

CHAPTER 1

INTRODUCTION

General Introduction

The crisis helping relationship is reciprocal and is greater than the sum of its parts. The helper changes as a result of every contact with a client.

Gilliland and James, 1998 p.11

The above extract, taken from Gilliland and James (1998), places the focus firmly on the crisis helping relationship rather than the individual in isolation. Reciprocity, the interdependence of the observer (in this case, the helper or counsellor) and the observed (in this case, the client) is an important aspect of a holistic perspective which takes into account the context of the interaction (Becvar & Becvar, 2000). Such interaction is seen as a dialectical process of mutual influence in which both are equally involved. The assumption is that the counsellor cannot stand separate from the client and remain unaffected by all that she sees or hears (Gilliland & James, 1998). Both the client and counsellor change as a result of every contact. The focus of this study is on the experiences and effects of trauma counselling on lay counsellors.

This perspective represents a vast shift from traditional modernistic thinking which viewed the counsellor as an expert who had the power to remain objective and could influence change in the client but not vice versa (Golann, 1998). Postmodernist thinking views the counsellor and client as existing in the context of a relationship or system in which each influences the other (Golann, 1998).

At a higher level of abstraction, the system is defined as a meaning system (Gergen, 1999). This means that counsellor and client contribute reciprocally and collectively to construct a reality. This epistemology, termed constructivism, which evolved from systems thinking, postulates that reality is not external to us but is constructed by us as we bring our own personal perceptions to bear on it and give meaning and order to it (Becvar & Becvar, 2000). Everything that occurs is self-referential and reflects our own properties (Becvar & Becvar, 2000). From this perspective it can be said that we live in a multi-perspectival, multi-constructed universe (Keeney, 1982) in which each viewer creates his/her own reality.

Following from this, it can be assumed that each trauma counsellor will experience his/her role differently. The experiences of each counsellor will contribute to an understanding of how trauma counsellors are affected by the work, how they cope and what could hinder their coping - collectively, the theme of this dissertation.

Definitions of Terms

In the following section, the terms, lay trauma counsellor, secondary traumatic stress and constructivism are defined in order that the reader may have a clear understanding of the key concepts relevant to this dissertation.

Lay trauma counsellor

Lay trauma counsellors are usually volunteers, who are trained over a short period of time (usually days) to work with people in the aftermath of traumatic events. The lay counsellor is not formally schooled in the human sciences as a psychologist and is also not a professional. A major aspect of the philosophy underlying the concept of lay counsellors is that people who have experienced traumatic events do not necessarily require specialised therapy (Friedman, 1999, Peltzer, 1999). It is considered that many can benefit from

the immediate support from lay counsellors. The mere fact that the counsellor will listen attentively to the clients is of itself considered to be beneficial (Mvakali, 1996).

For many years, the only available form of treatment for those experiencing traumatic events was long term psychotherapy by a trained professional (Brom & Kleber, 1989; Friedman, 1999; Roberts, 2000). However, an alternative strategy was then developed as a result of research into the normal or natural process of coping (Friedman, 1999; Gilliland & James, 1998). It was postulated that if coping with extreme stress is a normal process, a lower level, yet consistent method of intervention may be appropriate in such cases (Friedman, 1999; Mvakali, 1996; Roberts, 2000). It was this conclusion that led to the introduction of counsellor training for lay people (Friedman, 1999; Peltzer, 1999).

Secondary Traumatic Stress

Secondary traumatic stress refers to the cost of caring (Gilliland & James, 1998). The assumption is that caring for people who have experienced highly stressful events puts the caregiver at risk of developing similar stress-related symptoms (Arvay, 2001; Baird & Jenkins, 2002; Figley, 1995). Some of these symptoms may, for example, manifest themselves as intrusive or avoidance behaviours, physiological arousal, somatic complaints or impairment of daily functioning (Arvay, 2001; Baird & Jenkins, 2002).

Constructivism

Constructivism refers to the way individuals create their own 'realities' (Fuks, 1998). In this instance, the word 'realities' is placed in inverted commas to emphasise that from a constructivist perspective there are no absolute truths or realities, only interpretations. Each person attaches meanings to his or her observations and interprets the world from his or her own unique perspective

(Becvar & Becvar, 2000; du Toit et al., 2003). However, if two or more individuals agree on an observation, it can be said that they have co-created a reality that is valid for them (Becvar & Becvar, 2000, Hoffman, 2000). These shared meanings are influenced by the social and cultural context in which the communication takes place. 'Reality' is thus not discovered through objective means but is agreed upon through social interaction and through conversation (Becvar & Becvar, 2000).

In keeping with the constructivist tenets of this study, the assumption is that the researcher, as well as the three participants who were involved in lay counselling for at least a year, each have a different framework for viewing and making sense of their worlds. For the purpose of this dissertation the researcher will attempt to understand the participants' worlds from their perspectives and interpret these perceptions for the reader.

Aim and Rationale of the Study

In the past decade, considerable research has centred on the psychological processes that characterise those who have experienced traumatic events (Baird & Jenkins, 2002; Figley, 1995). This research has provided an extensive knowledge base from which clinicians, after observing a period of normal stress response, are able to diagnose and treat the persisting symptoms which are known as Post-traumatic Stress Disorder (DSM-IV, 1994). Another interesting phenomenon that has recently been the subject of formal study is the experience of personal growth or strengthening that has been reported by survivors of traumatic experiences (Calhoun & Tedeschi, 1998; Friedman & Ortlepp, 2001).

Less attention has, however, been focussed on the risk of enduring psychological consequences (both negative and positive) for trauma counsellors who are exposed to the traumatic experiences of survivors through their counselling efforts (Arvay, 2001; Ortlepp, 1998).

The aim of this research, therefore, is to relate the experiences and consequences of trauma counselling as experienced and described by people in the field. Their experiences could be of possible suffering and growth. The lay trauma counsellor changes as a result of every contact with a client. This is a reciprocal relationship with each party, client and counsellor, influencing the other. The study also highlights the coping skills employed by counsellors. As well as the factors that hinder coping. A further aim is to formulate the pre-reflective material, that is, to transform each individual's unique experience into a psychologically relevant description (Breakwell, Hammond & Fife-Schaw, 2000). The findings will also be compared to relevant literature and research studies. Contradictions and consistencies will be noted and suggestions for further research and supportive programmes discussed.

The rationale for the study is to gain information in order to provide prospective volunteers with knowledge of the negative and positive experiences of counselling before going into the field. It should also provide input for organisations that are considering setting up lay trauma counselling programmes. The presence of volunteer counsellors in the human services field is crucial from the perspective of the immediacy of treatment (professional psychologists may not always be available) and accessibility (the majority of South Africans cannot afford treatment costs) (Friedman, 1999). Within the context of the culture of violence in our country, corporate South Africa has begun to realise that the effects of trauma on employees cannot be ignored and that there is the potential to influence the outcome through lay counselling (Mvakali, 1996; Ortlepp, 1998). This has led to programmes being designed to assist those traumatised. One such example is that most of the large banks have enlisted lay counsellors to help survivors of bank robberies at the branches. Other large institutions, such as universities and mining houses, also have programmes to assist people with trauma such as rape and more recently HIV/Aids.

An understanding of how counsellors become affected by the work they do will not only help to prevent possible deleterious effects and enhance those that are positive, but will also improve the quality of support for the traumatised. Each crisis encapsulates a process leading to the potential for constructive change - not only for the client, but also for the counsellor (Calhoun & Tedeschi, 1998; Friedman & Ortlepp, 2002; Sonderup, 1996).

It is hoped that this initial exploratory study will lead to further investigations and ultimately to the design of improved interventions to support and encourage counsellors. What is pertinent for industry is that not only does a traumatic event affect the wellbeing, performance and productivity of survivors, it could also affect that of the counsellors (Ortlepp, 1998; Sonderup, 1996).

The interest in the topic originates from the researcher's own experience as national trauma co-ordinator for a large banking group. The position required liaison with trauma counsellors as opposed to the actual survivors. During this time the researcher discovered that most of the attention of the trauma programme was focussed on assisting the survivors and in the process, it inadvertently ignored the counsellors. While some counsellors thrived on the work, others dropped out of the programme after their initial counselling experience. Others, unable to express their dissatisfaction with the counselling process, or unable to share their own feelings of trauma, induced by their counselling, manifested symptoms such as absenteeism, hyper-vigilance, or irritability with fellow counsellors or colleagues.

Design of the Study

The study will draw from a qualitative theoretical framework. This is appropriate in terms of the study and, because it is constructivist, it will explore the personal meanings or stories of counsellors in order to describe their behaviour, affective reactions and coping skills. It will differ from the

positivist tradition which tends to focus more on the statistical analysis of material (Stancombe & White, 1998).

It is appropriate to use a qualitative research approach in order that rich descriptions of the counsellors' experiences, told from their own viewpoints, can be provided. This kind of research can lead to personal growth in the participants, giving them the opportunity to be heard and to reflect on their approach to counselling.

The design recognises the participants as the 'experts' and the researcher as the 'learner'. The development and articulation of themes, peculiar to each individual participant, as well as common themes, will provide a different perspective to traditional quantitative research on the effects of trauma counselling on trauma counsellors. It will also provide alternative possibilities for interventions to prevent trauma counsellors from developing secondary traumatic stress.

Sampling and Selection

The sample will comprise three female counsellors from different cultural backgrounds who have each counselled for more than a year. They will be selected because of their ability to provide rich descriptions of their experiences. Thus, the choice of sampling method for this study can be described as purposive with unique-case and convenience selection.

Data Collection

Information about participants will be gleaned from a personal data form. The unstructured interviews will be the chief method used to obtain material. Questions will be open-ended and discovery oriented and participants will be encouraged to tell their stories in as much detail as they are willing and able.

Data Analysis

An interpretive method termed hermeneutics, which is designed to focus on interpretation and the discovery of meaning, will be used to analyse the data.

The following order will be used in the execution of this study:

- Written permission will be obtained from participants before being interviewed. The interviews will be tape-recorded.
- The tape-recorded interviews will then be transcribed literally. They are to be found in the appendix.
- After immersing herself in the texts, the researcher will identify themes or patterns in each of the original texts and use excerpts from the original texts to illustrate these themes.
- Common patterns and themes gleaned from the three stories will be identified and discussed by the researcher and a comparative analysis will be undertaken in order to integrate the findings from previous research with the common themes articulated in this study.

Format of the Study

This study will comprise two elements, a literature survey and a practical component.

According to Neuman (cited in Rapmund, 1996), in positivist, traditional research, the literature survey is undertaken, primarily, in order to generate

hypotheses. However, such a goal is not congruent with the constructivist approach taken by the researcher. In this study, the literature survey will reflect the research and thinking currently available in the field of trauma counselling and secondary traumatic stress (Rapmund, 1996). The survey will be compared with the emerging themes of this study. Its purpose will not be to prove or validate these themes, instead, the literature study will offer different perspectives on the topic (Rapmund, 1996). The epistemology of constructivism will also be described fully.

The purpose of the practical component of this dissertation will be to give trauma counsellors a platform to tell their stories. These are offered as an alternative to the literature study.

This study will comprise the following chapters:

Chapter 2 will focus on trauma counsellor training. There will be discussion of the origin of the concept of lay trauma counsellors, as well as the content of training programmes.

Chapter 3 will focus on the effects of trauma counselling on the trauma counsellors. It will include a discussion regarding the causes of secondary traumatic stress and the implications thereof. Biological, psychological, cognitive and social precipitating factors will be covered.

Chapter 4 will discuss constructivism, the theoretical approach of this study.

Chapter 5 will discuss the research approach of this study. The study is a qualitative research approach and the method of analysis will be hermeneutics.

Chapter 6, 7 and 8 will contain the researcher's stories of each of the participants' individual stories. Themes will be articulated - the effects of

counselling on participants, how they coped and what could hinder their coping.

Chapter 9 will contain a comparative analysis between recurring themes that will be articulated, as well as a literature survey.

Chapter 10 will be the concluding chapter. The study will be evaluated and recommendations for future research will be made.

Conclusion

Little attention has been paid to the experiences of lay trauma counsellors in the South African context. Therefore, this study, employing a qualitative method based on constructivism, will attempt to address these shortcomings.

CHAPTER 2

TRAUMA COUNSELLOR TRAINING

Introduction

The purpose of this chapter is to provide a general overview of the basic skills which lay trauma counsellors are taught before entering the field. Each participant in this study was trained by a different institution and the length of the training received varied from one day to five weeks. The basic principles of lay counselling are taught in all training programmes and will be described in this chapter. The first section of this chapter sets the scene by outlining the origin and aim of lay counselling interventions.

Brief Overview: Origin and nature of lay counselling

For many years the only available form of treatment for those who experienced traumatic events was long-term psychotherapy by a trained professional (Brom & Kleber, 1989; Gilliland & James, 1998). This usually involved the technique of catharsis, the gradual reliving of the trauma to relieve the emotional suffering of a client (Gilliland & James, 1998; Mvakali, 1996). The rationale was that only by re-exposing the client to their original trauma, could they face it and begin to develop effective coping procedures (Barlow & Durand, 1999; Gilliland & James, 1998). Complications could occur during this process, especially when those who experienced traumatic events repressed memories or images of the event. During catharsis, these memories sometimes returned with dramatic consequences, which required the skill of a trained professional, to contain (Friedman, 1999).

However, an alternative strategy was developed as a result of research into the process of coping with a traumatic event. Lindemann's findings (cited in Gilliland & James, 1998), in particular, initially gave professionals a new

understanding of crisis. He promoted crisis intervention for many sufferers of loss who had no specific pathological diagnosis, but who were exhibiting certain symptoms (Gilliland & James, 1998). He helped professionals recognise that behavioural responses to crises associated with grief are normal, temporary and amenable to alleviation through short-term intervention techniques (Mvakali, 1996). These normal grief behaviours included preoccupation and identification with a lost one, expressions of guilt and hostility, some disorganisation in daily routine and some evidence of somatic complaints (Gilliland & James, 1998). Lindemann negated the prevailing perception that clients manifesting crisis responses should necessarily be treated as abnormal or pathological (Gilliland & James, 1998). Caplan (cited in Gilliland & James, 1998) expanded Lindemann's constructs - which focussed mainly on immediate resolution of grief after loss - to the total field of traumatic events. Both Lindemann and Caplan's work gave impetus to the use of crisis intervention strategies and brief therapy with people manifesting universal human reactions to traumatic events (Gilliland & James, 1998).

It was postulated that if coping with extreme stress is considered to be a normal process, a lower level, yet consistent method of intervention seemed to be appropriate in such cases (Friedman, 1999; Mvakali, 1996). Not every traumatised person requires specialised therapy, but most would benefit from some form of support and guidance (Figley, 1995). Ochberg et al. (cited in Figley, 1995, p.7) concur with Figley's belief. They state that:

[i]t has been confirmed by a wide variety of sources that the most important and frequently used remedies for people suffering from traumatic and post-traumatic stress are personal rather than clinical or medical. These personal remedies include the naturally occurring social support of family, friends, and acquaintances, and of people who care.

Psychology started to draw special attention to the individual's capacity to cope within a supportive structure (Figley, 1995; Peltzer, 1999). This kind of thinking led to the introduction of lay counselling courses to train non-professionals in basic procedures to assist traumatised people to come to terms with traumatic events (Friedman, 1999; Peltzer, 1999). From all perspectives, who provides help is not as important as the fact that help is provided; and, to be effective, services to the traumatised must be co-ordinated (Friedman, 1999).

It seems that this form of assistance is more effective when it is made available as soon as possible after the event, that is, within the first twenty-four to seventy-two hours (Friedman, 1999). Trauma counselling is therefore a form of crisis intervention, because its aim is to provide a supportive service in order to minimise the impact of the event on the client and other affected people, and to restore them to their pre-crisis level of functioning (Mvakali, 1996). According to Gilliland & James (1998, p.5)

[w]hat occurs during the immediate aftermath of the crisis event determines whether or not the crisis will become a disease reservoir that will be transformed into a chronic and long term state.

Early interventions facilitate the initial phases of the process of coming to terms with the traumatic event so that later psychological intervention is less likely to be necessary (Friedman, 1999; Stamm, 2000). Berger and Janoff-Bulman (2000) indicate that people who do not come to terms with the experience are at risk of decreased functioning, delayed or chronic post-traumatic stress disorder and general disruption of their lives. It appears that minutes of skilful listening and support by an empathetic person immediately after the traumatic event can be worth more than hours of professional counselling (Friedman, 1999; Mvakali, 1996).

With the emergence of lay trauma counselling as a discipline and ever-increasing research into what happens in the immediate aftermath of a traumatic event, it has been acknowledged that unresolved crises play havoc not only with the client's personal, social, financial and environmental resources but also with the total ecological system within which the individual resides (Gilliland & James, 1998). As a result, institutions across the globe ranging from schools to companies are investing in lay counselling interventions to assist the traumatised to regain control and functioning (Friedman, 1999; Peltzer, 1999).

Basic Lay Trauma Counselling Skills

The basic assumption of lay trauma counselling is that people in crisis are psychologically and emotionally unstable or in a state of disequilibrium at that point in time (Gilliland & James, 1998). Their usual coping mechanisms and problem-solving skills fail to give them a sense of control.

Unlike long-term professional therapists, lay counsellors have to react quickly, without full knowledge of the psychological field and training that forms part of the study process of professionals (Gilliland & James, 1998). Without the luxury of time, trauma counsellors seek quickly to determine previous coping skills and environmental resources available to the client and to use them in the current situation to help stabilise an out-of-control situation (Figley, 1995; Friedman, 1999).

Rather than trying to effect comprehensive transformations, trauma counsellors endeavour to interrupt thoughts and behaviours only to the degree necessary for restoring pre-crisis functioning (Gilliland & James, 1998). Whereas treatment in long-term therapy may be quite flexible, crisis intervention is a good deal more rigid and typically involves set procedures for moving the client from an immobile to a mobilised state (Gilliland & James, 1998). Feedback and assessment in crisis intervention typically occur

immediately, with emphasis on what changes have occurred in the previous minutes and what the client will do in the next few hours (Gilliland & James, 1998). Unlike long term therapists who can pay attention to the whole person and their history, lay trauma counsellors focus only on the immediate traumatised component of the person (Gilliland & James, 1998).

According to Caplan (cited in Gilliland & James, 1998), the goal therefore is to restore stability or pre-crisis equilibrium. Although every lay trauma counsellor training course differs slightly, most of the basic action-oriented based lay-counselling programmes include the elements described below.

All of these lay trauma counselling skills must be practised through role playing techniques and guided interventions until the counsellor feels ready to enter the field. Role-playing involves enacting a hypothetical situation where each counsellor has the experience of pretending to be the client and counsellor, respectively, in order to practise the skills and techniques taught. Role-playing can help a counsellor to develop confidence and a measure of experience before coming into contact with clients. But even then it is advised that counsellors initially team up with experienced supervisors who can support them in their new roles and dispel any technical uncertainties they may have (Friedman, 1999).

Creating an atmosphere conducive to communication

Cormier & Cormier (cited in Gilliland & James, 1998) believe that a critical part of preparing counsellors for the work, is to teach them to create an atmosphere conducive to communication. This can be achieved by conveying appropriate empathy, genuineness and a positive regard for their clients. This is important throughout the whole counselling process, but particularly in the first step of the counselling procedure which involves encouraging the clients to relay their experiences as comprehensively as possible, including all their

feelings, thoughts and fears experienced throughout the traumatic event (Friedman, 1999; Mvakali, 1996).

This process requires that lay trauma counsellors present themselves as individuals who genuinely care about their clients and have a sincere desire to understand their worlds, that is, they show empathy to their clients (du Toit et al., 2003). They should communicate acceptance of their clients, in an unconditional and positive way, whether the clients can reciprocate or not (Friedman, 1999). This can sometimes present a challenge to lay trauma counsellors as, in some cases, clients may be so traumatised that they become hostile towards the counsellor (Gilliland & James, 1998). In the absence of the perpetrator, the trauma counsellor can be the target for the release of emotion (Mvakali, 1996).

In this process it is important that the lay trauma counsellor learns to bracket or contain his/her criticisms and judgements of his or her clients (du Toit et al., 2003). Lay trauma counsellors are taught to try and understand their clients and their pain, not to judge them as being guilty or innocent, good or bad (du Toit et al., 2003). Part of respecting clients involves being aware of one's own prejudices and assumptions as a counsellor. For example, some people feel an unconscious superiority towards people who are in need (du Toit et al., 2003). If the lay trauma counsellor is unaware of this attitude, he/she will not be able to restrain it when counselling and the effect on the client may be detrimental. It is therefore important for every counsellor to examine his/her own values in terms of the people he/she is involved with (du Toit et al., 2003). A critical or inattentive attitude implies a lack of interest on the part of the counsellor or a judgement being made by the counsellor (Hoyt, 1998). This kind of attitude could have the effect of re-traumatising clients, who may feel misunderstood or alone with their trauma (Mvakali, 1996).

By projecting an accepting and non-critical attitude to clients, a supportive environment is created. This facilitates emotional ventilation, the expression

of personal feelings about a situation, by giving clients the space to express any anger, frustration or trauma responses without shame or embarrassment (Friedman, 1999). Because lay trauma counsellors are trained to listen, they are able to enhance understanding of and give meaning to the clients' experiences (Peltzer, 1999). This helps clients to regain control over their emotions (Peltzer, 1999).

Empathy, which involves looking at another person's feelings and situation through his/her frame of reference and communicating this understanding to him/her (du Toit et al., 2003), is also taught. According to Friedman (1999), it is a prime error to assume knowledge of what the crisis event means to the individual. Therefore, it is critically important to know how the event is perceived by the individual.

Confidentiality is a critical component of counselling and at the outset lay trauma counsellors are told to reassure their clients that the conversations in counselling are completely confidential (Friedman, 1999). Clients may be reluctant to share their experiences if they are not certain that their stories will not be repeated to others or used against them (du Toit et al., 2003). The promise of confidentiality helps to create an environment within which the clients feel completely unthreatened and safe, one which allows them to talk openly about their experiences (Peltzer, 1999).

It is important that counsellors be sensitive to cultural values of clients that may differ from their own (du Toit et al., 2003). They must not impose their assumptions on to clients and should be sensitive to each person's preferred mode of treatment even if clients should refuse to talk about the trauma. In other words, the person must be respected as an individual in the context of the crisis situation (du Toit et al., 2003). Each person will have different experiences and attach different meanings to these experiences and a counsellor needs to be respectful of that and not generalise (du Toit et al., 2003).

Counsellors are taught to ask open-ended questions that require more than a yes or no response in order to encourage the client to talk (Figley, 1995). According to Friedman (1998), the more a client talks, the more in control he/she will begin to feel. Talking also helps people to make sense of their experiences and to ground their feelings in a context. Languaging helps give the experience a name. Questions such as “What are you feeling now?” or “Tell me some more about...” and asking the client to be explicit, rather than vague with their descriptions, help to facilitate this process (Friedman, 1999). However, counsellors must be careful to distinguish between interrogating clients and gently encouraging them to share their stories (Friedman, 1999). They should be allowed to discuss only what they feel comfortable with and the lay trauma counsellor should not press them to tell more than they wish to at that moment. Very often a traumatised client will give a stilted version of the story, perhaps in the style of a telegram (Friedman, 1999). In this case the client should be gently persuaded to tell the story again, including all feelings, thoughts and fears (Mvakali, 1996) without minimising the effort that went into telling that earlier version.

Attentiveness, another factor conducive to communication, is both an attitude and a skill. It is an attitude in that the counsellor focuses fully on the client in the present (du Toit et al., 2003). At such moments the counsellor’s own needs and concerns must be put on hold. It is a skill in that conveying an attitude of attention takes practice (Gilliland & James, 1998). When a counsellor is attentive, he/she enters the client’s world and the message to the client is that the counsellor is accessible to him/her (du Toit et al., 2003). Attentiveness can be communicated through body language. By leaning slightly forward, for example, the lay trauma counsellor can convey an empathetic attitude which can help to encourage a trust relationship between counsellor and client (Gilliland & James, 1998). Maintaining sufficient eye contact but not staring at the client, which may make them feel uncomfortable, is another technique that is taught (Friedman, 1999). In some cases these techniques may not be appropriate for the client as he/she may be frightened

or be reluctant because of cultural reasons to look at another person in the eye. The lay counsellor needs to be aware of these issues and should not impose (Friedman, 1999; Parry, 1998). Reflecting or summing up the client's feelings, facts and thoughts, by summarising the key elements of what the client has said shows that the counsellor is listening. For example, saying something like, "If I understand you right, what you are saying is....." indicates that they have been heard and understood (du Toit et al., 2003). It also allows clients to correct the trauma counsellor, which is empowering for the client. Other techniques, such as being careful not to interrupt while a client is speaking, as well as learning not to complete sentences for him/her, are also taught (Friedman, 1999). Acknowledging a client's pain, rather than assuming to know how he/she is feeling (du Toit et al., 2003) and learning to speak in a measured manner, in order to calm a stressed individual, is also recommended (Friedman, 1999). The lay trauma counsellor needs, however, to be careful to acknowledge the intensity of the client's feelings when employing this technique.

Throughout the entire counselling and listening process, it is important that the trauma counsellor be led by the client's needs at the time. This applies to all the examples of techniques given and reinforces the early point made about treating each person as an individual with respect.

Calmness

The nature of trauma counselling is such that counsellors are often faced with shocking or frightening material from clients who may be unable to control their emotions. Trauma counsellors are trained to maintain a patient, calm and controlled disposition in these circumstances (Gilliland & James, 1998). A stable and rational atmosphere provides a good example for clients and assists them to restore equilibrium. Practising relaxation techniques is one way of keeping calm in such volatile situations (Gilliland & James, 1998). Counsellors should also remember that such reactions from clients can be

normal and that they generally do pass and the client is able to get on with their lives (Gilliland & James, 1998).

Cognitive techniques

Counsellors are trained to encourage constructive thinking patterns on the part of the client which may help to substantially alter the client's view of the problem and lessen anxiety or stress (Friedman, 1999).

The techniques of reframing and normalising, which are discussed below are drawn from cognitive-behavioural or constructivist thought (Hoyt, 1998; Pelzer, 1999). The assumption is that crises are rooted in faulty thinking about events - not in the situations themselves (Meichenbaum, 1995). The goal, therefore, is to help people to change their thinking, especially irrational thinking (Friedman, 1999). In this way they will become more equipped to deal with the crisis (Meichenbaum, 1995).

Reframing is a technique to help the client transform their trauma story, by placing it in another 'frame' and in so doing, giving it another more constructive meaning. This meaning has to fit with the client's world (Mvakali, 1996). Reframing offers the client an alternative meaning but it is his or her choice as to whether or not he or she will accept this reframe (Friedman, 1999). It may help survivors to place past and present experience within more helpful and healing frameworks. For example, helping the client to take the leap from seeing him or herself as a 'victim' to that of a 'survivor' allows for a different perspective. Lay trauma counsellors are also trained to help clients to explore feelings of guilt and/or fantasies of revenge. This kind of thinking often seems to occur with survivors of a traumatic experience (Mvakali, 1996). Guilt patterns may involve feeling shame over surviving when others did not, or guilt over not having been braver under the circumstances (Friedman, 1999). The client may also feel that the trauma is partly their fault (Friedman, 1999). Most commonly guilt takes the form of intrusive thoughts such as "I

could have done more” (Gilliland & James, 1998). The counsellor needs to explore these beliefs with the client and create new and more empowering beliefs that could help the client to move on or past the traumatic experience.

The critical features of reframing and, indeed, the whole lay trauma process are not in its scientific validity, but in its viability and plausibility for the client (Meichenbaum, 1995). In the same way that the authors of DSM-IV have a ‘story’ to convey (classification of these behaviours as psychiatric disorders), the constructivist approach (focuses on interpretations and meanings), which is evident in the philosophy and technique of many lay trauma counselling programmes, helps co-construct a more empowering ‘story’ with the client, a story that says that his/her reactions are ‘survival skills’, ‘coping devices’ and ‘the initial signs of recovery’ (Meichenbaum, 1995; Hoyt & Watzlawick, 1998). However, these reframes or statements would need to make sense to the individual client if they are to be effective. Special emphasis is placed on helping clients to recognise their personal strengths and resources for coping (du Toit, et al., 2003).

Reframing requires trauma counsellors to develop skills of creativity and flexibility in order to give swift and appropriate consideration to the needs of clients. Most training programmes teach counsellors a repertoire of skills, as discussed, but it is not always possible to teach counsellors to think creatively (Gilliland & James, 1998; Peltzer, 1999). Trauma counselling requires more activity and guidance than other therapeutic endeavours (Gilliland & James, 1998). Time to reflect is a rare commodity in this kind of intervention. The counsellor must have, or develop, fast mental reflexes to deal with the different reactions of clients (Gilliland & James, 1998).

Since the general process of coping with a traumatic event is often accompanied by symptoms, such as headaches, sleeplessness and irritability, counsellors are trained to normalise the symptoms (Ortlepp, 1998). They do this by giving their clients information about what to expect, so that should

they experience these symptoms, they do not become overly anxious (Friedman, 1998). This information also enables the client to put his or her own reaction into the framework of normal coping. Therefore, if a person knows that flashbacks or nightmares are normal reactions to particular events, they will not be too frightened if they should experience them, and if the symptoms are intense, they may feel it acceptable to seek appropriate assistance from a qualified therapist or social worker (Mvakali, 1996).

Making plans

Many times clients, in their immobile state, feel hopeless and helpless believing that there is no choice available to them (du Toit et al., 2003). Treatment goals are structured to enhance the client's competency in coping by highlighting the client's own problem-solving skills and by locating sources in the environment that can be of assistance (Gilliland & James, 1998). In this process counsellors are taught to help clients to examine their immediate needs and to remind them of their coping strengths and choices available to them (Friedman, 1999). Clients are asked to reflect on what they usually do in stressful occasions and are encouraged to employ these strategies (Friedman, 1999). Very often the traumatic situation may cause clients to temporarily forget their normal day-to-day stress relief practices (Friedman, 1999). Counsellors also help their clients to discern that some choices are better than others. They learn to help clients develop short-term plans that will assist in an immediate crisis, as well as make the transition to long-term coping (Peltzer, 1999). The aim is to restore the client's emotional equilibrium. The short-term plan should identify additional persons, groups and other referral resources that can be contacted for immediate support (Peltzer, 1999). It should also provide the client with coping mechanisms - something concrete and positive for the client to do immediately, definite action steps that the client can own and comprehend (Mvakali, 1996). The short-term plan should focus on systematic problem solving for the client and be realistic in terms of the client's coping ability (Friedman, 1999). It may include

collaboration between the client and crisis worker - for example facilitation of relaxation techniques and plans for follow-up visits. These visits, taking place the following day, one week after the event and one month later, form part of most banks' lay trauma counselling courses (Friedman, 1999).

Trauma counsellors are told to encourage clients to take extra care during this period. They are reminded to eat nutritious foods, take gentle exercise and engage in their usual relaxation techniques in order to combat the effects of stress (Friedman, 1999). Trauma counsellors are also taught to encourage their clients to tell as many people as possible about their traumatic experiences, so that family and friends may understand what they have been through and provide necessary support (Mvakali, 1996). Social support is an important determinant in assisting people to overcome trauma (Paton & Violanti, 1999). Through repeatedly telling the story the individual gradually distances him-or herself from the trauma until eventually it no longer has an emotional hold over him/her (Friedman, 1999). The counsellor is taught to encourage the client to commit him- or herself to definite, positive action steps that the client can own and realistically accomplish or accept (Gilliland & James, 1998).

Boundaries of lay counselling role

An important part of the training programme involves making lay counsellors aware of the boundaries of their role (Friedman, 1999). They are trained only to deal with the immediate trauma of their clients and must keep their contact with clients within the boundaries of the counselling sessions (Friedman, 1999). If the counsellor feels that a client is at risk of developing a disorder or is presenting symptoms which he or she is not trained to deal with, he or she is required to refer the client to a professional (Mvakali, 1996). If, for example, the trauma provokes symptoms of a client's previous history of trauma or psychiatric illness, the counsellor is not qualified to tackle these issues or to undertake longer term therapy. Counsellors are taught to be alert for

indications which signal the need to refer (Friedman, 1999), such as:

- uncontrollable anger or rage
- suicidal ideation, apathy, depression
- indications that the client is unable to meet the ordinary demands of daily routine
- a month after the event, the client continues to experience intrusive reliving of the experience
- client has a previous history of trauma or abuse
- client is undergoing psychiatric treatment or psychological therapy.

Counsellors are warned not to become emotionally involved with clients in order to protect themselves from burnout and their clients from disappointment (Peltzer, 1999). Trauma may have the effect of making the individual feel vulnerable and dependent on the counsellor and while counsellors can identify with a client's emotional experiences, perhaps even laugh or cry together with a client, no commitment beyond the counselling sessions should be made in order that the counsellor remains within the bounds of his/her role (Friedman, 1999).

Counsellors are taught that while they are able to create a context for clients in order to facilitate healing and growth, they cannot control the outcome of the counselling process (du Toit et al., 2003). It is thus necessary that counsellors have the capacity to accept that the outcome is uncertain and, at the same time, respect the autonomy and self-determination of their clients (du Toit et al., 2003).

Group Counselling

Most training programmes encourage lay trauma counsellors to counsel clients in one-on-one situations. They are told to find a quiet, comfortable, safe place and to focus their listening skills and energies on one person at a

time, for about twenty to forty minutes (Friedman, 1999). However, the situation may arise where counsellors have to do group debriefings to clients who have experienced the same trauma - for example, a robbery or accident (Gilliland & James, 1998). In some instances, group counselling may not be appropriate (Friedman, 1999). Quieter personalities may refuse to speak in front of others, for example, while those who are more outgoing, may want to give the group the impression that they are fine (Friedman, 1999). Confidentiality can be more of an issue in a group context than a one-on-one context, especially in situations such as those where members will be in regular contact with each other outside the group (du Toit et al., 2003). Should the group counselling take place in a work situation, there may be a fear that management may use confidential information against individuals (du Toit et al., 2003).

Nevertheless, group counselling may be necessary if, for example, time is restricted, and the number of trauma counsellors available is limited (Gilliland & James, 1998). The process is very similar to that involved in the one-on-one counselling situation, although group counselling generally tends to follow a more gradual approach, slowly moving from a factual account of the traumatic event to an emotional account of the same event (Gilliland & James, 1998). The skill of the counsellor is crucial to the success of group counselling (du Toit et al., 2003). In these situations, counsellors should be taught to manage group dynamics, in order to contain the emotions of the group (Gilliland & James, 1998). In the first step, clients are urged to describe the traumatic event and to provide facts regarding what happened. Counsellors are trained to give everyone the opportunity to participate equally and allow only one person to speak at a time (Gilliland & James, 1998). The next phase introduces more personal elements as members of the group are encouraged to describe their first thoughts during the specific event (Gilliland & James, 1998). As the session continues, clients are gradually asked questions that will elicit more emotional responses (Gilliland & James, 1998). For example, the trauma counsellor may ask, "What was the worst thing about the event?"

Then, moving back to a more cognitive level, participants are prompted to discuss how they are currently feeling, physically and emotionally (Gilliland & James, 1998). During the next phase, group members are educated about stress reactions and ways to alleviate them. In the final phase, clients are asked to make supportive contracts, stipulating agreed follow up healing procedures such as a commitment to peer support which is an important aspect of group counselling (Gilliland & James, 1998).

Multicultural sensitivity

Multicultural sensitivity has been touched on already in the section titled 'Creating an atmosphere conducive to communication', but, because of its importance, particularly in South Africa's diverse melting pot of cultures, the subject is broached again. An important element of any training programme is the need to remind counsellors that failure to understand the world-view of clients, especially those who are culturally different, may impede the trauma counselling process (du Toit et al., 2003). The client may feel traumatised once again by a lack of understanding or compassion from a trauma counsellor who imposes their values on the client. Du Toit et al., (2003) stress that culturally effective helping skills should form part of the training of counsellors, the most important being the criterion of examining and understanding the experience from the client's point of view without assuming, labelling, judging or stereotyping certain reactions. This is especially relevant to South Africa, where the history of years of racial conflict is still an issue for many people. All counsellors, whether they are black or white, should be primed to be acutely respectful of the needs of the individual in the context of the crisis situation (Roberts, 2000). A counsellor should still be able to convey empathy and help a client in spite of language or cultural differences (Peltzer, 1999).

Taking care of the lay trauma counsellor

It is acknowledged that trauma counselling can be stressful to the counsellor and that in order to remain effective, trauma counsellors should be aware of the need to take care of themselves (Friedman, 1999). Apart from technical supervision by a programme co-ordinator, which should be available after each counselling session (technical supervision involves guidance on counselling procedures/a sounding board by a professional counsellor), emotional debriefing and support should be offered to counsellors (Peltzer, 1999). Counsellors should be urged to make use of these support programmes and to explore relaxation and other self-management techniques (Friedman, 1999). While counsellors are trained to be on the look out for the display of post-traumatic symptoms in their clients, they should also be made aware of the possibility of such symptoms in themselves (Peltzer, 1999). For example, by being alert to feelings such as irritability, emotional numbness, or extreme exhaustion in themselves counsellors can learn to monitor and attend to them before they get out of hand (Mvakali, 1996). Although counsellors must learn how to step into another person's shoes in order to view the world from his or her emotional and perceptual viewpoint, they also need to learn how to detach themselves from the traumatic material. This is so that they do not become overwhelmed by the experiences of their clients (Paton & Violanti, 1999).

The organisation for which the lay trauma counsellor works should also provide key supportive elements such as:

- Technical supervision: After each counselling session, lay counselors should be able to discuss any reservations or concerns they may have about the procedure. A professional psychologist or experienced lay trauma counsellor should be available to provide a mentoring role (Mvakali, 1996).
- Peer counselling: The organisation should encourage trauma counsellors

to meet with their peers as soon as possible after sessions with their clients (Friedman, 1999). These discussions between fellow counsellors encourage perspective. Counsellors can feel comfortable knowing that they are not alone and can share their experiences in a safe environment knowing, also, that they are understood. It is preferable that counsellors do not return to work immediately after attending to survivors (Friedman, 1999).

- **Balanced duty rosters:** The organisation should ensure that any one counsellor is not overloaded with cases in order to prevent burnout (Gillespie, 2000). The overall counselling co-ordinator should be sensitive to the needs of trauma counsellors and be willing to adjust duty rosters accordingly (Gillespie, 2000).
- **Recognition:** Organisations should make sure that lay trauma counsellors feel respected and valued by acknowledging the importance of their roles (Gillespie, 2000). Additional training programmes and refresher courses will help to keep the lay counsellor up-to-date and current in the field (Friedman, 1999). Co-ordinators should also be sensitive to signs that may indicate lack of coping among lay counsellors and take appropriate action (Friedman, 1999).

Conclusion

The training of lay trauma counsellors varies from organisation to organisation. However, the fundamental skills taught using role-playing techniques and observation, are integral to all programmes. They are the following:

- **Creating an atmosphere conducive to communication:** Counsellors are taught to communicate genuine concern and understanding in order to encourage clients to tell their stories.
- **Calmness:** In spite of being confronted by clients who may not be able

to contain their emotions, trauma counsellors are taught to maintain a calm countenance in these circumstances.

