

**A CRITICAL STUDY OF CURRENT PSYCHOTHERAPY
AND CHRISTIAN COUNSELLING MODELS: A POST-
TRAUMATIC STRESS DISORDER PERSPECTIVE**

by

Jaganathan Roy Moodley

JANUARY 2005

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by

Jaganathan Roy Moodley

**Submitted in fulfilment of the requirements for the degree of the Master
of Arts in the Faculty of Humanities, School of Religion and Culture, at
the University of KwaZulu-Natal**

Supervisor: Prof. J.A. Smit

Declaration

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Dear Sir/ Madam

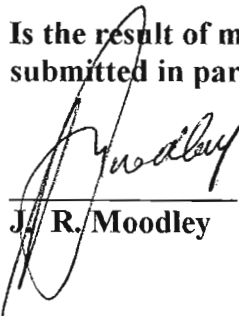
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Hereby declare that the dissertation, entitled:

**“A CRITICAL STUDY OF CURRENT PSYCHOTHERAPY AND CHRISTIAN
COUNSELLING MODELS: A POST-TRAUMATIC STRESS DISORDER
PERSPECTIVE”**

**Is the result of my own investigation and research and that it has not been
submitted in part or in full for any other degree or any other university.**


J. R. Moodley

10 March 2005
Date

ABBREVIATIONS

AA	Alcoholics Anonymous Movement
CSVr	Centre for the Study of Violence and Reconciliation
DSM IV	Diagnostic and Statistical Manual IV
FPB	Film and Publication Board
GFSA	Gun Free South Africa
HRV	Human Rights Violations Committee
MRI	Mental Research Institute
PTSD	Post- Traumatic Stress Disorder
R & R	Reparation and Rehabilitation Committee
TRC	Truth and Reconciliation Committee
UCT	University of Cape Town
UN	United Nations

Abstract

A CRITICAL STUDY OF PSYCHOTHERAPY AND CHRISTIAN COUNSELLING MODELS: A POST- TRAUMATIC STRESS DISORDER PERSPECTIVE

J. R. MOODLEY

The TRC hearings is the most important form of assessment in the South African social system yet, because it was used as an evaluation of social life and trauma under apartheid. Both victims and perpetrators therefore, took the TRC seriously. The Khulumani support group observes that the TRC achievement in reconciliation and reparation needs further consideration to make proper reparation.

The purpose of this study is to understand why political victims are still hurting in post apartheid South Africa.

The empirical research comprises of a survey of 10 victims of political trauma. The survey questionnaire solicits information on kinds of trauma, the impact of trauma on individual and community, and the shattering of mental schemas amongst others.

The survey revealed that most victims of political trauma are probably females, middle aged and illiterate. These people need to find themselves forms of guidance from older and more experienced victims. In addition, the survey revealed that although the value of psychological help was recognized, most victims did not attend such programs. Victims also said that, "the Government had not recognized their hurts". It can therefore be concluded that the government is still accountable for the state victims are in.

The pilot research studies also revealed that the victims' high expectations are measured or based on the material things that they see political leaders having. However, achievement should be consistent with availability of resources, education, and psychological help for the victims themselves. Furthermore, the case stories showed that there are valid problems that these victims continue to experience.

There is an urgency for more focused research into parameters that define effectiveness and efficiency in helping political victims in South Africa. Furthermore, it is imperative that the country deliberately increases psychological help. In addition there is a need to increase financial assistance. Finally, it is important to localize support groups, and to develop alternative ways to educate the existing traumatized victims. On this respect Christian Counselling groups may be of assistance.

Acknowledgements

I wish to register my indebtedness and sincere appreciation to the following:

1. My Lord and Saviour Jesus Christ for the strength He gave to me and all the wisdom and knowledge from above. "If any of you lacks wisdom, let him ask God, who gives to all men generously and without reproach, and it will be given to him" (JAMES 1:5).
2. My supervisor, Professor J. A Smit for the advice, support, and patience. His knowledge and understanding of this subject made this presentation possible.
3. My loving wife Dianna, dear children, Jordache and Celeste for their sacrifice, patience and understanding, and giving me time and space to complete this research.
4. The National Research Foundation for the financial contributions made toward this dissertation.

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CHAPTER 1

RESEARCH DESIGN

“Evil swirls in on people when they no longer have a basis for regarding one another as wonderful creatures worthy of special care” (Schaeffer and Koop 1979).

1.0 Introduction

The above quote best describes the reason the researcher has chosen to investigate methods and techniques used in Psychotherapy, Post-Traumatic Stress Disorder and Christian Counselling. The researcher believes that in order to provide special care for the emotionally needy, care-givers should have proper understanding of people who are uniquely and wonderfully created.

1.1 Statement of the Problem

After ten years of Democracy, South Africa is still undergoing major social transformation processes as a result of the demise of apartheid. There is no doubt that the past South African regime has polluted the land with violence and vengeance.

Social trauma in general, or more generally, various forms of “post-traumatic stress disorder” (PTSD), permeate all societies in various forms (cf. Joseph, Williams and Yule 1997; Bisbey and Bisbey 1998). Social trauma not only derives from forms of repression and suppression, but also forms of physical abuse and violence (“various kinds of disastrous situation”) which victims as

individuals and groups experience at the hands of their assailants and aggressors. Differences depend on historical and contextual specificity (cf. the excellent contribution by Alon and Bar-Yoseph 1994).

That this brief assessment is also true of South African society, is an understatement. Because of the various traumas that have perpetuated themselves since colonial times, but especially for our generation during the nearly fifty years of apartheid hegemony, many individuals, families and groups of people still suffer the effects of this traumatic period. It reached its peak during the 1980s during the state of emergency but continued in different forms in the period of the run-up to the 1994 elections and in the post-1994 period. If the former period saw much of police-and so-called “third-force” violence, the latter period also saw so-called “black-on-black” violence. This especially happened in KwaZulu-Natal. These forms of violence impacted on people and had them suffer from many different forms of stress because of what they suffered, or saw and experienced others close to them suffer. Usually, scholars refer to this, as the experience of “Loss” (see Eng and Kazanjian 2003).

In the wake of all these forms of violence, many individuals, families, and groups of people still suffer because of their different forms of loss or suffering of violence. This is so despite ten years of democracy. This legacy of violence and suffering-which effected different forms of social trauma-will certainly not easily fade away. This is so, despite the work and achievements of the Truth and

Reconciliation Commission that was set up to constructively deal with these different forms of socio-political violence through its “Human Rights Violation”, “Reparation and Rehabilitation” and “Amnesty” Committees. Many in our society are left with painful memories of past atrocities, which has affected their present mindset. Our society has a problem and is in turmoil. It is evident that in ten years of democracy true healing has not been achieved.

We can also add here the effects of other violent crimes like rape, assault, murder, hijacking, farm killings, housebreaking and shootings. According to the crime statistics published by the Ministry of Safety and Security (www.crimevictims.co.za), social and violent crimes such as rape, murder, assault and attempted murder have not really decreased. We may also further refer to the variety of forms of trauma caused by the HIV/Aids pandemic to show that the situation in South Africa, in general, is continually deteriorating.

The suffering, which transpired in the apartheid era, would certainly not easily fade away. Certainly the past apartheid regime has instilled the seeds of violence and vengeance. Surely there must be a way to effect constructive change in South Africa.

As the result of the apartheid regime, social problems such as racial discrimination are prevalent. The complexity of racial discrimination was recently highlighted on a popular television programme called Judge for Yourself, with

Dennis Davis (e-tv, 17 January 2004). The programme featured a full-blown existence of Racism in Post-Apartheid South Africa, almost more than ten years after the dismantling of Apartheid.

Also, a popular newspaper featured an article, which stirred up many problems. The publication of the lyrics of a song claiming to express how Africans feel about Indians. According to Ngema's song, entitled "Amandiya", he states,

"Oh brothers, Oh my fellow brothers, We need strong and brave men, to face/ confront Indians. This situation is very difficult, Indians do not want to change, Whites were far better than Indians. Even Mandela has failed to convince them to change, Whites were far better than Indians. Even you people in power don't want to intervene in the situation. They bribed you with roti and paku (beetlenut). They don't vote when we vote, but they are full in parliament. What do you say, chief Buthelezi, when you see people of the Zulu nation? They are living in shacks. Where is S'bu Ndebele? Where is Gideon Zulu? Dabulamanzi, get up from your grave. Indians have conquered Durban; we are poor because all things have been taken by Indians. They are oppressing us. Mkhize wants to open a business in West Street, Indians say there is no place to open a business. Our people are busy buying from Indian shops. What do you say Mbeki? (referral to President Thabo Mbeki). Indians are playing with us! What do you say fellow brothers? They are speaking fanagalo now saying, Thenda lapha duza kamina yenga, shibhile' (Buy from me my stuff is cheap). They don't want to support a single black shop. Indians keep coming from India. The airport is full of Indians. They come here to open their businesses. Oh brothers, Oh Fellow brothers" (*Post* May 29-31, 2002).

