

STATE OF MENTAL HEALTH – AN IDP’S PERSPECTIVE

Wacui Makori went into the Mai Mahiu IDP camp, to observe and hear first hand what the occupants are going through and how it’s affecting their mental health

The Maranatha International Counselling Foundation (MICF) is an NGO founded to offer community outreach and service. As part of their mandate, they have been working closely with internally displaced persons in various camps catering to some of their physical needs but mostly offering counselling services. It is this group that allowed us to accompany them and sit in during one of the counselling sessions they were conducting at the Mai Mahiu IDP camp.

The session takes place inside a PCEA church next to the IDP camps. The church stands on a small piece of land and is the only stone building within view. We enter to find a group of men and women sitting nervously on wooden pews. The room is slightly stuffy as the dusty windows are shut tight; low oak beams hang from the ceiling as sunlight streams through. The session facilitator – Ken Munyua who is a young ponytail sporting man – urges the group to gather in a circle and, standing at the centre, sets the ground rules for the session.

Julia, a middle aged mother of eight is the first to start. She is a slightly built woman, dressed in a modest lime green outfit, sporting

a head scarf and wearing white rubber soled shoes. She is also very soft spoken and at some point is requested to speak up. “Before the violence” she begins, “I was a businesswoman living in Eldoret. Once the chaos broke out, we found that we had nowhere to run since the police would just taunt us. We had our businesses looted and burned while they stoned us to keep us at bay. Then they broke into my home.” Julia stops – purses her lips, stares vacantly into space, with tears running down her cheeks continues. “They raped me and my daughter – young men who should call me mother or even grandmother and we later learnt that from this ordeal, my daughter contracted HIV and I got a venereal infection that won’t disappear. They also beat up my husband, slashing him all over the body with pangas and though we escaped, he later died at the camp.”

“When I fled from Nandi hills, I had just given birth the day before” says Wairimu, a short, gaunt sad faced young woman also living at the camp. “They chased us mercilessly, flogging whomever they caught up with. Then we got to the Eldoret showground and life there was terrible – it rained persistently, water was

everywhere. I slept out in the rain with my newborn baby for four days before we were given a tent. But by the grace of God, we survived.” Her voice breaking and arms outstretched as if to beseech us, Wairimu continues “My lower back hurts so much, I can hardly do anything. I feel so desolate, so helpless, I often cry so much on my own – I don’t know what

I get startled for no good reason, I loose my memory, I cannot remember what we were just saying

kind of future awaits us, hope is fading fast.” “Men are not meant to cry” begins Mwangi, a rather unkempt looking middle-aged man. His shoes have gaping holes, his jacket is faded and torn, his hair uncombed but his face is captivating as his eyes become very animated as he talks. “When we see the state our families are in right now, it just breaks our hearts. Especially when I remember that I was a capable man, run-

ning a lucrative business, able to cater for all my children’s needs. Then I recall how they came and laid waste of all I had. Now I see my children who used to sleep well on mattresses sleeping on sacks, children who used to be well dressed and well fed looking malnourished and wearing rags. It is very disturbing” he whispers, staring out of the window, a man deep in thought, before continuing. “Even more painful is that your child still expects you to be the same providing father like before, the circumstances may have changed but our children’s expectations have not.”

In many ways, one story sounds much like all the others. The common thread however is that people feel that their mental health is seriously suffering because of what they have witnessed, what they continue to witness and the general feeling that they have been abandoned by the Government and leaders they elected.

“Our children have also not been spared” says Mary – a single mother of three. She is a tough looking, tough talking woman who speaks with a strong steady voice, determined to get her point across.

“Our school going children tell us that they are being isolated in school, labelled as ‘IDP’s’ and

other children are refusing to interact with them, making them feel worthless. They feel disturbed such that they cannot concentrate in class.”

Giving a practical example, she says “when we came here, our children were fixed in already congested classes, often between desks. Sometimes when they come in the morning, the occupants of the two desks have moved them apart and the child is forced to spend the day standing.”