- Cognitive techniques: Counsellors are trained to encourage constructive thinking patterns on the part of the client which may help to substantially alter the client's view of the problem and lessen their anxiety or stress.
- Making plans: Treatment goals are structured to enhance the client's competency by drawing the client's attention to his/her own problem-solving skills and by locating sources in the environment that can be of assistance.
- Boundaries of lay counselling: Counsellors are trained only to deal with the immediate trauma of their clients and to keep their contact with clients within the boundaries of the counselling session.

These skills taught also apply to group counselling and are also relevant to counselling across cultural and racial boundaries.

CHAPTER 3

THE EFFECTS OF TRAUMA COUNSELLING ON LAY TRAUMA COUNSELLORS

Introduction

Crisis intervention has proved to be helpful in preventing the development of Post Traumatic Stress Disorder (PTSD). However, an area that requires further research in the field of traumatology is how trauma counsellors are affected by the work. This chapter presents a theoretical framework for understanding Secondary Traumatic Stress (STS) reactions.

Trauma Counsellors: The Cost of Caring

“I love my work but lately I find it contaminating my personal life. I have nightmares about the horrible things I hear about from clients, my sex life has deteriorated, I’m irritable and distracted, I’m afraid for my kids and tend to over-protect them, and I don’t trust anybody anymore. I don’t know what is happening to me.”

A therapist (Courtois cited in Meichenbaum, 1995, p.278).

A review of the traumatology literature reveals that until recently, most of the reports focus on those who were directly traumatised, the survivors, rather than those who were traumatised indirectly or secondarily. Yet, descriptions of what constitutes a traumatic event outlined in Category A in DSM-III, DSM-III-R and DSM-IV clearly suggest that mere knowledge of another’s traumatic experiences can be traumatising (Figley, 1995). The following quote taken from DSM IV, emphasises this point:

The person has experienced an event outside the range of usual human experience that would be markedly distressing to almost anyone: a serious threat to his or her life or physical integrity; serious threat or harm to *his children, spouse, or other close relatives or friends*; sudden destruction of his home or community; or *learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associates* (DSM IV, 1994, p.424).

The abovementioned italicised phrases (my emphasis) indicate that people can be traumatised indirectly without being physically harmed or threatened with harm. They can be traumatised simply by learning about a traumatic event and this experience has been labelled as STS (Figley, 1995). Not only are counsellors vulnerable to STS, so too are the family and friends of the survivors.

The purpose of this chapter is to review the literature so as to develop an understanding of the trauma counsellor's STS reactions, that is, the psychological effects of exposure to traumatic events through contact with survivors of trauma.

Secondary Traumatic Stress Reaction (STS)

According to Courtois, McCann and Pearlman (cited in Figley, 1995), discussion of STS reactions or vicarious victimisation among trauma counsellors is starting to appear in the literature. However, there are few reports documenting its prevalence and, according to Kraukopf, Miller and Thoreson (cited in Figley, 1995), treatment of this issue has been largely theoretical or anecdotal.

The terms, traumatic counter-transference, contact victimisation, burnout and compassion fatigue; have also been used to describe reactions similar to STS

(Figley, 1995). The writer will use the term STS throughout for consistency, but any one of the abovementioned terms could also have been used to describe the stress resulting from helping or wanting to help a traumatised person. Although some researchers argue for distinctions between STS reactions versus disorders, based on the extent of the reaction, this writer questions the value of distinguishing between different reactions (Meichenbaum, 1995). Prolonged recovery among trauma workers, as with direct survivors of traumatic events, may be influenced by individual characteristics such as biological vulnerability, prior trauma and cultural differences (Baird & Jenkins, 2002). Therefore, caution should be taken before premature classification of stress reactions as disorders is made, both in trauma counsellors (Secondary Traumatic Stress Disorder) or survivors (Post-Traumatic Stress Disorder) (Meichenbaum, 1995).

It seems that STS is inevitable among trauma counsellors and may develop regardless of race, age, gender, or level of training (Arvay, 2001; Baird & Jenkins, 2002). Factors such as type of clients dealt with, caseload, frequency of supervision, satisfaction with supervision, and feeling of bureaucratic intervention, are just some of the variables that may precipitate its development (Bicknell & Lyndall, 2001). These STS reactions, though normal, can affect a trauma counsellor's health and productivity. Violanti and Paton (1999) highlight the reality that rescuers are also vulnerable to the horror of human suffering. They state that psychological aftershock can emerge days, weeks or even months later and can seriously affect a person's performance as a rescue worker.

As a means of formal categorisation, STS reactions have been described in three areas; firstly, as indicators of psychological distress or dysfunction, secondly, as changes in cognitive schema, and thirdly, as relational disturbances (Figley, 1995). This categorisation is parallel to that of post-traumatic stress (PTS) reactions. According to Munroe et al. (cited in Figley, 1995 p.211), "[i]t seems reasonable to assume that the process of secondary

trauma is similar to that of primary trauma, and that existing theoretical models can shed light on that process". The descriptive model detailed below is a useful framework for identifying the symptoms of STS.

Reported indicators of psychological distress in trauma counsellors

Distressing emotions

Sadness, depression, anxiety, dread and horror, fear, rage or shame, are just some examples of psychological distress in trauma counsellors (Arvay, 2001). Feelings of hopelessness - "the helplessness of humanity" - have also been described as a distressing reaction (Meichenbaum, 1995, p.278).

Intrusion

Courtois (cited in Figley, 1995) reports that images of clients' traumatic experiences can become intrusive for trauma counsellors. These intrusions could take the form of nightmares, flooding and flashbacks of images generated during and following the client's narration of traumatic events.

Avoidance

Courtois et al. (cited in Figley, 1995) provide the following as examples of avoidance tendencies; psychic numbing, dissociation or reluctance to listen to traumatic stories. As part of the effort to shut out traumatic materials, addictive or compulsive behaviours such as substance abuse, workaholism, and compulsive eating have been reported by Boylin and Briggie (cited in Figley, 1995).

Somatic complaints

Herman and Figley (cited in Figley, 1995) mention headaches, gastrointestinal distress, heart palpitations, excessive fatigue, sleep disturbances, nightmares, vomiting and diarrhoea.

Physiological Arousal

Examples of physiological arousal include angry outbursts, anxiety, irritability, restlessness, moodiness and difficulty concentrating (Arvay, 2001).

Impairment of day-to-day functioning in social and personal roles

According to Boylin and Briggie (cited in Figley, 1995), trauma counsellors may start to avoid appointments; use less supervision; always be late and neglect self-care behaviours. Boylin and Briggie (cited in Figley, 1995) also mention overwhelming feelings of isolation, alienation, or lack of appreciation as being common. In their interventions with survivors of armed hold-ups, Baird & Jenkins (2002) and Talbot et al. (1992) report feelings, thoughts, and behaviours which have been cited in the literature as indicators of 'burnout'. These indicators include exhaustion manifested in feelings of confusion, tearfulness, a sense of uselessness, and rigid thinking.

Cognitive changes in the beliefs, expectations and assumptions that trauma counsellors hold

Most people have theories or assumptions about the world, which provide a framework from which to conduct 'normal' living (Berg & Janoff-Bulman, 1998). Trauma counsellors may start to question personal beliefs such as 'it won't happen to me' or 'bad things only happen to bad people' (Berg & Janoff-Bulman, 1998). They could also start to feel incredibly vulnerable and helpless. Other examples cited are, chronic suspicion and lack of trust,

bitterness or cynicism about others; alienation, client blame and disorientation (Friedman & Ortlepp, 2002). Disorientation is often manifest in trauma counsellors as confusion about practical issues such as what day or month it is, and forgetfulness about where they are and what it is they are supposed to be doing.

According to Herman (cited in Figley, 1995), novice trauma counsellors may feel guilty when a survivor re-experiences the trauma through necessary procedures such as encouraging the client to tell and re-tell the exact details of the event. Herman (cited in Figley, 1995) describes a type of client blame that may result when a trauma counsellor begins to feel victimised by clients whom he or she sees as threatening, manipulative, or exploitative.

Relational disturbances

According to Boylin and Briggie (cited in Figley, 1995), trauma counsellors' personal relationships may suffer due to stress or anxiety over trust and intimacy. Work with trauma survivors, especially when the traumatic event involves exploitation, abuse, or intentional violence, may increase trauma counsellors' sensitivity to those same dynamics in their personal relationships (Bicknell & Lyndall, 2001). According to Courtois (cited in Figley, 1995), another dynamic could be the trauma counsellor's over-identification with or detachment from survivors. Detachment may involve judging, labelling, or pathologising the traumatic reaction (Bicknell & Lyndall, 2001).

It is important to note that all of the above may be normal responses to the stress of working with survivors of trauma (Baird & Jenkins, 2002; Meichenbaum, 1995). It is only when they become more chronic or prolonged, and if they interfere with the functioning of the counsellor, that they can be termed 'abnormal' (Gilliland & James, 1998).

How does STS occur?

Although symptoms and reports on the stress experienced by trauma counsellors have been documented, the most fundamental question remains a puzzle. How is it that the traumatic stress first found in one person, a survivor, is also found among those who attend to the survivor, the counsellors? (Figley, 1995; Mvakali, 1996).

One explanation is that the trauma counsellor, in an effort to generate an understanding of the traumatised person, identifies with the survivor's suffering (Gilliland & James, 1998). And during this process, the trauma counsellor may experience emotions that are strikingly similar to those of the survivor (Gilliland & James, 1998). These may include visual images (e.g. flashbacks), sleeping problems, depression, and other symptoms that are a direct result of visualising the survivor's traumatic experiences, or of being exposed to the symptoms of the survivor or both (Gilliland & James, 1998).

Corey (cited in Figley, 1995) uses another concept used to describe this process – counter-transference. Corey (cited in Figley, 1995) defines this as the process of seeing oneself in the client or of over-identifying with the client.

Working with the aftermath of trauma involves more than just exposure to the traumatic event through the client's recounting of, and perhaps even the client's re-experiencing of, the event in the trauma counsellor's presence. It also involves exposure to the survivor's reaction to the traumatic event. These reactions could manifest as fear, rage, despair, hopelessness or intense emotional pain (Figley, 1995).

The trauma counsellor may have little control over contextual issues that may lead to traumatised individuals being re-traumatised, such as when bank robberies occur several times at one particular branch (Friedman, 1999).

In addition to addressing the client's experiences, Arvay (2001) and Ortlepp (1998) suggest that the nature of the trauma itself may also have an impact on the trauma counsellor. According to McRaith (cited in Gilliland & James, 1998), the severity of the trauma experienced by survivors can wear down the optimism and motivation of any counsellor. By being exposed to the concept of trauma, trauma counsellors not only become aware of their clients' pain, but also come to the realisation that a particular traumatic event can occur, perhaps even in their own lives or to their loved ones (Gilliland & James, 1998). The concomitant sudden experience of losing control, losing a sense of connection with others, being pushed beyond one's perceived ability to cope, having one's frame of reference (i.e., sense of identity, world view, moral principles, life philosophy, and spirituality) change is a terrifying possibility (Friedman, 1999). According to Pearlman & Saakvitne (cited in Figley, 1995), the presence of a survivor client is an inescapable reminder of the trauma counsellor's own personal vulnerability to traumatic loss.

A model which can be used to explain how STS can occur, is the multidimensional model referred to below.

Multidimensional Model for understanding the onset of secondary traumatic stress

Courage's and Williams' model (1987) represents the proposed relationships among the variables associated with secondary traumatic stress: the provider of care (the trauma counsellor), the organisation (where the trauma counsellor works), and the recipient of care (the survivor). The researcher has adapted the model to provide a basic framework for understanding all the elements involved in the onset of secondary traumatic stress or burnout. The researcher has also built in recent and additional research findings not

included in the Courage and Williams model. These findings will be referenced accordingly.

The trauma counsellor

Personality characteristics. According to Friedman & Ortlepp (2001), STS in trauma counsellors has been associated with the tendency to be altruistic and over-committed in the service of others to the detriment of self. This combination leaves the individual counsellor vulnerable to exhaustion. Maslach (cited in Gilliland & James, 1998, p. 563) believes that trauma counsellors who are “on fire” are the ones who seem to suffer most from STS. An idealistic trauma counsellor may view his or her job as a calling and feel compelled to assist everyone who calls on him or her for help (Friedman & Ortlepp, 2001). This idealistic outlook could lead to over-involvement and over-identification with the client - often to the counsellor’s detriment (Koeske & Koeske, 2000). As the trauma counsellor becomes enmeshed in the helping relationship, the strong need to be accepted and liked makes it increasingly harder to say no to a client’s demands. At this point the counsellor has started to take on responsibility for the client (Gilliland & James, 1998). The counsellor’s over-involvement with the client may manifest in a variety of ways. One such an example is extending the session beyond its usual time limit (Figley, 1995).

Empathic ability. Empathic ability, defined as the ability to see things from another’s point of view (du Toit et al., 2003), is frequently the characteristic that leads people to choose the role of trauma counsellor (Friedman & Ortlepp, 2001). And it is this ability that may cause the trauma counsellor to be vulnerable to the clients’ traumatic material (Pearlman & Saakvitne, 1995). As elucidated by Figley (1995), “[t]rauma workers who listen to clients’ stories of fear, pain, and suffering may feel similar fear, pain, and suffering because they care”. Mary Cerney (cited in Figley 1995) points to the special challenges of counselling trauma survivors, since some trauma counsellors may feel that

they, in the words of English (cited in Figley, 1995 p. 1), “..... have taken over the pathology” of the clients. Cerney (cited in Figley, 1995 p.1) suggests:

This affront to the sense of self experienced by therapists of trauma survivors can be so overwhelming that despite their best efforts, therapists begin to exhibit the same characteristics as their patients - that is, they experience a change in their interaction with the world, themselves and their family. They may begin to have intrusive thoughts, nightmares, and generalised anxiety. They themselves need assistance in coping with their trauma.

Lack of assertiveness. Gillespie (2000) discusses how, by not setting limits, the trauma counsellor can become susceptible to STS. By failing to say no, within reason, to the demands of their clients, and by failing to educate their clients to accept their limits, they, in turn, set the stage for their own incompetence and burnout (Gillespie, 2000).

Cognitive thoughts that engender burnout. It has been suggested that unrealistic self-expectations may also foster adverse reactions in trauma counsellors (Gilliland & James, 1998). For example, the superhuman notion that one should be able to save the world can become a psychological burden (Baird & Jenkins, 2002). In the extreme, this attitude, may lead to burnout and paralysis. The following quotes recorded by Everly, Friedman and Rosenman et al. (cited in Gilliland & James, 1998, p.556), illustrate how candidates for STS believe a number of irrational statements about themselves and how they should operate in their environment.

To accomplish my job and maintain my own sense of self-worth, I must be liked and approved of by everyone with whom I work. Thus I cannot assert myself, set limits, say no, disagree with others, or give negative feedback.

I must be totally competent, knowledgeable, and able to help everyone. My job is my life, which means long hours and no leisure time. I must not make mistakes, otherwise I am a failure. Of course, to do that, I must obtain all the therapeutic information and skills there are - an impossible task. Any negative feedback indicates there is something wrong with what I do. I cannot evaluate my work realistically and make cognitive changes.

Demographic characteristics. According to Courage and Williams (cited in Gillespie, 1987), demographic variables that have been associated with STS in trauma counsellors include age, marital and family status, and education. Although inconclusive, Friedman (1999) reports that in some cases, it has been found that younger trauma counsellors are more susceptible to STS than their older counterparts, possibly because of their lack of experience. Single and divorced trauma counsellors seem to be at greater risk for burnout than married counsellors (Gilliland & James, 1998). This is probably because of the supportive aspect of having a partner to confide in. Friedman (1999) explains that interpersonal support systems can function as protective buffers against work stresses. According to Koeske and Koeske (2000), education without practical experience tends to create the greatest discrepancies between idealistic expectation for service and the realities of counselling which may leave the trauma counsellor most vulnerable. It seems that the experience of STS is similar for both men and women - in other words, there do not appear to be gender discrepancies (Koeske & Koeske, 2000).

Trauma counsellor's history. In some cases, trauma counsellors may have experienced some sort of traumatic experience in their own lives. They may still harbour unresolved feelings in this regard (Ortlepp, 1998). It is possible that they will work with people who may have experienced events that were similar to those experienced by themselves (Gilliland & James, 1998). There

is a danger that unresolved trauma of the worker could be activated by similar trauma in the client (Figley, 1995).

Human Service Organisations

This is the organisation for which the trauma counsellor works.

Resources. The crisis department, or human resources department, is dependent on resources to maintain service delivery, and if these are inadequate to meet the requirements or demands of clients, trauma counsellors may feel disposed to stress and burnout (McKendrick, 1998). According to Ortlepp (1998), STS has been shown to be related to work overload.

Structure. The structure of the organisation determines the relationships between trauma counsellors and clients, trauma counsellors and supervisors. If the structure lacks the flexibility to meet the unique and sometimes changing needs of its staff and clients, the trauma counsellor can become vulnerable to burnout (Gillespie, 2000).

Gillespie (2000) suggests that the more bureaucratic the organisation, the lower the level of autonomy felt by counsellors. Professional self-esteem is seen as a subjective evaluation regarding the prestige, worth, self-fulfilment, and service to other people provided by the profession (Gillespie, 2000). Additionally, it is hypothesised that an increase in work autonomy and variety will be negatively associated with STS (Koeske & Koeske, 2000). According to Koeske and Koeske (2000), counsellors can become unmotivated when they are not given the flexibility, recognition and support they require.

Functions. Human services agencies are expected to promote and maintain the welfare of the public. As a result, there are numerous societal controls on the operations of any one agency (McKendrick, 1998). This situation may

lead to confusion and stress about the work to be performed, lines of responsibility, and the trauma counsellor's sense of accomplishment.

Roles. Trauma counsellors may work for organisations that expect them to fulfil a variety of roles over and above counselling work. They may, for example, be expected to perform heavy administration tasks, which could result in unnecessary stress (Koeske & Koeske, 2000).

Even in private practice, the role of being an independent business person means being completely responsible for maintaining the practice (Gilliland & James, 1998). Long hours and difficult work periods are the rule rather than the exception. Because most clients work regular hours, private practitioners devote many evenings and weekends to their work and may start to feel isolated from others in their field. According to Maslach (cited in Gilliland & James, 1998), because so little is said about STS, they may attribute their negative experiences to personal inadequacy.

Unique features of the job of trauma counselling

Crisis intervention (especially when compared to long-term counselling) has unique characteristics which make it particularly stressful (Gilliland & James, 1998). Some of these attributes are related to the nature of the work itself, the role of the trauma counsellor and the context within which the crisis takes place (Mvakali, 1996).

In a crisis situation, there is rarely time for preparation, limited opportunity for individual interventions, lack of space and familiar surroundings (Mvakali, 1996). This militates against trauma counsellors who need to work speedily to stabilise out-of-control situations. The large volumes of people attended to by an individual counsellor in any one crisis and in terms of numerous successive crises, can also have a debilitating effect (Arvay, 2001). In addition, the intensity of emotions is high, survivors are often regressed and great effort is required of the trauma counsellor to contain them (Friedman,

1999). While most people attempt to limit their exposure to crises, trauma counsellors intentionally confront daily disorganisation and disequilibrium (Mvakali, 1996). According to Harris (cited in Figley, 1995), it should, therefore, be anticipated that they will confront unexpected deleterious effects. Each counselling session exposes the trauma counsellor to the realities of violent experiences. The effects on the trauma counsellor's psyche are cumulative (Pearlman & Saakvitne, 1996).

Nature of the trauma

Traumatic events vary considerably, and this variation may hold important implications for the understanding of the nature, severity, duration and amenability to intervention for not only the primary, but also the secondary, post-traumatic reactions (Figley, 1995). Some of the variables which may influence the degree to which a trauma counsellor becomes affected include:

- Level of unpredictability of traumatic events (e.g. counsellor's expectation of encountering traumatic material) (Friedman, 1999).
- Source of the traumatic experience (Dalenberg, 2000).
- Extent to which the trauma violates assumptions about the world or others (Janoff-Bulman, 1998).
- Level of death threat involved (Friedman, 1999).
- Level of intimacy of the traumatic experience (e.g. sexual versus nonsexual) (Dalenberg, 2000).
- Whether the trauma counsellor himself or herself has survived or witnessed a prior traumatic event (Figley 1995).

Research is needed to consider STS reactions as a function of the nature and dose of exposure to traumatic material (Figley, 1995).

Profile of survivors or care-recipients

Neglected in the literature is how the characteristics of survivors may contribute to stress in trauma counsellors (Koeske & Koeske, 2000).

Individual behaviours. Survivors who display traits such as severe anger, anxiety, hostility, or despair, may challenge the capacity of trauma counsellors (Courage & Williams, 1987). Courage and Williams (cited in Gillespie, 1987, p.17) believe that;

[w]hile it may be possible for the care provider to cope with one recipient who displays negative feelings, the coping strategies are depleted by the cumulative affect of an entire caseload of recipients with similar negative effects.

Demographic variables of clients. If clients are very young or very old, a greater variety of resources and attention from trauma counsellors may be required (Friedman, 1999). Counsellors may feel an additional responsibility to help a child or fragile geriatric because of their vulnerability but at the same time may neglect themselves, thus adding to potential energy depletion (Friedman, 1999). Trauma counsellors report that they are most vulnerable to compassion fatigue when dealing with the pain of children (Beaton & Murphy, 1995).

There are few studies to document the relationship between the family status of care recipients and burnout in trauma counsellors (Koeske & Koeske, 2000). However, it may be hypothesised that families could potentially support the survivors, thus lessening the pressure on trauma counsellors (Mvakali, 1996). It has been suggested that trauma counsellors find it more difficult to help clients who are under-educated and poor (Patti, 2000). These social issues compound recovery and have been linked to recidivism (Patti, 2000). The competencies and resources of the trauma counsellor are thus further taxed.

Chronicity. In cases where clients have chronic, unsolvable problems, trauma counsellors may question their efforts (Gilliland & James, 1998). Studies have found high STS rates among trauma counsellors working with child abuse clients, mentally retarded clients, and chronically ill psychiatric patients (Maslach, 1982). Trauma counsellors may feel a sense of despair at being unable to resolve the problem.

Acuity. The acuity, or the immediacy and intensity of problems presented by clients, may also contribute to STS (Friedman, 1999) because of the intensity of assistance required.

Context - macro-environment

The researcher has deemed it necessary to include environmental factors in the discussion of variables which may play a part in the evolution of STS. These factors are not covered by the Courage and Williams model.

Media. The proliferation of media broadcasts focussing on disasters, traumatic events, murder, and hostage dramas could have ripple effects that spread far beyond the immediate survivors of those terrible events (Gilliland & James, 1998). Viewers may start to believe that trauma and terror are the dominant realities of life and consequently may live with a sense of morbidity and stress (Gilliland & James, 1998).

South Africa. Our country itself is in the grips of crime and violence, with statistics showing that South Africa's total crime rate per 100 000 people is more than double the world average (Banking Council of South Africa, 2000). Although there is to date a moratorium on the release of official police crime statistics placed by Safety and Security Minister Steve Tshwete in July 2000, Institute for Security Studies (ISS) crime and justice programme head, Antoinette Louw, said that crime in SA, as a whole, had increased by 5%

during the first five months of 2000 compared with the same period in 1999 (I-Net bridge, 2000). In addition, she says that violent crime increased by 8% during that time (I-Net Bridge, 2000). Statistics obtained from the South African Police Force for the year 1999 (pre-moratorium) reveal the following:

On average, every day in South Africa –

- 65 people are murdered,
- 140 women are raped,
- 43 people have their cars hijacked,
- 70 people are seriously assaulted,
- 284 vehicles are stolen,
- 463 robberies take place and
- 782 homes are burgled.

These statistics are alarming because they show that people are at risk in their homes, on the streets, in their cars and at their places of work. Several controls protect a society against homicide: full or nearly full employment; a law enforcement and legal system that emphasises prevention, and apprehends and punishes criminals without delay; and, a cultural system that maintains a norm of good behaviour. Clearly South Africa is lacking in these areas and therefore it can be assumed that crime and the resultant trauma will continue to be a part of everyday life in this country for some time to come.

Dynamics and implications of the Multidimensional approach

The approach described is useful in that it draws attention to multiple variables identified in the literature as being associated with STS (Courage & Williams, 1987). The approach also provides a structure for assessing crisis delivery situations and for predicting the potential of STS. Such an assessment can be made according to the interrelationship of the identified variables associated with crisis recipients, trauma counsellors, human service

organisations and macro-environmental issues. It might be hypothesised, for example, that given projected budget restrictions, the frequency of STS will increase while trauma counsellor characteristics remain constant (Courage & Williams, 1987). The multidimensionality of the approach suggests that STS is a complicated phenomenon, but controlled research programmes are necessary to develop and validate the approach as a realistic representation of the STS phenomenon.

Generalisations from Research

The following points have been supported in varying degrees by research:

- All trauma counsellors are at risk of experiencing STS (Beaton & Murphy, 1995). The effects of trauma counsellors being exposed to trauma can be likened to second-hand cigarette smoke. Its effects are real, but difficult to measure precisely (Figley, 1995).
- STS should not be confused with malingering (Maslach & Jackson, 1981). It is not a disease and the medical model is not an appropriate analytical model (Figley, 1995).
- Positive support from personal relationships can form a buffer against the development of STS (Figley, 1995).
- Making time for leisure, developing diverse interests and self-care activities, are as important as any job variable (Friedman, 1999).
- STS can lead to personal and professional growth as well as to despair and trauma (Calhoun & Tedeschi, 1998).

Implications

The cost of STS is difficult to measure and is often reflected as a loss of energy, optimism, and hope among trauma counsellors (Pearlman & Saakvitne, 1995). These cynical attitudes affect the recovery of trauma survivors who are not given the appropriate assistance (Pearlman &

Saakvitne, 1995). It has been found that a trauma counsellor with unacknowledged PTSD can re-traumatise survivors in subtle and overt ways (Figely, 1995). They may violate boundaries by forgetting appointments or by the inappropriate handling of clients. When a trauma counsellor's emotional and psychological needs are not addressed in appropriate ways, they can become more important than the client's needs (Stamm, 2000). The high turnover of experienced trauma counsellors weakens the quality of care provided to clients (Mvakali, 1996).

Recognising this, we have an obligation to prepare volunteers by incorporating issues of stress, burnout and compassion fatigue into any training curriculum.

Harris (cited in Figley, 1995 p. 113), quotes trauma counsellors from various agencies:

“I am not supposed to feel this way. These feelings are not in my job description!”

“How can I work if I'm always going to have this kind of response?”

“I have to be strong for the others, so I need to hide my feelings.”

“Am I in the wrong line of work?”

“Why does helping others carry such a large emotional price tag?”

These statements and questions are legitimate responses to STS and emphasise the fact that trauma counselling can be an emotional, stressful occupation (Figley, 1995). It is essential that those who train trauma counsellors or who are setting up programmes, acknowledge the emotional consequences that may hamper their performance. Out of this understanding, preventative measures can be established to ensure that

trauma counsellors will be able to cope with job-induced STS. Those who risk their well-being to assist others should not be neglected (Figley, 1995). It is also imperative that appropriate screening and realistic job previews detailing the hazards and rewards of the job be disclosed to volunteers beforehand.

Learning without experiencing the pain?

Family and friends have been observed to have gone through difficulties, and strangers who are suffering are shown in the media. These vicarious experiences may provide some inoculation against trauma to the extent that they are seen as potentially relevant to one's own life (Calhoun & Tedeschi, 1998, p.79).

Tragedy is often a dominant theme in great literary works and productions. Some theorists say that by reading or witnessing the drama, the viewer can be transformed by the recognition of his or her connection to the tragic figures (Calhoun & Tedeschi, 1998). When crises occur, people are given the opportunity, and are forced to confront the most threatening questions about life, questions that are always present, but hidden or ignored (Berger & Janof-Bulman, 2000). But does the reading of tragedy, or attending a performance of it, allow the observer to be in the position of learning the lessons without the pain? (Calhoun & Tedeschi, 1998) In this way do observers (or in this case, trauma counsellors) have a very different experience from people who are directly involved and who may be profoundly changed in a positive way by adversity?

Positive effects of working with trauma survivors

The crisis helping relationship, which is described as reciprocal, is thought to lead to a process with the potential for constructive change, not only for the client but also for the trauma counsellor (Gilliland & James, 1998). Gilliland

and James (1998) posit that positive change is not merely the sense of achievement in successfully helping a client negotiate a crisis, but also the incorporation of the survivor's experience into the counsellor's own life which leads to a more holistic and enabling outlook. The assumption is that the counsellor, through his or her connection and identification with the client, can be transformed (Calhoun & Tedeschi, 1998). Just as a trauma counsellor may be vulnerable through her empathic openness to the negative emotional and spiritual effects of vicarious traumatisation, perhaps he or she can benefit positively too through the client's processing of the experience (Pearlman & Saakvitne, 1995).

People suffering from the shock of highly stressful events have been transformed from sadness, depression, and desperation, to hope, joy, and a renewed sense of purpose and meaning of life (Calhoun & Tedeschi, 1998). Can such a transformation be equally possible for counsellors who recognise that they themselves are suffering from STS? According to Gilliland and James (1998), STS can lead to personal and professional growth as well as to despair and trauma. Pearlman and Saakvitne (1995) report that trauma counsellors experience profound shifts in their identity and world-views. In the process of helping a client to find meaning from her experience, a trauma counsellor may start to feel a connection and spiritual awakening similar to that of the survivor. Arvey (2001) reported that emergency workers frequently coped with disastrous events by using cognitive strategies akin to searching for meaning or attempting to achieve mastery of the situation.

Conclusion

Although more research must be conducted in order to fill the gaps about STS, such as which people will be most vulnerable to it, under what circumstances, how it can be treated and prevented - the research clearly indicates that STS can be an occupational hazard of trauma counselling.

This chapter introduced the idea that counsellors may also benefit from the work that they do. It was suggested that positive effects were not necessarily limited to a sense of altruism, or feeling good for helping a person to survive a crisis, but could also result from vicarious learning - or learning without experiencing the pain.

CHAPTER 4

CONSTRUCTIVISM

Introduction

This chapter provides a brief overview of the central themes of constructivism by viewing them against the backdrop of a traditional objectivist or modernist epistemology. The application of constructivist principles to this study will be explained.

Constructivism has been selected as the epistemological framework or guiding metaphor for this study. It refers to the way that individuals actively create their own 'realities'. The word 'realities' is placed in inverted commas to emphasise that from a constructivist perspective, there are no truths or realities, only interpretations. This is particularly relevant in this study where the aim is to tell the stories of trauma counsellors' experiences from their own viewpoints.

This researcher will be using the term constructivism as an umbrella term for both constructivism and social constructionism (McLeod, 1996).

Brief overview of objectivist or modernist principles

During a significant part of its history, psychology, as a new discipline attempting to be viewed as a legitimate science, embraced the basic premises of what has been termed an objectivist or modernist epistemology (Rogers, 2000).

The core assumptions of this epistemology are the following:

- A reality, a truth, an objective world, independent of our thinking, can be discovered using logical and empirical (objective) methods of science (Becvar & Becvar, 2000). According to this view, knowledge should be an accurate representation of objective reality (Stancombe & White, 1998). From this perspective, a discoverable reality or causal explanation for a psychological problem is assumed to exist and to be discernible by an objective specialist (Gergen, 1998). In an objective world, the phenomenological realm and the complex nature of lived human experience are devalued in the search for universal laws that can explain and predict behaviours (Rogers, 2000).
- Modernist epistemology also endorses a *mechanistic worldview*, which depicts the world as a complex machine and events in nature as the product of the linear transmittal of forces (Botella, 2000). Scientists adhering to *reductionist* principles believe that phenomena can be studied in an atomistic way by breaking them down into discrete parts to discover their linear cause-effect relations (Gergen, 1998). The application of these *modernist* principles to the study of human beings lends credence to a view of people as reactive and passive organisms, determined by their environment in an almost unidirectional way (Gergen, 1998).

Application of modernist principles to the treatment domain

In the same way that modernists believe that scientists can stand apart from a system, describe it and manipulate it in replicable ways (Gergen, 1998), they also believe the same is true of the psychologist.

The application of modernist principles to the treatment domain gives a psychologist the privileged status of a medical doctor. They are imbued with the undisputed authority to diagnose mental problems as 'illnesses,' root out

the etiology or cause of the problem and effect change in a patient (Becvar & Becvar, 2000). The different versions of the diagnostic and statistical manual (DSM) founded on these beliefs, categorises symptoms or so-called 'abnormal' behaviours in the same way that a medical journal categorises physical diseases (Meichenbaum, 1995).

From biological psychiatry through to Freud's psychoanalysis, behaviourism and to the early versions of family therapy, pathology was thought to reside within the identified patient, or family (Gergen, 1998). The influence of larger systems, such as the society or culture, was not considered (Gergen, 1998). The pathology was believed to have identifiable causes, depending on one's theoretical lens, which could be isolated, measured and predicted by an expert.

Shift from modernism to postmodernism

Constructivism is associated with postmodernist thought, which assumes that there are no realities, only interpretations. According to Schopenhauer (cited in Barlow & Durand, 2002) p.1:

[a] clear and complete insight into the nature of madness, a correct and distinct conception of what constitutes the difference between the sane and the insane has as far as I know, not yet been found.

During the last decade a growing body of psychological research, fuelled by developments in such disciplines as physics, biology, mathematics and the cognitive sciences, acknowledged the general inadequacy of objectivism applied to the study of human beings (Hoffman, 2000).

In traditional cognitive approaches and later versions of behaviourism, human behaviour and even human thinking, is portrayed in terms of stimuli-response

or transformed biological drives and the role of the mind in meaning-making was ignored (Bruner, 1990; Gergen, 1998).

Building on Von Foerster's neurophysiological research, Maturana and Varella (cited in Speed, 1991) found that sensory data goes through several transformations as it is received and processed by each individual. This means that knowledge is not passively received, either through the senses or by way of communication, but is actively built up by the cognising subject (Keeney, 1999). Maturana and Varella therefore concluded that there is no such thing as direct perception. In other words, each person interprets and constructs a reality based on his or her experiences and interactions with his or her environment.

Taking this premise to its logical conclusion, constructivist thought assumes that all mental images are creations of people, and thus speak of an invented reality (Gergen, 1998; Watzlawick, 1984).

Realism, the modernist position that reality exists, was slowly replaced by post-modernism- the view that reality is only ever a view, an invention (Hoffman, 2000; Speed, 1991).

What is important is that because constructivists believe that there is no outside, impartial viewpoint, all aspects of human experience can only be seen from the point of view of the experiencing subject (Becvar & Becvar, 2000). The objectivist ideal of a detached observer requiring the separation of subject and object, an inside and outside world, is not possible (Kogan, 1998).

Watzlawick (1984) claims that the shift from objectivism to constructivism involves a growing awareness that any so-called reality is the construction of those who believe they have discovered and investigated it. Or, as Efran, Lukens and Lukens (cited in Howard, 1991, p.187) put it, "[g]ood

constructivists acknowledge the active role they play in creating a view of the world.” Rorty (cited in Howard, 1991, p. 187) explains that epistemology in the latter half of the 20th century has been marked by a shift from notions of truth to notions of significance (or meaning).

The essence of science lies in the progression of ever-improving theories that explain a particular domain of action. But in the constructionist worldview, since we can't objectively know reality, all we can do is interpret experience. There are many possibilities for how any given experience may be interpreted, but no interpretation is 'really' true. The same 'facts' can be retold from different points of view and they can have very different meanings.

Because reality is constructed through a person's active experience of it, the constructivist assumption is that we can never have access to an objective world, independent of human mental activity (Gergen, 1998). A person behaves in accordance with his or her 'reality' and looks for consensus for this reality in terms of internal consistency (his or her previous experiences) and social consensus (Hoffman, 2000). According to Held (cited in Rapmund, 1996), if there is agreement, it can be said that a domain of consensus in language exists between observers and not because the area of agreement has an objective existence independent of context.

Thus, while positivists would try to disqualify alternatives and to work methodically to identify universally applicable laws, constructivists celebrate diversity. Within the multiple stories and multiple possibilities of the constructivist 'multiverse', there are no essential or absolute truths, only perspectives or interpretations. It is what legal scholars refer to as the interpretive turn - a turning away from authoritative meaning (Bruner, 1990 Donovan, 1999). It can therefore be said that truth is relative depending on who is making the claim, to whom and in what context.

The constructivist approach is well suited for a multicultural society, in which a high value is placed on equality, openness and tolerance (Gergen, 1998). Constructivism insists on sharing power. It encourages us to consider views other than our own as different, rather than better or worse. It encourages us to see every view as partial, that is, incomplete and favoured by the individual who holds the view (Hoffman, 2000).

Schools of constructivist thought

The constructivist paradigm, not surprisingly, has several derivatives. It is not surprising because of the constructivist rebellion against the concept of one truth or reality.

There is considerable debate amongst philosophers, researchers and psychologists about which brand of constructivism is...what should we say? About which brand....is true? right? viable? corresponds to reality?

(Murphy, 1997, p. 3).

Even the constructivist paradigm itself is open to interpretation. It seems that “[t]here are as many varieties of constructivism as there are researchers” (Ernest, 1995, p. 459).

Three of the more established interpretations are discussed below. They are radical constructivism, social constructionism and co-constructivism. As mentioned in the introduction to this chapter, the researcher will be using the term constructivism as an umbrella term for both radical constructivism and social constructionism.

Radical constructivism and social constructionism

Radical constructivism assumes that the construction of ideas takes place in the individual's nervous system or as Maturana and Varela put it: "[a]ll knowing depends upon the structure of the knower" (Neimeyer & Mahoney, 1995, p.73). This basically means that each person's thoughts are almost entirely unique and are largely unaffected by surroundings.

Social constructionism focuses on how ideas, narratives and attitudes have developed over time within a social, community context (Doan, 1997; Parry, 1998). These thoughts are integrated into the belief systems of each individual who is part of the particular context. Social constructionism is particularly sensitive to prevailing norms that are destructive, especially those that marginalise and subjugate people (Doan, 1997).

While both of the theories referred to above (radical and social), banish the idea of an objectively knowable truth, social constructionists place more emphasis on social interpretation and the intersubjective influence of language, family and culture, and much less emphasis on the operations of the nervous system than do radical constructivists (Neimeyer & Mahoney, 1995).

Hoffman (1990 p.3) explains:

Social constructionism posits an evolving set of meanings that emerge unendingly from the interactions between people. These meanings are not skull-bound and may not exist inside what we think of as an individual 'mind'. They are part of a general flow of constantly changing narratives.

Gergen (cited in Sarbin, 1986, p.268) concurs with Hoffman; “[t]he move (from radical constructivism to social constructionism) is from an experiential to a social epistemology.” That is, there is a shift from focusing on how an individual person constructs a model of reality, from his or her individual experience, to focusing on how people interact with one another to construct, adapt and maintain what their society holds to be real and meaningful.

Heylighten (1993, p. 2) explains that social constructionism “[s]ees consensus between different people as the ultimate criterion to judge knowledge. ‘Truth or ‘reality’ will be accorded only to those constructions or stories to which most people of a social group agree.”

