Sophiatown Community Psychological Services

Finding agency in a landscape of struggle

A case study prepared for
African Institute for Integrated Responses to Violence Against Women and HIV/AIDS (AIR)

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Acknowledgements

All the photographs used in this report were taken by staff as part of a project to document our work for this AIR report.

Thank you to all of the staff at Sophiatown Community Psychological Services for sharing your work and its achievements and challenges so openly.

Report researched and compiled by Glynis Clacherty.

Dear reader,

We are a community-based psychological service working from Johannesburg in South Africa. We work in two areas, with communities who were forcibly removed during Apartheid and now live in the west of Johannesburg (we call this part of our work Sophiatown West) and with forced migrants from African countries torn apart by war and economic instability who now live in the east of Johannesburg (Sophiatown East).

This is the story of some of our work to support women and girls affected by gender violence and HIV and AIDS in these two communities, east and west of Johannesburg. The story begins with a section that looks at how gender violence and HIV and AIDS affect the communities we work with. In this section we describe the area where we work, who we work with and why these communities need our services.

The story continues with a description of how we respond to the needs of women and girls in the community. We describe a number of examples of our creative counselling approach. Each one is told in a slightly different way. Some are written and others are told through a photo, audio or digital story. You will find an accompanying CD with the audio and digital stories. One of the stories is about how we support our staff in the difficult and emotionally draining work that we do.

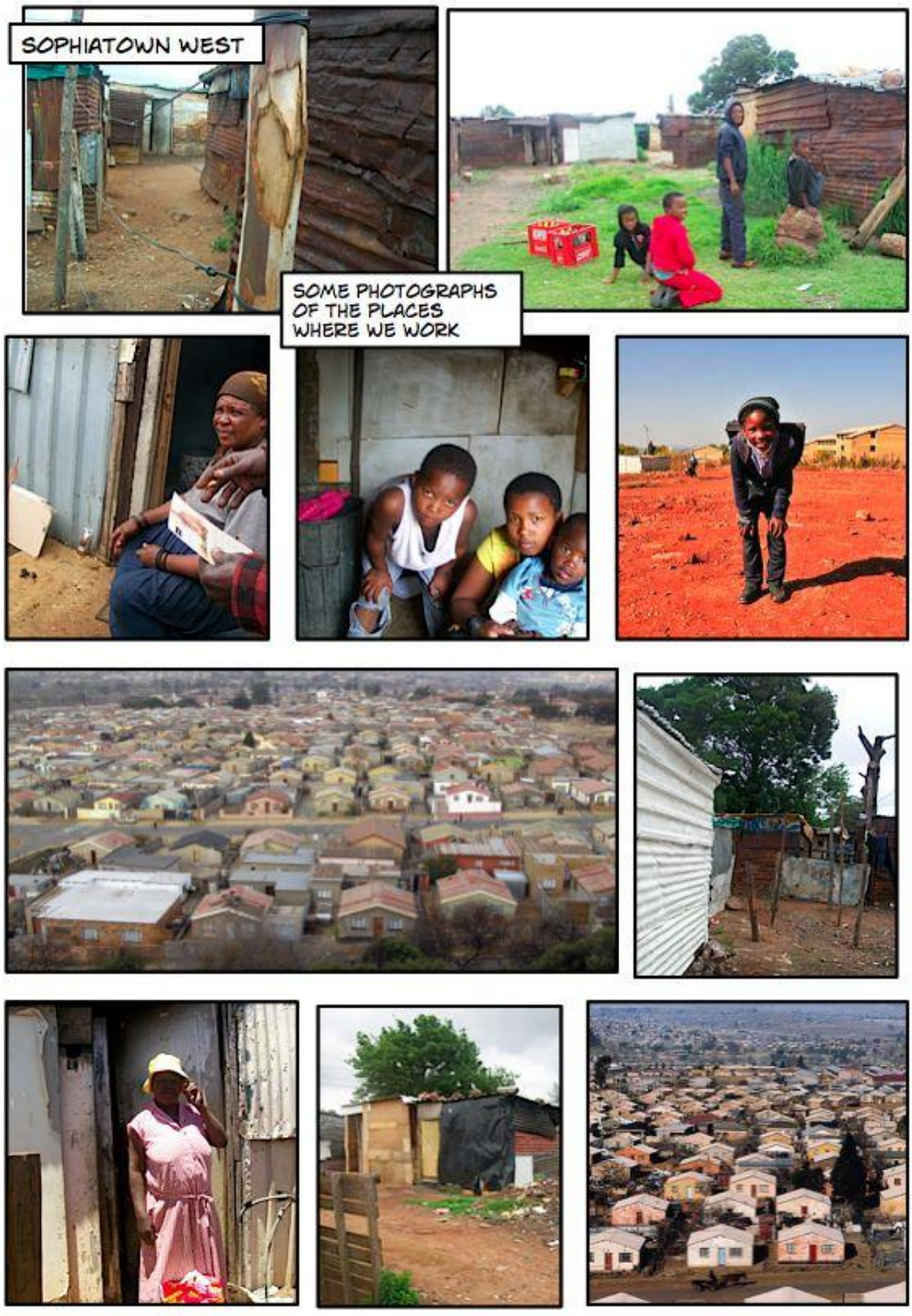
In the final part of the story we outline the principles that inform our work; what we have learned are the important things to keep in mind when doing community-based psychological work in the context of violence against women and HIV and AIDS.

Our hope is that what we have learned by listening and responding to those we work alongside will help you too to do your own work in your own communities.

In solidarity with those who are largely forgotten – because they are poor, because they are HIV-positive, because they are women, because they are too young or too old, because of rape and gender violence, because of systemic neglect and abuse, because, because, because …

The Sophiatown team

Where do we work, who do we work with and why?



A story from Sophiatown West

"We have a new client that we met just this week, her name is Maria. She has three children and she stays in Zamimpilo, an informal settlement in the west. She told us she used to stay with her husband who was originally from Zimbabwe and she had three children from him. He used to beat her and they

used to fight in front of the children but she stayed because she had no other way of getting money for herself and the children, she said.

And then he decided to just up and leave and go back to Zimbabwe and now she is left with the children and she is struggling. She is HIV-positive, she has a daughter who is 17 who has a child. The daughter's child was in hospital in December for kwashiorkor, the daughter does not care about the child so the mother has to look after the child. She is unemployed and has no income and she has a 15 year old who has dropped out of school and a 7 year old who is hardly ever in school. They used to get food from a soup kitchen run by another organisation every day. But now they say they are not running the soup kitchen but giving food parcels once every three months.

She has TB and she stopped taking her TB medication. She is not on ARVs as yet. We encouraged her to go back to the clinic, go and take her tests but she said the nurses used to shout at her. The baby used to get formula from the clinic but the other day when she went there they gave her a letter to go to Bosmont clinic at Bosmont clinic they told her she should buy fresh cow's milk for the child. But the child is still very weak and where will she keep the milk?

