CHAPTER ONE

Introduction

1.0 Introduction

This chapter explores my positioning informed by my own experiences and clinical practice in the study as a consultant to trauma counsellors engaged in pastoral care with survivors of organised political violence. The research paradigm, objectives and the research steps form part of this chapter.

1.1 Rationales and Justification

A 17 year old boy nursing a black eye and lacerated hands was quoted in the Tribune newspaper of 23 March 2003 saying:

They accused me of mourning the defeat of their party. I tried to run and hide at home but they followed me and beat me up. I do not follow the politics of the two parties and will never vote for them following this.

These and many other stories have become common experiences in Zimbabwe, and pastoral and other trauma counsellors have to listen empathically so as to deconstruct these discourses of anger, blame, bitterness and hopelessness, and as Freedman and Combs (2002: 2003) say, “collaborate with people in developing new narratives about themselves and the worlds they inhabit”. These alternative narratives, according to Weingarten (2003:201) are developed through asking clients questions that help them understand themselves better. This collaborative listening to traumatic experiences adversely affects the counsellors the world over. For example, Figley (2002), in a study carried out in Australia reported that 57% of counsellors in trauma work experienced extreme distress from their work. This is distress due to empathetic listening and this shows the necessity for trauma counsellors to be conscious of secondary traumatisation and to put in place ways of overcoming it if they are to rem
ain compassionate witnesses.

Weingarten (2002: 3) talks about witnessing positions. The witness can occupy any of the four positions of being disempowered and unaware, disempowered and aware, empowered and unaware or empowered and aware. She argues that selecting a witnessing focus is a process that begins to shift our sense of passivity and helplessness, disempowerment and numbness, into a sense of effectiveness and competence.

I grew up under colonial rule, and vividly remember at the age of 13 years watching my father who was a government lorry driver being pushed and slapped by a white foreman, who looked much younger than him. My father could not retaliate, as that would have resulted in us losing a father and breadwinner. To my amazement the man who had always instilled in us his five sons the values that it was manly to retaliate when challenged by our enemies chose to kneel down begging for mercy. I could not understand why the wronged ended up begging for forgiveness from the abuser. This was traumatic for me and the story will always live with me like a healed scar. At that tender age I became aware of the ills of colonialism and how disempowered I was to take any action. I was only able to forgive my father when I grew up to learn that retaliation would have resulted in us loosing a breadwinner and parent. In hindsight I have realised that the impulse to retaliate was from what Minow (1998:10) described as a desire to express our basic self respect achieved through vengeance. My father’s decision of avoiding a fight was the logical option as Minow (1998:11) argues that vengeance can lead to horrible excesses and still fail to restore what was destroyed. Instead where there is rule of law the retaliator will end up being punished for taking the law into his or her own hands. The power relations under the colonial system were so divisive that it pitted white people against black people. The law always protected the whites. In this instance harming my father would have been justified under the suppression of terrorism act. Yes, I was aware of the ills of the colonial system but was disempowered to take any action, which could have challenged the system.
This inaction for many years gripped the whole nation. As Weingarten (2002) says, these witness positions have an affect at the levels of family, community and society. Five years later, the war of liberation extended to our rural home. Huts were burnt, people and animals were killed or maimed, and crops were destroyed, in a bid to flush out the freedom fighters. These were reprisals targeted at the majority of the people who were now aware and empowered to take action against the ruling regime. I lost three young cousins and a niece. The liberation forces also had their fair share of atrocities as they killed people they suspected of collaborating with the colonial regime, and I lost an uncle. It is now 25 years after this brutal incident but the village of 21 families who were forced at gunpoint to witness and participate in the gruesome murder of their colleague still talk of how horrific it was. The community’s powerless witnessing position still haunts them. In 1980 the leader of the liberation war won the country’s first democratic election and he called for reconciliation saying “let bygones be bygones, yesterday’s enemy is today’s friend - - -.” But like a vicious cycle, violence continued to resurface in the country, getting worse in the 21st century, the new millennium.

Authors like Valent (1999), Reeler (1995), Cerney, (1995) and Figley (2002) asserted that workers offering counselling to victims of trauma suffer secondary traumatisation resulting in many people avoiding the work. For the pastoral counsellors, it is a call to “come over to Macedonia and help us” (Acts 16). One of them declared that he would never flee from the work equating him to a Shona hen that chooses to die on her eggs when a veldt fire breaks out than to desert them.

Searches at Mopane library and sister agency libraries revealed no local literature on secondary trauma. This has been the aspiration of Mopane. This study looked at pastoral counsellors doing hope with victims of organized political violence. This resonates with Weingarten’s (2002) ideas that hope is created in a community. When caring people practise hope together with a
marginalized person, he or she can become hopeful again. The study focuses on how this witnessing position due to doing secondary hope affected them. I chose to call it secondary hope to acknowledge that when tortured clients take action to continue living they would be doing primary hope for themselves, their community and the nation. The end result was putting in place interventions that challenged the secondary trauma discourse, coming up with coping pastoral counsellors. This is a study owned by the participants as it sought to change their context. Like McTaggart (1997:34) said, “it is research through which people work toward the improvement of their own practices.”

1:2 What Inspired Me?

This study involved pastoral counsellors I relate with as their consultant. Stories of devastating experiences were shared during consultations and debriefing sessions. The narrative ideas of White (1995:36-37) challenged me to be guided by egalitarian values in my work when he said that we should work behind people who consult with us. He further argued, “It’s very easy for us to get ahead of the persons who seek our help. And persons can’t see ahead with any clarity if we are standing in the way blocking their view. So, it is more appropriate to be standing behind those persons, or even perhaps alongside them, not specifying how things should be in their lives, not prescribing a direction for their lives.” These ideas inspired me to want to learn more from people who consulted me on how empowering these egalitarian values were for them. This was achieved by constantly checking with them on their comfort with the direction of our conversations, acknowledging their expertise, and acknowledging the effects of the conversation on myself as consultant achieved this. White (1998) explains this as the deconstruction of superior therapist power relationships achieved through openness during discussions. This included the themes, language and terminology used. As Grobbellaar (2000:164) says, “discussing will provide the necessary opportunity to negotiate the informed consent”.

These participants were working with clients commonly referred to by the Zimbabwe mass media as victims or survivors of organized political violence, political activists, opposing political persuasions, and perpetrators of violence. All to do with languaging in which, according to Freedman and Combs (2002:194), postmodernists focus on how the language we use constitutes our world and beliefs. The only worlds that we can know are the worlds we describe to each other in language, and description is an active process. As trauma counsellors we chose to describe them as survivors of organised political violence. We viewed them as people who had taken the first step of doing hope for the nation in that they had taken the first or basic step of choosing to continue living after being brutally victimised for their political persuasions a basic democratic right in present societies. This motivated me to want to walk the journey with the counsellors who were walking the next steps with them.

I have been a family therapy consultant for over ten years. Listening to stories of family violence seemed to fit with ordinary family therapy. However, when survivors of political violence presented for therapy, it became stressful for me. Like Cerney (1995: 132) said, what I heard became a “violent attack” on my own sense of integrity and view of the world. Previously I had been blind to this suffering of people. Increasingly I realised that this was an extraordinary therapy-presenting problem. Discussions with fellow family therapists revealed how bearing witness to these stories of horror equally shocked them. Remarks from clients like “God was defeated by the devil on this incident” hit hard on my spirituality. I felt like they were demeaning God. I was helped by postmodernist ideas to acknowledge that this was their individual understanding of their God. In any case in their hardships they still sought spiritual answers.

The narrative ideas I have been working with for about two years now, seemed to fit with the clients’ experiences of therapy. According to White (1995) clients come to therapy with problem saturated stories and the
therapy process facilitates the re-authoring of these stories to come up with the clients preferred stories. This was exciting for me; instead of looking at people who had problems to be solved through my expertise I was now being encouraged to facilitate re-authoring of stories in a way, which placed expertise in the consulting persons.

1:3 Research Paradigm

The narratives, or stories, scientists tell are “accounts couched and framed within specific storytelling traditions, often defined as paradigms” (Denzin & Lincoln 1998:4). The paradigms, which guided me in this study, are narrative ideas, social constructionism, postmodernism and spirituality. Freedman and Combs (2000: 141) refer to Gergen 1985, Hoffman 1990, White and Epston 1990, and summarize social construction and post modern ideas as stating that a person’s sense of self is constructed through interaction with others, realities are socially constructed, realities are constructed through language, there are no essential truths, realities are organized and maintained through narrative. We think of story instead of pattern or labelling, of society rather than system. This is a paradigm shift from modernism where therapists tended to think in terms of the help they gave as being help in controlling so that specific goals were reached with the therapist being viewed as expert of other people’s problems. This, according to Hoffman (1995:122) perpetuated a colonial mentality in the minds of researchers as they “tended to study down” in that they chose to study societies or groups viewed as less civilised than their own groups. The resultant practice could then be viewed as practising down which tends to perpetuate power differentials between the researcher and the researched.

This paradigm shift did not leave out spirituality, where the epistemic construction of God became local and not universal. The believer is challenged to participate in the creation of a new world and not others creating for others. In line with this argument, Herholdt (1998:225) postulated that “every person imagines God personally and differently, although this does not exclude the religious feeling that my God is also your
Acknowledging these localised knowledges Kotzé and Kotzé (2001:1) explained spirituality as being inclusive to include experiences and narratives people have about the other “whom some call Friend, God, Goddess, Divine”. My first language, Shona refers to God as “Musiki” (Creator). The languaging acknowledges God as the deity that created everything with dominion over everything. Our Shona knowledge of God becomes linked with action, which, according to Ackermann (1990:33) becomes a focus for theological theoretical reflection and liberating praxis. This way of doing spirituality as I engaged on the study taught me to be committed to the transformation of our society as I mingled with the disadvantaged and marginalized.

In doing research I agree with researchers who, guided by the narrative ideas, argue for a qualitative study in studying “emotionality, personal responsibility, an ethic of caring, political praxis, multi voiced texts, and dialogues with subjects” (Denzin & Lincoln 1996: 10). Knowing that qualitative research is broad, I preferred participatory action research (P.A.R.) for its egalitarian values that all people have the “capacity to think and work together for a better life” (Smith 1996: 177). McTaggart (1997: 7) adds that it is “political because it is about people changing themselves and their circumstances and about informing this change as it happens”. In other words, it is for people who seek to develop the quality of their work and the reciprocity of their relationships with others. Some kind of improvement or change is always desirable.

The research participants, trauma counsellors were experiencing secondary trauma due to their secondary witnessing position as they related with survivors of organised political violence who consulted with them. This was making it difficult for them to continue with the work and they sought to change their situation so as to tell narratives of empowered and coping secondary witnesses. McTaggart (1997: 29) says the people “are actually conducting the research for themselves and reflecting on its nature.” The stories narrated by the counsellors were their lived experiences in their work and not the consultant’s assumptions. This resonates with the ideas of Smith
(1996:173) when he said in PAR “a group of people collectively enters into a living process examining their reality by asking penetrating questions, mulling over assumptions related to their everyday problems and circumstances, deliberating alternatives for change, and taking meaningful actions.” These reflections helped in the development of coping narratives, and strengthened the participants’ capacity to bring about change in the communities of violence, as Isherwood and McEwan (1993: 76) say, “we have to be involved in our world... injustice is not simply an act of fate... it requires people’s actions to redress the balance”. The trauma counsellors chose to take transformative action by opting to participate with survivors of violence in a manner that would help them regain their personhood again. The victims’ lives would be transformed from being victims to being survivors of violence.

In doing this research, I acknowledged that I would not be a passive participant. I agree with White (1995:168) when he argues that there is at large

an idea that therapy recipients are solely those people who consult therapists. I think that this idea structures a therapy that is marginalizing of those people who seek our help. It contributes further to the construction of these people as other.

This was a two-way interaction process as we co-created our reality. My work was impacted by this study and inspired in further developments.

1:4 My Commitment in This Study

Before I became a therapy consultant, I worked as a family therapist for over ten years, and experienced burnout in my work through empathic listening to clients’ stories. What often helped me was to share with other practitioners, and I learned to develop my own coping mechanisms, which included praying for my clients. Just acknowledging the existence of a higher being helped immensely.

I share these experiences with therapists who consult with me to enable them to develop their own ways of coping and not to seek their empathy since I
would want them to relieve their own distress. Weingarten (2003:167) gives a distinction between empathy and personal distress. Empathy stays focused on the other’s experience, while personal distress, caused by having an emotional reaction to another’s experience, is focused on relieving one’s own anxiety or discomfort.

Apart from my commitment to the counsellors’ benefit I always asked myself how I would contribute to the contextual practical theology field and pastoral praxis? I wanted others to benefit from the narratives co-constructed by pastoral counsellors of survivors of political violence as a contextual contribution in a country, which lacks in local literature on the subject matter. This would also be a small step towards breaking the cycle of violence in the communities, coming up with preferred narratives of peaceful co-existence. Having noted Cochrane, de Gruchy and Martin’s (1999: 170) observation of the South African apartheid era that “within the same faith community there were victims, perpetrators and agents of change”, I felt the strong conviction that the study would be a beneficial contribution to the faith community which is expected to play the peace brokering role in times of conflicts in society.

1:5 Research Curiosity
I wondered how pastoral counsellors caring with survivors and perpetrators of political violence would:

i) Narrate their experiences as the counsellors to survivors of organised political violence.

ii) Explore ways of coping with these experiences.

iii) With the purpose of developing Mopane trust trauma training and therapy.

1:6 Purpose of the Study
Valent (1998: 21) says, “It is the primary victims’ responses that evoke the secondary response”. I wanted counsellors to understand how empathic
witnessing, evoked secondary trauma. This enabled them to challenge the effects of secondary trauma, and putting in place contextual ways of coping. The purpose of the study was to gather three teams of three pastoral counsellors each from three different cities, working with victims of political violence. We discussed together my research curiosities as well as others. This led us onto our research aims. These discussions aimed at enhancing democratic principles in the sense that it was “open, participatory, and fair to the participants” (Greenwood and Levin 1998: 113). This involvement told me to leave room to change my initial commitment and curiosity that inspired this study in response to participants’ views. My previous research experience was that of being an expert studying research subjects in a manner, which entailed their mere involvement. I was now converted to creating a real co-ownership of the study and to be guided by the participants’ voices.

1.7 Study Objectives
My preliminary objectives of the study were:

i. To study how trauma counsellors experience working with victims of trauma

ii. To explore the coping skills of pastoral counsellors working with victims of trauma

iii. To deconstruct the stories of secondary trauma with the participants, and co-construct preferred stories of coping pastoral counsellors

iv. To explore my own experiences as a therapy consultant dealing with the area of study

v. To come up with the relevant recommendations for Mopane Trust trauma therapy and training

1.8 The Research Participants
These are pastoral counsellors based in three urban settings, Mutare, Gweru
and Harare, themselves hives of political violence and strongholds of opposition parties. Mopane Trust, an organization formed in 2002 to offer counselling to victims of political violence throughout the country in a network, which involves two other organizations, which cater for the health and material needs of the victims, employs them. Mopane works with narrative ideas (White, Epston & White, Weingarten), which believe that people live the stories they tell, and tell the stories they live. The counsellors acknowledged that secondary trauma was an issue in their position of secondary witnessing. One of them in Mutare remarked, “this is horrible, I don’t know how we are going to cope. I never realized people were going through such atrocities, I feel helpless”.