The media refers to this production as racism reaching "boiling point". As a result, tension increased, especially among businessmen in and around Durban. A few days later, a killer gang with AK47s and 9mm handguns opened fire on shoppers in a packed local shopping centre in Durban. This terrifying incident killed one shop owner and wounded six others. Immediately after the first

incident this gang went to another shopping complex and robbed people of cash, jewellery and cell phones (*Daily News*, May 30, 2002).

What seems to have been a mere fabrication in movies has now become starkingly real. Great tragedies like these in post-apartheid South Africa leave our society with painful memories of the past regime and have serious effects on the present mindset.

The researcher thinks that reference to “Yad Vashem, Nazi Holocaust” is a good place to begin to understand what happened to the human race during the twentieth century and how this event had a profound influence on people’s perceptions and values of modern society. According to Schaeffer and Koop,

“Yad Vashem is a monument in Jerusalem and refers to the six million Jews and others who were killed in the Nazi Holocaust. It is one of the many memorials that are scattered over the world in tribute to those who have perished in upheavals of rampant evil—evil swirls in on people when they no longer have a basis for regarding one another as wonderful creatures worthy of special care” (Schaeffer, Koop 1979).

It seems we are living in the world of “Yad Vashem”. We are living in a world that has lost its regard for humanity¹. People are regarded as expendable raw material that can be moulded, exploited and then discarded as trash.

¹ The word *UBUNTU* (in other words of the pledge) means “*to be human*, to value the good of the community above self-interest, to strive to help other people in the spirit of service, to show respect to others and to be honest and trustworthy” (Meskin 2000: 8).

Our society is experiencing serious social problems, and is in turmoil. According to Horton social problems comprise the following aspects: a social problem becomes a social problem only when it is publicly perceived as one; a social problem involves a gap between social ideals and social realities; a social problem must be perceived as a problem by a significant number of the population; and, for a social problem to be regarded as such, a social condition must be considered capable of solution (Horton 1994:2).²

There can be no peace, stability, development and reconciliation if social problems continue to manifest themselves. One of the ways crime manifests itself is by psychological torture.

Although the effects of apartheid have an impact on the speed and quality of “real transformation” there is a way to address it. The first step is to urgently understand social events and life events of the past and their impact on present social problems.

In 1994, the TRC was instituted to intermediate for people to start speaking the language of reconciliation. Through its extensive hearings, the TRC started to reveal many of the brutal crimes, which were perpetrated during the apartheid years. People were told to speak honestly of what they had done and to identify the reasons why they committed those crimes. In retrospect, the TRC has certainly

² Cited in *Journal for Crime Research in South Africa*.

initiated a process of ritual reconciliation in which the victims and perpetrators could confront each other.

However, some questions are still left unanswered. Was peace achieved through the TRC? How can the country be cleansed from vengeance? Additional questions are: Has the TRC succeeded in bringing about reconciliation, as African people understand it? Was it equipped to truly facilitate cleansing and reconciliation?

What about current Psychotherapists and Christian counsellors? Should they have been involved in the healing of the nation? Should they not play a constructive role?

Surely, without the cleansing of “oneself” there can be no new life, no reparation, no forgiveness and no new culture. Understanding of “oneself” is very educational and perhaps this will help achieve real transformation. But understanding self can only be achieved by understanding the human psyche.

1.2 Purpose of the Study

As a Church counsellor, who constantly provides guidelines on proper living, the researcher notices that people’s problems still linger on long after the counselling sessions.

Therefore, this research will provide an analysis of theories of Psychotherapy, Christian Counselling and Post-Traumatic Stress Disorder with the reality of trauma, social problems and the range of problems that traumatised people face.

Also, this research aims to focus on understanding people and the social traumas that they face in post apartheid South Africa. The specific aims are to contribute to:

1. True/real healing;
2. True reconciliation through democracy;
3. A peaceful co-existence;
4. Reduction of crime;
5. Understanding of psychotherapy and counselling systems; and
6. Understanding of trauma-related problems.

Against the social background in South Africa, it is extremely necessary that religious counsellors, because they are most closely involved with the spiritual, psychic and social health of people, learn more of and engage in the various issues related to socio-political trauma. In the context of the programme of Religion and Social Transformation, it is through the interdisciplinary enrichment of the understanding of religious counselling that it can make a very significant contribution to the transformation of the experiences of various forms of trauma. The researcher articulates this in the context of Psychotherapy, because this is one of the researcher's areas of specialisation. The need is to lay a good base at MA

level and make a more concerted international contribution at DPhil level later on. (None of the completed or current research related to trauma on NEXUS, has a similar theoretical or applied approach, i.e. the 19 in Psychology, and 1 in Sociology. There are no items on the study of trauma from a religious perspective, or, as is here the objective, to articulate Psychotherapy and Christian Counselling).

This study is needed because the researcher believes that: -

Firstly, locally, there is no comprehensive resource that exists that integrates psychological and spiritual theories and procedures to assist an individual who has experienced traumas through social problems caused by apartheid.

Secondly, the researcher believes that people, who were directly involved in attacks or have lost someone in attacks, feel better for a relatively short time-span before relapse.

1.3 Objectives

Main objective: Drawing on main insights from the disciplines of Psychotherapy and Christian Counselling the main objective is to introduce a psycho-spiritual means of dealing with trauma and stress, which may be used by Christian counsellors for counselling trauma clients. This study is focused on “socio-political trauma” as a sub-set of “social trauma”, because this is one large complex of issues that urgently needs theoretical and empirical study. More

particularly, in such a traumatic country as South Africa, it has not nearly received the attention it deserves. This will be done in the context of PTSD.

Secondary objectives: The secondary objectives are:

- To provide a comprehensive research design which meets the different elements of the statement of the problem and the need for the study.
- To provide a relevant overview of Psychotherapy theory and approaches.
- To provide an overview of current studies in Christian Counselling and to show, in an integrated way, how it articulates with and can be further enriched by Psychotherapy therapeutical approaches. (Here, the researcher produces the broad guidelines of a “psycho-spiritual” model, which the researcher hopes to develop further in later research).
- To provide an overview of existing research on Post-traumatic Stress Disorder from an interdisciplinary perspective. This involves a survey of PTSD victims and their families who were involved in disasters of natural kinds (floods, fires, earthquakes, storms), socio-political conflict (endemic poverty, experiences of political suppression and subjection, immorality, unpleasant and unsightly circumstances, homelessness) and other “man-made” disasters (such as rape, child abuse, violence, war and torture).
- To study the processes of the TRC and how it dealt with the socio-political stress of victims through its three different committees.
- To study the work, support and counselling done by Khulumani (“Speak Out”) and engage in a pilot study with ten people on their data-base with

regard to assessing how they have experienced their particular trauma, but also have succeeded (or not) to overcome the trauma, and to live as an integrated person (or not). Since the interviewees are mostly illiterate, my research instrument and study may assist Khulumani personnel to further enhance their service to the more than 32 700 members on their database in South Africa.

- To provide an optimal conclusion, recommendations and summary.
- Ultimately, the researcher hopes to contribute towards the developing of a more humane society from counselling perspective, as it relates to the various forms of social trauma we in South Africa experience.

The researcher's overall objectives are:

1. To bring about proper understanding of "real" social problems, so that caregivers will not leave people to remain in denial.
2. To develop a role for religious leaders to bring about peace in post-apartheid South Africa.³
3. To investigate and analyse the TRC reparation process.
4. To investigate and analyse the history and development of psychoanalysis schools of thought.
5. To understand how a humane society could function.

³ According to Meskin (2000:8), "The religious leaders decided to create a Code of Conduct for organizations and leaders to sign and abide by, and a pledge for individuals to sign and live with".

6. To contribute to the documentation and understanding of work as a Christian counsellor and Pastor.

The researcher's further objectives are:

- First, to examine the theories of Psychotherapy and Christian Counselling in order to use the former to enrich Christian counselling and its procedures.
- Second, to show how the Christian Counselling approach and Psychotherapy theories parallel each other in many ways.
- Third, to outline and offer an integrated psycho-spiritual approach for healing in post-apartheid South Africa.

