

Personal reflection

An attitude of helplessness: basic counselling in Bukavu, Democratic Republic of Congo

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The Democratic Republic of Congo has suffered armed conflict for over 20 years, with the eastern provinces being particularly impacted by destruction and structural violence. The consequences of this ongoing violence are visible on the streets and in the homes of the people, as well as specifically affecting the minds of the country's youth. This personal reflection highlights the work of a psychologist at a vocational training centre in Bukavu. The most often heard complaints among the students at that centre are the lack of basic needs, the struggle to survive, extreme stress, and loss of hope and control. Cultural aspects and the impact of structural violence are discussed as explanations for existing attitudes of helplessness. Resilience enhancing interventions are described as programmes that have shown promise for students in Bukavu, in order to regain control over their daily lives and hope for the future.

Keywords: attribution, Democratic Republic of Congo, helplessness, resilience enhancing, violence

Introduction: the country

For over 20 years, the Democratic Republic of Congo (DRC) has struggled with armed conflict. This violence has cost millions of lives and destroyed social and economic development. Especially in the eastern part of the country, multiple African nations and rebel groups are fighting. The region, mainly covered by the provinces North and South Kivu, is one of the richest places in Africa in terms of natural resources. Gold, diamonds, coltan (a metal ore known industrially as tantalite) and other minerals can all be found in this area. Illegal exploitation,

interference by neighbouring countries and the weak capacity of the national government change these precious resources into a curse for local people. Rape is often used by armed groups to drive local people away so that they may gain access to the mines (Rustad, Østby, & Nordås, 2016). According to the United Nations (UN), this region is beset by chronic humanitarian crises and serious human rights violations, including sexual violence (UN, 2016). Currently, in North and South Kivu, there are more than 1.2 million internally displaced people (IDP) due to violence and armed attacks (UN Office for the Coordination of Humanitarian Affairs, 2016). Most of these IDPs have left their farms in the villages and have fled to large, urban areas like Bukavu and Goma.

My work

I am based in Bukavu, the capital of South Kivu. It is an overcrowded city with high prices, mainly imported products and almost no jobs. Only in the streets can some economic activity be seen: women with bananas and onions on top of their heads; men carrying heavy loads like human donkeys; and children running around selling plastic bags at the market place. The international community present in Bukavu is overwhelming, almost every international humanitarian organisation has an office here, visible by the large Land Rovers found in traffic across the city. Also, MONESCO soldiers (UN peacekeepers), serving in a peace mission and present in DRC since 1999, are not out of the ordinary in the street

view of Bukavu. In this city, I work as a psychologist at a vocational training centre with more than a thousand students. The students with mental health problems can come to my Congolese colleague, or me, to talk about their issues and to find solutions. The majority of the students who come to see me cannot be classified with a major depression, posttraumatic stress disorder (PTSD), or another anxiety disorder. However, their request for help is urgent and clear. The daily stressors are too much for them. They are disappointed by life itself, having seen too many Congolese who have enriched themselves, and too many rich white people who are living in the best neighbourhoods in town, which leaves them with a view of how life could be. However, they are often living in insecurity and poverty, which has influenced not only their stomachs, but also their worldview, their hopes and dreams, their whole life perspective. Many students tell me how their daily struggle for food, school fees and security affects them. Severe headaches, constant worries, nightmares, no concentration and hope that fades. It is as if they have lost the strength and power to fight against injustice, corruption and poverty. As if the poverty itself has changed them into helpless people, with no perspective nor initiative. *If the economy was stronger, if the government was not corrupt, then I would have a job and my problems would be solved. The things that happen are beyond my control. Only by receiving money there is a possibility to change my situation?*, is an often heard conclusion when I ask them what they want from me.

These requests are challenging for me. It is not only their material needs I am unable to solve, but also some of their psychological demands are beyond my experience. I remember, for example, Riziki who experiences her situation as uncontrollable and impossible to change. Or the blaming and lack of self-reflection apparent when I try to get Ahana to the point that he understands that his marital problems are not only a problem of money. Or the lack of initiative

from, or belief in, possibilities when I plan with Samwel about what to do when his studies finish. Where does this helplessness and lack of initiative come from? Is it influenced by living in poverty and ongoing insecurity? Is it a cultural issue? More importantly, is my westernised counselling ideology the right way to address the issues of these students? What kind of help will actually enhance their state of wellbeing?