The talk has now become more animated. Another woman says; “When it comes to homework, there is no light, no tables, no chairs; they are forced to lie on their tummies to do their homework. Sometimes that child reflects upon where they are coming home, remembering that back home we had electricity or a lamp, we had tables and chairs. Such a child cannot perform in school and their grades have really suffered.”

The needs presented during this session are diverse - food, clean water, clothes, money to pay school fees, buy school uniforms and books for their children, medical care to cater for the numerous chest infections due to dust, sleeping on the dusty floors, smoke etc; farm utilities like seedlings and equipment to till the

land they have leased in order to grow their own food.

Their intense anxiety is further heightened when they consider the behaviour of officials they themselves elected to represent them. Unanimously, they feel betrayed.

“When supplies come from well-wishers,” one of them bitterly reveals, “we do not receive our portions and yet we are not supposed to talk or complain. They intimidate us; threaten us with eviction, even pulling down the tent of anyone who dares oppose them. They have obviously forgotten where we all come from and what we all went through. We would rather, when aid comes, that the donors distribute it there and then instead of leaving it with these unscrupulous officials.”

As the session continues, it emerges that the depth of each person’s deep emotional trauma evokes a fresh sense of terror that seems as raw as the day the violence began.

This terror, it appears, is not only felt by the individual but also by all those present. As each person shares, the hall goes dead quiet, muffled sobs can be heard, tears being wiped off people’s eyes; men shuffling their feet, clearing their throats, shaking their heads, their faces growing more forlorn by the moment. Anger, despair, bitterness, clearly etched on their faces. Such intense, raw emotions present in this room, voices laden with shame, others with guilt but mostly with a sense of total hopelessness.

They recount what they went through, how that made them feel and what it makes them feel today and as each person shares their experiences, it soon becomes apparent that these people are dealing with full blown PTSD based on the symptoms they are exhibiting.

“I remember how I found my son murdered; how I was left with 12 children at my old age. I feel so overwhelmed, I feel all my strength is gone, I feel totally restless, my thoughts become disarrayed, I loose appetite, I ask myself who is going to raise all these children, I see those images so clearly (she starts to sob) I feel trapped with memories that will not leave me alone.”

“I get startled for no good reason, I feel as though my ears are deaf and cannot think as clearly as I used to before, I loose my memory, such that even if we were talking I cannot remember what we were saying, I feel like blood is rushing to my head, I feel extremely angry.”

“When I remember, I get pains in my chest, it becomes totally blocked and I have to take medication; I begin to shake a lot, get severe headaches, and now, I have started bleeding. I used to be a busy person, able to take care of my children yet here I am, just staying in one place like a prisoner with nowhere to go.”

“This is the second time this is happening, they burnt everything we had, all our possessions, even clothes, beds, furniture I just found ashes (voice breaks). When I saw what they had done, I just sat down in those ashes and began to cry – I have 5 children with me here and I just feel helpless because there is no way I can be able to help them in the circumstances that we are living under. I feel extremely weak, sad and unhappy, unsure if I can rise from the ashes a second time.”

“My child screams every time he goes to sleep, sometimes he even becomes unconscious and this makes it impossible for us to move on or forget. As I try to calm him down, I find that I also begin to reflect on what happened, I cannot sleep, I begin to see the

people we buried, the ones who got hurt and those that we are now suffering together with – I get so bitter and downcast. And this happens every night.”

As the session winds up, facilitator Munyua and his colleague John Chege explain that it will take a while before these people can get back to a ‘normal’ state of mind. “It will take intervention after intervention and a meeting of their physical needs before any changes are observed. But holding sessions like the one we have had today, helps each person experience some form of catharsis that re-energizes them to face another day. This therefore cannot be a one off thing; for the sake of these people, it has to be on-going process.”

We then go to the camps to see how the people are living. This is important, according to Munyua and Chege, because seeing these inhumane living conditions helps one understand why this is further aggravating the IDP’s psychological disturbance.