The study participants are nine trauma counsellors in three teams of three counsellors per team in each of the cities engaged in pastoral work of caring with survivors of political violence. We tended to call these trauma counsellors pastoral because of how pastoral the work was. Counsellors who had offered counselling to at least four clients at the beginning of the study became the main focus of the study since the study involved lived narratives. For confidentiality purposes we agreed to use pseudonyms, of their own choice. These were Chipo, aged 37 and Spiwe, aged 35, both females working in Harare, and one male, Themba aged 37 and based in Gweru. The other six counsellors namely Tendayi, John, Peter, Docas, Ruth and James participated as team members in-group discussions and debriefing sessions. The counsellors had prior counselling experience with other psychosocial issues before joining Mopane where they were contracted to work on a part time basis. At the beginning of the study they had served for about six months. They all had to be introduced to working with the narrative ideas.

Zimbabwean politics has a history of rivalry politics marred with violence dating back to the 1960s, the era of the struggle for independence from colonialism, a struggle that was very violent. It is estimated that about 800
000 people died. The post independence era has seen thugs being hired to intimidate and threaten opponents, leaving the country very polarized. Thus the discourse of violence in politics has taken centre stage. Woodcock (2001: 137) postulated that therapists under such contexts should

however exercise doubt that the texture of life endured in the shadow of terror can be mediated by linear psychologizing accounts, especially---when political atrocity has been so extreme as to be catastrophic to the very fabric of cultural, ethnic and personal existence.

It is the multiple stories of survivors, which can clearly express the texture of events.

Clients were found from both urban and rural areas. However, it was felt that it would be safer for both the clients and counsellors to do the counselling in urban settings due to their impersonal nature. Use of doctors’ rooms was preferred as they portrayed a sense of neutrality in a highly polarized nation. Records show that 90% of their clients were men. Medical doctors who would have attended to their physical needs, with another organization, attending to practical needs like food and shelter, would normally refer the clients. This network has to be acknowledged although it is not subject of the study. My study came at a time when the project was still at its formative stage.

1:9  Pastoral Care

De Gruchy (1994: 2-3) calls for the need to always take note of the way in which Christian “thought and action have developed and been expressed” by others both in our own time and throughout Christian history. He then argues for praxis, which emphasize the “connection between theological reflection and Christian witness or mission in the world”. This was a witnessing, which implied being actively involved rather than detached exploration. Ackermann (1998:39) says this active involvement should focus on actions for justice and liberation in theology, as one of the ways of reclaiming Christianity’s original emancipatory impetus.
The colonial system in Zimbabwe was sustained by the coercive use of power. Practical theology in that era, following the Christian emancipatory thread, helped unmask that abuse of power gradually leading the society to become aware and empowered to challenge the abusive system till it fell apart. Pastoral care in such contexts needs to retain its’ emancipatory impetus making it all encompassing to include all marginalized groups in our society like women, the elderly, children, people with disabilities, those infected with HIV/AIDS, and the poor. Ackermann’s (1998:37) analysis of the apartheid era theology where connections between race, class and gender oppressions were seldom found in the work of anti-apartheid theologians could easily fit with the colonial era theologians in Zimbabwe who mainly focused on race relations at the expense of gender inequalities for example. As we seek to care with people the marginalized should be centralised. The service we render to other people is the gospel’s communicative action as taught and lived by Jesus. It is this reflection, which positioned me in liberation theology with the confession that God stands with the poor and the needy (Luke 11). The victims of tyranny and political violence became the poor who needed attention. In line with this notion, Gutierrez (1998: 18) calls for a liberation that includes “freedom from oppressive economic, social and political conditions”, with human beings taking over control of their own historical destiny.

The trauma counsellors became God’s extension in reaching the suffering. I am a Wesleyan (United Methodist) and like Couture (1999:36-40) says, my theology is based on the notion that pastoral care falls within God’s grace. The formal means of sharing the grace include works of mercy such as visiting the poor, the imprisoned and the sick and advocating on their behalf. For me engaging with the victims of violence is pastoral care. As Ballard (1993: 114) says, “The Christian community is present through its members and structures in every facet of life, concerned and affected by every dimension of society.” What also encouraged us was what Welch (1990:97) described as courage that comes from “knowing that one is not the first to love life, not the first to struggle against oppression.” Our predecessors
engaged colonialism and succeeded and this encourages us today in challenging political violence.

Pastoral counsellors are part of the faith community and are affected by the dimension of their working with communities. My study participants were working with survivors of political violence, which McCann and Pearlman (1999: 50) say is traumatizing in a distinct way from those of working with other difficult populations “because the therapist is exposed to the emotionally shocking image of horror and suffering that are characteristic of serious trauma”. Horrific in the sense that you are witnessing injuries deliberately inflicted on fellow human beings by their fellow species. This then calls for caring with and not for people, the people have to participate and we become part of one another’s stories. Kotzé (2002:6) says of this participatory consciousness , “ It is an ethical-political process…”. Ethical in that the participants begin to experience the power of being heard, acknowledged and respected, different from the traumatising subjugation they would be accustomed to.

1:10 Ethics
Since the study was participatory, involving intimate engagement and discussions about therapeutic process, confidentiality was respected. Participants’ consent was sought before any audio recording was undertaken and they got the opportunity to edit transcripts and the written research paper chapter by chapter till it was in its final form.

The research was care, which Sevenhuijisen (1998: 131) described as the repairing of people “so that they can once more take part in their normal social participation”. Therefore, where individual participants experienced emotions like anger requiring therapy, I provided since I am a pastoral therapist. Participants analysed my own judgments, reactions and impressions about what was going on. This was in line with the ethic of participatory care, which is “caring with people” (Kotzé & Kotzé 2001:7). In other words, they were not dependent on me but co-created care by both them as the care receivers and myself as caregiver. This is in line with social constructionism
discourse, when Hoffman (1995:117) says, “only through the on-going conversation with intimates does the individual develop a sense of identity or an inner voice.” The counsellors invited me to become part of their intimate community and they needed to experience my participation that way. Kotzé (2002:5) termed this reciprocity “an attitude of profound openness and receptivity.” This was an acknowledgement that there is always a power differential between consultant and the consulting persons not easily erasable despite our egalitarian commitment in our practice. White (1995) argues that evading this ethical acknowledgement would be tantamount to opening possibilities for the abuse and exploitation of those people seeking our help. What helps then with this acknowledgement is that we will be kept alert and on guard for any action that we can take that will drive our practice towards egalitarian ethics. Kotzé (2002:18) says of this commitment, “Those who have a voice and power have an ethical obligation to use the privilege of their knowledge/power to ensure participation with the marginalized and silenced, to listen to them, but not to decide for them, and to engage in participatory solidarity with them.” He challenges us to always ask ourselves the ethical question “who benefits?” when confronted with ethical questions. I found centralising this question helpful in my conversations with the counsellors throughout the study as I sought to privilege their ideas as owners of the study.

1:11 Walking the Research Journey

This section outlines the research journey steps.

Step One - Engaging the participants

In this study sample selection refers to the process of selecting pastoral counsellors who were offering counselling to victims of organized political violence.
McTaggart (1997:34) says “participatory research starts small and develops through the self-reflective spiral: a spiral of cycles of planning, acting, (implementing plans), observing (systematically), reflecting, and then replanning, further implementation, observing, and reflecting again”. In this vein the first step was to discuss my research curiosity with the participants and collectively decide on where the team would exert their effort. This resonated with the ideas of Kotzé and Kotzé (2001:178) of ensuring control by participants when they say, “participants are co-creators and primary beneficiaries of the project”. The participants agreed and signed consent forms. We broadly agreed on the following:

a) Use of the term secondary traumatisation as it was felt that it identified them with their clients who were referred to as trauma victims. Weingarten’s (2002:6) assertion that secondary traumatisation “usually consists of a pattern of symptoms similar to a person who has been directly traumatized” influenced the decision making process. This struck me as a consultant to note that counsellors were seeking to identify with their clients. It showed a rare commitment to the calling to care with people. Although some had initially preferred compassion fatigue described as more pastoral, through the unpacking process it was dropped for placing too much power in the counsellor disempowering the client. Again the process of giving meanings through language. These discussions, like McTaggart (1997:35) says, established self-critical communities of people “participating and collaborating in all phases of the research process”. This resonates with constructionist discourse when Anderson and Goolishian (1992:26) say “….human action takes place in a reality of understanding that is created through social construction and dialogue.” Effects of doing the work with the counsellors were tabulated in chapter three as discourses 1 to 6.
b) The conversation then identified action plans to deal with the identified problems. This enabled us to have a team of pastoral counsellors who could “engage with people who have experienced trauma in a way that will heal and not add to the response of intense fear, helplessness, or horror” (Appelt, Thandi, & Roux 2002:103). Activities that were agreed on are covered in chapter five.

c) **Step Two - Conducting the debriefing interviews**

The interviews were conducted in groups per town. Each group comprised of three team members. Including all participants resonated with Ackermann’s (1996:48) ideas: “Once we recount our stories in community, and analyse and reflect together on their meaning, they acquire the power to move us forward”. Those who had not seen clients yet or had seen too small a number of clients to become the study’s main participants felt encouraged to want to do the work while the main participants felt strengthened by positive comments from their colleagues. The sessions were audio taped to enable reflection and face telling of the stories. Denzin (1997: 250) says these told stories “reflect human feelings and lived experience, and that healing necessarily involves the telling, hearing and unravelling of stories”. Accordingly in these group sessions, the individuals got the opportunity to tell their story, taking into account Anderson and Goolishian’s (1990: 27) assertion that all “human systems are linguistic systems and are best described by those participating in it, rather than by outside objective observers”. They then argue for a “not knowing position for therapists, saying that the client is the expert of the story”. In line with this view I was not limited by my prior experiences or theoretically formed truth and knowledge, instead the participants were acknowledged as the experts of their stories.

I had two debriefing sessions with each team. I was constantly asking myself questions raised by Freedman and Combs (25) “whose voice is being privileged? Are we fostering collaboration? Is anyone being closed down?”,
with the ultimate aim of privileging participants’ voices. Unstructured interviewing was the format followed which, according to Reinharz (1992), offers researchers access to people’s ideas, thoughts, and memories in their own words rather than in the words of the researcher. Noting the care aspect of the research, the debriefing sessions allowed us space to also engage in therapeutic conversations, addressing counsellors immediate concerns like anger towards the perpetrators and fear for their own lives, noting that people come with problem saturated stories, which they need to be freed from (Morgan 2001). This helped move our conversations from effects of doing the work on the counsellors to putting in place ways of coping with the work. The questions I asked tried to help expose gaps in the participants’ narrations. In other words, my role was to keep the conversation focused and relevant to the study.

Audio taping the conversations facilitated the capture of a richer interpretation of participants’ perspectives. The advantage of audiotapes was that we got a precise transcript of naturally occurring interactions. Heritage (in Silverman 1993:119) postulated that transcripts allow both analyst and reader to “return to the extract either to develop the analysis or to check it out in detail.” The transcripts were given to the participants for their confirmation as an ethical practice that helped reduce power differentials between the study participants and myself. Timed pauses and overlaps were ignored and this should be noted as a possible limitation of the study, noting comments by James in Reinharz (1992: 20) when he says, “Members of a subordinate group cannot clearly articulate their frustrations and discontents which may be expressed in inchoate ways such as laughter”. Being constantly curious on some of these expressions like laughter or silence helped address this limitation. Also, the openness and feeling of solidarity within the teams helped mitigate on the issues of power imbalances.

There was minimal translation of the transcripts from Shona or Ndebele to English, since most parts of the conversations were in English. It should be
noted that English language is a second language to both the participants and me.

**Step Three - Reflection**

After each debriefing session, a summary discussion was held focusing on participant experiences of our discussions, what ideas they found helpful or unhelpful for sessions with their clients. Questions about how they experienced my contribution as consultant were also discussed. Use of personal journals was encouraged. However this was not taken up citing security concerns. There was genuine fear that documenting could place the participants at the risk of perpetrators of the violence.

Freedman and Combs (2002:36) suggest the inclusion of time and space for reflection in therapy saying this “promotes experience, and it is through the experience of reflecting on our experience that we make meaning of it”. Similarly we reflected on what had moved our preferred directions, and us as a team, and the plan of action. What struck me was to hear the team acknowledging the dangers of participating in this nature of work, but still committing themselves to walk the journey. One of them said, “we are not in this work for money, but out of the conviction that we want to be of service to our communities”. The statement resonates with what Heshusius in Kotzé and Kotzé (2001:41) meant when she said: “When the mode of consciousness we enter is participatory, when concerns of the self have been let go of, total attentiveness can occur”. Ackerman (1995:26) calls this a realization of justice, freedom, love and shalom in which human dignity is recognized and respected”. The values of participatory action and the manner we communicated enabled us to put in place structures that mediated these values. I realized that there was need to thank the female participants for their willingness to journey with their male counterparts having observed that 90% of the primary victims were male. This was a clear commitment to solidarity with the oppressed, unique liberating acts by women, for men.
I felt that the condition of reciprocity created space for all the participants to feel a sense of control over the situation and the power to make meaningful contributing to issues that shape their lives and communities. Views flowed freely and there was vigorous interaction between the various parties.

**Step Four – Writing the Report**

The interview transcripts and notes were shared with the participants. This allowed them the opportunity to correct misinterpretations and edit in accordance with their interpretations. Initially I was suspicious of this ethical practice fearing that the study might be distorted. As the study progressed we became more and more open with each other and I realised the strength in the ethic of sharing and co-constructing the story with the participants. We termed it participatory accountability as the participants also felt accountable to the study.

As I struggled with shifting from the traditional way of analysing research data I was encouraged by Miles and Huberman (1978: 2) when they lamented on how difficult it still was to choose an analysis method saying: “The most serious and central difficulty in the use of qualitative data is that methods of analysis are not well formulated.” Traditional ethnographers conducted social research with the assumption that there was an objective reality to be discovered and that the knowledge found would be universal knowledge, studies could be replicated coming up with same findings. Social constructionism challenges the idea of objective reality in social research. In this vein Hoffman (1995:118) says, “We cannot even really know what social reality is, and therefore traditional scientific research, with its tests and statistics and probability quotients, is pious hope if not downright lie.” What we were seeking in conducting this study was local knowledge, hence the analysis of local narratives where themes were picked from participants’ narrations. Analysis was done throughout the data collection process sharing the report with the participants from its draft form till it was in its final form.
Limitations and Delimitations of the Study

This study gave control of the data to participants. Tripp (1983: 37) cautions that this can be counter-productive as a “participant can choose to veto, or wishes to unsay” some information, or to modify the statements of their views. This called for lots of reflection and cross checking of information. It should also be noted that the progress of the study was dependent on the potential clients’ willingness to attend counselling sessions, as they were inhibited by fear of further victimisation by the perpetrators as in most cases they believed that they were always being watched. Counselling in this particular field was still being viewed as dubious and political in my country such that the counselling context could not give clients the needed sense of safety. The counsellors and the employer, Mopane Trust were not exempted from this fear either since the mass media often portrayed the clients and most professionals who tried to help as political opponents. The label opponent could easily invite reprisals. All learned to live with their fear.

