

UNIVERSITY OF NAIROBI

HISTORY AND ARCHEOLOGY DEPARTMENT

COUNSELORS AS VICTIMS OF POST ELECTION VIOLENCE

(2007 – 2008)

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**Project Paper submitted in partial fulfillment of the requirement for the
degree of Masters in Armed Conflict & Peace Studies.**

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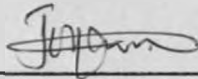


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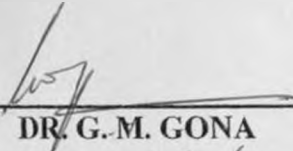
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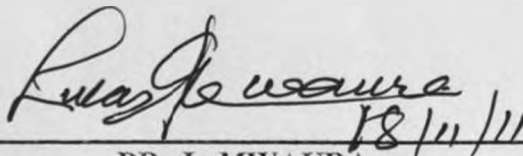
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DR. G. M. GONA

11/11/2011



DR. L. MWAURA

DEDICATION

I dedicate this work to the bereaved families who lost their loved ones, property and those that were traumatized in one way or another, in Kenya's Post 2007 Election Violence (PEV) between the periods of 2007 to 2009.

ACKNOWLEDGEMENT

First I would like to thank the University of Nairobi through the Department of History and Archaeology for having granted me a chance to pursue my studies. I wish to thank my two Supervisors Dr. George Gona and Dr. Lucas Mwaura, without whom this project could not have been a success. Their constant encouragement, constructive assistance and mentorship have seen me through with this work.

I would like to thank all the academic staff members of the Department who endeavored to see me through with my studies, including Dr. Mary Mwiandi. I wish to thank other members of non-academic staff for their patience, energy and time they took to assist me. I cannot forget to thank Prof. G.W. Odhiambo-Otieno, for taking his time to read and offer useful insights into my work and my counseling Supervisor, Dr. Violet Tamu, for the inspirational guidance.

Above all, I wish to thank my darling children Austin, Agatha, Ami, Andrew and Jessie Olago for their assistance in either typing or reading through my work, monetary and constant encouragement and prayers, which I needed so much through my studies. To Philip, my husband – thank you!

I am grateful to my fellow students at the University of Nairobi especially Barrack Muluka and David Masika for coming to my aid when I seemed stuck while pursuing this study; May God Bless you. I wish to thank my former colleagues at the Gender Violence Recovery Centre (GVRC) who encouraged and helped me by understanding my busy schedule to have this taxing work get completed.

Finally yet importantly, I thank Jehovah God for the gift of life, His provisions and for good health. I am not taking it for granted that He provided me with all these wonderful people to assist me. To all those whom I have not mentioned here and cannot thank individually, May the Lord bless you.

ABSTRACT

The focus of this thesis is on the effects of violence and disaster on Trauma counselors. This is research of counselors experience in the Kenya's Post Election Violence. Working constantly with people in pain, who feel suicidal or are grieving over the loss of loved ones, property or those severely traumatized, often takes a heavy toll on practitioners. The psychotherapist can easily be affected with a patient's sadness.

Violence has been a part of Kenya's electoral processes since the restoration of multi party politics in 1991. The violence that shook Kenya after the 2007 general elections was by far the most deadly and most destructive violence ever experienced in Kenya. The 2007-2008 post-election violence was also more widespread than in the past. It affected most provinces and was felt in both urban and rural parts of the country.

Kenyans from across the board heavily invested their trust in the December 27th 2007 General Elections as a great opportunity to cement their power and create a legacy of peaceful change as well as to farther the democratic change in their lives and in Kenya. Following the Electorate Commission of Kenya (ECK) Chairman's declaration of Hon. Mwai Kibaki on the 29th December 2007, various acts of violence took place in different parts of the country. Thousands of people were hurt physically and others were psychologically affected.

It is for this reason that the researcher got concerned with the medical aspect of PEV survivors. Most of the victims were counseled. Questions arose about the counselors who

counseled the PEV victims and how this affected them. If they were, in what way could they have been affected? What was their experience of working with people who were in pain and others traumatized? The research looked into different ways of how the counselors were psychosocially given support upon return to their work stations.

This research utilized both primary and secondary data in order to capture the effects of violence on counselors during of PEV. The tools of data collected included the use of a detailed interview guide which was related to objectives of the study. Since it was impossible to measure trauma and the psychological effects in a person, Questionnaires were designed to solicit responses ranging from mild, severe, less severe to very severe. Case studies approach was employed to collect detailed accounts to amplify the general observations about how counselors were affected by PEV and how they received help and the kind of help. This was done with permission from the respondents.

Primary data was collected by consulting Counselors working at the Nairobi Women's hospital's GVRC, who counseled victims of PEV. They were interviewed together with volunteer and professional counselors from other registered Organizations who worked at Kenya Red Cross Society. The researcher identified the counselors by Snowballing technique. The researcher used books, journals, theses, reports and newspaper articles. These were accessed from Libraries, Resource Centers and Archives in media houses such as the Nation and Standard Media. Tools for data collection included the use of a detailed interview guide, which was related to the objectives of the study and directed at the discussion between the researcher and the Counselors.

It was observed that helpers should recognize the warning signs and be flexible to visit their personal therapists in order to be helped on how to cope with vicarious trauma and prevent burnout from ruining their career or damaging their life. The study also noted that Traumatic experiences can produce emotional, cognitive and physical repercussions. In some cases, the effects of trauma can manifest months or years after the event of crisis. Therefore, any symptoms of trauma should be taken seriously by the counselors.

The research found out that emergency workers and crisis counselors are often affected by seeing pain in others and listening to sad stories. They are also affected psychologically, emotionally and spiritually after counseling certain cases of humanity.

The study concludes that counselors should rate themselves on how they experience Compassion fatigue and burnout, and take the initiative to seek Supervision or visit their personal therapists on a regular basis especially when they attend to trauma related cases. This can make them be more efficient and competent to achieve their goal at work.

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LIST OF ABBREVIATIONS & ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CIPEV	Commission of Inquiry into Post Election Violence
CSO's	Civil Society Organizations / Cabinet Security Officers
ECK	Electorate Commission of Kenya
FM	Frequency Modulation (Radio)
FORD	Forum for the Restoration of Democracy
GVRC	Gender Violence Recovery Center
HIV	Human Immune - Deficiency Virus
IBEA	Imperial British East Africa
IDP	Internally Displaced Persons
IREC	Independent Review Commission
KADU	Kenya African Democratic Union
KANU	Kenya African National Union
KHRC	Kenya Human Rights Commission
KNCHR	Kenya National Commission on Human Rights
KRCS	Kenya Red Cross Society
MOH	Ministry of Health
NACADA	National Agency for Campaign against Drug and Substance Abuse
NARC	National Rainbow Coalition
NARC-K	National Rainbow Coalition Kenya
NVGA	National Vocational Guidance Association
NWH	Nairobi Women's Hospital
ODM	Orange Democratic Movement
ODM-K	Orange Democratic Movement Kenya
PEV	Post Election Violence
PNU	Party of National Unity
PTSD	Post Traumatic Stress Disorder
STI's	Sexually Transmitted Infections
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency International Development

DEFINITIONS OF KEY TERMS

Trauma - This is an incident that overwhelms a person's normal coping ability. It is sudden, violent, unexpected, disastrous, devastating and injures the person's mental and psychological health.

Violence – An act carried out with the intention or perceived intention of causing physical pain or injury to another person.

PTSD - This is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm can be done to a person.

Counseling - This is a way of relating and responding to another person, so that the person is helped to explore his or her thoughts, feelings and behavior, to reach a clearer self-understanding and then is helped to find and use his/her strengths so that he/she copes more effectively with life by making appropriate decisions or taking relevant action.

Burn out - Burnout is a psychological term for the experience of long-term exhaustion and diminished interest, usually in the context of work.

Stress - This is a condition of feeling experienced when a person perceives that demands exceeds the personal and social resources the individual is able to mobilize.

Counseling Psychologist – A Counseling Psychologist has either Masters Degree or a Doctoral degree in counseling psychology. Counseling psychologists tend to have less training in Research skills and tend to treat less severe or narrower problems than do Clinical psychologists. Counseling Psychologists work in private practice, mental-health centers or college counseling centers. College counselors are more likely to be Counseling psychologists while hospital psychologists are more likely to be Clinical psychologists. (Watkins, Lopez, Campbell & Hummell, 1986)

Who provides counseling services?

It is not unusual for a person entering the mental health profession (or seeking help from a counselor, psychotherapist or other helping professional) to be confused between the designations *Psychologist*, *psychiatrist*, *Psychotherapist*, *Psychoanalyst*, *Counselor* and still other related terms. There is actually an overlap between many of these terms and their specific designation varies from state to state. However, because all of them may engage in the practice of counseling, we should be familiar with their legal and functional similarities and differences. In brief, they can be classified by the following descriptions:

Psychologist: A person who holds an advanced degree in psychology from an approved institution of higher education and has passed a state licensing examination. A psychologist need not be oriented toward nor trained in psychotherapy. In fact, psychologists specialize in a range of related studies, including animal behavior, psychological testing, social psychology, clinical psychology and counseling.

Clinical Psychologist: A psychologist who has specialized training in helping people solve psychological problems. This training usually includes working in an institutional as well as a private practice setting.

Counseling Psychologist: A psychologist whose training is directed toward helping individuals solve psychological problems, typically, of a role-area nature: marriage and family problems, job-related problems, school problems etc.

Counselor: A person usually not a psychologist, trained in helping individuals solve role area problems, such as those mentioned above. The counselor usually works with an agency or school, but may also have a private practice.

Psychotherapist: A person trained specifically in the practice of psychotherapy. A psychotherapist may or may not be a psychologist: specific qualifications depend largely upon the institute of psychotherapy which the practitioner attended, since most psychotherapy training does not take place in the university setting.

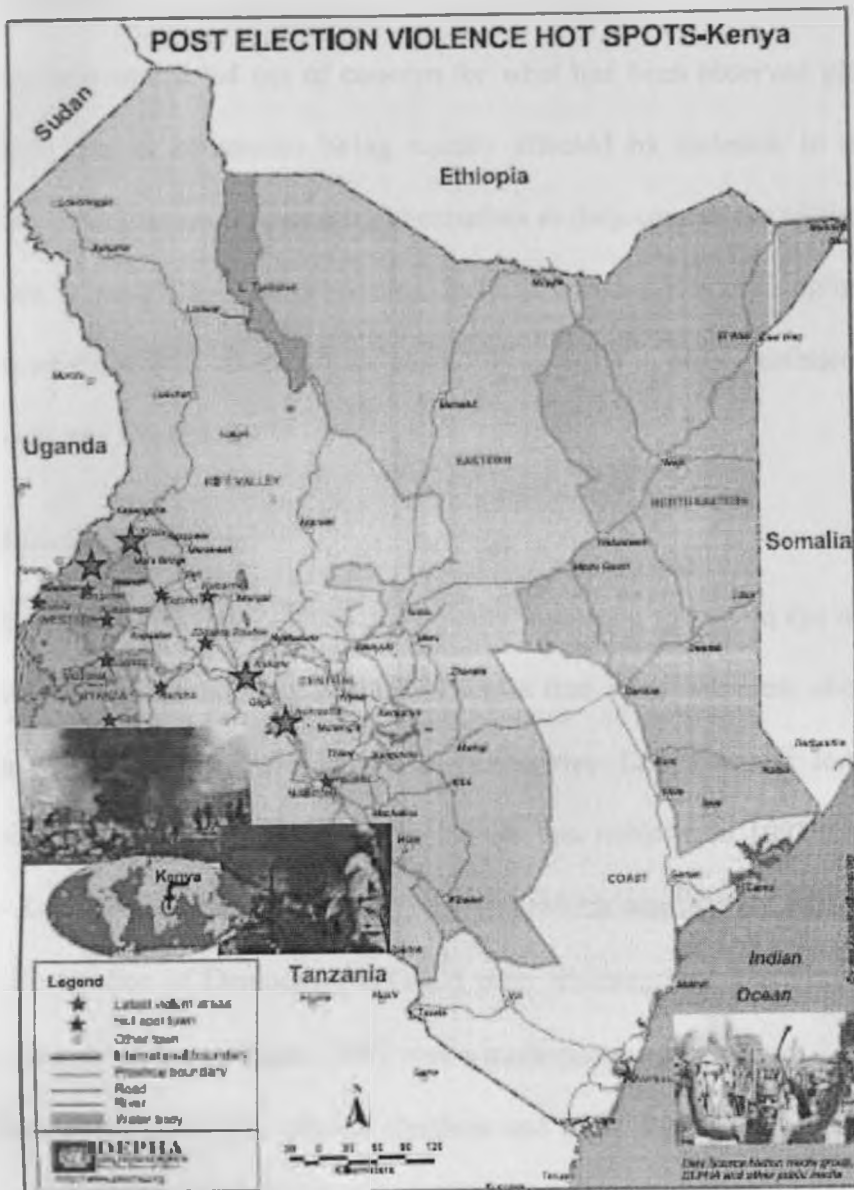
Psychoanalyst: A person trained specifically in the Freudian system of therapy, called psychoanalysis; a psychoanalyst may be a psychologist, a psychiatrist, or neither. What is most distinctive is the intensive professional training and personal analysis required by all reputable psychoanalytic training institutes require at least three years of training and many insist that the trainee be licensed as a psychologist or psychiatrist.

Social Worker: A person who has received an advanced degree in social work and in many states is specifically licensed as a social worker or “psychiatric” social worker. A social worker may be a trained psychotherapist or psychoanalyst, depending upon the individual’s professional background.

Psychiatrist: A medical doctor who has had advanced training (a residency) in the specialty of psychiatry. A psychiatrist may or may not be trained as a psychotherapist or psychoanalyst. Some Psychiatrists specialize in prescribing medication and have not had specific training in psychotherapy.

There are many different job descriptions for providers of counseling services. Although these designations may have critical implications with regard to insurance reimbursement and legal responsibilities, they have little or no influence on the capabilities of the mental health professional with regard to counseling skills, professional competencies and attitudes towards clients.

Map showing hot spots of PEV in Kenya (2007-2008)



The boundaries and names on this map do not imply any official endorsement or acceptance by the United Nations.

The map was prepared by the Department of Peacekeeping Operations in the Office of the Secretary-General. It is not intended to be used for any other purpose.

CHAPTER ONE

1.0 Introduction

This study was conceived out of concern for what has been observed globally by Trauma Counselors, that is; counselors being equally affected by violence. In this sense, trauma counselors as victims need counseling themselves as they counsel the victims of violence.

Counseling is a relatively new profession. Its basis was and is interdisciplinary. "Some of the functions of counselors were and are shared by persons in other professions like Medicine, Social work and Psychiatry."¹

1.1 Historical Background

To understand PEV of 2007-2008, it is equally important to cast an eye on Kenya's past of election-related violence. It is correct to argue that what was new about the post 2007 elections was the magnitude and level. Otherwise Kenya has a long history of the deployment of political violence during the election periods; in 1992 there was one party system- Kenya African National Union (KANU), which won 100 out of the 188 seats. Forum for the Restoration of Democracy (FORD) party disintegrated into Ford-Kenya and Ford-Asili on the eve of the elections. 1997 was a multi-party year in which 27 parties registered, 22 parties participated in the general elections and 15 of these parties all fielded presidential candidates. Violence broke out in the Rift Valley province targeting communities perceived as opposition supporters. In 2002 saw the formation of National Rainbow Coalition (NARC) by 14 political parties against KANU.

¹ Herr Edwin L. & Ellen S. Fabian, *Journal of Counseling Articles: Historical and Professional Foundations of Counseling*: Vol.1, p. 3.Minnesota (U.S), Walden University publishers, 1993.

The violence that began in 1991 left an estimated 1500 Kenyans dead and about 300,000 internally displaced by 1994.² The violence recurred in smaller dimensions during and after the 1997 elections, this time spreading to the Coast Province.³ NARC did not last long because of the disagreements which arose in January 2003. In 2007, Post Election Violence (PEV) followed the announcement of Mwai Kibaki's Party of National Unity (PNU) as winner of the presidential race and his hurried swearing in as the President for the second term. In particular, political violence is not new to the Rift Valley Province that was one of the epicenters of the most recent violence.

Kenya's politics and post election violence have pointed to unresolved historical grievances, especially with regard to land allocation, as an important underlying factor in the violence.⁴ The colonial government alienated most of the agriculturally productive land for settler agriculture particularly in what is present day Rift Valley Province. This alienation generated a large number of squatters especially among the Kikuyu. At independence, the Kenyatta government also created a land market where people who were landless were encouraged to buy land especially in the Rift Valley.⁵ The resettlement scheme was also riddled with corruption with senior individuals in the Kenyatta government allocating themselves large tracts of land.