Coping with structural violence

Reading an article written by Seymour (2014) helped me to understand the students better. Her research is based on young people living in North and South Kivu and begins with an eye catching description of the daily reality in Bukavu. *‘Violence is everywhere. It is not only visible through the armed rebels, the rape and theft, but also in the injustice, impunity, police violence, unemployment, hunger, poverty, sickness and children not being able to afford school fees’* (Seymour, 2014). This corresponds to the way Nordstrom (2004) describes ‘*new wars*’, the kind of war that is fought these days in which the frontlines are not so easy to find and the majority of victims are civilians. It is structural violence, which is chronic and where poor people suffer the most. According to Seymour, this structural violence is defining the perspectives of young people and preventing them from implementing any initiative they might have for a better future. I, and probably many other people in the west, grew up with the idea that everything is possible if you want it and if you work hard. The sky is the limit. However, structural violence in DRC has created a situation in which young people are aware of the limitations they are living with and are unable to do anything about them (Seymour, 2014). The effect is like animals who have been placed in a cage where they receive shocks they could not escape. They become passive and unresponsive, unable to attempt to escape, even when given the opportunity. These motivational, cognitive

and emotional effects of feelings of uncontrollability were identified and defined many decades ago as learned helplessness (Maier, & Seligman, 1976).

According to Seymour (2012), this attitude of helplessness, lack of initiative and self-reflection is part of the resilience and coping strategies young people in DRC have developed to deal with extreme adverse realities. The three main coping strategies that she describes are very familiar to me through my contact with the students. The first strategy is resourcefulness; 'make arrangements', 'find your way'. It is obviously present in DRC from the very first moment you cross the border. People in Bukavu find many ways to make money. Small daily labour, the human pack donkeys carrying their heavy loads from the port into town, but also networking, socialising, and getting to know the right people in the right place to make arrangements that will provide for the moment. The second coping strategy is submission. Maybe this is not what it looks like at first sight, when you hear people arguing against all the corruption, the government and other power structures in the country. However, in the conversations with the students, this coping strategy was also clearly expressed. There is a generalised sense of helplessness to challenge the structural violence, to change something in their situation instead of being submitted to it, because 'that's just how it is'. These are the motivational, cognitive and emotional effects of living in a situation in which people see themselves as unable to have any effect on events in their lives, described earlier as learned helplessness. The third coping strategy is called victimcy, described by Seymour (2014, p. 164) as 'a complex strategy that depends on portrayals of weakness in order to increase the chances of accessing assistance'. This is exactly why many students initially come to me, telling about their difficult life in the hope of getting financial support from me. It is a consequence of humanitarian organisations who are 'searching' for specific victims

to help, such as former child soldiers or victims of sexual violence (Seymour, 2014).

Taking responsibility

Obviously, living in structural violence has a great influence on the development of coping strategies, such as victimcy and learned helplessness. However, I think this is not the only explanation of the lack of initiative that I have observed in the students. There is also a cultural aspect. The attribution theory (Weiner, 1974) and cross cultural differences in attributions helped me to understand more about the underlying processes that are going on during counselling sessions. Attributions represent the explanations people hold about the causes of behaviour or events. There are various dimensions, in which individuals can explain the cause of a certain event. Internal or external, stable or transitory, out of control or fully controllable, and affecting a global versus specific range of events. These attributions mediate the effect of the event on mental health or on feelings of helplessness. Young and Marks (1986) discuss the attribution of responsibility in relation to cross-cultural counselling. They make a differentiation in the extent to which an individual believes in personal responsibility for the cause of a problem and personal responsibility for the solution of a problem. This results in four different types of attribution of responsibility. Feeling highly responsible for the cause as well as for the solution, feeling low responsibility for both the cause and the solution, feeling highly responsible for the cause, but not for the solution and feeling low responsibility for the cause, but high for the solution. Young and Marks (1986) argue that the types of attributions are culturally based and each need a different kind of treatment.

The assumption that psychological change can occur when a client's attribution towards a certain problem is internal and under individual control cannot be generalised across cultures. Generally speaking, societies in Africa are closely linked to collectivistic

cultures, in which attribution of control over decision making and problem solving is influenced by the social system. Not only is the individual responsible for a cause or solution to a problem, but all parties involved are held to be responsible. Western countries tend to be more individualistic, in which the responsibility for attribution of control over cause and outcome of a problem rests with the individual (Ibrahim, & Heuer, 2016). Another important difference is that collectivistic cultures tend to be more holistic in how they perceive the world. Research shows that they use more information when making attributions in which the outcome of both personal and situational factors are included (Choi, Dalal, Kim-Prieto, & Park, 2003). The self-serving bias of attributing positive events to your own talents, and negative events to external causes, is much larger in western cultures than among collectivistic cultures (Mezulis, Abramson, Hyde, & Hankin, 2004).

According to my students, poverty, the government, corruption, lack of money and violence is the cause of their complaints and helplessness. This can be summarised in a belief of low personal responsibility in terms of the cause of an event. Also, a solution to their problems does not lay within their control. If everything around them would change, the world would be a better place. As Young and Marks (1986) have already noted, this results in students who come to me asking my advice in order to be given a solution, as an expert who can give information that will solve the problem. The demands for advice are well known to me in this society. Advice is asked and given at any place and by everyone who is or is not asked for it. The rule is listening and nodding. If you like the advice you stick to it, but if you don't like the advice, you can just forget it. Despite the request of students for my advice as an *'expert'*, I'm still convinced that this does not belong (or in any case minimally) in the counselling room. It is exactly opposite to my background of

cognitive behavioural therapy, in which I favour controllability over the solution of the problem, and reflection on an individual's thoughts as a breeding ground for behavioural change.