I went there to visit this Thursday and oh, she is so depressed. I have never felt hunger like that, or poverty like that. There were dirty dishes there and she said, this child threw the dirty water away and I needed it to wash the dishes but now there is no soap to wash the dishes. The other child's school shirt was there just in water, just washing in water – no soap. And she is just sitting there. The three children where just sitting around her, "Mum please do something!" And mum is just in a pit! She is sooo depressed. I really don't know what is going to happen there.

She had a letter from the hospital that she can get a food parcel. We read the letter to her and explained but she didn't go to get the food. We told her about a place at Sparrow where they can get food and clothing and she never went. We told her about another office where she can get food parcels, she never went. She is just so depressed.

She is also so angry with her children. She is shouting and wanting to beat them. That is her anger with everybody. So it is as if the poverty causes the depression and the depression causes the poverty. But we will just keep visiting and encouraging her. We just keep on and persevere. We spoke to Mpumi and Johanna about what to do and they said we must go with some infant formula. We will just give enough for each week and keep visiting and listening and talking." (Valerie van Wyk, community worker Sophiatown, West)

A story from Sophiatown East

"Gertrude is from the Democratic Republic of Congo. She was married to a soldier who went away to fight. Gertrude stayed with her two children with her in-laws. After some time of not hearing from her husband, the in-laws ceaseless abuse and constant calls to 'go and find our brother' prompted her to take her boys (aged 10 and 12) and go east to the conflict area to find her husband. While there she was brutally attacked and raped, losing her front teeth. She was also separated from her two children who were taken in by a

Roman Catholic priest. She made her way to a refugee camp in Zambia where she spent time tracing her children. The children were returned to her but life in the refugee camp in Zambia was harsh so she made plans to come to South Africa where she thought life would be easier. She left Zambia with her youngest son, expecting to be able to bring the elder boy to South Africa once she was settled.

Soon after her arrival in South Africa she came to the Sophiatown East Centre for help. She was deeply depressed, racked with guilt at having left her eldest son in Zambia, worried that she was HIV-positive from the rape and almost beside herself with worry about the lack of food and money for rent for her and her son. She was plagued by terrible headaches, which completely disabled her for days on end." (Constance Ilunga, volunteer counsellor, Sophiatown East)

Fact Box 1: What the research[1] says about violence against women and HIV/AIDS in South Africa

Similar to many countries in sub-Sahara Africa, South Africa faces high levels of both gender-based violence and negative reproductive health outcomes. The occurrence of rape is particularly high and South Africa is rated among countries with highest reported rape cases in the world (Kim J, 2000). The 240 incidents of rape and attempted rape per 100,000 women each year reported to the police "represents the tip of an iceberg of se`ual coercion (Jewkes R et al, 2002)." Gender-based violence in South Africa takes place within the context of general high levels of violence both in the public and private domains. Media reports consistently suggest that South Africa ranks among the most violent countries in the world. The issue of sexual violence and violence against women in general is currently gaining considerable political importance and visibility.

Studies have come up with varying proportions of reported experience of different forms of gender-based violence in South Africa. The 1998 South Africa Demographic and Health Survey (SADHS 1998) indicated that in the past 12 months, 19.2 percent of currently married women interviewed reported economic abuse defined as spouse/partners who have some resources regularly failing to provide money for food, rent or bills while having money for other things. During the same period, 6.3 percent had experienced physical assault by current or ex-partner and 3.7 percent by a non-partner in the last 12 months. Seven percent of women reported they have ever been forced or persuaded to have sex against their will by their current or ex-partner and 4.4 percent experienced rape[2]. Further, a comparison of different age cohorts suggests a steady increase in the proportion of women reporting having been raped before the age of 15 years. Women aged 15-19 years were almost twice as likely to report having been raped than those aged 20-24 years.

A provincially representative population-based survey of gender-based violence in three South African provinces (Jewkes R et al, 2001) found higher prevalence of physical abuse by an intimate partner in the past 12 months compared to the SADHS. Self-reported prevalence of physical violence by sexual partner was 10.9 percent in Eastern Cape, 11.9 percent in Mpumalanga and 4.5 percent in Northern (Limpopo) Province. A study among antenatal care clients accessing voluntary counseling and testing (VCT) for HIV in Soweto (Dunkle K et al 2003) revealed even higher reported prevalence of different forms of gender-based violence; 30.1 percent of participants reported being physically (25.5%) or sexually (9.7%) assaulted by a male partner in the last 12 months. Another 22.5 percent reported psychological (emotional and/or financial abuse) only.

1 A summary of research extracted from: Population Council, Hope Worldwide, Engender Health (2007) Testing the Effectiveness of the Men as Partners Program (MAP) in Soweto, South Africa.

[2] A follow-up validation study indicates significant under-reporting of both physical and sexual violence (SADHS 1998:94)

In a study of men in Cape Town, 69 percent reported having used some emotional tactic against their sexual partner, and 15 percent said they tried to rape or actually raped a wife or girlfriend during the previous 10 years. The baseline survey results from the on-going Stepping Stones intervention trial in Umtata in the Eastern Cape reveal that in the past 12 months, 41 percent of young men aged between 16 and 30 years[3] reported that they had inflicted physical violence on their intimate partners. Attitudes in support of different forms of GBV are high both among men and women in South Africa. In a study based in Johannesburg, 40 percent of men interviewed held the attitude that it is okay for a man to punish his wife through some form of physical or psychological abuse (CIET). In the same study, 27 percent of female youth expressed the attitude that "forcing sex with someone you know is never sexual violence".

Both STIs and HIV are major problems in South Africa with a reported annual incidence of 11 percent or 4-5 million new STI cases annually, among adults and a national HIV prevalence of 15.6 percent among persons aged 15-49 years and 5.6 percent among children aged 2-14 years (Mandela N 2002) in 2001. The Nelson Mandela/HSRC study of HIV indicates a prevalence of 17.7 percent among women, while the Department of Health 2002 antenatal survey indicates a national prevalence of 26.5 percent among antenatal mothers with KwaZulu-Natal province having a high of 36.5 percent.

In 2011, the Sophiatown west service saw over 365 clients for counseling, in group or individual sessions. Of these 92% were South Africans living in the west of Johannesburg. Most of the clients were women (73%) with children and adolescents making up 30% of the clients. Most of the clients are affected by HIV and AIDS in some way and many by comestic or community violence. Staff at the Sophiatown west service support clients who are HIV-positive, bereaved grandmothers who look after orphan children, orphan children who have lost parents and often brothers and sisters to HIV and AIDS, girls and adolescents who have survived violence and adolescents who are at risk.

Fact Box 2: What the research[4] says about migrant women in Johannesburg, South Africa

It is estimated that 6.7% of Johannesburg's total population are cross-border migrants (UNOCHA and FMSP 2009). While rigorous data on the number and location of cross-border migrant populations within urban areas is scarce, a 2002 survey found that almost a quarter of Johannesburg's inner-city residents were born outside South Africa (Leggett, 2003). More recent survey data suggests that in certain inner-city neighbourhoods, over half of the residents are non-nationals (Landau 2006). These findings show that cross-border migrants are concentrated in particular spaces in the city, entering and residing within particular urban areas that are mostly located within the dense central-city. Cross- border migrants enter into an unequal urban environment: South African cities are the most unequal in the world, with an average Gini coefficient of 0.73; Johannesburg (with East London) is shown to have the highest Gini coefficient, of 0.75 (UN-HABITAT 2008). This makes Johannesburg one of the most unequal cities globally.