1.4 Research Questions

1. What are the different elements needed for an adequate and appropriate "Research Design" which would meet the different elements of the problematisation of the topic?
2. What are the main theoretical approaches and perspectives in Psychotherapy, which will provide insights into the religiously-based study of social trauma, and especially "socio-political trauma"?
3. What are the most significant elements in Christian Counselling, which should be used and developed to set up the basic outlines of a psycho-spiritual counselling model for "Socio-political trauma" sufferers? How can this be enriched from perspectives in Psychotherapy?

4. What are the main perspectives on the nature of “socio-political trauma” one could develop from an in-depth overview of existing research on Post-Traumatic Stress Disorder in interdisciplinary perspective? What insights may we glean from trauma studies of victims of natural, socio-political, and other “man-made” disasters? What other genocide literature and literature dealing with the phenomenon of socio-political distress and trauma could provide insights into “socio-political trauma”?
5. What are the most significant elements of the work by the TRC related to this phenomenon? Did the TRC succeed, how did it deal with the socio-political stress of victims, and what are the other relevant continuing issues that exist in the press and other material with regard to this phenomenon?
6. How could I most effectively study the work, support and counselling done by Khulumani (“Speak Out”)? What are the most significant issues ten people on their data-base experienced and what will be the results of the researcher’s pilot study with regard to assessing how they have experienced their particular trauma, the TRC, various forms of cultural, spiritual and psychic healing, but also have succeeded (or not) to overcome the trauma, and to live as integrated persons (or not)?
7. What will be a comprehensive and optimal conclusion, and relevant recommendations for further study?

1.5 Methodology

In order to understand social traumas in post-apartheid South Africa, the researcher has chosen to employ qualitative methods to answer these questions. The interviews and completion of questionnaires of empirical research were conducted with traumatised people from the greater KZN. Informal interviews were conducted as a pilot study. Questionnaires covered various issues concerning education, gender, race, age, and types of trauma they suffered and are still suffering.

The data has been analysed and then transcribed in chapter five to determine the factors that contribute to social trauma and crime in South Africa. The participants assisted with the interview by completion of a questionnaire.

Furthermore, a large part of the research will adopt theoretical approaches to Psychotherapy and Christian Counselling. The researcher focuses on published material in South Africa and also abroad. The researcher further examines and critically analyse books, articles, journals, media, and newspapers on Psychotherapy, Christian Counselling, and PTSD. The researcher also used local libraries and Internet resources. The researcher also examined press and media coverage on issues of social transformation.

1.6 Expected Outcomes

The survey was conducted in June 2004. The area involved was greater KwaZulu-Natal, and the Durban Metropolitan area. The data provides recommendations to

Psychotherapists, Christian Counsellors, and the Truth and Reconciliation Committee. The findings will enable care groups to help socially traumatised people. It will also help various religious organizations to make an impact on social issues, and help stop crime.

1.7 Structure of the Study

CHAPTER ONE: RESEARCH DESIGN

This chapter provides a research design in which the researcher explores different relevant issues to the study such as the different elements in the topic. This chapter provides an overview of the motivation for undertaking this research. This chapter also contributes insights into key concepts. It provides the main objectives, and secondary objectives. The key questions to be answered in this study also feature in this chapter. A framework is drawn up and the method of presentation used in undertaking this research is explained.

CHAPTER TWO: AN OVERVIEW OF THEORIES OF PSYCHOTHERAPY

Here, the researcher provides a selective critical overview of relevant perspectives from Psychotherapy theory and its counselling approaches. This chapter examines Psychotherapy, which has developed over the past century and has consistently and systematically investigated issues pertaining to personal and social problems. It is important that this chapter presents current Psychotherapy theories to this most complex and pressing social psychological phenomenon. Currently, there

are a number of theoretical and conceptual Psychotherapy approaches, which are distinguished in terms of the level of analysis and the focus. This chapter is intended to provide a broad overview of the theoretical schools of Psychotherapy. It examines the claims of each school. Each school claims to have discovered the truth about human nature and the means to deliver people from their psychological suffering and facilitate growth.

Many of these schools hold similar perspectives, often evolving from common ancestors, and can be placed in four different clusters. This chapter distinguishes four main clusters of Psychotherapy (Psychodynamic, Behavioural/Cognitive, Existential/Humanistic/Transpersonal/Body- Oriented, and Family Systems). This chapter also analyses the history and development of the major schools, the philosophical perspective on human nature which is held by each school, the perspective on psychological health that is held by each school, the view of psychopathology that is held by each school, and finally the major approaches to intervention.

CHAPTER THREE: AN OVERVIEW OF THEORIES OF CHRISTIAN COUNSELLING

This chapter has a similar approach to chapter two, namely to provide a critical overview of relevant perspectives from the discipline of Christian Counselling. It also draws the basic contours and main elements of a religiously based counselling model. This chapter documents the nature of biblical counselling, which was used for many centuries as a theoretical framework for counselling

troubled people. In addition to reviewing the theoretical work, the chapter provides ways to explain man's problems from a biblical perspective. This chapter also examines the use of scripture by Christian Counsellors. It provides principles and guidance for understanding mental processes, analyses emotional responses, and shows the exercising of control over behaviour from a Christian perspective. It also examines the different levels of problems that humans face (feeling or perception level, disruption or discomfort of feelings level, and the doing level) and identifies specific thoughts, words and actions, which violate biblical injunctions. Finally, this chapter focuses on essential elements of biblical counselling such as: how to understand the problem; the hope God has promised; the change of old habits and destructive thoughts such as anxiety, bitterness, and resentment; and practice by taking action. Further, the same approach is followed here, as in chapter two in respect of literature.

CHAPTER FOUR: AN OVERVIEW OF POST TRAUMATIC STRESS DISORDER.

This section on Post-traumatic Stress shows that PTSD reactions are not caused by the traumatic events alone, but that psychosocial factors play a vital part as well. This chapter investigates how individuals interrogate and reconstruct their memories and past experiences, and why some cope well with trauma while others struggle. It discusses normal and abnormal reactions to trauma, the assessment and measurement of trauma, types of trauma, an integrative model of adjustment, intervention and treatment. This chapter provides an understanding of

how to draw on existing theories to present an integrative model of the psychosocial adaptation to trauma. This model can then be applied to understanding and treating reactions over a broad range of stressful events.

CHAPTER FIVE: THE TRC AND SOCIO-POLITICAL STRESS

Here the researcher reviews relevant items from the TRC, the work of its committees, and especially the different forms of trauma experienced by victims of socio-political brutalities. This chapter examines currently dominant role players in racial discrimination. To some extent this dates back to the frustration-aggression of the apartheid era, which caused inner hostilities to be displaced into innocent groups and minorities. A more contemporary analysis is that discrimination can have a substantial impact on how we view and interpret social behaviours, make social choices, and understand social issues. This chapter also outlines the implications of racial discrimination and prejudice. It details the recent uptake of psychology and the contributions it has made to understand current racism and prejudice. The chapter also discusses the experience of living in a racially discriminating environment and the strategies that are available to society to fight against discrimination and oppression. These issues will be explored in a South African context. It reviews the most dominant theoretical and empirical approaches to obliterating discrimination in post-apartheid South Africa, and provides a careful examination of the strategies proposed by the South African government, which were used by the Truth and Reconciliation Committee for solving social traumas and discrimination. The chapter includes a review of

the literature used by the United Nations for Peace-building for a post-apartheid society. Finally, literature on the teaching of non-violent conflict resolution styles is also reviewed and discussed within the context of socialization models of unfairness and racism.

CHAPTER SIX: THE EMPIRICAL PILOT STUDY

This is an empirical pilot study for which I have developed a questionnaire as research instrument, in consultation with my supervisor (cf. attached). The interviewees are mostly illiterate. The interviews took place in isiZulu, and were conducted by Mr. Simo of UKZN in the presence of the researcher, who tape-recorded his oral translations. The questions have been developed to “fit” elements of the study and assessment of the DSM-IV, i.e. personal particulars, kinds of disaster, impact on individual and community, mental schema before traumatic event, shattering of mental schema, personal continuity, pendular action, completion of integration and current continuity. There is no other similar study registered in South Africa.

CHAPTER SEVEN: CONCLUSIONS AND RECOMMENDATIONS

This chapter reviews the theoretical and empirical work on the relationship between Psychotherapy and Christian Counselling. It critically evaluates the psycho-spiritual approach, which can contribute to understanding the way in which problems could be solved. Moreover, it demonstrates how psycho-spiritual theory can throw light on topics central to social problems. The aim is to critically

evaluate the different levels of analysis in Psychotherapy and Christian Counselling and to determine whether these can be integrated into an overall model, which can be used in post-apartheid South Africa.

1.8 Literature Review

In this research, information about psycho-spiritual theory is drawn from a variety of sources. However the research is based and analysed against what other authors say, in order to highlight the similarities of Psychotherapy, Christian Counselling, and Post-Traumatic Stress Disorder.