Gergen (cited in Sarbin, 1986 p.23) explains that “[e]ven self-narratives are not essentially private, since they are linguistic products, and language is a social act”. However, people do not passively receive or absorb pre-existing ‘truths’ (Speedy, 2000; White & Epston, 1990). Each individual interprets words, social norms and the world differently.

Although social constructionists believe, like radical constructivists, that there is no single truth, they do not believe that all interpretations are equally valid. In fact, social constructionists acknowledge that some beliefs are not respectful of difference, gender, ethnicity, race or religion (Doan, 1997; Gergen, 1998). Social constructionists might say that unquestioning allegiance to the DSM-IV normative classification system, renders one a political agent of the American Psychiatric Association (Gergen, 1998).

Radical constructivists, on the other hand, have an almost anything-goes attitude in which an action or belief is justified if it is useful in a certain context. For example, radical constructivists might argue that it is useful for a trauma counsellor to be diagnosed, according to DSM-IV as having secondary-traumatic stress, in order that they might take their inexplicable behaviour seriously. According to O’Hanlon (1994, p. 24), “[l]abels often give clients a

sense that the seriousness of their problem is being acknowledged, as well as a feeling of kinship with others with similar issues.” In this example, a trauma counsellor might say: “You mean as a victim of STS, I’m not weird because I feel so irritable and angry with clients all the time. Wow, I thought that perhaps I should quit counselling.”

Co-constructivism

According to Speed, “[c]o-constructivism offers an alternative to realism, constructivism and social constructionism,” (1991, p. 395). Co-constructivism, like objectivism, is founded on the belief that an objective reality exists independent of people’s thoughts (Hoffman, 2000). However, co-constructivists believe that different aspects of reality are highlighted according to different ideas that people or groups have about it (Speed, 1991). An example of this given by Speed (1991) is the fact of an unconscious mind - which has been demonstrated by over 100 years of research. Different theorists may focus on different aspects of this proven fact. The psychoanalysts, for example, may explain that the unconscious is a repository for repressed thoughts, while a family therapist may refer to it differently and dispute its relevance to therapy. According to Speed (1991, p. 407), “[j]ust because reality is filtered through our perceptions does not mean it does not exist and does not affect those perceptions.” In this study, the effects that lay counsellors experience are tangible or ‘real’ for each counsellor.

Language, stories and constructivism

Language refers not only to the spoken or coded message. Non-verbal language such as vocalisations and body language are also relevant here.

While objectivists (modernists) believe that there is a real world ‘out there’, and we can know it through language, constructivists contend that

“[I]language does not mirror nature; language creates the natures we know” (Anderson & Goolishian, 1988, p. 378).

According to Effran et al. (cited in Rapmund, 1996), reality is co-constructed in language by the observer internally to him or herself, and externally, through the observer’s communication with others. Internally, the observer does this by drawing distinctions between what is observed and what is known. For example, if a counsellor sees a trauma victim crying incessantly, she may compare this behaviour to what she knows about trauma victims. She may use the label, post-traumatic stress, (albeit prematurely), to describe this person’s behaviour to others - her external communication.

According to White & Epston (1990, p.10), “[e]very time we speak, we bring forth a reality.” To talk about secondary traumatic stress (STS) or psychopathology for example, is to legitimise them as tangible, real entities. From a constructivist perspective, these so called mental illnesses are merely labels that the community of psychiatrists and clinicians have agreed to attach to certain behaviours (Gergen, 1998) and can be useful for communication purposes. Gergen (1998) explains that ‘mental illness’ is a value-laden social construction. These constructions are not fixed. They change and reflect particular social-historical frameworks. One only has to look at homosexuality, which was included in early editions of DSM as a mental disorder or disease, but has since been removed as acceptance for homosexuality has grown. Gergen reinforces this point with the question, “[w]hy should we (the psychiatric community) agree that the disease of depression - which was never “discovered” until the present century - now afflicts one in ten persons in our culture?” (Gergen, 1998, p. 417). One can also question whether Secondary Traumatic Stress (STS), now labelled as a disorder in DSM IV, is a necessary construction in today’s world. In this country, where shocking, violent crime has become the norm, our entire population could be described as suffering from the disorder of STS.

Meanings emerge and change in the collaborative process of talking (Gergen, 1998), or as Bateson (1968, p.212) argued: The truth of a statement "...depends upon agreement between the speakers that it be true." Thus from a constructivist perspective, language and conversation is understood as the means by which individuals come to know their world and simultaneously to construct it (Speedy, 2000). "The realities we inhabit are brought forth in the language we use, and are kept alive and passed on in the stories we live and tell" (White & Epston, 1990, p. 10).

According to Neal, Zimmerman and Dickerson (cited in Donovan, 1999), people make sense out of their worlds and give meaning to their experiences by telling stories. Key events are organised and incorporated "into a larger life narrative," (Meichenbaum, 1995, p. 103). To quote McCabe and Peterson (1991, p.36), "[w]e are the stories we tell."

And stories are told in conversations with other people. It is in conversations that beliefs and norms are negotiated. According to Dell (cited in Rapmund, 1996, p.97), the term "conversation" means "to turn with", and as the conversation "turns", shifts in frames lead to new descriptions. In conversation, participants engage in dialogue that enables each one to offer his or her perspective and, at the same time, it creates the opportunity to hear the perspective of the other.

'Reality' is not discovered through objective means but is agreed upon consensually through social interaction, through conversation. "Things are what we agree to call them" (Real, 1990, p. 258).

Comparing human thinking and experiences to the analogy of a story or narrative is appropriate for life in a postmodern world that lacks any objective frame of reference (Parry, 1998). The narrative metaphor (the analogy that human thinking is like a story), emphasises that all points of view are equally

valid and equally open for question so that they do not harden into stories that are assumed to be objectively true.

A constructivist perspective on problems and therapy

The adoption of a narrative metaphor gives a different perspective to psychopathology, which can be seen as instances of life stories gone awry, and psychotherapy as exercises in story repair (Byrt & McArdle, 2002; Sarbin, 1986). According to Doherty (cited in Rapmund, 1996), an emphasis on narrative and discourse, rather than on fixed categories of health and pathology, free both client and therapist to construct stories that fit with the participant's own reality.

From the depiction of psychoanalysis as the 'talking cure', to the development of a 'conversational' model of therapy (Parry, 1998), it has been acknowledged that the process of counselling and psychotherapy is one that relies on the telling of stories (McLeod, 1996). These stories may be autobiographical, or they may consist of very detailed narrative accounts of single events or episodes such as a traumatic event. The collaboration between counsellor and client facilitates the construction of a new narrative, a re-telling of the story that allows the client to live a satisfying life (Graafanaki & McLeod, 1999).

The narrative metaphor allows for the re-invention, revision, re-construction or re-writing of stories about oneself, others and life itself (Gergen, 1999). The aim is not to re-write a more truthful account or to uncover the truth of the cause of a problem, but rather to author stories that are more helpful. Beliefs are embedded in the stories individuals and families bring to therapy. "Change the story and old beliefs are shattered," (Parry, 1998 p. 43).

Constructivists refer to problems as stories that people have come to believe as the 'truth' about themselves (Hoffman, 1990). Certain stories or behaviours can be more useful or have a better fit in a specific situation than others (Neimeyer & Mahoney, 1995). Constructivists argue against the dangers of labelling people and the self-fulfilling prophesy of diagnosing someone as "borderline" or as *having* PTSD. They say that such static and generalised labels undermine everyone's belief in the possibility of change.

From a purely radical constructivist perspective the focus is on the individual's or family's stories, with little attention to the social or cultural context. In its most radical form, this position assumes that all stories are equally valid and that utility is the prime criteria for story selection. However, constructivism (umbrella term which also embraces a social constructionist stance), with its emphasis on meaning-in-context not only focuses on the idiosyncratic level of individual and family, but also on social and cultural contextual factors in therapy (Hoffman, 2000). From this frame of reference, all stories are not equally valid, especially those that seek power and control via the labeling, exclusion or marginalising of certain groups of people (Hoffman, 2000). To do otherwise would be to reduce patterns of behaviour, like physical abuse or societal inequities such as racism, to nothing more than subjective, viable stories of participants (Hoffman, 2000).

According to O'Hanlon (1994), many of the beliefs and thoughts people hold on to are nothing but cultural beliefs drummed into us by our parents and mass media messages. He says (1994, p. 24):

We may have unconsciously absorbed beliefs that we aren't good enough, that worthwhile people know how to dress or cook fresh pasta, that only thin women are beautiful or worthy; that real men know how to keep a woman 'in line'.

Constructivists argue that if we recognise the insidious effects of these beliefs and recognise that they are not intrinsic to our being, we can free ourselves from them. “This is the kind of ‘liberating conversation’ that Third Wavers hope to have with their clients,” (O’Hanlon, 1994 p. 24).

A constructivist attitude therefore allows for critical reflection, the creation of new understandings and the potential for creative reconstruction (Gergen, 1998). Unlike modernist based therapies, like Freud’s psychoanalysis, from a constructivist perspective, the therapist is by no means a neutral expert, but is seen as a facilitator or co-author of new and more uplifting stories (Parry, 1998).

In constructivist therapies, “[t]he skill of the therapist resides not in her expertise as an interpreter of the material or the relationship but rather in her attention to the narrative and ability to see gaps, question inconsistencies, find exceptions and listen well,” (Dean & Rhodes, 1998, p.258).

In trauma counselling, which forms the theme of this research project, lay counsellors, who are not specialists, help clients to put their stories of victimisation into perspective and to reframe their negative perceptions. They challenge pathologising narratives. For example, trauma counsellors are quick to reassure clients that it is not unusual, but normal for people to have strong emotions in response to traumatic events. In order to avoid pathologising the client’s condition, the counsellor can use the term post-traumatic reaction and not post traumatic stress disorder (Meichenbaum, 1995). These strategies or the careful use of language, help the client to recover by providing more empowering perspectives and meanings to their behaviours and experiences.

Trauma counsellors are trained to be sensitive to victim beliefs that may hinder the healing process. For example, men very often believe certain dominant societal discourses such as ‘men don’t cry’ or ‘men should fight back when attacked’. When confronted with an overwhelming traumatic

experience, where perhaps they behaved in a manner counter to these beliefs, such as crying uncontrollably or being passive during a hold-up, the trauma counsellor must work quickly to deconstruct or challenge the subjugating beliefs. For example, very often bank managers feel guilty about not taking control of a robbery situation in a 'Bruce Lee' fashion. The trauma counsellor could assure the manager, that had he indeed taken such action, the robbers would probably have reacted aggressively and shot him and other staff members. He can be reassured that by keeping calm in the situation, he probably prevented people from getting wounded.

Trauma counsellors themselves, very often believe that they must not be affected by the tales of trauma to which they are subjected daily. This unrealistic belief, if unchallenged, can lead to feelings of incompetency if a trauma counsellor, quite understandably, does start to experience stress in the job.

From a constructivist perspective, individuals do not merely respond to events, but respond to their interpretation of events and to their assigned perceived implications of these events. This has been illustrated in research findings on combat soldiers where the meaning ascribed to the 'victimisation' experience was more predictive of adjustment outcomes than were the 'objective' characteristics of the traumatic events (Meichenbaum, 1995).

One of the tasks of the therapist then is to help clients appreciate that they construct 'reality', live the stories they tell, and therefore the implication is that they can begin to change their stories and the metaphors they use to describe their experiences and behaviours.

Here are some examples of metaphors used by clients to describe negative feelings after exposure to traumatic events (Meichenbaum, 1995 p. 118):

I am a time bomb ticking, ready to explode. A volcano ready to go off at any time. I live in a frozen watchfulness. I am a rabbit stuck in the glare of headlights who can't move. I am a spectator to life. I am a stranger in a strange land. A robot with no feelings.

Metaphors that are more constructive and healing have also been recorded (Meichenbaum, 1995 p. 119):

I am back on the horse. I won't let him rob me of my future like he robbed me of my past (childhood, innocence, trust, youth). I want to be the director of the movie, not merely a walk-on. I want to raise public awareness. I must find a purpose in life. I want to reclaim my past and stake-out my future. One door closes and another opens.

Here is an example of how a client transformed and reframed her "problem saturated" trauma story into a solution-focused story of dignity and survival (Meichenbaum, 1995 p. 36).

This accident was one of the best things that happened to me. I was living life in the fast lane. I was losing my family.... Since the accident and the paralysis I've learned an awful lot about myself and other people. The accident made me more aware of how other victims feel... It could have been worse....Without the accident I would have been lost the rest of my life.

Constructivism and the present study

The general principles of constructivism (used as an umbrella term for both radical and social constructionism) as discussed and interpreted by the researcher will guide the current study in the following ways:

- The researcher is not interested in coming to a conclusion or single truth about the phenomenon of trauma counselling. She is only interested in the stories or perspectives of each trauma counsellor.
- Because the researcher cannot be objective (the recursive principle of constructivism), it will be as necessary to focus on the properties of the researcher as it is to focus of the content of each participant's 'reality', "thus emphasising the recursiveness involved in our creation of reality" (Crosby, 1991 p.9). This principle also highlights that the researcher herself may influence the story-telling process.
- Even though each participant's reality is his or her own unique construction, the possibility of a shared reality (Crosby, 1991) or an interpretation that is shared by both the researcher and participant or between participants themselves is not precluded.
- The sharing of perspectives will take place in the conversation between between two equals (not at all like a traditional clinical study), which will create a more relaxed environment. Each story will have its own validity.

Conclusion

According to constructivism, knowledge is created and not discovered (Dean & Rhodes, 1998). In this study, knowledge will be co-constructed by the researcher and participants during conversation.

The research will attempt to foster an understanding of the meaning of the everyday experience of counselling for the three trauma counsellors interviewed. The intent of this interpretive research is not to gather facts, but rather to initiate dialogue, interest and understanding of these experiences, for

the constructionist approach is only one account, and can be described as an invitation to dialogue (Gergen, 1998).

CHAPTER 5

RESEARCH APPROACH

Introduction

This chapter explains how the qualitative research paradigm will be applied to this project. The qualitative paradigm was considered more appropriate than the quantitative paradigm because of the constructivist bias of the researcher and the nature of the research. The role of the researcher will be described as well as sampling and selection, data collection, and data analysis processes.

Constructivist objection to a quantitative research paradigm

Quantitative research is congruent with the objectivist, positivist or modernist epistemology described in the previous chapter. The key premise of this modernist epistemology is that there is a reality out there which can be discovered through the use of empirical, scientific methods (Durrheim & Terre Blanche, 2002), which are quantitative in nature.

From this perspective, psychological research is only valid if it adheres to the rules of precise measurement, involves the manipulation of variables using an experimental design, and the articulation of specific hypotheses (Rogers, 2000).

The American Psychological Association specifies codified guidelines for producing research articles consistent with positivist ideology and methods of research (Rogers, 2000 p. 75). Specifically these include:

- The use of an objective, third person point of view.
- Emphasis on precision, with mathematics as a model.
- Avoidance of metaphors and other expressive uses of language.
- Support of claims with experimental, empirical evidence.

The use of quantitative methods leads to the acquisition of knowledge that is acontextual but empirically precise (Becvar & Becvar, 2000). The goal is to produce findings which can reliably be taken as fact.

The quantitative research paradigm, adopted from traditional scientific research, has been brought into question by constructivist thought, which postulates that observations are actively interpreted by the human observer and, therefore, cannot strictly be objective (Rogers, 2000). These observations are mediated by the observer's experiences, perceptions, and context (Gergen, 1999). The presumption that scientists can be value free in their approach to knowledge is therefore completely derided, and the social implications and limitations of their studies questioned.

According to constructivists, the inductive method of observation, which is used in quantitative research as a means of establishing universal statements of truth, fails. It fails because it does not allow for the discovery of individual differences or variations from predictable patterns and because it presumes the uniformity of human behaviour (Gergen, 1999). It is also thought that quantitative research is not an appropriate method for the examination of psychological phenomena, such as emotions, which present problems of access and measurement different from those presented by physical objects (Hoffman, 2000). Another objection is that the standards of precise measurement and objectification required by positivism, reduce the range of

questions that can be effectively researched (Gordon, 1999; Howard, 1991). Only those issues that reduce human phenomena to behavioural and biological laws can be demonstrated in an experimental mode (Becvar & Becvar, 2000). The meanings that people ascribe to their experiences, contexts, and relationships cannot be studied using quantitative methodology. Reductionistic conceptions of causality do not take into account the primacy of human purpose and agency (Weinberg, 2001).

A different methodology to fit the researcher's constructivist epistemology is therefore necessary, one that takes into account human cognition, and a reflective approach. The researcher is aiming to tell the stories of lay counsellors' experiences and to construct themes, rather than to prove or disprove facts about these experiences. The qualitative paradigm discussed below will allow for the flexibility required in achieving these descriptive and exploratory aims.

Qualitative research paradigm

The purpose of qualitative research can be summarised as the understanding or the illumination of meanings (Durrheim & Terre Blanche, 2002; Hoshmand, 1989). For this reason, qualitative research is described as an interpretive method (Hoshmand, 1999). In comparison with the quantitative tradition of experimentation, theory testing and verification (Gergen, 1998), qualitative researchers place more emphasis on description, understanding and discovery (Gordon, 1999). The attitudes associated with this mode of inquiry have been described as open, reflexive, and sometimes, a-theoretical (Flick, 2002; Hoshmand, 1989). More importance is placed on the researcher as an active participant (Becvar & Becvar, 2000), while the subject, more aptly termed the participant, is viewed as a collaborator, or co-constructor, of meanings (Weinberg, 2001).

A distinctive feature of qualitative research is that it is openly constructionist, acknowledging that the meaning of any event or experience is socially

constructed, and that each observer will interpret things differently. According to Balamoutsou and McLeod (1996, p.73),

[t]he aim of qualitative research is to construct a representation of an area of human experience, a 'local knowledge' that promotes understanding within readers at a particular historical and cultural place and time.

Some of the strategies and procedures used for data gathering are sometimes described as phenomenological in that there are attempts to access consciousness, or to analyse experience as narrated by the participant (Gordon, 1999). Thematic and content analyses are aimed at the recognition of meaning patterns, rather than at the yielding of statistical data. The interpretive base may be theoretical or evolving (Rogers, 2000). Rather than upholding traditional standards of reliability and validity, where increased quantification and standardisation is the norm, criteria such as authenticity, or domain-referenced validity, is more appropriate, as is the usefulness of the interpretations gleaned from the research (Durrheim & Terre Blanche, 2002).

Justification for choosing a qualitative research approach

The constructivist foundation of this research project fits with a qualitative research approach. The research is investigative and exploratory, and the interviews with participants are designed to encourage them to tell their stories. According to Balamoutsou and McLeod (cited in Rapmund, 1996), this is consistent with the idea that people make sense of and communicate their experience through stories. Bruner (1990) explains that narrative or story-telling represents a distinctive 'way of knowing' quite different from the theoretical, propositional or 'paradigmatic' knowledge that has historically been the trademark of the scientific community. According to Bruner (1990), narratives are vehicles for expressing the consciousness of the narrator. How a person constructs meaning is believed to be unique to the person. This runs counter to the positivist assumption that "everyone shares the same

meaning system” and experiences “the world in the same way” (Neuman, 1994, p. 63). Rather than searching for universals that can be applied to the analysis of all humans, the aim is to understand the subjective world of participants, which is best realised through a qualitative research approach.

Although research on the effects of trauma counselling is becoming more prevalent, much of this research has used empirical methods to come to grips with the issue.

While these investigations have provided vital information about the biological and behavioural symptoms of so called secondary traumatic stress (STS), they have been unable to capture the full complexity of the meaning the experience of trauma counselling has for trauma counsellors. The researcher wants to explore the world of lay trauma counselling as expressed by the lay trauma counsellors themselves - the positive and negative meanings given to their experiences. Therefore, an interpretive or qualitative research approach is coherent with the aims of the research.

Reliability and Validity in Qualitative Research

Reliability and validity in qualitative research are conceptualised differently from quantitative research designs. In quantitative research designs, reliability refers to the consistency with which the measurement device yields the same approximate results when utilised repeatedly under similar situations (Breakwell, Hammond & Fife-Schaw, 2000). In short, this refers to the degree of replicability of the research. Validity refers to the extent to which the instrument measures what it intends to measure (Breakwell, Hammond & Fife-Schaw, 2000). This refers to the accuracy of the research.

According to Stiles (cited in Rapmund, 1996, p. 105), in qualitative research, “[r]eliability refers to the trustworthiness of observations or data, while validity refers to the trustworthiness of interpretations or conclusions.”

Strategies to ensure reliability and validity with reference to this study have been adapted from Stiles (cited in Rapmund, 1996).

Reliability with reference to this study

- In order to make sure that this investigation is reliable, the researcher will describe data collection and analysis procedures in detail in order to provide a clear and accurate picture of the methods used in the study (Durrheim & Terre Blanche, 2002).
- In line with the recommendations made by Stiles (cited in Rapmund, 1996), the researcher will ensure that her epistemology and preconceptions are disclosed.
- The researcher will also explain the social and cultural context in which the research takes place. These factors will influence the collection and analysis of the data and will therefore be made overt.
- The researcher will try to establish a comfortable relationship with participants to encourage the telling of their stories (Gerson & Horowitz, 2002).
- The researcher will also try to be sensitive to the dialogue and encourage revelations, not only about experiences.
- The researcher will make sure that she asks the type of questions about which the participants have direct knowledge in order to elicit reliable material (Rapmund, 1996).
- She will engage closely with the material and consider how the themes that emerge could enrich understanding of the experience of trauma counselling (Mason, 2002).
- Recording of the interviews through the use of audiotape and transcriptions will be open for scrutiny and verification by her supervisor.

- As recommended by Stiles (cited in Rapmund, 1996), the researcher will repeatedly listen to and read the material. Her observations will undoubtedly change in the process.
- Interpretations and themes will be grounded by linking them to excerpts from the interview text (Durrheim & Terre Blanche, 2002).

Validity with reference to this study

In this research, the following actions will be taken to ensure validity:

- The researcher will undertake a procedure known as member-checking or testimonial validity (Rapmund, 1996). This means that the researcher will check validity by consulting with the participants throughout the analysis process (Weinberg, 2001).
- An ongoing dialogue regarding the researcher's interpretations of the participants' reality and meanings will occur. However, it is acknowledged that the participants may still see things differently (Durrheim & Terre Blanche, 2002).
- Reached in coherent conclusions the interpretation of data will be defended by informal reasoning. The argument is one of likelihood, not certainty or statistical probability (Bryne-Armstrong, Higgs & Horsfall, 2001).
- In line with Stiles (cited in Rapmund, 1996), reflexive validity will be ensured because the researcher's interpretations will keep changing and will be continuously evaluated. Alternative explanations will be offered during the analytic process.
- The way in which the researcher's thinking is changed by the data, will also contribute to reflexive validity.
- The coherence or quality of the fit of the interpretation will be ensured in consultation with her supervisor.
- The researcher will not try to generalise the findings of the research to wider groups (Durrheim & Terre Blanche, 2002).

Role of the Researcher

In line with the constructivist approach, the researcher recognises that she cannot be an objective observer and that her findings will be subjective, influenced by her epistemological beliefs. According to Gadamer (cited in Armswold, Kertscher & Malpas, 2002), textual interpretation must begin with the interpreter's reflection on her preconceptions. The researcher will need to bracket her experiences so as to allow the voices of her participants to speak.

The researcher does not consider herself to be an expert in the field, but rather a person who is trying to understand the experiences of trauma counsellors. She will present herself to participants as follows: She will explain that their experiences of trauma counselling will help to prepare people who are considering going into the field and might help those who are already in the field, including themselves. The researcher feels that it is not necessary to say more than that as she would like the participants to speak about their individual experiences, rather than what the research has shown. For example, if the researcher said: "Most trauma counsellors experience PTSD symptoms", then the participant may feel the need to refute or confirm the allegation, rather than just talking about their experiences. Bogdan and Taylor (1998, p.25) warn it is best to be truthful, but also to be slightly "vague and imprecise."

The researcher will encourage the telling of stories by indicating her interest and involvement and through explicit invitations to say more or to continue.

Some thoughts which informed the researcher's thinking

In line with constructivist thought, the researcher respects different opinions and acknowledges that there is no absolutely correct or incorrect way of thinking. The researcher's aim is to elicit multiple descriptions. Even her

adherence to constructivist epistemology is not absolute. “For constructivists, all communication and all understanding are a matter of interpretive construction on the part of the experiencing subject....” (Watzlawick, 1984, p.19). Therefore, the researcher believes that she will be responsible for what has been written in these pages - her interpretations of constructivist epistemology and her interpretations of the experiences which will be shared by the research participants. She also recognises that they will not be the only interpretations possible and that they will represent ‘a’ view rather than ‘the’ view.

Normal and abnormal behaviour

The researcher, while acknowledging the ‘voice’ of the traditional medical model view of psychology, where professionals are indoctrinated to listen with a diagnostic, pathologising ear to patients in order to make suitable diagnoses (Meichenbaum, 1995), recognises that it is only ‘a’ voice and not ‘the’ voice. For the researcher, post-traumatic stress and other discoverable ‘disorders,’ are mere labels used by the professional community for classification purposes (Minuchin & Nichols, 1999). These same behaviours could be classified as ‘normal’ reactions to startling events (Meichenbaum, 1995). Judgements about normal and abnormal behaviour are therefore believed by the researcher to be constructions.

Views of counselling

The constructivist bias means that the researcher believes that each person is actively responsible for shaping his or her own life stories or interpretations (Parry, 1998). From this perspective, so-called problems develop when people limit their perceptions of available choices. Counsellors collaborate with (rather than instruct) clients to help them to see things differently (Hoffman, 2000). The traditional psychologist’s prerogative, to stand apart

from a system and act upon or manipulate it, is not possible from a constructivist perspective (Hoffman, 2000).

Selection of participants

In qualitative research, sampling is often purposive in that the informants that are chosen are those who can provide rich descriptions of the experiences under study (Durrheim & Terre Blanche, 1999; Weinberg, 2001). Informants must be able to articulate their experiences and be willing to give complete and sensitive accounts (Mason, 2002; Weinberg, 2001). A small sample is appropriate for qualitative research, where the purpose is to elicit as much detail as possible from individual cases (Breakwell, Hammond & Fife-Schaw, 2000).

The researcher will approach two organisations to obtain permission to solicit crisis workers to participate in the research. One will be the company in which the researcher works (a large banking group) and the other a local trauma clinic. Access to these organisations will not present difficulties as both managers are known to the researcher.

Bearing the above in mind and the purpose of the study, the following criteria will be used for the selection of participants for the investigation:

- a) Three lay crisis workers will be approached and asked if they would be willing to participate in this study.
- b) Willing crisis workers will need to have experience of at least one year as a regular counsellor (counsel at least once a week)
- c) The counselling work that they do must be voluntary.

The researcher will make contact with each person to arrange a suitable time and place for an interview. The object and nature of the investigation will then be explained. Permission to use the interview for research purposes will be

acquired in writing from each participant, and participants will be given the assurance that their identities will remain confidential. Permission to tape the interview will also be acquired. These authorisation forms will be filed in a safe place.

The qualitative in-depth interview has been chosen as the data collection tool because of the researcher's intention to understand informants' perspectives regarding their situations, as expressed in their own words. In stark contrast to structured interviewing, qualitative interviewing has been referred to as non-directive, unstructured, open-ended and non-standardised (Bogden & Taylor, 1984; Gerson & Horowitz, 2002). The in-depth interview can be likened to a conversation between equals, rather than a formal question-and-answer exchange. "Far from being a robotlike data collector, the interviewer, not an interview schedule or protocol is the research tool" (Bogden & Taylor, 1984 p. 77).

Each interview will take the form of a personal meeting during which individuals will be requested to share with the researcher, as comprehensively as possible, their experiences of being a crisis worker. The researcher will try to make each person feel at ease so that they will feel able to share their thoughts and emotions with the researcher.

All interviews will be tape-recorded and transcribed immediately after the interview.

After explaining the object and nature of the interviews, the researcher will start the interview with the following invitation:

Perhaps you could begin by telling me what prompted you to become a counsellor then, questions could be asked such as

What does trauma counselling mean to you?

How do you feel just before a counselling session and what meaning does this have for you?

How do you feel after a counselling session and what meaning does this have for you?

What meaning do you think that support systems have?

What have you learnt from your experiences as a trauma counsellor?

What advice would you give someone interested in going into the field?

As the interview progresses, the researcher will use questions and statements in order to clarify any uncertainties and to help research participants to elaborate on their descriptions.

The aim is to elicit the most detail possible about participants' experiences of being lay trauma counsellors, that is, the lived experience or the full story, so that other people going into the field, or those already in it (as well as themselves), will benefit from their experiences.

Data Analysis

“Data analysis is the process whereby order, structure and meaning are imposed on the mass of data that is collected in a qualitative research study” (Rapmund, 1996, p.118).

An interpretive approach called hermeneutics, was selected in order to understand the worldview of the participants. According to Neuman (cited in Rapmund, 1996, p.119), hermeneutics refers to:

...a detailed reading or examination of a text, which could refer to conversation, written words, or pictures. The reading is to discover embedded meaning. The theory says that people carry their subjective experience to a text.

The term hermeneutics is a Greek word which means “to interpret” and is derived from the story of Hermes, a mythological messenger who was tasked

with changing the unknowable to a form that humans could understand, via language and writing (Gerson & Horowitz, 2002; Van Manen, 1997).

As a contemporary research approach, hermeneutics involves understanding and interpretation. “The aim is to understand how people experience the world pre-reflectively, without taxonomising, classifying or abstracting it” (Van Manen, 1997, p.9).

The goal of hermeneutics then is to discover meaning and achieve understanding, not to extract theoretical terms or concepts at a higher level of abstraction (Van Manen, 2002). It aims to interpret a person’s experiences through a text. The assumption is however, that the lived experience is veiled. Thus the researcher’s task, in collaboration with the participant, is to uncover the shared common practices of the experience (Van Manen, 2002).

The principles of hermeneutics are in keeping with the constructivist paradigm on which this study rests. In line with the constructivist principles on which this research is based, hermeneutics assumes that the meaning-giving process is influenced by social structures shared practices, and language (Van Manen, 1997). Also in line with constructivism, the hermeneutic approach assumes that the process of interpretation is informed by the interpreter’s values. The notion of truth or a correspondence with reality is not considered to be an issue from this perspective.

It is acknowledged that the researcher cannot completely know or understand the participants’ experiences. This would imply an objectivist ability to stand apart from the interview and make value-free observations. In addition, it must be remembered that the participants may censor their stories or simply may not be fully aware of, or able, to articulate certain aspects of their experiences (Breakwell, Hammond & Fife-Schaw, 2000).

Although proponents of hermeneutics do not generally advocate the use of specified techniques, the following approach has been adapted from Rapmund (1996) and will be applied to this study.

Step 1

Written permission will be obtained from participants before being interviewed. The interviews will be tape-recorded.

Step 2

The taped interviews will be transcribed.

Step 3

The researcher will carefully listen to the tape recordings while simultaneously reading the transcribed interviews.

Step 4

The researcher will read the text repeatedly and immerse herself in each of the participant's stories so that she can make sense of their worlds.

Step 5

The researcher will identify themes or patterns from each of the original texts and use excerpts from the original texts to support these proposed themes. Stories for each participant will be constructed around identified themes.

Step 6

Themes common to all three participants will be identified and a comparative analysis will be undertaken in order to integrate the findings from previous research with the themes articulated in this study, not to prove that these themes are right, but as a way of uniting multiple voices.

At the start of data collection, the qualitative analyst becomes aware of meanings, patterns, regularities, explanations and possible configurations. The competent researcher should, however, be aware of “early” conclusions and approach these conclusions with a sceptical, open mind (Van Manen,

2002). Final conclusions must not be made until data collection has been completed.

Dialoguing will occur between the researcher and the text; between the researcher and her supervisor; between the researcher and the account itself, her own values, interpretations and impressions (Rapmund, 1996).

During this process the researcher will look for any possible misconceptions, deeper meanings, alternative connotations, and changes over time as she examines elements of the text and the whole text (Rapmund, 1996). According to Addison (cited in Rapmund, 1996 p.121), “[a]nalyzing is a circular progression between parts and whole, foreground and background, understanding and interpretation, and researcher and narrative account.”

Closing remarks on the research approach

The information which will be elicited in this study is intended to provide some understanding of the subjective experiences and world of trauma counsellors, so that people interested in the field, or those already in it, might benefit by their experiences. The value of the research will therefore be in its description. Rather than trying to determine whether these descriptions are true or false, from the constructivist basis of the research, it is understood that each description represents just one viewpoint.

The use of this kind of qualitative approach requires a suspension of belief in the singular authority of the traditional scientific method (Gergen, 1999). It requires an increased tolerance for studies that simply attempt to describe and summarize the experience of individuals without trying to test quantitative hypotheses designed to identify general “laws”, which are independent of the individual’s experience or of the context. The individual’s own understanding is therefore regarded as a valid interpretation, even if this interpretation does not necessarily provide direct information on how other individuals will understand their experiences (Gergen, 1999).

CHAPTER 6

SANDY'S STORY

Personal Data

Participant	Sandy (26 years old)
Marital Status:	Single
Children:	None
Participant's occupation:	Administrative assistant
Highest form of education:	Honours Degree in Psychology
Place of birth:	Johannesburg, Gauteng, South Africa
Trauma counselling experience:	One year
Trauma counselling training:	Three day course provided by bank with "refresher" training courses every six months
Most recent counselling session:	A week prior to both interviews

Introduction

This story is based on the transcribed interview between the researcher and Sandy (see Appendix A and Appendix B). A short paragraph describing Sandy's background will be followed by a brief account of the researcher's impressions of her. Sandy's experiences will be discussed in terms of: How she became involved in counselling and her impressions of the training

course; the effects of trauma counselling on her; an analysis of these effects; what helps her to cope and what could hamper her coping. This will be followed by a discussion regarding the researcher's perspective of how Sandy functions. In the conclusion, Sandy's story is summarised. Where appropriate, statements will be illustrated by excerpts from the interview.

The Background

Sandy is a volunteer trauma counsellor for a large bank in Gauteng, South Africa. Her clients are branch staff who have been exposed to bank robberies. The responsibilities of trauma counselling are taken over-and-above her full-time employment as an administrative assistant in the Human Resources department for the same bank. She is on stand-by about once a week and is called out on that day if a branch in her designated zone (Gauteng North, South Africa) is robbed.

What gave the researcher perspective, was that she interviewed Sandy twice, at Sandy's request. The first occasion was when Sandy was a novice trauma counsellor, having dealt with the aftermath of only two robberies. The second interview took place several months later when she had considerably more experience. (The symbol * will be used to distinguish statements taken from the first interview). It was interesting to see Sandy's change of attitude between the first and second interviews. Initially there was a sense of excitement about her role and the impression that she would not be adversely affected by counselling. This was supplanted by the realisation that she had underestimated her own need for support. Her experience as a counsellor and the trauma of her clients did, indeed, have an impact on her and changed her sense of awareness, as will be discussed.

During the first interview, at the start of her career in lay counselling, she said:

To me, it (counselling) doesn't really..... I don't find that it affects me in terms of that I go home and I want to cry or I have to speak to my family or.... I'm just tired when I get home after a day of debriefing, but for the rest, it doesn't really touch me in a personal way.*

She also explained how she felt when she was called out to her first robbery:

The first one was very exciting! (laughs) I felt so bad when I got there because I was so excited (laughs).*

In the subsequent interview, Sandy acknowledged that she was now finding it necessary to be debriefed or counselled herself by a fellow counsellor and described various ways in which she was feeling the strain of counselling. (Full detail is included in the section titled Effects of Counselling.) She explained that after her most recent counselling session, she felt disgruntled, saying:

No, I'm not so happy now. It's a lot more involved than the previous ones (robberies). That's maybe why I'm affected.

Researcher's initial impressions of Sandy

Sandy appears to be very outgoing and friendly. She is physically attractive and engaging and I found her to be a good listener. Under her bright demeanor, I sensed that she had experienced recent sadness and pain. This sense proved correct when she mentioned, after the first interview, that she had been in a relationship for seven years which had recently broken up. In addition, she had witnessed her father dying a slow death from cancer three years earlier. It was my impression that she had not dealt fully with the impact of these events on her life.

How Sandy became involved in counselling and her impressions of the training course

The staff of the Human Resources division of the bank where Sandy works are expected to attend specified training seminars in order to qualify as lay trauma counsellors. In Sandy's case, this requirement was not a hardship. On the contrary, she volunteered her services hoping for personal advancement. She had initially considered a career as a psychologist and had studied psychology at university to Honours level before she joined the bank. Trauma counselling gave her an opening into the psychology field and she was delighted to take this window of opportunity. She describes herself as people-centric, extremely empathetic and with an intrinsic desire to help others. She said:

I'm a very strong feeling person, I'll be sympathetic to anybody.*

Sandy had not expected the three day basic training course to be so intensive or known that counsellors were expected to follow such a set procedure (see chapter 2). She said:

I never realised that it (counselling) was such a set thing, that we went through such intensive training and I also never realised how important it is and almost how big a job it is and how much damage you can do if you don't take it seriously enough. Um, I was quite surprised to see - our training was very intense and that made me realise that they do focus on it quite a bit and you have to be really dedicated and serious about.*

The course impressed on her the importance of the work and just how easy it is to harm a person who has been made vulnerable by trauma. Sandy found the course to be quite comprehensive, but has realised that, for her, common-

sense sometimes needs to take precedence over the steps that she was taught as people react to trauma in different ways.

Effects of Counselling

The themes identified reflect the researcher's perceptions of how Sandy has been affected by her counselling experiences. They are based on the conversations with Sandy and interpretations made by the researcher. These themes are not mutually exclusive and readers might find overlap between themes.

View of the world

This theme describes how Sandy's view of the world has been changed through the counselling experience. It seems that her sense of personal security has been pricked and that she experiences the world slightly differently because of it. She refers specifically to a heightened sense of vulnerability and an awareness of possible danger in her day-to-day existence. Right from the outset, when she began counselling, Sandy said that counselling had sensitised her to the fact that she too could become the next target of an assault or a casualty of a bank robbery. She finds that she has become more cautious and alert to possible threats to her safety since counselling, but has not let this enhanced awareness affect her lifestyle too dramatically. She still goes out alone at night, for example. During the first interview, she said:

Yes, I'm very careful now. Sometimes I think I'm over cautious in terms of... just to know what's going on around you and be alert all the time. That's all you can do.*

With regard to her sense of vulnerability, she commented as follows:

It does make me a bit more aware of, you know, I could walk into a bank one day and there could be a robbery.*

At the second interview, she described how she felt after being exposed to the real fear and anxiety of clients who believed that the branch was about to be robbed again. She said:

I felt so exposed. I felt so vulnerable.

Although Sandy has lived in the Gauteng area of South Africa, which is renowned for its high crime rate, she has never experienced a robbery or hijacking herself. Her experience as a trauma counsellor has given her insight into what it feels like to be the target of a criminal act. During the second interview, she explained:

I think I have realised that it (crime) is a real fear with people.

It seems as if Sandy's sense of security has been affected through her contact with traumatised clients and she now views the world as a less safe place. She has become sensitised to the fear that many people live with every day in South Africa because of the heightened levels of criminal violence currently being experienced.