Unlike other countries in the region, no refugee camps exist in South Africa and many refugees and asylum seekers find themselves in complex urban environments such as Johannesburg. The South African Constitution and the Refugee Act afford forced migrants a range of rights, including those to protect their health and psychosocial well-being, but these rights are often not upheld. Refugees and asylum seekers within South African cities are expected to become self-sufficient by earning a living and integrating within the host community.

Some forced migrants have experienced traumatic events – in their country of origin, during their migration journey, or in the country/city of destination. Gender violence as an act of war

3 Results from baseline data analysis were communicated verbally by the principal investigator, Rachel Jewkes.

4 Centre for the Study of Violence and Reconciliation. (2011) Exploring the Psychosocial & Health Rights of Forced Migrants in Johannesburg. CSVR and African centre for Migration and Society, Wits University: Johannesburg.

is a common experience amongst women arriving from the DRC. Over the last four years, the Consortium for Refugees and Migrants in South Africa (CoRMSA) has provided evidence-based updates on the challenges faced by migrants.

Our research findings support existing evidence that mental ill-health is strongly associated with poverty and the social deprivation associated with poverty (Nunez 2009; Burns 2011). The context of urban inequality that is associated with Johannesburg clearly affects residents – both South African and forced migrants. As a result, some "daily stressors" are found to be experienced by South African citizens, whilst others are unique to urban forced migrants. In addition to challenges in accessing healthcare, our research findings indicate that urban forced migrants experience specific "daily stressors" – associated with being a forced migrant – including problematic access to documentation, basic services, shelter, and livelihood opportunities and xenophobia. The biggest issue for women is a lack of economic possibilities, forcing many women to sell as illegal hawkers on the street and face the often violent Metro Police who confiscate their goods. Many of the women have children to support, often without the help of a male partner. Unscrupulous landlords and middle men demand high rents for inadequate shelter, forcing many families to live in a single room in a house or apartment with their whole family. The constant struggle to find rent at the end of the month, the need to get children into schools and provide school needs such as uniforms and the difficulty in accessing public health care are just a few of the issues migrant women face in Johannesburg. Most live within a small social circle consisting of distant relatives or acquaintances from their country of origin and many are locked into these under-resourced networks by their inability to speak English or a local South African language. Lack of documentation and the anxiety of being transitory and "illegal" is another, sometimes overwhelming, challenge.

These "daily stressors" (Miller and Rasmussen 2010) negatively affect their emotional wellbeing, adding to any pre-existing trauma or emotional distress; stressors may become additional or secondary traumatic experiences. Findings indicate that the negative impact of "daily stressors" on emotional wellbeing presents a barrier to improvement in mental health conditions associated with pre-existing trauma.

In 2011 the Sophiatown east service worked with 360 clients. Of these 149 were South Africans and 158 from DRC and Burundi, 23 from Zimbabwe and another 30 form various African countries. Children and adolescents make up almost half of the clients seen (46%) and 70% are women. Most clients present issues related to material need, displacement and separation from significant others, family problems, emotional and behavioural difficulties in children, exposure to trauma and gender violence and bereavement.

How do we respond to the needs around us – creative 'counselling' within a landscape of struggle?

1. Individual and group counselling

One of our basic approaches is individual counselling – clients are assigned a counsellor who sees them regularly for a counselling session once a week for as long as they client needs it. Mpumi Zondi (our training manager) describes the approach to individual and group counselling used at the centre.

"I think of our client's stories as stories of interruption. People come to counselling when something interrupts the flow of their life – and they come to us for support because of this interruption – so they are not people who cannot think. They still have to be given the respect and choices – we cannot take over. The client is a whole human being who happens to have an interruption and who comes to us because they need to tell their story so it can be contained not through us taking over. Our job is to help them by getting them to think back and reconnect with their past where they were able to make things happen and to use those strategies again.

When we do counselling we enter someone's house and we ask for permission to come in and we ask them to lead us around because it is ***their*** *house. So, maybe we go with them and we pass a bedroom but this time they do not want to enter as it is too hard for them so we wait until they invite us in to that room. So we don't push in.*

This approach is the opposite of a 'hit and run' approach to counselling – a quick six week trauma debriefing. It is a slow process of walking behind people as they lead us around their house. When they are ready to go into a room we follow to listen to what is inside that room. It is a long-term process. Sometimes we see a client in individual counselling for many months.

The other really important thing is that we keep a balance between us and the people. We are not experts but there are areas where we will know two or three things that may help them. For example, I know how a grant is applied for – so I won't take over – but I can share some information. We also do understand certain things about human dynamics that we can share with people. So as they lead us around their house we share some of the things we know." (Mpumi Zondi, training manager)

An example of the 'lead me around your house' approach to group counselling: the Thandanani Grandmother's Group

The approach that Mpumi describes is used in individual and group counselling work. This is a description written by Glynis Clacherty (who is a researcher who helps us with evaluation and documentation work) of a meeting she attended. The Thandanani Grandmother's group meets once a month to support grandmothers who are looking after orphan children. Glynis describes the introductory activities in the group as this shows you how we use play and fun and body work in our work with women. But what we really want you to notice is how Claire Sangweni (the counsellor and group facilitator) is allowing the group members to lead her into their 'house', she is not pushing in, she just listens and then if she thinks she can she shares some information with them. Notice too how she allows the other group members to share some of what they know; there is equality between the clients and the counsellor.

"I am late for the group meeting and when I slip in through the door I am greeted by a group of puffing grandmothers who are touching their toes and wiggling their hips with much laughter. I join in. Claire, the facilitator leads us in some leg lifts. Sinki lifts her legs higher than anyone to much banter and teasing. We then play a vigorous game of Simon Says. Wiping the sweat off of our faces we sit down in a circle and new members introduce themselves. Mam Maria introduces herself, matter-of factly relating her situation. 'I am from Orlando in Soweto and I have my late sister's grandchildren. The parents were HIV-positive and passed away. They are two boys, 11 and 12. I have quite a few problems with the boys and I heard about this group form a previous group member so I came here.' Claire leans forward in her seat, listening closely as Mam Maria speaks, every now and then she asks a clarifying question, Valerie records what is being said in the process note-book. The rest of the group listen intently too as the other new member Zanele speaks.

'Lizzy from the previous group sent me here. She saw my situation and told me about the group. My son's girlfriend died of HIV and left a 7 month-old baby. My son is also very sick, he is HIV-positive. My daughter passed away and left another child. At the moment I do not know if he is HIV-positive. The doctors say if he gets sick they will test him.'

Another new member, Thandi begins to speak as Zanele pauses, as if she has to tell her story soon or she will lose courage. 'My daughter died and left two children. She hid her HIV status from me. She died without telling me she was HIV. The children's father passed away before the mother. Also HIV. The children got rebellious and naughty so my neighbour here (she pats the woman sitting next to her in the circle) brought me to the group to get support.' Claire asks if she wants to say anything else and she sighs deeply and says, 'I still think about my daughter a lot.'