As time went by, the increasing population of the Kalenjin community, who on the other

² Africa Watch, *Divide and Rule* (1993).

³ Kenya Human Rights Commission (KHRC), *Kayas of Deprivation, Kayas of blood: Violence, Ethnicity and the State in Coastal Kenya* (Nairobi:KHRC:1997); KHRC, *Killing the Vote, State Sponsored Violence and Flawed Elections in Kenya* (Nairobi: KHRC: 1998).

⁴ Human Rights Watch: *Ballots to Bullets*, 2008.

⁵ Kenya Land Alliance, "National Land Policy in Kenya: Addressing Historical Injustices." Issues Paper No. 2/2004.

hand viewed Rift Valley as their “ancestral home”, felt that the Post-colonial land policies had disadvantaged them. These grievances featured in the 1990s violence as well as the 2002 elections. The failure of the Kibaki government to address the land question meant that yet again it was an election agenda in 2007. In 2004, a commission of Inquiry on irregular allocations of public land was appointed (The Ndungu Commission) by the National Rainbow Coalition (NARC) government of President Mwai Kibaki. It unearthed the massive corruption in land allocation.⁶ However, even after the report was handed to the President, the government failed to act on it.

Other underlying factors which brought about violence were the widespread poverty and inequality in the Kibaki government, need for “change”, political campaigns where campaigners were using abusive language at each other, the media (radio and TV) station announcements, Civil Society Organizations (CSOs) – mainly the church, police, circulations of hate campaigns, various interpretations of “Majimbo”⁷ campaigns, perceived arrogance aggression and hatred by certain communities towards other communities.⁸

Probably, the above reasons are what resulted into Kenya to an election violence leading to thousands of people killed, houses looted and burned, people displaced and it was just right that counselors came in at such a point to give their professional psychosocial support to the victims of PEV. Apparently they may also have been affected because the work they did was overwhelming and at the same time their families were affected too. They also belonged to

⁶ Republic of Kenya, *Presidential Commission of Inquiry into Illegal and/or Irregular Allocation of Public Land* (2004).

⁷ The Kenya African Democratic Union (KADU) supported *majimboism* (regionalism), a proposal for decentralization in which six or more provinces would each have equal status

⁸ Peace Net, *Facts and Figures: Post Election Violence in Kenya* by CIPEV (2008).p. 5

particular communities and thus appear normal for one to feel for their “own”.

In the United States, no mention of counseling was made in the professional literature until 1931. Classroom teachers and administrators were the main practitioners. They focused on teaching children and young adults about themselves, others and the world of work. Initially, these helpers were involved primarily in child welfare, educational or vocational guidance and legal reform. Their work was built on specific information and lessons, such as moral instruction on being good and doing right, a concentrated effort to deal with intra and interpersonal relations.⁹ They saw needs in American society and took steps to fulfill them.

Before 1900s, most Counseling in the United States was in the form of advice or information. Counseling developed out of a humanitarian concern to improve the lives of those adversely affected by the Industrial Revolution to late 1800s. From 1910s, three events had a profound impact on the development of counseling. The first was the 1913 founding of the National Vocational Guidance Association (NVGA) which began publishing a Counseling bulletin in 1915.¹⁰ The second was the congressional passage of the Smith Hughes Act, of 1917. This legislation, which complimented the founding of NVGA, provided funding for public schools to support Vocational Education.

The third important event was the World War I (1914-1918). To screen its personnel, the U.S Army commissioned the development of numerous psychological instruments, among them

⁹ Nugent, Frank A. *Personnel and Guidance: History and Trends in Counseling*, 4th Edition, New York. Columbus. Merrill Publishing Co.(1994) p.8

¹⁰ Rodney K. Goodyear, Journal of Counseling and Development. Vol. 85, No.2/Spring, *National Vocational Guidance Magazine*: North America, ERIC Digest: ERIC Document Reproduction Service: National Board of Certified Counselors (1984).

Election Violence, the Kenyan government need counselors and psychologists to help counsel the victims on how they can cope in such situations from the onset of any tragedy.

1.2 Problem Statement

The Kenyan Post-Election Violence (PEV) which was witnessed in the country (2007-2008) adversely affected people of all walks of life. It caused physical, sexual and psychological trauma insecurity and death to some, which later on manifested into Post Traumatic Stress Disorder (PTSD).

This effect necessitated the mobilization of professionals from various fields like the personnel from Medical field to provide medical services to the injured, the police to provide security and order and the counselors to cater for the psychosocial services to the needy victims.

It is for this reason that Counselors were found to be fundamental in offering psychosocial support to the survivors of such kind of violence. Such interventions then have zeroed in on the victims of PEV only but have not on counselors to find out whether counselors were equally affected by PEV and in what forms these effects were manifested.

Besides, there is a gap in the knowledge that little research has been carried out to find out if the Trauma Counselors and Paramedics who took psychosocial care of the victims of PEV were affected and to what extent they were affected. Some research done by the Kenya National Commission on Human Rights (KNCHR), Commission of Inquiry into Post Election Violence (CIPEV) and Peace-Net among others, on the underlying causes and the extent of the Kenya's Post Election violence and its impact on the socio-economic and political areas but no study has been done on counselors.

the Army Alpha and Army Beta intelligence tests.¹¹ Several of the army's screening devices were employed in civilian populations after the war and *psychometrics* (psychological testing) became a popular movement. The 1920s was relatively quiet for the developing counseling profession. This was a period of consolidation. Education courses for counselors¹² which had begun at Harvard University in 1911 emphasized vocational guidance. In 1930s, the Great Depression¹³ influenced researchers and practitioners, especially in University and vocational settings, to emphasize helping strategies and counseling methods that related to employment.

In 1940s, three major events radically shaped the practice of counseling; these were the theory of Carl Rogers, World War II (1939-1945) and the government's involvement in counseling after the war. Carl Rogers rose to prominence in 1942 with the publication of his book- *Counseling and Psychotherapy*, which challenged the counselor-centered approach of Williamson as well as Freudian psychoanalysis. Rogers' ideas were widely accepted as well as harshly criticized. The 1980s and 1990s saw the continued growth of counseling as a profession.

With the major tragedies and violence that so far has taken place in Kenya the last few years back, ending up in people losing lives, such as in; landslides, fire tragedies, unrest in schools, plane crash, ethnic clashes, floods, incomplete buildings collapsing and not to mention Post

¹¹ *Hutchinson Encyclopedia*, New 8th Edition.p.620

¹² Eugene Kennedy & Sara C. Charles, M.D. *On becoming a Counselor: A Basic Guide for Nonprofessional Counselors and other Helpers*, Bangalore, Mumbai, The Crossroad Publishing Company, (2005) p.18.

¹³Bairoch Paul, *Economics and World History*: University of Chicago Press, Chicago. U.S.A, 1993

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Therefore the researcher set out to find answers to the following: If counselors were physically, emotionally, spiritually or mentally affected after handling traumatic cases during PEV, what challenges did counselors face during or after handling cases of PEV? What helped counselors to cope with increased work overload such that they did not break down or have burnout? Did the counselors utilize the need of Supervision and Personal therapy to help them?

1.3 Objectives

1. To document the Psychological effects of trauma in counselors after PEV in Kenya
2. To explore the need to utilize Supervision and Personal therapy in trauma to Counselors after traumatizing events.

1.4 Justification of the Study

Kenya has been affected by violence in the past few years, including ethnic clashes which erupted following post elections in the past years; 1992, 1997, and 2002 in most parts of the Rift Valley. Kenya has managed to hold regular elections since independence, but no matter how the outcome of many of these elections may have been violence on an unprecedented scale.

Counselors had the task of counseling people who were affected by the events during and after the period of PEV. The immediate response of psychosocial interventions by the

counselors left most counselors devastated.¹⁴ Nobody follows up the counselors to determine what happens to them past counseling. It is imperative that the PEV experiences of Kenyan counselors be documented with a view to understanding the extent to which these professionals can be further assisted towards “recovery.”

The study will benefit Counselors and help prepare them to know what to expect and do in the eventuality when violence occurs. The study also hopes to fill the gaps which are rarely addressed in counseling profession, such as the challenges Counselors go through after listening to trauma cases which makes counselors either end up with burn out or breakdown. The study will provide better understanding to others of what counseling involves. It will also help counselors to consider the importance of Counseling Supervision and Personal therapy.

1.5 Scope and Limitations

The period of research covered December 2007 to 2008 and was restricted to PEV and disaster which was experienced in Kenya. The researcher chose to research on counselors working in Gender Violence Recovery Center (GVRC) mainly because GVRC is the main referral facility that deals with trauma related issues around disaster periods by treating and offering psychosocial help to those affected. The period was chosen in order to help counselors evaluate their challenges and learn more about their profession. The following are some of the limitations in this research:

1. Counseling is a sensitive career and information being handled in strict confidentiality by the Medical Professionals like the doctors, nurses, psychiatrists and

¹⁴ Friedman (1996) reported that therapist self-care is essential when working with patients who suffer from PTSD because this work can be functionally disruptive and psychologically destabilizing for the Mental Health professionals.

counselors, getting information might not prove easy.

2. Some counselors might not want to discuss issues to do with PEV due to the constant reminder of trauma which they experienced and they would want to brush off and put into their subconscious level.
3. A few books, articles and reports have been written before but none of this kind has ever been written before with detailed concerns of effects of PEV on counselors. Therefore the researcher faced a lot of challenges being that the only sources of information were the counselors and the people in the line of helping profession.
4. PEV which was political and also touched on ethnicity affected some counselors whose families became IDPs but because of the counselors profession, they had to go on working non-judgmentally.

The researcher sought many books and articles in various places to seek more information on the helpers of PEV but unfortunately found none. So much was written on causes of PEV, 2007 Presidential election, what fuelled the violence and how houses were burnt or people killed in different books and reports by the KNCHR, CIPEV, PeaceNet or Kriegler report but no report touched on how PEV helpers were affected. This left the researcher with the only option to interview the helpers (counselors) themselves. In order to fight ethnicity virus, the researcher had to address all counselors equally by talking to them and seeing to how best they could get help from their personal therapists.

1.6 Literature Review

The whole county needed counseling due to the atrocities which took place during and after

PEV in Kenya. Almost everybody got involved and they took sides. The result of all this was physical injury, psychological anxiety and ill health, an increase of violence and acts of revenge from either group. Lives were lost, hearts broken, spirits shattered, fear and mistrust prevailed for a very long time after PEV. Since there was scarcity of literature that specifically focused on counselors roles during PEV, the researcher approached the review from two dimensions. Part one focuses on counselors work in all areas and how counseling profession can be stressful and risky to one's health. Part two focuses on how counselors as helpers also get affected after counseling and need to be taken care of by their own therapists. The literature acted as guide on issues and ideas on counselors during PEV, thus providing bearing on what might have happened to counselors who cared for the victims of violence and how they were in turn also helped.

1.6.1 Counselors Work.

A Counselor is a therapist. Counselors work therapeutically with clients who present with a variety of mental health problems and difficulties regarding life issues. Life issues may include bereavement, the effects of childhood sexual abuse, relationship issues, domestic violence or major trauma like the 2007 Post Election Violence. Mental health problems include anxiety, depression, eating disorders, post-traumatic stress disorder or psychosis. Counselors work collaboratively with people to explore underlying issues and empower them to consider change.

Counselors use a holistic framework when working with clients and examine issues within a wide context. They also focus on personal insight and the relationship with the client.

Counselors aim to help individuals make decisions for themselves in order to improve their sense of personal wellbeing and alleviate distress. Their work is concerned with the application of psychological theories and techniques to help people deal with everyday problems associated with life events and mental health issues.

1.6.2 Challenges faced by Counselors

In the case of PEV, trauma counselors were applying psychological principles when working with individuals and groups in order to assist them in changing, improving, and understanding or managing situations; some families were made to share a small tent as in parents with teenaged children with no privacy of dressing or even use of toiletry. In some cases of difference in ethnicity, counselors were not trusted by the victims from other communities. Therefore they had to try to building rapport with clients first: by being with them rather than doing to them.

Counselors who worked under the umbrella of Red Cross and the KRCS officials were twice attacked by members of the public in Kisumu for the reason that they were providing food donation and other resources to IDPs who were from other community, and leaving them starving in their land. Writing reports and record keeping was not easy at that time when fear gripped counselors and through all this they had so much to do trying with the Emergency Response team to calm the situation in various parts of the country. The counselors who worked in the field during PEV worked as a team. The work involved teaching, supervising and assisting other counselors or related professionals in the field. The counselors had to go and receive ongoing personal therapy and supervision.

1.6.3 Counselors and Psycho-Social Programs

During PEV period, Kenya Red Cross Society (KRCS) was appointed by the government as the lead coordinating agency for response to the emergency. KRCS organized psychosocial interventions to support victims of the post-election violence, especially IDPs, in coping with the trauma. Activities centered on psychological support, First Aid, group debriefing sessions, referrals for specialized care or treatment and support in accessing basic needs. Other stakeholders such as the UN Population Fund, UN Refugee Agency, the government of Kenya, and Liverpool VCT (a Kenyan HIV care and treatment NGO) conducted training sessions in designated areas (among them Kisii, Kisumu, Eldoret, Nakuru and Nairobi), to build the local capacity in addressing gender-based violence issues in IDP camps.

Counseling services were provided by counselors drawn from the Nairobi Women's Hospital and Ministry of Health. Outreach programs were also conducted in institutions of learning. International Organization for Migration (IOM) also provided psychosocial support to IDPs. This included direct counseling, capacity-building in psychosocial support to the local communities and trauma counseling including specialized child therapy to the IDPs. A number of nongovernmental and community-based organizations like UNICEF created a program to ensure provision of community-based psycho-social support, through training of community-based service providers, including teachers (in co-operation with education). The Nairobi Women's Hospital's center for Gender-based violence offered free counseling services and psychosocial support to survivors of rape during this time of post-election violence.

Counselors deal with people who are faced with different problems. In order to become effective helpers, counselors have to perfect their skills in the ability to establish a relationship to understand others from their point of view. To understand their clients, counselors have to listen and empathize with them. This they do in order to help people develop new perspectives on themselves and their problems, to set goals, to develop and to evaluate what is happening in the helping process. In some situations the patients do not even know what their problem is and the counselor must analyze point by point what is really troubling the patient based on the information gathered. So counselors have to be patient, have good communication skills and be approachable. Even with such professionalism, it would be unfair to imply that counselors and psychotherapists are skilled helpers to an extent that they can never be affected psychologically.

According to Gerald Corey, effective counselors have identity and they serve as models for clients.¹⁵ Corey argues that counselors have incongruent behavior that involves low- risk activity (they are rarely affected) and that the counselor is always decent by remaining hidden (feelings). Corey draws a counselor as a therapeutic person who models awareness and growth for their clients. The author further argues that the role of counseling is to understand silence dealing (verbal and non-verbal). From these arguments, it is evident that counselors sometimes go through rough times in their counseling profession and yet little is known on how this impacts on them. The aspect of hiding behavior as Corey puts it, might be hiding a lot of relevant information in the hearts of counselors, which turns out to portray counselors as hidden victims of violence and this is what this research hopes to bring out.

¹⁵ Corey Gerald, *Theory and practice of counseling and psychotherapy* 4th Edition . California, Cole Publishing 1990.

The idea that it may be beneficial, perhaps even necessary, for those who provide therapy to become patients can be traced to Sigmund Freud, the father of Psychoanalysis (1856-1939) who wrote, "Every analyst ought periodically to enter analysis once more, at intervals of, say, five years, and without any feeling of shame in doing so"¹⁶. In part, this notion rested on the premise that the therapist's personal problems may, if unidentified, unexamined, and unaddressed, interfere with the ability to conduct effective therapy.

Alta van Dyk¹⁷ argues that nothing can be more stressful and draining on the caregiver's resources than caring for or counseling clients with HIV infection or Aids. Caregivers and patients are faced with frightening issues such as the vulnerability of youth, continuous physical and psychological deterioration, their own mortality and the fear of death. He further specifies that if caregivers do not also learn how to take care of themselves, they will not survive the onslaught of the Aids pandemic.

According to Rehn Elizabeth and Ellen Johnson Sirleaf, it was evident that trauma impacted on counselors. The authors mention counselors as helpers who needed help too. They argue that the psychological state of internally displaced populations and victims injured by conflict show experience of violence which makes a deep impression on human psyche.¹⁸ They further contend that, the psychological impact of war can severely diminish the quality of life because war affected populations suffer high rates of anxiety, depression and post – traumatic

¹⁶ George Boerce C., *A general introduction to Psychoanalysis*. (1937/1963), 2nd Edition. Pocket Publishers, February 15, 1975. Toronto. pp. 267-268

¹⁷ Alta van Dyk, *HIV/Aids; Care & Counseling-A Multidisciplinary Approach*, 3rd edition, S.A, Botswana, Alison Pauline Publishers, 2005.