Participatory action research normally takes long to complete. This study was done within a year.

Whilst the study inter-alia sought to address issues of peaceful co-existence, it should be noted that we exist in a global nature of crisis. Ackermann (1990: 32) highlights the global crisis when she asserts, “To be alive today is to live with pain. We live in a world come of age, a world no longer innocent about the suffering human beings can inflict on each other”. As we walked the research journey, war involving the most powerful nations of the world, an alliance of Britain and America facing the small nation of Iraq, raged on in the Middle East and other wars in Africa. These are the nations that showcase themselves as the champions of democracy, peace and Christianity. Their action seemed to have brought to question internationally the definition of democratic values and the normality of killing people.
All the study participants were Christians. Our interpretations might have been heavily influenced by these beliefs thus limiting the representativeness of the findings. We however worked with clients of different faiths.

1.13 SUMMARY
This first chapter marked the beginning of the research journey. The beginning can be equated to the time when clients present for therapy. They come to therapy experiencing a difficulty or problem in their lives. At that stage, narrative ideas argue that the clients present with thin descriptions about the problem and the meanings they would have reached. This thin description leaves very little room for movement (Morgan 2000: 12-13). In this chapter the trauma counsellors narrated their counselling experience as traumatising and unbearable. This was a thin description we begun the research journey with. Guided by the narrative metaphor we ended the chapter with the hope and vision that an alternative story of coping trauma counsellors would be written. The next chapter reviews literature so as to give space to other authors’ voices on the study topic. These voices helped with the exploration for unique outcomes for the study.
CHAPTER TWO

Literature Deconstruction

2.0 Introduction

Secondary traumatisation in itself is a relatively difficult topic to find literature on, more so in relation to pastoral care with political violence. Much of the writing and research that has been done was in the west and focused on the victims “with no direct reflection on and expression of the experience for the trauma worker” (Moosa 1991: 126). In Zimbabwe, related writing that has been done mainly focused on burnout due to HIV and other terminal illnesses. There seemed to be a great deal of conspiracy of silence around this topical issue of political violence in my country. As Burck & Daniel (1995: 81) argued, victims of trauma at times choose not to acknowledge in order to survive: “These persons may be caught between preferring silence as a sanctuary, and a wish to bear witness, to give testimony”. Zimbabwe writers as secondary victims seem caught up in this conspiracy of silence.

The first chapter gave the direction of the study. This chapter looked at:

a) Working definitions. This is necessary because meanings and knowledge is socially constructed and “the meaning of a text is the author’s meaning”( Gergen 1986: 257).

b) Global historical overview of organized political violence. Globalisation refers to opening up of borders, boundaries and restrictions. It’s necessary to have an appreciation of what is happening on the global level on every subject because of cross-pollination.

c) Pastoral care with victims of organized political violence. This will reflect on the action other carers have taken.

In telling this story, literature will also be cited in all chapters and not just this review chapter, as I seek to engage with other researchers and authors.
2:1 Working Definitions

The main themes to be defined are secondary trauma, trauma, and pastoral counselling.

2.1.1 Secondary trauma

Figley (2002: 1434) states that counsellors in trauma work have to “see the world as our clients see it”. This enables us to calibrate our services to fit the clients and to adjust our services to fit how they are responding. In this process the counsellor suffers what he termed “compassion fatigue”, which he described as “to bear suffering”. He uses compassion fatigue interchangeably with secondary traumatisation, a condition he described as the “natural consequent of behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other, the stress resulting from helping or wanting to help a traumatized or suffering person”.

This function of bearing witness to the suffering of others, result in the re-experiencing of the traumatic events and pre-occupation with the traumatised patients. Saakvitne (1996: 25) calls this human consequence of knowing, caring and facing the reality of trauma “vicarious traumatization,” a condition he says is created by the desire to help and the empathetic engagement with the traumatised clients. Weingarten (2003: 4) terms this experience “common shock”. Common because it happens to everyone, all the time, in any community, and shock because, “regardless of our response - spaciness, distress, bravado - it affects our mind, body, and spirit”. Common shock is the response when we witness events like violence, abuse, accidents or death. In this study, secondary traumatisation will be used as was agreed with study participants, having noted that clients seen are referred to as being traumatized.

2:1.2 Trauma

Events that are experienced as traumatic range from natural disasters like earthquakes, accidents, to those catastrophes caused by human beings like wars and killings. These events “involve actual or threatened death or serious
injury or a threat to the physical integrity of self or others.” (Horowitz 1999:2). Cerney (1995: 131) describes three characteristics of trauma as:

1. It is linked to frustrated desires, accentuating the
2. helplessness of the individual to achieve them, and it is
3. Situated in the relationship with the other.

Weingarten (2003: 9) says these triggers of common shock are ubiquitous and there is no way of predicting whether everyone exposed to it will experience common shock. The word “Trauma” is said to come from the Greek word meaning “injury”. In other words, an event becomes traumatic when the individual is flooded with intense stimulation that she or he cannot control. The dictionary of psychology (1987) says these physical and psychological injuries are caused by some direct external force or by some extreme emotional assault. The pastoral counsellors are more likely to be affected emotionally than physically in this work, since what they saw or heard and not what happened to them appalled them.

2.1.3 Pastoral counselling

Pastoral counselling is a “more specialized problem-oriented caring action in its focus on people with problems” (De Jongh van Arkel 2000: 33). There are similarities with other counselling approaches but pastoral counselling is unique in that it integrates insights from the behavioural sciences and theology or spirituality. In this study all the participants worked from the Christian theology framework. De Jongh van Arkel (200 : 108) further asserts that pastoral counselling is a caring action directed at individuals, couples, families and groups “who are experiencing serious problems in their relationships with themselves, with others and with God. In this work, the contextual, political, structural and economic dimensions should be taken into account. Pastoral counselling is done beyond the confines of the church. The pastoral counsellor does not necessarily have to go through the seminary but should have received formal counselling training. These are people who are committed to engaging with people in pain and suffering, and like Kotzé &
Kotzé (2001:3) say, this is a “commitment to transformation, positioning oneself on the side of those suffering, and against all oppressive or exploitative discourses and practices.” They should take a stance against discrimination according to gender, sexual orientation, religious beliefs, political beliefs and race.

2.2 Touring The World With Secondary Traumatisation

Reeler (1984:34) postulated that all over the world “the comment is made that this is hard work, and work that mental health professionals would often choose to avoid”. In this same vein, Moosa (1991:127) argues that therapists are sharply confronted with their “own limitations which seem more overwhelming in this area of work than in any other therapeutic endeavour”. He goes further to describe the professionals working with trauma survivors as “survivors by proxy” characterized by fatigue, emotional strain and the risk of burnout. This rings alarm bells about how challenging, painful and frightening the work is, it sounds like dealing with the unbearable.

Weingarten (2003: 10 – 11) talks about witnessing without awareness and witnessing with awareness. She says, “Witnessing without awareness is when you see and say, “That’s not my business”. You become a passive witness, since you opt to ignore. It has four negative consequences on the witness, but has “profound negative consequences for the quality of life in our communities”. The violence will continue unabated. Witnessing with awareness is when you observe the violent event, feel bad, angry with the abuser, feel frozen and wish you were not there. She says: “Even professionally trained therapists I work with tell me that they, too, are often at a loss for what to do”. If you take action like talking to the victim, she calls that compassionate witnessing which can make our communities kinder places. Because of this Saakvitne (1996:79) suggests that all trauma workers “need places to talk about the feelings this work brings, need supervision and consultation”. This supervision should include an understanding of trauma and of the impact on the counsellor.
Historically studies into trauma were first linked to our world darkest era to tour, the era of World War I and 2. Horowitz (1999:19) says that “after the release of concentration camp survivors, these victims of Nazi inhumanity sought reparation for physical and psychological damage”. Recorded symptoms were poor memory, nervousness, irritability, and restlessness and sleep disturbance. Due to faith in the psychoanalytic theories of that time which related all social problems to reactions to childhood events, these victims received minimal help from professionals. This modernism discourse was dominant, and as Anderson (1997:31) says, it “elevated and sustained the therapist as an independent observer with privileged private access to knowledge about human nature.”

Reeler (1995: 22) stated that 79 countries worldwide still experience government sanctioned torture, and these are countries where no war is happening. This is all related to abuse of power, which Reeler further argues that it leads to violence, violence which then leads to silence and suffering. Like Tutu in Polson (2002:203) says “one of the tragedies of life ……… is that it is possible to become like that which we hate most”. Like most of the governments in Africa are composed of former victims of torture who still bear the scars for challenging colonial rule. Sadly today some of those we participated with now preside over structures full of innocent people’s blood, typical victim turned victimiser. Paulo Freire (1970:24-25) talks about oppressed people existing in a duality in that on one hand they desire freedom and on the other hand they desire to be like the oppressor whose consciousness they have internalised. For them “to be is to be like, and to be is to be like the oppressor”. Welch (1990: 67) says: “This is a story of sheer pain, of victims of oppression further hurting other victims. There are no victories here, only the condition for later victories – seeing the lives that are violated as worthy of more than cruel neglect and call on exploitation.”

The era of slave trade in Africa and the colonial experiences need not be emphasized on since it’s a horrendous story to narrate for us victims and
descendants of victims. The lesson we draw, like Makunike (1998: 3) says, is that we should never seek to dominate or oppress “a fellow human being, physically, intellectually, or emotionally no matter how junior or young they may be”. Pastoral counsellors have the noble role of practicing and teaching these values to the clients who consult with them, as they contribute towards making this world a better place to inhabit.

2.2.1 Forgiveness

On 21 September 2002 terrorists attacked the World Trade Centre in the United States of America. This incident got mass media coverage all over the world resulting in many of us experiencing secondary traumatisation as compassionate witnesses despite being many miles away from America. Prayers for the Americans were held all over the world. Weingarten (2003: 183) says, “Societies, that is large groups of individuals, have the potential for creating massive, horrific, traumatic disruption, making victims and witnesses out of combatants, civilians and their descendants”. The American disaster created these categories all over the world.

In pursuance of the international terrorists, the American society has been using their military and economic might to attack and silence countries they believe to be harbouring the terrorists. Afghanistan and Iraq have been the latest victims with Iran and Libya being under economic sanctions and threat of attack. This retaliation seems to be motivated by a desire to revenge the deaths of nationals. However, Weingarten (2003: 172) argues: “Hate, revenge and retaliation promise relief and yet do not provide it. They make the self vulnerable to future aggression”. The American story is clear testimony of this. The reprisals seem to create more enemies than friends for them, as they turn from being victims to victimisers through the wars they wage. The Herald newspaper of 20 December 2003 reported that the American government was warning all its nationals to be on high alert due to possible terrorist attacks in retaliation to the attacks in Iraq. Retaliatory actions have not provided the much desired security. What the Americans
seemed to have achieved was what Welch (1990: 38) termed confidence in own ability to do good, confidence which is dangerous because it denies their own capacity to do harm to others. She says that this reflects dangerous assumptions of moral purity and unmatched wisdom. Weingarten (2003: 179) argues that successive generations should witness actions that promote healing, not revenge. This would address violence at individual, community or national level.

In the same vein, Minow (1998: 14) says: “The victim should not seek revenge and become a new victimiser but instead should forgive the offender and end the cycle of offence. When we have been injured by another’s offence, we should seek to reconnect and recognise the common humanity of the other, and grant forgiveness to underscore and strengthen our commonality.” This can forge new relationships, break cycles of violence and heal grief. Forgiveness can contribute towards making the world a better place to live in. Compassionate witnesses can contribute towards breaking the cycle of violence through fostering values of forgiveness when they dialogue with perpetrators of violence.

2.2.2. A Calling to serve:

For Christians, to work with victims of torture is a calling from God, which aims, to giving voices to the voiceless. Within this framework, contextual liberation theology takes a firm position as it is “affirming justice against oppression - -” (Kotzé & Kotzé 2001: 5). But like Reeler (34) says, “it is also important here to stress that it probably takes courage in the healers too, and here we should not minimize the toxic nature of much of the work”. Violence certainly seems to have toxic effects. Brown (1999: 40) observes that the therapist “suspends all conditions of worth, feels the client’s feelings, sometimes ahead of the client, and often feels more than the client can bear to feel”. This sounds Christ like, dying for the salvation of others.

In addressing the violence discourse itself, Santag (1990:358) refers to Christianity as centralizing love of enemies and views Jesus as “rejecting the
use of violence and as having suffered violence himself”. He lived under political oppression himself but did not take the role of political liberator. I agree with Santag that the Christian’s role is to relieve suffering, and we should teach the ethic of reconciliation. Like Brown (1999: 38) says, experiences of revolutionary grace revealed in and through the finite world empower the community of faith to continue Christ’s work of”“ healing and compassion”. Jesus’ suffering and death evidences God’s identification with the poor and disenfranchised and God’s solidarity with victims. This is despite the impact the work has on the counsellors. Cerney (1995: 132) says “what they hear becomes a violent attack on their own sense of integrity and view of the world”. She further argues that in working with trauma victims, it is easy to identify with their rage and desire for revenge, thus intensifying their feelings rather than helping them to work through and beyond them. These are feelings and experiences carers need to deal with to enable them help their clients effectively.

White (1997: 2002) calls for “taking-it-back practices” in which therapists embrace an ethical responsibility to identify the ways in which these therapeutic conversations are shaping of their work and lives, and in which they acknowledge the contributions of the persons who consult with them. It is through these co-creations of preferred realities that counsellors can be of service to their clients in a non-patronizing manner. This service is bound to affect the counsellors’ associates. My wife and children often challenge me in a helpful manner not to carry therapy stories into their family life.

Marxists talk about class struggle with conflict as being inevitable between the bourgeoisie and the proletariat (Worsley 1981: 435). They view social services as furthering the interests of the ruling class. Where pastoral counsellors expect affirmation they receive condemnation. Ngugi wa Thiong (1986:62) supported this idea when he said that the political violence experienced in Africa is not about tribes or political parties but the result of imperialism. For socialists the redistribution of wealth in society should be the ethical goal for pastoral carers. In other words the secondary trauma experienced by pastoral
counsellors should be emanating from challenging the establishment to redistribute wealth equitably. Pastoral counsellors in our current remedial work are viewed with resentment.