'That will happen for a long time, because she was your child,' Claire says gently, the other members of the group agree, nodding their heads and murmuring supportive words. Then everyone in the circle shares something about the week past.

'I was angry with my grand child because he cries and says it is hard to live without a mother. He is fighting with his brother and I left them to fight and he got angry because I did not respond. I have to love them as I feel I am their mother, but it is hard.'

Everyone agrees, Edith, acts out for the group how her grandson is so angry sometimes he stamps his feet, the group laughs in recognition. Claire talks about how children respond to grief and that the anger is part of his grief, 'Give them a hug,' she says.

One of the grandmothers has a small child with her, as the group members share, she goes out of the room and collects some small toys from the play therapy room for him to play with, he sits on the floor next to her.

Claire then asks them to share the storms and sunshine of the week past. Claire gives small pieces of information as they speak if she thinks it is needed. The grandmothers give each other support too. Claire is very much one of the group rather than an expert. Zanele, takes down Sinki's address so she can get advice from a friend who is a paralegal for her. Sinki's grandson is trying to push her and her younger grandson out of his father's house so he can sell it. The discussion is communal, with everyone agreeing, 'aaah, that is true!' 'eeh!, Mam Joyce' or laughing as others speak.

Thandi talks quite a lot today, as if she is able to speak out about her problems for the first time. The rest of the group listen empathetically and patiently as if they know she needs the space to speak. Joyce then acts out how her grandchildren fight, with the voices and gestures, everyone laughs then gives advice about what they do when the children fight. I am reminded of communal storytelling as everyone shares their experiences. The process is completely familiar and safe for the older women as it is part of their own tradition.

'I never had a problem this past week. The only problem is that the child is not well. She is eleven and HIV-positive. I took her to the doctor yesterday. She is on treatment but she is struggling with it.' Claire suggests that she goes to see Sis Mary at the Dobsonville clinic as she is very knowledgeable about children and treatment.

'I don't have any problem, it is only the noise – come Monday they must go back to school. In the holidays it is bread, bread bread!' The group agrees and begins to talk about the difficulty of feeding the children.

Claire brings in two soccer balls and we all play a mad ball game, flinging the ball across the room at each other. The group plays with power, expressing their anger and frustration through the ball. Mam Zanele flings the ball across the room and there is much jumping to reach the ball. They tease me, saying I never played netball at school like them as I am timid with the ball. All the while we play Mam Sinki cackles like a hyena as she jumps for the ball. The atmosphere has been lifted. We then eat a simple lunch together and chat." (Glynis)

Johanna Kistner, the centre director and a clinical psychologist describes one of the most important principles behind the work done at Sophiatown Community Psychological Services.

> *Usually if a person doesn't move then psychologists refer them elsewhere but with us what is important is continuity of presence, whether they use it or not whether they are moving or not. Even if they say the same thing over and over (and many clients do) then you continue listening. A lot of the suffering is unsolveable but we stay anyway. (Johanna Kistner, director)*

The box below, which is an extract from an address given by Johanna in 2007 at a World AIDS Day event, explains the concept of “landscapes of suffering” a concept central to the present work at our centre.

My ‘dis-ease’ with the concepts of trauma and post-traumatic stress has not prevented me from using them when these seemed useful in understanding the emotional processes of clients who have gone through certain experiences. However, it has also led me beyond the trauma counselling model confined to the one-one relationship within the 50 minute hour. Through years and years of working with people from impoverished, disadvantaged and oppressed communities, I have learnt to enter what my friend, Richard Bischoff, calls “landscapes of suffering”, have learnt to journey with people through these landscapes, and have to some extent maybe become part of at least some of these landscapes myself.

Richard Bischoff’s idea of “landscapes of suffering” for me captures an understanding of human experience, which the terms “trauma” and post-traumatic stress” fail to encapsulate. Trauma usually implies a single event or a series of discrete events) which according to the judgment of observers “should never have happened”. Traumatic stress reactions therefore are responses of the individual to events that should never have happened. Richard places this kind of understanding of suffering within the parameters of Western culture, which ultimately aspires to the ideal of a life free of suffering in any form, a culture in which “bad things do not happen to good people”, and if and when they do they produce clearly identifiable responses in individuals, which can ideally be “therapised” away, allowing the individual to return to a state of well-being, which it is presumed, existed before the traumatic event.

The problem with this kind of understanding is twofold. Firstly it is tends to deny the real economic and social injustices which give rise to much of the suffering that takes place in the world. Dealing with trauma is the responsibility of the individual client, supported by the expert who knows how to make uncomfortable feelings go away. Secondly, this understanding assumes that there are experts out there who can objectively define what kind of event constitutes trauma, and what kind of event may be simply considered a normal developmental experience. The fact that phrases such as “I am so traumatized” referring to anything from being stuck in traffic on the highway to a violent attack, have become part of everyday language, suggests that judgments as to what constitutes trauma and traumatic reactions are in fact highly subjective.

The fact is that suffering in most parts of the world is not caused by discreet negative events, but by global social and economic policies which protect the interests of a few and cause immeasurable suffering in the form of poverty, war, displacement, disease, and exploitation to the many.

In the communities in which I work, suffering cannot be dissected into clearly identifiable events which cause clearly identifiable symptoms, which in turn can be “cured” through clearly identifiable means. In these communities poverty, disease, abuse, war, violence, displacement etc permeate every aspect of existence, from birth to death. The effects of one cannot be separated from the other and when one enters these realities within the context of healing, one does indeed enter “landscapes of suffering”.

Unless we acknowledge the totality of the landscape of suffering, we are at risk of offering services which are at best piece meal and at worst completely divorced from

the social and cultural realities of the communities most affected by HIV. In one of the communities I work in orphaned children living with extended families as well as infected adults with their own children, are provided with a plate of cooked food every day by a local project. The children who are not orphaned, or the adult brothers and sisters who are not HIV-positive, but live in the same household do not get the plate of food. Nobody in the project seems to ask whether or not the caregiver is actually able to cook the food herself, thereby taking responsibility for the care of her household. The end result is the division of the household into the deserving poor and the undeserving poor, the generation of intense conflict in the family, and the complete dis-empowerment of primary care givers and providers.

Perhaps it is grief that we as doctors, therapists, healers and helpers are the most afraid to engage with, and maybe this is why we need to dissect suffering into parts, that we feel we can contain and manage without getting affected ourselves. Our therapeutic paradigms tend to shy away from the intense rage and despair that comes with the expression of grief. We feel safer when we can diagnose the psychological reactions into manageable bites and treat them with pills or clearly defined therapeutic techniques. If our own world view is based on the premise that bad things do not happen to good people, and if they do they are isolated ripples in an otherwise undisturbed landscape, we cannot afford to engage with the realities of multiple bereavement within the context of poverty, violence, crime, abuse and disease. And if we are able and willing to step out of our own frames of reference, to move into the landscapes of others, to walk with them and become part of their landscape, we need to learn to bear the unbearable, to listen to that which no one wants to hear, and to put into words that which seems unspeakable.