¹⁸ Elisabeth Rehn and Ellen Johnson Sirleaf: *Impact of Armed Conflict on Women and Women's Role in Peace Building: Women, war and peace*, New York, UNIFEM Office Publishers, 2002.pp.37-38.

stress disorders. That those affected require intensive therapy because it works.¹⁹Therefore, those affected were not only the victims alone but also the victims' helpers.

Carroll M. holds a view that counselors act as models even in conflict situations. They are expected to act as psychoanalytic model to their clients.²⁰ Carroll argues that a counselor should lend his/her ears to the patient and he must also know how to deal with irate patients. The counselor should control his temper in situations that is being tested such as when dealing with patients with mental disorders. Even when dealing with stubborn patients, the counselor must still maintain his composure. A counselor who loses his temper during a counseling session is a failed counselor. According to Carroll the counselors are expected to counsel clients through supervisees to make sure that they do not exhibit behavior which might cause further harm to the clients. Counselors are to promote growth and change in their clients even when they are inflicted by personal issues.²¹ Carroll's ideas are very important to this study in that they prove the gap that this study wants to fill. This is not an aspect of camouflaging of counselors whereas one might not know the impact that clients leave on the counselors.

According to Tore Samuelsson, every character in the conflict is affected by atrocities ranging from humiliating words to injuries that caused emotional damage to the victims.²² However, Gerard Egan sees counselors as intervention measures. He argues that counseling as a helping profession uses skills to the help such victims come back to responsible life.²³

¹⁹ Ibid

²⁰ M. Carroll, *Counseling Supervision Theory Skills and Practice*, New York. 1993.

²¹ Ibid

²² New Routes, *Journal of Peace Research and Action* vol.11 number 4. 2006.

²³ Gerard Egan *The skilled Helper Models skills and methods for effective helping* 2nd Edition, California.

The author acknowledges that in so doing the counselors needed to face reality and go for counseling. It would be of interest to investigate if the counselors who assisted the PEV victims in Kenya needed the same services. At times counselors have problems of counter-transference,²⁴ by attending and listening to the clients.²⁵ This research will try to reveal if counter-transference was a main problem to counselors who assisted PEV.

The book "Facts and Figures" on Kenyan PEV, states how the Psychosocial Services offered by different organizations in IDP Camps, homes, churches was successful. It highlights on how victims of PEV were traumatized, the difficult conditions in IDP camps and much work done by the counselors but the writers seem to be judgmental to the counselors. The writer comments how counselors were not at par with the challenges on the ground. He noticed that counselors were overwhelmed by work but he failed to suggest possible solutions to these challenges, as hidden victims of PEV.

1.7 Theoretical Framework

The Person-Centered theory of Carl Rogers (1902-1987)²⁶ was used here. This theory offers a humanistic base from which to understand the subjective world of clients. It provides clients with the rare opportunity to be truly listened to without evaluation or judgment. Clients decide what areas they wish to explore, on the basis of their own goals for change. This theory has been chosen by the researcher because it is applicable in Crisis

Brooks/ Cole Publishing Company. pp.58-78.

²⁴ Counter- transference is a situation whereby the counselor puts him/herself in to the client shoes and imagines going through the same situation.

²⁵ Ibid

²⁶ Corey Gerald, *Theory and Practice of Counseling & Psychotherapy*, 5th Edition, Thomson Brooks /Cole Publishers, 2003

intervention.²⁷ When people are in crisis, one of the first steps is to give them an opportunity to fully express themselves. Sensitive listening, hearing and understanding are essential at this point. Genuine support, caring and no possessiveness, warmth can go a long way in building bridges that can motivate people to do something to work through and resolve a crisis by making better decisions.

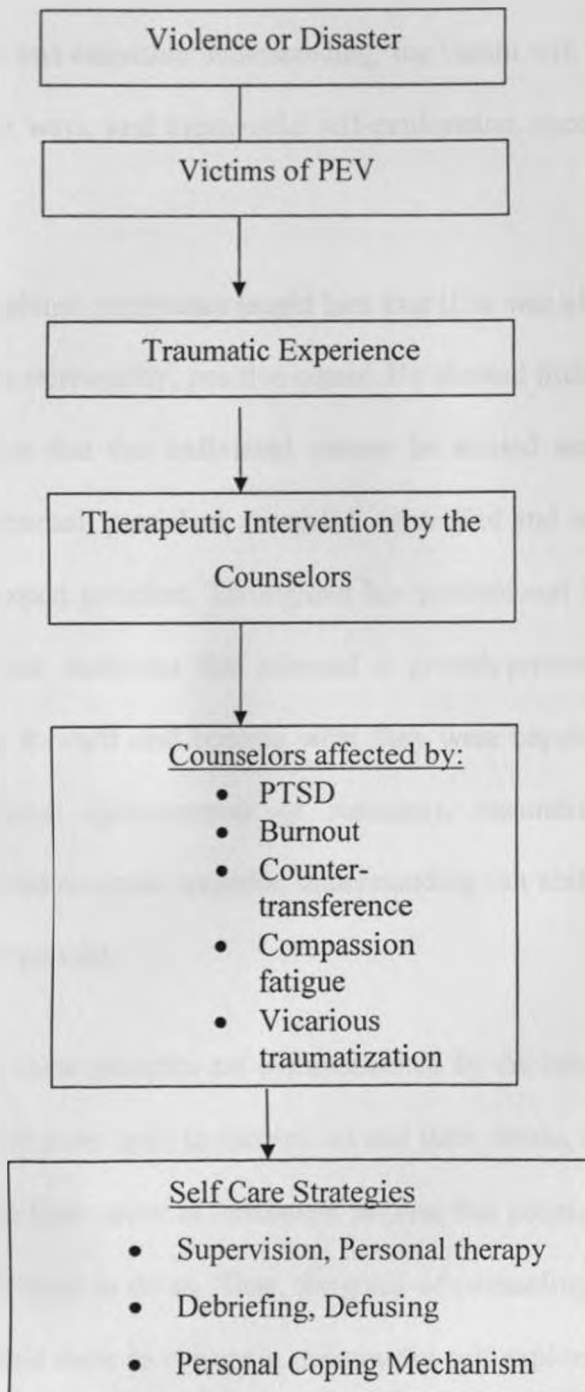
Rogers's early interests (1942) were in working with children and in the practice of individual counseling and psychotherapy. He later developed a systematic theory of personality and applied this self theory to the practice of counseling individuals and renamed his approach "client-centered therapy." Rogers' theory challenged the basic assumption that "the counselor knows best." He also challenged the validity of commonly accepted therapeutic procedures such as advice, suggestion, persuasion, teaching, diagnosis and interpretation. Based on his conviction that diagnostic concepts and procedures were inadequate, prejudicial and often misused, he omitted them from his approach.

Rogers's basic assumption were that people are essentially trustworthy, that they have potential for understanding themselves and resolving their own problems without direct intervention on the therapist's part and that they are capable of self-directed growth if they are involved in a therapeutic relationship.²⁸ He emphasized the attitudes and personal characteristics of the therapist and the quality of the client/therapist relationship as the prime determinants of the outcome of the therapeutic process. Clients are encouraged to use this relationship to unleash their growth potential and become more of the person they choose to become.

²⁷ Ibid

²⁸ People are resourceful, able to make constructive changes and live effective and productive lives (Cain, 1987).

Conceptual Framework



When disaster or violence strikes, a person goes through a traumatic experience and needs to go through therapeutic intervention (counseling). If the counseling is done through genuineness, acceptance and empathic understanding, the victim will have a positive way to cope in life, constructive ways, and meaningful self-exploration, encounter reality and grow with self awareness.

Rogers's (1987c) professional experience taught him that if he was able to get to the core of an individual, he found a trustworthy, positive center. He showed little sympathy for systems based on the assumption that the individual cannot be trusted and instead needs to be directed, motivated, instructed, punished, rewarded, controlled and managed by others who are in a superior and expert position. Throughout his professional life he maintained that there were three therapist attributes that released a growth-promoting climate in which individuals could move forward and become what they were capable of becoming. These attributes are; congruence (genuineness or realness), unconditional positive regard (acceptance or caring) and accurate empathic understanding (an ability to deeply grasp the subject world of another person).

According to Rogers, if these attitudes are communicated by the helper, those being helped will be less defensive and more open to themselves and their world, and they will behave in constructive ways.²⁹ The basic drive to fulfillment implies that people move toward health if the way seems open for them to do so. Thus, the goals of counseling are set to create those conditions that will enable them to engage in meaningful self-exploration. When people are free, they will be able to find their own way (Combs, 1989). The person-centered theory

²⁹ Ibid.

focuses on clients' responsibility and capacity to discover ways to more fully encounter reality. Clients, who know themselves best, are the ones to discover more appropriate behavior based on a growing self-awareness.

The person-centered theory has been applied extensively in training professionals and paraprofessionals who work with people in a variety of settings. It emphasizes staying with clients as opposed to getting ahead of them with interpretations. The theory has made significant contributions to the field of human relations and to practice in multicultural settings. It has also been applied to bringing people of diverse cultures together to develop mutual understanding.

Rogers (1987) has elaborated on a theory of reducing tension among antagonistic groups that he began developing in 1948. In several European countries like Japan, Australia, South America and Mexico have all been receptive to person-centered concepts and have adapted practices to fit in their cultures.³⁰

Combs (1988, 1989) see the need for a more adequate theory on which to base the thinking and practice of person-centered therapy. To him, an adequate theory ought to be comprehensive, accurate, internally consistent, systematic, appropriate to its problems and adaptable to changing demands and conditions." (1988, p.264) Combs maintain that most person-centered practitioners do not have a theory that can meet these criteria.

Watson (1984) criticized Person-centered theory when he found that none of the studies had met all of the conceptual and methodological criteria for rigorous research. He cited that

³⁰ Corey Gerald *Theory and Practice of Counseling and Psychotherapy*, 5th Edition, p.213

“after 25 years of research on Rogers’s hypotheses, there is not yet research of the rigour required for drawing conclusions about the validity of this important theory.”³¹

One limitation of the theory is the way in which some practitioners become “client centered” and lose a sense of their own personhood and uniqueness. Counselors may focus on the client to such an extent that they diminish the value of their own power as a person and thus lose the impact of their personality on the client.

Another limitation is that some clients who seek professional help to deal with a crisis to alleviate psychosomatic symptoms or to learn coping skills in dealing with everyday problems. Because of certain cultural messages, when these clients seek professional help, it may be as a last resort. They expect a directive counselor and can be put off by one who does not provide sufficient structure.

The third limitation of the client-centered approach is because of certain conditions into culture practices. Consider the expression of therapist congruence and therapy. Clients used to indirect communication may not be comfortable with direct expression of empathy or self-disclosure on the therapist’s part³². For some clients, the most appropriate way to express empathy is for the therapist to demonstrate it indirectly through respecting their need for distance or through suggesting task-focused interventions.

Another limitation in applying person-centered with diverse clients pertains to the fact that this approach extols the value of an internal locus of evaluation. Yet some ethnic groups value collectivism more than individualism. In such cultures, clients are likely to be highly

³¹ Ibid, p.215.

³² Corey Gerald: *Theory and Practice of Counseling and Psychotherapy*, 7th Edition, Thomson Brooks /Cole Publisher, 2005, pp. 179-180.

influenced by societal expectations and not simply motivated by their own personal preference. The focus on development of the individual is often viewed as being selfish to think about one's personal growth rather than being primarily concerned with what is best for the group. However, it should be noted that a competent client-centered therapist understands, accepts and works with a client's external world as well as the client's inner world.

Although there may be distinct limitations in working exclusively within a person-centered perspective with certain clients because of their cultural background, it should not be concluded that this approach is unsuitable for these clients and for its use in this study. There is great diversity among any group of people, and therefore, there is room for a variety of therapeutic styles.

1.8 Research Hypotheses

This study tested the following hypotheses:

1. Counselors face challenges during and after handling cases of traumatized clients.
2. Counselors are successfully helped when they utilize supervision and personal therapy.

1.9 Methodology

This research utilized both primary and secondary data in order to capture the effects of violence on counselors during of PEV. The data collected included the history of Kenyan past Post Elections and the experience of counselors during and after 2007 Kenyan PEV.

1.9.1 Secondary Data

The researcher used books, journals, theses, reports and newspaper articles. These were

accessed from Libraries and Resource Centers like Jomo Kenyatta Memorial Library (JKML) at the University of Nairobi main library, Kikuyu Campus library, Kenya National Commission on Human Rights (KNCHR) Library in CVS Building Nairobi, Kenya Human Rights Commission (KHRC) Library on Gitanga Road and Government Press, the resource center library in Nairobi Women's Hospital, NGOs which dealt with PEV, like Peace-Net and Amnesty International amongst others.

1.9.2 Primary Data

Primary data collection started by consulting the Counselors who counseled victims of PEV and at the same time turned out to be victims of PEV. Counselors working at the Nairobi Women's hospital's GVRC were interviewed together with volunteer counselors and professional counselors from other registered Organizations who worked at Kenya Red Cross Society³³ under Nairobi Women's hospital at the time of PEV in Kenya. Out of the fifty counselors who were interviewed, eighteen (18) were males and thirty (32) two females. Some of these counselors were later deployed to various parts of the country during PEV; therefore they had a lot of outspread information but the researcher sampled out and interviewed only counselors who have done trauma counseling. This involved checking at various reports/records in relation to what the counselors had gone through and enquired on how they could have been traumatized. The counselors interviewed ranged from 25 years up to 55 years old. This was followed by the field interviews. The researcher also used archives in media houses such as the Nation Media and Standard Media. Here, the newspapers were analyzed. Case selection from the counselors was guided by the researcher with permission from the respondents.

³³ Professional counselors hired from registered organizations under *Kenya Counselors Association (KCA)*.

Tools of data collection included the use of a detailed interview guide which was related to objectives of the study and directed the discussion between the researcher and the Counselors. Since it was impossible to observe and measure Trauma, the emotional or psychological effects in a person, the Questionnaires were designed to solicit responses ranging from mild, severe, less severe to very severe. Case studies approach was employed to collect detailed accounts for amplification of the general observations about how counselors were affected by PEV and the ways in which they received help.

During the research, confidentiality, respect for the rights and privacy of the victims was observed. In this regard, names of victims were concealed to protect their identities. This was achieved by ensuring that the data collected from respondents was used only for the purpose of the study and codes, pseudonyms³⁴ and other means of identification to preserve the anonymity of the respondents used.

Ethical issues

As the counselors were giving information to the researcher, they seemed to be too careful to disclose real names. Instead of real names, they referred to the clients by false names or as “X, Y or Z” in order to keep confidentiality. The researcher had to assure the counselors of her confidentiality and respect for the rights and privacy of the victims. Names of victims had to be concealed to protect their identities. Some of the counselors close relatives were affected by Post Election Violence by either being sexually assaulted displaced and became IDPs or they were grieving for the death of someone known to them. Therefore PEV was a

³⁴ Fictitious name or written under false name.

very sensitive topic even to counselors, at places of work or outside workplaces, being that they are also as Kenyans who could have easily taken sides too. The researcher made sure to see that the affected counselors had seen their personal therapists to be able to share with the researcher part of their stories. However, this also took time as not all the affected counselors were ready to talk at the same time.

CHAPTER TWO

POST ELECTION VIOLENCE IN KENYA

2.0 Introduction

This chapter examines the historical background and ethnic conflicts in Kenya. The main content will therefore be examining the causes of PEV in Kenya. This will lead us to understand the counseling process and why there was urgent need for counseling. It's through this counseling that the counselors came in touch with the conditions that affected or impacted on their life. The chapter is therefore, a chronology of the causes and the Post election violence that was experienced in Kenya.

2.1 Causes of PEV in Kenya

In looking at the immediate causes of post election violence which engulfed parts of Kenya, stems a mixture of motives which belongs to three categories of; fuelers, triggers and root causes of the violence.