In this study, the researcher has taken into account the fact that authors may have different views in respect of:

- The manner in which Psychotherapy is informed and understood.
- The manner in which Christian Counselling is informed and understood.
- The manner in which PTSD is informed and understood.

The researcher's review of literature covers the works of: Klimek (1991), McKenna (1977), Kirwan (1984), Ganz (1993), Corsini and Weddings (1995), Meskin (2000), Collins (1993), Okun (1990), Joseph, William, and Yale (1977), Wilson, Friedman, and Lindy (2001), Bisbey and Bisbey (1998). Below the researcher provides a brief overview of each source.

David Klimek (1991) in *Wisdom, Jesus and Psychotherapy* provides a comprehensive book on the complicated workings of the human psyche, spirituality, and the process of Psycho-spiritual transformation. The writer in the first part deals with the principles of psychoanalysis and has isolated and clarified many of the basic principles of spiritual abundance. He shows that the work is much needed to return to thoughtfulness, humility, complexity and sensitivity, all of which accompany honest-to-goodness reflection and soul searching. The second part of the book succeeds in uncovering the commonality of spiritual wisdom and lends clarity to the often misunderstood and sometimes "incomprehensible" parables of Jesus. Several chapters have been devoted to the personality and teachings of Jesus. He discusses word-by-word, sentence-by-sentence, and theme-by-theme analysis of the symbolic or hidden meaning of Jesus' messages as presented in the book of Matthew. The book shows how each person at particular times throughout life can become vulnerable to emotionally frustrating and traumatic situations that cause developmental arrests and hardness of heart. Utilizing the existing knowledge of psycho-spiritual theory, the book isolates the ancient spiritual principles, which have released the human spirit from the pain and bondage of psycho-spiritual imbalance. Klimek deals with the imbalances by integrating the personality and parables of Jesus, and the principles of Psychoanalysis. The book gives exposure to the healthy, loving, and self-actualised heart of Jesus, the psycho-spiritualist. Through the book there is an exquisite model of healing, compassion, love and empathy. Psycho-spiritual abundance is central to it. This in-depth analysis has provided the researcher with

an opportunity to examine the personality, and the teachings of Jesus, which provides an exemplary model of the highest level of psycho-spiritual maturation.

D. McKenna (1977) in *The Psychology of Jesus* has done extensive research on Jesus' personality types and his influence on self-knowledge and biblical interpretation. The writer takes each of the Jesus' personality types and shows his struggle as human, and how he shared human psychological as well as physical needs. The writer does an excellent job showing how a personality profile is used. According to McKenna common traits can be compared on the personality, dimension of character, relationship, temperament, intelligence, tolerance, and mood. The unique traits set Jesus apart from all other persons. In the second part of the book he shows us the psychology of Jesus, especially that Jesus knew the meaning of his own motives, needs and goals. Jesus taught the principle of individual differences and responded to persons at their level of need.

The writer also shows that Jesus had two interacting and intersecting dimensions. The relationships of these dimensions are defined: one was a person's vertical relationship to God; the other was his horizontal relationship with other people. The third part of the book discusses the practice of Jesus. The writer shows Jesus as an expert counsellor who knew how to deal with different problems, and the standards that Jesus set for counselling. The writer outlines ten principles of teaching and learning which Jesus the teacher has given as a learning experience on the Emmaus road.

Finally, the writer presents Jesus as our model by whom we measure our development as human beings. Taking key events from Jesus' life, and the features of his teaching and relationships with others, we know of Jesus as consistent with a model for human development. This work provides valuable insight on the person Jesus, or the psychology of Jesus.

W. T. Kirwan (1984) in *Biblical Concepts for Christian Counselling* provides a thorough theoretical integration of psychology and theology. He demonstrates that it can be done by a simple approach to a complex subject. This work by Kirwan is the place to start when looking at the field of Christian Counselling, and Psychotherapy. The outline of this book is complete and provides depth in many aspects of Christian Counselling. The book starts slow but it quickly builds the reader's vocabulary and presents information with ease toward comprehension. This work has integrated my thought in a most helpful way. The author provides an excellent analysis of the different counselling positions. He discusses at length the four views of counselling, viz:

- Unchristian view;
- Spiritualised view;
- Parallel view; and
- Integrated view.

According to Kirwan, biblical counselling and psychology, when rightly understood, do not conflict but represent functionally cooperative positions.

Kirwan outlines the benefit of psychology as follows:

- Psychological laws are an integral part of the creation of order itself and are everywhere assumed in the Bible.
- Throughout scripture there is a stress on the human need for relationship.
- The bible is complete with data on the chief dimensions of the human personality-knowing, being, and doing.

Furthermore, Kirwan refers to William Oglesby's three categories that correspond more closely to biblical concepts: thinking, feeling, and acting. This book will help the researcher understand human personalities, and how they are integrated into the psycho-spiritual theory.

R. Ganz (1993) in *Psychobabble* explores the difference between secular and biblically based counselling, and reminds Christians of the relevance of the bible. *Psychobabble* explains the difference between secular and Biblical counselling. The view the writer takes lies towards theological or Christian counselling. The writer claims that many evangelical preachers shout from the pulpit about God's power, but they shuffle their emotionally troubled members off to the closest therapist. Both church leaders and laypersons seem to believe that the psychological "experts" have the answers for the wounded hearts and souls of God's people. And when churches do offer counselling, it often is tinged with secular psychology and psychotherapy that have infiltrated the church. *Psychobabble* explains the difference between secular and Biblical counselling

and shows the danger of incorporating secular techniques into a Christian approach uncritically. Ganz belief is that God's Word is sufficient for such needs.

"Why run to the world for answers when we serve the Prince of Peace?" Ganz, as a former psychologist, found that the gospel of Jesus Christ creates real transformation in people. Throughout this book Ganz shares insights from his own personal journey, and encourages his readers to take a bold stance for Christ. This book will be a helpful tool when examining the miss-conceptions of psychotherapy. It gives great insight for biblical counselling.

R. J. Corsini and D. Weddings in *Current Psychotherapies* provides excellent introductions to a variety of psychotherapies with the most popular methods today. The book offers adequate detail for an in-depth overview of the therapies. This book equips students for counselling, psychology, and social work with an authoritative treatment of the major systems of psychotherapy. Furthermore, each contributor is either an originator or a leading proponent of one of the systems, and each presents the basic principles of the system in a clear and straightforward manner, discussing it in the context of the other systems. This book is one of the most respected and widely used textbooks in its field.

P. Meskin (2000), in *Peacebuilding* defines a culture of peace as a culture which, "consists of values, attitudes and behaviours that reflect and inspire social interaction and sharing, based on principles of freedom, justice and democracy, all

humans rights, tolerance and solidarity, that reject violence, endeavour to prevent conflicts by tackling their root cause to solve problems through dialogue and negotiation and that guarantee all people the full exercise of all rights and the means to participate fully in the development process of their society.”

South Africa experienced a great deal of human suffering such as violent conflicts, political instability, or unjust policies and practices, which came about by cultural segregation. Due to the problems faced, humanitarian relief and crisis intervention, while important, are not enough in post-conflict societies. There should be an increasing awareness of the need for post-conflict reconciliation, conflict resolution, and the building of sustainable peace. Meskin points out that one of the project for building peace is to get people in schools to draw or paint a picture or write a poem or story about their experiences of violence or their visions of peace. Furthermore, peace education can help individuals who are caught within hatreds, build up from these traumas to rethink their own attitudes and behaviours related to their collective histories. The UN's work on peacebuilding involves a range of approaches to facilitate the establishment of a durable peace that prevents the recurrence of violence by addressing root causes through reconciliation, institution building and political as well as economic transformation. Peace- building will prevent the escalation of dangerous disputes, prevent ongoing conflicts from spreading and prevent the repetition of violence once peace has been achieved. All South Africans must work together to apply comprehensive measures that will prevent the outbreak and spread of violent conflict. According to Meskin, the South African government sees religious

leaders as important people who could help to find solutions, to conflicts in post-apartheid South Africa. The researcher believes that peacebuilding in a trouble free society involves more than telling about one's experiences. It involves a wide range of approaches, processes, and stages for transformation toward more sustainable and peaceful relationships. The peacebuilding objectives will serve as an important part of this research, especially when examining the social problems that we face in a post-apartheid South Africa. These processes can be accounted for though a psycho-spiritual approach based on the teaching of Jesus.