I would like to end this presentation with the appeal to integrate our current understanding of trauma into the landscapes of suffering that make up the experiences of the majority of the people of our country. If we are to enter these landscapes we need to not only acknowledge only the social, political and economic forces that cause so much distress on an individual, familial and community level, but also to open ourselves to the totality of the psychological, emotional and spiritual responses and resources of the people we claim to serve - and walk with them where maybe even angels fear to tread. (Kistner, 2007)
Extract from a presentation given by Johanna Kistner on World Trauma Day, October 2007, at the Centre for the Study of Violence and Reconciliation in Johannesburg.

2. Work with children and young people

Much of our work is done with children and young people who are affected by HIV/AIDS and violence. We do individual counselling with children and also run regular support groups for children. In the west, these include support groups for children who have lost their parents, much of this work revolves around helping children deal with grief. We also run groups for migrant children in the east that help children deal with displacement, trauma and grief as well as the challenges of living in a new country. One of our most important interventions are regular holiday programmes that include fun, creative arts and healing all in one.

We made a short digital story to tell you a little about this work. The story is illustrated with photographs from a number of different children's groups and programmes and you can hear the noise of a holiday programme in full swing in the background. In the digital story, Thembi tells us about a holiday programme she attended and how it helped her to come to terms with the death of her mother.

As you watch the digital story look out for photographs of the following, which we commonly use in our healing work with adults and children:

- Rituals like candle-lighting
- Play and fun
- Art-making
- Physical activity
- Encouraging support of each other

You can find the digital story on the accompanying CD.

3. Emotional home-based care in the community

One of our projects in the west of Johannesburg is based in a small informal settlement built close to factories in an industrial park. Valerie and Grace work in this area as emotional home-based carers, visiting those people who are too ill or too depressed to seek out help at our two centres. Valerie and Grace took photographs of their work and made a digital story about some of the people they visit. You can watch their story on the accompanying CD. Grace reflects on the work they do saying, how she has come to realise that there is so much more to illness than physical pain or discomfort.

"I used to think that my job was to help the sick but I never thought that there was also so much trauma, denial and all that emotional suffering. I used to talk to the client about the pain of first hearing about their HIV status, but now I talk to her about her life."

When we made the digital story we realised that it is possible to recognise many of the principles that guide our work through the photos and what Grace and Valerie say.

As you watch the digital story make a list of what you think the principles may be. Then look at the section on these principles at the end of this report. How similar or different are these to the principles that inform your work?

You can find the digital story on the accompanying CD.

5. Healing through gardening

One of our recent projects that we are very excited about is the permaculture garden some of our clients have started at the back of the house we use for holiday programmes and retreats – we call it The House of Dreams. Four migrant women who have been part of a women's support group for some time are working in the garden. One of the main reasons behind staring the garden was to find a means to help women with the economic realities in a context where jobs are almost impossible foreign women to find. But, as we expected, the garden has also begun to play a healing role in the women's lives. Raymond Nettman, one or our clinical psychology interns, wrote this story especially for this AIR report about his visit to the garden project as part of a research writing capacity building programme we have with staff.

My visit to the garden project

> *"When I grew up with my grandmother we had the farm so now this garden actually brought me back to where I started, took me back to my roots, whereas in my house I don't have this - this is something - like I am going - I am with my family now in sort of a way you see - (said softly) so living there in the farm was nice..."*

This is for me, a touching moment - a moment when one of the gardeners connects to her past. After saying this, she then collects herself and moves from where she is standing and draws my attention to another plant, a

seedling - as if to draw attention away from her past back to the present.

> *This one came out quick - this other one is taking time but it is also coming out...*

I stand on the back *stoep* (veranda) next to the rickety washing line looking at neat mounds of red soil that have replaced the manicured lawn. One of the gardeners confidently explains to me that the mounds "make a ditch on the side so when the water gets in the bowl there [she points] it goes into the ground. It does not wash way." So I learn the first principle of permaculture – a holistic method of vegetable gardening that conserves limited resources through mulching, inter-cropping and building mounds of soil for planting. However, I soon discovered that not only vegetables grew in this garden. Women here were reconnecting to their past, rediscovering family and belonging, the garden was becoming a space for healing.

The idea that the women could cultivate vegetables grew in response to food insecurity experienced by the women that are part of Families on the Move project in Sophiatown east. These women have been either internally or externally displaced, forced to come to the city because of war or other forms of violence. A reflection by one of the funders of the project perhaps best captures the thinking behind it:

> *My experience has been that if people are being put into a position where they can do things for themselves their whole lives change, so it is not only the vegetables that they grow but it is the fact that they themselves have done it and they themselves grow it.*

As such, SCPS committed itself to a pilot project engaging four women to grow vegetables in the back garden of the House of Dreams. The house is situated in Yeoville and is a centre that hosts therapeutic groups, study groups and holiday programs. The rationale for the project however, was not only to increase food security for the families of these women but to explore the therapeutic impact of growing vegetables on the women. In line with the holistic and integrated approach that the whole family should participate in an intervention, women who were already in individual counselling and who belonged to either the group for refugee women who have experienced war trauma or the integrated women support group were selected. Moreover, their children were either in the Suitcase group for newly arrived migrant children or in the teenage support group.

One of the questions we asked the potential participants was whether they had any experience gardening. We needed to ensure the sustainability of the project so women who had experience in gardening had a better chance of being selected. The women had experience of gardens – the gardens they had fled from, gardens where they had hidden from soldiers, gardens that had been left unattended because of war. Some women had cultivated a small plot of land in the city, others had farmed tracts of land. There were stories of fecundity where vegetables and fruit needed little care to flourish. Fleeing to Johannesburg meant loosing contact with the earth and the garden project

offered the possibility of recapturing the past.

All these levels of meaning however were over-ridden with the promise of work. Money and a way to pay the rent, school fees and to be able to buy food for the family were uppermost in the participant's minds. Later during the project however, one of the gardeners remarked that the garden reminds her of the time when she was still back in the Congo and she had developed a small garden in her back yard.

> *I feel really happy when I see a garden like this that I am working on because it makes me feel really good.*

Yet the project still has a practical impact in that it does provide food. One of the children of the same gardener quoted above said during an individual counselling session that on Thursday his mother brings food home from the garden. "Mostly spinach and she fries it for supper". Thursday is garden day for his mother and on Thursday there will be food in the house – this is a predictable, routine meal that is guaranteed. The child can rely on it. This meal is an island of safety in a landscape of suffering.

The facilitator of the garden project tells me that when all the women are working in the garden together they joke that the "Club of Life" is busy. He asks them how weeding in the garden is like their daily experience of relationships with their husbands and children. They acknowledge the importance of taking care of the little things in these relationships because if they do not problems will get bigger just as the weeds that easily overtake the garden do. The Club of Life is an unintended consequence of the garden project. Intuitively SCPS knew vegetable gardening could be healing but never imagined such a clearly supportive and dynamic space would emerge. As one of the gardeners explains,

> *We work as a group, and we share ideas how to work, they say something they find very difficult they just share, sit and share, and ask together how to do it as a group. And if as a group we have got some difficulties I just go there and tell them how they can do it better.*

The facilitator is proud of what has been accomplished and is aware of the impact the garden has made on the gardeners.