Repeated thoughts about clients

This theme refers to Sandy's persistent preoccupation with those of her clients who do not respond to counselling. There have been instances where the client's non-adjustment has affected her own sense of wellbeing. Sandy explains that she worries acutely about staff members who appear to be unable to handle their trauma. She endeavours to intervene until she feels satisfied that she has done everything she possibly could to help them. For example, during the second interview, she expressed concern for a staff

member who threatened to resign after witnessing a robbery by five heavily armed men. She could not stop thinking about him when he refused to return to work and stayed at home, where she felt he would be alone and unsupported in processing his fear. She said:

.... I was trying to get through again today. I know we can't stop him from leaving, but I just don't think it's a good thing for him to... because obviously it's just because of what happened (the robbery). It's a lot more involved. I don't want to make a nuisance of myself, but I feel that they (the staff) need at this stage, just someone to ask how they're doing.

This was the first time that Sandy had come up against a staff member who had reacted so severely to a robbery, that she felt a little overwhelmed and uncertain of how to handle the situation. She explained:

I think it's the moment you hit a rough spot. It's exactly like they told us in the books and it was fine, but the moment you get something that... I mean this is the first time that someone has phoned in and said this guy's given 24-hour notice. That might be why it's affecting me.

In another instance, Sandy suspected that the supervisor of the branch was contaminating the rest of the staff with her nervousness and Sandy's anguish was reflected in her compulsion to phone the branch every day to find out if they needed assistance. Sandy finds that in these cases, she gets too involved and deliberates on them to the exclusion of all else. She said:

I also just realised that after the follow-up I must distance myself, because then I can't carry on phoning for six or seven days to check that everything is all-right. So I know that I have

to distance..... I must step back a bit because otherwise I might get too sucked in.

Lack of concentration

A lack of concentration refers to Sandy's inability to focus or devote attention to a task. Initially, Sandy found it easy to separate her counselling experiences from her full-time work life. However, she is finding it more and more difficult to concentrate on her full-time work commitments, particularly if she has to deal with clients who were especially traumatised. As she gains more experience, she is finding that she needs time to gain control of her thoughts and emotions before being able to apply herself to her work. In fact, she has taken to not returning directly to work after counselling. Fortunately her lack of concentration is relatively short-lived and after a day or so she is able to regain focus. After her most recent counselling session (recounted during her second interview), where one of the staff members threatened to resign and the others were left feeling anxious and exposed, Sandy explains how she felt when she got back to her office afterwards:

I got back to the office, I couldn't focus at all. I felt so rushed (researcher's interpretation of rushed: overwhelmed and on edge) as if I was supposed to go somewhere or do something ... and it was the first time that I felt that. You know, normally, I can just put it behind me, so I think that it might be because I felt that I could have done more, but I was standing there and I couldn't concentrate on my work, I was on absolute zero that day. But the next day was better...

Helpfulness (control) vs. helplessness (lack of control)

During the second interview, Sandy described a situation of ambivalence. It seems that she was in a position to help and therefore experienced a sense of

control. At the same time, she also found herself helpless to change the situation, and therefore experienced a sense of impotence. The paradox of not feeling able to fulfill her mandate to help provided a conundrum for Sandy. Even though she has expressed confidence in her counselling abilities, she reported feeling a sense of helplessness because she could not change the situation for her clients - she could not promise them that they will not get robbed again. She explained:

You can't lie to people because they pick it up. They also asked me straight out: "Are they gonna come back" and what do you say? I just said: "You know what, if I said to you no, I'm going to be lying because I can't guarantee that" and you feel so helpless. I wish I could say to them that they won't come back and leave it at that.

This kind of situation, which Sandy has to confront in the counselling context, can, intermittently, erode her sense of control and confidence as a counsellor. The researcher believes that Sandy will perhaps need to acknowledge this paradox and to recognise what options are open to her to help. At the same time she will have to acknowledge that certain factors cannot be changed. These are boundaries that will need to be clear for her in order to manage her feelings of uncertainty and helplessness. Perhaps this kind of awareness should form part of the counsellor training course.

Questioning her counselling effectiveness

Sandy's feelings of helplessness described above are often linked to moments when she starts to question her counselling effectiveness and abilities. Although Sandy has the appearance of being self assured in the role of counsellor, she sometimes has misgivings about her performance. She questions whether she has acted appropriately and debates whether she has said the most suitable thing to her clients. She wonders if she has gotten

through to her clients, if she has missed something crucial or whether she has provided sufficient assistance. Her doubts are fueled by her belief that it is possible to further victimise or hurt those who have been made vulnerable through their exposure to trauma. If, for example, she has neglected to refer a traumatised client to a specialist because she has assumed that the client is recovering well, she might feel responsible for their prolonged stress symptoms. These thoughts concern her because she wants to be a competent counsellor, in control, and sure of the situation. Perhaps she needs to find peace in knowing that she has tried her best, even if her 'performance' was not perfect. She voiced her doubts about her most recent experience, when, after counselling staff, she felt that the people in the branch remained anxious and fearful even after her intervention. She said:

I was worried afterwards, thinking that maybe I didn't do enough or maybe I didn't say enough to relax them, put them at ease.

Sometimes I'm just so scared I'll be giving the wrong answers.

So, I felt a bit incompetent...and I thought, Shh, it wasn't as easy as the previous ones....

Sandy also expressed reservations about how she would be able to cope in situations involving deaths and/or serious injury, something which she has not had to deal with thus far. Her experience has been limited to robberies which have not involved brutality and she is anxious about her ability to deal with the reactions of clients in these circumstances. It seems that Sandy will need to learn to deal with the unknown without losing confidence as the counselling context, by its very nature, is unpredictable and uncertain. The only variable over which a counsellor has control, is herself - her own performance and reactions to her clients.

Experienced similar fear as clients

This theme refers to Sandy's exposure to the same fear-producing context as her clients and her reaction to it. Previously, Sandy had only been exposed to the context through conversations with clients. Recently, however, Sandy personally experienced the anxiety of her clients when she arrived at the branch to counsel them and she witnessed how they reacted with fear to a group of men who walked into the branch together at opening time. In this case, she identified with their reaction, which was that another robbery was about to take place. Consequently, she felt that she, herself, was in imminent danger. She explains:

I was holding the group session and they said: "The boss is going to open, we've only got about two minutes before the door opens." One of them looked up and said: "And now?" And there were two guys sitting in a car and six or seven people walking in together, you know it was opening time. And I cannot tell you the fear that I felt with those people. You know, to me I understood. This is what they go through because suddenly these seven people walk in and they say, you know you get scared when you see people walking in because you think it's another robbery. And I never really understood it. I was standing there and I felt "Aah, now here I'm standing and they gonna rob this bank!" Then it became real. For the first time I understood what they feel when the branch opens the next day or the week after (the robbery).

Given the high crime rate in the region and the situation in which Sandy found herself - in a branch that had been robbed the previous day by a group of men using the same *modus operandi* (entering the branch together at opening time) - it seems that perhaps Sandy's experience of fear was a natural response. After all, she was exposed to the same anxiety-provoking context as her clients. Perhaps because Sandy had not been part of their experience

of the actual robbery, she was able to contain her fear and thus did not react with the same panic as the staff members did. She remained seated and managed to calm herself, while the staff ran to safety. She perhaps realised that if she joined the hysteria around her, she would compound the situation. Sandy explains what happened in this extract of the conversation with the researcher:

Sandy: I was just sitting.... I could see them becoming they all just started running. They ran to the back to close their doors and their safes. Uh, it was terrible.

Researcher: What did you do?

Sandy: (Laughs)...Quietly, quietly I just thought, well, if it's gonna happen, for me to become hysterical now, wouldn't do it!

In these excerpts Sandy was responding in the present to the situation already described by the staff members which was being re-enacted before her eyes. It was the first time she could actually comprehend what courage it took for staff members to return to the scene of the crime. She could really feel their emotions and hopefully, this experience will contribute to a greater understanding of the situations her clients find themselves in and will boost her feelings of control as she was able to exercise self-control. On the other hand, it could make her more vulnerable to their emotions and may affect her ability to distance herself from them.

This experience has shown that being a counsellor could mean that one is exposed to anxiety-provoking contexts and similar negative emotions as the clients. In other words, the counsellor cannot but be affected by what she or he hears or experiences. It is also a vivid example of the unpredictable nature of counselling and the fact that the only variable over which a counsellor has control is him/herself - her own performance and reactions to her clients.

Physical effects

This theme refers to the physical effects of counselling on the human system. Sandy describes feeling drained after counselling, but only when a session is particularly taxing. If everything goes according to what she has been taught and has expected, then Sandy feels fine and could return to work with her usual reserves of energy. However, if she perceives that her clients are resistant to her counselling efforts or require more attention to contain their emotions, then Sandy feels physically exhausted and unable to return to her office. She also reports a feeling of restlessness or hyperactivity which she describes as feeling “rushed.”

It seems that when things are certain or predictable, then Sandy copes well. However, when they are not, it probably requires more effort from her as she moves into new territory and therefore experiences excessive tiredness.

She described how she felt when she saw four or five clients in succession. She said:

....I'm just tired, drained....

Personal Growth

This theme describes what Sandy has learnt from counselling. She has found meaning as a counsellor, become more appreciative of things that she used to take for granted; has discovered new things about herself; and discovered new ways of coping with stress.

Self-esteem/finds meaning

This theme discusses how Sandy finds meaning in the work. It appears that being a volunteer satisfies her desire to help others and thus makes her feel good about herself. She believes that the efforts of trauma counsellors are appreciated by the staff and her rewards have been their expressed gratitude, as well as a sense of achievement when she feels that she has helped to relieve suffering. This gives her satisfaction and has the effect of building her self-esteem. During the first interview, she described her thoughts in this regard:

People can sometimes feel so touched if you show them sympathy that they might cry. It seems that just the fact that someone is showing an interest in them, makes a big difference and that makes me feel good about myself.*

This quote indicates Sandy's perception that both her and her clients find themselves in a win-win situation.

Sandy described how receptive the staff members are when she conveys empathy for their situations:

And in the end, I would say something like "that's terrible" and they would just burst into tears and you realise that to them, really to have someone there does make a big difference.*

When Sandy sees the recovery of her clients from the first counselling session to the last, she feels that she has done her job well. She said:

...and then I feel, you know what, we are actually getting through to them (the clients).*

These excerpts show that Sandy seems to find meaning in helping others. It should be noted however, that Sandy talked about the rewards of being a counsellor during her first interview, but not during the second interview. It is

almost as if her initial experience as a counsellor had been particularly fruitful, that she had felt she was making a difference, whereas after she had gained more experience by the second interview, she was not feeling quite so confident.

Renewed appreciation for life

Sandy explains that she has become much more appreciative of things that she used to take for granted, such as her health. This new way of looking at life indicates that Sandy is starting to think a little more deeply and will, perhaps, go on to explore and incorporate new perspectives into her frame of reference. She said:

But then I was lying in bed thinking. I'm so fortunate to have my health and I take it for granted so often. I don't know if its just this and the robbery and the fear.... Just to know I've got both arms and legs... it definitely means much more to me now than it did a few months ago.

Perhaps it is the physicality of robberies - the threat of being shot or abused by the perpetrators - that makes Sandy especially thankful for her health.

Learning about herself

Sandy has also learnt a lot about herself and has made new career plans. Although she is willing to continue being a volunteer on a part time basis, she has taken the attitude that she does not want to be a full time psychologist, which was her original aim for studying psychology at university. She has

realised that the practical aspects of counselling are, for her, simply too demanding. She said:

And what I did realise is that I won't be able to do this full time. In the beginning I thought I would just love to go out to robberies and stuff. And everybody said: "No, you can't do this as a full time job" and I thought: "What?" And you really can't.

It is evident that the experience of being a trauma counsellor has revealed that it is not the only option open to her. The following excerpt also illustrates that Sandy is perhaps a lot more realistic about her caring role than she was before she started counselling, when she tended to be more idealistic. She explained:

But yes, I think I'm definitely more into the organisation than I am into people. Strange (laughs). My feeling is that I want to do a bit of the career woman thing. I've decided not to fool myself, because I could become a horrible psychologist and I'll be sitting there and going....."Jaaaaa, Yesss." So, I'm glad that I realised that I'm not going to do it now.*

Sandy's experience of counselling has engendered in her the need to become more involved with business, as opposed to the path of counselling, which she previously favoured. Sandy explained:

When I was just studying psychology I was working in a branch, so the two were quite removed and last year when I did my honours and I saw what I could do in People Management, I realised that I am actually more of a business type of person than a psychologist. So, I'm glad I did it (counselled), I really am, because it just broadened my mind, but I wouldn't be able to practise psychology.*

The experience of counselling seems to be teaching Sandy more about herself: her strengths and weaknesses. It is also helping her to make long-term career choices for her future.

Learning new skills and ways of coping

Sandy has also learnt new skills and functions from the counselling and training process. She describes how she has learnt to listen properly - how to really listen without talking about herself, which, she says, is her natural instinct. Sandy can apply this improved skill of listening to all of her relationships, not just in the counselling context. During the first interview, she said:

But I have to hold back a bit because I'm... the first thing they taught us was don't talk about yourself (laughs) and don't go "Uh, this happened to me and, and..." But it's taught me a lot about myself as well, to really listen, because you have to listen and pick up on stuff that they say and follow up there, so for that half an hour that you spend with them you really have to be totally there and listen to everything.*

Sandy also mentioned that counselling has shown her a new way of coping with her problems. She has become aware of the value of using her support system, talking about issues and not dealing with them alone which used to be her natural tendency. This idea was introduced to her by a young staffer whom she counselled. He followed her advice to speak to his family about the trauma and felt much better for it. This deviation from his normal way of

coping, which proved to release his burden, made Sandy realise the value of talking about problems. She said:

What I learnt from him is that yes, you have to talk to people. Just the change that I saw in him from one day to the next ... It was a big step for him, because he's not used to talking to his parents and friends about this kind of thing, but it definitely helps.*

Sandy made the aforementioned observation during the first interview. By the time of the second interview, Sandy's *behaviour* had changed in line with her new perspective. Immediately after each counselling session, she and her fellow trauma counsellors talk about their experiences rather than returning to the office or home alone.

Analysis of the Effects of Counselling on Sandy

What is striking are the paradoxes in Sandy's experience of counselling. It seems that in order to function in a healthy manner, it is necessary for counsellors to accommodate the paradoxes and the uncertainties of the situation such as: the uncertainty of reactions of her clients, the uncertainty of her effectiveness and the uncertainty of her own reactions. Sandy vacillates between feeling competent and incompetent in the role. She is in a position to help, yet sometimes feels helpless to control the situations that confront her. It appears as if Sandy's initial idealistic expectations of the role have been tempered by the reality of the job. This has caused Sandy to deviate from her long-term career plans to become a full time psychologist or trauma counsellor. Instead she feels more suited to a career in business, perhaps to avoid being exposed to the pain of her clients or maybe her attraction to a "business" career is simply preferable to "counselling". It appears as if she has realised that she is not so much of a people's person as she had originally thought and that her capacity for empathy and tolerance is limited. It seems

that initially Sandy completely underestimated the impact that trauma counselling would have on her and that being a counsellor has demystified counselling for her.

What helps Sandy to cope

The themes identified reflect the researcher's perceptions of issues that help Sandy to function well as a counsellor. They are based on the conversations with Sandy.

Idiosyncratic strategy

Even though Sandy appears to be quite an outgoing and sociable person, she sometimes prefers to deal with the impact of trauma counselling on her own and finds it helpful to be by herself to sort out her feelings. This seems to give her distance from the situation and allows her to process her thoughts without interruption. Listening to music and reading also helps her to relax and gives her a peaceful distraction. She explained:

I find, I would rather be by myself for a while and just sort out the feelings.

Talking

In spite of her idiosyncratic style of coping on her own, Sandy does recognise the value of speaking to fellow counsellors and by the time of her second interview, had realised the importance of doing so. This came about when she found she was having difficulty in dealing with the unexpected reactions of her clients described in the previous paragraphs.

It seems that talking gave meaning to her experiences and helped to externalise painful emotions - to take them from inside and put them outside herself. This strategy also forms part of the training programme which Sandy

attended. In the same way that the branch staff benefit from relaying their traumatic experiences, so too do the counsellors and Sandy seems to be realising the importance of doing so.

In the first interview, she said that she had not really felt the need to talk, but it seems as if she recognises the value of it now. When asked what advice she would give a novice counsellor, she said:

I would tell them (new counsellors) that it's important afterwards, to talk to somebody yourself. Because they (her fellow counsellors) say, yes, we need to sit and talk. But so often, we are in a rush to get back to the office. I've seen it myself now. It's no use going back to the office after that, so have a chat to somebody, ja, that's what I would tell a new trauma counsellor to do.

Life experience

Fortunately, Sandy has not experienced a similar trauma to that of the people she counsels, and she believes that this has helped her to deal with the job. If she had, she thinks it would increase her vulnerability to the potential impact of trauma work by reminding her of her own pain. Her own trauma might then interfere with her listening and attention to the trauma of others.

Although her father's death could be construed as a traumatic experience, she believes that it does not interfere with her role as trauma counsellor because this tragic experience bears no relation to those experienced by the branch staff. She said:

And I thought that when I counselled people, it's going to be in the back of my head but it wasn't. It wasn't.... I think also because it wasn't similar. I think if I were hijacked I would

maybe relive with them a lot more than ... because it's not the same.

She does acknowledge however, that here in South Africa:

.....we live with it (trauma), every day.

Perhaps this unsolicited secondary exposure to trauma helps to increase her resilience and prepare her for the situations she has to face as a counsellor. It may help to lessen the shock of being exposed to the effects of crime and abuse at the banks.

Appreciation from clients

The fact that Sandy enjoys helping others and feels valued by her clients (mentioned earlier), could also help her to cope with the stress. Her clients have shown her appreciation for her assistance, and have told her that she has helped them to deal with the trauma. If she did not feel acknowledged or “rewarded” in this way, perhaps her commitment would have waned. She said:

I realised that even if I'm just a lay counsellor, it does make a difference. Just to have someone there and the moment you say, “I'm a trauma counsellor and I'm here for you” - it means so much to them. People can sometimes feel so touched if you show them sympathy, that they might cry. It seems that just the fact that someone is showing an interest in them, makes a big difference and that makes me feel good about myself.

Achieving a balance between detachment and involvement

Sandy is learning that she must achieve a balance between helping her clients and keeping an emotional distance so that she does not get too involved in their lives to the detriment of her own wellbeing.

It was only when she had her first trauma counselling experience that Sandy realised just how important the job of counselling is and how much damage one can do in the process. For this reason, Sandy believes that it is crucial that trauma counsellors take the job seriously and be committed to the process, because otherwise, she says: “I don’t think you’re giving your best.”

She explained how some of her fellow counsellors feel about the job:

I believe you can do so much damage and it bugs me sometimes that people aren’t as dedicated as they supposed to be. You know when I hear there’s been a robbery I think “Shew, there’s been a robbery.” But most of the people say, “Ag there’s been a robbery and you know what, I’ve actually got this meeting and it’s just a bother.” Then, I think you shouldn’t really be doing trauma counselling, because it means that it’s a break in your day and you’re annoyed when you get there and I don’t think you’re giving your best*.

When asked what advice she would give new counsellors, Sandy firmly re-stated her belief that counsellors should be committed to the work:

I would definitely say to them (new counsellors), that if your heart is not in it then you must definitely leave it.

On the other hand, Sandy is also aware of what could happen if her commitment comes at the expense of her own personal wellbeing. At the outset, she acknowledged that through long-term involvement and intensive contact with her clients, she could easily become physically, emotionally and

mentally exhausted. Feelings of tiredness, depression or disillusionment could make her vulnerable to the symptoms of Secondary Traumatic Stress (STS) and diminish her effectiveness as a trauma counsellor. She is therefore cognisant of the need to set boundaries by limiting her involvement with clients and letting go. Because of her frequent, repetitive and cumulative exposures to traumatic material, Sandy sees it as being important that she does not shoulder the full responsibility for her clients' recovery. This will expose her to additional stress and make it harder for her to disengage from them. With regards to counselling sessions with people who remain anxious and traumatised even after her follow-up sessions, Sandy had the following to say:

I knew that I had to put it behind me and I couldn't do anything more. But you want to make it better for them.

I've become a bit too involved. I should just step back a bit.

These excerpts taken from the second interview, show that Sandy is starting to realise the importance of setting boundaries for herself.

Organisational support

This refers to Sandy's supportive and flexible working environment, which she feels helps her to cope with the demands of counselling. The needs of counsellors are taken into account and, in fact, they are urged not to go back to work after a counselling session. She explained:

They (the management at the bank) actually recommend that you don't go back to work. I think maybe subconsciously you're not really concentrating and that's why they want to send you home. But, yes, it is very flexible. Nobody would frown upon you if you said you had to cancel a meeting because there's been a robbery and you have to go. It's accepted.*

...but they (management at the bank) also say.. Go home or go and see a movie or something like that.*

The emotional wellbeing of the counsellors is taken into account and they can choose to take a break from their duties if they are going through trauma themselves. This ensures that the counsellors' own problems do not become foreground while the client becomes background. If this should occur, it may undermine the counsellor's recovery and may leave the client feeling unsupported. She explained:

And also that's something that they understand, if you're going through trauma in your own life or a divorce or something like that, they actually recommend that you're not on the list for a while because they realise that you're dealing with your own problems and you might not be giving your all. So we can take ourselves off the list if we feel...

Balance: Distinction between counselling role and full-time job

Another factor that perhaps helps Sandy disengage is that her full time job has nothing to do with trauma counselling. It also happens to be extremely hectic, which means that she does not have too much time always to ruminate about counselling sessions. She explained:

I do my normal job then I do the trauma. With the other people (employee wellbeing consultants)... it's all they have all day. So it's much easier for them to burn out.

The fact that Sandy is able to separate the demands made by her two roles, namely counselling and her full-time designation, prevents her from over-exposure to traumatic material. Those people who counsel all day do not

have a break from the sameness or routine of counselling. Difference, in this case, the benefits of doing tasks other than counselling, seem to help Sandy deal with the stress of counselling.

The mundane, predictable, routine of Sandy's full time job, seems to give her a sense of control, stability and normalcy in the midst of the uncertain nature of counselling.

Expected responses from clients

If the counselling session was normal with no "unexpected" reactions from clients, then Sandy finds that she can go back to the office and get on with her job as usual. Perhaps this too could be considered to be a coping mechanism that helps her to let go.

Boundaries of lay counselling role

Sandy seems to be aware of the boundaries of her role as a lay counsellor in several respects: Firstly, in terms of the need to refer clients to professionals if they appear to be at risk of developing a disorder or if they present symptoms which the lay trauma counsellors are not trained to deal with. For example, it may happen that a robbery evokes memories in a client of a previous traumatic experience which compounds the situation; or a client may have a history of psychiatric problems which are brought to the surface by the robbery. It is believed that this clear boundary of responsibility actually helps Sandy to cope with the job. During the second interview, Sandy strongly advised new trauma counsellors of the following:

It is important to listen carefully to your clients so that you can pick up any unusual issues or reactions which may need to be referred to a specialist psychologist.

She added:

But that's what the problem is because we are equipped to deal with the basic trauma of robbery and that's why it's so important that the moment you realise that there's something behind it, is to refer, because.... You can pick up if there's something behind it, you can pick up. I know that I'm not equipped to deal with digging into the past. I think that's also something I'll tell people (new counsellors). Remember to focus on the trauma of the robbery and that's where it stops. If you feel that further counselling is necessary then you have to refer. You shouldn't get too involved. It is important to refer clients to specialists if they have had a lot of robberies over a short space of time because we have only limited training.

The ability to refer victims to professional counsellors if she is worried about them, appears to decrease Sandy's anxiety about her clients and allows her to let go. She feels that she has done her duty as a responsible lay trauma counsellor and that her clients are in good hands with the professionals. The facility to refer helps to reinforce the boundaries of her role as trauma counsellor.

Secondly, Sandy is well aware of the restrictions of her designated role. The bank's lay counsellors are not mandated to counsel the security guards. They are restricted to the counselling of staff only. Sandy finds this difficult as her natural instinct is to help every person in need. However, it seems that these enforced limits probably help to contain her desire to assist everyone, an instinct which could get out of control if left unchecked. She commented as follows regarding her feelings about the security guards in the branches whom she was not mandated to counsel:

And you know the worst part is watching the guards. You know we're not allowed to debrief them because they're not part of the bank. I felt bad when I left there because you know, they also go through the trauma and then in the end we must just walk past and ignore them.

Thirdly, the roster for counsellors also supports them by setting boundaries and making sure they are not overloaded with clients. This helps to prevent burnout. Sandy explained:

Yes, but you're only allowed to debrief five people (at a given session), not more than that. They work it out two or three months in advance – the schedule. But you're never on duty more than once a week, and also the trainers are on duty on a Saturday because they can't really be on standby while they're teaching, so they normally take the Saturday ones.

In a context of uncertainty, which counselling is, it seems good to have the certainty of limits.

Flexibility

It appears that Sandy's ability to be flexible in diverse situations helps her to cope with the demands of the job. Sandy thinks that it is important that counsellors possess a great deal of common sense and the ability to think on their feet while counselling. This becomes especially necessary when clients present difficult questions or behaviour where pat answers do not apply.

In a similar vein, Sandy finds that it is important to be respectful of her clients' situation and in spite of her training, which is designed to get people to talk about the robbery, she does not feel that it is right to force them to talk about their experience if they do not want to. This ability to sense when it is necessary to deviate from the steps which lay counsellors are taught, in order

to accommodate the reactions of individuals, is considered to be another factor in Sandy's arsenal of coping skills. It means that she is not thrown off course too much if the needs of her clients differ from what she was initially taught to expect. It also probably increases her feelings of self-efficacy and role satisfaction. She explains how she dealt with a manager who refused to be counselled. She said:

I took the route of saying: "I can see that you're concerned about your colleagues and I want to tell you what you can expect from them because you care about them so deeply. Obviously it's going to affect you, once you see what they're going through".

This extract demonstrates Sandy's respect for where her clients are at, because she does not force them to talk or to accept her counselling if they are not ready to do so. In this case, by turning the attention to his colleagues' possible reactions post the trauma, she protected the manager's dignity, while at the same time, was able to give him some insights into what he might go through himself.

Network of family and friends

As mentioned previously, Sandy has a supportive family and is able to speak freely about any of her concerns, particularly with her mother, with whom she has an open relationship. She also has a lot of close friends to whom she can turn, if she needs comfort or compassion. However, in spite of this, the researcher got the clear impression that Sandy only shares her experiences of counselling with her fellow counsellors who understand and can relate to the process. She may feel that her friends and family will not comprehend the issues she has to contend with. Nevertheless, just knowing that she is not alone and has the back-up of family and friends, must contribute to a sense a security and support.

What could hamper her coping

The themes identified reflect the researcher's perceptions of the issues that could have an impact on Sandy's functioning as a counsellor. Although based on the conversations with Sandy, these themes largely reflect the interpretations of the researcher.

Desire to help versus inability to let go

Sandy's desire to help needs to be balanced against her tendency to get too involved in the helping relationship. Sandy feels that perhaps the counselling technique she was taught is not comprehensive enough. Although the process is immediate (trauma counsellors arrive at the scene within two hours of the event), she wonders if the four compulsory follow-up sessions with each victim provide sufficient support. She is often left with the lingering thought that perhaps she did not do enough or perhaps handled the process incorrectly. This questioning and self doubt, coupled with her natural instincts to help everyone in need could become a problem for her if left unchecked. She may carry the burden of responsibility for her client's recovery and never feel she has done enough to help them, which may leave her feeling drained. During the first interview, after her initial exposure to counselling, she said:

For me it's always difficult to think that after that we leave the people and I'm always so scared that maybe they needed a bit more help and we didn't give it to them. And I just hope that when we say to them, please let us know if you're battling with something then they remember that.*

During her second interview, after her experience with the more severe reactions of staff members, even after she had done her four follow-up sessions with the branch, she said:

I felt I could have done more. I don't want to make a nuisance of myself, but I feel that they need at this stage, just someone to ask how they're doing.

These quotes indicate the difficulty she has in letting go of her clients.

Even in her own personal life she tends to take the blame and feel guilty about things that perhaps are not her responsibility. After her friend had a car accident she said:

I'm sure I should have told this guy not to drive. And then I'm sitting with these guilt feelings about it all.

However, from the discussion so far, it does seem that Sandy is developing personal boundaries of responsibility which will help her to cope when these thoughts emerge.

Impatience

Another issue that may hamper Sandy in her role is that she appears to be becoming less tolerant of her clients. Although it is impossible for counsellors to remain objective, it is necessary for them to acknowledge their own prejudices and criticisms and bracket or contain them while counselling, so that they do not influence the recovery of a client. Although Sandy is cognisant of the fact that it is normal for people who have experienced a robbery to blame themselves, others, the organisation or society for their pain (rather than the perpetrators themselves), she has shown her bias and become a little impatient and judgemental with clients who focus their anger

on the bank's security guards for example. In this situation, she is reacting in a similar way to her clients. They are blaming the guards and she seems to be blaming them (her clients). This is a pattern that is probably normal, but needs to be pointed out to her. While her instinct to protect the security guards is admirable, it might not be very helpful for her to judge the staffers who have just been exposed to a potentially life-threatening situation. It may lead to a situation where she no longer conveys empathy to her clients and in fact becomes a stumbling block, not only to their recovery, but also to her own coping. This could lead to a decreased tolerance for her clients and the job and expose her to tension and stress.

The excerpt below illustrates how she responded to a staff member who blamed the security guard for not pressing his remote panic button during the robbery.

She explained:

So I said to the customer service manager: "Now do you have a panic button?" and she said: "Yes I do." I said: "Where is it?" She said: "It's in my pocket". I said: "Now, if you put your hand in your pocket do you think they (the robbers) would see you do it?" And she said: "Yes, they definitely will." And that's why she didn't press the panic button. And I said: "You know in all fairness, if I was a guard, I also wouldn't press my panic button."

So, it's okay for her (the staff member) not to press the panic button, but because he's a guard... Now I know I'm not supposed to take sides, but

Sandy may well have contributed to the staff member's anxiety by what could have appeared to be an accusatory interrogation and lack of understanding of the person's situation.

Another example of Sandy's impatience, is illustrated in her attitude in describing a client who was particularly concerned by his lack of appetite and sleep and voiced his concern over and over again. She said:

I find normally people don't come and beg for sympathy (but he did). Most of the time they understand that (their reactions are normal), then you get the little man who.....(keeps on and on).

It seems from the above discussion that Sandy, who seems to be, on the whole, a competent counsellor, might need to be made aware of her patterns of behaviour.

Language barrier

Sandy feels that her effectiveness as a counsellor could be curtailed by the language barrier. She recently found it hard to counsel a person from a different culture to her own, whose knowledge of English is minimal. Given the diversity of staff in the branches, it is inevitable that Sandy will confront this issue again. Should she not find a way of dealing with it, she may question her efficacy and find it harder to disengage and stop worrying about the client, leaving her vulnerable to stress. She said:

For me to do a debriefing with her was totally different because you can't use the big words like symptoms and flashbacks. So we had to go very basic and I was so worried that I wouldn't get through to her. So that's something that came out - that maybe we should have a simpler version of the debriefing because obviously, because then I might not get through to them.

Nonetheless, a counsellor should still be able to convey empathy and help a client in spite of language or cultural differences.

Researcher's perceptions of Sandy's functioning

Sandy seems to be a kind-hearted, sociable person who finds meaning in reaching out to others. The role of part-time counsellor satisfies and contains her desire to help others within a fixed structure, so that she does not become too involved in their lives to the detriment of her own wellbeing. She appears to be learning how to stay within the boundaries of her role and to disengage from the people she counsels.

Sandy tends to feel confident and in control when her clients react well to her counselling efforts and are appreciative, but becomes unsure and stressed in contexts of uncertainty, which is often the case with trauma counselling. She may show her stress by becoming preoccupied or impatient with her clients. The latter seems to be reflected as a critical attitude, a lack of understanding and the realisation that perhaps caring is not the only role that she has to play in life.

Sandy also appears to have the ability to think on her feet, which can help to restore her confidence in these situations. Although the trauma counselling course stipulates certain procedures for counsellors to follow, Sandy has shown the necessary flexibility and common sense to deviate from the steps where she thinks it necessary to accommodate individual, unexpected responses. At the same time, she also takes the necessary caution to refer to professionals, cases in which she is anyway unsure. This facility appears to lessen her anxiety and allows her to let go.

Although she had initially tended to deal with the impact of trauma counselling on her own, Sandy seems to be recognising the value of support from her colleagues and a flexible work environment. Talking to fellow counsellors and taking time out after counselling, seems to give her the necessary reassurance and perspective she needs to cope with the role.

Sandy's initial idealism about her caring role, when she had even considered counselling as a full-time career, seems to have matured into a more realistic perspective. Part-time counselling allows Sandy to return to her full time job, which is completely different from counselling, and leave the trauma, uncertainty and pain of others behind. Although Sandy believes that being committed and motivated is an important criterion for being a counsellor, she is also well aware of what could happen if this commitment comes at the expense of her own health. She is aware that she must be alert to signs that she is not keeping what she sees as an important balance between involvement/commitment and distance from her clients. This awareness seems to be critical in helping her to restore the balance, before she succumbs to the stress.

Summary and conclusion

We can learn from Sandy's experience as a trauma counsellor and from her own reflections on the process.

In summary, the effects of counselling on Sandy are as follows:

- View of the world: It seems that Sandy views the world in a different way as she has become more vigilant and aware of her own vulnerability to violent crime.
- Repeated thoughts about clients who experience problems coming to terms with the trauma.
- Lack of concentration when she returns to work after counselling.
- Helpfulness or feeling in control vs. helplessness or feeling a lack of control: Although Sandy is in a position to help, she sometimes feels helpless to change the situation for her clients and therefore experiences a sense of impotence or helplessness.
- Questioning her counselling effectiveness: Although Sandy generally feels confident in the role of counsellor, at times she also has self

doubts about her effectiveness, and wonders if she has missed something crucial or whether she has provided sufficient assistance.

- Experiencing fear and anxiety, similar to her clients.
- Physical tiredness after counselling sessions.
- Self-esteem: Sandy seems to find meaning from helping others.
- Personal Growth: renewed appreciation for life, learning about herself and the acquisition of new skills, such as listening.

Several key factors appear to support Sandy in her role as trauma counsellor and have helped her to cope and remain committed to offering her services as a volunteer. They are the following:

- Her idiosyncratic strategy of coping on her own allows her to process her thoughts without interruption.
- Talking to fellow counsellors about her experiences helps her to maintain perspective.
- Life experience: Sandy feels that she is able to be attentive to her clients because she, fortunately, has no personal history of the kind of trauma experienced by her clients (e.g. robberies, hijackings).
- Appreciation from clients: The appreciation from her clients gives Sandy a sense of purpose and the motivation to continue in the role.
- Sandy is learning that she must achieve a balance between helping her clients and keeping an emotional distance so that she does not get too involved in their lives to the detriment of her own wellbeing.
- Organisational support: Sandy's flexible and supportive working environment which takes the needs of counsellors into account, helps to ensure that she does not get over-exposed to the job.
- Distinction between counselling role and full-time job: The fact that Sandy's full time job is completely different from trauma counselling, seems to help her to disengage. The routine of her full time job, seems to help give her a sense of stability and normalcy in the midst of the uncertain nature of counselling.

- Expected responses from clients: If the counselling session was normal with no unexpected reactions from clients, then Sandy seems better able to let go.
- Recognition and acceptance of the boundaries of her role as trauma counsellor also help to limit her involvement.
- The ability to be flexible, seems to help Sandy cope with the uncertainty of the job.
- Network of family and friends, which provides her with a feeling of support.

What could hamper her coping:

- Her desire to help versus her inability to let go in some cases.
- Impatience or lack of tolerance for her clients.
- Language barrier - this should not stop Sandy from being effective, because it is still possible to convey empathy to someone from a different language group.

In summary, it appears as if Sandy initially underestimated and perhaps continues to underestimate the impact that trauma counselling has on her life, which highlights the need for early training and awareness in this regard. However, she seems to have developed and is developing many skills which help her to cope in a healthy way with her role as trauma counsellor.

CHAPTER 7

DOMINIQUE'S STORY

Personal Data

Participant:	Dominique (46 years old)
Husband of participant:	Jan
Children:	Two
Participant's occupation:	People Management consultant
Highest form of education:	Honours (Psychology)
Place of birth:	Holland
Trauma counselling experience:	Two years
Trauma counselling training:	One-day course provided by bank
Most recent counselling session:	Two years prior to the interview

Introduction

This story is based on the transcribed interview between the researcher and Dominique (see Appendix C). A short paragraph describing Dominique's background will be followed by a brief account of the researcher's impressions of her. Dominique's experiences will be discussed in terms of: how she became involved in counselling and her impressions of the training course; the effects that trauma counselling has had on her; an analysis of these

effects; what hampered her ability to cope and led to her resignation from the role. This will be followed by a discussion regarding the researcher's perspective of how Dominique functions. In the conclusion, Dominique's story is summarised. Where appropriate, statements will be illustrated by excerpts from the interview.

The Background

Dominique used to be a part-time trauma counsellor at a large bank. Her clients were branch staff who had been exposed to bank robberies. The responsibilities of trauma counselling were taken over-and-above her full-time employment as an administrator in the Human Resources department for the same bank. At that time, due to the shortage of volunteers and the profusion of robberies, Dominique would be called out, on average, three times a week, to counsel branch staff in her designated zone - Gauteng West, South Africa. After a period of two years, she resigned from the role because she found the whole process traumatic and support for counsellors in the organisation to be lacking.

At the present time, two years on, Dominique still works in the Human Resources department for the same bank. She finds fulfilment in her current post which involves administering personality tests and providing career advice to employees, based on the analysis of their profiles.

Researcher's initial impressions of Dominique

Dominique agreed to be interviewed, but I sensed that she did so reluctantly, with a fair amount of suspicion and reservation. I reassured Dominique that her anonymity would be guaranteed and she seemed to trust me sufficiently to share her rather emotional experience as a trauma counsellor. It has been

some two years since she last counselled, but clearly, the experience still brings back unhappy memories. Her anxiety is never far from the surface and her eyes fill with tears at several stages during our interview. I got the impression that I was the first person in a long time with whom Dominique had confided these pent-up emotions. I tried to be a sympathetic listener and to convey a sense of support and understanding to her, which she later acknowledged.

How Dominique became involved in counselling and her impressions of the training course

Four years ago, when Dominique went on the bank's trauma counselling training course, there was a shortage of volunteers and a plethora of bank robberies. At that time Dominique felt confident that she would be able to make a difference and help those staff members in need. She said:

When I first started trauma counselling, I was very positive. I thought I could make a difference to people, that's the reason why I did it - because of the effect that it had on people. I thought I could make a difference and, uh, you know that it would make it easier for them.

Her first disappointment came with the one-day training course she attended. She felt that she was not taught sufficient skills or given enough preparation to cope with the role of trauma counsellor. The course material was basic and participants were given very little opportunity to practise before being sent out to counsel actual trauma survivors. Dominique also felt that counsellors were not prepared sufficiently for the challenges of the job: such as what to do if staff members refuse to talk about their traumatic encounters or what to expect on arrival at the scene of the crime.