2.3. **National Problem Saturated Story:**

When people come to therapy they can be viewed as living stories where choice is restricted and available options are painful or unfulfilling (Freedman & Combs 2002: 205). Narrative therapy terms these stories problem saturated stories (White & Epston, Morgan). Perlesz (1999:11) talks of “transgenerational traumatisation”, where the legacy of memories, emotions and the lived experience and aftermath of the traumatizing event is passed on unconsciously to subsequent generations within families. In Zimbabwe we have three distinct “tribes”, that is, Ndebele, White and Shona. Historically the three successfully silenced smaller tribes. As a Shona boy under the tutelage of the “dare” (male family council) the dominant masculinity discourse was of successfully evading Ndebele raids, and painful stories of victims who were killed and how livestock was taken away. To our children we are passing on history textbooks awash with stories of successful battles against the cruel colonial regime. Currently newspaper stories are highlighting stories of current victims of organized political violence and torture.

These stories of national despair form our problem-saturated story and need deconstructing rather than just believing that they will pass away with age. What feeds our story of national despair is the power discourse. Foucault’s (1978, 1979, 1984) analysis of practices of power becomes relevant. He identified Bentham’s Panopticon as determining the conduct of individuals and submitting them to certain ends or domination. The source of power becomes invisible to those who experience it most intensely, persons are isolated in their experience of subjugation, persons are subject to the gaze and to normalizing judgments, and those participating in the subjugation of others are, in turn, the instruments of power. This gaze enables the political
structures to participate in the coercion of opposing members, and the victims being silenced. This demands a theology that takes a stance on the side of the marginalized, “communicating the values of the reign of God” (Ackerman 1996:26), and moving away from the numbing effects of silence, like Kotzé & Kotzé (2002) say.

White (1991:36) suggests usage of externalising conversations that “explore the nature of local, relational politics, and identify those practices of self and of relationship that might be judged as impoverishing of their lives, as well as the lives of others”. In this way the narrative metaphor can contribute towards deconstructing the national problem saturated story and through picking unique outcomes can free people to prefer a violence free life style. This demands for a pastoral care that engages the perpetrators of violence to help them be accountable. Like Welch (1990:51) noted, abusers have the power to blow up the world, but “they do not have the power to make the world peaceful and just”. She goes further and argues that unless evil is acknowledged, further change is impossible. Jenkins (1990) agitates for a therapy practice that invites perpetrators of violence to take responsibility. A Shona adage “demo rino kanganwa asi muti haukanganwi” (the axe forgets but the axed tree remembers) reinforces the need to take responsibility, responsibility, which will genuinely plead for forgiveness by a remembering axe.

2.4. Summary

Jacobson & Smidt-Melsen (1997:17) argued that torture was known from many ancient cultures. It was practiced publicly in Europe during the middle ages. Today it occurs the world over and a lot is now being documented. This continues to invite pastoral counsellors to engage in this highly traumatizing work leading to them experiencing secondary trauma. Added to this has been the fear surrounding doing the work, which originates from observing and hearing what the victims of torture go through. In most parts of the world pastoral care has refused to succumb to this fear choosing to stand for
a just society believing that God will always stand with the marginalized in society. The Zimbabwean pastoral counsellors have not been an exception. The next chapter will look at the effects of secondary witnessing on the counsellors who preferred to work with the victims of political violence.
CHAPTER THREE
SECONDARY WITNESSING

3:0 Introduction

The chapter covers the interpretation, analysis and presentation of data got through the debriefing sessions with the counsellors. Main focus is what was highlighted as the adverse effects of the counsellors’ secondary witnessing position, that is, what traumatised them. These were divided into seven themes we termed discourses 1 to 7. The themes came from the participants’ narratives.

Effects Discourse 1: Work with trauma is exhausting and unbearable

This discourse emerged immediately with each of the participants when I requested them to share their experiences of caring with the survivors of organized political violence in our debriefing sessions. In narrative consultations it is always helpful to ask participants or clients to share their experiences in a way of reflecting. We believe that all learn through that kind of participatory dialogue. Andersen (1991:12) defined reflection as meaning that something “heard is taken in and thought about before a response is given”. All the participants said that as they reflected they realized how difficult it was for them personally to do this work. And yet the intention of compassionate witnessing is to relieve the suffering of the traumatised persons, not for the counsellor to get mired in it as well. As Weingarten (2000: 109) says, “If we are going to witness others suffering, we don’t want to be shattered the first time out.” The feeling of
being shattered can dissuade the counsellors from doing the work, consistent with Reeler’s (1995:34) findings that most health workers avoid this kind of work. Hence when I asked the counsellors to reflect on their experiences, they confessed finding the work unbearable, and being shattered by their witnessing position.

Chipo’s answer was:

It’s quite draining, involving. You listen to horrendous stories. You cannot divorce yourself from the stories. I took it home with me. At home I went into my room and cried. I didn’t want to continue with the work, but now we have a team. It helped me to be in control of myself because even how I related with others is affected. For example, when I got home I could not relate the normal way with my children and converse with them the way I would want. Emotionally it affects. It’s in me, a burden, and I ask myself this question, how about this man crying before me? I could not bear seeing a man crying. Now it’s better, but it was tough, particularly with this one client.

Spiwe’s response was:

I think each story makes you appreciate life more because it’s amazing in the stories how people view themselves, sometimes you are made to feel as if you are experiencing it yourself and not a counsellor anymore. Like where a neighbour wakes up one day and decides to burn your house, beat you up, I believe this can’t be helped and that’s what frustrates about this work, you cannot believe the level human beings can be cruel to each other, it really hurts.

On the same question Themba responded saying,

There is an element of keeping referring to the stories when I am alone. I must say it was hard for me initially. As much as I help them with their problems of trauma, I often experience the fear experienced by the clients. I am glad we now have a team. If a team has not been put in place, I was not going to be able to continue.
John said,

I felt sorry for the client, for a moment I felt stuck, went silent asking myself what to say next to this helpless person - - I find myself struck by grief.

The team members, some who had not even seen a client, but due to hearing their team members’ descriptions thought it was tough work. Like Ducas said:

A mammoth task awaits us - this sounds frightening

All the key participants concurred that this was devastating to the mind and would want to avoid this work so as to protect their own mental being. Even team members who had not seen clients, just by listening to the colleagues’ experiences they found it traumatizing as they became secondary witnesses to their colleagues’ experiences and tertiary witnesses to the clients.

This discourse challenged my Christianity. The thought that Christians were about to give up in the suffering devastated me and I felt like judging them. I felt an urgent need to talk them into doing the work. Like Brow (1999: 39) said, we are challenged to “love dispirited victims back into life, to restore the face of faceless victims- - -. I was encouraged by Sentag (1990: 364) when he said, “Christians do not flee in the face of violence, those involved in any struggle must still be ministered to, and their human needs may be even greater.” Through these discussions all committed themselves to doing the work with John describing it as

a ministry to help people grow from glory to glory

to which Peter added that

not for monetary gains but a service to God.

Saakvitne (1996: 72) supported this when he says, “This work is too difficult and too personally demanding to do without a sense of mission or conviction”. As John said,
I am a trained pastor and I’ve been doing counselling for more than six years now, but I didn’t know such cruelty was happening here. It is hard listening to these stories.

In my counselling work I was accustomed to checking with my clients whether their medical insurance would pay for the service or they are cash paying clients. Remarks from the trauma counsellors changed me in that when I work with political violence, I do not think of the money aspect so much. My eyes were opened to see that there are times we have to offer counselling as a service to God and human kind. This is in line with practical theology, which works with theory of actions. Pieterse (1993: 184) says, “The communicative actions of Christians are in the service of the gospel of Jesus Christ and for the sake of the kingdom of God”. The aim here is the empowerment of the poor in a transformative way which enables them to realise their freedom. This is in line with the themes for liberating praxis which Ackermann (1996: 36) mentioned as justice, love, freedom and shalom. And I believe that it is love, which drives us to work with these themes. Welch (1990:110) says of love, “When I love myself, my people, and others who are oppressed, my hope for our lives is expanded.”

Effects Discourse 2: Good Counselling Skills are Required for this Work

All participants had prior counselling training and practice on many social issues. None of them had experience with trauma work. The participants were always evaluating themselves in relation to the practical training they were receiving. Like when Chipo was talking about her experiences with clients and how she empathised, she said,

Maybe I over did it due to lack of experience, I have never worked with trauma before, it was tough for me, real hell’. I sometimes feel helpless in the counselling session.
Spiwe corroborated this when she said,

- - meantime that things are quiet, as we wait, I take it as a training time for when things really open up, when I would have gained all the experience for that work

This resonates with Moosa’s (1992: 127) ideas that “Therapists are sharply confronted with their own limitations which seem more overwhelming in this area of work than in any other therapeutic endeavour”. Weingarten (2003: 230-1) says, “People sometimes tell me that while they see the need to compassionate witnessing, they don’t think that they can do it --- They say they don’t know enough”. Her advice has been, -- “To be able to be a compassion witness you don’t have to know a lot about any subject at all, except yourself. We are so used to experts who give advice that we fear that if we don’t have the answer we can’t be helpful to others.” I believe knowing self refers to confidence in self.

For Themba, the team would help. He said

...the team should observe team members in therapy. It helps to keep my skills under check, but qualifications and experience are very important for me. I think searching for unique outcomes, glittering moments, helps me to move on with the client. When we talk of landscape of action and identity it becomes difficult because we often see our clients for one session.

On a question about skills he had gained through working on this project, he said,

It has been very good, excellent. Previously I worked with reburial of people. So this has been a different focus for me, I look back and see violence like marital and sexual abuse, but this is different. A whole lot of things come up. Working on this project has developed my empathy skills. It has been good for me.

Chipo said,
I was helped by the narrative ideas and I wish they could be imparted to many people in the church. I was helped to identify own strategies, unique outcomes, and now describe myself as a coping therapist. Externalisation of the stress helped me.

I often find externalising conversations helpful with clients as they begin to experience themselves as separate from the problem. As Morgan (2000:24) says, “In this way the problem no longer speaks to them of their identity or the truth about who they are”. This enables them to take action against the problem, and to re-story their relationships with the problem. For the trauma counsellors, for example, stress became less restricting as we talked about it in terms of how it was affecting their lives, how it was telling them about their being less skilled and that they were not doing enough to help their clients.

When I started recruiting and consulting with the pastoral counsellors for this project I thought we needed people with just basic counselling skills. My thinking was that the clients would just need people who would listen empathically, more so noting that there would be clients who mostly did not have prior experience with counselling. They would mainly be from social groups who rarely use formal counselling, that is, the low-income group. It struck me when the counsellors began to share their experiences with clients saying they felt inadequately skilled. As Peter was to remark,

You feel you did not do enough for the client, I could not find a unique outcome from the session, and it affected me emotionally. I was shocked because even now the client is still complaining of the pain from injuries sustained two years ago.

These sentiments helped us identify training gaps and needs together with the participants. This participatory ethic helped the participants own the training. It became practical training. As Kotze (2002: 9) says, “Knowledge no longer represents the world as it is, but is now taken as referring to our interpretations, resulting in realities that are socially constructed by people in specific contexts, with specific purposes and with very real political and ethical effects.” It has now become our ethical practice as Mopane trainers to ask
trainees to identify training needs and to input our ideas and suggestions. We were humbled to realise that expertise lies with the participants. Pieterse (1993: 185) states that, “From the perspective of Jesus’ communicative actions religious communication in all its facets ought to be domination free. It should be conducted in an equal footing with the freedom of every participant to bring her/ his own perspectives.” For this to be achieved, I believe in the need for those in power to allow all participants freedom to participate. Whenever I am in a position of power I always try and do that.

The counsellors appear to demand high skills in narrative therapy. Whilst this increases competence, I suspect that this is pushed by a desire to dominate gotten from scientific approaches of controlling the universe. White (1997:124) cautions against this when he says, “Therapists often understand the difficulties that they experience in their work in terms of the professional truths about problem formation, and in so doing identify the source of these difficulties to be a problem that is located at a site within their identity. In response to this, therapists intensify their engagement with the truth – seeking technologies – self observations, self-measurement, self-evaluation and as an outcome of this they are more wholly constituted as objects of the knowledges of the professional discourses”. This tends to have a disabling effect on the counsellors as they continually struggle with wanting to be viewed as competent professionals.

**Effects Discourse 3:**

**Just like with our clients, we also experience the emotions, fear and shock**

Most of the participants described hearing the survivors’ stories as either shocking or fearful. These are emotions also tabulated as being experienced by victims.

Spiwe said,
I think in terms of the initial shock I got of how cruel a fellow human being can be to another human being in an unbelievable way. That was the shock I went through. It made me start to think why this had happened and to come up with my own hypothesis—-

She went on to narrate how they have had to operate secretly,

we are working underground—. It has raised concerns about my own level of safety. I ask myself questions like, will it happen to me next, what if they find out I’m part of this. That has made me depend on God.

Peter said:

I was shocked, I didn’t know there was a torture method of pricking the head”.

For Tendayi, it was

shocking to hear that these were real stories and not a film show”.

On the same question Themba said,

I often experience the fear experienced by the clients, the fear of being followed. If the client says they are not afraid, I just tell myself not to be afraid either.

Chipo said,

I found myself stuck with grief; using my own experience of loosing a husband in an accident helped me. I also felt helpless and afraid for the country because of seemingly ever unending nature of the violence—It’s not a story I would want to recount or remember a lot.

This resonates with Cerney’s (1999: 137) assertion that trauma counsellors can easily identify with the clients’ anger and rage. This is anger directed at the perpetrators.

John said,
I was shocked and felt angry to realise how cruel human beings can be. I visualised the scene of the incident and the witnessing community. I was overwhelmed. I did not believe that it could be happening in the country. I felt like crying. I struggled on my own with this story. I used my clergy experience where I have learnt to leave everything in the counselling room and tell myself that I am now going home to do other things. I then filed away the few notes I had written. This is how I have coped in the past as a pastor, but it did not seem to fit with this kind of work, praying also helped me--.

Themba said,

safety is paramount, documentation for client legal purposes threatened me and I wondered, do I have a strong network for my own protection....The story stays with me. As I move around I come across scenarios which remind me of the story, like police roadblocks, suddenly I imagine, how about if they saw me with them...this is worsened like when there was the coincidence which happened when a team member phoned me about a client when I was at a police road block.

When participants shared these feelings I thought it was acceptance of the trauma they go through. All the participants described the work as dangerous, and were scared that “it could happen even to them”. This acceptance is what helps us to deal with the challenges in our work. I agree with Perlesz (1999: 17) experiences that he found himself “identifying with my clients’ pain, helplessness and frustration - -” Even when the counsellors shared with me their emotional experiences I inevitably identified with them, and sometimes wept together. However, Martin Luther King’s (Jr) (1963:117) words, strengthened me when he said, “we shall never be cured of fear by escapism or repression, for the more we attempt to ignore and repress our fears, the more we multiply our inner conflicts”. I believe that when fears are brought into the open, we can laugh at some of them, and continue with our work.
Effects Discourse 4:

This work should be done by male counsellors; not empathetic female counsellors

The Mopane project has maintained a gender balance at every level, and all the pastoral counsellors and trainers are gender sensitive professionals. Like Chipo said,

The way I was socialized, a man is not allowed to cry. Even when a child dies, the father should be ensuring that all tasks are met, not crying. But this particular man struck me. There was a man, shaking, I had never seen a man cry as much. --- Maybe if it were a male counsellor, he would not have cried but because I am a mother, maybe that made him feel free to cry and the mother in me made me want to empathize. I put myself in his shoes ..and the story has remained with me up to now:

Chipo’s assertion seems to resonate with McCann & Pearlman (1999: 501) when they argued that female therapists “over identify with the victim and rage at the perpetrator”. When I asked her whether working with a woman would have made it different, she said:

If it was a woman crying, maybe it was going to be easy for me to understand because women cry whenever they feel hurt, but not a man, because you are looking at the head of the family ---.