R. Collins (1993) in *Biblical Basis of Christian Counselling for People Helpers* is a very informative and enlightening book, especially from a biblical standpoint. Collins does an amazing job of capturing the personality of people helpers. He also organizes the book very well in an easy-to-understand progression. Virtually anyone with a desire to help others can be a people helper. The *Biblical Basis of Christian Counselling for People Helpers* provides a practical, working knowledge of Scripture and the basics of the Christian faith - the core of what Christian counsellors must know to be truly effective in helping others. *"Most of the problems we encounter in counselling are far too diverse and complex to be solved by quoting a Bible verse or by applying some pet biblical formula," writes Dr. Collins.* The researcher believes that Collins provides expert guidance in how to best guide others. This book will equip one to serve faithfully as a Christian people helper. This book provides the researcher with biblical scripture to analyse and form the basis for psycho-spiritual counselling.

Babara F. Okun, in *Seeking Connections in Psychotherapy* offers a practical introduction to human relations and Counselling. This book introduces recent changes in health care and provides an overview of broad spectrum of psychotherapies. The writer provides an overview of the major conceptual systems of psychotherapy and evaluates them with particular attention to gender, ethnicity, class and race with a view to developing a pluralistic, open-systems model of psychotherapy theory and practice. The writer explains the major models of psychotherapy and suggests appreciation of the therapist's style of intervention. The aim of this book is twofold: first, to present an overview of different schools and then, secondly, to show how these differences can be clinically and therapeutically useful. Finally, the writer takes into account all of the most recent developments in psychoanalytic thinking. This book is ideal for psychoanalytic approaches to psychopathology. It provides a conceptual bridge for using pluralistic knowledge to greatly increase the effectiveness of psychotherapy.

S. Joseph, R. William, and W. Yale (1997) in *Understanding Post-Traumatic Stress Disorder* argues that PTSD reactions are not caused by the traumatic event alone, but that psychosocial factors play a vital part as well. They investigate how individuals interrogate and reconstruct their memories and past experiences, and why some cope well with trauma while others struggle. The book discusses normal and abnormal reactions to trauma, assessment and measurement of

trauma, types of trauma, an integrative model of adjustment, and intervention and treatment.

PTSD has received considerable attention over the last few years, yet there is still ongoing debate concerning its causes and possible treatment. Students, practitioners and researchers in health psychology, clinical psychology, social work, psychiatry, and counselling will appreciate Joseph et al's interesting synthesis of concepts and knowledge in post-traumatic stress studies. Offering an innovative contribution to the field, the authors show that post-traumatic stress reactions are not caused by the traumatic event alone, but that psychosocial factors play a vital part for individual outcomes. An understanding of the role of these psychosocial factors in the development of PTSD can enable Counsellors to improve therapeutic intervention. This book provides an understanding of how to draw on existing theories to present an integrative model of psychosocial adaptation to trauma. This model can then be applied to understanding and treating reactions to a broad range of stressful events.

John P. Wilson, Matthew J. Friedman, and Jacob D. Lindy (2001) in *Treating Psychological Trauma & PTSD* provide recent clinical research and new theoretical approaches from clinicians who present a psycho-biological framework for understanding and treating PTSD. Working in collaboration, the contributors have expanded the diagnostic criteria of PTSD to 65 symptoms within five clusters that define the syndrome dynamics. They also identify 80

specific treatment objectives, which may be treated by 11 different psychotherapeutic approaches. The book provides a crucial reformulation of diagnostic criteria and treatment goals. It then brings together leading treatment experts to describe and illustrate their respective approaches, facilitating the selection and implementation of the most effective interventions for individual patients. The book first delineates a holistic model of PTSD. Particular attention is given to how the concept of allostatic load has enabled contemporary investigators to gain a more dynamic view of human stress responses and how they may go away. Aided by clearly presented tables and charts, the volume elucidates the process by which traumatic experiences can give rise to 65 symptoms contained within five symptom clusters. Augmenting the traditional domains of PTSD symptomatology/m-/physiological disturbances, traumatic memory, and avoidance/m- are two additional clusters dealing with frequently encountered problems with self and identity and with attachment, intimacy, and personal relationships. The authors then provide detailed presentations of core therapeutic approaches: acute post-traumatic interventions, cognitive-behavioural approaches, pharmacotherapy, group psychotherapy, and psychodynamic techniques, as well as approaches for special populations. The concluding section reviews and synthesizes all case material presented, examining which symptoms are addressed by each modality, which treatment objectives are met, and which clients are likely to be helped.

Steven Bisbey and Lori Beth Bisbey (1998) in *Brief Therapy for Post-Traumatic Stress Disorder* demonstrate that brief therapy for Post Traumatic Stress Disorder (PTSD) can be very successful and tends to be more effective than long-term work. Traumatic Incident Reduction (TIR) is a relatively new technique that has proven in one research study to be more effective than direct therapeutic exposure (imaginal flooding and progressive muscle relaxation). The technique is very straightforward. The book is application-based, providing a step-by-step guide from initial assessment to the last counselling session, including many examples from actual sessions. TIR is a person-centred, structured approach, which can achieve symptom resolution in a brief course of counselling (often about 20 hours). Respect and the value of, the client's experience and needs work alongside a variety of therapy methods in a holistic way to minimise the risk of re-traumatisation. The authors provide a review of the major theories of stress and trauma, and of other methods of working with clients that are most useful alongside the TIR approach, an approach that is useful for a wide range of normal life traumas, not just PTSD.

1.9 Conclusion

This chapter provided a brief overview of the motivation for undertaking this research. It also contributes insights into social trauma caused by apartheid. The objectives of the study were laid out, which also provided an indication of the key questions that guided the study.

Since this study is an attempt to understand why there are so many social and psychological problems in South Africa long after the dawn of democracy, it is hoped that many unanswered questions will be addressed. It is hoped that these questions may be answered by paying attention to three critical supporting questions namely: -

1. What kind of psychological education do Psychotherapists and Christian Counsellors in South Africa offer for traumatised people? This question is addressed through an overview of theories of Psychotherapy and Christian Counselling.
2. What do Christian Counsellors and Psychotherapists identify as key factors explaining help for victims. This question is addressed through data generated from a survey of Political trauma victims.
3. What are the underlying factors that explain apartheid? Finally findings from the national and internationally media provide a broader explanation of social problems.

Chapter Two provides an overview of the literature on Psychotherapy and gives possible explanations for the critical questions. This will establish the conceptual foundation for this research investigation. Also, Chapter Two reviews the literature on Psychotherapy and gives possible solutions to how socio-political trauma can be treated.

CHAPTER 2

AN OVERVIEW OF THE THEORIES OF PSYCHOTHERAPY

2.0 Introduction

Based on the critical questions posed in Chapter One, a number of aspects need to be examined to position this study in the context of ongoing research in social transformation in South Africa.

Therefore, the purpose of this chapter is to comprehensively overview the literature on Psychotherapy. This review provides an overview of Psychotherapy to highlight possible explanations for the social problems that we face in South Africa. This study reveals the framework of approaches to Psychotherapy in order to establish the causes of failure or success in real social transformation.

This review is organised in order to:

- (a) Provide resources available in Psychotherapy for Christian Counsellor's education compared with the literature;
- (b) Analyse the performance of politically traumatised people of South Africa.

Also, over the past few decades there have been many advances and controversies on the value and effectiveness of Psychotherapy. In this chapter the researcher wishes to outline the history and theories of Psychotherapy, because the researcher believes that this will help us to understand the complexity and diversity of Psychotherapy.

Furthermore, our society's social perspectives and lifestyles have changed radically and rapidly over the past few decades, and so with Psychotherapy. According to Corsini and Wedding, "*There are anywhere from 250 to 400 different theoretical schools of psychotherapy*" (Corsini and Wedding 1995:10).

For the most part, theorists of each Psychotherapy school claimed to have discovered the truth about human nature and the means to deliver people from their psychological suffering and facilitate growth. Although each model has one basic goal, which is to help deliver people from human suffering, this leaves us with a question, namely which theory is the right theory, and which therapist is the right therapist? According to Okun,

"There is no one "right way" to treat a client, no one "right therapist " for a particular client. Each of the major models of psychotherapy has something of value to contribute to our understanding of clients and our efforts to help them" (Okun 1990:1).

This chapter aims to provide a conceptual framework by organizing the contemporary theories of Psychotherapy into four different clusters:

psychodynamic, cognitive-behavioural, existential-humanistic, and family systems.

2.1 Categories for Examination and Comparison of Psychotherapy

2.1.1 History and Development

Psychotherapy developed in its own unique way. Okun provides some good insight of how to understand the uniqueness of each therapeutic school. According to Okun, *"By understanding the place in which it developed (the Ortgeist), the times in which it developed (the Zeitgeist), and the life experiences and personalities of the people involved often offers a unique insight into the school itself"* Okun 1990:2. Furthermore these models of Psychotherapy are more a reflection of the founder's personality and values than any statement of an empirical discovery made by the founder.