2.1.1 Election results

The announcement by the Electoral Commission of Kenya (ECK) Chairman, Samuel Kivuitu³⁵ declaring Mwai Kibaki of the Party of National Unity (PNU) the winner and therefore the President of Kenya plunged the country into a state of chaos and anarchy. Similarly, the delay in announcing presidential results from some areas and the alteration of

³⁵ ECK points of view presented in a paper by Chairman Samuel Kivuitu: *Matters to consider with Regard to the Review of Electoral Systems for Kenya*, presented to the Independent Review Commission (IREC) at KICC, August 1st, 2008.

form 16A was another point of contention.³⁶ There is a widespread perception that the count of the presidential election was altered in favor of Kibaki. Reports by international observers about manipulations and admissions by members of the Electoral Commission that their staff provided them with incorrect figures have further fueled this anger.³⁷

2.1.2 Hate Speeches

When the elections were around the corner, Kenya became infected with a heightened political fever. Political temperatures were running high and political parties were on the verge of getting dangerously out of control when they started engaging in “hate speeches” To most political observers, they had seen the fighting coming and precipitated a possible backlash after the elections going by the negative political trend. Incitement to violence, hate speeches and foul languages which depicted different ethnic tribes in a negative light had characterized the campaign rallies, of which was employed by the politicians. These were pointed out as some of the real causes of the political violence.³⁸ In 2007 general elections, use of hate speeches was reported and documented through cell phone short messages, photos, e-mails, posters, publications and leaflets.³⁹

Prior to the 2007 general election, this tactic was heavily employed by the politicians where they intimidated and incited the communities along the ethnic lines. This hate and tribal speeches started way in the times of constitution referendum vote in 2005. Some of the meetings were characterized by hate speeches and foul language that were likely to incite

³⁶ Peace-Net Kenya, *Trigger causes of the PEV* (2008). p.5

³⁷ Republic of Kenya, Report of the Judicial Commission appointed to inquire into tribal clashes in Kenya (the Akiwumi Report), Nairobi: Government Printer, 31st July 1999 and Report of the CIPEV (Justice Philip N.Waki) Oct.2008,pp. 237-266.

³⁸ Kenya Human Rights Commission, *Violating the Vote*, A Report of the 2007 General Elections. Pp. 26-31

³⁹ *Ibid.* Page 7-8.

Kenyans along tribal lines and defeat the spirit of the National accord and reconciliation Act 2008. Political observers warned that should the trend continue unabated, the nation was likely to slide back to the hostility and tribal animosity which people witnessed after the last general elections. Politicians were told it was high time they used positive language to bridge the gap between communities instead of whipping tribal sentiments. But, it's commendable that hate speech and foul language as well as discrimination along tribal lines have been criminalized in Law.

2.1.3 Media

Proponents of freedom of expression in democratic states associate this freedom in these words: *Freedom is when the people can speak. Democracy is when the government listens. The media is the messenger.*⁴⁰ For citizens to make well-informed decisions in an election there must be a free media. The media must be reliable and trusted. It must be able to form independent and diverse views while at the same time avoiding comments that may generate violent conflict, as was witnessed before and after the 2007 general elections in Kenya. Media as a messenger for freedom of expression is tasked with difficult choices. It has to decide whether the message it transfers to the consumers should be censored or given raw as received from the expresser. This becomes even more difficult when the media is broadcasting live.

There is a general view that most radio stations lack professional journalists able to control an audience or regulate talks. Their journalists lack training in conflict reporting or moderation. The FM radio stations that were abusing other ethnic groups were: Kiss FM and

⁴⁰ Quote from a historian, Alastair Farruqia, *Quotation book*. London, Veterans Publishers. 1987.

Changei FM for the Kalenjin, Kameme FM and Inooro FM for the Kikuyu, Ramogi FM and Lake Victoria FM for the Luo, Muuga FM for the Embu and Meru, Mulembe FM, West FM and Chettambe FM for the Luhya.⁴¹

The 2007 general elections were widely covered by both local and international print and electronic media. The media is reported to have engaged itself in a fierce battle, each trying to outwit the others in covering the elections, from the campaign period to the announcement of the results. Some of the media houses did not observe media ethics and standards. They did this to win audience for commercial purposes or for prestige. As a consequence, they ended up not helping Kenyans but added fuel to the flames.

2.1.4 Culture of impunity

The Concise Oxford English Dictionary describes “the culture of impunity” as a situation whereby one creates an atmosphere of constant tension, to be antisocial, to lack unity and having no link with culture of natural humans that comprise the nation with the state.

The growing politicization of violence in Kenya over the years following the legalization of multi-party democracy in 1991 used by politicians to obtain power since early 1990s plus the decision not to punish perpetrators has led to a culture of impunity. Impunity means “exemption from punishment or loss.” In the international law of human rights, it refers to the failure to bring perpetrators of human rights violation to justice and as such, a denial of the victims’ right to justice and redress.⁴² This in turn has caused a further diffusion of violence in the country which now is largely outside the control of the State and its security agencies.

⁴¹ Kriegler Report, *The Independent Review Commission on the General Elections held in Kenya*, 2007-2008. pp. 100-101

⁴² Black Law Dictionary, (8th Ed).

2.1.5 Power around the Presidency

The growing power and personalization of power around the Presidency has given rise to the view among politicians and the general public that it is essential for the ethnic group from which they come to win the Presidency in order to ensure access to State resources and goods. It has also led to a deliberate denudation of the authority and legitimacy of other oversight institutions that could check abuses of power and corruption and provide some accountability, and at the same time be seen by the public as neutral arbiters with respect to contentious issues, such as disputed elections results.⁴³ As a result, in many respects the state agencies are not seen as legitimate. There is a belief among other tribes that the Kikuyu community in Kenya has dominated the country since independence.

2.1.6 Problems of inequality and marginalization

A feeling among certain ethnic groups of historical marginalization, arising from perceived inequities concerning the allocation of land and other national resources as well as access to public goods and services. This feeling has been tapped by politicians to articulate grievances about historical injustices which resonate with certain sections of the public. This has created an underlying climate of tension and hate, and the potential for violence, waiting to be ignited and to explode. Voting in elections has widely been along ethnic lines in most of Kenya's communities.

2.1.7 Land problem

The failure of the Kibaki government to address the land question meant that yet again in 2007 the unresolved land question was an election agenda especially for the opposition

⁴³Waki Report, *Commission of inquiries into Post Election Violence (ICIPEV)*, October 2008 pp 24-25.

ODM. A 2004 commission of inquiry on irregular allocations of public land (Ndung'u Commission) appointed by the NARC government of President Mwai Kibaki detailed the corruption in land allocation. However, even after the report was handed to the president, the government failed to act on it, dampening public hopes for land reforms.

2.1.8 Poverty and Inequality

Another important underlying factor in the violence is the widespread poverty and radical inequality. The Kibaki government managed to resuscitate the economy that had been ailing under the Moi government to record a respectable 6 to 7 percent growth by 2007. However, the benefits of this economic growth did not translate into improved real incomes especially for those Kenyans living in extreme poverty in urban slums. At the same time, public perceptions that the political leaders were much more interested in their own personal welfare and the pursuit of lavish lifestyles cemented the view that the government was out of touch with the economic reality of the most vulnerable.

2.1.9 High rate of unemployment

The high rate of unemployment and poor lack of opportunities for gainful employment among youths, of whom some are educated and others uneducated makes some of them agree to join militias and organized gangs. Most unemployed youth are idle and when violence started it's easy to find them venting their anger into politics thus resulting into incitement and destruction of others properties.

2.1.10 Tribalism

Tribalism was also a leading cause of violence. The police who are normally meant to provide security and bring peace were seen to be taking sides during the violence.⁴⁴ It was alleged that there is tribalism from the Provincial Administration as most of the District Commissioners and officers were claimed to be from a single community. Tribalism was also cited on unfair distribution of teachers and education materials. In both Rift Valley and Coastal regions claims were made that management of the local resources was done without involving the local communities. This led to a point where normal crimes which would be handled by the police were tribalised and could have led to the post election violence.⁴⁵

2.1.11 Culture and Traditions

Culture and traditions also contributed to the violence. There are some acts of atrocities which are viewed as in order of abominable by various ethnic groups. For example: among the Pokot, cattle rustling and burning of houses is normal. Among other communities, killing of livestock, children and women was not accepted while other communities would easily destroy and kill anything including livestock, children and women so long as they achieve what they wanted, even if it was power.

2.2 Historical Background of ethnic conflicts in Kenya

State formation in Kenya was forged on land grabbing and brutality with impunity.⁴⁶ first by Arabs at the Coast followed by the Imperial British East African Company (IBEAC), a private firm that later handed over the territory to the British East Africa. Kenya became a

⁴⁴ Kenya National Commission on Human Rights (Kenya's Post 2007 Election Violence)-Final Report.p.16-19

⁴⁵ Republic of Kenya, Report of the Judicial Commission Appointed to Inquire into the Tribal Clashes in Kenya (Nairobi: 1999)

⁴⁶ An atmosphere of constant tension and lack of unity

Protectorate and Colony by the time the First World War (1914-1919) broke out. This also marked the origin of the land problem in Kenya. The British Empire consolidated its hold on the Colony by bringing in more settlers to take up the White Highlands and establishing a central authority under a governor. The communities knew they lost their land to the foreigners and kept on making demands to recover the land.⁴⁷

As early as 1932, there was restlessness by the locals over land which led the British Government to establish the Kenya Land Commission with the principle mandate to determine the nature and extent of claims by natives over land alienation by non-natives and make recommendations for adequate settlement of such claims whether by legislation or otherwise. None of the mitigations had been implemented by the time the colony got involved into World War II (1939-1945) from which it plunged into suppression of political agitation for Uhuru (independence). A bloody and brutal campaign against the Mau Mau insurgency and rebellion culminated in the country's independence in 1963.⁴⁸

At independence two political groupings had emerged, KANU and KADU, the former agitating for a unitary government and the later for a federal (Majimbo) government. Majimbo proponents envisaged a country where all communities would secure semi-autonomous control of land resources in their regions. This was meant to act as a bulwark against what they perceived as danger of domination by bigger communities that had propelled and provided leadership of the struggle for independence – most notably the Kikuyu and the Luo. This quickly changed when the independent constitution was altered repeatedly to what Jackson and Roserg referred to a system of personal rule. The nature of

⁴⁷ Peace-Net, *Facts and Figures: Post Election Violence in Kenya*, p. 4.

⁴⁸ Ibid

politics in the country makes it easier for any president to retain political power and control the process at will. Most previous studies used this argument to explain ethnic clashes in Kenya, which can be traced back to the year when Kenya was due to have her first Multi-party elections in 1991. The violence that characterized the first elections was to be repeated on a greater scale in 1997, the year of the second Multi-party elections.⁴⁹

A personal rule system is one in which the person of the President has a determining role in the political arena. The system is not dependent on the particular leader per se, but power is rather vested in the office of the President as an institution. Thus, any person occupying the position of the President has immense control which derives from the power vested in this office. With reference to this phenomenon, Goldsworth explained: "Without established institutions to govern by, politicians were left with the task of governing with their personal power and authority."⁵⁰In this system where politics depends on the person rather than institutions, a system of politics based on the individual, has emerged. It is this system which is called personal rule. A non-institutionalized politics is a personalized politics." Politics in this system was and is characterized by a lack of rules and regulations.

In Kenya, the President's power thrives under the personal rule system. Through a process of cronyism, he/she is able to retain power by seeing his/her ethnic group as a support base. In exchange for their support, they are rewarded with resources from the public sector. These include senior positions in statutory organizations and the administration, as well as actual monetary benefits in the form of government loans.⁵¹

The land problems are older than Kenyatta, Moi and Kibakis's reigns and will not end unless

⁴⁹ KNCHR Final report, *Human Rights Account of Kenya's Post 2007 Election violence*, 15th Aug. 2008. p. 23

⁵⁰ Peace-Net, *Facts and Figures: Post Election Violence in Kenya*, pp. 5-6.

⁵¹ Ibid

some very deliberately policy decisions are taken to settle the matter. Successive governments have glossed over the issues paying lip service and simplistic attention to a deep-rooted historical issue, which has been kept alive by successive generations of politicians.⁵²

Geoffrey Gitai Kariuki (G.G.Kariuki) acknowledges in his book "illusion of Power"⁵³ that the emergency of tribal animosity was seriously a problem. Today, hundreds of thousands are landless or squatters with access to neither land nor water since routes to the ocean have been blocked by land demarcation and private fences. Therefore resources and their distributions have an intimate connection to the violence and conflicts that engulfed Kenya⁵⁴.

The Colonial borders, drawn during the Scramble for Africa, are perceived as underlying causes of conflicts since some communities cut across into countries, although they belonged to nation-state. For instance, the Maasai in Tanzania and Kenya, the Pokot in Kenya and Uganda and the Somali in Somalia and Kenya have waged conflicts against each other over pastures and livestock. One of the worst examples of this tendency was the ethnic cleansing of opposing-associated communities from agricultural land during the so called "land clashes" in 1992 and 1997-1998.

2.3 History of Elections in Kenya

Kenya's electoral history dates back to the colonial days. It began in 1905, when an order in council established the first Legislative Council. Subsequent orders in Council saw elections held from 1909 through to 1961. The constitutional foundations of democratic governance in

⁵² Ibid

⁵³ Kariuki Geoffrey Gitai. *Illusion of Power: Reflections on Fifty Years Politics*. Nairobi, Kenway Publications, East African Educational Publishers. 2001.

⁵⁴ Ibid

Kenya were first put in place during the Lancaster House Constitutional Conferences of 1960 – 1963⁵⁵. These conferences debated political transition in Kenya and succeeded in substituting British colonial rule with elected African leaders.

In pre-colonial times, there were no centralized political systems resembling states in the modern sense. Communities comprised small units bound together by kinship and other forms of affinity. They planned and pursued common activities guided by well-established norms and customs. The clan was the central unit in most of these societies and was repository of community management and of conflict management and of conflict prevention and resolution. Leadership was based either on age and gender, with male elders forming local councils or on heredity, such as the “*laiboni*” system of the Maasai community.⁵⁶

The transformation of the Kenyan state from multi-party to one-party state during the Kenyatta and vice versa during the Moi era has not been an easy process. The Luo and other tribes resented what they saw as dominance by the Kikuyu tribe, which is the country’s largest. They were accused of using their dominance of politics and business to the detriment of others. In some situations, the Kenyatta and Moi regimes used force to suppress the people or certain sections of the people in order to perpetuate their positions of power for the advancement of their personal interests. In most cases, such conflicts were characterized by divisive ideologies of ethnicity, regionalism and sometimes religious antagonism.

In a bid to counter the agitation for Multi-party in 1991, Rift valley politicians, reincarnated the Majimbo ghosts, warning that those who supported the multi-party system had to leave

⁵⁵ Ibid

⁵⁶ Kenya Election 1997: *Free and Fair?* International Commission Jurists (Kenya Section), Nov. 1997, p. 6

Rift valley and go back to their ancestral lands. Through such violence, a false crisis would be created and in the resulting atmosphere of uncertainty and fear, actions like rigging the elections would not be challenged.

In 1998 it was easy to blame KANU and its leadership for perpetrating and abetting ethnic violence in the Rift valley against so called indigenous communities –mainly those from Central Kenya. However, even after relinquishing power, things are still the same. Many in the Rift valley province had hoped that all the problems would be over with the departure of KANU. Those who thought Rift valley problems were of KANU's making are compelled to re-think their premise.⁵⁷

For three generations up to the 1980's, the land question laid buried deep in the graveyards of history, tightly suppressed by the autocratic regimes. By the time the country went to the first Multi party election in December 1992, it was washed with blood of murdered, injured and tears of thousands of displaced people targeting so called non-indigenous communities in the Rift valley. There is no real multi-party politics in Kenya, what is seen are just tribal conflicts and tribes coming together to put a different tribal leader out of office. Multiparty politics in Kenya can be likened to a foreign species of plant. However, much we try to impose it here by grafting it upon our political stock, and it will never result in anything more than to legitimize tribal based political outfits which should be illegal in any modern democracy.⁵⁸

The 2007 General elections are memorable for the violence that followed the announcement of PNU's Mwai Kibaki as the winner of the presidential race and his hurried swearing in as

⁵⁷ Ibid

⁵⁸ Kriegler Report, Report of the Independent Review Commission, pp. 194-195

the President for the second term. Following the victory of the anti-Wako Draft ODM in the 2005 Referendum, the movement transformed itself into a political party. Matters, however, came to a head as the party was trying to consolidate itself and choose a presidential candidate. First, Kenyatta withdrew KANU from ODM on the argument that certain guarantees, concluding KANU's independence and equal partnership within the coalition had not been given. He then aligned himself with president Kibaki, but maintained KANU as an independent party. Then Kalonzo Musyoka 'left' the new party but insisted him and Julia Ojiambo were the rightful custodians of ODM Kenya (ODM-K) Raila Odinga and his "Pentagon" colleagues acquired the ODM Party of Kenya and transformed it into ODM, which together with ODM- K represented the main opposition parties in the 2007 general elections. In the meantime, several of Kibaki's ministers attempted to revive the 'NARC dream' but without NARC. Since the chair, Charity Ngilu, refused to surrender the party, they established NARC Kenya (NARC-K) to galvanize support for Kibaki.⁵⁹

118 political parties fielded candidate for the general elections and a number of these parties formed the Party of National Unity (PNU) coalition group lead by Kibaki seeking a second term in office. PNU was founded in August 2007 and selected as the party for Kibaki's re-election campaign over NARC-K despite resistance from some cabinet members. PNU consisted of hybrid of coalition partners, with varying degrees of autonomy after a number of these partners supported Kibaki's candidature as presidency. PNU was therefore both an informal coalition and a political party in its own right. Many of the political parties comprising the PNU have strong regional bases and collectively formed a broadly national coalition.