Then, as time passed, she became increasingly disillusioned about her effectiveness, particularly in the face of staff who had experienced repeated bank robberies and whom she felt were resentful of her and her role. In the end, she felt that she was not making any difference at all. She said:

Then I thought, you know, what's the benefit? What am I actually doing for these people? I don't think I'm adding any value, really, at all, and so, you know, I decided to rather withdraw, uh, and basically give it up.

Even though it has been two years since she last counselled, Dominique feels intense emotions just talking about her experiences and is adamant that she will never again return to the field of trauma counselling. She says:

I actually don't want to do it ever again. I honestly don't.

It seems as if Dominique's initial idealistic expectations of the role have been completely dashed by her experience.

Effects of Counselling

The themes identified reflect the researcher's perceptions of how Dominique has been affected by her experience as a trauma counsellor. They are based on the conversations with Dominique and interpretations made by the researcher. These themes are not mutually exclusive and readers might find overlap between themes.

Emotional distress

Dominique experienced a range of emotions while in the role of trauma counsellor, which often mirrored those of her clients. She was extremely nervous just before a counselling session as she anticipated the worst on her arrival at the scene of the crime - in each case a branch of the bank that had

been robbed. Her anxiety heightened with every encounter of a post-robbery situation. The uncertainty - not knowing what to expect, what sort of state the staff members would be in - made her feel vulnerable and insecure, particularly because she seems to function better in contexts of certainty. The reactions of her clients and her perception of the expectations placed on trauma counsellors added to her trepidation and sense of pressure in the role. She explains:

Always I was nervous. And I always tried to prepare myself in the car going there, you know. Then I would get out of the car and see the police there and you have to get into the branch, everybody is running around, um, you know, people are not thinking logically, um. You have to now come in calmly - walk into that, um, and start doing your work.....um, you know, which, I don't know..... (Voice quivers, eyes grow moist. She stops talking).

Dominique seemed to feel traumatised by the situation that confronted her at the branch on her arrival. The highly charged emotional situation, people running around, the presence of the police, and evidence of the robbery (ie. sometimes the perpetrators are still present at the particular branch, albeit handcuffed) all heightened her anxiety and made her feel traumatised, not unlike the clients whom she was meant to be assisting. She had the unrealistic perception that counsellors should be objective and should not get affected at all by the situation. Possibly, by thinking that she should not be affected, instead of realising that it is probably quite normal to feel that way, only served to heighten anxiety. She explained:

Yes! And you have to be calm, like, you know, you have to be objective, you know, and don't get emotionally involved and...thinking.. Oh gosh... You know the one I went to was so bad they had captured robbers and they were lying face down in

the banking hall one, two, three, four, five.....and I had to step over them to get in, oh, and they had someone shot dead in that one as well. They had helicopters, that had lowered people down and somebody had jumped onto the roof. You know, it was a very dramatic scene that one. Some other times I would get to the crime scene and these guys were still there, you know, they hadn't been taken away.

This shows that being a trauma counsellor could mean that one is exposed to the same anxiety-provoking contexts and similar negative emotions as the clients. It is perhaps natural that Dominique reacted in the way she did, because a counsellor cannot but be affected by what he or she hears or experiences. While counsellors can learn to contain their emotions within reason, it would be unrealistic to think that they should remain unaffected by their encounters. Perhaps a balance should be the aim, where counsellors are both part of and need to be apart from the situation.

Just talking about her counselling experiences to this researcher appeared to evoke the same emotional stress that Dominique had felt two years prior to the interview. Her reaction is, perhaps, an indication of Dominique's unresolved feelings in this regard.

Feelings of helplessness and incompetence

This effect refers to Dominique's feelings of helplessness, a sense of impotence - the perception that she was unable to be of assistance to the very people she came to help. The paradox of not feeling able to fulfil the mandate of counselling, to help those in need, created a seemingly insoluble problem for Dominique. On the one hand, she was there to help, on the other, she herself felt helpless to improve the situation for her clients.

Part of this feeling of helplessness stemmed from her belief that counsellors did not receive enough training, particularly in terms of clients who had undergone repeated robberies. It was not uncommon for different branches to be subjected to repeated robbery attempts. In these instances, she felt that the counselling process became a mere repetition of words and sentiments, parrot fashion, without meaning. She explained how she felt at the time:

As time went on, um, and there were very many robberies happening to people and they went through that three or four times, I thought to myself, you know, what is the good of all this? What are these people getting out of it (the counselling), because it's one (robbery) on top of the other. They know what to expect actually. I know they need to talk about these things, uh, we understand all that. But you know, I actually couldn't see the value of it anymore because of the fact that it was happening so often. You know, if it was once or twice even what that person went through, then I could still maybe see the benefit of something like that. But because it happens all the time, the people are so used to the same thing that happens over and over, uh, and, look, it does become more difficult I'm sure, because it can build up depending on the people, I suppose, but, um, I also felt that when the people spoke to us, uh, to me, they would say, "I've heard it before", you know, "you're not telling me anything new", "you can't fix it", and I can't. It's up to them to be able to work through it and that is how it is. So there's no quick fix here, which I think is what we all would like - that we are able to be fixed and carry on with life. And, it doesn't happen.

Dominique's inability to control the situation for her clients, to bring closure to their experiences and effect change in them, to "fix it" for them, added to her feelings of helplessness. This is perhaps linked to the blurring of her personal

boundaries, where it is not clear for her where her responsibilities begin and end, leading to her taking too much responsibility in respect of the client. She felt that the staff was not receiving adequate counselling because there was not an effective training programme in place to cope with such instances. As Dominique said, the staff had to cope as best they could. She explained:

And so, the people that went through the trauma are very negative about the trauma counselling as well, so that they thought that it's not really worth the effort. So that unfortunately influenced me as well, because when you get these negative vibes coming to you all the time and at one stage we were having a lot of robberies, so, we were called out quite a lot.

These feelings of helplessness served to undermine Dominique's confidence as a counsellor.

Questioned her counselling effectiveness

This theme is linked to the aforementioned theme of helplessness and describes how Dominique started to doubt her competence as a counsellor. She felt defenceless against the criticisms and anger of the staff members and appeared unsure of how to handle their resistance to her. It seems that she might not have been taught in the counsellor training course that many people who have undergone a traumatic experience can displace their feelings of anger or fear of the perpetrators on to whatever or whoever happens to be available at the time. Instead, Dominique translated this kind of behaviour as a personal attack on her and as a sign of her incompetence.

Dominique found that the men very often did not want to talk about their experiences, which seemed to confirm her sense of incompetence and helplessness in the role. She explains:

Especially men. They were really a challenge because they always say there's nothing wrong with them - they are fine. And they actually take exception to you wanting to ask them things and ask them to share with things that happened to them.

Dominique described how she tried to handle these situations:

I would try and coax them to.... I would say, "listen no matter who you are, you are affected to a certain extent". That's what I would say to them. And I would say: "That's the reason why I'm here so that we can just talk about it. You know, it's nothing that's going to go any further. It's a confidential thing, you know." And I did have a few that did talk to me. But I would say more would not, generally speaking.

From Dominique's description, it seems that she felt unable to adapt the trauma counselling steps to meet the needs of individual client behaviours. It seems that her somewhat rigid enforcement of her need to follow the prescribed steps, even when these steps were inappropriate to the situation, and her anxiety when she was presented with resistance to these steps, added to her sense of despair and made her question her effectiveness even more. It appears that Dominique needs certainty and does not cope with the uncertainty of counselling sessions. In other words, she likes things to be cut and dried.

Pessimistic view of the world

This theme describes the negative effects that counselling has had on Dominique's perceptions of the world and the people in it.

For starters, Dominique expressed anger towards the management of the bank and the police whom she perceived as callous, unsupportive and uncaring towards survivors of robberies. She also felt angry at the absence of counselling facilities for the trauma counsellors themselves as well as the lack of compassion for counsellors by her colleagues.

You know the other thing that I didn't like was management's attitude towards the people that went through it. Very callous, you know, just another robbery, just get on with it, count your cash, what were the losses, bugger the rest. For me that's unacceptable. That's the last thing you should be thinking of when you go through something like that. You know, so we try to do things this side. The other side don't actually care a damn. Let's just get on with business, you know. That conflicts with the counsellor's role, as I see it. Then I think: "God, well."

Dominique's perception was that management was callous. However, perhaps management's way was to deal with the stress of a bank robbery by focusing on the practical issues, such as getting work done, rather than focusing on the trauma. Like her clients, she too is blaming others.

Dominique also did not appear to receive support and understanding from her own colleagues. She explained her perception of the callousness of her colleagues and management:

Um, but I also think that the people that you work with also become very used to what is happening. So, when the debriefing (counselling for the counsellors) part of it, at the end, is not really there the way I think it should be. You know, um, I think if you make the attempt to perhaps phone somebody and say I need to talk, they would listen. But no-one comes to you and say shame, how did it (the counselling session) go, what

happened? Um, it's an important closing to the thing for you - and I don't think it's really there. You're expected to go and do your stuff, come back and carry on with your work.

(People think that), they (the survivors) should handle it. It's just part of life. And that's how management often view it as well. Really.

These pessimistic views are not restricted to her colleagues and management. Dominique appears to have generalised her criticisms into a perception of society as a whole. She said:

Oh terrible. Oh ja. But I think the whole society is going that way, I'm afraid to say.

Dominique fears for the future of humankind. She said:

I think I've always been very much aware of things. I don't think I've ever been unaware, so... The only thing I can say, is that people have changed in general. People have become very non-caring. They don't care about the next person. Um, the way we communicate with each other is very careless, very not feeling enough I think. Life is maybe so rushed nowadays that that is also, maybe, a factor. A lot is expected from us in the world today which wasn't like that 20 years ago. It's very different today, totally different. So, um, the whole world view has changed and I think that has an effect on people, but I think, in general, people are just more callous. I mean if you just look at people on the roads. You know the way they drive nowadays - 20 years ago it didn't happen - people obeyed the rules still. There's just... I feel there's lawlessness. Nobody cares about anybody, they just go at a tangent, don't care about anything in

life and I'm actually quite scared for the future, to be honest, of what is going to... and how it's going to end.

The researcher feels that these pessimistic and somewhat cynical views, so strongly held by Dominique, could evoke a sense of despair and isolation in her. They could also have had a negative impact on those whom she counselled.

Physical effects

This refers to the physical effects that counselling can have on the human system. Apart from feeling tired, Dominique cannot recall feeling any other physical effects of counselling. Not even her sleeping pattern was disturbed, although a detailed recollection may be difficult because of the length of time that has elapsed since she last counselled. When asked how she felt physically after each session, she said:

Very tiring. I mean you are very drained when you walk out of there.

It seems, however, that being tired appears to be a 'normal' reaction to the job of counselling.

Analysis of Effects of Counselling on Dominique

Dominique quickly became disillusioned in her role as trauma counsellor. Her initial expectations were, perhaps, somewhat unrealistic. In her eagerness, instead of simply providing a listening ear and immediate support to traumatised staffs, she had wanted to make an instant difference, to repair the trauma, to resolve the issues of her clients and make everybody happy again. Instead, when there was a dearth of satisfactory outcomes, she was left feeling helpless and incompetent.

Dominique experienced many emotions in her role as trauma counsellor ranging from nervousness, to trepidation, helplessness and trauma - very similar emotions to those which her clients experienced. Her emotional distress at that time is easily recalled by her, vividly relived, even though two years have elapsed since her last counselling experience. Her natural inclination towards a pessimistic view of the world appears to have hardened into a core belief, which might be a little excessive, even given the difficulties faced by South Africa at the moment.

In spite of the seemingly adverse effects that counselling has had on her, Dominique was able to talk about these experiences and through talking and making sense of her experiences, she might start the process of recovery. Another positive factor which is perhaps an indication that Dominique's functioning has not been completely impaired is that she has retained her interest in helping people albeit in a more structured, scientific context, using career and personality profiling tools. This kind of work seems to have a better 'fit' with her needs. She finds the job stimulating appears to be sensitive to the feelings of the people she deals with, which could be a sign that her experience of counselling has not completely destroyed her capacity for empathy. Nonetheless, she will still have to be aware of her focus on the negative aspects of people. She could perhaps learn to reframe the negative, therefore releasing capacity for change in a person. In other words, acknowledge the positive and reframe the negative.

What could have hampered Dominique's ability to cope

The themes identified reflect the researcher's perceptions of the issues that could have had an impact on Dominique's abilities to function as a counsellor. They are based on the conversations with Dominique and largely reflect the interpretations of the researcher.

Lack of supportive systems

Dominique appeared to have no support structures in place to help her deal with the impact of counselling. The bank at that time did not offer formal assistance or supervision to counsellors. A counsellor debriefing session (or post-trauma counselling) after each robbery would have given her the opportunity to share her experiences with people who understood the counselling process. She would also have been able to ask questions about the technique of counselling, which might have helped her to develop confidence in the role.

Furthermore, she was not made aware of the boundaries and limitations of the job and there were no specialist referral procedures in place. Each counsellor alone had to carry the burden of responsibility for the clients they attended to, without having the security of being able to refer clients who had been exposed to many robberies and who appeared to be resistant to counselling efforts.

She felt also that she could not share her fears and concerns with her colleagues whom she described as unsympathetic and indifferent to her needs. In addition, she felt that her own family would not understand the stresses of the job, which possibly contributed to her feeling of isolation. She said:

Very briefly, I'd say to them, I've been to a robbery today, something happened ... very briefly. But they don't understand, they're not in that environment. Um, so its difficult for them to really grasp what it's all about. Yes, you read in the newspaper, it's become so common, you know, that it's not ... it's just another robbery. It's not dramatic enough to really make people to take note. The same with hijackings. It's exactly the same.

Oh, it's just another hijacking, you know. That is the thing...they don't think.....

Dominique could have perhaps coped with the counselling process if she had been exposed to better support systems. Nevertheless, Dominique seems to feel that life owes her and this tends to make her passive instead of actively seeking the help she requires.

Over-exposure to trauma

During the time Dominique worked as a trauma counsellor, the bank was experiencing a plethora of robberies, and there was a dearth of volunteer counsellors. For this reason, Dominique was called out two or three times a week and had to counsel four to eight people at a time. She explained:

..I think the problem was that we didn't have enough counsellors, so the pressure on you is then greater because there would be at least one or two robberies a day, you know, so you would at least be called out once on that and then also the problem was that we saw too many people, so you would have to rush through and see five, six maybe even more. You know at one stage, some of them I went to, I would see about eight people at a time, which they say is totally not the correct way of doing it. You shouldn't see so many people. So that was also a bit of a problem.

This included follow-up visits the day after the robbery, one week later and one month later. This over-exposure to trauma counselling evidently contributed to Dominique's stress and her eventual resignation from her volunteer position.

Had her exposure to counselling been more balanced and gradual, under the supervision of an experienced counsellor, as opposed to the total onslaught of robberies and clients with which she was faced, perhaps Dominique would have felt better able to handle the role. Instead, the reality with which she was confronted was totally different to her expectation.

Insufficient Training

Dominique felt that the training for lay counsellors was inadequate. Although she understands that lay counsellors are not supposed to have specialist knowledge, she felt that she was not even prepared for the most basic trauma counselling procedures such as asking people to tell their story or helping to allay their feelings of guilt. She found herself particularly unqualified to handle staffers who had experienced repeated robberies - those who knew what to expect from the counselling process and felt that it could not help them. She said:

Ja, exactly! And we are not qualified to go deeper. That's the thing. You can only be very superficial in that process. I mean you have to really be a specialist to be able to take it further, you know. And very often, you actually need to ... just that asking people to share with you, you know, the experience with you, what's happened and then to allay their guilt that... you know I think you need more (training) than just what we get. I think we need, more training, I dunno, a different kind of training. I don't know. I'm not an expert on that so I can't really say, but you know, maybe something like that.

Although Dominique was not able to explain what kind of training she thought would be necessary, she highlights the need for a different type of training. If, for example, the training process had involved guided exposure and additional practice as well as sessions on how to deal with the varied responses of

people in trauma, perhaps Dominique would have felt better prepared for the job. Also, it is clear that the training did not stress the potential hazards of counselling, such as the threat of burnout from overexposure. Hence Dominique underestimated the inherent risks and struggled for three years alone and unsupported in the role.

Suitability for counselling

Dominique believes that certain personality types are more suitable for the counselling role than others and that all potential counsellors should undergo personality testing in order to determine their suitability. Based on her own experience, Dominique would exclude introverts, the insecure, those from unstable backgrounds and those who have experienced trauma. At the very least, she is suggesting that the current screening process is inadequate and that the personality types listed, will, themselves be vulnerable to stress from the role.

She explained:

And also I think it's very important that a person goes through a personality profile, to see if you actually are the right person to be doing something like that.

Look, I'm not saying what the ideal is (*for a counsellor*). But I would certainly say that you should be emotionally stable, reasonably outgoing, able to communicate easily with people, don't be an introvert, because it might be more difficult. Be empathetic, be caring, but at the same time don't be emotionally involved. You must not be a tense person I would say, because that would make matters worse and I'm sure in simply communicating with someone, they could sense your tension or stress.

She believes that those who are not suited for the job, can actually harm their clients. She said:

Ja. I mean you're talking... you're interacting with people. You can do a lot of damage, I think, if you're not the right person. And if you say the wrong thing, you can actually do unbelievable damage. Long term damage even, I believe. I'm talking out of my own framework here.

Perhaps one can add here that a counsellor's attitude would also be important in helping her to cope. It would seem that Dominique's negativity seemed to add to her feelings of insecurity and would most likely also have an inhibiting effect on the recovery of her clients.

Dominique explained how counselling could provoke an emotional response in those counsellors who have a previous history of trauma, similar to that of their clients:

Look I spoke to other people that have done counselling and uh, have gone through traumatic experiences themselves and I think that they find it very difficult, you know, because of that. It definitely does bring out fears. But it would - it's a similar thing.

Dominique thinks that counsellors should come from stable backgrounds so that they are better able to detach themselves from the stories they hear. She feels that her own unstable background and personal history of trauma, made her vulnerable to the trauma of others. She said:

If you're a more stable person, I think it would also be easier because you can detach yourself, be sympathetic, but detach

yourself and don't get involved. And that is the difficulty for me, I think.

If her perceptions are valid, then Dominique may well have been better served by a screening process for volunteer counsellors.

Disengagement and involvement

Dominique appeared unable to distance herself emotionally from the people she counselled. It is almost as if the boundaries between their emotions and her emotions blurred and she seemed unable to detach herself, even to the point where she found it hard not to mirror their crying. Though perhaps, in some instances, this would not be out of place. She explained:

I am a reasonably emotional person myself, so it's difficult sometimes to control your emotions um, and you know when people are crying and you just want to cry with them.

Because I know myself quite well in terms of that, um, I also know some of my colleagues who are definitely more detached and not as emotional as I am and I think they can handle it better.

Dominique believes that counsellors should be able to detach themselves from the stories they hear. However, rather than choosing between disengagement or involvement, perhaps a balance between the two extremes would be more beneficial.

Inability to deal with uncertainty

The unexpected nature of the situations which trauma counsellors have to confront, the need to be flexible and to think on their feet, and the inability to

control situations or the reactions of clients seem to lack a fit with where Dominique is at.

Dominique appears to blame herself for her inability to cope as a volunteer counsellor. It seems that when she cannot control the situation, she 'controls' who she blames - herself. She seemed to be unable to adapt to the varying demands of the work and believes that her personality is not suited to counselling because she is not flexible and likes to be in control of situations. This could confirm Dominique's perception that some people are more suited to the job than others. She explained:

I get too involved with things. And I'm the type of person who wants closure. I want to fix things and if its not fixed, um, it's a problem for me. I like to heal things - if there's hurting of some kind. It doesn't matter what it is, I want to fix it.

Dominique's nervousness and trepidation as she entered the crime scene, while quite understandable, seemed to force her into a rigid mode of operation and she appeared to be unable to adapt to the needs of individuals whom she counselled. Her negative outlook, lack of flexibility and her inability to deviate from the prescribed rules of counselling seem to have contributed to her feelings of incompetence and her eventual resignation from the job. She seemed to remain stuck in negativity and a feeling of helplessness, which made her feel less and less able to cope.

Researcher's perception of Dominique's functioning

Dominique appears to be the kind of person who likes to be certain of what she is doing and in control of situations. Trauma counselling, by its very nature defies control. One cannot be sure what kind of state clients will be in or how they will react to counselling. The ability to be flexible and think on one's feet, to follow the structures of counselling, but to deviate from rigid

procedures to accommodate individual reactions where necessary seems to contradict Dominique's need for assurance.

Dominique's current job administering scientific tools to analyse the personality profiles of new staff members seems to satisfy her interest in people and her desire to help within specific boundaries. This is the kind of situation that builds her confidence and allows her to show her warmth, compassion and kind-heartedness.

It is unfortunate that Dominique does not feel that she has learnt anything from her counselling experience. She seems to lean towards passivity and is not proactive in seeking out assistance, asking for additional training or being released from her duties. This passivity seems to be reflected in the negative, inhibiting view of herself as a 'target' or 'victim' rather than a 'survivor' or person with choices.

Summary and conclusion

We can learn from Dominique's experience as a trauma counsellor and from her own reflections on the process.

In summary, the effects that counselling has had, and in many ways continues to have, on Dominique are as follows:

- Emotional distress: Dominique experienced a range of emotions while in the role of trauma counsellor - anxiety, trepidation, nervousness and trauma.
- Feelings of helplessness and incompetence: Trauma counselling eroded her sense of confidence as she felt unqualified and unable to meet her mandate as a counsellor - to help her clients.
- She thus started to question her counselling effectiveness.

- View of the world: Dominique's outlook is negative. She fears for the future and perceives people, in general, to be callous and uncaring.
- Physical effects: Counselling used to deplete Dominique's energy reserves leaving her feeling drained.

Several factors hampered Dominique's capacity for coping with the role of trauma counsellor and contributed to her eventual resignation.

- Lack of supportive systems: Dominique appeared to have no support structures in place to help her deal with the impact of counselling.
- Over-exposure to trauma: Due to the shortage of staff and the plethora of robberies taking place, Dominique was sometimes called out three times a week to care for staff members.
- Insufficient training: Dominique felt that the one-day training course did not qualify her for the job. It seems that the training clearly did not communicate the limits of her role to her and did not warn her about the necessary precautions she needed to take in the role.
- Suitability for counselling: Dominique believes that trauma counsellors should be screened before being accepted into the programme to make sure that they are emotionally stable and able to detach themselves from the emotions of their clients.
- Disengagement and involvement: Dominique appeared unable to distance herself emotionally from the people she counselled.
- Inability to deal with uncertainty: The unexpected nature of the situations which trauma counsellors have to confront, seems to lack a fit with where Dominique is at.

It appears that Dominique's experience of trauma counselling has had a severe impact on her frame of reference, leaving her with a pessimistic and cynical view of society. Further research would be required to determine just how much this view affects her relationships and her daily functioning. However, it would have been interesting to know Dominique before she did

trauma counselling. One wonders if the change was dramatic or whether her attitude has always been consistently negative.

CHAPTER 8

NOMSA'S STORY

Personal Data

Participant:	Nomsa (20 years old)
Husband of participant:	None. Boyfriend.
Children:	None
Participant's occupation:	Student
Highest form of education:	Matric. Currently studying BA (Social Work)
Place of birth:	Tembisa, East Rand, Gauteng
Trauma counselling experience:	Three years
Trauma counselling training:	Five-day course provided by university-linked trauma clinic Two weeks training provided by social work clinic
Most recent counselling session:	A week prior to the interview

Introduction

This story is based on the transcribed interview between the researcher and Nomsa (see Appendix D). A short paragraph explaining Nomsa's background will be followed by a brief account of the researcher's impressions of her. Nomsa's experiences will be discussed in terms of the following: how she became involved in counselling and her impressions of the training course; the effects of trauma counselling on her; an analysis of these effects; how she copes and what could hamper her coping. This will be followed by a discussion regarding the researcher's perspective of how Nomsa functions. In the conclusion, Nomsa's story is summarised. Where appropriate, statements will be illustrated by excerpts from the interview.

The Background

Nomsa is studying for a degree in social work and volunteered her services as a lay trauma counsellor at two community clinics in Johannesburg. Both of the clinics deal with a wide range of trauma including rape, abandonment, hijackings, muggings and abuse. On her first day as a volunteer, Nomsa was tasked with looking after an abandoned baby and she believes that this somewhat extreme initiation into the field has given her the capacity to deal with subsequent cases, regardless of how distressing they may be. Nomsa usually sees three clients each week, but on occasion has counselled four people in one day. Nomsa has a good support system which includes a caring mother and a close friend working in the same field in whom she can confide at any time of the day or night.

Researcher's initial impressions of Nomsa

I found Nomsa to be mature, confident and dignified, despite her young age. Her manner is very calm, thoughtful and collected - attributes which could be useful in her role as counsellor.

How Nomsa became involved in counselling and her impressions of the training course

Nomsa is sympathetic and attentive to the needs of those around her and has a strong desire to help others. When asked why she decided to become a counsellor, she said:

My interest is I love helping people. It could be trauma counselling or just around the house or anything.

Nomsa thoroughly investigated the social work field when she was at school because she wanted to make sure that she took the necessary qualifying subjects to gain access to the faculty of social sciences at university.

She explains:

Um, I joined this field actually in '98. I did research on social work because I was at a stage where I had to choose what I had to do for my matric subjects. There were various options and I didn't want to take maths and science because I didn't know whether I wanted to use it in life or not. I was given a project by my school. I interviewed various social workers, therapists, counsellors etc. and from that I did practicals with the Johannesburg child welfare, a few homes in Soweto. I went to Pretoria, the homes in the villages, near Rustenburg. At the end I did a presentation to the school.

Her investigations and experience confirmed her opinion that social work would help satisfy her desire to help others. In spite of the fact that social workers in South Africa receive minimal salaries, Nomsa is committed to the profession and believes that counselling will lead to self-actualisation or

contentment within herself. This is what gives her life meaning - helping others. She said:

When you look at social workers, they don't get paid much money. That to me it isn't much of a stress in life, when I qualify. But doing your job and loving it, enjoying to do it, is more important to me and helping the next person.

This excerpt seems to illustrate the importance of a fit between who you are and what you do in life. In order to gain practical exposure to her chosen field, Nomsa offered her services as a lay counsellor and found that the courses offered by the two clinics gave her sufficient training and prepared her adequately for the role. Her current studies in social work, also provide her with the theoretical background and knowledge to deal with the reactions of traumatised clients.

Effects of counselling

The themes chosen reflect the researcher's perceptions of how Nomsa has been affected by counselling. They are based on the conversations with Nomsa and interpretations made by the researcher. These themes are not mutually exclusive and readers might find overlap between themes.

Questioning her counselling effectiveness

Although Nomsa is generally confident in the role of counsellor, she does sometimes doubt her counselling effectiveness and abilities. She finds, for example, that she gets distracted during the day by thoughts of certain cases that she has dealt with. Her reflections are generally focussed on how she handled the counselling process, rather than on the clients' actual trauma or level of recovery. She wonders whether she has said or done the right thing. This could be because the counselling context is a little unpredictable and

uncertain and the counsellor cannot control the reactions of her clients or their recovery. Nevertheless, questioning her effectiveness can leave her feeling very drained. She said:

Physically, it would have affected me because then I'm thinking about that person. I could have had that case at 9 am, but I could be thinking about that one particular case the whole day and now my mind is so drained and there are so many questions and so many thoughts like: Should I have asked that kind of question? Should I have done this or that? And you know, that physically drains me.

Even though Nomsa is confident in the role of counsellor, she still wonders if she has acted in the best way possible. She wants to make a difference in the lives of those she counsels, because helping others gives her life meaning.

Physical effects

This theme refers to the physical effects that counselling can have on the system. Nomsa admits that the work can be very draining and that she has been kept from sleep just thinking about a particularly disturbing case. Dealing with clients in succession is particularly tiring for her. She explained:

I have maybe one or two cases that I couldn't even sleep...

But I must be honest you can have four cases one after the other and you get tired and drained.

Experiencing similar pain as client

A more severe physical impact that counselling has had on Nomsa is when she experienced the very real physical symptoms of one of her clients. She refers to a woman who was raped with a bottle. During and after counselling

she actually felt the pain that this woman had experienced. Perhaps the fact that she was expecting to undergo a gynaecological operation had something to do with this intense effect, which mirrored her client's pain. It could also be because from an African worldview, distress is generally experienced or described in physical rather than emotional terms. Nomsa's empathy for her client translated into a physical pain. She described this as follows:

Yes, you know I had one case where a client was raped with a beer bottle and that I asked myself, as a woman, the pain she must have gone through. That really got me up until 12 pm that night because physically I felt that I could feel the pain because I myself, three months later I was going in for an op and I was seeing a gynaecologist, so you can imagine...I sort of felt the pain. I really did feel the pain. Physically I felt it. It was like something pinching me so hard. Emotionally it didn't affect me, but physically.....

This experience perhaps shows that being a counsellor could mean that one is exposed to similar responses and feelings as that of a client. Empathising with a client's pain, could leave a counsellor vulnerable to this pain. In Nomsa's case, she experienced this in a very real physical sense.

Personal growth

This theme describes what Nomsa has learnt from being a counsellor. She refers specifically to how much she has grown in maturity and that she has become wiser beyond her years because of her counselling experience. For example, she believes that counselling has taught her to respect other people's opinions and choices and to look at things from different perspectives. She explains:

I find it, for me, it, I've always taken counselling ever since I did the course, as something I learn each day from meeting a different face, a different personality, a different perspective on life and a different experience of whatever traumatic event they might have had. To me it's a lesson. I feel it's a school and I'm learning each day. Some days, you pick up something that you might use in future. Just to bear in mind, some, you can't use. But to me it's a lesson to the next person I'm going to see after that particular case. It really has taught me a lot. It has taught me to be more mature than probably my age and to see things much more clearly in life and to see different perspectives. Ja. But it has never affected me emotionally or otherwise. I've always seen counselling as a lesson to me. I learn from it. I learn from it.

It seems that Nomsa chooses not to focus on the problem but on the meaning - the lesson she learns from each encounter, which she can then pass on to her next client or use for her own personal growth. She emphasises what she learns rather than remaining self-obsessed or focusing exclusively on the tragedy. She acknowledges that she does not have all the answers and cannot control everything, but is open to experience and possibilities.

It seems that counselling has also taught Nomsa to be flexible, open-minded and to treat each client as an individual, with respect. She said:

I've learned to treat people with equal respect. I've always had a motto that I carry around. You respect me and I'll respect you and traditionally I've met different traditional beliefs and cultures and ... you've got to put your opinions and differences aside and put yourself in that person's shoes and try and see it from their side, um. I've learned that, it has taught me that you cannot judge a book by its cover.

Another way in which Nomsa feels that she has matured, is that trauma counselling has taught her how to handle personal stressful situations of her own. She recently had to deal with a medical condition - a difficult operation and the results of a blood test which would have told her whether she was 'positive' or 'negative'. She mentally prepared herself for each outcome and was able to modulate her emotions, even though her mother was unable to exercise the same control. She said:

As I said, I take counselling as a learning experience for me, so very much so, yes (I do learn). I managed to prepare myself for either way the results came back, that when they came to me I was more or less prepared, when it was a diagnosis of this kind. And I looked at, if the results came out this way I could do this and that, and if they came out the other way, I could do this or that.

It seems that Nomsa does not allow tragedy to be the winner. At the same time she is realistic about her condition and considers options. She said:

But I asked myself, are you going to let this thing get you down or not? My mother was very traumatic about it. It didn't worry me too much emotionally. I didn't go completely dead emotionally, I felt the pain physically but emotionally I had prepared myself in advance for either way, you know from the results.

Being positive in the face of what most people would term a tragedy, opens up possibilities and options so that more choices become available to the person. This also forms part of the lay counsellor training course, where counsellors are taught to help their clients to examine and expand their range of possibilities.

Because the counselling technique is designed to help clients face the realities of their situations - the trauma - and encourages them to deal with it, Nomsa, was better able to cope with her own stress surrounding the operation. She seems to have incorporated this attitude to her life as well - it is not just a technique for her. Perhaps too, the fact that many of her clients have come through the trauma, and have maintained their normal functioning or have become better people because of it, has had an empowering effect on Nomsa. At the same time, Nomsa's attitude can spill over to those she counsels, as is illustrated in the following comment:

You know, maybe you're a person who always criticised people or always had a negative attitude and now the negative event has not only taught you a lesson, but you're learning from it, to treat people differently. It's given you a different way and a different perspective.

Seeing the positive in others and self-esteem

This theme describes how Nomsa finds meaning in counselling, particularly if she helps a person to cope, not only with the traumatic event, but also if she helps them to discover positive attributes about themselves that they had not been aware of before the trauma. It appears that she goes the extra mile with her clients and if she can see the difference she has made to them, her self-esteem improves. She said:

It's not just a case of focusing only on the trauma. A person may say that because of the traumatic experience, I found a person that I never thought existed in myself. And to me, it means a lot, that during the session that you actually did think and you look inside yourself and you found something that you thought you

never had and you're making use of it and you're making it come out.

Facilitating her clients through their trauma to the other side, appears to inspire Nomsa to continue in the role. It seems that her positive attitude and belief that one can learn from trauma, impacts on her clients and gives them the strength to continue and even to grow as persons. This is essentially the role of helpers in the caring profession - to empower clients to achieve their own healing.

Analysis of Effects of Counselling on Nomsa

Although confident in her role as counsellor, Nomsa is sometimes confronted with uncertainty about her performance and the situation, sleepless nights, and on an occasion, the intense physical effects of counselling. However, while acknowledging these effects, Nomsa is not consumed by them. She chooses to focus on the positive aspects of life, rather than the negative. She feels that each encounter is a lesson for her, that she has become maturer and wiser because of counselling, and that the work gives her life meaning. She has also learnt how to cope with her own personal stress. It seems that counselling allows Nomsa to develop, well beyond her years, without actually having to live the tragedy of her clients. At the same time, her strength and optimism affects her clients and empowers them to recover.

It struck the researcher that although Nomsa explained at the beginning of the interview that counselling did not affect her in any way, as the discussion progressed, she expressed a number of ways in which she had indeed been affected by the job. The questions may have probed and encouraged her to contemplate her counselling experience. By the end of the interview Nomsa's initial perception that she had not been adversely affected through the job of

counselling was somewhat revised. It seems that the interview gave Nomsa the opportunity to reflect on her progress in her chosen role.

What helps Nomsa to cope

The themes identified reflect the researcher's perceptions of issues that help Nomsa to function well as a counsellor. They are based on the conversations with Nomsa.

Talking

Particularly in the first two years of her experience as a trauma counsellor, Nomsa felt the need to discuss her cases with a fellow counsellor, who is also a close friend. The particular issues they would address would centre on the process of counselling and their effectiveness as counsellors. They would debate issues and ask questions such as: "Should I have done this or that?" These discussions and the support of her friend, available to her at any time of the day or night, helped to give Nomsa the reassurance and confidence she needed to continue in her role. Her friend provided her with a sounding board. She said:

I have a very good friend of mine and we actually talk about each one's case. You know I can phone her at 12 pm and say, you know I had this very, very terrible case, help. And she says tell me about it and we talk and talk and talk. For me it's a kind of debriefing. Maybe it's terrible that I felt that I didn't help that person or how can they do this to another human being? I have maybe one or two cases that I couldn't even sleep, but after talking to somebody it has eased things. It might not have taken

the thought of the case away, but it has sort of eased things for me.

Externalising the problem seems to help Nomsa. It seems that it is often by talking about something and giving the ideas actual words, that we start to make sense of our experiences and allow new meanings to emerge. In the same way that clients benefit from relaying their traumatic experiences, so too do the counsellors, as is evidenced by Nomsa.

Humour

Three years down the line, Nomsa has built up her confidence as a counsellor and says that she does not need to discuss her reactions or counselling decisions, with the same frequency as she did when she was new to the field. Very often, she and her friend find themselves laughing and discussing the amusing aspects of their different cases. Perhaps the humour is a sign that Nomsa has gained more distance or perspective from the role and does not take herself too seriously. Although trauma is, of course, a very intense and frightening topic, humour can help relieve the tension. Nomsa explained:

But now we just talk. We say, I had this funny case. You think about it, it's traumatic but you think about it, it was funny, you talk to your friend about it.. We joke.

Counsellors who listen to traumatic stories cannot help but be affected by the pain and suffering of their clients. At the very least, counsellors can be left feeling depressed and disillusioned. Having a sense of humour can help to bring perspective and balance, even in the face of the horrific realities which counsellors have to confront. Most people do not confront real trauma on a

daily basis, whereas counsellors are forced to deal with trauma, albeit vicariously, more often than most people. The comedy of life allows for a relaxation and release of pent-up emotions and stress.

Learning and meaning

Nomsa firmly believes that counsellors should find meaning from their work so that they reflect the appropriate attitude in order to empower a person to bring about his or her own healing. To sustain commitment, Nomsa believes that counsellors need to feel that they are learning from the process. She said:

You need to do something so that you will get something in return.

Clearly Nomsa feels that she finds meaning from counselling others. It satisfies her desire to help others and teaches her a lot about life and about herself. These lessons, she feels, she can pass on to other people whom she tries to help. Through counselling, she has encountered many different people and many different perspectives, which have helped her to grow in wisdom and maturity. She has also learnt how to manage her own difficulties more effectively. These rewards serve as an incentive to continue in her role, even when she catches herself questioning her career path. This could perhaps be seen as an important issue for potential counsellors. They should also feel that they are getting something in return for their efforts. She said:

As I said, I take counselling as a learning experience for me.

But to me it's a lesson to the next person I'm going to see after that particular case. It really has taught me a lot.

Boundaries of lay counselling role

Although Nomsa finds the rules of counselling to be quite frustrating - the paperwork involved and the need to keep an emotional and physical distance from her clients - she nonetheless accepts them, and they seem to help her cope with the stress. They set boundaries to protect her from becoming too involved with her clients, which could otherwise make her feel overly responsible for them and thus vulnerable to stress. When asked what she found hard about counselling, Nomsa said:

The hard thing about counselling is that there are certain rules and regulations you've gotta go by. We have certain rules at this centre and the other centre that I'm involved in we also have rules. As much as you want to go over them, you can't, you have to follow them. Like here, there are certain restrictions such as doing a follow-up, doing your paperwork, your files and the other side it's totally different. We work with the beepers. Whenever a case comes in we've just got to attend to it. It's an emergency thing. So there, sometimes you find a child that's just got raped and you want to cuddle them and hold them, but you can't. You've got to protect yourself from Aids and various other things, again, some statements have to be taken, some photos have to be taken, the child has to have medical attention, you cannot touch the children, you cannot put your fingerprints there. So, there are certain rules you have to follow.

Nomsa sees the benefit and necessity of these rules even though they go against her natural instincts to want to comfort the person.