2.1.2 Theoretical Perspective on Human Nature

Psychotherapy has a unique position on what it means to be a human being. This is a most important aspect of the entire therapy. The outlook of each therapy forms the paradigm of the school, or the lens through which the school makes sense of human experience. This perception serves as the means by which we interpret the value of human beings. According to Corsini and Wedding,

"All psychotherapy is methods of learning. All therapies are intended to change people: to make them think differently (cognition), to make them

feel differently (affection), and to make them act differently (behaviour). Psychotherapy is learning: it may be learning something new or relearning something one has forgotten; it may be learning how to learn or may be unlearning; paradoxically, it may even be learning what one already knows” (Corsini and Wedding 1995:6).

2.1.3 Psychological Health

Psychotherapists have their own views on what it is to be psychologically healthy. This becomes the measure by which deviation is measured and the goal of psychological intervention achieved. According to Okun, *“Each of the major models of psychotherapy has something of value to contribute to our understanding of clients and efforts to help them”* (Okun 1990:1).

2.1.4 Normal Development

Each Psychotherapy theory started off with an understanding of human nature and a view of what the healthy human is like, each therapy has its own view on how one reaches this state of health. Some therapists have developed “stage Models” that portray development as a series of somewhat discrete steps or challenges. Other therapists view behavioural developments as a more fluid process, while still others seem to de- emphasize it entirely and focus instead on other factors.

2.1.5 Psychopathology

While Psychotherapists understand how things go “right”, each school gives us a perspective of how things go “wrong” and lead to problems in thinking

(cognition), feeling (affect), or action. Each school has its own view on the nature and origins of dysfunctional behaviours. The schools also vary on how greatly they emphasize Psychopathology and “mental illness” vs. growth and human potential.

2.1.6 Approaches to Intervention

Psychotherapy has means devised to “fix” what is “wrong” and develop what is “right” with the person, couple, family, or group. The modality of choice employed by almost each school is conversation. The rules of what type of conversation differ enormously.

2.2 Terms

2.2.1 What is Psychotherapy?

There are many meanings and views of Psychotherapy. Psychotherapy cannot be defined with any precision, but for the benefit of this study we will consider Corsini and Wedding’s comprehensive definition:

“Psychotherapy is a formal process of interaction between two parties, each party usually consisting of one person but with the possibility that there may be two or more people in each party, for the purpose of amelioration of distress in one of the two parties relative to any or all of the following areas of disability or malfunctions: cognitive functions (disorder of thinking), affective functions (suffering or emotional discomforts), or behavioural functions (inadequacy of behaviour), with the therapist having some theory of the personality’s origins, development, maintenance and change along with some method of treatment logically related to the theory and professional and legal approval to act as a therapist” (Corsini and Wedding 1995:1)

Psychotherapy is therefore seen as a learning and discovery process. In this process, the counselee and the therapist work together to discover what events, situations, and relationships in the current life or earlier life that are leaving one with uncomfortable feelings or ways of dealing with one's world. This process helps one to work toward acquiring new, effective, helpful ways of understanding one's experiences, and one's responses or actions one takes. Psychotherapy looks at the whole human being.

2.2.2 What is Psychoanalysis?

Psychoanalysis, in its pure form, is when the analyst hardly ever says anything except to make an "interpretation" (i.e., the unconscious motives behind one's actions or thoughts are pointed out). According to Meier, *"Psychoanalysis is a method of psychotherapy designed to bring unconscious material into consciousness"* (Meier 1991:355).

2.2.3 What is Psychodynamic Psychotherapy?

Psychodynamic Psychotherapy uses some of the same theories and principles of understanding the mind as psychoanalysis, but it uses different technical procedures. Treatment is an interactive process between the client and the psychotherapist. This interactive process means, first of all, that the psychotherapist's job is not to be a friend or to give advice; rather, the psychotherapist must help the client understand his or her unconscious motivations. According to Corsini and Wedding, *"Psychodynamics is a term*

similar to dynamics, which refers to mental interactions and conflict, usually formulated in terms of ego, id, and superego” (Corsini and Wedding: 1995:440).

2.2.4 Researcher’s View of Psychotherapy

There are many views of psychotherapy, which could cause confusion to people who need help.¹ The researcher would like to use a simple view to help understand the common goal and meaning. For this study the term “Psychotherapy” is used to indicate interaction between the therapist and the patient that leads to changes from a less adaptive state to a more adaptive state in the client’s thoughts, feelings and behaviours.

2.3 The Psychodynamic Therapies

2.3.0 Introduction

The psychodynamic cluster all focus on the working of the mind (the “*psycho*” part) and most notably on a region of the mind held outside the ordinary awareness, the unconscious. The second part of the name is also called “*dynamic*” because it refers to forces that are thought to be always in motion, and often in conflict with each other.

¹ Lake’s definition of Psychotherapy is a wide term, which can be seen as of benefit for all people, especially for those who have less or no regard for biblical counsellors and ministers. According to Lake “Psychiatrists, psychoanalysts, medical and lay psychotherapists, clinical psychologists, and psychiatric social workers, are permitted by custom to refer to this aspect of their work as Psychotherapy. Physicians, surgeons, dentists, priests, ministers, social workers, occupational and social therapists, probation officers and lawyers, frequently perform the same therapeutic functions (Lake 1973:1193).

2.3.1 Classical Psychoanalysis

Sigmund Freud: The Freudian model of the human mind is a *conflict model* based on biologically based *instincts* or *drives*. According to Arlow,

“The nervous system, as id, translates the organism's needs into motivational forces called, in German, *Triebe*, which has been translated as *instincts* or *drives*. Freud also called them *wishes*. This translation from need to wish is called the *primary process*” (Arlow in Corsini and Wedding 1995:24).

Freud saw conflict existing both intra-psychically, between the psychic structures of the *id*, *ego*, and *superego*, and interpersonally between the individual and society.² Freud's *dual instinct* theory states that we have both a life-affirming instinct (*eros*) and an instinct toward death (*thanatos*). According to Jones in the *Life and Works of Sigmund Freud*,

“Freud saw all human behaviour as motivated by the drives or instincts, which in turn are the neurological representations of physical needs. He referred to them as the life instincts. These instincts perpetuate the life of the individual, by motivating him or her to seek food and water. The motivational energy of these life instincts, that powers our psyches, he called libido, from the Latin word for “I desire.” Freud believed that “under” and “beside” the life instincts there was a death instinct. He began to believe that every person has an unconscious wish to die. Freud referred to a nirvana principle. Nirvana is a Buddhist idea, often translated as heaven, but actually meaning “blowing out,” as in the blowing out of a candle. It refers to non-existence, nothingness, the void, which is the goal of all life in Buddhist philosophy” (Jones 1957:266-280).

² Ernest Jones in the *Life and Work of Sigmund Freud* states that “for linguistic reasons he used the Latin Id to translate the German Es (= It), an impersonal term which Freud now employed to designate the non- personal part of the mind, that is distinct from the ego or self. It is a term that had been extensively employed by Nietzsche and recently popularised by Groddeck. It comes much more naturally in German, where it accords with such phrases as “It dreamed to me” where we should say I dreamed”.

Furthermore, Weismann's use of the term to indicate the determinants of heredity - nowadays called “genes” seems to be obsolete, so that there is no risk of confusion (Jones 1957:280-281).

This model is considered *dynamic* (as in psychodynamic) because forces are in constant movement, as opposed to a *state* or *trait* model, where aspects are primarily static. Since this is also a *depth* model including *conscious*, *preconscious*, and *unconscious* levels, it is also referred as *topographic*. The *conscious mind* is what you are aware of at any particular moment, your present perceptions, memories, thoughts, fantasies, and feelings. The *preconscious*, what we might today call "available memory:" anything that can easily be made conscious, the memories you are not at the moment thinking about but can readily bring to mind. Freud suggested that these are the smallest parts, and the largest part by far is the *unconscious*. It includes all the things that are not easily available to awareness, including many things that have their origins there, such as our drives or instincts, and things that are put there because we can't bear to look at them, such as the memories and emotions associated with trauma. According to Freud, we are often driven to deny or resist becoming conscious of these motives, and they are often available to us only in disguised form (Jones 1957:315-316).

For Freud, behaviours, whether they are overt actions, utterances, dreams, or even symptoms, are caused by unconscious forces and thus are *psychically determined*. Since behaviour is often a compromise between several forces, it can also be *multiply determined*.