⁵⁹ Ibid

In early September 2007, ODM elected Raila Odinga as its presidential candidate. In October 2007 the Pentagon was expanded to incorporate the NARC leader Charity Ngilu. Thus, the three main parties PNU, ODM and ODM-K had Kibaki, Raila and Musyoka as their candidates, respectively. There were six other presidential candidates, among them one woman candidate, Naslin Umar from Nairobi, and Kenneth Matiba from Central province, the runner –up in the 1992 elections. However none of these candidates were able to launch a viable campaign for office.

The elections were held on December 27, 2007. On December 30, Kibaki was sworn in as the president after ECK announced him the winner. Violence erupted immediately in several parts of the country, Nairobi and Coast, Nyanza, Rift Valley and Western province. The violence which took on an apparently ethnic character, lasted for the whole January 2008 and only abated once the National Accord for Power-sharing was signed by Kibaki and Raila, through mediation by Dr. Koffi Annan⁶⁰.

There were allegations of irregularities in the conduct of these elections. These revolved around results being received and announced without the requisite, authenticated documentation, doctoring of results and improper tallying. What happened during the elections and tallying of votes, including the presidential ones, is the subject-matter of the Independent Review Commission (IREC).⁶¹ The violence that followed the announcement of the final results of the presidential election and the swearing in of Mwai Kibaki as the President are the subject of another commission, the Waki Commission. However, a number of observation groups produced reports on the elections, expressing opinions and giving

⁶⁰ Kriegler Report, Report of the Independent Review Commission, pp.194-195

⁶¹ Ibid

recommendations on various aspects of elections.

2.4 Internally Displaced Persons (IDPs)

Kenya's Post Election Violence caused the displacement of thousands of people and undermined the civic and political rights, especially their right to vote.⁶² Some people lived under temporarily arrangements, having left their homes in a hurry. Many people became internally displaced in 2008 as a result of the PEV. Approximately 350,000 persons were displaced from their normal abodes of residence and/or businesses. IDPs were concentrated in Western, Rift Valley, Central, Nairobi and Coast Province. About 1,916 Kenyans sought refuge in Uganda. People were displaced as a result of violence and threats of violence⁶³. They moved from their places of residence and businesses to places considered safe like police stations, administrative posts, churches, and trading centers. Thereafter they moved to formal camps or were integrated with their relatives and friends in urban centers or their ancestral homes.

Conditions in the IDP camps were less than satisfactory. Security was wanting as IDPs were always subjected to threats by criminal gangs. There were complaints about the inadequacy of food, shelter, and sanitation. Most of the inhabitants of IDP camps were women and children. Some women were exposed to sexual assault in IDP camps.⁶⁴ Desperate and vulnerable women were forced into prostitution to fulfill the need to access basic commodities such as food, water, tent, medicine and beddings, doing whatever were necessary to do so in order to feed and take care of their children. Although camps were more

⁶² Peace-Net, *Facts and Figures: Post Election Violence in Kenya*, pp.88-89

⁶³ Ibid

⁶⁴ Ibid

secure than the areas where IDPs came from, there were complaints of human rights violations. More than half of the displaced people were ready to go back from where they were displaced once peace was restored.

Government and administrative response to the problems of IDPs was initially slow. The Kenya Red Cross Society, local and international NGOs and CSOs, Counselors also responded to trauma and psychosocial needs of the IDPs. Faith based organizations and individual volunteers played an important role in alleviating the suffering of IDPs by offering refuge, food, shelter, security, education, medicine, counseling and other needs. USAID reported on the 4th February 2008 that the ongoing population movement, roadblocks, transport delays and unpredictable security environment interfered with relief efforts, which made the humanitarian situation difficult. This was after the Kenya Red cross declared in an update that there were 325,775 IDPs in Kenya, and was concerned over prolonged food crisis in Kenya.⁶⁵ Continued violence and large-scale displacement in the Rift valley, Western and Nyanza provinces prevented thousands of farmers from harvesting their maize crop at the time and sow for the next season.

The population at the Eldoret Showground IDP reached 18,900 people, which significantly increased the demand of water. In Burnt forest there was a perennial problem of leakages on the main water line. Resistance among patients with chronic diseases such as HIV and Tuberculosis was a very worrying issue as drug resistance can develop in patients who have missed out on their regular medication for up to a month due to displacement. Communities hosting IDPs were also in need of health services. Ministry of Health (MOH) also targeted

⁶⁵ Ibid

children under five with measles and polio vaccines together with vitamin A supplementation and de-worming. The relief items included food items, blankets, soap, mosquito nets, kitchen utensils, plastic sheeting, jerry cans, water buckets and sanitary packs.

Some challenges were enumerated for those who would return to the areas where they had been displaced from. These included fear of being attacked, financial challenges or if they would be accepted back into their communities. The government initiated “Operation Rudi Nyumbani”⁶⁶ in April 2008 aimed at removing IDPs from camps and where possible resettling them back to their homes. Due to constraints of time and resources, the commission could not fully make assessment of the efficacy of this program but found the following inadequacies;

- i. The sum of K.shs. 10,000.00 was considered inadequate by the IDPs to meet their need once they left camps.
- ii. The so called “integrated” IDPs (i.e. returnees who went to live within the community) felt neglected as the program concentrated mostly on those who were settled in camps.
- iii. Security for those who wish to return to their farms and homes, particularly in the Rift Valley, was not fully assured and was therefore a hindrance to settlement.

The IDP problem is likely to continue until the government and people of Kenya address the political problems that led to eviction of men, women and children from their homes and businesses.

⁶⁶ Peace-Net, *Facts and Figures: Post Election Violence in Kenya*, p.57

2.5 Impact of PEV

Counselors who lived through to offer psychological services during this terrible period of Kenya's history, heard of heart wrenching tales of sexual assault, and forced circumcision which were traumatic- in some cases sharp objects and broken bottles being stuffed into women's uterus after rape ordeal, loss of body parts and hideous deaths. Some victims ended up being infected with STIs or HIV/Aids and unwanted pregnancies as a result of being raped but unable to access medical services in time. Some victims' health status deteriorated as they ran away from home without their medication and they could not reach health facilities because of security reasons. Most babies in the IDP camps suffered from diarrhea due to lack of treated water or proper food while some babies died due to pneumonia they got from cold.

Many civilians were killed or maimed in the post-election violence. The largest loss of life occurred when 200 people who had taken shelter in a church near Eldoret on New Year's Day were set alight by rioters, burning 35 of them to death. Up to approximately 600,000 people had been displaced.⁶⁷ Most school pupils did not report back to schools because they had fled with their families. Vehicles were being burnt including the ones transporting the displaced people. Families fled from their homes to camp at local police stations. In the Rift Valley, the conflict had evolved into a broader settling of scores over issues including land rights.⁶⁸ Even as the search for peace continued, more people were killed in fresh violence in Naivasha, Nakuru and Kisumu.

⁶⁷Peace- Net, *Facts and Figures: Post Election Violence in Kenya*, pp.88-89

⁶⁸ Ibid

In the middle of the crisis, forty organizations in Kenya came together to reach out to women and others who had experienced sexual violence following the 2007 elections. They gathered under the umbrella of Inter-Agency Gender Based Violence sub-cluster co-chaired by United Nations Fund for Population Activities (UNFPA). Even before the Commission began its sessions, the sub-cluster had responded to the post election sexual violence, particularly against women, including providing victims with medicine, psychosocial and other counseling services. Many victims of sexual violence were injured extensively and suffered enormous psychological trauma⁶⁹.

There were media reports of many people killed and others injured as scores of youth battled with riot police in places like Kibera, Mathare, Kawangware and Korogocho slums. In Nakuru, a business man was killed by a gang which raided his home in Solai. The man was shot with arrows before being hacked to death. Several houses were torched in the area as well as in Njoro and Narok. In Msambweni at the Coast, mobs raided a home and killed a man and injured members of his family. They ordered the family to vacate the region. The mob chopped off the man's arm and left it dangling on a tree, with a chilling message to members of two communities stuck on it.⁷⁰ People were killed and more than 20 injured in political violence in Molo and Kuresoi. The dead included an elderly man and his two sons. The brothers had gone to evacuate their father at Mawingu farm and were attacked when they were travelling back to Molo. The sons were hacked to death while the elderly man was locked into the car they were travelling in and the vehicle set ablaze.

⁶⁹ Ibid

⁷⁰ Kriegler Report, Report of the Independent Review Commission, p. 196

More people were killed in a fresh flare-up of violence in Nandi South district, just hours before a team of International Mediators arrived in Nairobi for talks between the Government and the Opposition.⁷¹ Mass action called off after Annan-ODM talks. There was hope at last as President Kibaki and ODM leader Raila Odinga shook hands for the first time since the General Election and promised to hold peace talks. Looking on was the mediator Kofi Annan⁷², but it didn't last many hours before violence erupted in Nakuru where six people were killed and hundreds injured. State declared 7pm- 6am curfew. The town's only fire engine was also burnt.⁷³ Soldiers unblocked roads by removing stones which had been used to barricade the Nakuru-Nairobi highway at Naivasha, as election-related violence spread to the town. Buses travelling to Western Kenya from Nairobi had to cut short their journey and return to the city.⁷⁴

Finally the hotly disputed presidential votes tally, responsible for the post-election falling out which triggered off mayhem on a scale never witnessed before in independent Kenya, found its way to the mediation talks table⁷⁵ and came to an agreement on the 28th February 2008. Annan said that the agreement was to be known as the National Accord and Reconciliation Act. The two leaders agreed to form a coalition government, with Odinga as the Prime Minister and Kibaki as the President.

⁷¹ Ibid

⁷² Ibid

⁷³ Daily Nation, January 26, 2008.

⁷⁴ Ibid

⁷⁵ Ibid

2.6 Conclusion

All the above factors have dovetailed to make violence the method of choice to resolve a range of political differences and to obtain political power, which threatened the future of the nation. Violence surrounding elections had been ethnically directed thus increasing distrust among different groups and vastly eroded any sense of National identity. Ethnicity took on a dangerous and negative connotation. Furthermore, the main perpetrators of systematic violence have never been prosecuted. Because of the ethnic nature of the post election violence, ethnic fears and hatred have been elevated in importance and could turn violent again even more easily than has happened in the past.

CHAPTER THREE

EFFECTS OF TRAUMA IN COUNSELORS

3.0 Introduction

This study is about Counselors experience of trauma. The chapter examines the key psychological effects of trauma in Counselors during and after PEV period. The chapter intends to show how trauma affects the body and how body parts are all inter-related⁷⁶ such that when one part of our body is sick, the other parts are affected too. The chapter argues that even though counselors had been briefed beforehand on how to avoid becoming personally traumatized, it is impossible to avoid it, so it had to happen because counselors are normal human beings.

3.1 Trauma

Trauma is an emotional shock that can produce a lasting harmful effect. It is an unpleasant experience that causes one extreme distress or anxiety.⁷⁷ The other name for trauma is “Critical Incident Stress” – CIS. The word trauma is used to describe reactions to anything from a stressful day to a brutal murder. The kind of trauma which was experienced by Counselors during PEV is known as “*Secondary or vicarious trauma*” which refers to the effects experienced by rescue workers, caregivers and others who respond to catastrophes and attend to direct victims first hand.

The immediate reactions to trauma are; nausea, gastro-intestinal distress, sweating, shivering, faintness, dizziness, muscle tremors, elevated heartbeat, uncoordinated movements, extreme

⁷⁶ Yoder Carolyn, *The little book of Trauma healing: (When violence strikes and Community security is threatened)*. Good Books Publishers, United States of America. 2005, pp.26-27

⁷⁷ Ibid

fatigue and body weakness.⁷⁸ The characteristics of CIS are usually sudden, disruptive and shocking. It normally involves violence and beyond normal experience expected in life. It could be humanly or naturally caused. It creates overwhelming demands that affect coping.⁷⁹ Both stress and trauma affect individuals and groups psychologically, physically, emotionally, cognitively, behaviorally and spiritually. But traumatic events differ from ordinary stress in intensity and/or duration. When trauma takes place, it causes significant change in the brain function then one becomes traumatized.⁸⁰ One of the potential causes of trauma is witnessing an emotionally gripping or visually unpleasant occurrence, such as what the counselors went through during PEV in 2007-2008. By merely hearing horrific events like some of the counselors did during post election period, resulted into trauma. When such happens, the trauma might lead to (Post Traumatic Stress Disorder) PTSD, damage may involve physical changes inside the brain and to brain chemistry, which affect the person's ability to cope with stress.

Physical effects of trauma (our body reactions); the heart pounds, pulse race, the mind goes foggy and one has a helpless feeling. There's a feeling of incompetency, develops eating and sleeping problems. People are often exhausted and can develop unexplained chronic pain. At times they have stiff neck, headaches and extended fatigue.⁸¹ Physical trauma (like the loss of a limb or a gunshot wound) is obviously shock to the body, which will eventually heal. What the person is left with, however, are the emotional wounds which become the Psychological trauma, of which counselors remain with. Psychological trauma can last for many years, and if unresolved, can even become more devastating than the original traumatic event. The

⁷⁸ Ibid

⁷⁹ Ibid

⁸⁰ Ibid

⁸¹ Yoder Carolyn, *The little book of Trauma healing*: pp.26-27,

damage to the *psyche* occurs as a result of a traumatic event⁸².

A traumatic event involves a single experience, or an enduring or repeated event or events, which completely overwhelms the individual's ability to cope or integrate the ideas and emotions involved with that experience. This is the reason why counselors need a break and not go on attending to many clients without being attended too. Trauma has a neurological⁸³ effect on the brain and because of this; one is more likely to feel that something is wrong with them. They might feel emotionally self-consumed, allowing the past to bother them too much and have feelings of shame and guilt for their pain. Such factors can have terrible effects on the life of the counselor. They can reach into every area of an individual's life because they can change how the person views objects, events, circumstances, him/herself, others, and the world at large.

Since counselor's chief responsibility is to help others, they are the most vulnerable to trauma and stress related issues because unlike other professions, they hear groans, sobs, hurts of others, people's problems and not to mention sad stories as they work face to face with the greatest stress-producers - "other people" listening and absorbing all. In responding to the needs of others, very few counselors manage to escape the sting of emotional involvement.⁸⁴ Counselors learn in counseling skills how to manage the stress associated with their work in a constructive manner or it can deal with them in a very harsh way. Emotional effect is all about our feelings. When one undergoes trauma they become anxious,

⁸² Allen Schneider & Barry Tarshis, *An Introduction to Physiological Psychology*, 3rd Edition, McGraw-Hill Publishers, New York (1986). pp 5-6.

⁸³ Relating to nerves or to the Science of neurology (neurological damage): Oxford

⁸⁴ Yoder Carolyn, *The little book of Trauma healing*: pp.26-27,

have diminished pleasure, withdrawn and go through chronic sadness.⁸⁵ Emotional effects of trauma that counselors sometimes go through are due to the desperation that they see their clients go through. Counselors empathize⁸⁶ with their clients.

At other times, counselors can feel completely numb, shut-off, and withdrawn. Others go through feelings of disconnectedness from oneself. At times, morbidly depressed,⁸⁷ weak and can barely get out of bed, feelings of anxiousness, fearful or paranoid. Having horrible feelings and at times contemplating committing suicide. Other counselors get affected by spiritual effect of trauma. This is about the noise inside the mind. It's about our beliefs and value. One questions the meaning of life, feels deep emptiness, and has disillusionment and self preoccupation.⁸⁸ One does not feel peaceful. One feels like God has forgotten them and even their prayers cannot be heard because of their lack of faith. Blaming God for allowing the pain to take place and hating oneself for lack of faith which is assumed as the reason why one may not be healed or suffering.