The way forward

The theories described above helped me to better understand the underlying issues influencing the attitude of my students. On one hand, learned helplessness is a way to cope with the reality of uncontrollability and inability to change their situation of structural violence, corruption and poverty. On the other hand, it is a consequence of a culture in which an individual is not personally responsible for the cause or solution to an event. Despite coping and cultural influences, the disadvantage of this attitude of helplessness is immense when you look at the long-term perspective of youth and the development of DRC. The question that remains is what would be a good intervention to deal with this learned helplessness in a culturally sensitive way?

Basic counselling for individuals belongs to the most often implemented activities in mental health and psychosocial support (MHPSS) in humanitarian settings (Tol et al., 2011). However, there is a large discrepancy between research and practice. The dominant focus of basic counselling is on PTSD, and to a lesser extent on other mental disorders such as depression. To my knowledge, the only research on counselling interventions that have proven to be effective do focus on PTSD symptoms. In contrast to this dominant focus on PTSD, the first concern of the youth I am working with is often to survive and cope with daily stressors. In my opinion, the impact of conflict and war is much deeper than only the traumatic experiences of direct confrontation with violence. It is living in a poor, insecure environment with a lack of basic needs and the struggle to live a human life. It is the stagnation of development in the eastern DRC over the

last 20 years and the lack of hope for the future. That is what is most traumatising for young people. Seymour (2014) argues that learned helplessness is increased due to media interest and donor funding of interventions that focus on specific categories of vulnerable youth or people with traumatic experiences, such as sexual violence. This focus on vulnerability plays a role in weakening capacities for adaptive coping.

If a change can be made through psychosocial interventions from the feeling of helplessness, towards a sense of controllability over the solutions to daily stressors, it would be a good intervention for a large group of young people in the DRC. Many people would be helped if dealing with the daily stressors came first (Miller, & Rasmussen, 2010). However, Neuner (2010) rightly wonders in his comment on Miller and Rasmussen if it is possible to reduce these main daily stressors. If so, which programmes would be most effective? My Congolese colleague recognises the learned helplessness in the youth in DRC. For him, central to a solution is the huge need for young people in DRC to know themselves, to discover their strengths and weaknesses, and to know how to use this to take control over the future of their community by knowing their individual influence in relation to society as a whole.

How we define the core of our problems determines the place where we will search for solutions. For many young people in DRC, the core of their problem and the solution lay beyond their ability to change. A realistic sense of control is a characteristic of resilient people (Connor, & Davidson, 2003). Resilience is related to the process that enables people who experience extreme adversity and distress to experience social competence, problem solving skills, critical and creative thinking, task mastery and a sense of purpose and connectedness (Connor, & Davidson, 2003). Other characteristics of resilient attitudes are, for example, the ability to self-reflect, a future orientation

and a willingness to seek out challenges (Henley, 2010). Resilience helps to diminish feelings of helplessness and enhance a sense of controllability over your own situation and the things that are happening within the community. Although the evidence from programme evaluations is limited, there are several interventions that focus on capacity building and enhancing resilience among youth within humanitarian settings. The goal of these interventions is strengthening mental and social competencies, which will, in turn, enable young people to more effectively manage and adapt to severe adversity (Henley, 2010). Examples of resilience enhancing interventions are sport and play programmes, in which youth become sensitive to other youth's needs, manage exclusion and dominance, learn self-control and share ideas. By playing together and building relationships, they learn their own strengths and weaknesses within the group and the strengths of working together as a team (Henley, Scheizer, de Gara, & Vetter, 2007). As Henley (2010) correctly noted, the real effectiveness of sport or play programmes is not the activity itself, but the meanings and values that are shared and influenced by the individuals who participate. Resilience enhancing interventions also increase internal problem-solving skills. Evidence shows that the skill of problem solving can enhance the possibility that life's challenges will be resolved successfully (Boyden, & Mann, 2005; Grotberg, 2001). Research suggests that focusing on enhancing resilience in overcoming adversity reduces feelings of helplessness and has significant positive outcomes (Henley, 2010). The results are promising, but more effort is needed to determine cultural differences in resilience processes. As recommended by Tol et al. (2011), it is good to strengthen existing national and local health, education and social service systems with the implementation of psychosocial interventions in these settings. Focusing on resilience enhancing interventions with the students that I

meet at the local vocational training centre in Bukavu can improve their wellbeing. As well as learning their own strengths and weaknesses, it also enhances peer relationships when given in group settings. This provides a place to share ideas and get new dreams. It also addresses the cultural aspects of learned helplessness, as well as learned helplessness as coping strategy for living with structural violence.

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