> *I was saying that when we were having our session here and the women say that they couldn't imagine that we could get something out of the land that was growing like that [points to an uncultivated area] but now we have something beautiful growing that we can eat and they feel proud with themselves and what they have achieved so far.*

The gardeners themselves echo this sense of achievement. They own the garden. It has become their space. I cannot help contrast the way the women arrive at the office in Bertrams to how they engage with the garden space. When the women come to the office in Bertrams they arrive at

reception and wait till they are attended to. When they arrive at the garden they go immediately to the vegetables to inspect how they are growing. I have seen that they often change into their work clothing only once this initial inspection has occurred.

Perhaps the best way to end this time spent in the garden is to hear the same words some actual visitors heard when it was time for them to leave:

> *We thank you for coming to visit our work in the garden because other people they see gardening work as a useless work, it is for people who don't have anything to do. We thank you a lot that you come, come from far away to visit us and we talk about the work we are doing and we thank you for that. And also we would like to take a group picture with you so that when you go back there you can tell this is the women we met and this is what they are doing. Also you can go there where you are living and you can make a small garden and send us pictures and that is how the work can expand.*

(Raymond Nettman, Intern)

7. Meeting practical needs – one of our greatest challenges

One of the biggest issues we have faced is the challenge of being a service that offers emotional support and counselling in a context of deep poverty, where our clients are consumed with worry about the next meal, the rent, school for their children and winter clothes. It is an issue we often debate in our staff meetings and something that weighs all of us down as we go about our everyday work. Johanna, our director reflects here on this challenge and how we seek to deal with it.

"Counselling in the Bertrams centre in the east of Johannesburg has its own very bitter flavour. Here the counsellors see only the most disadvantaged clients, the vast majority of them refugees and migrants, trying to survive on an hour –to-hour, hand-to-mouth basis. There is no client who enters our offices with a full stomach, and whose very physical survival is not continuously under threat. Counselling under such circumstances, many would argue, is not possible. Surely, when survival needs are at stake these need to be addressed first, and this is not the job of counsellors, therapists, and social workers.

This is indeed is a valid argument, and how we would love to be able to pass the job of attending to basic survival needs to somebody else, some organisation or agency fully equipped to ensure that people have access to food, shelter, education and health care, so that we can continue with the 'pure' task of helping people deal with the emotional trauma of the past, assuming that for the most part at least their physical safety is assured.

The reality is that there are no institutional safeguards in place to protect the people we serve in this area from hunger, homelessness or violence. There are no agencies which will help them get jobs, or at least access regular food supplies, or set them up with small businesses so that they can pay the exorbitant rents charged by scrupulous landlords. Desperate for their own survival school management teams try to squeeze the last non-existent penny out of penniless families. Do we then, as counsellors throw up our hands, and say that there is nothing we can do for these people, the ones who eke out an existence beyond the margins of our own poverty-stricken communities?

The answer is simple: We may not be able to do counselling in the traditional sense, any more than we are able to ensure that all people have access to food and shelter. Our healing power lies not so much in what we do, but

simply in being there, in not running away because we feel helpless to the extreme. Staying in the helplessness with our clients, while still finding the courage to explore the tiny, seemingly insignificant ways in which together we can make this day or this hour a little easier to bear- therein lies what we have to contribute.

At the same time we are acutely aware of our power. At its crudest and most visible to our clients is the power to give a food voucher or to refuse it. At its most effective is the power, we have as South Africans to make our voices heard, to speak on behalf of the voiceless, to continue raising our voices, to shout, to rage if necessary until someone, somewhere, takes note, and puts in an effort which can make a difference to one life or more. How we use both our helplessness and our power- that is the interface of counselling and advocacy in the underbelly of society." (Johanna Kistner, Director)

Here are some of the ways we have tried to deal with the issue:

Food vouchers
Every month we buy 15 vouchers to the value of R200 which clients can redeem for food, soap and other basic necessities at a local supermarket. How these are handed out to the 30 to 50 families we see each week is a complex matter of faith, clinical judgment, team decision-making, compassion and rules which are made to be broken (at least occasionally). When we first introduced the voucher system in 2009 there was a scramble for them, with clients often angrily accusing us that "so-and-so got a voucher and now you refuse to give me one". Slowly, however, a respected routine seems to have set in, and generally people seem to accept that the decisions are made as fairly as possible under very difficult circumstances. Clients do not get vouchers until they have attended at least five sessions and recognized for themselves, that even in the absence of material aid, "talking does help". Sometimes a client is offered a voucher in acknowledgement of her courage rather than as a response to her despair. At other times a food voucher creates just that little bit of hope a person needs to resume a minimum of control over her life.

Again, we may be criticized for stepping over the boundaries of "counselling" and "therapy" and polluting a process which should be focused purely on emotional and psychological growth and well-being. It is a criticism we, as a team, are willing to live with, for as long as our clients feel that our presence in their lives makes a difference.

Clothing store
We receive many donations of old clothes. We sort these and use them for emergency needs. If a family arrives in mid-winter with nothing we make sure everyone has a warm jersey. We also keep supplies of second-hand baby clothes for new-born babies who have nothing. Clients know these are for emergency needs and they accept this.

Right to learn

Thabo Sepuru, the social worker in Sophiatown East, has taken on himself the task of ensuring that all out-of-school children get access to the education which is their constitutional right. The obstacles are almost always poverty and exclusion on the basis of unpaid school fees (which is illegal though widespread); xenophobia; the absence of personal documentation; and the powerlessness, due to a range of economic, cultural and language barriers, of parents and caregivers to assert their children's rights to education.

Advocating for these rights on a local basis means treading a thin tight rope. On the one hand we need to maintain good relationships with principals and senior staff at the local schools and recognise the fact that the resources of these schools have been stretched way beyond their limits. Formally serving relatively privileged white children and still in possession of a relatively intact infra-structure, these schools are classified as falling into the top quintile of schools by the state, which means that they are expected to manage to cover all costs, apart from a skeleton of teaching staff, from school fees. Now the communities in which they are located are inhabited primarily by penniless migrant and refugee families, who cannot contribute anything to school fees. Because they are not classified as "fee-free" schools by the state and thus get no subsidy to make up for the lack of income from school fees, they are sinking into such deep poverty that they cannot even afford to buy paper. School administrators will therefore do anything in their power to prevent further admission of poverty stricken learners who by law can apply for exemption from school fees and therefore are not liable for prosecution when they fail to pay fees. Most of the strategies employed to exclude learners are bordering on the illegal, but administrators have become so desperate that they are no longer concerned about the legality of their actions. There are many heroic principals and teachers trying to maintain a culture of teaching and learning in the almost total absence of resources, and to alienate these dedicated professionals is not in the interest of the children or the community.

On the other hand, we need to assert the right to education and the real battle needs to be fought with a government that simply does not put the resources in the right places. Thabo therefore constantly has to advocate for the admission of a child on two fronts. He needs to confront principals and administrators with the constitutionality of the demand for education, while at the same time remaining sympathetic to their plight and supportive of their persistent efforts to keep any kind of education going. He also needs to stay on a good footing with departmental officials while at the same time confronting them about policies and practices which are in fact depriving children of their rights.