Detachment vs. Involvement

Nomsa's ability to maintain a balance between commitment and letting go of her clients, seems to help her cope with the role. Nomsa mentioned that she has had some cases where she felt that she had not gotten through to clients

as well as cases where clients had not wanted to be counselled by her because she is so young and because she is black. She disciplines herself not to take things personally by distancing herself emotionally and by doing the best she can to help that person, even if it means getting another counsellor to take over or letting that person go. Nomsa respects the client and her humility and empathy keep her from taking things too personally. Her focus is the client, not the problem and not herself. This attitude shows that she accepts the boundaries of her personal responsibilities. The following excerpt describes her response to these kinds of situations. The researcher had asked Nomsa what she finds hard about counselling. She said:

N= Nomsa and R = researcher

N: Yes. I've had quite a lot of that (people thinking I'm too young to counsel). I've had a lot of racism, but I fully understood where they were coming from and if you felt that I was too young to help you, then that's fine, I respect that. I respect that.

R: Do you then call somebody else to help the person?

N: Yes, because as a counsellor, the first thing that I've got to think about is you need help and if calling somebody to come and take over will help you, then it's fine.

R: So, it doesn't make you feel angry or anything?

N: Not at all. I've had several cases here where they come in and they say; "it's a black person." And if they don't feel comfortable seeing me, then I don't have a problem with it. No problem. No problem. We'll make a plan and get another counsellor in. No problem.

R: And do you ever feel that perhaps you just didn't get through to a person or perhaps there was some blockage there?

N: Mmm. Yes. I've had a case where, I felt I couldn't help the person because this person had a foundation between the two of us and every time we had a session, he would put one brick on top of the other and build a wall between us. It was very hard for me to break through that wall. But, at the end, I looked at myself and I said, you know what, you've done your part. You did what you could. Even if I do feel that I didn't manage to help that person, they can get help elsewhere and I just had to discipline myself there. I had to discipline myself mentally and professionally as a counsellor and emotionally. I had to discipline myself and say, no, I have just done my part. I have helped that person to the extent that I could help. I could not break through that wall. Maybe they were not ready. But I thought positively. They will get help elsewhere. It's not like this is the only centre that helps people. There are some others out there who can probably break those barriers.

The excerpt reflects Nomsa's humility. She realises she cannot be in control all the time and therefore needs to flow with the process. She accepts personal responsibility, does what she can to help her clients and then lets go. Her positive attitude, which opens up other possibilities is expressed in her self-talk (refer specifically to underlined sections).

Nomsa appears to have accepted that she can only intervene to the best of her ability, in order to help the client back to normal functioning. The only variable over which a counsellor has a measure of control or can change in the counselling situation, is herself - her behaviour, her own reactions to the traumatic tales of her clients and her own performance, and not the client. The counsellor does not have the power to change anyone else's behaviour. This seems to be a good coping mechanism because through examination of her

own behaviour, Nomsa can change her approach in future if she feels it is right to do. It is the only factor over which she has control.

It seems therefore that Nomsa has developed a balance between involvement and detachment, a balance that allows her to adapt to situations in order to help the client to the best of her ability.

Positive Attitude

As a counsellor, Nomsa is forced to face the negative, sometime horrific stories of her clients. Nomsa describes herself as an optimistic, idealistic person. This attitude appears to help her to cope with the vicarious trauma she confronts on a daily basis. It may make her more resilient to the negativity from her clients and helps her to recover from the traumatic stories they share. Nonetheless, Nomsa does acknowledge that she feels dismayed when she sees what her clients have had to endure. Through counselling, she is forced to confront the horrors of humanity - the pain that we as humans inflict on each other. A person with a positive outlook who is functioning in a healthy way will emphasise the positive, but not deny the negative and it seems that Nomsa is honest enough to admit how the job sometimes makes her feel. The following extract reflects her exasperation at times:

Um, I must be honest. There are some cases I've come across. At the end of the session I've looked at it and thought, what am I doing here, because of maybe because of the kind of traumatic thing that the person experienced as a human being.

Although the next comment (see below), does not refer to a specific traumatic case, Nomsa had been talking about cases of child rape and abandonment that she had dealt with. Her incredulity and disillusionment, quite a normal reaction to a terrible event, is evident when she said:

.....how can they do this to another human being?

It seems that being a trauma counsellor means having to confront the negativity of life, without getting consumed by it. Having a positive attitude is also important from the client's perspective. Just as counsellors are affected by the clients, so too are clients affected by the counsellors. Being counselled by someone who conveys strength and confidence, as well as empathy, could perhaps empower the client to recover. When asked how she copes with the stories of trauma from her clients, she said:

I'd say I have my own world. I honestly have my own world.

I know for a fact, our world is terrible, you know. But I don't always look at the negative side, I look at the positive side. Always the positive side. I've always been a positive thinker in class; at school. I look at the pain and the things that people feel. If you look in their eyes. If you go to Soweto during the day you see all their pain and sorrows and they're jobless and homeless and have family problems and I don't want to join in.

By focusing energy on the positive aspects of life, rather than the negative, Nomsa is able to transcend the vagaries of the job and maintain her sense of wellbeing - a sense of her "own world" as she describes it.

Job Experience

Nomsa's considerable experience as a counsellor over the last three years could also be a factor that has enabled her to cope with the demands of the job. By her own admission, her early, somewhat "shocking" initiation into the field (the responsibility of caring for an abandoned baby), prepared her for subsequent cases. The kind of exposure to trauma that Nomsa has had in

her role, could have helped to build up her resilience or capacity for coping. She discussed her first counselling experience:

N = Nomsa and R= Researcher:

N: My first, very first case was an infant that was found by the paramedics at 4am, wrapped in a plastic to keep warm. When I saw the child, it was completely blue, close to death. That was the very first case that gave me a shock. When they gave me that case they said: "Here's the child, give it a bath, put some clothes on it, feed it, find a home for the child, foster parents, take it to Baragwanath Emergency Hospital, Chris Hani, for medical attention." You can imagine that hospital, it's beyond words. It's traumatic just to think about it. And I've never had a child in my life - carrying someone else's child ...The first thing that went through my mind was how can a human-being do this to another human being. That case gave me a shock, but it, but I, when I looked back, after settling in with the case and dealing with whatever had to be done, papers and everything, I looked back and I said: "This is how they say welcome to social work. I must have chosen the right way to go." So whenever there is a rape case or any case coming in now, I don't treat it as just another one, I treat it as if they need my help and I'm here to give it to them.

Despite this 'baptism of fire', Nomsa nonetheless remains person-oriented, focusing on each person as a unique individual who needs her help in a unique way.

The conversation continued:

R: So that was your worst case?

N: Yes, to me that was shocking, I was shocked and maybe because I've never had a child it didn't affect me that much, but if I had had a child of my own I think I would have been devastated.

R: So, it's almost like all the other trauma cases you've dealt with are somewhat manageable because of this initiation?

N: Ja. That was in my face. The second case I dealt with was rape, but rape that had happened a few years ago, but still having problems so that's how I settled in, my first ones. It was reality, facing reality.

From the aforementioned excerpt, it seems that Nomsa's experiences over the years have helped her to be more relaxed about counselling.

Life experience

Nomsa says that she has not experienced trauma to the same degree as her clients, which perhaps is a factor that helps her to deal with the demands of the job. If she had prior exposure to similar trauma, it might make her more vulnerable to the potential impact of trauma work. As Nomsa herself said, when she referred to the case of the abandoned baby that she dealt with, if she had been a mother, she thinks it would have been harder for her to cope with the situation. It seems that she realises that her limited negative life experiences afford her a measure of protection.

Strong identity/culture

Nomsa has a clear sense of her own identity and culture which have remained intact throughout her counselling experience. It seems that her confidence in herself (which was very evident in the interview) and in her cultural identity possibly contribute to her positive attitude and provide a

framework for helping her to cope with the vicarious trauma which she confronts on a daily basis. It perhaps gives her a larger context of meaning and certainty which is a valuable tool for facing the darker side of humanity. In response to the researcher's question regarding her spirituality, Nomsa said:

Um, I don't have spiritual beliefs. I don't have spiritual beliefs of my own. But if a person has spiritual beliefs of their own then I respect that. But I have a lot of traditional beliefs. I believe in my culture so much, ancestors and traditional healers and dreams, very much into dreams. I read a lot of books about it.

Nomsa clearly respects the beliefs of her clients without judgement and seems to draw strength from own cultural identity.

What could hamper Nomsa's coping

The themes identified reflect the researcher's perceptions of the issues that could have an impact on Nomsa's functioning as a counsellor. Although based on the conversations with Nomsa, these themes largely reflect the interpretations of the researcher.

Over-exposure

Nomsa is studying social work full-time and in addition, also generously volunteers her services at two trauma clinics every afternoon. It appears therefore that the majority of Nomsa's time is engaged in studying the human condition or counselling people through traumatic situations, without alternative activities. Although she sometimes does take holidays, the intensity and frequency of cases which she generally has to deal with, could leave her vulnerable to stress. Nomsa is confronted by a diversity of acute traumatic situations which are very often emergencies and has reported administering four cases in one afternoon. For someone as committed to

helping others as Nomsa is, this could place a burden on her resources. Nevertheless, Nomsa appears to cope very well with the workload and over the three years of her experience, seems to have built up a resilience. She seems to have learnt how to cope and how to monitor her situation and get support if necessary.

Impatience

An issue that may hamper Nomsa in her role is that she appears to be a little impatient or intolerant of those who remain stuck with negative attitudes. It seems that Nomsa believes that negativity closes down possibilities and this is what she dislikes. She believes that there are always alternatives. She explained:

I cannot stand a negative person. A negative attitude is not for me at all. I never ever believe it's the end of the world. You have to have other options and think otherwise. Because when it really does become the end of the world, you'll be the last person to say it's the end of the world!

It will be important for Nomsa to respect people's views even if she does not go along with them and sees how destructive they are to the person who has them. Usually in accepting people, 'warts and all' frees them to consider alternatives.

Researcher's perspective of Nomsa's functioning

Nomsa operates in a calm and confident fashion and at the core of her functioning is an optimism, a respect for others, a strong belief in her abilities, and an unwavering dedication to her principles.

Her positive attitude, reflected in her self talk, expands her range of possibilities (and that of her clients) and allows her to deal with contexts of uncertainty, which counselling is. She realises she cannot be in control all the time and therefore needs to flow with the process. She accepts personal responsibility, does what she can to help her clients and then lets go. She acknowledges that the only element over which she has some measure of control in the counselling situation is herself, her own behaviour, and the most she can do is empower her clients, with her strength and support, to heal themselves. Nomsa is thus realistic in her expectations of counselling.

In the same way that Nomsa tries to help others, she feels that she too learns from those she counsels. Each encounter gives her the opportunity to glean new perspectives, new ways of dealing with trauma, which she can pass on to her next client. She seems to treat each person as a unique individual, and each encounter as a lesson. In this way she continues to find meaning from her role and remains receptive and inspired to help others.

She is largely able to protect herself from the pain and trauma of the work by striving for a balance between distance and involvement. She is also able to protect herself from her own feelings in the same way. She shows considerable restraint, humility and tolerance when confronted by the prejudices of her clients, and focuses on their needs rather than on herself.

In spite of her vast experience as a counsellor, Nomsa has relatively little life experience, which seems to afford her a measure of protection from the stress of the work. Her considerable exposure to the field, and the rules of counselling, seems to reinforce the boundaries which allow her to disengage, relax and to enjoy the comedy of life with a fellow counsellor.

Summary and conclusion

In summary, the effects of counselling experienced by Nomsa are as follows:

- In spite of her confidence, Nomsa sometimes questions her counselling effectiveness. Her behaviour is the only variable she can control in the counselling context.
- Physical effects: sleep disturbances and exhaustion
- Experiencing a very real pain, similar to that experienced by a client.
- Personal growth: Nomsa feels that counselling has taught her to be mature beyond her years.
- Seeing the positive in others and self-esteem: Counselling seems to boost Nomsa's self esteem.

There are several factors that appear to help Nomsa cope with the demands of the job.

- Talking to a good friend/fellow counsellor (available 24-hours a day) helps her to deal with concerns over her performance.
- She uses humour to relieve the intensity and stress post-counselling.
- She learns a lot from being a trauma counsellor.
- Boundaries of lay counselling role: The rules of counselling protect her from excessive involvement with her clients.
- She seems to be achieving a balance between detachment and involvement.
- She has a positive attitude to life, which opens up possibilities and allows her to deal with uncertainty.
- She has a considerable amount of experience in the field
- Life experience: Nomsa has no personal history of trauma, which seems to afford her some protection from the effects of counselling
- She has a clear sense of her own cultural identity, which gives her a sense of confidence and certainty.

What may hinder her coping:

- Over-exposure: frequency and intensity of cases
- Impatience: Nomsa will need to respect other people's views, even if they are destructive to the person.

Nomsa's positive attitude not only seems to protect her from the stresses and strains of counselling, but also seems to have an empowering effect on those she helps. It appears as if the role of counsellor gives her access to the 'university of life' and helps her to grow and develop in maturity, way beyond her years.

CHAPTER 9

COMPARATIVE ANALYSIS

Introduction

In this chapter, themes, common to all three participants have been identified. A comparative analysis between these themes and the literature on trauma counselling and its effects, will be undertaken. The experiences of participants in this study share similarities with, but also differ from, what has been found in previous research.

Effects of Counselling

Maintaining a questioning attitude

The participants in this study seem to consistently review and question their counselling effectiveness and abilities.

Sandy tends to vacillate between feeling competent and at other times incompetent in the role of counsellor. If all goes according to plan and there

are no unexpected or difficult reactions from clients, she feels effective. If not, then her confidence drops. Her experience concurs with that of counsellors in Ortlepp's (1998) research who generally felt proficient, but who also recalled situations, such as when clients expressed severe guilt or resistance, which caused them to question their skills.

Sandy often feels helpless because she is unable to give her clients the assurance that they will never be robbed again. This fits with Mvakali's (1996) observation that the trauma worker may have little control over contextual issues that may lead to clients being re-traumatised, such as when bank robberies re-occur at the same branch. This may lead to feelings of helplessness and frustration in the trauma counsellor (Mvakali, 1996; Stamm, 2000) as it did in Sandy.

Dominique felt defenseless against the criticisms and resistance of staff members, particularly those who had experienced repeated branch robberies, and started to doubt her abilities. She also felt a sense of helplessness, similar to that experienced by Sandy (Gilliland & James, 1998; Mvakali, 1996), because she was unable to fix things or control the situation for her clients. Her feelings of helplessness and confusion are, according to Figley (1995), just some of the features of secondary traumatic stress. Her experience also mirrors that of counsellors in Ortlepp's research (1998) who reported feelings of doubt and confusion when confronted with negative responses from employees who had been involved in other bank robberies.

Dominique also indicated that she felt a sense of isolation and lack of appreciation, reported by Boylin and Briggie (cited in Figley, 1995) as well as a reduced sense of personal accomplishment similar to that described by Gillespie (2000). Courage and Williams (1987) contend that a counsellor's competency is challenged by survivors who display traits such as severe anger, anxiety, hostility and despair. She seemed to interpret these reactions as a personal indictment of herself. Dominique also started to feel victimised

by her clients whom she experienced as somewhat ungrateful and threatening, which has also been reported in the literature (Figley, 1995).

Although Nomsa was initially unsure about her performance, three years later, she is a lot more confident in the role. This is similar to Ortlepp's (1998) findings which showed that counsellors who were inexperienced expressed doubts about their performance, but with experience, these doubts lessened in intensity. She does still maintain a questioning attitude, which, although not specifically mentioned in the literature, seems to be part and parcel of being in the role of counsellor and could perhaps be seen as a necessary and positive trait. It means that one is not complacent when it comes to helping others, but is always looking for the best way to do so and maintaining a questioning attitude seems to be part of that process.

Although all three counsellors questioned their effectiveness, Nomsa and Sandy reported focusing on process issues such as whether they had said or done the right thing with their clients, while Dominique believed fundamentally that her personality was not suitable for counselling. Nomsa's and Sandy's doubts about their counselling efficacy appear to be short-lived and their confidence quickly restored after talking to a fellow counsellor about their concerns. Dominique, on the other hand, did not feel equipped to act effectively as a counsellor at all and consequently resigned from the post. While Sandy and Dominique both felt a sense of helplessness in the role, Nomsa seems to have mastered the art of letting go. She realises that she cannot control her clients' recovery and therefore does not take things too personally.

Physical Effects

All participants seemed to experience some kind of physical disturbance after counselling.

Sandy describes feeling extremely drained after counselling, particularly if her clients are especially traumatised. She also reports feeling restless and hyperactive and finds it hard to concentrate if she returns to her full-time job directly after such a session. These effects have been described by various authors (Friedman & Ortlepp, 2001; McCann & Pearlman, 1990; Talbot et. al, 1992).

Apart from feeling tired, Dominique cannot recall feeling any other physical effects of counselling. Not even her sleeping pattern was disturbed. She did not experience any of the physical effects such as hallucinations, bodily aches and nightmares cited in the literature as symptoms of burnout (Figley, 1995), even though she still appears to be suffering emotionally from the experience. However, perhaps a detailed recollection may be difficult because of the length of time that has elapsed since she last counselled.

Nomsa too reports feeling exhausted, particularly when dealing with clients in succession. She has also experienced bouts of insomnia, just thinking about an especially disturbing case. Her experience is similar to findings by Herman and Figley (cited in Figley, 1995), although the other somewhat more intense somatic complaints described by these authors, such as headaches, gastrointestinal distress, heart palpitations, nightmares, vomiting and diarrhoea were not reported by Nomsa.

Therefore it seems that the physical effects of counselling seem to be of short duration, with minimal effects and do not appear to affect the functioning of the participants in this study over the long term.

Emotional distress

The participants described their natural reactions to being exposed to anxiety-provoking contexts through counselling.

Sandy personally experienced the anxiety of her clients when she identified with their fear that another robbery was about to take place. Since becoming a counsellor she feels a heightened sense of vulnerability and an awareness of possible danger in her day-to-day existence. This sense of alertness described by Sandy concurs with the findings of Gilliland and James (1998) who explained that by being exposed to the concept of trauma, counsellors not only become aware of their clients' pain, but also come to the realisation that a particular traumatic event can occur, perhaps even in their own lives. Also, according to Pearlman & Saakvitne (cited in Figley, 1995), the presence of a survivor client is an inescapable reminder of the trauma counsellor's own personal vulnerability to traumatic loss, which seems to be the case with Sandy.

Dominique identified with the trauma of her clients and felt unable to contain her emotions. She experienced a range of emotions - from nervousness, dread and anxiety - to trauma when she encountered the post-robbery context at branches. Her emotional reactions are similar to those found in research conducted by Courtois et al. (cited in Figley, 1995) who used the concept of Acute Stress Disorder to describe such anxiety symptoms. In their interventions with victims of armed hold-ups, Talbot et al. (1992) and Paton and Violanti (1999) also report feelings, thoughts, and behaviours which have been cited in the literature as indicators of burnout. These indicators include exhaustion manifested in feelings of confusion, tearfulness, a sense of uselessness, and rigid thinking all of which echo Dominique's descriptions.

Nomsa's empathy for a client who had been raped translated into a very real physical pain. This is explained by several authors including Makhale-Mahlangu (1996) who acknowledges that in the African culture, into which Nomsa was born, distress is generally experienced or described in physical rather than emotional terms. Also mentioned in the literature (Calhoun & Tedeschi, 1998), is that while counsellors try to understand their clients, they tend to identify with their suffering and in this process may experience

emotions that are strikingly similar to that of their clients. Baird and Jenkins (2002) suggests that the nature of the trauma itself, in Nomsa's client's case - a violent rape, may also determine the impact on the trauma counsellor. The DSM-IV-R (1994) goes even further and suggests that just merely knowing of another's traumatic experiences can be traumatising (Figley, 1995).

All counsellors seemed to identify with or mirror some of the distress of at least one of their clients. Nomsa experienced an intense physical identification, Sandy and Dominique both felt similar emotions to that of their clients. Sandy felt the anxiety and fear of a potential robbery, which proved unfounded, while Dominique identified with the traumatic responses of the staff on her arrival at the scene of the crime.

Positive effects

Each participant's attitude and perception of benefits received from counselling appear to play an important role in determining the level of coping (Ortlepp, 1998).

Counselling appears to satisfy Sandy's altruistic desires and thus enhances her self-esteem and ultimately her commitment to the job. Her idealism has been tempered by experience and she has realised that full-time counselling would not give her long-term career satisfaction. Although not specifically mentioned in the literature, perhaps it would be a good thing for those intending to enter the field, to have a taste of the experience of counselling first, before making a commitment to become a trauma counsellor. Gilliland and James (1998) report that personal growth and an enhanced appreciation for life can result from counselling and this is true for Sandy, who also reports having acquired new coping and listening skills. The benefits Sandy describes are similar to Pearlman's (1995) declaration that personal transformation may result in profound growth and a greater awareness of all aspects of life. Trauma counsellors in Ortlepp's research (1998) and in Gilliland and James's

(1998) also experienced an inner growth and were able to apply their skills to other areas.

Dominique felt that she received no positive benefits from counselling and her natural inclination towards a pessimistic view of the world appears to have hardened into a core belief. Janoff-Bulman (1998) describes how trauma counsellors may start to question their assumptions or beliefs about their safety and the world. In Dominique's case, she seems to have grown ever-more fearful and paranoid, even fearing for the future of humankind – what Meichenbaum terms “the helplessness of humanity” (Meichenbaum, 1995, p.278). She also seems to have developed a tendency to be cynical, bitter and mistrustful, which leads to a sense of isolation, also portrayed in the literature (Janoff-Bulman, 1998).

Nomsa regards each encounter as a lesson, feels that she has become maturer and wiser through counselling, and believes that the work gives her life meaning, all of which have been reported by Friedman and Ortlepp (2001) as positive outcomes of the work. She has also learnt how to cope with her own personal stress and to see things from different perspectives, which are similar to findings in the study by Ortlepp (1998) where counsellors described the positive spin-offs associated with counselling and the transformational benefits (Calhoun & Tedeschi, 1998). Although not specifically mentioned in the literature, perhaps Nomsa is learning how to cope with life's stressors without actually have to experience the pain of trauma.

Dominique's experience differs vastly from that of Sandy and Nomsa, who both feel rewarded by counselling, a perception that motivates their continued commitment. Dominique's idealist desire to help has been dashed and in its place a profound cynicism remains.

What helps them to cope

Each participant copes in her own unique way using the skills and resources she has available in the context of her world.

Personal style

Each participant's attitude towards counselling and towards life in general seems to play an important role in determining their level of coping in the counselling context.

Sandy finds value from peer counselling, a necessary coping strategy recognised in the literature (Friedman, 1998; Mvakali, 1996). Although not specifically mentioned in the literature as a coping mechanism with regards to counselling, it seems that Sandy's ability to be flexible in diverse situations and to think on her feet, also seems to give her the necessary confidence to deal with reactions from her clients. Also reported by counsellors in Ortlepp's (1998) research, the appreciation shown to her by her clients, gives Sandy the assurance to continue in the role.

Sandy's personal coping style is similar to Figley's (1995) conceptual model of trauma transmission. In this model, Figley (1995) contends that the counsellor's appraisal of her empathic response in terms of low or high sense of achievement, coupled with the ability to disengage from the helping relationship, determines the extent to which the counsellor develops compassion stress. According to Figley (1995) empathic response refers to the extent to which the helper makes an effort to reduce the suffering of the client. A helper's sense of achievement in this regard refers to the extent to which the helper is satisfied with her efforts, while disengagement refers to the helper's ability to distance herself from the ongoing suffering of the client (Figley, 1995) and indicate that both are necessary.

Dominique seemed unable to develop any coping mechanisms within her repertoire of skills. She appeared to veer towards passivity and negativity and

was not proactive in asking for the assistance she needed. Although not specifically reported in the literature, it seems important for counsellors to know how to take care of themselves and to find support mechanisms to assist them in this process. Dominique's neglect of herself, could perhaps be interpreted, according to Boylin and Briggie (cited in Figley, 1995) as a sign of secondary traumatic stress. She also appeared unable to disengage herself from the helping relationship, something which Figley (1995) considers to be an important factor in determining whether or not a counsellor will be susceptible to secondary traumatic stress. However, the very fact that she survived three years of counselling, meant that she must have found some way of coping, although she seemed unaware of this. Although not covered in the literature, perhaps Dominique's inflexible style, while on the one hand, seemed to curtail her coping, on the other hand, made her rigidly and dogmatically determined to endure the role.

Nomsa's frank discussions with a friend/fellow counsellor and more recently the humour they share about their roles, help to give perspective and relieve the tension. Support from peer counsellors is acknowledged as an important stress reliever in the literature (Figley, 1995; Mvakali, 1996) and Friedman (1999) believes that humour might well be an important coping strategy because humour tends to give us distance from the 'problem.' Nomsa finds meaning from her work and is able to maintain a healthy balance between involvement and letting go of her clients, which, according to Rosenbloom et al. (cited in Ortlepp, 1998) helps to minimise the negative impact of counselling. Whilst not denying the negative, Nomsa's optimism, flexibility and her ability to focus on the client, rather than on the problem or her own feelings, assists her in this task. Although these factors are not specifically mentioned in the literature as coping mechanisms, it seems that Nomsa's personal style and attitude is an important reason for her ability to cope. She has confidence in herself and knows the limits and extent of her help. From a social cognitive theory perspective, she has realistic self-efficacy beliefs which guide her actions (Minuchin & Nichols, 1999). She seems also to draw

strength from her cultural identity, which again, is not specifically mentioned in the literature with regards to trauma counsellors and their coping skills.

Nomsa feels rewarded when she assists a client to move beyond the trauma into a new understanding. Her sense of achievement is similar to contentions made by Stamm (1995) regarding the role of perceived competency and control in the trauma counselling context. Accordingly, when helpers in this context feel that they are prepared and have the ability to act effectively during an event, there will be a better outcome, for instance, lower scores on indicators of secondary traumatic stress. Motivational and emotional elements within a counsellor's coping tendencies relate specifically to the extent to which a person views events as challenges rather than burdens or events with no importance. Relative meaning that counsellors attribute to their debriefing responsibilities also determines their level of coping (Ortlepp, 1998).

The personal styles of both Nomsa and Sandy appear to support them in trauma counselling, while Dominique's style appeared inadequate in this regard.

Life experience

A feature of trauma counsellors that has repeatedly been emphasised as playing a key role in their experience of secondary traumatic stress, is trauma workers' prior exposure to traumatic incidents (Figley, 1995). Figley (1995) and Gillespie (2000) differ from the suggestion made by Gilliland & James (1998) that previous exposure to personal traumatic incidents may increase one's resiliency. Figley (1995) and Gillespie (2000) say that previous exposure makes one susceptible.

Although the death of her father could be construed as a traumatic experience, Sandy believes that it does not interfere with her role as trauma

counsellor because it is different from the trauma experienced by her clients. Although no support for this could be found in the literature, this fact as well as her unsolicited secondary exposure to trauma in the South African context may also help to increase her resilience and prepare her for the situations she has to face as a counsellor. Her experience then seems to link with the findings of Gilliland & James. (1998).

Dominique suggested that her long history of traumatic experiences made her more vulnerable and less able to cope. This is therefore similar to the findings of Figley (1995) and Gillespie (2000). According to Figley (1995), there is a danger that unresolved trauma of the counsellor could be activated by similar trauma in the client. Friedman and Ortlepp (2002), also highlight the potentially deleterious role of personal vulnerabilities in the trauma counselling process. Perhaps in this case, the violent context in this country only adds to Dominique's stress.

It seems that Nomsa's limited life experiences afford her a measure of protection from the potential impact of trauma work (Figley, 1995). Although nothing in the literature explicitly supports this view, it seems as if she learns coping techniques and philosophies from her clients without actually having to experience the traumatic event herself.

Sandy and Nomsa both have limited life experience in relation to trauma, a factor which seems to shield them from the most harmful effects of counselling. Dominique's extensive history of trauma, in contrast, seemed to make her more vulnerable to these effects.

Training

The type of training received appears to impact on the participants' level of confidence and ability to cope with the role. Part of self-efficacy according to Ortlepp (1998) is the counsellor's perceptions of the effectiveness of the

counsellor training course in terms of skills enhancement. This clearly has implications for the ongoing upgrading of counsellor skills and knowledge relevant to trauma and its impact.

Sandy felt that the three-day training course gave her adequate preparation for counselling and that she was made aware of the objectives and limitations of her role. She found it helpful to have the support of an experienced counsellor when she attended to her first robbery. According to Ortlepp (1998), a counsellor's perception of the effectiveness of the skills training they received and the extent to which counselling demands are within their capabilities, is important for coping in the long run.

Dominique felt that the one-day training course provided by the bank was completely inadequate, did not give her the necessary practice and confidence before entering the field, and this impacted on her confidence and ability to cope. According to Bryce, Corcoran and Maslach (cited in Gillespie, 2000), education without practical experience tends to create the greatest discrepancies between idealistic expectation for service and the realities of counselling which may leave the trauma counsellor most vulnerable, which certainly seems to be the case with Dominique who did not feel capable of coping. According to Ortlepp's (1998) findings, the perceived effectiveness of the trauma counselling course is of critical importance in the potential experience, or lack thereof, of burnout.

The two training courses Nomsa attended seemed to give her the grounding necessary to give her confidence for the role. Although not specifically mentioned in the literature, her studies in social work, no doubt, added to her knowledge and level of coping.

Nomsa and Sandy differ from Dominique in that they believe that their training taught them the skills necessary for counselling. Dominique believed her training to be inadequate which made her feel unprepared for the role.

Support systems: organisational and personal

Another key factor identified as having an impact on the trauma counsellor's experiences and one which is particularly relevant to the present study, is the organisational context in which the trauma counsellor works (Bicknell & Lyndall, 2001). Accordingly, the ways in which the organisation may support or undermine the work of the counsellors, can have an influence on the nature of the trauma counsellor's response to the client's traumatic material (Ortlepp, 1998).

Sandy's contrasting roles, namely counselling and her full-time work as an administrator helps to give her balance. According to Friedman (1999), this combination of different work roles, may in fact, play a key constructive part in Sandy's coping. Organisational supports such as professional back-up, consideration, well balanced duty rosters and clearly communicated job expectations prevents over-exposure. Sandy also has the back-up of family and friends which contributes to her sense of security and support. Stamm (1995) contends that support from significant others plays a key role in the prevention of negative consequences from exposure to traumatic material in the counselling context. In Ortlepp's (1998) research, support from key parties such as the trauma programme co-ordinator, fellow debriefers, managers, colleagues, friends and family, was consistently identified as a facilitating factor. Counsellors in Ortlepp's research (1998), reported benefits from peer counselling, such as reassurance that what they had done was correct, acknowledgement of their contributions, comfort in knowing others care and that they have the opportunity to share the counselling experience with someone. They also found it helpful to share their debriefing experiences with their partners at home.

Dominique unfortunately had no organisational support to help her to cope and each encounter with a post-robbery situation served to increase her

anxiety. She felt unable to confide in her family and friends whom she believed would not understand her situation, which left her feeling very alone with her counselling experiences. In the literature, secondary traumatic stress has been shown to relate to work overload and a lack of co-ordination and support from the organisation (Gillespie, 2000; Ortlepp, 1998). Dominique's situation, where she was called out at least three times a week and was left to counsel a number of people at one time without support, is similar to the literature which relates these aspects to a higher vulnerability to stress reactions (Figley, 1995). Social support is consistently identified as a key variable in determining a person's response to exposure to traumatic material (Dalenberg, 2000; Friedman, 1999). In Ortlepp's study (1998), the availability of emotional and instrumental support following involvement in a counselling session, was found to act as an antecedent to the consequences associated with exposure to traumatic material in the counselling context. This is similar to Dalenberg's (2000) argument that social support should be viewed as a means of protecting counsellors from negative health and stress outcomes.

The rules of engagement at the organisations for which Nomsa volunteers sets boundaries to protect counsellors from becoming too involved with clients. She also has a protective personal network, all of which seems to shield her from prolonged stress which is similar to contentions made by Dalenberg (2000) who found that a perception of adequate social support may help a person to maintain a strong sense of manageability in the face of trauma.

Therefore, it seems support plays an important role in Sandy's and Nomsa's coping, whereas the lack thereof led to Dominique's resignation from counselling.

What could hamper their coping

Personal Style

Writers in the field of trauma in general, and secondary traumatic stress in particular, repeatedly allude to the role of cognitive appraisal and personality disposition in an individual's reaction to exposure to traumatic material. For instance, Mvakali (1996), in line with writers in the field of stress in general (e.g. Peltzer, 1999), specifically argues against the notion of a linear relationship between the stress factor and the stress reaction. Instead, these authors, and many others in the field advocate that attribution of meaning is at the core of the process of the relationship between a traumatic event and the possible consequences. Friedman & Ortlepp (2001) extend this argument further and propose that dispositional traits can strongly influence the role of appraisal in the experience of stress for example locus of control, negative affectivity and hardiness. According to Gillespie (2000), manageability refers to a person's perception of the availability of adequate resources including those which are under the person's own control as well as those under the control of others and, as such refers to the sense that one will be able to cope with desirable and undesirable life events.

Sandy's desire to help needs to be balanced against her tendency to get too involved in the helping relationship, which could leave her emotionally vulnerable. She appears to be becoming less tolerant of her clients. Although it is impossible for counsellors to remain objective, it is necessary for them to acknowledge their own prejudices and criticisms and bracket or contain them while counselling so that they do not influence the recovery of a client. Gillespie (2000) cites bitterness, cynicism and impatience as some of the features of secondary traumatic stress. Gillespie (2000), discusses how, by not setting limits, the trauma counsellor can be susceptible to secondary traumatic stress, something which Sandy needs to be aware of. Very early on, Sandy fortunately recognised the need to minimise the negative impact of counselling by striving for a balance between detachment and involvement with her clients. According to Kelly and Koeske (cited in Gilliland & James, 1998), a counsellor can start to take on responsibility for the client through

over-involvement and identification with the client, a situation which is often to the worker's detriment.

Dominique felt that the screening process for counsellors was inadequate and that her personality type, is not suitable for the job. She appeared unable to find a balance between disengagement and involvement with her clients and seemed unable to deal with uncertainty which is an inevitable part of counselling. This concurs with Ortlepp's (1998) research, where counsellors identified the need to screen fellow counsellors more carefully to ensure their suitability and commitment. Ortlepp (1998) concluded that the perceived effectiveness of counsellor selection processes and procedures, by counsellors, would seem to have some influence on the general experiences and resulting consequences of counsellors in the workplace. Dominique clearly felt that she was compromised by not having been through the selection process, which would have prevented her from becoming a trauma counsellor.

Initially, when Dominique volunteered her services, she seemed to be very idealistic, wanting to fix the trauma of staff members, traits which, suggested by Friedman & Ortlepp (2001), could be linked to secondary traumatic stress in trauma counsellors. Maslach (cited in Gilliland & James, 1995, p. 563) also believes that trauma counsellors who are "on fire" are the ones who seem to suffer most from secondary traumatic stress. According to Ortlepp (1998), an idealistic trauma counsellor may view her job as a calling and feel compelled to assist everyone who calls on her for help. This idealistic outlook, which seemed to be evident in Dominique, generally leads to over-involvement and over-identification with the client - often to the counsellor's detriment (Koeske & Koeske, 2000).

An issue that may hamper Nomsa in her role is that she appears to be a little impatient or intolerant of those who remain stuck with negative attitudes.

According to Courtois (cited in Figley, 1995), a dynamic, indicative of stress, could manifest as the counsellor's judging of a reaction.

Therefore it seems that counsellors need to be aware of factors such as intolerance (Sandy and Nomsa), and over-involvement and over-identification with clients (Sandy and Dominique) and how these could hamper their coping.

Organisational support and training

Sandy felt that the training programme and refresher courses prepared her adequately for the role of counsellor. Counsellors are also well supported in the organisation where she works. According to Gillespie (2000), it is important that the counsellors are given the flexibility, recognition and support they require in order to prevent burnout. Sandy is fortunate in this regard.

Dominique appeared to have no support structures in place to help her deal with the impact of counselling. She was not made aware of the boundaries and limitations of the job and there were no specialist referral procedures in place or peer debriefing systems. According to McKendrick (1998), this situation could lead to confusion and stress about work to be performed, lines of responsibility and trauma counsellor burnout which seemed to be the case with Dominique. During the time that she worked as a trauma counsellor, the bank was experiencing a plethora of robberies and there was a dearth of volunteer counsellors. For this reason, Dominique was over-exposed and the one-day training for lay counsellors at that time did not adequately prepare her for the job. The effects of this uncontrolled exposure to traumatic material is what Figley (1995) calls compassion fatigue. According to Daley (cited in Gillespie, 2000), secondary traumatic stress has been shown to be related to work overload.

Much of Nomsa's time is engaged in studying the human condition or counselling people through traumatic situations, without alternative activities. According to Dalenberg (2000) participating in a variety of activities rather than engaging in full-time trauma counselling is important in reducing the potential deleterious impact of trauma work. The intensity and frequency of cases which Nomsa has to deal with could leave her vulnerable to stress. Gillespie (2000) confirms that factors such as unbearable or difficult case loads may precipitate the development of secondary traumatic stress. Although Figley (1995) believes that secondary traumatic stress is inevitable among trauma counsellors regardless of race, age, gender or level of training, it may be that Nomsa's extensive training and studies in social work appear to have prepared her well for the role and seem to act as a buffer.

Therefore it seems important to have balance with regards to exposure to trauma counselling, with too much exposure (as in Dominique's case and something which Nomsa should be cognisant of), being detrimental.

Conclusion

A number of experiences or themes were articulated in this study, and even though they link up with other research findings, different observers may identify different themes. While the themes identified may be helpful to those who work with trauma, it is however, important to bear in mind that these themes are interwoven in a unique way in each story. Even if a researcher should identify similar themes in trauma counsellors, they will nonetheless form their own unique pattern.

CHAPTER 10

CONCLUSION

Introduction

In this concluding chapter, the present study will be evaluated in terms of its strengths and limitations, and recommendations for future research will be proposed.

Evaluation of the Study

The aim of the research is to tell the stories of the experiences of lay trauma counsellors. It is believed that this task has been adequately executed and the stories related provide a rich account of participants' experiences: the effects of counseling, how they coped and what hampered their coping. The research thus attempted to provide insights often missing in more traditional approaches, insights that could assist those wishing to enter the field, as well as practising counsellors.

Common themes that emerged regarding the effects of counselling on participants were the following:

- The participants maintained a questioning attitude regarding their effectiveness as counsellors.
- Physical effects, especially exhaustion was common to all three participants.
- Emotional distress: All participants identified in some way with their clients' pain.
- Positive effects: Sandy and Nomsa felt rewarded by having helped others, while Dominique reported no positive effects.

The above was followed by an account of what had helped each participant to cope and what hindered their coping.

- Personal style or attitude, especially the traits of positivity and adaptability, appear to be an important determinant for coping.
- Life Experience: While Nomsa's and Sandy's limited experiences of personal trauma appear to shield them from the deleterious effects of counselling, Dominique's long history of trauma made her vulnerable to these effects.
- Training: The perception of training programmes appears critical to the confidence of a new counsellor. In Sandy's and Nomsa's cases, their perceptions of the training programmes that they attended allowed them to feel well prepared for the task, whereas Dominique felt ill-equipped.
- Support systems: Good personal and organisational supports, as experienced by Sandy and Nomsa, play a valuable role in containing counsellors while the lack thereof, in Dominique's case, played havoc

with her coping.