I liked Chipo’s assertion in that she did not demean women crying.

When I asked her about her experiences with other clients she said,

We dealt with males mainly. This was a big statement on its own, we are used to seeing females mainly in therapy and less men.
Whilst it is a fact that generally in Zimbabwe 80% of counselling clients are females (Jackson 2000:30), what seemed to make it more difficult for Chipo was to see an adult male cry, not the counselling itself as she was to remark later,

The way I was socialised - to see a man crying pains, he looked like a small boy before me, I felt I played my part and I supported him emotionally.

When I asked Themba, “Your clients were all male, and yet majority of clients in other counselling context are female, what does that do to you?” His answer was,

The experience is that a lot of men come when their gender roles are challenged...this is how it impacts on me, as a man. Most of them are of my age group and I feel this can happen to me also...I said to myself, if this was to happen to me I would never run away, because all the clients ran away and that made them displaced and lose their jobs. I would rather have my employer know I am in hospital...through exploring alternatives with the clients I realized I could do other things than run away. It also helped me realize how vulnerable Zimbabwe men are despite being a patriarchal society.

This seems to suggest that male counsellors would want their clients to fight than taking to flight. This sounds more blaming than empathetic. Themba went on to say,

I tend to blame the male victim for running away because when they have been targeted, the first reaction is to run away resulting in displacement, leaving their families and they end up seeking help to be reunited with the family. There are moments I have felt angry over the perpetrators, but most of the time I have looked at the client saying, how could they do that, couldn’t they have just stayed, but then, I am not the client.
However in a group reflection, John who said he was also reading on gender said,

men are socialized to act tough..., and this stresses us. We cannot express our feelings.

For Spiwe, running away was the proper thing as she was to say,

I think those who ran away were actually very brave to do so because to me moving out of a community means that you have such a high desire to survive to be able to fight another day. By fighting another day I mean in a productive way for our country, where it will be done legally and transparently. Remaining in the same community may mean for your own survival you would have killed one or two of the perpetrators because they will come back and attack. I think- - - ultimately we need to respect human life, to protect it, to keep it alive, and only when things simmer down then should they desire to do so go back to their communities, but standing and remaining as a man I would call you a foolish man to do so- - -

In a group reflection the counsellors concurred that women empathized more than men and that it was not culturally appropriate for males to cry before females although it often happens.

On reflecting on the counselling, none of the clients was reported to have resented being seen by a female pastoral counsellor. What was observed was that the majority of the clients were male, unlike with other counselling work where the opposite is the norm.

Reflecting on this discourse as a team helped in that both male and female acknowledged that they were more experienced and comfortable working with female clients. The female counsellors were more open about their fears than their male counterparts. Through reflection this discourse was deconstructed and discounted and the preferred reality of competent female and male pastoral counsellors was centralized. And the implicit notion of men being unempathic was challenged. This change for the males involved,
“moving from a centrality of self to a more self-reflective and multiperspective position” (Burck & Daniel 1995: 37). The dominant masculinity discourse expects men to be powerful, take control and protect the dependent family members. Like Freedman & Combs (2000: 141) say, “The culture each one of us lives in plays a tremendous role as a transmitter of ideas, expectations and stories that people tend to experience as taken for granted realities.” In all my training seminars I now make it a point that we discuss some constraining gender perceptions. As a Methodist I grew up seeing women occupying key positions in the church even as clergy. Like Couture (2000: 40) says, “Wesleyan heritage offers a depth tradition of caring practice—women cared for all humankind by preaching, teaching, and conducting class meetings.” This limited me in that for a long time I became blind to societal structural gender imbalances that needed to be challenged. Feminist theology alerted me to the need to critically analyse sexist language particularly in liturgy and official church documents, and the distortion of woman’s identity as the image of God.

**Effects Discourse 5: The work can be destructive to a carer’s social life**

Away from the counselling context, the counsellors have to interact with other people and play their other social roles like parents, friends and relatives. When I asked Chipo,

Taking it home with you, how did that impact on your children?

Her reply was,

Yes, I just asked them to excuse me, saying I was tired and needed to rest. They did not hear me cry. I did not want them to see me crying, I went to the bathroom. But on those particular days I did not even check how their school day had been. I did not have time with my
children that particular day when I had the session with this man, I was really devastated by his story. From the bathroom I went to cry in my room. In retrospect I think the stories also reminded me of the death of my parents and my husband. I hate orphan hood, I was scared to mix with people--

Commenting on how isolative the work can be, Themba said,

My isolation is coming from different angles. From the work, I know my close family are worried, my son about going away to do this work--. I’ve friends who look at me and wonder why I am doing this work, some of them keep away from me thinking that I’m trying to study them, or overstepping into their private lives. Because of my regular absence from home, I begin to hear comments like, you did not attend so and so’s wedding or funeral, but it’s because my weekends are being taken up by the project, and I am committed to the work.

Spiwe’s remarks were,

Initially I isolated myself from my social circle, but then I adjusted to even think about other issues, say if I am to talk even to my spouse, even for the time we have been married, there are some things I talk to him about, there are some things I talk to my sister, my aunt or my mother about. So initially I think it was heavy because there was no team to talk to about this work. But now it is no longer as heavy because there is a team and it is fitting into that example of a marital relationship where there are things you are at liberty to talk to your spouse about, but go to your sister, friends, etc. with others. It has now shifted into that pattern

Counsellors have a life to live away from the counselling room. Beliefs like trusting other professionals are affected by the safety issues. It is not easy to discuss with pastors or counsellors who are not part of the work. I also grew in mistrust for all politicians because of these experiences, including those
related to me. At home, interaction with family members is affected in that there is an increase on issues I cannot discuss freely with family members. For most of the counsellors the distancing discourse from family members on this issue is also nourished by the fears expressed by some family members. Like Themba said,

   The work has created some worries for my family. They say that I will get into a victim position some day - -

Chipo said,

   I felt like avoiding the whole society in general, I wondered why they did not appreciate people who prosper in their communities. These are the people who are victimised. I also hated the witnessing of extreme humiliation of one human being by another human being.

This is tantamount to what Saakvitrie (1996: 73) termed “loss of meaning”. Society had become meaningless for Chipo. To regain this meaning as we reflected we agreed that we should spend more time playing with families and friends, and involve ourselves in civic commitments. During team conversations we encouraged each other to share a lot about our families. We found that it helped us remain connected to the family as our significant others. Things we previously considered unimportant like allowing our spouses to contact us on any of the team members’ mobile phone they find accessible, asking our spouses to pass on messages to team member’s family and conversing with each other’s spouses at the bus stop, have turned out to be the cornerstone of our teamness. As we converse about our families we are also able to help each other in our respective family roles. The values of transparency and openness continued to grow amongst us.

**Effects Discourse 6: Doing this kind of work strengthens Carers’ spirituality**
All the participants acknowledged the role of God in their work. When I asked whether they “communicated with God”, the answer from Chipo was,

I did, quite a lot. I needed His guidance to cope with such a taxing job. I never used to pray as I do now because of these experiences. I could feel the desperation of the children and the wives, when the wall is removed, there is no more protection, and you are directionless, exposed and vulnerable to attacks any moment. These cries of the families made me feel the need for a God to pass on the burden to, and I learned to pray more than I used to. God forbid, but I kept asking myself why God was allowing evil to triumph. I then started to read the scriptures more searching for answers”.

I always find these questions about why a good God allows suffering and bad things to happen to good people, difficult to answer. There are no easy answers to the questions raised by Chipo, and I think it would be naïve to try and answer every dilemma people face.

This was collaborated by Spiwe’s remarks,

--- So every step of it really has strengthened my commitment saying God you gave me these skills to help other people in this work, you have to provide protection, it has deepened my walk with God, -- that has strengthened my conviction to hold on to God. Also listening to clients’ stories, it seems like man-made dates or events raised our hope as a nation, that the change will come, or something will happen that will end this whole chain of violence but when that date comes nothing happens, and you realise that you cannot put your trust in man, put trust in God – my trust and hope is in God, it will take a God-made solution, man has failed.

James called the work a
ministry of its own kind. I was used to other usual problems, not this one.

meaning he was providing a service as tasked by God.

Sharing an experience he had with a client John said

I said to myself, God help, this person is going through a difficult time.

He asked for a prayer and we prayed together in the session. I was feeling stuck.

In these difficulties the pastoral counsellor played his role of helping the person develop his faith story, what Gerkin (1997: 113) calls facilitating the person’s spiritual story and the dialogue with its tradition, and facilitating the growth and creative development of particular life stories. All the counsellors are Christians. They all shared experiences of how the work had evoked their Christian beliefs. Like Chipo said,

When I ask the clients what kept them going, they all say God. Even if they are not Christians, still they express their own faith in God. I then develop the conversation around that God. This has strengthened my own faith in God.

However, Brown (1999: 34) challenges this therapeutic relationship saying it is “an idolatrous substitute for the saving grace of God”. Despite these differing opinions I believe in a theology that correlates theology and psychology as it becomes contextual. My Wesleyan tradition believes in being guided by reason, experience and scripture (Maimela & Konig 1998). The participants seemed to view God as a God who walks alongside them and involved as a partner. This appears to be a post-modern theology. As stated by Herholdt (1998: 216-7), “it restores the value of human feelings as a part of experience- - Christians are afforded the right to some human input that codetermines the plan for their lives. Many choices are possible, but in the variety of options we are guided by God as creative participant of our lives - - ”. In other words, the experiencer’s experience becomes her truth. All the participants said they would pray for their work, their clients and the team,
even when alone. This deep faith in God seemed to also suggest that the counsellors had surrendered their fate to God to the extent of fundamentalism, caused by helplessness and powerlessness. This makes human beings appear pawns in the hands of a whimsical God who does what he wishes whenever he wishes. I think this would be a fatalistic way of comprehending God.

**Effects Discourse 7:**

**Perpetrators of the violence are victims also: They need help and not blame**

In working with perpetrators of violence we are influenced by Jenkins’s (1990) ideas of taking responsibility where the perpetrators will have to acknowledge responsibility for his or her action before meaningful counselling or forgiveness can be given. Most counsellors have often found it hard work with perpetrators, be it wife battering, sexual abuse or political torture. In response to that question, Chipo said,

> I also saw abuse on the perpetrators, how are they going to deal with their guilty conscience, some of them are aged 16 years, humiliating people who are fit to be their own parents. They are also victims because one of them said the boys were acting under instruction from senior politicians, it becomes a chain of abuse. I think the whole system of organised perpetrators has to be challenged. They also need counselling. I grew up as an orphan and I do not want people to lose their parents. I witnessed violence during our liberation war when I saw people being put in plastic bags and beaten up. The perpetrators never received counselling and I think this is why so many people are mentally ill in our country, and people are not scared to do it again because it was never tackled after the war.
In a cautious tone Spiwe said she would only embrace the perpetrators if they took responsibility for their abusive actions. She said

“the levels of being a perpetrator are various, and it would mean in a forum where the perpetrator does take responsibility, not to just say, you did this and you are released. Released to what? Does it mean release back into his community to be a perpetrator another day? There needs to be some responsibility that he has taken before I can give my sentence, I think.”

Themba said,

The perpetrator has to be made to take responsibility and say I know it is bad, I ask for forgiveness, then I can work with him

Any therapy work with perpetrators of violence always raises ethical questions of how genuine they are, and whether they have repented. Jenkins (1990: 188 – 190) talks about perpetrators taking responsibility and apologizing as a ritual to declare and demonstrate such acceptance of responsibility. In line with this, the counsellors said they would want the perpetrators to show that they are remorseful. When Spiwe said she would work with them because some of them are young boys who are manipulated by senior politicians, she appeared to be influenced by clients' stories of forgiveness and pity. This sounds Christ like, “Father forgive them, for they do not know what they are doing”. I agree with the notion of genuineness on the perpetrators' part. This is the direction the participants chose to follow, through unpacking what clients mean by forgiveness. The discourse of forgiveness will be tackled in the next chapters.

3.1 Summary

Weingarten (2000: 393) says, “There is a realisation that in capturing a particular memory in words, for victim and witness alike, it can no longer haunt you, push you around, bewilder you, because you have taken control of
it – you can move it wherever you want to.” At the beginning of the debriefing sessions, the counsellors poured out thin descriptions of how devastated they felt about doing the work as secondary witnesses. This capturing of their initial experiences deconstructed the traumatising effects of secondary witnessing, beginning to get in control of the work. What narrative therapy would term unique outcomes. The next chapter will dwell on the counsellors’ preferred identity, what was put in place for them to be coping counsellors, building on the unique outcomes identified in chapter 3.
CHAPTER FOUR

COPING WITH SECONDARY WITNESSING

4.0 Introduction

The preceding chapter explored the effects of secondary witnessing on counsellors, and evaluated these effects, identifying unique outcomes. “As a new and preferred story begins to emerge, the therapist is interested in finding ways to assist the person consulting them to hold onto or stay connected to it” (Morgan 2000:74). This chapter will focus on the counsellors coping with secondary traumatisation, as they preferred to be identified as coping trauma counsellors.

Coping Discourse 1

Sharing experiences with team of colleagues helps

Morgan (1999: 139) says, “Communities of love and care often develop during times of crisis in people’s lives.” Our counselling project was happening in a period of crisis in the country. And the counsellors were finding it hard to carry the clients’ stories. We introduced team debriefing. Where the pastoral counsellors felt devastated, they felt that sharing experiences with team members helped, like Chipo said,

Given the context we are living in as a nation you can’t just talk to anybody about these issues. Fellow colleagues are the ones there for us.

Since the introduction of the team debriefings it has been very helpful because we are working from the same perspective- - -it helps when you know you are speaking the same language, colleagues who have also come face to face with these people, not just reading about them in the papers. When I share with them they also acknowledge the
horrendous nature of the work and that makes me feel that I am not overreacting or mad, I feel supported and sharing the carrying of the burden.

Responding to the same question Themba said,

A lot of what helps is the sharing with the team, it ceases to be my client to become the team's. If I wasn't working as part of a team I was not going to be able to continue. I always say I will consult with my team. Discussing also helped me because safety issues were addressed.

Spiwe’s comment was,

Holding reflecting meetings helped me; otherwise I would never have lasted. This was the best thing that helped me cope and want to continue with the work.