2.3.1.1 Psychological Health

For Freud psychological health is the result of the development of a certain degree of ego strength that keeps the socially unacceptable forces of the id in check, channelling it in acceptable ways through the use of *defense mechanisms*. According to Hall and Lindzey, the principles of defense are “*repression, projection, reaction formation, fixation and regression*” (Hall and Lindzey 1957:49). Furthermore Hall states that “*The defense mechanisms have two characteristics in common: (1) they deny, falsify, or distort reality, and (2) they operate unconsciously so that the person is not aware of what is taking place*”. For Freud, the ego deals with the demands of reality, the id, and the superego as best as it can. But when the anxiety becomes overwhelming, the ego must defend itself. It does so by unconsciously blocking the impulses or distorting them into a more acceptable, less threatening form. According to Hall and Lindzey, “*The ego is sometimes forced to take extreme measures for relieve the pressure*” (Hall and Lindzey 1957:49).

Hall and Linzley (1957:49-50); Meier et.al (1982:351-356) provides the following terms of how the ego acts:

- *Denial* involves blocking external events from awareness. If some situation is just too much to handle, the person just refuses to experience it.

- *Repression*, which is also called "motivated forgetting," is not being able to recall a threatening situation, person, or event. This, too, is dangerous, and is a part of most other defenses.
- *Asceticism*, or the renunciation of needs, is seen in pre- adolescents, when they feel threatened by their emerging sexual desires, and may unconsciously try to protect themselves by denying, not only their sexual desires, but all desires. They get involved in some kind of ascetic (monk-like) lifestyle wherein they renounce their interest in what other people enjoy.
- *Isolation* (sometimes called intellectualisation) involves stripping the emotion from a difficult memory or threatening impulse. A person may acknowledge that they had been abused as a child, or may show a purely intellectual curiosity in their newly discovered sexual orientation. Something that should be a big deal is treated as if it were not.
- *Displacement* is the redirection of an impulse onto a substitute target. If the impulse, the desire, is okay with you, but the person you direct that desire towards is too threatening, you can displace it to someone or something that can serve as a symbolic substitute.
- *Turning against the self* is a very special form of displacement, where the person becomes his or her own substitute target. It is normally used in references to hatred, anger, and aggression, rather than more positive impulses, and it is the Freudian explanation for many of our feelings of

inferiority, guilt, and depression. Many people accept the idea that depression is often the result of the anger we refuse to acknowledge.

- *Projection*, which is also called displacement outward, is almost the complete opposite of turning against the self. It involves the tendency to see your own unacceptable desires in other people. In other words, the desires are still there, but they're not your desires anymore.
- *Altruistic surrender* is a form of projection that at first glance looks like its opposite: Here, the person attempts to fulfil his or her own needs vicariously, through other people. The extreme example of altruistic surrender is the person who lives his or her whole life for and through another.
- *Reaction formation*, which is called "believing the opposite," is changing an unacceptable impulse into its opposite. So a child, angry with his or her mother, may become overly concerned with her and rather dramatically shower her with affection. An abused child may run to the abusing parent.
- *Undoing* involves "magical" gestures or rituals that are meant to cancel out unpleasant thoughts or feelings after they've already occurred. In "normal" people, the undoing is, of course, more conscious, and we might engage in an act of atonement for some behaviour, or formally ask for forgiveness. But in some people, the act of atonement isn't conscious at all.

- *Introjections*, sometimes called identification, involves taking into your own personality characteristics of someone else, because doing so solves some emotional difficulty.
- *Identification* with the aggressor is a version of introjections that focuses on the adoption, not of general or positive traits, but of negative or feared traits. If you are afraid of someone, you can partially conquer that fear by becoming more like him or her.
- *Regression* is a movement back in psychological time when one is faced with stress. When we are troubled or frightened, our behaviours often become more childish or primitive.
- *Rationalization* is the cognitive distortion of "the facts" to make an event or an impulse less threatening. One does it often enough on a fairly conscious level when one provide self with excuses. But for many people, with sensitive egos, making excuses comes so easy that they never are truly aware of it. In other words, many of us are quite prepared to believe our lies.
- *Sublimation* is the transforming of an unacceptable impulse, whether it is sex, anger, fear, or whatever, into a socially acceptable, even productive form. Freud saw all positive, creative activities were sublimations, and predominantly of the sex drive.

2.3.1.2 The Goal of Psychoanalysis

The goal is to alleviate psychological symptoms by *making the unconscious conscious* and reintegrating previously repressed material into the overall personality. This is accomplished by analysis and *interpretation* of the patient's *transference* toward the therapist as well as his or her *free associations*, *dreams*, and *resistance*. Freud's therapy has been more influential than any other, and his goal more influential than any other part of his theory.

2.3.1.3 Freud's Major Points for Therapy:

- *Relaxed atmosphere.* The client must feel free to express anything. The therapy situation is in fact a unique social situation, one where you do not have to be afraid of social judgment or ostracism. In the Freudian therapy, the therapist practically disappears. Client physically relaxing on the couch, dim lights, soundproof walls and the stage is set.
- *Free association.* The client may talk about anything at all. The theory is that, with relaxation, the unconscious conflicts will inevitably drift to the fore. It isn't far off to see a similarity between Freudian therapy and dreaming.
- *Resistance.* One of these clues is resistance. When a client tries to change the topic, draws a complete blank, falls asleep, comes in late, or skips an appointment altogether. These resistances suggest that the client is nearing something in his free associations that he unconsciously finds threatening.

- *Dream analysis.* In sleep, we are somewhat less resistant to our unconscious and we will allow a few things, in symbolic form to come to awareness. These wishes from the id provide the therapist and client with more clues. Many forms of therapy make use of the client's dreams, but Freudian interpretation is distinct in the tendency to find sexual meanings.
- *Parapraxes* are slips of the tongue, often called a Freudian slip. Freud felt that they were also clues to unconscious conflicts. Freud was also interested in the jokes his clients told. Freud felt that almost everything meant something, like dialling a wrong number, making a wrong turn, misspelling a word, were serious objects of study for Freud. However, he himself noted, in response to a student who asked what his cigar might be a symbol for "*sometimes a cigar is just a cigar.*" *Or is it?*"
- *Transference* occurs when a client projects feelings toward the therapist that more legitimately belong with certain important others. Freud felt that transference was necessary in therapy in order to bring the repressed emotions that have been plaguing the client for so long, to the surface.
- *Catharsis* is the sudden and dramatic outpouring of emotion that occurs when the trauma is resurrected. For Freud the box of tissues on the table is not there for decoration.
- *Insight* is being aware of the source of the emotion, of the original traumatic event. The major portion of the therapy is completed when catharsis and insight are experienced. What should have happened many years ago -- because you were too little to deal with it, or under too many

conflicting pressures -- has now happened, and you are on your way to becoming a happier person (Okun 1990:23- 25; Hall and Lindzey 1957:29- 72; Corsini and Wedding 1995:21- 46; Mitchell and Black 1995:1-21).

2.3.2 Freud's Contemporaries "the Loyalists"

Ernest Jones was considered by Freud to be a leading figure among English-speaking analysts. He promoted Psychoanalysis, sought to suppress anything negative that might be written about Freud, and was instrumental in founding both the American Psychoanalytic Association and the British Psychoanalytic Society. He is best known for his monumental three-volume biography of Freud. He is most interested in applying psychoanalytic concepts to literature, art, and anthropology. He was fairly orthodox in his application of analytic techniques and emphasized the interpretation of dreams as the prime focus of analytic work (Hall and Lindzey 1957:31-63).

Sandor Ferenczi was the most original thinkers of Freud's early followers and remained one of his closest friends. Although loyal to Freud and the psychoanalytic movement, his central disagreement with Freud centred upon how active the analyst should be throughout analytic treatment. Ferenczi encouraged the experimental, and felt that analysis was an emotional process, not an intellectual one. He developed techniques to intensify a patient's emotions while in therapy, and argued that the analyst needs to reparent his or her patient,

providing what the patient did not get in his or her early life. Ferenczi also advocated shortening therapy and dealing more with the patient's current realities, rather than with the past (Hall and Lindzey 1957:31).

2.3.3 Freud's Contemporaries "the Dissenters"

2.3.3.1 Individual Psychotherapy

Alfred Adler became dissatisfied with Freud's emphasis on the role of sexuality in the development of personality and psychopathology. Instead, he thought that childhood weakness and helplessness lead to feelings of *inferiority*. These feelings of inferiority lead to compensatory activity and a *style of life* directed toward overcoming this state and achieving superiority. This style of life includes the way the individual views himself or herself and life in general. Adler puts great emphasis on *birth order* as a chief factor in the development of a life style. As part of the diagnoses and treatment, Adler focused on the client's earliest memory, which he thought would reveal much about one's first attempts to solve problems. The goal of Alderian therapy was *social interest*, to have the client realize his or her mistaken style of life and seek sound, satisfying relationships and involvements (Hall and Lindzey 1957:114-156; Corsini and Wedding 1995:51-88).