This information could be valuable to those designing programmes to assist trauma counsellors.

Strengths of the Study

In keeping with qualitative research, this study is presented as a discourse of participants' detailed stories or rich descriptions informed by the researcher's understanding and interpretation. A distinctive feature of qualitative research reporting is that it is openly constructivist in that it acknowledges that the meaning of any experience is influenced by context and that each researcher may interpret things differently (Becvar & Becvar, 2000). The constructivist foundation of this research project, with its emphasis on understanding the world of the lay trauma counsellor, as told by the researcher, therefore fits with the qualitative approach followed.

The research was investigative and exploratory, and the interviews with participants were designed to encourage them to tell the stories of their experiences as trauma counsellors, to give them a 'voice'. According to Balamoutsou and McLeod (cited in Rapmund, 1996), this is consistent with the idea that people make sense of and communicate their experiences and perceptions through stories. From this perspective we live in a multi-constructed universe in which each person creates his or her own reality (Hoffman, 2000). Thus each trauma counsellor will experience her role differently and therefore the experience of each counsellor is valuable. This runs counter to the positivist assumption that "everyone shares the same meaning system" and experiences "the world in the same way" (Neuman, 1994, p.63). Rather than searching for universals that could be applied to the analysis of all humans, the aim was to understand the subjective world of the participants, which was best realised through the qualitative research approach followed. The value of this study therefore lies in its descriptive

data, the meanings that participants ascribed to their experiences, which, in turn, could provide insights to those wishing to enter the field of counselling, to counselling supervisors or to practising counsellors.

In this study, participants were viewed as reliable sources of information (Keeney, 1998) and the researcher as an active interpreter of material (Weinberg, 2001). This, again, is in contrast to the positive-empirical tradition which treats participants as subjects for observation or manipulation, and regards the researcher as an objective observer who seeks to find causal attributions (Becvar & Becvar, 2000). The researcher in this study became subjectively involved with both clients and the information they provided, and in so doing, formed a relationship with the participants. The researcher was the 'learner' and they were the 'experts' (Rapmund, 1996). This reversal of roles was empowering for the participants in that a context of mutual respect and validation was created.

The study enabled the participants to reflect on their roles as counsellors. This reflective practice enables people to think about their experiences and to learn from them (Baillie & Corrie, 1996). It is believed that merely by thinking about the questions posed by the researcher, participants were given the opportunity to re-examine the positive and negative consequences of their counselling experiences. In asking questions such as "what helped you to cope?" and "what hindered your coping?" the researcher enabled participants to recognise their strengths and to be aware of areas that could hamper them. Recognising this can enable a person to do something about it. In the initial stages of each interview, it appeared that all three participants had underestimated the impact that counselling has had on their lives. This being expressed through apparent lack of awareness of the immediate effects and the more long term effects, such as altered perceptions of safety. They appeared to downplay the significance of the counselling experience and it was only during interview discussions, and from the observations of the researcher, that they began to think about how they had coped and what

effects had resulted. Nomsa, for example, stated that she was not affected in any way by the counselling and it was only after speaking to the researcher that she started to reflect on the issues. It is also felt by the researcher that Dominique was able to externalise and release negative emotions which had been buried for years. Sandy, too, developed a greater sense of awareness. Therefore by being involved in the research, the participants were able to take stock of their situations, were made alert to possible detrimental coping styles and were also able to examine the rewards or benefits of counselling. The study enabled the participants to 'language' about their experiences, to see them differently and to make sense of them. It was healing in the sense that a context was created for participants to be heard and to be affirmed. The researcher felt humbled that the participants were willing to share their experiences with her. She was thus able to gain an intimate understanding of the stresses and joys of the counselling role.

Reliability and validity, as conceptualised in terms of a qualitative research context, were achieved in this study.

To ensure reliability, the following actions were taken:

- Data collection and analysis procedures were described in detail, which provided a clear and accurate picture of the methods used (Breakwell, Hammond & Fife-Schaw, 2000).
- In line with the recommendations made by Stiles (cited in Rapmund, 1996), the researcher's epistemology and preconceptions were disclosed.
- The social and cultural context of the investigation was explained because these factors influenced the collection and analysis of material.
- The researcher established a good rapport with each participant which encouraged the sharing of revelations and their experiences (Banks, 1998).

- The researcher asked questions about which the participants had direct knowledge and which, in turn, assisted the collection of reliable material (Rapmund, 1996).
- The researcher engaged closely with the material and deliberated on how the emerging themes could enrich understanding of the experience of trauma counselling (Silverman, 1999).
- Interviews were recorded using audiotape and transcribed literally. Readers can find copies of the transcribed interviews in the Appendix.
- As recommended by Stiles (cited in Rapmund, 1996), the researcher listened to the audiotapes and read the transcribed material repeatedly and during the process her perceptions became more finely tuned to nuances of meaning.
- Interpretations and themes were grounded by linking them to excerpts from the interview text (Breakwell, Hammond & Fife-Schaw, 2000).

In this research, the following actions were undertaken to ensure validity:

- Firstly, it is believed that validity has been achieved because the study is coherent with the belief that reality is constructed in meaning (Rapmund, 1996).
- To support internal validity, the researcher consulted with participants throughout the interview to check interpretations and meanings (Mvakali, 1996).
- Discussion regarding the researcher's interpretations of the participants' reality and meanings took place during the interviews. However, it is acknowledged that the participants, in some cases, disagreed with these interpretations (Durrheim & Terre Blanche, 1999).
- Interpretation of the material is not regarded as fixed. The argument is one of likelihood, not certainty or statistical probability (Breakwell, Hammond & Fife-Schaw, 2000).
- The methodology of hermeneutics, the analysis approach used, is logically consistent with the assumptions of constructivism (Bryne-

Armstrong, 2001).

- Reflexive validity was achieved as the researcher engaged in the hermeneutic dance. Her understandings were extended and enriched with each encounter with the text and in consultation with her supervisor. The coherence or quality of the fit of interpretations were agreed upon in these discussions.
- The researcher did not try to generalise the findings of the research to wider groups (Breakwell, Hammond & Fife-Schaw, 2000). Therefore, unlike the quantitative research paradigm, congruent with empirical science, this study makes no claim to providing *the* way of knowing. The notion of truth implied by the latter statement reflects a rather pedantic view which precludes argument (Becvar & Becvar, 2000).

Limitations of this Study

The researcher selected, interpreted and articulated various meanings from the raw interview material, but they are not the only meanings that could exist (Bryne-Armstrong, 2001). Different meanings and completely different observations could well be picked up and interpreted by other readers. This is the subjectivity of the research. The interpretations could have been different had there been different respondents, a different interviewer or even a different context. The researcher was thus cognitively limited in the sense that the mind tends to select data that confirm the meanings that have already been identified (Gordon, 1999). They will not be the only interpretations possible. They represent a view, rather than *the* view.

Qualitative research is time and labour intensive. Therefore it is not feasible to use a large sample and it is normal practice that only a few cases are studied intensively (Darlington & Scott, 2002). In this research study, only three cases were studied and all of the participants were women.

In addition, the contexts of the research were limited to the Bank environment

and to two specific clinics - the RAU Trauma Clinic and the Johannesburg Welfare Clinic. The trauma counselling situation and training facilities at other clinics or organisations may impact differently on the experiences of lay counsellors. This type of research therefore often gains validity at the expense of generalisability (Darlington & Scott, 2002). The individual's own understanding is regarded as a valid interpretation, even if this interpretation may not necessarily provide direct information on how other individuals will understand their experiences (Merriam et al., 1995).

According to Becvar and Becvar (2000), qualitative research is still often regarded in research circles as inferior to the highly scientific empirical traditions of quantitative research. Becvar and Becvar (2000, p. 337) state: "It is the model with which consumers of our services are familiar and in which they have faith, regardless of whether or not this faith is justified." However, in qualitative research, the recognition of meaning patterns and the usefulness of the interpretations gleaned from the research are considered more important than the yielding of statistical data (May, 2002).

A quantitative research approach did not fit with the qualitative basis of this research approach because it assumes the uniformity of human behaviour, and does not allow for the discovery of individual differences or variations from predictable patterns (Bryne-Armstrong, 2001; Gergen, 1985). In this study the researcher was interested in each participant's individual experience.

A further limitation of the current study relates to the voluntary nature of individuals' participation in the study. Problems related to the use of volunteer samples are well documented (Weinberg, 2001) in quantitative studies. For instance, Kerlinger (cited in Ortlepp, 1998) states that the self-selection of subjects allows for the potential influence of extraneous variables. Further, there are specific reasons why some respondents agree to participate, while others decline and these reasons may have an impact on the investigation

(Ortlepp, 1998). Nevertheless, the study did include one participant who had withdrawn from the trauma programme and who had to be coaxed to participate. This limitation was therefore overcome to some extent.

The study may be criticised for not having used traditional methodology in classifying trauma counsellors as suffering from secondary traumatic stress and for not having been carried out in terms of an accepted categorisation system such as the DSM-IV. Such a system of categorisation is consistent with the quantitative research paradigm or the medical model, but does not fit with the constructivist base of this research. Instead this research relies on shades of interpretation. Whilst acknowledging the voice of the traditional medical model view of psychology, the researcher recognises that it is only a voice and not *the* voice. For the researcher, secondary traumatic stress and other discoverable disorders are mere labels used by the professional community for classification purposes. Judgments about normal and abnormal behaviour are therefore believed by the researcher to be constructions, which very often do not take context into account. For example, so called abnormal behaviour can be regarded as 'normal' under certain conditions, such as bank robberies, and, in fact, can be regarded as a necessary part of the recovery process.

A further limitation is that some personal data, which were elicited during interviews, were of a personal nature and this could raise important ethical issues (Darlington & Scott, 2002). Confidentiality of participants is paramount in such a study and to this end, pseudonyms have been used and details have been changed to protect the anonymity of participants. The guarantee of confidentiality gave participants the confidence to express their thoughts freely.

The researcher's description of another person's meaning system is a secondary account, which could be regarded as a limitation of this study. Information that has been reduced can be criticised for failing to capture "the

full experience of a living text or live narrative” (Hoshmand, 1989, p.21). However, a full transcript for each participant has been supplied and selected excerpts from the interview text are provided which have been linked to the selected themes.

Recommendations for Future Research

Future research could investigate more fully the emotional effects of counselling on counsellors from different ethnic backgrounds. From this research it seems as if the cultural background of a counsellor is an important determinant for how they will react to trauma. Nomsa, who is African, had an acute identification with a client in physical terms, in that she actually felt the pain of her client’s rape in her genital area. Nomsa’s experience could be taken as a point of departure for future studies. In Western terms we have been conditioned to think in terms of symptoms and may classify behaviours that do not fit Western beliefs of expected behaviour as abnormal. While Nomsa for example, did not feel emotionally depleted or exhibit ‘traditional’ symptoms of secondary traumatic stress, the physical pain she felt was just as real to her as any emotional stress.

A larger sample, including male counsellors, to allow for more diversity, would increase the ability to generalise the findings, which is not possible with a sample of this size. Perhaps the experience of counselling from a male perspective differs from that of a female perspective and perhaps additional participants would have allowed for the identification of a greater number of meaningful patterns.

It could also be of value to investigate different lay counselling contexts other

than the bank and trauma counselling clinics mentioned in this study. HIV/Aids counselling centres and emergency rescue environments for example, may bring different perspectives to the topic.

It would be interesting to explore more fully the positive effects of counselling. Much of current literature is focused on the negative effects and the potential hazards, such as the experience of secondary traumatic stress. In this exploratory study it came out quite strongly that there are also benefits to be gleaned from doing the work of a counsellor, benefits that can be important motivators for counsellors to continue, as has been the case with Nomsa and Sandy.

Conclusion

This study has provided useful information regarding the experience of counselling. Specific themes as well as recurring themes were articulated, and helpful processes as well as those to be avoided were discussed. This information could prove valuable to those interested in becoming volunteer counsellors, those designing programmes to assist counsellors and to those already in the field. The qualitative research method fitted with the investigative and exploratory nature of this research and its constructivist foundation. Some areas for future research have been suggested. These included focusing on the effects of counselling on African women specifically, using a sample which included men, and even using a larger sample.

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APPENDIX A

LITERAL TRANSCRIPTION

First Interview (see second interview below): Sandy - Lay Trauma Counsellor for a Banking Group

- R: So you've been trauma counselling for 10 months... what made you volunteer?
- S: It wasn't really voluntary, everybody in a sense was supposed to do it. But I wanted to anyway.
- R: Because you're in the people management division?
- S: Yes.
I've always said I want to join the trauma team. I never really knew what it was about until I got to people management. But I've always wanted to do it. It's just to get nominated or to get onto the course because they're always fully booked, so that's why I only got to do it at the end of last year.
- R: Oh, okay. What did you expect or what were the surprises? What were you thinking when you finally got to do it?
- S: Um, I knew that it was basically going out after robberies and doing the trauma counseling. I never realised that it was such a set thing, that we went through such intensive training and I also never realised how important it is and almost how big a job it is and how much damage you can do if you don't take it seriously enough. Um, I was quite surprised to see - our training was very intense and that made me

realise that they do focus on it quite a bit and you have to be really dedicated and serious about.

R: And how did you find it when you actually did the counseling?

S: The first one was very exciting! (Laughs) I felt so bad when I got there because I was so excited (laughs), but that was alright because they (the robbers) were in and out very quickly. I was extremely nervous. When I was on the training we had to practice. We had to try and counsel somebody and I felt so fake sitting there. I thought, "ag, you know, these people will laugh at me". And when I got there and I saw what they were going through and how much the trauma counsellors mean to them. I thought that they were going to think - "ag man, what do you know?" And in the end, I would say something like "that's terrible" and they would just burst into tears and you realise that to them, really to have someone there does make a big difference. And I was surprised to see how calm everybody was. Um, the second one was a bit worse, because that was their second robbery in a month. And when I got there, there was a girl having an epileptic fit and ag, that was terrible. But there we got help from Merle and them because we realised we're out of our depth. But in both of them, I realised that even if I'm just a lay counsellor, it does make a difference. Just to have someone there and the moment you say, "I'm a trauma counsellor and I'm here for you" it means so much to them. People can sometimes feel so touched if you show them sympathy, that they might cry. It seems that just the fact that someone is showing an interest in them, makes a big difference and that makes me feel good about myself.

R: Yes, I can imagine. Well, you seem like the type of person that you can talk to So, you find it quite easy to do the job?

S: do, yes. But I have to hold back a bit because I'm... the first thing they taught us was don't talk about yourself (laughs) and don't go "Uh, this happened to me and, and..." but it's taught me a lot about myself as well, to really listen, because you have to listen and pick up on stuff that they say and follow up there, so for that half an hour that you spend with them you really have to be totally there and listen to everything.

R: And, when you hear their tale of trauma, how does it make you feel? Does it remind you of your own traumatic experience, if you've ever had one.

S: Um, I'm fortunate enough never to have had something like that. I think because we live with it everyday. The only thought that always comes to mind is I'm just so glad that nobody got hurt. Um, and maybe it's a good think that they (the robbers) know that they must be in and

out so quickly. To me it doesn't really... I don't find that it affects me in terms of that I go home and I want to cry or I have to speak to my family or... I'm just tired when I get home after a day of debriefing, but for the rest, it doesn't really touch me in a personal way. It does make me a bit more aware of you know, I can walk into a bank one day and there can be a robbery.

R: I remember I felt quite unskilled when I used to go out. But it seems like they've increased the training. You went on a three day training? When I went on the training it was one day, so I found that I was nervous to go out there, but it sounds like you're okay.

S: Um, Merle (the trainer) is very serious about, you have to do it right or you must rather not do it at all. I believe you can do so much damage and it bugs me sometimes that people aren't as dedicated as they supposed to be. You know when I hear there's been a robbery I think "shew, there's been a robbery." But most of the people say, "Ag there's been a robbery and you know what, I've actually got this meeting and it's just a bother." Then, I think you shouldn't really be doing trauma counselling, because it means that it's a break in your day and you're annoyed when you get there and I don't think you're giving your best.

R: So, you actually have to cancel what you've got on and you're quite happy to do that?

S: Ja.

R: You have an honours in psychology, so you're obviously interested in people?

S: Ja. Sometimes it's bad to think that we've got the initial debriefing and then the next day we're there when the branch opens and then a week after we go and visit and then a month after that you can either phone or if it was a really bad robbery you can go and visit again. For me it's always difficult to think that after that we leave the people and I'm always so scared that maybe they needed a bit more help and we didn't give it to them. And I just hope that when we say to them, please let us know if you're battling with something then they remember that.

R: Do you find that the people you're counselling - do they have problems in the way that they cope with the trauma? Um, like for example. Does it really happen that they maybe feel guilty about the bank robbery, you know the stuff that Merle teaches you? What do you pick up about the way that they cope?

S: Um, ja. The two I've done the people were actually fine. It's sad but it's like "ja well, we knew it was going to happen at some or other time",

so it is as if they were expecting it. Um, I've had one guy who said he felt guilty and it's because he used to cry wolf in the bank and make a joke "Ah, there's a robbery, close the safes". I could just pick up while I was counselling this guy, um, he said, "yes, and I told the people to close the safes" and he kept carrying on about this thing and the next person I saw said "yes, this guy said we must close the safes but we didn't believe him because he's always joking about it", so that was... But for the rest, they're angry, they are just angry. Funnily enough they're angry at the bank because you know the state of the security - that I get a lot. With every debriefing I do, I get: "Why do we have to work like this. I'm just going to resign and... but also, it's normal, they told us that this was going to happen, so...."

R: You don't feel that they're attacking you personally?

S: No. No. And I mean we've also been taught to deal with it, not to try and take sides, um but, the other emotions, the guilt not that bad. Maybe it's because the two I've dealt with, nobody's tried anything stupid yet (laughs) to jump over the counter or...

R: Nobody's been seriously harmed?

S: No.

R: Are you worried about a situation like that? I mean, if you arrive at the scene of the robbery and somebody's been shot?

S: Ja, I've never been exposed to that. I've been on a first aid course as well, so in terms of that I'm prepared, but now the question is also do I debrief first or do I do first aid first? I'd say do first aid first, because obviously those people...but um, I've never been exposed to somebody...I'm not good with blood and stuff (laughs), so I don't know how I'll cope, but I think that might be a learning curve!

(Laughs)

Um, so I think to be confronted with somebody whose been shot or something I like that, I don't know how I will deal with it.

R: You stay with family or alone?

S: Yes, I stay on my own. So, I do have sometimes when I come home I think, ug, you know it's so easy, really, somebody can just stand behind you and.... But I mean, we live with it every day. I know many people, many close people who have gone through a hijacking or that type of think, so, I've been exposed to it, but not myself.

R: And you probably learn from how they cope with it, what to be alert for?

- S: Yes, I'm very carefully, some people, sometimes I think I'm over cautious in terms of... just to know what's going on around you and alert all the time. That's all you can do.
- R: So, you say, you don't really have a need to talk to someone after trauma counselling?
- S: No, I find, I would rather be by myself for a while and just sort out the feelings. If I do have something that bugs me I will speak to somebody but. Um..... I don't know if it is because I feel so much with the people, that I don't have to deal with anything afterwards, because I work there with them. Like I said, I'm just tired, drained, but for the rest no, I've never had that I have to speak to somebody about something like that.
- R: You were saying that it makes you feel quite good in a way, they seem to really appreciate trauma counsellors in the bank?
- S: They do, they do.
- R: Which is a personal satisfaction for you?
- S: Ja. I think you're always scared that you're not really going to reach the people, and that was from day one that was the fear, um, well, I can sit with these people and they just don't want to talk. Strangely enough, everybody talks in some way or other. You know, they don't have to follow the steps that we've been taught, but what I always do, is I give them one of those little z cards and I say to them, "please, just remember tonight if you do wake up because you'll probably wake up, read through the card and just remember what I told you what's going to happen" and the next morning when I see them again they say, "you know I woke up and I read the card and I remembered what you said" and then I feel, you know what, we are actually getting through to them.
- R: Is the "z" card the symptoms that they might experience?
- S: Yes, it's a little card that tells you the symptoms, what you can experience and what you can expect - especially the first night and what you can watch out for.
- R: You mentioned that the second robbery you went to, you had to call Merle and the advanced trauma team?
- S: Yes, when I got back to the office, I said to the co-ordinator, it's too recent. Many of them haven't even, I mean the symptoms can last for at least six weeks and they haven't even been through the first six weeks after the previous robbery. So we realised that we're out of our depth. We still went through the whole counselling bit. We went the

next day and we went a week after that and somebody phoned inbetween because when we got there, they had sent some people home and those people only got back to work the next Monday so they were off for three days when Craig and them (the previous team) went to see the other people. But, um, I had one guy who didn't want to talk at all. He was just so shocked and he said that he's fine, really he's fine. And I said "that's alright, I'm going to be here tomorrow morning again." I didn't press him because I feel it's wrong at that stage to say that you must feel something and if they don't want to talk, they're not going to. So then you can just say, this is what you might experience tonight and the next day when I saw him, he said he's not doing too well, he's not feeling very well and the last day, the week anniversary, we had such a nice chat. So I think that some people can't talk about it right away.

R: Oh, so it depends on how they process it?

S: And also I think for men who are being counselled by a girl. For them to start crying, is just, they're just so ashamed and they'd rather say, "no I'm fine" and then two or three days down the line they realise that they're not.

R: It sounds like you handle it well though. You don't force them to do the steps.

S: Sometimes I think, oh, but am I doing damage by doing this? But I think, then I tell myself, at least if I can just tell them what to expect for the first night, because I'm going to see them the next morning again. So, at least if they just have that, you know that it's fine, I'm going to feel this way, I might have a headache, then.... Also I find that the next day it's easier for them to talk to me because they know I'm not just some fluzzy who waltzed in there and... I do actually talk sense.

R: And it's nice for you to be able to give them something to take away with them.

S: Ja because they don't remember, when you speak to them like that because they take in so much at that stage.

R: Where were the two robberies?

S: The one was at Southdale and the other one was at Parktown.

R: Was Parktown the one that got hit twice in a short space of time?

S: Ja.

- R: Shew that's scary. Some of the branches are just hit time and time again.
- S: Ja. Strangely enough you would think those people are fine, but they all say "ug, you know, this is my fourth or my fifth robbery and it's just....."
- R: They don't get used to it?
- S: No, they don't. It's strange that you say.... they say that you just don't get used to it. You would think that you do, but you just don't.
- R: Did any of them, um, that you can remember in your mind that you learned something specific from them?
- S: Do you mean in terms of what we were taught?
- R: No, I mean in terms of your personal learning....
- S: What I learned from the one girl. Immediately she said to me that she just wants to be with her family and it is so sad for her to think that her kids are far. That was the first thing that she wanted to do, just get back to her family, go and see her kids and see that they're all fine and... The other little guy that I spoke to....he was such a sweet boy. He just said to me that he doesn't really want to share it with his parents because he doesn't want to bother them with this type of thing. And I said to him, "maybe it's a good thing that you speak to them, so they can just understand what you're going through" and the next day when I saw him again, he said, "you know what, I actually spoke to my parents last night and I told them what's going on and it was such a relief to speak to them and I was so glad he decided to take that step. And I could see then that he took it into his life and he spoke to his friends, his girlfriend and he just went all the way.
- R: He learned a new way of coping.
- S: Yes, but what I learnt from him is that yes, you have to talk, you have to talk to people, just the change that I saw in him from the day before until the next day, it was a big step for him, because he's not used to talking to his parents about this kind of thing, but it definitely helps.
- R: I find that the technique (of trauma counselling) is quite good because it gives you practical ways to cope with the trauma and I think that's really helpful. Short term therapies like this seem to have an effect.
- S: Ja, I think it's because it's so immediate. We are normally there not more than two hours after a robbery.
- R: You go with somebody?

- S: It depends if we're called out, because we work on a timetable. Sometimes I'm the only one from Florida (region) who goes, but they also say, if you finish at say, 2pm, then all the debriefers just go and have coffee somewhere and if you don't have to then you just don't go back to work. Go home or go and see a movie or something like that. I don't feel the need to... I'm fine with going back to work. It's never really affected me that I feel, I can't concentrate or...
- R: But you're aware of what the effects could be?
- S: Yes. I think also because it's been a while between the two robberies and also because I haven't done that many. But it's a part of my job that I can tuck away from the rest and I think maybe it's a good thing because it doesn't take over my thoughts. I don't know if it's wrong. You know maybe I should be thinking about these people and... but I can't. I mean, we don't have the time for that. So, I'm fortunate that I can say, deal with it, and it's finished.
- R: And the type of work that you do, is it helping people to get into the organisation, all their needs? What do you actually do.
- S: Oh, I do all kinds of admin for the entry point consultants - faxing and phoning and...
- R: So counselling is quite removed from your work?
- S: Yes, which maybe makes it easier. You know the people in the Industrial Relations team who deal with employee wellbeing as well and disability claims, I think it's easier for them to experience burnout because, like you said, to me it's different. I do my normal job and then I do the trauma. When the other people....it's all that they have all day. So it's much easier for them to burn out.
- R: I just want to see if there's anything else that I've forgotten to ask you..... What do you do at home to relax?
- S: I read... I love reading. And sometimes I just lie in front of the radio and put the speakers next to me.
- R: So, if you were tense, that's what you do?
- S: Yes, I become a bit of a loner then. I want to be by myself. I don't want to be with people.
- R: That's interesting. You seem like such an outgoing person.

- S: I think maybe that's why (laughs). To me it's a full-time job. At work I have to be nice to everybody, chat and talk. When I get home it's nice just to be by myself.
- R: I'm also the same! But you have support systems if you need them?
- S: Yes, I do.
- R: Would you like to do this work full time?
- S: At first I thought yes, especially when I was studying psychology, but I think it would become a bit too much for me. I don't think I would be able to just.... oh, this is going to sound awful, but to deal with normal people as well. And when I say normal people, I mean people who haven't been through trauma. Because I think, it must be extremely draining if that's the only thing you do all day. So, no, I wouldn't be able to do it all the time.
- R: Is that what you wanted to do when you studied psychology?
- S: Listen to people's problems all day. Yes. Strangely enough, yes. I started with Industrial Psychology and I hated it and then psychology, I loved it and then I did my honours in psychology and I loved it and then I ended up in People Management. When I was just studying psychology I was working in a branch, so the two were quite removed and last year when I did my honours and I saw what I could do in People Management, I realised that I am actually more of a business type of person than a psychologist. So, I'm glad I did it, I really am, because it just broadened my mind, but I wouldn't be able to practice psychology.
- R: At least with this trauma counselling it gives you a bit of that.
- S: It does give me a bit of that, which I do need. You know, that interaction, helping people but to do that all day, no, I won't be able to.
- R: And your plans now? Just to progress in People Management.
- S: Ja. I don't think I'll ever leave trauma counselling, because it's a nice dimension for me to have. But yes, I think I'm definitely more into the organisation than I am into people. Strange (laughs). My feeling is that I want to do a bit of the career woman thing. I've decided not to fool myself, because I could become a horrible psychologist and I'll be sitting there and going... jaaaa, yess. So, I'm glad that I realised that I'm not going to do it now.
- R: But you obviously like helping people.
- S: Ja, sometimes too much! Ja, you know, people will say "I've got such a headache" and I'll be the way to say, "you know what you must take -

panado" (laughs). But I get that from my mom! I was watching her the other day and I was thinking, you know I'm becoming so much like my mom (laughs). It's awful! (Laughs). You know, I'll say the word "soup" and she'll say, "Oh, have you got this recipe". So sometimes I do have to tone it down because sometimes I just want to help everywhere and everybody and it becomes a bit much sometimes.

R: Yes, that would be very draining.

S: But also I think for people, I can become too much sometimes! (Laughs)

R: Do you have brothers or sisters?

S: Yes, I've got an older brother and sister.

R: Are you a close family?

S: Yes. We're very close. My father died three years ago and that was very traumatic. But also, not really, because it was a long illness and we had time to say goodbye. It actually got to a stage where we said "oh, really this must be finished now." - which made it a lot easier for me than if he had died in a car accident. But yes it did, it disrupted our lives like you cannot imagine. But strangely enough, when we went on the training course, they asked us to share the biggest trauma that we had ever experienced and I'm very comfortable talking about my dad. And we sat there and I started talking about it and I just burst into tears and I realised, yes, it does still have an impact and it's been three years now. And I thought that when I counselled people, it's going to be in the back of my head but it wasn't. It wasn't. The trainer also said, that's why she does it (gets people to talk about their trauma), so that you can deal with it there (in the course) and finish it off rather than sit and this person is telling you and you're just reliving your own trauma. I think also because it wasn't similar. I think if I were hijacked I would maybe relive with them a lot more than..... because it's not the same.

R: Do people ever tell you that they thought that they were going to be shot?

S: Ja, that comes out quite a bit. They say they were so scared because he had a gun and it's funny, but they also say, I thought I was going to die. I thought I was going to die.

R: Well I think I've got the basics. Can I phone you if I need anything else?

S: Yes, yes.

- R: Well you sound enthusiastic about trauma counselling. Like you said some of the counsellors say, “oh dear, I don’t feel like doing this robbery’s counselling”. I’m sure people pick up on that.
- S: Yes. Definitely, they must. I think the worst thing you can do is sit and not make eye contact and I’m sure there’s people who do that. Or they’re supposed to be there after the robbery and they can’t make it and they send somebody else. I don’t understand how you can do that. To me it’s just not on. I think many people don’t understand how serious it is to do counselling. I mean, like you said, they say “it’s not a big part of my job”. I would say then rather don’t do counselling at all than do it the way you’re doing it, because it’s just not helping.
- R: I agree with you. I’m glad you have the flexibility, like you said, that you can go and have coffee with the others if you need to and your work environment allows you to do that.
- S: Yes. They recommend. They say... the People Management people are strange. They’re so into how you’re feeling. They say what are your emotions at the moment (laughs). And you have to say there’s nothing wrong, I insist (laughs). Sometimes when you get back to work after counselling they say, “what are you doing here?” And you say “I’m fine” and they say “are you sure, are you sure?” So yes. They actually recommend that you don’t go back to work. I think maybe subconsciously you’re not really concentrating and that’s why they want to send you home. But, yes, it is very flexible. Nobody would frown upon you if you said you had to cancel a meeting because there’s been a robbery and you have to go. It’s accepted.
- R: Well, you’ve only been to two robberies so far, but it sounds like you’re aware of what burnout could happen.
- S: Yes. I think once I reach that point, if I do reach that point, I hope that I will recognise what’s going on and then just leave it for a bit, because I think it’s awful if you get that and you just carry on. And also that’s something that they understand, if you’re going through trauma in your own life or a divorce or something like that, they actually recommend that you’re not on the list for a while because they realise that you’re dealing with your own problems and you might not be giving your all. So we can take ourselves off the list if we feel..
- R: So, you’ve also got that flexibility. How many trauma counsellors are there?
- S: Shew, about 50 or 60.
- R: And you’re on duty once a week?

- S: Yes, but you're only allowed to debrief five people, not more than that. They work it out two or three months in advance - the schedule. But you're never on duty more than once a week, and also the trainers are on duty on a Saturday because they can't really be on standby while they're teaching, so they normally take the Saturday ones.
- R: So on your day, you wait for the phone to ring?
- S: Yes, you have to keep your cellphone on and with you all the time. But yes, it's strange, but on that day, there's almost a sense of.... I've learnt now not to eat garlic the night before, because I can think of nothing worse....the debriefer sitting with you... and it's little things like this that make the difference (laughs).
- R: Laughs... so you almost plan?
- S: Yes, so you don't go to work in your jeans... just in case you have to go to a robbery. But yes, you have to keep your phone on and the co-ordinator will phone you if something happens. So, that whole day... when it's 4.30 you almost say, shew...no robberies today.
- R: Thanks so much for your time. You've been a big help.

APPENDIX B

LITERAL TRANSCRIPTION

Second interview (see first interview above): Sandy - Lay Trauma Counsellor for a Banking Group

Please note: a second interview was arranged with sandy, because she was quite new to the trauma counselling experience when I first interviewed her, and had asked for a second interview (to help her debrief) after another robbery to which she was called to counsel.

R: So, how was it?

S: It's a very small branch. There were only seven people and they seemed fine. The first day they were all fine. They seemed fine. The next day I went back and they said everything is fine. But, now I spoke to the customer service manager and she said no everything is fine, but she didn't want to speak to me the first day. And I said, well let me just tell you what you can expect tonight. And the next day, she said, no, they all really are fine. And during that week, I just phoned again to check how they were and they said, uh, there's a problem because one of the guys didn't come back to work. No, wait, before that I did a group counselling of the whole group, and it seemed fine. According to them the security guards were involved in the robbery. And two days after that they phoned and said that the one guy didn't pitch for work and he apparently said the previous week that he doesn't want to work there any more. He was one of the tellers and uh, that was the Friday. The Saturday he worked and he told the manager he's going to give 24

hours notice the next working day. I didn't see him. I didn't counsel him initially. He was one of Louise's people (the other counsellor). So, I only saw him the day of the group counselling and he seemed fine. And then I phoned on Monday to see how they are and she said he didn't come into work. On Tuesday she said he still hasn't pitched and they don't know what's wrong with him and they don't have a contact number for him. So obviously my concern was now this guy is sitting at home. Then he said he's coming in but just to give his notice and its because he's scared to go home because he didn't give them all the money in his safe and he's scared they're going to come to his house and..... So, in the end...

R: Shame....

S: First I thought, the manager at the main branch said he thinks that he might have something else lined up and this is a very convenient excuse, but then afterwards he said that this guy told him he's scared that the people are going to come to his house. So to me that was just classic, you know, the whole avoidance thing, but on Wednesday they told me he is back at work, but he's sitting there completing his 24-hour notice. So we phoned the main branch and we said let's just transfer this guy to the main branch, put him in the back office because he's a teller and put him in the back office so he doesn't see clients. Because now he resigns and then he sits at home, you know. So, I felt a bit. I was upset. It was the first time that I had this type of complication, um. In the end we referred three of them to the professional counsellor. That's why I wanted to phone today to see how they are doing. I asked him specifically to see Solomon and the customer service manager because I realised in the end that she was nervous and she was getting everybody else nervous in the branch. She was the typical, no I'm fine, but you must speak to this one and that one. She was avoiding the whole issue and I think her nervousness definitely rubbed off on the rest of the branch. Um, on the week follow up when I got there I could sense that they were all extremely nervous. Uh, they said they saw a red BMW again and apparently the getaway car was a red BMW and now they saw this car again and in that week a coin bus was robbed - and they heard via the grapevine that it was also a red BMW. The whole thing is just... the strange thing is, I was thinking this last night and thought I must remember to tell you... I was holding the group session and they said, the boss is going to open, we've only got about two minutes before the door opens. One of them looked up and said, "and now?" and there were two guys sitting in a car and six or seven people walking in together, you know it was opening time. And I cannot tell you the fear that I felt with those people. You know, to me I understood. This is what they go through because suddenly these seven people walk in and they say, you know you get scared when you see people walking in because you think its another robbery. And I never really understood it. I was standing there and I felt "Aah", now

here I'm standing and they gonna rob this bank! Then it became real. For the first time I understood what they feel when the branch opens the next day or the week after.

R: So you can identify with it?

S: Yes.

R: It's quite interesting. The first time that you've ever felt that!

S: Yes! I was just sitting... I could see them becoming... they all just started running. They ran to the back to close their doors and their safes. Uh, it was terrible.

R: What did you do?

S: (Laughs)...Quietly, quietly I just thought, well, if its gonna happen, for me to become hysterical now, wouldn't do it! So this one was a little more complicated than the other ones.

R: And did it make you feel that um, perhaps you needed additional skills?

S: I was worried afterwards thinking that maybe I didn't do enough or maybe I didn't say enough to relax them, put them at ease. But that was before I realised that the big instigator was the manager. You know, telling the people when they take a smoke break or a tea break they have to stand outside because they have to be visible. And I said, "guys if you don't want to go outside you don't have to". Because some of them said, "no, I'm not going outside" and this lady was just psyching everybody up for the next robbery. So, I felt a bit incompetent and I thought Shh, it wasn't as easy as the previous ones and its strange because its such a small branch and there was no blood or anything. There was this one guy who was sitting in his office - he's a consultant - he was sitting when it happened. When he realised - it was over. Then he came out of his office. So they said to me maybe I should speak to this guy because um, you know. And, I had a chat to him. He had come from the main branch a day or two before so already he didn't really feel part of the group and now there he's sitting, the robbery is taking place around him and um, I said to him, you must.... and he said, I'm fine, I'm fine and in the end I realised that he cares so deeply for the branch and wants it to be successful and he's just so angry now because it's affecting their bottom line and now its just putting them three steps back and I took the route of saying, "I can see that you're concerned about your colleagues and I want to tell you what you can expect from them because you care about them so deeply, obviously its going to affect you, once you see what they're going through".

- R: That was a clever way.
- S: He wasn't interested, he said he was fine, he's just so upset because its affecting the bottom line of the bank.
- R: All the practical things! That was very clever.
- S: Ja, we normally do that. We say, well we know you're fine, you look absolutely fine, but let me tell you what you can expect, then at least something sticks.
- R: Had they had a previous bank robbery or was it their first?
- S: No, I think it was their first, um. I know there was quite a violent one at the Standard Bank Industria and they all heard about it. But, no, I think this was their... It's a very exposed little branch. It's in the middle of the, they're right next to Main Reef Road. It's got a fence around it but the clients drive in and then the gate closes behind them, so.... And you know the worst part is watching the guards. You know we're not allowed to debrief them because they're not part of Absa. They had ordered food and the guards were standing outside and I said to the branch, guys did you get anything for the guards and they said no. So I took pizza and I took coconut and I thought stuff this I know I'm not allowed to talk to them, but just as one human being to another. Because now they have to sit here and watch people in the branch eat and drink and no-one even checks anything and so I said, are you okay, and have something to eat. So, that's not easy.
- R: Do you think they blame the guards for what happened?
- S: Yes, they did. They said that... you know afterwards... now everyone talks about it afterwards and says this is what I saw and so on. And apparently afterwards, the guards swiped the metal detector, but not all the way, only in front. But this is now according to the branch who weren't watching anyway. But also they weren't walking in front of the robbers they were walking behind them and the other thing is they didn't press the panic button. So I said to the customer service manager, now do you have a panic button and she said, yes I do. I said where is it? She said its in her pocket. I said now, if you put your hand in your pocket do you think they'll see you do it? And she said, yes, they definitely will and thats why she didn't press the panic button. And I said, you know in all fairness, if I was a guard, I also wouldn't press my panic button.
- R: Exactly!
- S: So, it's okay for her not to press the panic button, but because he's a guard... Now I know I'm not supposed to take sides, but I felt bad when

I left there because you know, they also go through the trauma and then in the end we must just walk past and ignore them.

R: And then they do get blamed because you expect them to look after you.

S: Yes.

R: And afterwards, have you been thinking about it? Do you think its affected you in any way - emotionally or physically?