Peter said,

You know I am still new on this project, but team sharing made me feel better equipped, new counselling strategies, more educated now. Sharing builds and sharpens skills.

In a group discussion, the team agreed to meet once every month, work in teams and read the Bible regularly so as to cope with the trauma. On my curiosity about the Bible, the counsellors said that they would use the concode to get contextual verses. I thought this was now doing theology, not just reading but seeking for answers to specific problems. Representing God on this earth, and situating themselves and their clients within the Biblical texts. A primer of practical theology, like Heyns & Pieterse (1990: 10) say, is to take “actions that enable people to hear the gospel properly and to understand, accept and actualise it in their lives”.

The team served a debriefing purpose and the counsellors said that they felt a burden or load removed after debriefing. It is an educative process in that
different ways of handling the problem are discussed and what to do next when the client comes. The participating team creates a sense of belonging and builds the confidence and competence of the counsellor. Ultimately, the client benefits from the different opinions. However, some counsellors also observe disadvantages of the team. Themba said,

It, however, sometimes affects my style of counselling, sometimes after consulting with a team, I find when I see a client my style is affected. My style is impacted by the team presentations - it makes me feel like I am starting again and on that note the team can be difficult. I feel helped when my interventions are acknowledged. Also, when I hear other team members’ stories what it means is that I have my stories, now I have team members’ stories to add to the stories that I have to keep.

After debriefing the team often expects the counsellor to become relieved, happy and ecstatic. And yet Themba says that stories from other counsellors would be an added burden to his already heavy load. This is because the stories of torture are hard to bear even when we are not the primary targets of the offence. It’s like asking a soldier from the battlefront to watch a war movie. This can further traumatise the battle weary soldier. Because of this, the participating team were not inclined to share their clients’ stories or to listen to the other’s story. What they all agreed to do together was the reading of the Bible. This was a support, which did not always involve debriefing. What the counsellors needed was support and sharing stories on how they coped and not always debriefing. Individual sessions were made available to those needing them.

Team sharing also entails increasing the carer’s social network. As was observed by Cerney (1999: 138), counsellors’ behaviour with relatives and friends may become isolative or offensive, and sink into a deep depression. Doing hope as a team becomes important to prevent this sad development. However, the counsellors would not extend the sharing to pastors outside the project for safety reasons. Like James remarked,
We fear to share with the whole pastoral board because publicity can endanger our clients and us. Nobody would guess whom the next person would share with.

This agrees with Jacobsen & Smidt-Nielsen (1997:137) when they say “contact with others lessens because the therapists prefer to have contact with colleagues in the same situation with whom the clients’ traumatic experiences can be discussed without infringing the professional secrecy.” This is a secrecy meant to protect from further traumatisation. There are victims who were victimised several times because somebody would have divulged their whereabouts to the perpetrators. Sharing with outsiders could compromise safety. The counselling profession oath to confidentiality helped protect both the clients and the counsellors.

When they reflected on all the coping themes, the team theme was centralised as the most effective coping mechanism. This resonates with Benson and Stuart (1992:179) assertion when they say “People who have relationships and social support feel considerably more stress-hardy than their counterparts who feel isolated from personal contact”.

**Coping Discourse 2: The clients do hope for us**

Welch (1990: 162) says, “middle class people can sustain work for justice when empowered by love for those who are oppressed- - -a love that is both self-affirming of others, a love that denounces injustice, heals the wounds of exploitation, and builds a community of strong individuals.” Counselling is mostly a middle class profession in Zimbabwe. Political violence mostly involves the peasants and working class. Witnessing with them as a counsellor is a way of affirming love for others by the middle class. But this proclamation of love, according to Freire (1970: 37), should be entered in communion with the suffering poor. There should be no imposition of own class values on the poor. The resilience shown by the clients strengthened
the counsellors to continue with the work. And so, as Weingarten (2003: 158) says, “compassion witnessing has the potential for transforming violence at every level, from the personal to the societal”. In this vein, the counsellors took the clients actions resistance to the injustices in the communities as doing hope for them and the nation as a whole. Their stories of courage opened the floodgates for compassionate witnessing by the trauma counsellors who could have easily chickened out of the work. The counsellors were challenged to cope with the work.

Spiwe was to say,

In these small steps, it is sometimes amazing, I am sometimes made to feel like the counselees are counselling me, not the other way round, just by listening to the stories you get amazement by the resilience, the amazing coping capabilities, and all you are there for is just to listen, not even a shoulder for them to cry on. But you feel you actually benefit more from the session because the reality of it is that we are living in the same environment, the only difference being that they have been victimised, I’ve not been. And their courage keeps us hopeful that solutions will be found.

This is an acknowledgement by the counsellor that the conversations with clients enable them to become aware of the ills of our society and empowered to take action that aims at making other people’s lives better. This is trust of the client’s actions. Freire (1970: 37) applauds such acknowledgement, saying it’s unlike helpers who are not able to enter into communion with people and continue to regard them as ignorant. It is clients doing hope for the counsellors and society as a whole.

Like John said,

I felt sorry for the client, for a moment I felt stuck. He then asked for a prayer and we prayed together in the session. This was a relief to me, and further comforted to hear him thanking me for the time and asking for another appointment. Such experiences with clients help me overcome the challenges of this work.
The clients were able to change the perceptions of the counsellors, from being hopeless to being hopeful counsellors. Like Benson & Stuart (1992:184) say that if you are helped to love and to recognise that burnout is our perception of a threat, and our reaction to the perception, then logically we can do something to manage our perceptions and reactions. However, the counsellors acknowledged that they owed their change of perception to the clients’ positive attitude. I have had counselling experience with clients who feel overwhelmed by their problems and close all outlets to their alternative stories. Therapy takes much longer with such people and is hard to work with. Clients who are optimistic about their situation are an encouragement to the therapist.

**Coping Discourse 3: Small steps of resistance**

Freire (1970:32) discusses how the oppressors and the oppressed are freed. He argues that when the oppressors dehumanise others they also become dehumanised. It is only when the oppressed take away the oppressor power to dominate and suppress, that they restore to the oppressors the humanity they had lost in the exercise of oppression. The resistance of the oppressed frees also the oppressor. In this respect, the victims of political violence were the first to resist, and then the pastoral counsellors joined them, as they sought to care with them. This feeling of resistance urged the counsellors to hold on, with the hope of better times to come when the nation would rid itself of violence. The feeling that they were doing it for a worthy cause kept them going. Becoming the voice of the voiceless. Chipo describes her holding on to the hope of an anticipated change as a small way of resisting when she said,

> From day to day we hang on to the hope that this is not a permanent feature for our country but some kind of change shall happen, we don’t know the day or time, but just holding on to that hope, that it shall happen is our small way of resisting. When they come to us, their
social support like family and friends would not be existing any more, and we are the next best bait as counsellors. If we fail we would have abandoned the clients to resist on their own. Many times we are the first people who get to hear about the story because they have not established any support system yet. This makes us feel that our small resistance has been there for somebody.

This feels like initial groundwork, and the real work will come and we will deal with this issue as a nation. Both the victims and perpetrators shall benefit. That’s the hope I have. I have a heart for family and it’s sad that this violence has put families apart. We need to put back families and communities together again, and we are raring to go and get this huge task going.

With the violence experienced in the country, the pastoral counsellors made the choice to care with the survivors. Weingarten (2003: 193) terms this choosing to participate selecting a witnessing focus, which she described as “a process that begins to shift our sense of passivity and helplessness, disempowerment and numbness, into (more of) a sense of effectiveness and competence”.

By choosing this witnessing focus, the counsellors thought it was a small act of resistance against the feeling that they could not do anything. Action against numbness like Spiwe said:

I feel we are not doing all that we can, but we are doing in our small way, and all we can we will only do when the political situation has settled down and this counselling will be done on a full scale, not the way we are doing now, but it does not mean we should sit back and wait for the dust to settle. We should continue doing the little that we are doing; it is our small step of resistance.

Chipo said:

We have to take action. We are now aware and empowered; a journey begins with small steps. If our resistance is not felt at national level,
but within our community of care we feel the journey to full-scale resistance has started.

Weingarten (2003: 36) says we need to promote, praise, and privilege the small and the ordinary, saying that she believes as people we can make a difference, right now right here, wherever we happen to be. The counsellors felt motivated by the knowledge that the clients were liberated and empowered to continue living due to the therapeutic conversations they had with them. They felt they were making a contribution as a counselling profession to full scale resistance needed to free the nation from violence. What Welch (1990: 75) termed laying the groundwork for the creative response of people in the present and in the future – even though a problem is not completely resolved in the present. The pastoral counsellors have already provided a heritage of resistance, and will look back at the path they walked with satisfaction. The guiding principle was that the counsellors could not be human until victims of torture were human. This agrees with Pattison’s (1993:87) assertion that counselling allows people to feel that they can directly contribute something personal and of worth to their fellow human beings by expressing practical compassion in this way. This feeling seems to provide a strong impetus for the courage and determination to do the work.

**Coping Discourse 4:**

**Counselling is a role player in breaking the cycle of violence**

Breaking the cycle of violence motivated the pastoral counsellors. This is like a mission to the counsellors. This cannot be divorced from forgiveness. We would not want today’s victim to be tomorrow’s victimiser, as Weingarten (2000: 25) argues that we have the potential to occupy all three roles of perpetrator, victim and witness, and that we all have acted from each role. In response to the question “do you see yourself playing a role in breaking the cycle of violence?” Chipo had this to say,
This is one of the reasons I continue on this work. I feel counselling is playing a big role. Clients always say they would want to revenge. I think as a counsellor I should explore with them the dangers of doing that, and that God does not want us revenging. Help them see God’s message of forgiving. So with such discussion I feel urged on to see more of the clients and explore the Christian values of forgiveness and love, together.

On the same question Themba’s response was,

Counselling on its own to break the cycle needs to be at a large, large scale. It has to be a project of its own, with massive training, and massive civic education. I don’t see us breaking the violence with the way we are doing it. We are too small and few. - - - We see what happens but all we do because of confidentiality and safety is talk amongst ourselves. If there was a way of telling the world, I think we should document. If the experiences are documented many people will benefit. This is my desire, to contribute through writing so that future generations will experience a violent free society. And I want to start with the current victims.

Although all the counsellors stated that in their practice they discuss with the clients seeding ideas of non-revenge, which they interpreted as contributing towards breaking the cycle of violence, they do not seem to take at face value clients’ expressed willingness to forgive perpetrators. For example, in response to my question, “In doing your theology what would you think about the majority of the clients we see saying they want to forgive the perpetrator?” Spiwe’s response was:

I want a clear description of what the client means, I challenge the client to think through every angle of what they mean by the word forgive, it should not just be because Christianity says I must forgive therefore I must. I want them to really explore what they mean by forgive. Why I say so is because as a nation even after attaining
independence we talked about wanting to forgive and move on with each other. We thought we had forgiven each other, but no one unpacked what we meant by forgiving each other and moving forward. Now we find ourselves in this mess again, twenty years after the independence. As a counsellor, I need a forum where the perpetrator does take responsibility, not to just say okay.

As I worked on encouraging the counsellors to accept the challenge to work with perpetrators, I was encouraged by Couture (1991: 38) when she argued that God is present and involved with every person we meet. She said, “We must treat others with gentleness and respect, whether the other is a vulnerable child, a family on public assistance, a tyrant with political power, or a grandiose, dictatorial wannabe whose only power is to irritate.” My Wesleyan tradition teaches that God’s grace is for all; pastoral care should be for all, including perpetrators of violence. This is a difficult thing to do. This is when we need God to struggle with us as he invites us into a relationship with the Sauls of today, who seek to persecute other people for their political beliefs.

Themba’s comment was,

Somebody has to come up and say I am sorry I beat you up; I was irresponsible, and so on. The forgiveness has to be asked for. The forgiveness I hear in sessions is not real forgiveness; to me it’s powerlessness, rather leaving to God. - - I’m very sceptical about forgiveness without responsibility. I don’t know how to deal with it yet, a lot of clients have said I want to forgive and I have actually ignored it because I don’t know how to deal with it. When I challenge them, I feel like I’m challenging Christianity and not the client. At the moment I just ignore it.

Deconstructing clients’ assertions as part of narrative talk, Appelt, Thandi & Roux (2002: 105) says, “Narrative talk opens up opportunities of alternative repressions of the trauma in order to get in touch with different and more
positive stories of people’s identity”. So, going beyond the” I want “to forgive talks helps the clients come up with their preferred identity. I agree with the adage that says, “To err is human, to forgive is divine”. Forgiveness is not easy. According to Adeyemi (2002:22), “when we have been wronged or hurt, especially by those we love or trust, our natural response is to retaliate, seek redress or at least defend ourselves”. In most cases Christians are quick to quote Matthew 6 verse 9 – 13, “ For if you forgive men their trespasses, your heavenly father will also forgive you...” Yes, it is the scriptural injunction but most victims remain with unhealed scars because they are asked to forgive by uninjured colleagues. The commitment by the counsellors to work with the clients in this important issue of forgiveness showed how central it is when working with issues of torture and violence. This, like Minow (1998:14) argued, can “reconnect the offender and the victim and establish or renew a relationship, it can heal grief, forge new constructive alliances, and break cycles of violence”.

The desire to break the cycle of violence became a mission for the counsellors. Frequently Christians fought for causes that were not resolved in their own lifetime. Couture (1991:40) gives the example of Moses who died not knowing that his work would be rewarded in gains for the younger generation. Taking breaking the cycle of violence as a cause was a motivator for the counsellors to cope with their work. This way theology became practical. Practical to explain God’s role faced with violence, demands for forgiveness and reconciliation.

Spiwe lamenting for the nation chronicled the history of the country,

As a nation we have moved from one situation to the other without giving people the opportunity to talk about their experiences and get some counselling - - -

At the eve of independence on 18 April 1980 the newly elected Prime Minister called for reconciliation. Then people thought it was magnanimity. All the gains seemed reversed when in 2002 there was a quarrel over land tenure and a subsequent declaration of end of reconciliation policy. Hence the
current mess Spiwe refers to. But Weingarten (2003: 177) argues that there is no inevitable relationship between forgiveness and reconciliation - reconciliation creates community where people can live together in mutual respectful relationship with each other, recognising the other in his or her uniqueness. In the process of reconciliation, trust must be repaired and justice addressed. The truth of people’s experience must be acknowledged. Spiwe thinks that this was not fully achieved. Weingarten (2003: 179) further asserts that for reconciliation to contribute to the “transformation of violence, it must foster a culture on which transparent process, equitable distribution of social resources, and widespread involvement are normalised”. This is an area Zimbabwe did not competently deal with, and faith communities, including pastoral care was not able to proactively attend to.

The desire for all is to see an end to this violence. In engaging with both victims and perpetrators, participants took a stance to challenge thoughts of revenge, exploring values of love of one another. This would be done with all clients consulting with the team. However, Minow (1998: 145 – 6) argues, “No one, of course, knows how to deter genocide or mass violence. Oppression, hatred, slaughters, and torture unfortunately are constants in human history.” She goes further to argue that responses to “collective violence lurch among rhetoric’s of history (truth), theology (forgiveness), justice (punishment, compensation, and deterrence), therapy (healing), art (commemoration and disturbance), and education (learning lessons). None of these can be effective on its own.