Mental effects (cognitive reactions); counselors who experience trauma are likely to have Concentration problems, forgetfulness, feel distracted (tired of thinking) most of the time and have problems with decision making. In extreme cases, people experience flashbacks of the event, nightmares, amnesia and intense feelings of guilt.⁸⁹

Behavioral effects of trauma at times reflect into counselors actions. They easily become irritated with colleagues, family members and friends. If care is not taken in time, a counselor

⁸⁵ Ibid

⁸⁶ Counselors try to fit into their clients shoes.

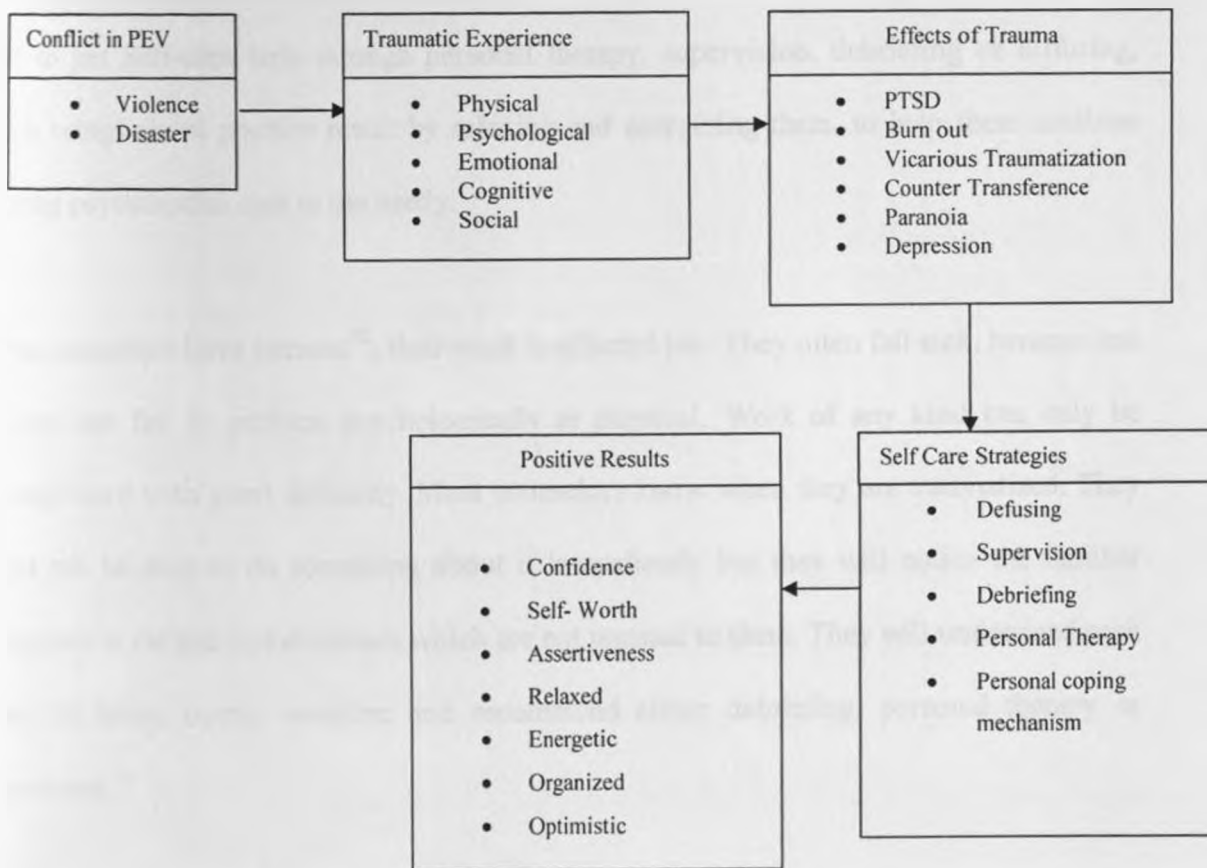
⁸⁷ Melgosa, Julian, *Less Stress*, Safeliz Publishers. United States. 2006, p.47.

⁸⁸ Ibid

⁸⁹ Yoder Carolyn, *The little book of Trauma healing*: pp. 27-28.

might start use of alcohol and as time goes by have increased use of tranquilizers of alcohol, bhang and other stuff of substance abuse. Communication becomes a problem and thus results into a tendency of withdrawal.⁹⁰ Most disaster and trauma workers often disregard their own reactions and needs when focusing on caring for those directly exposed to traumatic events, until it reaches a point that they cannot continue offering psychosocial help effectively without helping themselves first.⁹¹

3.2 Effects of Trauma



The source of this diagram is from the researcher’s own understanding of how counselors were affected by the post election violence of 2007-2008. Author: Olago Jane, 2010.

⁹⁰ Ibid, p.31
⁹¹ Ibid

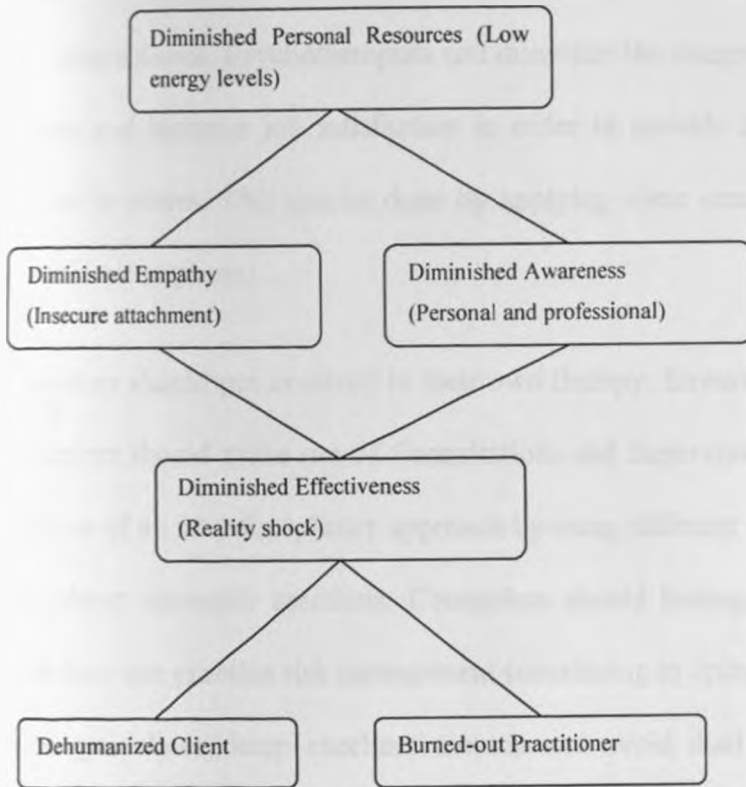
In the figure above, the violence which took place made the victims of PEV experience physical, psychological, cognitive and emotional trauma. The victims were accorded help by different professionals like the Counselors—(Counseling/Clinical psychologists, Psychiatrists, Paraprofessionals). As counselors helped the victims go through psychosocial support, they in turn got affected after listening and witnessing certain sad events taking place, as they also live in the same environment. Some counselors suffered by going through Secondary or Vicarious trauma, PTSD, burnout, counter transference and other negative effects of trauma. This will be discussed in the next chapter. Whenever one suffers trauma, the people affected need to get Self-care help through personal therapy, supervision, debriefing or diffusing, which brings about positive result by relaxing and energizing them, to help them continue offering psychosocial care to the needy.

When counselors have burnout⁹², their work is affected too. They often fall sick, become less focused and fail to perform psychologically or physical. Work of any kind can only be accomplished with great difficulty. Most counselors know when they are traumatized. They might not be able to do something about it immediately but they will notice the familiar symptoms or fatigue and distresses which are not unusual to them. They will understand each other for being overly sensitive and recommend either debriefing, personal therapy or supervision.⁹³

⁹² Burnout is a psychological term for the experience of long-term exhaustion and diminished interest, usually in the context of work. Maslach, 1984.

⁹³ Follette Victoria M, Polusny Melissa M, Milbeck Kathleen: *Professional Psychology: Research and Practice*. Minnesota, USA, 1994, pp. 275-262

3.3 Burned out Counselor



Source of diagram: Catherine Gachutha: Maranatha C. Center; 2006.

In the above diagram, a burned out counselor has diminished personal resources, low energy levels and becomes ineffective at work, feels insecure in his/her surrounding. The counselor is in shock and is not able to counsel a client unless they are helped first. These characteristics results into a dehumanized client and burned out counselor, who needs to seek help first.

3.4 Tips to help Counselors avoid Stress & Burnout

Burnout is preventable. There is no one right way to cope. Each person has unique strengths and vulnerabilities. Psychotherapists can minimize the dangers of the profession by avoiding burnout and increase job satisfaction in order to provide better care for self and quality services to others. This can be done by applying some strategies in life for taking care of counselors/caregivers:

Counselors should get involved in their own therapy. Stressful situations lead to depression. Counselors should make use of Consultations and Supervisions regularly. They should also make use of an interdisciplinary approach by using different psychological theories and learn more about traumatic reactions. Counselors should belong to a professional organization where they can practice risk management (continuing to update oneself on changing laws and ethical guidelines, keep excellent records and avoid dual relationships to help alleviate anxiety and worry). This will also help them make an ongoing commitment to invest in broadening their professional horizons.⁹⁴

Counselors should be involved in non-professional activities (develop interests and hobbies that are not related to psychology) e.g. physical exercises⁹⁵ like hiking, cycling, swimming, football etc. A lifestyle that lacks regular physical exercise is not healthy. Everybody needs daily physical activities. Most people who suffer from stress do not exercise and are unable to sleep. They are caught up in a vicious cycle which is difficult to break. Physical exercise is the best way to break loose. Rest will come automatically if counselors exercise regularly. People also need to take care of grooming needs and personal appearance to make them feel

⁹⁴ Ibid

⁹⁵ Melgosa, Julian, *Less Stress*, pp. 108-111.

good about themselves and make them more pleasant to be around. Counselors should be involved in their local community activities as a way to break from the everyday counseling. Counselors should take regular time off from their practice to go on vacation. Breaking off from routine in order to create time to rest is important, be it for a few hours or a weekend. They should attempt to diversify their friendships (broaden social contacts beyond psychotherapists & distance from what they do daily)⁹⁶.

Counselors should eat nutritiously (reduce levels of sugar, salt and spices. Avoid alcohol intake, smoking or caffeinated drinks). Everybody should eat well even if they don't feel like it. This will improve the ability to appropriately respond to trauma. When one is stressed they either eat too much or not enough. The body which is under stress uses more energy quickly while at the same time, stress adds extra work to the cardiovascular system.⁹⁷ The best way is to eat slowly at regular hours. Chew the food correctly and do not eat anything in between meals. Limit fat intake because high blood cholesterol level is damaging but eat plenty of fruits, vegetables and cereals. The B vitamins are essential in maintaining balance within the nervous system and help the brain to function. Vitamin C also contributes to stress control and is therefore important but they should be eaten regularly since vitamin C cannot be stored by the body. Avoid eating in restaurants or fast-food places where taste, and not health, is the primary concern. Body weight should be controlled. Water is not only necessary for maintaining good health, but it helps control stress.

⁹⁶ Ibid. pp. 120-121.

⁹⁷ Ibid.

People should communicate as a way to reduce stress. Talk about what happened to God and others. Counselors should be positive; try to maintain a positive attitude to oneself and their life. Think positively and be open to seeing the positive in situations – not just the negative. Develop and maintain a positive view of life and your work.⁹⁸ Avoid being self-critical. Be kind and understanding of yourself as you would be to others. Love yourself and do not dwell on the “should.” Remind yourself of your accomplishments and allow yourself to feel the satisfaction and relief of having completed important tasks. Do what needs to be done first, leaving the other things for the next day. Think positively about yourself by acknowledging your strengths and abilities⁹⁹.

Melgosa says one should be flexible and set wise priorities; when it comes to care giving, you will not be able to predict and to schedule all things. Counselors will need to be flexible and free to respond to unexpected things which arise. In order to deal with the unexpected things, which arise, you will need to let go of some of the other things you planned to do. Seek to manage your time wisely by setting priorities. Recognize and give priority to the most important tasks first. Also, remember that there are some tasks which can be delegated. You don't have to do everything yourself. Smile and be joyful; be sure to smile and have laughter in your life. “Wear a smile and have friends, wear a frown and have wrinkles.”¹⁰⁰ Healthy and spontaneous laughter is incompatible with depression. Find places and people who help you to be in a good mood. Ensure that you have opportunity to be spontaneous and playful. Have fun! Life is more than the pain, troubles and heartaches that counselors encounter when giving psychological care and counseling.

⁹⁸ Ibid

⁹⁹ Melgosa, Julian, *Less Stress*, pp.73-79

¹⁰⁰ Elliot George, Mary Ann Evans (1818-1860) and Julian Melgosa's *Less Stress*, p. 119.

Have contact with nature¹⁰¹; interaction with nature is particularly helpful in calming stress. When the person goes to nature, he is, in some way returning to his/her original habitat and is therefore, in the best environment for obtaining peace and health. It has always proved safe to stay in a familiar environment. Interaction with nature is a complete calming experience: the eyes are entertained by colors of trees, flowers and mountains. The ears listen to the silence or singing of the birds. The nose captures the splendor of natural smells. The taste buds enjoy any simple food eaten in this atmosphere. The entire body enjoys contact with purer air and sunlight.

Create a balance in life¹⁰² change jobs, if necessary: As caregivers, it is important to have realistic expectations of ourselves and to be able to accept our own limitations. For example, there are only twenty-four (24) hours in a day and there's only so much any person can accomplish in one day. Be careful not to measure your sense of worth and value in terms of how much you accomplish in a day because if you do this, you may drive yourself to exhaustion and you will never be satisfied with how much you have done. Instead you will only see what you did not manage to accomplish.

A balance between giving and getting, attention to family and attention to work, between involvement and detachment, a sense of efficacy and one of inefficacy, between feelings of power and powerlessness, between the patient's and the therapist's needs, between time spent with people and time spent alone or devotional time. Set realistic goals for yourself each day

¹⁰¹ Ibid

¹⁰² Palm Kathleen M, Melissa A. Polusny, Victoria M. Follette, Viarius Traumatization: Potential Hazards and Interventions for Disaster and Trauma workers. 2004, pp. 73-78.

and be sure to allow yourself time to do things you enjoy just because you enjoy them¹⁰³. All work and no play are neither healthy nor realistic. Burnout will be avoided if the therapist strives for general balance between work, intimate relationships, parenthood, community & friends and solitude.

¹⁰³ Yoder Carolyn. *The Little book of Trauma Healing*, p.34

CHAPTER FOUR

CASE STUDIES

4.0 Introduction

This chapter offers the experiences of counselors during the PEV and how they were assisted during the PEV in Kenya. It further discusses different ways of how counselors got help through counseling. The chapter argues that after the counselors were traumatized by the sad stories, it is through supervision¹⁰⁴, debriefing and personal therapy which made them be able to cope with life. However, the chapter also recognizes PTSD and its different stages. The counselors who were out in the field working with victims of PEV were noted to have been affected in different ways; some had anxiety disorder, compassion fatigue, alcohol abuse or became depressed.

4.1 Case One

M.K, a counselor in a prominent organization, who has worked the last four years as a counselor, got so devastated after listening to PEV stories. One particular story she couldn't forget was of a young woman, Dot, whom she attended to for counseling, at a point when Dot was hysterical and suicidal in the first sessions calmed down as the sessions continued but she was paranoid and didn't trust anybody. She was afraid of people and preferred to use a bus for public means to matatu. Dot, 23years old, saw her elder brother's head being chopped off during the violence. The two had left Huruma slums in Nairobi very early in the morning to go to seek temporary asylum at a relative's house in South B, a place they considered as safe until things cooled down. Little did they know that even boarding matatus

¹⁰⁴ Haynes Robert, Gerald Corey and Patrice Moulton, *Clinical Supervision in the Helping professions: A practical guide*, Thomson Brooks/Cole Publishers., Belmont, CA / USA. 2002. p.3

early or late was not safe.

The matatu had to follow some hidden routes in order to reach town. In the matatu there were five men passengers and three women including Dot and her two year old baby girl. Before they could reach the city center, somewhere around Eastleigh, a group of about ten men waylaid the vehicle chanting rowdily in order to incite others to beat and kill. The driver had no option but to stop as the road was rough murrum and the vehicle could not speed faster. The attackers had pangas, knives and stones ready to attack. They ordered all the men out of the vehicle, lined them up and asked them questions in a particular mother tongue in order to find out the ethnicity they belonged to. The passengers were forced to speak back. Meanwhile two men got into the vehicle and before the victims could scream or fight back, the women were dragged out of the vehicle, clothes torn and they were raped. Outside the matatu, only Dot's brother was victimized. He couldn't talk the language because he didn't belong to the perpetrators ethnicity but kept on pleading. She was just in time to look outside the window to see her brother falling down. His pants were down and he was bleeding profusely between his legs. Dot screamed so loudly she thought they had killed him but no, the merciless killers had not yet finished with him. They mercilessly chopped off his manhood. She closed her eyes, wishing to die, only to open them when the lady next to her started trembling vigorously. What she saw made her throw up before she lost consciousness. Her brother's head was a few meters from his body.