Thanks to his diplomatic skills Thabo has been able to get at least 20 out- of - school children into school over the last three years. He continues to work with a forum of civil society organisations and departmental officials, to highlight and address both practical and strategic issues related to the access to education. Sometimes we have to call Lawyers for Human Rights for help and they readily provide us with the legal back up when all diplomatic efforts have failed.

6. Staff support

"Some days you just feel, oh no, have I made any difference. You just feel so guilty because the client's problems are so big and you can do so little."
(Grace Mdongi, volunteer counsellor)

We can counsel in a car, run a group under a tree, and even do art therapy on a dusty side road so we don't need buildings but we cannot manage without people – our staff. We know that working at Sophiatown is a hard job so one of the most important things we do is to look after the Sophiatown team. Over the years we have developed a number of ways of doing this. We have written about some of them here. One of the most important is regular supervision.

Supervision and soft moments with banana loaf
Counselling is like driving. You need to get a licence to get onto the road, but the real skills are only acquired afterwards, when you hit the road on your own, in the dark, surrounded on the highway by dense and fast moving traffic with the constant risk of being hit by a ruthless driver weaving in and out of the traffic, oblivious to your anxiety.

While counsellors have to be trained in the basics of counselling skills, the real learning takes place on the job, and it is here where supervision becomes absolutely critical. It is the space in counsellors can share their anxieties about the complexities of the real lives they have sitting opposite them in the counselling or group room, where they can unpack their own personal responses and re-gather their professionalism. Here they are challenged and supported at the same time, helped to explore new ideas and strategies, encouraged to move wisely within and beyond established personal and professional boundaries.

For some time, Mpumi who sees the full-time counsellors for three to five hours every week has been noting that the clients who come to us present with more and more complex emotional responses related to high levels of trauma, deprivation, neglect and abuse. Often the counsellor takes on the feelings of help-and hopelessness experienced by her client. In the context of overwhelming poverty and trauma it is easy for the counsellor to lose sight of the important contribution, insignificant as it may seem at the moment, is making to an individual's life.

To counteract and contain the loss of hope among team members Mpumi has introduced “soft moments with banana loaf”. Over a cup of tea and banana loaf she encourages each team member to share a moment in their week when they felt that they had made a difference to another person’s life. Each effort, no matter how small, is affirmed and applauded, leaving the counsellor with a renewed sense of confidence and hope. “Soft moments with banana loaf” now also take place in Bertrams and have become so institutionalised that team members organise them spontaneously for themselves, whenever they feel the need for affirmation and support.

Monday meeting – we are <u>all</u> part of a team
We meet as a whole team once a month on a Monday morning. Everyone shares a success from the last month and what they are doing in the next month. Glynis visited one of our Monday meetings and wrote this reflection.

Every one sits in a big circle around the tables in the office meeting room with their cups of tea. Everybody is here, the office caretaker, the office administrators, counsellors, social workers and psychologists. We go around the circle and each person mentions a ‘lowlight’ and a ‘highlight’ of their work since the last meeting. Johanna takes notes.

“A low light for me was the very high telephone account.” Says Jenny, the financial administrator.
“A real lowlight for me was that my one client ended up being arrested and going to jail and I felt so powerless to do anything.” Says Paul.
Johanna checks with him if a particular family she referred for counselling has come to see him.
“ I joined Paul’s Important Children’s Group this week,” says Clara, who cleans and makes sandwiches and keeps up the data base in the east offices. “And one of the boys told us that he wanted to kill the person who killed his mother. It kept coming into my mind all week what he said and I wondered if he would be helped.” Clara then checks with Michelle about an issue related to the data-base.
Johanna describes how she has had to follow up with a funder about a late payment and how difficult this was and she then goes on to tell a story about her daughter and her health problems and how this has weighed her down.
Mpumi, has just come back form leave. “I feel refreshed, renewed and refocused and I have lots of ideas for how I can make sure I look after the staff. I want to start a regular tea and cake session with everyone so I am really fulfilling my role as the ‘carer of this community’.
I notice how the team moves smoothly from sharing emotional issues to logistics, equally free in each area, how they share personal ‘lowlights’ and ‘highlights’ and how there is a real sense of care for each other.

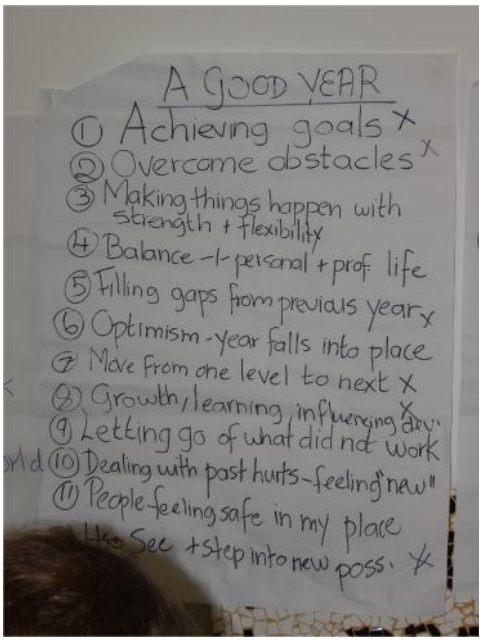
Johanna Kistner reflects on how important these regular meetings are,

“These allow everyone to keep in touch at a practical but also at an emotional level with each other. So we can support each other.” (Johanna Kistner, Director)

We have fun together
Every now and then we do something fun together. Here we are dancing!

We reflect and plan the year together
Everyone in the team is involved in reflecting and planning. These photos are from a reflection and planning session we held in 2012.

This means we each get a chance to reflect on what worked well and what we need to do to do our work better. These kinds of meetings allow us to feel that our voice is heard and that we are all equally important, from the director to the administrator and sandwich maker.


A GOOD YEAR
① Achieving goals x
② Overcome obstacles x
③ Making things happen with strength + flexibility
④ Balance -/- personal + prof life
⑤ Filling gaps from previous year x
⑥ Optimism - year falls into place
⑦ Move from one level to next x
⑧ Growth/learning, influencing x
⑨ Letting go of what did not work
⑩ Dealing with past hurts - feeling "new"
⑪ People feeling safe in my place
See + step into new poss. x


ADMIN

Deal with tensions head on by looking at what causes them
One of the most important things we have learned is to deal with tensions when they arise and to work out why they have happened. Michelle Booth who is an art-therapist often runs these sessions for us. Here Johanna reflects on this work with the team.

"The Sophiatown team is a very diverse one. It is made up of people from all socio-economic, national and ethnic backgrounds - from Bielefeld in germany to Zimbabwe, from the DRC to Soweto, from Northriding to Yeoville. In 2011 it has also drawn more men into its folds than ever before. The youngest team member is just over 20, the oldest well over 60. Add to this the diversity of personality and upbringing and you have a very powerful brew.

