

# Specialist Focus and Orange Pips - an introduction

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This issue of the **Journal of Social Development in Africa** contains a series of thoughtful articles on social work with refugee children, a commendable collection of insights to the reader's benefit. But maybe the reader would savour the food for thought even more if there was an advance alert of sorts to the complexity of social reality in the village or refugee settlement and the mindset of the little child in Africa.

What we should recognise first of all is that we as specialists - and I include myself in the category - often find what we are looking for. We are born as academics with a certain conceptual framework which we tend to force on reality. If a biologist looks into a storage bin for maize he will find pests. If a dentist is sent into the community he or she will find cavities. If a child psychiatrist goes into Mozambique, traumas are bound to be found. I do not dispute the legitimacy of that, but I do wish we were better at listening and asking questions, than at finding the answers.

Children in Africa, like many places elsewhere in the world, are very much taught to keep quiet in the presence of adults, least of all are they prepared to divulge their thoughts and feelings to strangers coming to the village. The maxim is that when adults are involved in conversation, children should hardly be seen and not at all heard. That a foreign adult involves him or herself in conversation with a child, or for that matter, about children, is an extraordinary event. It is in itself a very leading question that produces the answers we are looking for. In a still oral society the rumours are always ahead of us. People - and children - know what we are after. We are putting labels on our projects that people recognise immediately, because benefits are attached to them. Such labels are, for example, "trauma" and "orphan". We have experienced in our work that people simply "produce" orphans when they know that this is what we are looking for. To say so is not being cynical, but recognising that people make rational economic judgments. Taking a case-history through an interpreter is sometimes a more delicate process than we may recognise. People in Africa are generally good practical linguists, but the languages are multifarious and the vocabulary sometimes restricted. The interpreter may tacitly and subconsciously resist the idea of taking the child seriously. Subtleties such as avoidance, tone of voice, hesitance or evasion, which are so important for

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the history, are easily lost. Unwittingly, the interpreter will sometimes convey to us what is already said in the project description, rather than what the child expresses through words or behavioural clues. What is failing us in our pursuit of the labels is *a sense of the whole child*. As specialists we are mostly profoundly ignorant about the wealth of the thought-pattern around the child in a tribal society. What does the name of the child mean? What are all the ideas, concepts, traditions, behavioural norms or superstitions around the notion of a child?

Goodall (1972) reports an incidence from an outpatient clinic in Uganda which has a general interest for us. A little girl was brought in with mysterious vomiting and abdominal pain. The doctors had problems diagnosing it. Fortunately the child was seen also by a medical student who happened to be from her own tribe. He remembered the local belief that if an orange pip is swallowed, a tree may grow up out of the victim's abdomen. The child knew she had broken the taboo and admitted that this was her fear. When the student reassured her and explained that there was really nothing to fear, her symptoms quickly abated.

What the whole child needs most of all, in addition to physical health and nutrition, is an intimate interactive relationship with an understanding adult caregiver. In times of poverty and social stress, parents or adults do not seem to talk much to children. Boxes on the ears are frequent, demonstration of affection or appreciation is rare. Praise is hardly ever uttered directly to a child - at the most only to a third person in the child's absence, so that it comes to it in a roundabout way, if at all. But there is more to it than that. Emotional expressive caring alone, is not enough.

It is important to recognise some insights from recent research in child psychology (eg see Hundeide, 1989). We need to work on the parental and caregiver role, the role not only of the parents but that of the teachers, grandparents, aunts and older siblings. While emotional expressive support from a caregiver is fundamental to the child's well-being, it is, in itself, not enough to bring about the child's development. Particularly after exposure to traumatic events, a child is in need of support from a caregiver in the form of basic therapeutic actions through a counselling approach. But that is remedial, and does not meet the child's subsequent need to go beyond its suffering in a process of cognitive and emotional development.

To hold hands and release a catharsis is the easier part. To develop the child's cognitive abilities, its self-image and feeling of identity, its capacity to cope in an unfamiliar world of change and modernity is quite another, but not less expedient, issue. To participate and evolve as a member of a shared culture, a child needs caregivers who can mediate meaning and regulate its behaviour as necessary for becoming a socially accountable and successful person in that culture. The child

has a need to develop self-esteem and pride in its cultural heritage - but as importantly, in a time of rapid modernisation, to develop a flexibility of mind enabling it to cope with its future, undoubtedly to be full of adversity. When we focus on the immediate needs of the trauma, let us not be oblivious to the pedagogical demands of the longer-term perspective.

The child is not exclusively vulnerable. It has also resources of its own. It has a power of healing and it controls in some ways the behaviour of adults. I shall venture the heresy that the child is neither a trauma victim nor an orphan. It is a whole person.

## References

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