Counselor MK visited her personal therapist¹⁰⁵ after one week suffering from counter transference¹⁰⁶ reactions, a condition whereby she had placed herself in the shoe of her client. Being that she has an only and older brother and comes from the same community as Dot, everything fitted well for her and in her mind, she had become the suffering client. The reactions made her hyper-vigilant, paranoid; she had disturbed sleep and loss of appetite. MK sought help from the therapist because of the feelings of helplessness. When these reactions are unaddressed, they usually reappear more intensely later. Unaddressed counter transference issues can have a destructive impact on the client, the counselor, and the therapeutic relationship. Counselors being counseled (in recovery) have the strength of knowing that trauma can be managed by significant lifestyle and philosophic changes.¹⁰⁷

It was not easy for MK to narrate Dot's painful experience, but she did so to the counselor with great courage in order to heal emotionally. MK's personal therapist decided to use a person-centered approach since it offers a humanistic base from which to understand the subjective world of the client. The therapist created a conducive climate for the counselor to self-explore her feelings and all areas of her life that were now distorted. He was able to have empathic understanding¹⁰⁸ with MK and this made her become less defensive and more open to possibilities within herself and in the world. It also facilitated personality change in MK.

¹⁰⁵ Personal therapy is a Counselor's own "treatment plan." Professionals must act when counter transference moves them perilously close to burnout. Time-limited treatment with multi-problem clients creates work situations that can ignite the fires of unresolved counter transference, and can fan those fires with compassion fatigue and burnout.

¹⁰⁶ Counter transference refers to the reactions therapists have towards their clients that are likely to interfere with objectivity.

¹⁰⁷ Davis Laura, *The Courage to Heal: For Women and Men of Child Sexual Abuse*, Harper Collins & Row Publishers. New York City. 1990. pp.35-38.

¹⁰⁸ Empathic understanding implies that the therapist will sense clients' feelings as if they were his/her own without becoming lost in his feelings. The therapist can also voice meanings of experience of which clients are only dimly aware.

The therapist suggested a break from working with the population that was causing the counter transference for some time. After a few counseling sessions from her personal therapist, she was able to build back her own self-esteem and her behavior showed more flexibility and creativity. She was more empowered and seemed ready to cope on her own with life's events.

4.2 Case Two

Counselor C.J reported to work at the Kenya Red Cross Society headquarters (Nairobi) one morning in January so restless. When the researcher asked him what was wrong, he started crying. His supervisor who brought him for counseling said that wasn't like him. He described CJ as a strong person despite the fact that he was an orphan and who had gone through a lot of difficulties in the childhood. When CJ calmed down, he narrated that he hadn't slept a wink for the last three nights. Whenever he tried to sleep, he gets nightmares seeing corpses lying everywhere. He had been one of the volunteer workers who had been involved in removing the dead around Mathare and Huruma flats and transporting the bodies to the City morgue, in company of the police. He confessed indulging in the habit of taking *piriton* tablets every night to make him sleep, to no avail. He had recurrences of his childhood flashbacks, his mind dwelling more on the sad experiences of difficult childhood of abuse, neglect and family breakdown before death. He felt like a miserable failure. These thoughts drove him into using alcohol in order to escape from his unfortunate situation. According to him, alcohol was providing a way to deal with his trouble of *insomnia* and makes him "feel better."

By the time CJ visited his personal therapist he had self destructive behaviors of suicidal tendencies, avoiding people and was also depressed. The therapist identified Counselor CJ to be having some "unfinished business"¹⁰⁹ which interfered with his work and made him more stressed. Unresolved personal issues, and sometimes even problem areas the therapist has worked through, can be triggered through interactions with clients or the counselor's place of work.¹¹⁰ The therapist found out after sharing with CJ that as a child, CJ had been exposed to trauma of losing both his parents at an early age through a tragic road accident, after which he went through child neglect and abuse by the relatives who became his guardians. He despised hospitals and the sight of blood. He never grieved enough, instead he was told to be a man whenever he cried. So because of this belief that men shouldn't cry, he stopped crying and tried to act strong. Soon after, he was taken to a boarding school where he was so busy and made many friends. He started concentrating on his school work and was determined to excel in his performance for a better future.

However, heightened sensitivity to the issues surrounding trauma can occasionally pierce the protective shell of even the best-trained professional. CJ was a professional counselor who had previously been counseled on many occasions and is aware that alcohol is not the solution to his problem and yet he went ahead and had started abusing alcohol. In his case he became helpless. He went through a number of counseling sessions, was referred to National Agency for the Campaign Against Drug and Substance Abuse¹¹¹ (NACADA) for more assistance in counseling. The therapist counseled CJ on grief counseling and also helped him

¹⁰⁹ Challenges one need to deal with in order to be able to cope better in life

¹¹⁰ Corey Gerald, *Theory and Practice of Counseling Psychotherapy*, Pacific Grove; London, 5th Edition, p.125

¹¹¹ Substance Abuse is a coping strategy. People do it in order to "feel better" so relapse often occurs when the recovering addict is confronted with conflict, rejection or a sense of failure.

learn how to relax; it is important that counselors learn to relax. Stress is associated with psychological arousal and so health psychologists emphasize the importance of relaxation training. As he continued with counseling sessions, CJ's therapist taught him several techniques of relaxation which he admitted that they proved effective; like progressive relaxation, which was developed by Edmund Jacobson (1974). To practice progressive relaxation successively one should tense and relax each major muscle groups of the body. This helps reduce activity in the sympathetic nervous system.¹¹²

Relaxing can be as simple as sitting quietly, taking some deep breaths and just focusing on ones breathing until their thoughts have slowed and they feel the body relaxing. Making a point of doing things which relaxes one is important. These will be things which vary for different people. For some people, doing something relaxing might mean setting aside time to read a book. For some it might be taking a nap, visiting a friend, writing in a journal or e-mail, sing or listen to music, going for a walk or participating in some other activity you enjoy which relaxes you. Laugh when they can. Caregivers should take short, five to ten minute breaks, throughout the day to relax and remove themselves from stressors and demands.¹¹³ It is important for caregivers to relax for much of their time they deal with very stressful situations as in the case of counselor CJ. After counseling, he became more actualized and increasingly trusting in himself to make decisions to manage his own life. He continued helping other clients in Counseling sessions. If CJ's condition could have been worse, he would have ended up seeing a Psychiatrist or staying in a rehabilitation centre for detoxification.

¹¹² Lester Sdorow M. *Psychology*, 2nd Edition, Brown and Benchmark Publishers, Melbourne-Australia, 1990, p. 653.

¹¹³ Ibid

4.3 Case Three

K.L counseled a middle aged woman I will refer to as Lady B, who worked in Narok, planting potatoes and wheat. She was amongst a women's group from different communities who had united together as settlers in the area, for a small time business. The tension created by the PEV in the area made the members of that particular women group review the situation and they resolved to meet, share the money and go their separate ways for safety of their families. One particular day after the meeting as they were crossing the main road back to their houses, a group of men armed with weapons appeared from the bush. The women were cornered and had nowhere to run to. All the eight women were beaten up, threatened and ordered to undress then raped.

Lady B was on her menstruation period and when they found out, the man who was ready to rape her went on a rage and forced her to chew the used pad dripping blood, hitting her on the head at the same time. When the ordeal was over, the men simply walked away having taken their money. Later on when they came back to their senses, not believing they had been left alive, they walked to the nearest Police station. Lady B couldn't walk or talk so her fellow ladies carried her. They stayed for five days at the police station. Two weeks later she was brought to NWH still devastated, feeling nauseated and couldn't eat well due to the smell of the waste she had been forced to chew. She was very bitter with life, ashamed, disappointed, suffered low self esteem and also became suicidal.

Counselor KL felt disgusted after listening and empathizing with Lady B. This together with other sad cases that she had listened to made her feel worn out and drained. She felt like quitting the counseling job. She generally got annoyed with all men and annoyed with the

government because of PEV and found life to be so unfair. That day she differed and quarreled with two colleagues at work out of no apparent reason. Home was no exception; she projected anger towards her husband and children. As days went by, she became aggressive, irritable and easily cried. Counselor KL got help by being counseled. She was diagnosed as having anxiety disorder and Compassion fatigue¹¹⁴. This condition presents itself as apathy, low personal accomplishment, frustration, boredom, anxiety disorder and hopelessness.

Her personal therapist used a Gestalt approach. This kind of therapy assumes that clients can deal effectively with their life problems, especially if they make full use of awareness of what is happening in and around them. One way that Gestalt therapists help clients develop emotional awareness is through a variety of psychological exercises. In the *two-chair exercise*, the client alternately sits in one chair and then another, and talks to the other empty chair, assuming it's occupied by the person the client is addressing. The two-chair exercise proved effective in relieving emotional distress for KL. Physical exercises and rest was also recommended for her by the therapist. Physical exercise is closely related to rest and rest has been effective and proved successful in reducing anxiety disorder¹¹⁵ as in the case of KL.

Compassion fatigue can include abusing chemicals, spending less time with patients, being late and absent from work, making professional errors, being hypercritical of others, depersonalizing patients, making sarcastic and cynical comments about patients and the organization, and keeping poor records. Compassion fatigue also can manifest as physical

¹¹⁴ Covington defined compassion as "losing ourselves in order to emotionally join with our clients."

¹¹⁵ Lester Sdorow M. *Psychology*, pp. 449-450.

symptoms such as rapid pulse, sleep disturbance, fatigue, reduced resistance to infection, weakness and dizziness, memory problems, weight change, gastrointestinal complaints, hypertension, and head-aches, backaches, or muscle aches. Compassion fatigue when combined with effects of cumulative stress results into burnout. Counselors with their own personal histories of violence and trauma have an increased susceptibility towards compassion fatigue.¹¹⁶ Accepting that compassion fatigue must be guarded against, and that self-care is essential to the counselor's prevention plan, offers a step in the right direction. After several sessions, counselor KL became less anxious, non-judgmental, less defensive and more relaxed and effective in her work.

4.4 Case Four

Counselor S.O attended to a 35 year old lady I'll call Selina who came from Nyanza province but had been trapped in Naivasha during PEV. Selina's brother and husband had been killed amongst a group of many others in a slum known as Kabati in Naivasha. They had been cut by pangas during daytime but at a time that nobody dared go out to rescue another. The second day, Selina went out at night to look for the bodies to burry. She found the bodies and managed to burry the husband's body behind her house with the help of her neighbor but only found the brothers head. She hid it in a small sack of charcoal. She commented to the counselor that it was ghastly and a horrifying experience.

The following day buses were brought at the Police Station, about two kilometers away from where she stayed, ready to transport people to Nyanza. She was amongst the lucky people who were transported to Kisumu. People who were able to were allowed to carry their

¹¹⁶ Ibid

belongings. She carried the sack into the bus and nobody detected the contents in the sack. The bus took two days to reach Kisumu, a distance where in normal circumstance takes the bus only three hours. They had neither food nor water. The bus was overloaded with men, women and children. She said that at some places the bus driver would meet with barricades across the road made of human body parts and would stop the bus. Some people would then appear from the bushes/forest demanding for money or the passengers. The driver would try to negotiate money with them and only let go after they had been punished by waiting for about three to six hours in the bus. She arrived at her parent's home in South Nyanza the third day and started wailing, alerting people of death then removed the brothers head amongst the charcoal in the sack, which they later buried.

Having listened to such a sad story, counselor SO felt frightened and confused. He thought the world had come to an end. The more he thought about it, the more he became helpless and convinced that he had done nothing to help the client even after the counseling session. The client never came back for more counseling sessions. As days went by, counselor SO started feeling guilty, agitated, emotionally unstable, isolating himself from others and working tirelessly without taking even a day off. He became defensive when others noted that something was amiss with him. After a week he attended Counselors' Supervision, where he shared his feelings of fears, challenges and expectations with other fellow counselors. The supervisor assured counselor SO that what he had done was enough and correct because he had been there for the client and had listened to her. The supervisor also suggested that SO has a session with his personal therapist.

The therapist diagnosed that counselor SO was suffering from anxiety disorder. He also admitted being terrified of death. Nobody close to him in his family had ever died but his father was sick in hospital with a terminal illness. The therapist used existential psychotherapy, which takes a more philosophical approach, called "logotherapy"¹¹⁷. Existential therapists assume that emotional and behavioral problems are symptoms of an inability to come to grips with the ultimate issues of life. The sessions of counseling helped Counselor SO improve his self-esteem, improve his emotional well being and helped him find meaning in his life. He reduced the hours he was working in the office and accepted a rest. He also understood that he has to accept death because death is inevitable. This helped counselor SO accept his father's condition to be ready for anything. The therapist helped him overcome emotional and behavioral problems by dealing with major philosophical issues in life, including death, freedom, isolation and meaning.

Robert et al (2003) explains supervision as "a unique professional relationship between a supervisor, supervisee and the clients they serve."¹¹⁸ Competent supervision requires a balance on the supervisor's part between providing professional development opportunities for the supervisee and protecting clients welfare. The supervisor monitors the quality of care the clients receive.¹¹⁹ Supervision is meant "to oversee" or the act of "watching over" the work or tasks of another counselor who may lack full knowledge of the concept at hand or has doubt in that particular work they do. Supervision means to guide in work professionally. The goals of supervision are; promoting supervisees growth and development through teaching, protecting clients' welfare, monitoring supervisee performance and empowering

¹¹⁷ Therapy concerned with helping clients find meaning in their life.

¹¹⁸ Haynes Robert, Gerald Corey and Patrice Moulton, *Clinical Supervision in the Helping professions*, p. 3

¹¹⁹ *Ibid.* p.67

the supervisee to carry out these goals as an independent and professional¹²⁰ counselor. The supervision process is most productive when the supervisory relationship is characterized by an atmosphere of confidentiality, mutual trust and self-disclosure.¹²¹

4.5 Case Five

Counselor B.R went to give psychosocial support to victims of PEV at Eldoret in an IDP camp. One particular evening while BR was on fieldwork, it started raining heavily. A young expectant mother called "Pretty" unexpectedly went into labor. The only hospital was about 15 kilometers away and the road wasn't accessible with the rains heavily pouring. The only tent for the family of nine including Pretty's father was fully occupied. It became dark before the baby was delivered and nobody had a sport-light. BR and her team could only use the car light to see what they were doing. The vehicle available was the only means of transport which the three counselors had used that afternoon to take them round in camps. Pretty had to give birth to her first born son outside the tent but under two umbrellas being held by the counselors. BR had never helped a person in labor but having no alternative, it just came handy that the two counselors were present. One woman offered to be the midwife and it could be seen it was her first time to go through such an experience.

There was a lot of fear, being that they were in darkness and the surrounding area was insecure. It was windy and chilly. At the same time the labor was not an easy one and took so

¹²⁰ Herbert Goldenberg and Irene Goldenberg, *Family Therapy: An overview of Maintaining Ethical Standards*, Cengage Learning Publisher. Delmont, CA/USA. 2002, Chapter Six, p.83.

¹²¹ Beverly Raphael and John P. Wilson. *Psychological Debriefing: (Theory, Practice and Evidence)*. Cambridge, Cambridge University Press, 2000

¹²² Self-disclosure refers to the willingness of the supervisor and the supervisee to be open to and discuss all issues that may arise in the supervisory relationship.

long. As they were helping deliver the baby they could hear gunshots very close to where they were. Not to mention, nobody knew where the infant's clothes would come from. When the baby came, the counselors used their sweaters to wrap the baby. With much difficulty, counselor BR and her team were able to make it back by car to their Hotel where they were being accommodated later on in the night. It had stopped raining but the ground was still muddy. BR stayed in this remote part of Eldoret for ten days, attending to not less than ten clients a day. This experience together with hearing gunshots within her vicinity made BR have nightmares. For several nights after that, counselor BR would at times scream so loudly at night until someone knocks her door at the hotel room to enquire what was happening.