The beauty of pastoral counselling lies in the combination of theology, therapy, art and education. Although the enormity of the therapeutic understanding might trigger a sense of hopelessness in the counsellors, the realization that the few people that they come into contact with should experience a change in their lives kept encouraging the counsellors to soldier on. Like Weingarten (2003: 227) says, “Compassionate witnessing can transform everyday violence by threading hope into its fabric. Not always with
powerful results, and not always in ways that ripple out, touching many people. But both its promise and potential arouse hope.”

Our training module now includes discussions on forgiveness and reconciliation, having realised that the counsellors as secondary witnesses also struggle with forgiving the perpetrators. This way, compassion witnessing is giving to the society that people can be changed to contribute towards breaking the cycle of violence. This hope of a new society permeated the thoughts of the counsellors directing their energies to doing the work.

**Coping Discourse 5: Working Underground Ensures Safety In This Work**

Weingarten (2003: 165) says all recovery from trauma and compassion shock requires the reestablishment of the sense of safety. If counsellors in secondary witnessing experience similar symptoms as experienced by traumatised clients, it follows that their recovery also entails addressing safety concerns. The counsellors felt physically unsafe in this work, felt that they were risking their lives. Their narratives expressed safety as needed fundamentally, like Spiwe said:

> We know if we were to go public, we would possibly be stopped. We are working underground, it has raised concerns about my own level of safety, I ask questions like will it happen to me next, what if they find out I’m part of this, which has really made me depend on God. I believe God gave me these skills to help other people, and not to shout about it. So doing it underground is also humbling enough. I am Pentecostal, we tend to give testimonies about what God has done for me in my work and so on, but in this work I realised that I couldn’t testify about my work in front of the church, and this made me realise that there are things you can’t testify to man but testify to God, and I have learned to put trust in God.

Themba was to say
I feel distressed because I cannot share openly, it’s a culture of silence, and yet we are all vulnerable. Sharing is the core of witnessing but we cannot share in the present climate. Being able to operate underground, secretly and carefully is what has helped me to cope and continue going.

In the session, with this other man I felt like I was just able to get rid of him, I was concerned about his accommodation request and not wanting to be seen in his company. Anybody committed to doing this work in our context has to learn to operate secretly, because safety is paramount.

Peter said:

When she mentioned that she had been threatened that they would follow her, monitor her, it made me picture her walking through my gate with these figures following her, and it got me scared. What consoled me was the knowledge that I lived opposite the police. But I must say it is difficult to concentrate in the session because of fear, you realise it can happen even to yourself. But now that we are working privately, it is very helpful.

Chipo compared herself with the clients and said

I feel equally at risk, just as the clients experience fear that maybe it is also going to happen to me. It makes me realise how vulnerable we all are in this context. It can happen to any one of us.

The safety issues affected how they related with colleagues outside the team, like John said:

We fear to share with the whole pastoral board because publicity can endanger our clients and us.

It affected them most when they had to work with perpetrators, like Spiwe said:
Even if I am to work with the perpetrators, I would be suspicious, are they here as spies or genuine clients.

Tendayi who had not seen a client had this to say:

I am yet to see a client. But stories here have scared me. The stories raise questions about one’s security as a counsellor. However, it is informative and I feel prepared for the clients I will meet.

What helped the counsellors to cope was operating with maximum privacy, as Themba was to say:

Safety is paramount, documentation for the legal purposes threatened me and I wondered whether I had a strong network for my own protection.

What affected me most was the thought that I could be in his situation, imagining being in trouble for conducting a study. But after listening to team’s reflections it has helped, I realise I’m not alone. Discussions with team members helped me because the safety issues were taken up, and we continue to place emphasis on privacy and operating underground.

The decision to do the counselling at doctors’ surgeries and churches helped since they were perceived as being socially and politically neutral. Through the network, human rights lawyers also committed themselves to provide legal services whenever required. To date no legal intervention has been requested and this has boosted the confidence of the counsellors.

As a training team we were not able to visit one of the centres because of fear. This was a very politically volatile town and we felt threatened. We are comforted when we read about Jesus saying to His disciples in Mathew 10 verses 16 – 23, “Behold, I send you out as sheep in the midst of wolves; so be wise as serpents -. When they persecute you in one town, flee to the next” This agrees with Weingarten’s (2003: 105) assertion that, “we still need to assess our physical safety, and that of others who may be involved, before we decide to offer compassionate witnessing.” In our reflections we agreed
with participants that our safety was paramount. Counselling was to be done in doctors’ surgeries, writing was to be minimized and discussions would be on a need to know basis. This has taught us to be more vigilant, in a manner helpful to the counsellors, their clients, or families and ourselves. For all recovery from trauma requires the re-establishment of the sense of safety. The confidence that the safety issue was always being reviewed was a great motivator for the counsellors to do the work.

Coping Discourse 6:

Maintain Balance Between Work and Personal Lives

Counselling process is normally long term requiring several sessions. This enables a thicker description of both the problem-saturated story and the preferred story, the client’s preferred identity. Usually the clients who came for counselling on this project would attend one session. The counsellors would then worry about what then happened in the life of the clients after the session.

Cerney (1999:140) argued that when the needs of professional life intrude on a therapist’s personal life, the result is damage to the members of the therapist’s family and friends. Traumatised counsellors can also traumatised their families. This will then limit their performance. To help them cope, our pastoral counsellors appreciated the need to rest and relax.

Like John said,

Relaxing and spending time with my family has helped a great deal. I don’t have to share the stories with them, but being in a different context helps a lot. The time with the family allows me time to socialise with my children and friends.

All the counsellors were engaged part time on this work and this left them space to do other things.
Commenting on this Chipo said,

I have the hope to continue on this work even when it becomes open and no longer underground. But it should always be part time, not full time work, maybe three days a week and leave the other days to do other work. We don’t want to be fatigued.

Alluding to the same point Spiwe said,

.........Maybe because we are working part-time, it is keeping us refreshed, say this was a full time job I think part of the package you would need specific number of days you are going to rest a month, with holiday packages organised by the employer. At the moment I easily get it off my mind because of my other non counselling job...

Themba said,

I’ve learned to separate my life from my counselling sessions. I therefore leave everything in the counselling room and I tell myself I am now going home to do other things. So this one is done and I’ve done my bit. I also reflect through writing notes and then file away, as a way of coping. And a prayer of course helps me out before leaving the office.

Themba’s experience resonates with Benson & Stuart (1992:183) assertion that managers who were able to leave their work behind them at the end of the day were more effective than their counterparts who worked all the time.

Cerney (1999:146) adds that a balanced diet with appropriate exercise and sufficient rest will resolve many a stressful situation. I often find that after a hard day’s work when I take time out to play, laugh and relax, I feel better and less stressed.

4:1 Summary

The challenges of secondary witnessing could not stop the pastoral counsellors from working with the victims of organised political violence.
This was viewed as victory over secondary traumatisation, which was only achieved through the counsellors participating on this study. McTaggart (1997: 21-29) says that participatory action research has been oriented to actions that people might take themselves to improve the conditions of their lives. The real test is that people are actually conducting the research for themselves and reflecting on its nature. What the counsellors wanted in the study was to reach a thick description of their preferred identity of coping secondary witnesses to survivors of political violence. They came up with contextual coping mechanisms, situated in their own lived experiences and not externally imposed. The team was singled out as the primary coping mechanism in this work. The other coping mechanisms were captioned by a sense of mission. The next chapter will reflect on the whole journey walked by the counsellors, coming up with recommendations and suggestions for Mopane trust. These will also be linked to studies carried out in other countries.
CHAPTER 5: REFLECTION

5.1 Introduction

This participatory action research sought to care with counsellors engaged as secondary witnesses to survivors of organised political violence. We were curious about how they narrated these experiences and exploring the ways they coped with the purpose of developing Mopane Trust training and therapy model. This chapter will reflect on the research journey, situating the experiences within other people’s voices, and coming up with recommendations for the agency.

5.2 Participatory Ethics

The research participants embarked with me on this participatory action research engulfed in fear and shock of encountering the physical and emotional sufferings of people. Teaching and advising them on what to do to cope with the work would have inhibited their creativity. This would have been tantamount to imposing my own ideas. Freire (1970: 121) termed this invasion, saying, “the invaders are the authors of, and actors in, the process; those they invade are the objects. The invaders mould; those they invade are moulded. The invaders choose, those they invade follow that choice – or are expected to follow it. The invaders act; those they invade have only the illusion of acting, through the action of the invaders - -“. By choosing a participatory action research paradigm, we all resisted being invaders or being the invaded. Invading decapacitates the invaded, imposing the researcher’s superior knowledge and values. Our preference was participatory ethics, which empower the participants to demand openness and receptivity in discussions with the supervisor.

The embracing of this egalitarian, discourse resonates with Reinharz (1992: 181) when she says that the researcher abandons control and adopts an
approach of openness, reciprocity, mutual disclosure and shared risk”. Differences in social status and background give way as shared decision-making and self-disclosure develop. This shifted the participants from the position of shyness to be frank and sincere editors of the study. This openness also helped strengthen my study confidence, and making my ideas clearer for readers. In a therapy context Anderson (1987:427) says: “This way of working makes us feel that we are participants in a process in which family members become our equals.” Previously I was accustomed to researching research subjects, being very method directed. Engagement with participatory action research helped place me on the post-modern realm, where, according to Kotzé (2002:9), “Knowledge no longer represents the world as it is, but is now taken as referring to our interpretations, resulting in realities that are socially constructed by people in specific contexts, with specific purposes and with very real political and ethical effects.” Modernist positivist notions of objective reality and neutrality are challenged; to acknowledge that we are interpreting beings and together with those we interact with we create our reality. This was research which has been change oriented. And in changing the others landscape, our landscape is also changed. What the participants applauded most was the process of asking them to read through the research curiosities, the transcripts and my interpretations of their ideas. In their comment they said, “initially we were not clear on our role but as the study progressed, we began to feel like we were participating in the writing of the document”.

Together as a group we were able to name our problems and implement contextual solutions, becoming real participants in participatory action research. This was liberating for me, liberated to acknowledge my previous academic oppressive behaviours, and to be converted. What Welch (1990:157) called, “Liberation is a process in which oppressive groups acknowledge their responsibility for structures of domination and name the forces that lead to repentance and conversion.” My repentance implies that academic knowledge will not be used to subject or invade other groups anymore. Instead I will seek collaboration with participants
Like Kotzé (2002:18) says “Those who have a voice and power have an ethical obligation to use the privilege of their knowledge/power to ensure participation with the marginalized and silenced, to listen to them, but not to decide for them, and to engage in participatory solidarity with them”. This way of conducting studies, training or dialoguing with people, like the counsellors shared with me, ensures respect and values the other’s knowledge. Participants became agents of knowledge. Fulton, Viv, Ray & Kotzé (2000: 318) say, “Deconstruction of team members’ responses and the situating of their personal experiences, intentions, or imaginings helped balance the power structure”. What Kotzé (2002: 25) termed “ethicising knowledge”, which occurs when the search for new knowledge relates to living in ways that will be to the good of all, and will not only benefit some at the expense of others. The study was change oriented, with participants evaluating what was helpful and what was not. What touched me was to hear them say, “the way our research is going” and not your research. This was a clear expression of co-ownership.

5.3 Community of Witnesses

In chapter one, I mentioned the deaths of my only uncle, cousin and niece due to the war of independence. What helped our family was the extending of the witnessing and the grief to include the whole village. The village council presided over by the traditional headman Ishe Mushunje convened to discuss these deaths turning them from family to communal grief. There is strength in communal witnessing. The pastoral counsellors described the participating team as their pillar of strength. The team helped allay fears of the counsellors doing the work. In this study the participants continued to grow in team ness to become the centre for resilience. Welch (1990: 162, 173) says, resilient connections with other people, “bring joy, pain and wisdom, and are the presence of grace.” She further asserts that solidarity with others does not require self-sacrifice but an enlargement of the self to include community with others.
The carrying of the burden becomes lighter. Secondary witnessing can be very devastating to the self. But when we witness communally we are now working in solidarity with others. Within the enlarged community, for the counsellors there was the relief and wisdom of sharing ideas in compassionate witnessing. Their common theme was, “it is helpful to share with one who knows what it’s like, the support and appreciation from within strengthens us”. This contributed to the growth of a sense that they are not alone, that their lives are linked to the lives of the team members. No outside witnesses could be accommodated because of the secrecy surrounding the work. They termed this internal witnessing. They shared their suffering and became a community concerned with each other.

5.4 Unanswered Questions

In my conversations with people as a pastoral therapist I often invite the “other” of people I dialogue with. Some comments that touched me from the participants were “This deepened my walk with God… I realized God was very clear when He said, …I now pray more than I used to …”This showed that doing theology through participating in this study changed their perception of God. As if to say human knowledge of God is not static, but changes contextually. Postmodernism theology helped me to understand that when people experience God as walking alongside them, co-creating with them, it is their reality to be respected. However the counsellors seemed to be asking many questions to this God they are experiencing a deep walk with. I realised that God talk should not be censored. Anderson and Goolishian (1992:26) postulate that people live and understand their living through socially constructed narrative realities that give meaning and organisation to their experience. Consultation with me was meaning creating for the counsellors, as they were able to explore and deconstruct their spirituality.

Hard questions like why a loving God allows suffering to occur were asked and unpacked, coming up with contextual interpretations like we suffer but he carries us through the suffering. The hardest question was why God was
allowing the upsurge of violence in the nation. Gerkin (1991:11) says many people are asking hard questions of themselves, with one common ingredient, “uncertainty about where the normative boundaries for living are now located…” The counsellors are puzzled that our society does not conform to values that respect human life anymore.

I had no clear answers to these difficult questions and attempts like it is human beings abusing their God given freedom of choice were not convincing to me. What helped me was to acknowledge God’s omnipotence, and to appreciate that these questions arise because the counsellors care. “To care is to be anxious, troubled, and even to grieve, but it means to be concerned with, to regard, and even to love, in the sense of care for the other rather than for oneself” (Patton 1992:17). The counsellors do not like violence happening to them no do they want it perpetrated on others, because of love of oneself and love for others. This love taught us to pray that this should never happen to people of this world. I became curious about what helped the counsellors cope with so may unanswered questions. Their answer was “total surrender to God, He has the answers. Someday he will reveal them to us and to our country as a whole”. Total surrender meant that they would not continue to ask the questions, instead they would hold what they termed “special prayers” for the situation. This became their spiritual reality, which they said kept them moving on with the counselling work.