S: I just found that the day after the robbery when I did the morning follow up, I got back to the office, I couldn't focus at all. I felt so rushed as if I was supposed to go somewhere or do something and it was the first time that I felt that. You know normally I can just put it behind me, so I think that it might be because I felt that I could have done more, but I was standing there and I couldn't concentrate on my work, I was on absolute zero that day. But the next day was better and after I had spoken to the senior psychologist, I felt more relaxed because I knew that obviously if something goes deeper he will be able to get to it.

R: So is Solomon now working at the main branch?

S: I hope so, I was trying to get through today. I know we can't stop him from leaving, but I just don't think it's a good thing for him to....because obviously its just because of what happened. It's not because he's got another job or anything. Um, so I'll follow up today. It's a lot more involved. I don't want to make a nuisance of myself, but I feel that they need at this stage, just someone to ask how they're doing.

R: You were saying that this is the worst one that affected you and the other ones you were all fine, so perhaps the more you do, the more complications, the harder it is.

S: I think it's the moment you hit a rough spot. It's exactly like they told us in the books and it was fine, but the moment you got something that... I mean this is the first time that someone has phoned in and said this guy's given 24-hour notice. That might be why its affecting me.

R: And also that whole thing of you experiencing the fear that the other people in the branch had, when those people came into the branch at opening time...

S: Ja, that wasn't nice.

R: I can just imagine.

- S: And also because the branch is so open I just felt exposed all the time. I also never had this thing where the...one teller said that she won't open the teller door for the robbers again. So we went through this thing where I asked her what would happen if she didn't open the door for the robbers again and she said, well, the enquiry people are quite exposed, so they would probably become violent. So I said, do you think it's probably a good thing that you opened the door for them? So, ja, I had quite a few "not by the book" experiences. They also asked me straight out, "are they gonna come back" and we've been warned that they do ask that. The first two I never got asked and this time they asked "are they gonna come back" and I just said, "you know what, if I said to you no, I'm going to be lying because I can't guarantee that" and you feel so helpless. I wish I could say to them that they won't come back and leave it at that.
- R: It's going to be difficult if they do get robbed again.. It's difficult because you can't.
- S: Yes, I think if they do get robbed again, I don't know, but I think they might have to close the little branch because they won't make it....
- R: Who stands out particularly from the people that you saw?
- S: Um, the customer services manager. The first day I saw four people. The first girl I saw was absolutely fine. She was coping with it very well. Um, the guy I saw also, he was doing the whole macho thing you know and then I saw Hendriena, she didn't want to talk to me because she said I'm going to make her cry. And then I also saw the cleaner, because she's like family to them and they said to me please just talk to her. And that to me was very difficult because it's the first time I had to counsel somebody whose not on the intellectual level, you know, no offense, than the other people. For me to do a debriefing with her was totally different because you can't use the big words like symptoms and flashbacks. So we had to go very basic and I was so worried that I wouldn't get through to her. So that's something that came out - that maybe we should have a simpler version of the debriefing because obviously, because then I might not get through to them. So Hendriena, the first day she said she was fine and the second day she kept saying you must see that one and this one and ...so I said now you are gonna sit with me. And even when I said to her I will come and see the people again, she said "well if somebody else needs to see you then they can take my place" and I said "no. You are going to sit now for an hour with me." I put it under the heading of, "you've been so concerned for the other people in the branch that I think you need to sit still for an hour and just relax and talk about it," because actually to get her to just stop was a mission because everybody's looking to her for direction and she's flapping.
- R: It sounds like it was quite a difficult one from a counselling perspective.

- S: And it's strange you know, you would think you'd get that in a branch with 50 or 60 people and now I'm sitting with these seven people and they're so affected.
- R: And as you say, there was no shooting or anything.
- S: Apparently the robbers were holding the guns the wrong way around, so it was a really basic beginners robbery! And that's why they say they're sure they're going to come back. They've now seen what's going on! Sometimes I'm just so scared I'm giving the wrong answers. You know you try to follow the guidelines and, but I mean, with Solomon now, if he leaves - I know that I have to put it behind me and I couldn't do anything more. But you want to make it better for him.
- R: Well it sounds like you're showing them that you're at least there for them.
- S: I also just realised that after the last follow-up I must distance myself, because then I can't carry on phoning for 6 or 7 days to check that everything is alright. So I know that I have to distance....I must step back a bit because otherwise I might get too sucked in.
- R: Do you feel a bit involved now?
- S: I'm still fine at the moment. I'm concerned about Solomon, that they must get him a job at the main branch. If they can just do that... But I'll do one follow up this week and then I've got my month follow up. At first I thought I must go and visit, but maybe I'll just give them a call and see how it's going. But I'm a lot more involved than I was with the previous ones.
- R: Do you think that your world-view has changed? You were telling me before that you are aware of crime, but haven't really experienced it for yourself. But this time you actually experienced a bit of fear. Do you think that's perhaps...do you feel a bit differently about crime and vulnerability now.
- S: Yes. I think I have realised that it is a real fear with people, but I still drive at night. I was lying in bed last night thinking that I'm so fortunate to have my health and I don't know if it's got anything to do with it. Um, and, on Thursday one of my friends had a car accident. We left the Keg at 12pm. And when I heard that he had rolled his car - he's fine - but then I thought shew, I'm sure I should have told this guy not to drive. And then I'm sitting with these guilt feelings about it all. When I told him that I felt so bad about it, he said even if I had told him not to drive he wouldn't have listened to me. But then I was lying in bed thinking, I'm so fortunate to have my health and I take it for granted so often. I don't know if it's just this and the robbery and the fear.... Just to

know I've got both arms and legs... it definitely means much more to me now than it did a few months ago.

R: I'm glad you're realising that um, the thing of "maybe you should have done more, or maybe you should have said this" in the robbery and with your friend, you know, that you can only do so much. Because you really can only do so much because you are a lay counsellor there just to help and to listen and to guide and then you have to step back.

S: It's going to be an interesting one to see if I'll be able to do this stepping back bit. Maybe you should speak to me after the next one!

R: But it sounds like you thought on your feet, I mean people asking you things like maybe I should have kept the door closed during the robbery and so on.

S: Yes. I realised, it's a lot more common sense than anything else. You are the person coming from the outside and you can still think logically. And I think that makes the difference because you're not so emotional about this whole thing and its good that they taught us many things, but I've got quite a few questions that they didn't teach us and I think its because you're the outsider and you can look from a different perspective and you're calm you know to say its actually logical.

R: And you know you can't lie. You can't bullshit them because they'll pick it up.

S: I promised myself I will never lie to anybody because you lose so much trust.

R: Why did you want to join the trauma team?

S: The psychology background and always wanting to help other people. I think we spoke about it the previous time! (Laughs)

R: What would you tell others - those going into the field?

S: I would definitely say to them that if your heart is not in it then you must definitely leave it because you have to stay on top of the process to follow and I realise that from the first robbery, that you can do so much damage if you don't do it right. So if you're not ready to say, if you've got a meeting you have to cancel it because that's what people say these days. They say, "ugh, another robbery and it's so inconvenient for me" but I think already when you say that, you're not going to be all there when you're doing the counselling anyway. So I would say if you're not totally interested in doing it, then you should rather not. I would tell them that and I would also tell them that it's important afterwards, to talk to somebody yourself. Because they say, yes, we

need to sit and talk. But so often, we are in a rush to get back to the office. I've seen it myself now. It's not use going back to the office after that, so have a chat to somebody, ja, that's what I would tell a new trauma counsellor to do.

R: That makes sense. What's hard about trauma counsellor can be the kind of questions you get asked and the type of robbery the person went through.

S: Yes, and the other hard thing that I picked up was the language barrier. I spoke to someone afterwards and they said it's always a good idea to then say do you want someone to speak to you in your own language or translate to be a bit more comfortable. And the guards, the guards are really a difficult issue. But I've made my peace. The guards have their own debriefers and what I can do is just make sure that their own debriefers go out to them.

R: Yes, just to show a bit of kindness.. But are you okay with everything now?

S: Yes, I obviously did what I could and I can't decide whether they were involved or not. I'm a very strong feeling person, I'll be sympathetic to anybody. So, it could have been them, but until I'm proven wrong, I'll help anybody. You know, one of the managers at the main branch said he felt so bad because he came behind and touched this manager on her arm and she got such a fright. But I said to him, he must also realise and I realised too. They musn't forget that some of these things are raw still. Even though its been three weeks, they're allowed to have the startle response. But because of all these funny things that have been happening I think oh, immediately, that's not right and I had to step back and say Janine, she's allowed to jump because she is still very vigilant. So I just took her back to the basics to say yes this is where it's still fine and this is where it stops being fine.

R: As you say, not to pathologise, but to see it as normal under the circumstances. I can see that you're not so happy about this.

S: No, I'm not so happy. I think it's because the other ones were so straight forward and simple. I'll deal with it, it's not... But I realised sitting here today I've become a bit too involved. I should just step back a bit. It's not like I think about them all the time but I've got in my diary when I have to follow up, um. They are on my mind.

R: Sure, I think that's normal.

S: Ja, its also the first time that people phoned and said, you know, we are not fine. Whereas the previous ones they said, yes we're fine thanks so much, but this time, they said, no really they're not fine. I've

made my peace and I know that the psychologist has gone to see them and if there's anything, he can deal with it.

R: So, would you carry on, now you've had a taste of the difficult side of counselling.

S: Oh definitely! I think it just makes you a stronger person in terms of debriefing. Also, it makes you wiser to know what to look for. You learn something from each one.

R: And you're learning something from your reaction to the people.

S: And what I did realise is that I won't be able to do this full time. In the beginning I thought I would just love to go out to robberies and stuff. And everybody said no, you can't do this as a full time job and I thought what? And you really can't.

R: You're the rescuer. The spotlight is on you.

S: Yes. Oh yes. The one guy that I saw really was fine, but on the week follow-up after I did the group counselling, as I was about to leave, he asked if he could talk to me for a few minutes. I sat there for an hour. This guy just talked about everything that's wrong in the branch and how he's so irritated with the customer services manager. He's supposed to be her 2IC, but nobody takes anything he says as seriously. And all these issues came out and I said to him that I can't sort out the politics of the branch. I said "Obviously it's coming out now because you've been under pressure, but you'll have to take it to your manager." And I realised there that its not that he was really in desperate need of counselling. He just wanted somebody to load it on.

R: Yes.

S: I just got the feeling that it's not about the robbery for him. He seemed to be fine about the robbery. It's about all the other issues and he thought this is now the perfect chance to get somebody to change things.

R: Yes. Do you think that it's also...he's been under pressure and this is his way of talking about getting rid of the pressure on the bank robbery, by focusing on the different things.

S: I find normally people don't come and to beg for sympathy. They try to be very strong and say I'm fine. And this guy said he's so worried because he's not eating. And I said to him, that if you look at the stress card you'll see that loss of appetite is completely normal and remember that its only a week since the robbery and then we would carry on and he would come back to....he's so worried because he's not eating. He

says he's got this craving for sweet things and he only wants to eat fruit. And I said that's a good thing because if you've got a craving for sweets and you eat fruit at least it means that you're not eating unhealthy. And then we would carry on and then he would come back to this thing that he's not eating. So, it seemed to not go in that it's fine! I said to him, please just remember that it's fine. And then he said that he's sleeping so much and I said to him, well I'd prefer you're sleeping more than sleeping less and maybe because you're not eating well your body doesn't have the fuel to carry on and that might be why you're sleeping (laughs). And he said this thing over and over again.

R: Interesting that he was focusing on the physical instead of the emotion. It's interesting the different reactions.

S: Yes, it's true what you say.

R: And it seems important to reassure them that these reactions are normal.

S: Most of the time they understand that, then you get the little man who... (laughs)

I must tell you that this was the first time that there was a bit of an attraction. You know the hero on the white horse, here comes the girl. Because I was on the phone to the manager and she said Jaco said you must come and visit because we miss you. Then again I got the feeling that there is something more to it than that. And I thought I must distance. And I definitely picked up something that he was trying to impress me a bit, you know, this big rugby player.

R: That's interesting. Something that you didn't expect.

S: Yes.

R: Probably just the focus on him and the care that you showed him. People can take it the wrong way.

S: Yes. Yes. Also because it's someone whose from out of the branch who hasn't been through it. Yes, very interesting.

R: And people have issues before the robbery and the robbery just brings it all out.

S: But that's what the problem is because we are equipped to deal with the basic trauma of robbery and that's why it's so important that the moment you realise that there's something behind it, is to refer, because... You can pick up if there's something behind it, you can pick up. I know that I'm not equipped to deal with digging into the past. I think that's also something I'll tell people. Remember to focus on the

trauma of the robbery and that's where it stops. If you feel that further counselling is necessary then you have to refer. You shouldn't get too involved.

R: Yes. That's important.

APPENDIX C

LITERAL TRANSCRIPTION

Interview:

Dominique - Ex Lay Trauma Counsellor for a large bank

R: What made you volunteer?

D: When I first started trauma counselling, I was very positive. I thought I could make a difference to people, that's the reason why I did it - because of the effect that it had on people. I thought I could make a difference and, uh, you know that it would make it easier for them. But then as time went on, um, and there were very many robberies happening to people and they went through that three or four times, I thought to myself, you know, what is the good of all this? What are these people getting out of it, because its one on top of the other. They know what to expect actually. I know they need to talk about these things, uh, we understand all that. But you know, I actually couldn't see the value of it anymore because of the fact that it was happening so often. You know, if it was once or twice even that that person went through, then I could still maybe see the benefit of something like that. But because it happens all the time, the people are so used to the same thing that happens over and over, uh, and look it does become more difficult I'm sure, because it can build up depending on the people I suppose, but, um, I also felt that when the people spoke to us, uh, to me, they would say, "I've heard it before", you know, "you're not telling me anything new", "you can't fix it", and I can't. It's up to them to be able to work through it and that is how it is. So there's no quick fix

here, which I think is what we all would like - that we are able to be fixed and carry on with life. And, it doesn't happen. And so, the people that went through the trauma are very negative about the trauma counselling as well, so that they thought that its not really worth the effect. So that unfortunately influenced me as well, because when you get these negative vibes coming to you all the time and at one stage we were having a lot of robberies, so, we were called out quite a lot. Then I thought, you know, what's the benefit? What am I actually doing for these people? I don't think I'm adding any value really at all and so you know, I decided to rather withdraw, uh, and basically give it up. I actually don't want to do it ever again. I honestly don't. But I think, it also depends on the person that you are and I am a reasonably emotional person myself, so its difficult sometimes to control your emotions um, and you know when people are crying and you just want to cry with them. That's how it goes. So that's a bit difficult. I must be honest. You know and then you see so many people who are basically traumatised. And I think also depending on your background, where you come from as well, I think also has an influence, I'm sure as well, to being able to handle it. So if you are coming from a very stable environment, maybe it's easier. If you're a more stable person, I think it would also be easier because you can detach yourself, be sympathetic, but detach yourself and don't get involved. And that is the difficulty for me, I think.

R: And if you had to give advice to someone going into the field, would you say it's better not to have undergone trauma in your life.

D: I think it definitely plays a role. I think it definitely has an influence on how effective you are, I think. And also I think its very important that a person goes through a personality profile, to see if you actually are the right person to be doing something like that. Because I know myself quite well in terms of that, um, I also know some of my colleagues who are definitely more detached and not as emotional as I am and I think they can handle it better.

R: So you find that you identify with people too much?

D: Ja, definitely.

R: So, you would say that would be a criteria (for becoming a trauma counsellor) that you would have to undergo some sort of personality test?

D: I'd say. I would say so because you can pick up a helluva lot from that, you know. I pick up a lot from that as well, I'm involved in doing that in my job as well and I can relate to that. You can pick up a lot from people by doing a personality test.

- R: So what would the criteria be for the ideal trauma counsellor?
- D: Look, I'm not saying what the ideal is. But I would certainly say that you should be emotionally stable, reasonably outgoing, able to communicate easily with people, don't be an introvert, because it might be more difficult. Be empathetic, be caring, but at the same time don't be emotionally involved. You must not be a tense person I would say, because that would make matters worse and I'm sure by you communicating with someone you could even bring that across to them.
- R: Um. And the actual process of counselling. Do you think it falls down because if people repeatedly undergo trauma, they know what you're going to say..
- D: They do, they do. Because they've said it to me. "I know what you're going to say to me. I've been through this three times before. I know about the nightmares, I know about not sleeping, I know about the headaches, I know about the stomach problems, I know about all these things. It's nothing new. So what can you tell me. Fix it. I want it fixed. They don't want to just hear the same thing.
- R: I know, did it make you feel helpless?
- D: Yes, I certainly did! In the end and that's why...
- R: Did it make you feel as if you were not qualified to handle the repeated stress of these people?
- D: Ja, exactly! And we are not qualified to go deeper. That's the thing. You can only be very superficial in that process and I mean you have to really be a specialist to be able to take it further, you know. And very often, you actually need to...just that asking people to share with you, you know, the experience with you, what's happened and then to allay their guilt that... you know I think you need more (training) than just what we get. I think we need, more training, I dunno, different kind of training. I don't know. I'm not an expert on that so I can't really say, but you know, maybe something like that.
- R: You were going out quite a lot at one point. How often would you say, once a week?
- D: No, no, at least two, three times a week at one stage. I think the problem was that we didn't have enough counsellors, so the pressure on you is then greater because there would be at least one or two robberies a day, you know, so you would at least be called out once on that and then also the problem was that we saw too many people, so

you would have to rush through and see five, six maybe even more. You know at one stage, some of them I went to, I would see about eight people at a time, which they say is totally not the correct way of doing it. You shouldn't see so many people. So that was also a bit of a problem.

R: Um. So when that phonecall came and you were about to go out, what went through your mind?

D: Always I was always nervous. And I always tried to prepare myself in the car going there, you know. Then I would get out of the car and see the police there and you have to get into the branch, everybody is running around, um, you know, people are not thinking logically, um. You have to now come in calmly - walk into that, um, and start doing your work.....um, you know, which, I don't know.....
(Voice quivers during this explanation of her nervousness, eyes grow moist. She stops talking).

R: Difficult?

D: Ja, I think so.

R: Yes, its almost an unnatural situation. You come in and

D: Yes! And you have to be calm, like, you know, you have to be objective, you know, and don't get emotionally involved and...thinking.. Oh gosh... You know the one I went to was so bad they had captured robbers and they were lying face down in the banking hall one two three four five.....and I had to step over them to get in, oh, and they had someone shot dead in that one as well. They had helicopters, that had to let people down and somebody had jumped onto the roof. You know, it was a very dramatic scene that one. Some other time I got there and these guys were still there, you know, they hadn't been taken away. And that's...not nice. And the police of course are very hard, not caring at all, you know, get statements, get the things done and that's it, you know, don't care about the people. You know the other thing that I didn't like was management's attitude towards the people that went through it. Very callous, you know, just another robbery, just get on with it, count your cash, what were the losses, bugger the rest. For me that's unacceptable. That's the last thing you should be thinking of when you go through something like that. You know, so we try to do things this side. The other side don't actually care a damn. Let's just get on with business, you know. That conflicts with each other to me. Then I think, god, well.

R: And the people you counsell, they're in a highly charged state as well.

- D: Yes, of course and guilty. People have very mixed emotions, you know with something like that. And that I find, well.....
- R: Is it hard to get them to talk to you in that state?
- D: As well. Especially men. They were really a challenge because they always say there's nothing wrong with them - they are fine. And they actually take exception to you wanting to ask them things and ask them to share with things that happened to them. I'm fine.
- R: What did you do when they said that?
- D: I would try and coax them to.... I would, listen no matter who you are, you are affected to a certain extent. That's what I would say to them. And I would say that's the reason why I'm here so that we can just talk about it. You know, it's nothing that's going to go any further. It's a confidential thing, you know. And I did have a few that did talk to me. But I would say more not, than generally.
- R: And how did you feel after each session? I mean physically.
- D: Very tiring. I mean you are very drained when you walk out of there. Um, but I also think that the people that you work with also become very used to what is happening. So, when the debriefing part of it at the end is not really there the way I think it should be. You know, um, I think if you make the attempt to perhaps phone somebody and say I need to talk, they would listen. But no-one comes to you and say shame, how did it go, what happened. Um, it's an important closing to the thing for you and I don't think that is really there. You're expected to go and do your stuff, come back and carry on with your work.
- R: How long ago did you do this sort of counselling?
- D: About two years.
- R: And do you think that anything has changed in terms of your perception of life, say beforehand and afterwards. Any life philosophies gained?
- D: I think I've always been very much aware of things. I don't think I've ever been unaware, so... The only thing I can say, is that people have changed in general. People have become very non-caring. They don't care about the next person. Um, the way we communicate with each other is very careless, very not feeling enough I think. Life is maybe so rushed nowadays that that is also maybe a factor. A lot is expected from us in the world today which wasn't like that 20 years ago. It's very different today, totally different. So, um, the whole world view has changed and I think that has an effect on people, but I think just in general, people are just more callous. I mean if you just look at people

on the roads. You know they drive nowadays - 20 years ago it didn't happen - people obeyed the rules still. There's just... I feel there's lawlessness. Nobody cares about anybody, they just go at a tangent, doesn't care about anything in life and I'm actually quite scared for the future, to be honest of what is going to... and how its going to end.

R: And counselling made you a bit more aware of this?

D: Yes, think so, definitely.

R: And did you sometimes find it difficult to sleep after counselling someone?

D: Um, I'd think about certain people and you'd try and refer them, you know of course. But, that's never caused me not to sleep. That's one thing.

R: Are you from South Africa? You seem to have a Dutch or Swedish accent?

D: Yes, I was born in Holland.

R: How long have you been here?

D: Long time, I came here when I was nine. I'm amazed you picked it up!

R: Because the debriefing system was not very good, did you used to talk to family or...?

D: Very briefly, I'd say to them, I've been to a robbery today, something happened..very briefly. But they don't understand, they're not in that environment. Um, so its difficult for them to really grasp what that's all about. Yes, you read in the newspaper, it's become so common, you know, that its not....it's just another robbery. It's not dramatic enough to really make people to sort of take note. The same with hijackings. It's exactly the same. Oh, it's just another hijacking, you know. That is the thing...they don't think.....

R: And they don't think that the person should feel anything about it?

D: Ja, they should handle it. It's just part of life. And that's how management often view it as well. Really. That's what they portray, Maybe they don't feel it inside, but that's what they certainly show to the outside.

R: A callousness actually?

D: Oh terrible. Oh ja. But I think the whole society is going that way, I'm afraid to say.

- R: You were saying, you've obviously had traumatic experiences, um. Do you think that when you were counselling somebody that you would have been reminded of your own experience?
- D: It hasn't really. But yes, you can relate you know, to it, I would say.
- R: And you think that's a downfall actually?
- D: Oh sure. Oh definitely. Look I spoke to other people that have done counselling and uh, have gone through traumatic experiences themselves and I think that they find it very difficult, you know, because of that. It definitely does bring out fears. But it would - it's a similar thing.
- R: What would help this whole trauma thing? Extra training perhaps? The personality profile?
- D: I extremely believe you have to look at the person. You cannot just say you can become a trauma counsellor and that's it. (Dominique's phone rings - she has to take the call.) Sorry about that.
- R: So, you were saying that the personality thing is the most important you think.
- D: I think so. I think it's the most important thing in my eyes.
- R: I think you could be right.
- D: I really believe so. Before I got involved doing psychometric tests I would not have said that maybe. But now that I am involved and I can see what you can pick up out of it, uh, that's actually very valuable.
- R: That must be quite interesting.
- D: I think so! I have found it. I learn every day. There's so much to learn. I definitely learn. I definitely see a great benefit of that. Look, its not the be and end all - that's very important. It's a tool that you use determining if that person is ready for something. It's not purely that you only do a personality test and that's it. I don't think so. There must also be the motivation of the person to want to do something like that. Um, you know, which I think also plays a role in this. You might have the right profile, but you might not want to actually do it. So, your motivation level needs to be there as well for that. Your attitude needs to be right for something like that as well.
- R: And you say that because of the nature of the job?

D: Oh ja. I mean you're talking... you're interacting with people. You can do a lot of damage I think if you're not the right person. And if you say the wrong thing, you can actually do unbelievable damage. Long term damage even, I believe. I'm talking out of my own framework here. It's amazing, but I've already picked up when I give people feedback about their tests is that when you give them the negative - that stays with them forever and the positive seems to slip to the side. So you need to be very careful how you phrase things and how you say things because certain things will stick in somebody's brain even in the subconscious and that for me can do quite a lot of damage. Because they might not even be aware, but they took note of what you said. And somewhere along the line that does something to them. That's what I believe.

R: Anything that you learnt? At least you can say, I don't want to do trauma counselling....people are resilient....anything you took with you. Do you think perhaps I need to work through my trauma or whatever? Anything that came to mind?

D: No, not really. It was just a bad experience. I don't want to do it again. I get too involved with things. And I'm the type of person who wants closure. I want to fix things and if its not fixed, um, it's a problem for me. I like to have things - if there's hurting of some kind. It doesn't matter what it is, I want to fix it. I feel very helpless if its not fixed and I keep looking for ways of fixing it. Um, that's very tiring as well, you know, to look for things constantly, trying to mend things, with that as well. It definitely has a big effect.

R: Well thank you. I think I've got everything I need. Thank you so much.

APPENDIX D

LITERAL TRANSCRIPTION

Interview:

Nomsa - Lay Trauma Counsellor for two local community clinics and a social work practice.

R: Why did you go into this field?

N: Um, I joined this field actually in '98. I did research on social work because I was at a stage where I had to choose what I had to do for my matric subjects. There were various options and I didn't want to take maths and science because I didn't know whether I wanted to use it in life or not. I was given a project by my school. I interviewed various social workers, therapists, counsellors etc. and from that I did practicals with the Johannesburg child welfare, a few homes in Soweto. I went to Pretoria, the homes in the villages, near Rustenburg. At the end I did a presentation to the school. My interest is I love helping people. It could be traumatic counselling or just around the house or anything. I just love it. I just didn't know which route to go for. When you look at social workers, they don't get paid much money. That to me it isn't much of a stress in life, when I qualify. But doing your job and loving it, enjoying to do it, is more important to me and helping the next person. When I interviewed all these different social workers, at the end I thought I want to be a social worker just in paper, because I want to open my own centre in future and I want to have something to fall back on just in case it doesn't work out.

R: Shew, it sounds like you went into it in detail to investigate the field.

N: Yes. I'm proud of the direction I'm taking.

R: Um, and now that you've been a volunteer counsellor for three years or so, what do you find um, how do you find it? Is it difficult? A natural thing for you?

N: Um, I must be honest. There are some cases I've come across. At the end of the session I've looked at it and thought, what am I doing here, because of maybe because of the kind of traumatic thing that the person experienced as a human being. I find it, for me, it, I've always taken counselling ever since I did the course, as something I learn each day from meeting a different face, a different personality, a different perspective on life and a different experience of whatever traumatic event they might have had. To me it's a lesson. I feel it's a school and I'm learning each day. Some, you pick up something that you might use in future. Just to bear in mind, some, you can't use. But to me it's a lesson to the next person I'm going to see after that particular case. It really has taught me a lot. It has taught me to be more mature than probably my age and to see things much more clearly in life and to see different perspectives. Ja. But it has never affected me emotionally or otherwise. I've always seen counselling as a lesson to me. I learn from it. I learn from it.

R: What sort of things do you think you've learned?

N: I've learned to treat people with equal respect. I've always had a motto that I carry around. You respect me and I'll respect you and traditionally I've met different traditional beliefs and cultures and...you've got to put your opinions and differences aside and put yourself in that person's shoes and try and see it from their side, um. I've learned that, it has taught me that you cannot judge a book by its cover. You cannot disagree or agree with a person and yet again you cannot advise them but just to lay the cards on the table for them and say, look, these are your options when you want to do something and think about it. You think about it. You look at yourself in the mirror and say, am I gonna do this or am I not gonna do this? What am I gonna gain from that, what am I not gonna gain from that and then... make a decision. That's the.. I can never ever advise a client, not at all and not only in counselling... anywhere, but I can show you the difference, show you the scale and say if you go this way this is what you'll get, if you go this way, this is what you'll get. That way people want to know more about themselves. It's not just a case of focussing only on the trauma. A person may say that because of the traumatic experience, I found a person that I never thought existed in myself. And to me, it means a lot, that during the session that you actually did think and you look inside yourself and you found something that you thought you never had and you're making use of it and you're making it come out. You know, maybe you're a person who always criticised people or always had a negative attitude and now the negative event has not

only taught you a lesson, but you're learning from it, to treat people differently. It's given you a different way and a different perspective.

R: So people can learn from the trauma.

N: Yes, but of course it does depend on what kind of traumatic experience you were involved in. Not all of us can learn from hijacking or being raped or..

R: Have you ever experienced a traumatic event yourself, in the sense that you thought it could help you with the counselling?

N: I can't say I've experienced trauma. My family has - my mom, my sister, my dad, they've experienced quite a lot of trauma. Um, but for me, I've never ever experienced any trauma. I had medical problems a few months ago, I was out of theatre a few times, but I can't really say that I was really traumatic about it, because I had sat down and asked myself several questions to say, what is wrong with me, I'm sick, I've been diagnosed with things. But I asked myself, are you going to let this thing get you down or not? My mother was very traumatic about it. It didn't worry me too much emotionally. I didn't go completely dead emotionally, I felt the pain physically but emotionally I had prepared myself in advance for either way, you know from the results.

R: Do you think that was from your counselling experiences (that you were so strong)?

N: Um, I think, yes, very much, very much so. As I said, I take counselling as a learning experience for me, so very much so, yes. I managed to prepare myself for either way the results came back, that when they came to me I was more or less prepared, when it was a diagnosis of this kind. And I looked at, if the results came out this way I could do this and that, and if they came out the other way, I could do this or that.

R: It sounds like a very pragmatic way of looking at things. Um, are any cases harder than others? I mean if they phone you and say, come in and see this rape victim, or this hijack victim, you know. Do you sort of say, thank goodness it's not....whatever. Do you think things like that before you counsel?

N: My first, very first case was an infant that was found by the paramedics at 4am, wrapped in a plastic to keep warm. When I saw the child, it was completely blue, close to death. That was the very first case that gave me a shock. When they gave me that case they said, here's the child, give it a bath, put some clothes on it, feed it, find a home for the child, foster parents, take it to Baragwanath Emergency Hospital, Chris Hani, for medical attention. You can imagine that hospital, it's beyond words. It's traumatic just to think about it. And I've never had a child in

my life - carrying someone else's child...The first thing that went through my mind was how can a human being do this to another human being. That case gave me a shock, but it, but I, when I looked back, after settling in with the case and dealing with whatever had to be done, papers and everything, I looked back and I said, this is how they say welcome to social work. I must have chosen the right way to go. So whenever there is a rape case or any case coming in now, I don't treat it as another one, I treat it as they need my help and I'm here to give it to them.

R: So that was your worst case?

N: Yes, to me that was shocking, I was shocked and maybe because I've never had a child it didn't affect me that much, but if I had had a child of my own I think I would have been devastated.

R: So, it's almost like all the other trauma cases you've dealt with are somewhat manageable because of this initiation?

N: Ja. That was in my face. The second case I dealt with was rape, but rape that happened a few years ago, but still having problems so that's how I settled in, my first ones. It was reality, facing reality.

R: If someone was going into the field, what would you advise them?

N: I would really just advise them to look deep into their heart and really, really be sure this is what you want to do, because honestly, I know I'm not the right person to judge, but there are some trauma counsellors and social workers who are in this field that do not know what they are doing. Not because they don't know in a professional way what they're doing, but for themselves, they don't know what they are doing. It's not for them. Professionally speaking, they are well educated, the experience is there with the years, but you look at the person and you just see, they don't want to be counsellors or social workers, they don't. They can't bear it.

R: What do you think it is that they can't handle - is it because of their personalities or?

N: Some that I have interviewed, they're more into IT, computers and being a rep and going into retail. You look at IT and you look at retail and you put it next to social work and there's no link there, they just don't go together. I mean, okay, maybe you do use a computer in your office, but they are more interested in the computer than in social work, which is bad, because maybe their parents advised them to do it or, you know. I would say, look at yourself and say to yourself, look at where you come from, look at where you are today, look at yourself where you wanna be in the future. If you know where you come from

and you know where you are today now, you know where you want to be in the years to come, then you'll definitely know what you want to do. You need to do something that you will get something in return. I've always believed in choosing a job you love. You can earn as much as you can but what's the point if you get to that office with a sulky face and a sulky attitude and you leave and the last thing you want is children running around you, because you don't like what you're doing, yet you're earning more. I can't bear doing a job that I don't love.

R: And in terms of looking after you, you know do you feel drained after counselling or you need to talk to someone? How do you cope?

N: I have a very good friend of mine and we actually talk about each one's case. You know I can phone her at 12pm and say, you know I had this very, very terrible case, help. And she says tell me about it and we talk and talk and talk. For me it's a kind of debriefing. Maybe it's terrible that I felt that I didn't help that person or how can they do this to another human being. I have maybe one or two cases that I couldn't even sleep, but after talking to somebody it has eased things. It might not have taken the thought of the case away, but it has sort of eased things for me.

R: And the sort of physical effects - sometimes you mentioned that it's difficult to sleep because you're thinking about the case.

N: Physically, it would have affected me because then I'm thinking about that person. I could have had that case at 9am, but I could be thinking about that one particular case the whole day and now my mind is so drained and there are so many questions and so many thoughts like. should I have asked that kind of question, should I have done this or that and you know, that physically drains me.

R: So, it's more a case of questioning, did I do the right thing, the process rather than you're thinking about the case, the rape or whatever?

N: Yes, you know I had one case where a client was raped with a beer bottle and that I asked myself, as a woman, the pain she must have gone through. That really got me up until 12 pm that night because physically I felt that I could feel the pain because I myself, three months later I was going in for an op and I was seeing a gyno, so you can imagine...I sort of felt the pain. I really did feel the pain. Physically I felt it. It was like something pinching me so hard. Emotionally it didn't affect me, but physically..... And here am I - I'm scared of my op two months down the line, you know, I thought, do you really have to go through this, as a woman?

R: So you could empathise to such an extent and actually physically feel what happened?

- N: Ja, ja. One could say, you were playing around with your mind and it is wrong to play around with your mind that way. But, maybe, it made me realise that, you know, this is how life is today. This is how life is today. But physically I felt that pain, I felt that pain. I felt it but again I was full of energy to see her next week again. Maybe she helped me somehow. She helped me somehow.
- R: To deal with your upcoming operation?
- N: Ja, she helped me somehow.
- R: And other cases, do you have the same sort of physical reaction or it was just that one?
- N: Just that one. But I must be honest you can have four cases one after the other and you get tired and drained.
- R: But what helps is to talk to your friend, to debrief and to go through your questions, should I have done that or said that or whatever.
- N: Ja. If you're having doubts about the case... But the third year I haven't really needed it. But now we just talk. We say, I had this funny case. You think about it, it's traumatic but you think about it, it was funny, you talk to your friend about it.. we joke. ,
- R: So it helps to see the funny side of things and to laugh?
- N: Yes
- R: Do you think that because you hear about all these traumatic cases, and you hear what humanity is capable of... since trauma counselling do you think you have a different world view at all?
- N: I'd say I have my own world. I honestly have my own world. I can go... I'm a sort of person when I'm out there with people, am socialising, if there is some kind of help needed, a person got shot or something, I'll be the first...because maybe I've done paramedics/first aid, I'll be the first one to tend to that and see what's wrong and um, I've always done that. I don't distance myself from people, but I've always had my own world.
- R: Almost like a fantasy world? Something's happened but your'e a bit removed from it?
- N: I know for a fact, our world is terrible, you know. But I don't always look at the negative side, I look at the positive side. Always the positive side.

- R: One would think that because you hear all these negative things that you would become negative. That's unbelievable. Why is that?
- N: I've always been a positive thinker in class, at school. I look at the pain and the things that people feel. If you look in their eyes. If you go to Soweto during the day you see all their pain and sorrows and they're jobless and homeless and family problems and I don't want to join in. I cannot stand a negative person. A negative attitude is not for me at all. I never ever believe it's the end of the world. You have to have other options and think otherwise. Because when it really does become the end of the world, you'll be the last person to say it's the end of the world!
- R: It's wonderful. I find it absolutely fabulous that you have this attitude! What do you find hard about counselling?
- N: The hard thing about counselling is that there are certain rules and regulations you've gotta go by. We have certain rules at this centre and the other centre that I'm involved in we have certain rules. As much as you want to go over them, you can't, you have to follow them. Like here, there are certain restrictions such as doing a follow-up, doing your paperwork, your files and the other side it's totally different. We work with the beepers. Whenever a case comes in we've just got to attend to it. It's an emergency thing. So there, sometimes you find a child that's just got raped and you want to cuddle them and hold them, but you can't. You've got to protect yourself from aids and various other things, again, some statements have to be taken, some photos have to be taken, the child has to have medical attention, you cannot touch the children, you cannot put your fingerprints there. So, there are certain rules you have to follow.
- R: Sounds like it goes against your natural instincts.
- N: Yes. It really does! And you've got to put your differences aside when counselling. You've got to put your own opinions aside. I suppose it's the same in any job, that you've got to sometimes just take things.
- R: And have you had any cases where you've had some resistance from your clients? Like perhaps they might say, you're too young, you won't understand.
- N: Yes. I've had quite a lot of that. I've had a lot of racism, but I fully understood where they were coming from and if you felt that I was too young to help you, then that's fine, I respect that. I respect that.
- R: Do you then call somebody else to help the person?

- N: Yes, because as a counsellor, the first thing that I've got to think about is you need help and if calling somebody to come and take over will help you, then it's fine.
- R: So, it doesn't make you feel angry or anything?
- N: Not at all. I've had several cases here where they come in and they say, it's a black person. And if they don't feel comfortable seeing me, then I don't have a problem with it. No problem. No problem. We'll make a plan and get another counsellor in. No problem.
- R: And do you ever feel that perhaps you just didn't get through to a person or perhaps there was some blockage there?
- N: Mmm. Yes. I've had a case where, I felt I couldn't help the person because this person had a foundation between the two of us and every time we had a session, he would put one brick on top of the other and build a wall between us. It was very hard for me to break through that wall. But, at the end, I looked at myself and I said, you know what, you've done your part. You did what you could. Even if I do feel that I didn't manage to help that person, they can get help elsewhere and I just had to discipline myself there. I had to discipline myself mentally and professionally as a counsellor and emotionally. I had to discipline myself and say, no, I have just done my part. I have helped that person to the extent that I could help. I could not break through that wall. Maybe they were not really. But I thought positively. They will get help elsewhere. It's not like this is the only centre that helps people. There are some others out there who can probably break those barriers.
- R: And it's not because of you personally. It's just one of those things, just like you can't be friends with everybody.
- N: Ja, definitely. It's just one of those things.
- R: And do you have spiritual beliefs that you think help you or is it just your positive attitude that you think helps you to do this job.
- N: Um, I don't have spiritual beliefs. I don't have spiritual beliefs of my own. But if a person has spiritual beliefs of their own then I respect that. But I have a lot of traditional beliefs. I believe in my culture so much, ancestors and traditional healers and dreams, very much into dreams. I read a lot of books about it.
- R: Nomsa, I have to dash, but can I call you if I need to ask you further questions?
- N: Yes, of course.

R: Thank you so much. You've been extremely helpful.