When BR reported back to her work station, she was cynical, feeling fatigued, disoriented, she had concentration problem and mood swings. BR presented lack of motivation or interest in everything, being unprepared and disorganized, lack of personal insight, emotional depletion and helplessness. She shared what she was going through at a debriefing¹²² session where she was taken through diffusion. Diffusion is a term given to the process of "*talking it out*" – taking the fuse out of an emotional bomb (explosive situation). It involves allowing victims the opportunity to ventilate about their disaster related memories, stresses, losses and methods of coping in a safe and supportive atmosphere.¹²³ BR later went to see her personal therapist, to whom she confided in about the scary dreams that she was in labor pains and giving birth, while her enemies were surrounding her waiting to cut her baby into pieces. She was diagnosed with "burnout." Burnout refers to a state of physical, emotional and mental exhaustion caused by prolonged levels of high stress, usually related to excessive workplace

¹²² Debriefing is not psychotherapy nor is it counseling. It aims to minimize the adverse effects of the normal stress response.

¹²³ Ibid

or lifestyle demands and a general imbalance in lifestyle. Burnout is a psychological term for the experience for long-term exhaustion and diminished interest, usually in the context of work. It is the state at which the body cannot take distress anymore and goes on overload. As a result, someone goes into deep level of exhaustion, depression, withdrawal or hostility.¹²⁴

BR's therapist used a person-centered therapy but later on switched to group therapy (Transactional Analysis approach)¹²⁵ since he found out that he had many clients suffering from the same symptoms. In group therapy, clients gain relief from emotional distress by meeting in groups to discuss their feelings. Clients in a group are able to interact with each other and observe others changing within the group. The group therapy provides participants with a range of role models, encouragement from others with similar problems, feedback about their own behavior, assurance that their problems are not unique and the opportunity to try out new behaviors.

Counselor BR reformed back to her normal moods after a few sessions of counseling. No more fatigue and nightmares. She concentrated well and was less hostile to the people around her.

4.6 Case Six

Counselor XY listened to a case whereby a secondary school principal called Joy, aged 52years, got evicted empty handed from her house in the school compound and was forced to go away with her two sons (students in the same high school) to find shelter at an IDP camp nearby for one month. The husband was away in the United States. Most of her belongings

¹²⁴ Ofer Zur, *Taking care of the Caretaker: How to avoid Psychotherapist Burnout*, Zur Institute Publishers, California. 1997, Online: <http://www.zurinstitute.com/burnout.html>, February 1st 2008.

¹²⁵ A form of psychoanalytic group therapy that helps clients change their immature or inappropriate ways of relating to other people.

were looted and some burnt up. All her clothes, books, farm, Nissan matatu and pick up were burnt. To make matters worse, some of the people who did this to her were the parents of the students in her school. Even some of the Committee members in the school took sides to reject her just because she didn't belong to their community. Her situation was a problem of inter-marriage. Her husband was accepted by the community but not herself or her children. She felt like being killed could have been a better option to her. The issue of having been gang raped by boys, same age group to her sons affected her so much. Joy went through a lot of fear, anger at having been raped, guilt, confusion and withdrawal. She was treated in the hospital, given Post Exposure Prophylaxis (PEP)¹²⁶ then counseled by counselor XY.

During the counseling session, they discussed ways of coping with the loss and after rape reactions, after which Joy felt stronger and hopeful to cope, reasoning that at least she was alive and had her sons' safe with her. Her husband was also safely away and she accepted the situation she suddenly found herself in. She made up her mind to try, however difficult, to pick on and continue living positively. Joy's misfortune did not erase itself from counselor XY's mind. The more the counselor thought about it the more she felt devastated. XY developed some stress reactions: feelings of guilt since she belonged to the community which persecuted her client. She had also been raped once as a child but had successfully been counseled. All this started replaying in her mind, having flashbacks of her own rape ordeal and it made her angry. XY also developed some self-defeating behavior of irritability, sleep disturbance, anxiety and startled reactions.

Counselor XY visited her personal therapist for a session and was diagnosed to be having Post Traumatic Stress Disorder. The disorder is marked by a variety of symptoms. Emotional

¹²⁶ Medication which is provided in hospitals within 72 hours to prevent rape victims from contracting HIV virus

symptoms include anxiety, emotional apathy and survivor guilt. Cognitive symptoms include hyper vigilance, difficulty concentrating and flashbacks of the event. Behavioral symptoms include insomnia and social detachment. PTSD is especially common among victims of rape. PTSD symptoms of intrusion, avoidance, and hyper-vigilance combined with burnout symptoms can deplete the counselor in the throes of compassion fatigue¹²⁷. XY was counseled and encouraged not only to learn more about PTSD but also taught on having a support system by developing relationships with people who can be supportive of one in their work, like having debriefing sessions with fellow counselors at work when one suspects burnout or challenging issues.

Sometimes supportive people can be found amongst family members, church staff, professional peers, people who are in similar helping professions, and/or stress of the job, care about you and your personal well-being. People who are socially isolated, perhaps because they are introverted or lack social skills, are at increased risk for illness¹²⁸. People with social support are less likely to suffer illness. Social support helps by reducing the effects of stressful life events. She was also encouraged to nurture her spirituality; this means taking time to study, pray and meditate on the scripture. One cannot provide spiritual care for others if they do not spiritually care for themselves. The gospels provide us with many examples of Jesus going off by Himself and spending time in prayer.¹²⁹ Counselor XY was encouraged by her therapist to anticipate difficult times to come and to plan well. The

¹²⁷ Lester Sdorow. M. *Psychology*, p.649.

¹²⁸ Cohen, Sheldon & Williamson G. *Journal of Applied Psychology: Psychology Debriefing*, Ohio State University, 1991

¹²⁹ Heitzmann, C.A, & Kaplan, Robert Malcolm Cur, *American Journal of Community Psychology*, Volume 24, No. 3, 1988

counselor was told to cry if she felt like it because it is always good and healthy to release tension within which builds up as a result of stress. The counseling sessions helped counselor XY and she was able to continue counseling clients with a lot of ease.

4.7 Case Seven

Counselor HP could not forget the circumstances which led to a single mother of three called Sue who had lost her husband a month ago to PEV, being raped in front of her children (two boys and a daughter). The perpetrators forced the children to watch. The family had not recovered from the death trauma when this happened. Two of the men who raped Sue went ahead and also raped her eleven year old daughter. Sue knew her HIV status as reactive and was already on medication for it. The days which followed the rape ordeal were a nightmare to the family, as they couldn't even reach the hospital in time to be given PEP. They managed to reach the hospital five days later and were treated and counseled.

The whole family had to be counseled separately as they were all dealing with their own different challenges. Sue's daughter was depressed and had suicidal tendencies. Sue's youngest seven year old son, Tom could not look at either the mother or sister in the eyes. He felt ashamed, was continuously crying and fidgety. Mike, who was nine years old, felt guilty and kept on blaming himself that he had failed to protect the family since he was the eldest man in the family after his dad died. He kept on cursing and hitting objects on the floor or wall as he was being counseled. That was a sign of aggressiveness. When given a chance to talk, the counselor realized he was talking while grieving for his late father instead of talking about the sad experience of PEV. Family counseling became draining to the counselor and he

required for assistance. Counselor HP was so much affected in his empathy; he viewed men as animals and wished he could have been there in time to help that family.

After about a month, Counselor HP started having some stress reactions which included nausea, distressing dreams, difficulty concentrating, feeling isolated, anxiety and fear of losing control. HP visited his personal therapist and was diagnosed with PTSD. He went through a number of counseling sessions where he dealt with issues of the re-experiencing of traumatic events, avoiding reminders of the traumatic events and how daily hassles in life can bring health problems. His therapist counseled him using a person-centered therapy and he was able to move forward in a constructive direction to successfully encounter obstacles within himself that were blocking his growth. HP was then able to go back to work effectively.

Counselors' constant surrendering to that "deeper than empathy" level can exhaust them and lead to compassion fatigue.¹³⁰ Therefore trauma counselors should always make a conscious decision to protect themselves if they are to survive working in the field, retain their effectiveness with clients, and live a fulfilling personal life.

4.8 Case Eight

Counselor CF couldn't believe what he was hearing from a young intelligent lady doctor of 27years, Dr. Blessing who walked in for counseling services about two months after PEV when things had cooled down. This doctor had hidden a fellow lady doctor (Doctor Hope) also 27years but from a different community for one month in her house. The community

¹³⁰ Corey Gerald, *Theory and Practice of Counseling & Psychotherapy*, 4th Edition. Brookes/Cole Publishing Co., California, 1991.

Hope had worked for over two years had disowned her and vowed to kill her, just because her community had rigged elections of 2007. She was to be punished for a crime she never committed. They never cared whether she had been professionally saving their lives as a doctor or not. The day Hope was being transported from her place of work to Doctor Blessing's place of work; a distance of approximately 15 kilometers away, the only available and safest means was an Ambulance. The hospital administration had to create blackout in the hospital in order for her to leave the room where she had been previously hidden for three days. When she reached doctor Blessings place, the same trick had to be used; blackout. We all know what that means in a hospital. It means a matter of life and death but all that mattered was Dr. Hope's safety.

The next one month was trauma to Blessing. She had a two-bedroomed house within the hospital compound. Blessing cooked and fed her, washed clothes for her, but all the while talking in signs or whisper. The people who went to kill Hope burnt her house on missing her. The community looked for her all over the area to no avail and finally started suspecting Blessing. They therefore planted people to act as spies around her house taking turns to watch for any wrong move which could betray Blessing. The worst thing was that part of her fellow staff in the hospital had taken sides and was vying for her punishment in case she hid a person like Hope. She rarely put on lights at night in case someone noticed two shadows through the curtain. People used to ask to be invited as guests in her house but she would politely turn down the offer. Worse times for her was when Hope became unwell, (suffering from Malaria, loneliness, fear and lack of sunlight) for one month. She had to take medicine from the hospital and personally treat her.

One day at lunch time, a pastor walked into her house without knocking at the door, pretending he wanted to invite her to the community church but the truth was that he had been sent to spy. Blessings had just set two plates on the table for her and Hope and forgot to lock the door. She managed to remove one plate just in time and sit on it as the man was busy looking around the room instead of the table. He stayed for about 30 minutes just standing by the door and talking matters which didn't concern her and she sat on the plate that long too, munching her lunch slowly. All this time she was praying Hope does not cough or drop anything by mistake. As for Hope, she was marveling at this God-given angel who accepted to accommodate her, a stranger at such a time. Hope was at the same time feeling the suffering of her friend whose life was being threatened for her sake. The work was too much in the hospital, Blessing was working tirelessly almost twenty hours around the clock and yet the community was rejecting Dr. Hope, a professional doctor who could also be helping to save people's lives. Blessing was overwhelmed and angry but she gracefully and professionally attended to many patients with gunshot wounds and those butchered in areas where PEV was critical. She did countless of emergency operations in order to save lives, not considering which community the patients belonged to. According to Blessing, ethically having been sworn in as a doctor, she continued dutifully helping treat the sick, no matter where clients came from, That was her duty, although she felt overworked, tired and mistreated. Hope on the other hand felt helpless and frightened with her life at risk.

The two young doctors bonded and vowed that if anyone broke into the house out of curiosity, they would both ask to be spared or killed together. Her landline phone was tapped and she couldn't use it. Meanwhile, Hope's parents were concerned. They knew she was in trouble but couldn't come over to help her. They tried using the police and high profile

people to locate their daughter's whereabouts. Twice they called wanting to come and rescue her but Blessings could not give in to accept that she knew where Hope was because her landline phone was tapped. Blessing could not even be sure whether the police calling were in fact people trying to set to catch her off guard or they were being genuine. Finally some two policemen posed in plain clothes as patients hurt to be treated by Dr. Blessing and that's how they arranged Hope's successful escape. The vehicle which came to pick Blessings belongings had a big empty carton which carried Hope to a safe destination to her parents.

By the time Blessings came for counseling two months later, she was in a bad state. She had signs of burnout and was hyper-vigilant. She was experiencing hallucinations at times (hearing gun shots in the background, people screaming or seeing pangas). She was having flashbacks of seeing bodies of people killed, people running with machetes towards her and she would scream. She was paranoid, trusted no one and was withdrawn. She just wanted to stay locked into a room alone the whole day. Blessing was suffering from acute trauma, burnout and PTSD. She was counseled by counselor CF, who used the person-centered approach in his counseling method. This approach is based on a humanistic concept which believes that people are trustworthy and have the potential of understanding themselves and resolving their own problems and with little help from the therapist, they can self-direct their growth. Although CF was a professional counselor, he was also affected by Compassion fatigue and later ended up visiting his personal therapist for help. He was advised to take a break from work and rest. CF's family was affected during PEV period so he was also battling with a lot of emotional turmoil. His parent's house had been burnt down and this forced the parents to live within an IDP camp. He was torn between helping his parents out at the camp and his work as a counselor, helping out victims of PEV.

Such counselors trying to come to terms with their personal problems as well as attending to victims of PEV at the same time are most likely to develop compassion fatigue and eventually full-blown burnout. A combination of stressful situations at work and at home leaves them with no safe haven¹³¹. Therefore CF the counselor, as a victim of PEV got help too from his therapist.

4.9 Conclusion

Personal therapists, psychologists, and counselors should take note that by encouraging those who have suffered loss, talking about their painful experiences is not the route to recovery. Since different therapists have different approaches in counseling to recovery, the professional therapists must be careful because they are dealing with clients (counselors) who at times are in shock after listening to the sad stories. Some clients simply need to be given reassurance that they shall be fine and a calm environment and time to recoup. The last thing they might need is ineffective and possibly harmful attempts to prompt them to relive their horrific experiences repeatedly to the therapists. In Supervision, the supervisor and personal therapist requires many of the same healing skills used in counseling (empathy, respect, active listening, and challenging) but has a different focus than therapy.

¹³¹ Laura Davis, *The Courage to Heal Workbook*: . p.12

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CHAPTER FIVE

CONCLUSION

This study set out to analyze the counselors as victims of Post Election Violence. The study was informed by the fact that trauma counselors make conscious decisions to protect themselves if they are to survive working in the field, retain their effectiveness with clients, and live a fulfilling personal life. However, work situations are overwhelming so the need for debriefing, supervision and being attended to by personal therapists is very important¹³². The experiences of PEV were such type of experiences that needed careful attendance. Indeed counselors work in a danger zone where counter transference, compassion fatigue, and burnout can, if ignored, grow from a tiny acorn into a full-size oak¹³³.

This study has observed that psychological effects of trauma on counselors is normal and likely to occur once in a while and cannot be avoided, but at least something can be done about it. Trauma counselors, just like any other person need support from the professional Supervisors and Personal therapists in order to gain back their self esteem, confidence, and assertiveness to be optimistic once more. We observed that gained back energy made the counselors continue helping others psychosocially. They felt relaxed and organized. Our central argument in study was that trauma counselors who counseled victims of Post Election Violence became the victims themselves and had to be counseled in order to continue counseling.

The study set out on three hypotheses: first, that counselors face challenges during and after

¹³² Robert Haynes, Gerald Corey and Patrice Moulton, *Clinical Supervision in the Helping professions*, Pp. 63-64

¹³³ Davis Laura, *The Courage to Heal*, p.66

handling cases of traumatized clients. Second, those counselors need facilities that would attend to their emotional states in order to provide them with psychological support. Third, those counselors may fail to cope with emotional overload of information they address while psychosocially supporting victims of PEV.

5.1 The study found out that:

- Emergency workers and crisis counselors are often affected after counseling certain cases. They should recognize the warning signs and be flexible to visit their personal therapists to be helped on how to cope with vicarious trauma.
- Even though research has shown that burnout results from counseling too many clients especially victims of violence, the individual/counselor is responsible for his/her own survival. Accepting this responsibility is a step toward going for counseling and therefore preventing burnout from ruining one's career and damaging one's personal life.
- Traumatic experiences can produce emotional, cognitive and physical repercussions. Trauma can affect anyone at any age. The effects can be mild or severe, creating extreme psychological issues to the counselor.
- Any symptoms of trauma should be taken seriously by the counselor. In some cases however, the effects of trauma can manifest months or years after the event, in other words, at times it can be difficult to recognize symptoms of trauma.

5.2 Recommendations of the study

Counselors should rate themselves on how they experience compassion fatigue¹³⁴ and burnout, what it would take to alleviate them, how their values mesh with their organizations of work, and if they can seek supervision or personal therapy on a regular basis especially when they attend to trauma related cases. This can make them to be more efficient and competent to achieve their goal at work.

5.3 Proposed area for further Research

This study conceded that no two people are the same when it comes to how trauma affects ~~are~~. In spite of having professional counselors who can help victims with psychosocial support, derived variables associated with the extent of trauma that can affect counselors through counseling. This study therefore requires further research. The reason why this is necessary is because nobody knows how much therapy sessions are enough for a client who is affected and this remains unanswered.

¹³⁴ Charles R. Figley, *Treating Compassion fatigue.*: Brunner-Routledge Printers. New York, USA. 2002

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