### 5.5 Spirituality

In Zimbabwean history Christians stood with victims of oppression and today these pastoral counsellors are standing with victims of political violence. This was their Christian role. Hessel (1952:105) describes this role as to resist the role that tyrannise, and support the forces that restore the dignity of all people as the children of God. When they were scared and wanted to avoid the work, I thought that was being deceitful to God’s teaching to love our neighbours. This is active and effective love because of its practical nature.
During the colonial era, as the Zimbabwean church we participated immensely in organising people’s resistance, naming the colonial system evil, till it yielded. Our conviction was that God was walking with us. Our participation was influenced by ideas of theologians like Pattison (1993: 82) who says, “many of the things which affect the well-being and growth of individuals for good or ill originate in the wider social and political order”. The political structures had to be challenged to be responsive to people’s demands for justice. This historical knowledge helps give us the confidence that we can resolve today’s problems. Welch (1990: 97) says, “Communal resistance in the present is a construction and an affirmation of what has gone before.” I believe that this has become the history of Christianity in Zimbabwe, and a great motivator to the carers.

The counsellors said that they inherited a heritage of resistance as Zimbabwean Christians and they will also pass down to the next generation these courageous values. This resonates with Welch (1990: 97) when she says the courage comes “from knowing that one is not the first to love life, not the first to struggle against oppression.” This way the love fits with liberation theology because of its passion for the oppressed. However, according to Welch (1990: 107) liberation theologies are often criticised by liberal and conservative theologies for “too easily identifying human political projects for social change with the work of God or with the creation of the kingdom of God in history.” Whilst it is necessary to listen to other voices, I believe trauma counselling with survivors of political violence remains liberation theology. Efforts are not even directed at regime change. Instead, the focus is the humanising of the silenced victims. This walking with God, reveals what Oduyoye (1998: 359) meant when she said, “The theological task is incomplete until its effects are seen in lives that glorify God because persons side with God who is just and compassionate.” Hence the common use of metaphors, which depict God as liberator, walking with people. A theology that does not stand with the suffering people ceases to be theology for me.
With such a strong grounding in spirituality, I find it hard to accept
counselling which neglects the faith of the people consulting with us.
Previously I was trained from a western notion of therapy, which taught me
to be neutral and ignore God talk in therapy. When clients mentioned how
God was helping them, I would quickly move away from that notion of God,
believing that we had to find coping mechanisms from within the client.
viewpoint would say “religious ideas and teachings are neurotic relics of the
past”. This way religion was marginalized during the modernist era and the
western therapy we adopted in Zimbabwe. My participation with this team of
trauma counsellors shifted my conception of therapy, to now believe that if
therapy is to enable people discover meaning in life, their spirituality should
not be censored. The counsellors found this way of working exciting, with
remarks like “I am experiencing a deep walk with God”. Deep in the sense
that they were able to pray with and for their clients and attributed to God’s
intervention the changes that were taking place in the lives of the clients and
in their own style of work. The metaphor of a deep walk explained an all
involving God, who did not just scratch at the surface. For the counsellors
this depth included the level of peace and comfort they felt when they
dialogued with God, and the strength and protection they believed they
enjoyed. Without God, they would never have been able to continue with the
work. I believe that therapy training should include spirituality as God talk is
a reality in the lives of most people consulting with us in Zimbabwe.

5.6 Selecting a Witnessing Focus:

At the beginning of the study I was curious about how the counsellors would
decompose the trauma discourse and explore coping ways as secondary
witnesses. They shared how their participating with me had shifted their story
on Weingarten’s (2002:3) continuum from being disempowered and aware as
secondary witnesses to being aware and empowered. There are many people
who have been aware but disempowered to take responsible action. Meiring
& Kotzé (2002: 233) talk of the culture of silence. When people remain silent
in the face of abuse and profess ignorance, when keeping quiet rather than disagreeing becomes culturally appropriate.

Weingarten (2003:193) says “selecting a witnessing focus is a process that begins to shift our sense of passivity and helplessness, disempowerment and numbness, into (more of) a sense of effectiveness and competence. Sometimes selecting a witnessing focus is .....a painful process, done collaboratively, that evolves over time.” The process was indeed gradual with the trauma counsellors. Initially they viewed themselves as helpless and scared. In our conversations we began to pick their positive contributions asking questions like how their clients would describe them. A focus on their helplessness would have maintained their awareness of how difficult the work was. Choosing to focus on their success stories shifted them to look at how they had collaboratively made a difference in their communities by choosing to be secondary witnesses to survivors of political violence. What we were doing, according to Freedman & Combs (2002:27), was developing ways of collaboratively examining the effects of each witnessing focus in the lives and relationships of the counsellors. I was touched to hear the counsellors saying that our collaboration with them had helped them reach the decision to want to continue counselling the victims of political violence, work which Reeler (1994:34) says most health workers all over the world “would often choose to avoid”.

A witnessing focus is not something individual counsellors can choose by themselves. They need to dialogue and collaborate with others to reach that decision. Each counsellor viewed the team (including myself) as his or her community of witnesses. Listening to comments and responses from the team of witnesses like, “initially I was also numbed but now I feel fired up to do the work, I feel challenged to address this evil because now I am aware...”, helped the counsellors to choose their witnessing focus. They clearly chose to be secondary witnesses to the survivors of political violence, and to participate in the creation of a just society, which addresses injustices on behalf of the marginalized and abused. They chose to do that through
participating in researches as a way of documenting saying it was for the benefit of present and future generations. These now aware and empowered counsellors chose a witnessing focus of being visibly present for the marginalized by listening to their stories and documenting them.

5.7 The power of externalising conversations

Counsellors who consult with us “are not less vulnerable to engaging in internalising conversations than the persons who consult them” (White 1997: 151). These conversations always label them as less competent, less knowledgeable or confused thus shaping their identities as they internalise these thin descriptions like I cannot cope, this is hard work. This calls for consultancy practices that deconstruct the negative truths, creating possibilities for the counsellors to appreciate benefits of their own strengths. Freedman & Combs (2002:28) argue that externalising questions like what feeds the problem?, what starves it?, invite people to consider how the entire context for their lives affects the problem and vice versa.

I found engaging in conversations that situated the problems like fear and anger, away from the counsellors helpful and empowering. Like Morgan (2000:18) says “It is the phrasing of statements and questions which shifts the conversation from an internalised conversation to an externalised one”. During our externalising conversations, the problems devastating the counsellors were discussed as follows:

- Fear was scaring them away from engaging with the needy victims
- Listening to the stories of violence was isolating them from other people
- They were taking a stand against the numbing effect of witnessing the traumatic experiences of clients

This helps people shift away from their problem saturated stories, to re-author their preferred identities marginalized by the dominant story. As we gradually thickened the counsellors’ stories of they’re overcoming the shattering effect of witnessing to the clients’ sad stories. Their comments
shifted to begin to describe themselves as engaging in heroic work, soldering on, and coping counsellors. This was their preferred identity they now wanted to talk more about. I believe that reflecting on the new story helped in making the new identity a permanent feature of the counsellors.

5.8 Reflections of Counsellors

We are heroes

As we were concluding this study, the Vice President of our country Dr. Simon V. Muzenda died. He was declared a national hero and was buried at the national shrine called Heroes Acre. This is where national leaders who are deemed to have contributed heroically towards the liberation and development of the country are buried. When we had a conversation with the counsellors as pioneers in this work in our country they concluded by saying,

It was very brave to engage in this work, anything new is not readily received, but we took it upon ourselves to do it, knowing very well that it was not popular currently. Anybody who took it up is a hero/ heroine in our eyes.

These remarks intrigued me. The counsellors had shifted from being devastated by the work to being heroes. Freedman & Combs (2002:142) talk about how the society we live in plays a tremendous role as a transmitter of ideas, expectations and stories that people tend to experience as taken-for-granted realities. For most of us Zimbabweans heroic deeds were related to the role people played to liberate the country from the shackles of colonialism. The pastoral counsellors were courageous enough to name the injustices in our current society, and the fear and uncertainty that shroud the course of action they took could not stop them from doing the work. Our society is being challenged by the counsellors to revisit its conception of what a hero is, and to identify today’s heroic acts.

The heroic acts included engaging with people in the struggle for justice and peace. This agrees with Pattison (1993:91) when he says that pastoral care
should induce a divine discontent with the world’s unjust and dismal acts. This way the pastoral counsellors deservedly become known as heroes, as they cope with the work of secondary witnessing to traumatic experiences. I agree with them that engaging and conquering difficulties the world puts their way qualifies today’s hero. Because of the centrality of the word hero in Zimbabwe, I believe this can be a strong metaphor when clients confront discourses that attempt to subjugate them. This also opened my mind to realise that people love metaphors from within their contexts. Whilst this sounds noble, de Gruchy’s (1994:12) cautious assertion becomes relevant when he says “But it is important to recognise that we who are engaged in doing theology are fallible and sinful, and precisely because we are dealing with matters of such ultimate importance we have to be especially sensitive to the dangers of our task”. In other words we should be humble heroes who are aware that we are capable of erring as we seek to co create clients’ preferred realities. It should be noted that we are heroes because there are those who collaborate with us. Networking efforts with these others, which include regular meetings where papers on the subject can be presented, are needed. This way Mopane Trust would have contributed towards the creation of histories in families, communities, organisations and the nation not just heroic action but, what Weingarten (2003:36) called “ordinary actions that help by becoming culturally available to us as heroic acts of compassionate witnessing”.

**Displaced persons need a new lease of life.**

The biblical story of Jesus feeding five thousand people always touches me. It has taught me to view God as the provider of our daily needs. Basson & Kaiser (2001:17) argue for a pastoral care that provides shelter, food and clothing. These are basic needs of every person. The counsellors expressed appreciation of the current network whereby another organisation caters for clients’ material needs. However, their resources are very limited to handouts. As expressed by the Chinese adage “give a person fish he will come again, but give him/ her a fishing line and he/ she will never come back.”
counsellors felt that clients needed more meaningful assistance. They thought that there was need to create another organisation with the mission to help the internally displaced persons re-establish themselves, advocate for their re-employment, finance income generating projects, and assist those who lost essential documents like birth certificates and school certificates get them replaced. That way, a new lease of life would have been given, and the basic needs of the clients would have been met.

5.9 Taking-it-back

It is befitting to ask the study participants to share how they experienced this participatory action research as the conclusion to this chapter. Freedman & Combs (2002:129) talk of taking back practices saying “These consist of finding respectful ways to let the people we work with know that the conversations they have included us in have given something to us.” I did this by asking the participants to read through the transcripts and the whole document. I then asked them to give the concluding remarks in a remembering manner, which White (1997:23) says, “Provides opportunities for persons to more directly acknowledge the important and valued contributions that others have made to their lives.” This was taking back to team members and to me. I was strengthened professionally to hear the participants openly acknowledging how helpful journeying with me as their consultant had been. I felt valued and it is now my ethical practice to ask people who consult with me to reflect on the therapy process. This is a practice I now encourage other therapists to engage in. This has also become my conversation style with people I dialogue with on a day-to-day basis. Some of the concluding remarks resonated with Weingarten’s (2003: 232) ideas when she said, “During compassionate witnessing states of resilience are activated. This, far from the experience of compassionate witnessing draining a person, it seems to replenish and restore.”

Themba:
This has been an eye opener; I am now walking with a sense of direction

Chipo:

This has been interesting, different focus and very educative. Initially I was not sure of the work, eyes are now open and I can see, and can now help others to also see.

Dorcas:

Reality has now dawned. This was empowering and now I know what I’m doing.

Spiwe:

I am now walking in the light at the end of the tunnel. All hurdles have been cleared.

These enriching comments will be treasured in the history of my professional development. I am grateful for the contributions the pastoral counsellors made to my life and I will always try to enrich the lives of people who consult with me.
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Appendix A

Coping with the effects of secondary traumatisation: Pastoral care with survivors of organised political violence in Zimbabwe

INFORMATION SHEET FOR PARTICIPATING PASTORAL COUNSELLORS

Thank you for expressing interest to participate in this project about compassion fatigue as it affects pastoral counsellors working with victims of organized political violence. The purposes of the study will be negotiated at our first group session. Please read this information sheet carefully before deciding whether or not to participate.

The aim of the project

This project is being undertaken as part of the requirements for a Master Degree in Practical Theology – with specialization in Pastoral Therapy. The aims of the project are to:

(a) explore how pastoral counsellors experience working with victims of trauma related to political violence.

(b) explore the coping skills of the pastoral counsellors in this work.

(c) Deconstruct the stories of secondary trauma with the pastoral counsellors and co-construct preferred stories of coping pastoral counsellors

(d) explore ways pastoral counsellors can contribute towards deconstructing/ breaking the cycle of violence coming up with the preferred discourse of co-existence.
(e) explore my own experiences as a therapy consultant dealing with the area of study.

(f) come up with relevant recommendations for Mopane Trust therapy and training programmes.

Participants needed for the study

Three pastoral counsellors will participate as the main focus of the study with six other counsellors as secondary participants in the discussion, telling their stories and experiences of working with victims of organized political violence.

What will be required of participants?

If you agree to participate in this project, you will be asked to give consent for the information obtained during the group and individual sessions to be used in the research project. The group and individual session will be held monthly. After each session you will receive a summary of the discussion where your feedback, comments and corrections will be required. All discussions and correspondence will be in English or Shona.

Confidentiality

Your consent to audiotape the discussions will always be requested. A summary will be available at the end of the session for your review. Your comments, corrections and feedback will be included in the final report. The information obtained during the group/ individual session will be discussed with my supervisor and will be used in the project.

The information collected during the project will be securely stored in a locked filing cabinet and will be destroyed after conclusion of the project.
Results of the study

Results of this project may be published, as a contribution to the counselling profession. At your request, details (names and places) will be distorted to ensure your anonymity. You will have the choice to use your own name or a pseudonym of your choice.

Questions of Participants

Should you have any questions or concerns regarding the project, either now or in future, please feel free to contact me:

Dennis Mudede
Tel: 04-305544
Cell: 011-616927
E-Mail: connect@mweb.co.zw

Or my supervisor:

Professor Dirk Kotze at the Institute for Therapeutic Development, S. A.
Tel: (012) 460 6704
E-Mail: itd@telkomsa.net

This project has been reviewed and approved by the Department of Practical Theology, UNISA and the Institute for Therapeutic Development, Pretoria.

Appendix B

Secondary Trauma: Pastoral Care With Therapists Experiencing Secondary Traumatisation Through Working With Survivors of Organised Political Violence In Zimbabwe
CONSENT FORM FOR PARTICIPATING COUNSELLORS

I have read the information sheet concerning the project and understand what the project is about. I understood that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary.

2. I am free to withdraw from the project at any time without any disadvantage.

3. I am aware of what will happen to my personal information (including tape recordings) at the conclusion of the project, that the data will be destroyed at the conclusion of the project but that any raw data the project depends on will be retained for three years.

4. I will receive no payment or compensation for participating in the study.

5. All the personal information supplied by one will remain confidential throughout the project.

6. I am aware that Dennis’ supervisor will read the material.

I am willing to participate in this research project.

_____________________ _____________
(Signature of Participant) (Date)
_____________________ __________________
(Name in full) (Signature of Witness)