswana.

The PEACE Center will be attempting to help address the trauma in the North by training health workers and human rights community workers in trauma awareness and trauma intervention techniques, in the near future. During a recent assessment visit to the region, our offer of such programmes was once again met with resounding enthusiasm, by the health workers and managers of health facilities. The nurses we spoke to expressed an overwhelming need for support for themselves. Some nurses, or their families, live in villages under constant threat of attack by bandits. In addition to this, in the close communities in which they live, they are confronted with those injured in the war, such as land-mine victims, who are known to them, in their professional work. Nurses described how they were sometimes unable to treat land-mine victims known to them personally, as they found this too distressing. Their distress can, in part, be attributed to the conditions in which they live, and their fears for their own safety and that of their loved ones. We hope to eventually have a counsellor and trainer based in the North, but are currently hampered by our financial and staffing difficulties.

I have attempted to create an impression of the conditions under which our center operates. It is not possible to fully represent the situation, with all its subtle and sometimes sensitive complexities in this brief space. The work remains challenging, often frustrating, but largely rewarding. Many times over the past year, I, my ex-colleagues and the members of the Board of Trustees, have felt discouraged and ready to quit. It is our belief in the necessity of the service that we are offering that keeps us committed to this project. That, and the gratitude of those whom we manage to reach. In the words of one of my clients: "You have done more for me than you can imagine, even in your wildest dreams".

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