There is no doubt that diversity enriches the work we do. It also comes at a price. Inevitably there are tensions as people negotiate their histories, assumptions, and value systems to expand the common ground from which to work together in the best interest of their clients. Such tensions have arisen in both centres and have given rise to a series of team awareness processes, led by Michelle. In one workshop, motivated by intergenerational tensions on the East team, staff members shared some of their personal histories and helped each other to identify how these had shaped personality styles and how these styles in turn affected behaviour in the work situation.

Understanding and compassion have increased dramatically between team members and points of tension are now resolved before they escalate into conflict.

On the West the conflict between counsellors seemed to emerge more from perceptions of status and rank and here Michelle helped the team to get to grips with meaning of rank and its fluidity between situations (Johanna has rank in the organization, but when she goes to Zamimpilo it is Valerie who has the rank because she is the leader in this context). In this way all team members got to understand that even though they might feel less powerful in relation to colleagues in one situation, it was always possible to find other situations in which they were the ones with rank.

Carefully facilitated conversations around controversial issues continue to the part of the staff development routine. This year we explored the frustration expressed by some team members (and by South Africans as a whole) at the perceived passivity of Zimbabweans when it comes to bringing about change in their own country as well as the assumptions around gender as they revolve around the way people dress, move and behave.

All these processes help us understand each other more deeply and thereby come to embrace diversity more congruently." (Johanna Kistner, Director)

How we work - principles that inform our work – what we have learned and how we apply it

I tried so hard to do something
Business, rent-nothing
School fees-nothing
I stood on the corner looking
For people to ask for money-nothing

I was dizzy
I could not sleep
I had nowhere to go
I was stressed, depressed
Hopeless

Until I found counselling
Which calmed my mind

By counselling
I found a place to stay

By counselling
I applied for exemption from school fees
For my child

By counselling
I found a better way of being with the kids

By counselling
I found hope

By counselling
I learnt to be myself

One of our clients said this at the Umoja Women's Group run by Paul Ngandu, a senior counsellor. We recorded it and put it into a poem form. We quote it often in reports because it describes very well our approach to counselling. It describes how all of the different things we do work together to help our clients heal at an emotional level. It sums up our broad, creative approach to counselling. Within this broad approach we also apply the following principles. You will find examples of all of these in the stories we have told in this report.

We are in the community and responsive to people's realities
We have consciously placed our two buildings close to the communities we serve so that we can live among our clients. Where we are a little bit far we walk into the area where our clients live, like Zamimpilo, where Valerie and Grace go to visit every week. We also try to listen and observe and then

respond - we don't want to go in with our own ideas for service but go in response to the needs we find out about. This means we have to listen.

We give an ongoing service and support people through landscapes of suffering
We don't go away or give up on anyone, we know that our clients live with ongoing suffering, they have faced adversity in the past and face it now and will face it in the future. We do not run short-term programmes. We help them to reflect back and to face the present and we promise that we will be there when they need us in the future.

We don't label clients
We don't label our clients as people with problems as "traumatised", we don't pathologise or give long names to the things they feel. We just say their story "got interrupted" by events and circumstances beyond their control and we help them reflect on how to get things on the right track again. We share with them some of the things we know that may help them to move on with their story.

We believe client and counsellor are equal – we can learn from each other
We are partners in the healing process, not experts who have all the answers. We believe that the art of healing belongs to the people and our work is simply to use our skills to help people find the healing skills within themselves and with each other.

We believe in helping clients to pull the threads of their lives together by slowly helping them to tell their life story
We have come to understand that clients may come to us with a particular problem but in fact this problems is often linked to something that happened to them long ago. Grace sums this up when she says, "I used to talk to the client about the pain of first hearing about their HIV status, but now I talk to her about her life." We try to help people pull the threads of their life together to help them understand how they feel now. As clients share with us the different threads of their lives, their stories become thicker and richer as they weave into them their courage and their resilience.

We recognise the agency of people
We do not take people's power away. We believe that clients have the answer to their own problems. Often, they have overcome many things in the past and if we remind them of this they find the courage to overcome the present problem too.

We acknowledge that it can take clients a long time to overcome deeply distressing events or life circumstances
Some times clients are so depressed and down that we may have to stand alongside people while they "build their house again" one brick at a time. We don't get impatient and move on. Sometimes people are so deeply wounded by the horrific things that have happened to them, that they need life-long support and care. We are there for them too.

We acknowledge practical needs and the role they play in emotional stress

We have a saying in our organisation, “The empty stomach does not have ears”. We know that it is hard for clients to come to a group and think about dealing with past trauma when they are hungry and know they have nothing for their children to eat when they come home from school. We have learned that often it is important to help people with practical things if they are going to begin recovering. Giving a client a slice of bread and a cup of tea when she comes for her counselling session means that we are able to listen to her hunger too, even if we cannot solve the problem of poverty in her life.

We believe in the healing power of play and active body-work

We “play” a lot with clients, especially in groups. We dance and do exercise and have fun. This takes people’s minds off their problems but we also believe it is healing in a much deeper way too. Laughing, dancing, painting, acting, writing, singing - these are all ways in which we get in touch with the part of ourselves that enjoys and affirms life, and that in turn gives us the emotional energy to face our daily struggles with more lightness and hope.

We use rituals to help people reflect and heal

We often use simple rituals like candle lighting or foot-washing to help people reflect on what they are grieving about and then to help them become calm and slowly heal. We are careful to always use these in a way that allows people to contain their grief. We are not afraid of tears and always have the ritual of recognising tears by giving tissues and a glass of water. When people are crying out their grief and anguish, the groups holds them with singing until they are ready to dry their tears and give the space to somebody else to share their suffering.

We see that people live and grow within a set of different systems and that as a service we have to interact with all of the systems if we are to help people

We ascribe to an ecosystemic view of growth and life. This means we see the need for individual work to help people with things like self-confidence and self-worth but we also know that people live by interacting within a family, peer group, community and wider society. This is why our work involves family, group community and wider advocacy work into the broader society too.

We believe that psychological work is also political work

In the intimacy of the relationship with their counsellor, clients tell us many things which they are ashamed to share with others in their families or communities. Yet many of these experiences that people are too ashamed to speak about are shared by many other people who also are too afraid to speak out. In groups people come to share their experiences and realise that they are not alone. That gives them the courage to stand up for themselves and to make the broader society aware of the need of change. Counsellors too need to make sure that the voices of their clients are heard outside of the

counselling relationship so that the social, political and economic conditions which give rise to so much suffering can be challenged and transformed.

We have a deep respect for human dignity
We have a deep respect for everyone, no matter how dirty or old or sick or young or 'mad' or slow or qualified or illiterate or uneducated. Gertrude whose story you read above recently spoke about the first time she came to the Bertrams office: "I was like someone who doesn't have people. That day when Toto and Thabo came I got respect. The first time I was here I was dirty and Johanna still touched me. My mind was not fine. Now they help me. I can be somebody, I can think for myself." This is a principle that governs the way we work as a team and the way we interact with our clients.

We see you, see ourselves and know
That we must take the utmost care
And kindness in all things[5].

[5] Extract from Eagle Poem by Joy Harjo