We are met by innocent looking children with dirt on their faces, mucus caked on their upper lips, inquisitive eyes but a smile on their lips nonetheless; haggard looking men and women who walk us around, showing us their living quarters which are nothing more than tents that dance in the wind, leak when it rains and smell like burning rubber when it’s hot, men who tell us that they are often forced to sleep outside

the tents because culture does not allow them to be in such close proximity to their grown children – especially daughters; women who are faced with numerous daily challenges and the monthly headache on how to adequately cater for their sanitary needs; youth who refusing to give up – have formed a group, leased and tilled land and are looking to plant vegetables eventually buying a donkey to ease water supply in the camp.

Everywhere you look; signs of the human spirit – broken, bruised yet unbowed; but in desperate need of intervention.



DESPERATE: A woman carrying firewood and dried dung for cooking

STATE OF MENTAL HEALTH AFTER THE POST ELECTION VIOLENCE

BY WACUI MAKORI

It is virtually impossible to discuss the issue of Post Traumatic Stress Disorder (PTSD) in Kenya without touching on the post election violence. People’s way of life and general perceptions were changed forever following the events of those weeks and as Professor Catherine Gachutha notes “out of this mayhem, three different categories of people emerged as very likely candidates for full blown PTSD making them individuals who are in desperate need of assistance so that they can achieve emotional and mental health.”

The first category, according to Gachutha, are the victims or the victims families, who bore the full brunt of the violence and have now gone on to

become the IDP’s.

The next category are the perpetrators who did the actual killing, looting, raping, burning of property etc and the last category is the silent observer who was not directly affected and neither did they participate in harming others but nonetheless witnessed the mayhem and heard the screams.

Thus far, psychosocial help has been focused on the victims partly because they are easier to reach – at the IDP camps – and also because they appear as being the ones most in need of counselling.

However, according to Gachutha the other two groups of people who are back in the villages, trying to go on with their lives as normal are also high risk groups if no form of interventions are offered to them.

Gachutha reveals that one of the long term, severe effects of PTSD is the dehumanisation of the human being. She explains “a person who has personally gone through a trauma or witnessed the trauma repeatedly and deals with it by trying to ignore or suppress the emotions evoked adopts a coping mechanism that leaves them emotionally cold, unresponsive and unfeeling. Such a person is capable of extremely heinous crimes against humanity.”

Gachutha refers to this occurrence as the ‘Multi-generational Transmision Process’ i.e. this was done to me so I will do it to another. She notes that most of those who were the perpetrators during the post election violence were most likely victims at one point or the other.

Victims who depended on some form of social justice to offer retribution for their suf-

fering and when that was not forthcoming, they took matters into their own hands.

“Therefore” she says, “if nothing is done to address the concerns of these three categories of people, we are looking to create a vicious cycle of traumatised people inflicting trauma on others.”

Gachutha reveals that the magnitude of the need on the ground is far too great for individuals or organisations to adequately meet outside the assistance of the Government.

“This” she says, “is especially applicable to the IDP situation because, before we can adequately cater for their mental and emotional health, we must first meet their physical needs.

Counselling an individual then leaving them to go back to their deplorable living conditions to contend with hunger, insecurity and other challenges then expecting such a person to fully recover is fool-hardy” she says.

Once again, Government and all stake holders are being called upon to set up long term, sustainable policies and structures that will ensure that mental health services are availed to all Kenyans. Gachutha believes that this is a venture that requires everyone to play a role and while the common wananchi have shown their readiness to help their fellow kinsmen, the Government needs to take a leading role.

This Gachutha reveals is because adequate management of PTSD that will yield desirable long-term results, requires extensive civic education about the condition, followed by provision of safety, then provision of social and emotional support by qualified personnel.



DIMINISHED: A family settles down to a meal at the Mai Mahiu IDP camp



LET’S TALK: Ken Munyua facilitating the counselling session