2.3.3.2 Analytical Psychotherapy

Carl Jung was the first of Freud's handpicked successors. However, Jung almost immediately began to deviate from Freud and finally broke with him when he

reinterpreted the libido. According to Jung, “*the libido was a general life energy, which could manifest itself as sexuality (as Freud said), but also as creativity, or other expressions. Libido is transformed into cultural activities through symbols*”. Jung felt that the mind has both conscious and “*personal*” *unconscious* sections, as did Freud, but he also felt there was another and still deeper part - the *collective unconscious*. This section of the mind is inherited and contains the archetypes (Hall and Lindzey 1957:76-110, Corsini and Wedding 1995:51-88).

Otto Rank became Freud's heir apparent after Jung's defection from the psychoanalytic movement. Rank was particularly interested in the psychoanalytic study of art, literature, and myths. He also emphasized that analysis needs to be an emotional process, rather than simply an intellectual reconstruction of the patient's childhood (he collaborated with Ferenczi on a book about this). He is most widely known for his theories on *birth trauma*. Rank theorized that an infant's physiological response at the time of birth becomes the prototype for all later anxiety. With this as a foundation, he went on to revise many tenets of psychoanalytic theory (Hall and Lindzey 1957:31; Mitchell and Black 1995:21).

2.3.3.3 Medical Orgonomy

Wilhelm Reich was a gifted student of Freud, and is considered by many to be the father of (Western) bodywork as applied to emotional problems. Building on Freud's notion of the libido, Reich felt that there was an energy that not only existed within the body, but also permeated the entire universe. He named this

energy “*orgone*”, and defined psychological health as the free flow of orgone energy throughout the body and its discharge of orgasm. However, according to Reich, trauma caused by our culture and upbringing often causes blocks to this movement of energy, which manifest in the form of *muscular armouring*. The purpose of therapy is to remove the armouring by a process of direct work on the muscles and breathing. Reich also used a device he called the *orgone accumulator* or *orgone box* to help build the charge of orgone energy to help the energy break through blocks (Hall and Lindzey 1957:85-103).

2.3.3.4 Ego Psychology

Anna Freud moved away from a psychology dominated by the id and *emphasized the impact of the ego on the human development*. She distinguished two different types of ego functions. The first is the *defensive* functions, which is an extension of Freud’s theorizing (Okun 1990:26; Mitchell and Black 1995:25-34).

Heinz Hartmann identified a second set of ego functions that represents the “*conflict-free sphere of the ego*”, and compromise our higher order mental behaviour, such as language, analysis (Mitchell and Black 1995:34-38; Hall and Lindzey 1957:65-67).

Erick Erickson conceptualised continuing processes and stages of growth in the adult years, and into old age. For his group of analysts, healthy behaviour is under conscious control. When the “ego” loses its autonomy from the id or from reality,

behaviour is no longer under conscious control and pathology may ensue (Mitchell and Black 1995:142-148; Hall and Lindzey 1957:65-67; Okun 1990: 27).

Ego analytic psychotherapy does not differ significantly from classical psychoanalysis in terms of therapy goals and techniques. However, ego analysts emphasize current problems over past experiences and focus on both the neurotic and adaptive aspects of personality. They also rely less on transference and more on providing opportunities for reparenting and the building of more adaptive defenses.

2.3.3.5 The Interpersonal Perspective

The interpersonal perspective school of thought maintains that the concept of personality has meaning only when viewed in terms of an individual's enduring patterns of interpersonal relationships.

According to Harry Sullivan, *"a person develops while he or she moves from one interpersonal context to another-family of origin, friends, institutions (school, work, etc), and spouse"*. Initially, one is totally dependent on their caregivers and develops their self-concept from the way they view them (*reflected appraisals*). Behaviours that are positively rewarded are repeated by the child and become the *"good me"*. Behaviours that are negatively responded to and cause anxiety for the child are *selectively intended* to by the child and become a part of the *"bad me"*. Finally those behaviours that are responded to with extremes of hostility,

craziness, etc., become the “*not-me*”. This leads to an incongruity between how the person views him or herself, and how he/she really is (Mitchell and Black 1995:67-78; Hall and Lindzey 1957:134-155).

In contrast of Sullivan, Erich Fromm was more interested in the impact of society on personality development. He states that certain kinds of emotional problems are common in a free society, as people wrestle with the burden of self-responsibility. He also suggests that we base social reform on psychodynamic considerations, leading to a saner society (Mitchell and Black 1995:78-79).

Karen Horney argued that *culture*, rather than *libido*, is the driving force in human behaviour. She also attacked Freud’s emphasis on childhood situations and his neglect of the patient’s current emotional problems (Mitchell and Black 1995: 259; Hall and Lindzey 1957:130-134).

2.3.3.6 Object Relations Theories

According to Freud, a child incorporates elements from the outside, primarily aspects of the functioning of other persons, through a process of *internalisation*. Once these elements are internalised they form *objects*, which are the *internal representation* of these significant others. Object relations theory explains mental functioning in terms of the relationships among these internalised objects.

There are many theories that fit into this category. Some of them break entirely from Freud’s instinct theories, while others try to retain this notion of motivation

and blend it with object relations explanations. Melanie Klein, William Fairbairn, Donald Winnicott and Michael Balint were the first to formulate these ideas and are referred to as the British School.

Not all these theorists subscribe to the same ideas. According to Fairbairn, a child is born with the ego in an integrated state. The primary need of the child is to have satisfying relationships with others. If relationships are satisfying, the ego remains whole, but if these are not, the ego attempts to gain control over these people by internalising them as objects. The internalising involves the *splitting* of the objects into several parts. To achieve psychological health, the splitting must be undone and the ego reintegrated. Psychotherapy provides an environment where a sort of reparenting can occur which allows for this reintegration (Mitchell and Black 1995:112-138; Okun 1990: 27-48).

2.3.3.7 Self Psychology

Heinz Kohut was a student of Hartmann. Kohut felt that the primary human motivation was the individual's need to organize his or her psyche into a coherent and cohesive self, and establish relationships with others (*self object*) that strengthen the self. According to Kohut, *"a person is born with three needs that continue throughout the lifespan: the need to be recognized and affirmed by others (mirroring needs), the need to look up and admire others (idealizing needs), and the need to have peer relationships (alter-ego or twinship needs)"*. If these needs are properly met, the gratification of each need leads to the

consolidation of a different part of the self (which Kohut referred to as a *bipolar self*). Health consists of a coherent, cohesive bipolar self: you know who you are and what you need to lead a meaningful life. Kohut describes many ways in which the self may not form properly, and the compensatory structures that form as a result. These lead to maladaptive behaviours.

Psychotherapy is conducted by remobilising the thwarted developmental needs in the transference and working through them. This is done through the process of *empathic attunement*, where the analyst attempts to think and feel his or her way into the subjective experience of the client. The self-psychologist attempts to use interpretations that fit into the client's perspective of meaning (*experience near*) (Mitchell and Black 1995:149-169; Okun 1990:49-51).

2.4 The Behavioural and Cognitive-Behavioural Therapies

2.4.0 Introduction

The theorists in this cluster stand in sharp contrast to their Psychodynamic colleagues. Rather than looking within the mind for the causes of behaviour and pathology, learning theorists look outward toward the environment. The human is viewed as a "*black box*", a kind of learning machine. If we know all the details of the inputs (reinforcements and punishments) we can accurately predict all the details of the outputs (behaviours). The later Cognitive therapists reintroduced the notion of the mind, or at least of thinking (cognitions), but did it in a way that was quite different from the instinct theories of the early Psychoanalysts.

2.4.1 The Development of Learning Theory

Psychoanalysis had its roots in healing, where Freud was faced with the pain of his patients. The behaviour therapies had very different roots. The founders were most interested in explaining how one learns.

2.4.1.1 The Conditioned Reflex

Ivan Pavlov is the best known of the Russian "*reflexologists*". After the study of digestive secretions, he turned his attention to what he called *conditioned reflexes*. He demonstrated that an originally *neutral stimulus*, such as a bell, that does not produce salivation, would do so in dogs after the bell has been repeatedly paired with the presentation of food (Corsini and Wedding 1995:195-226), Hall and Lindzey 1957: 420-421).

John B. Watson searched for objective ways to study human behaviour. Watson reasoned that if psychology were to become a true science, it must abandon the subjectivity of inner sensations and other "mental" events and limit itself to what could be objectively observed. Watson called his approach *behaviourism*, and with it challenged both the psychoanalysts and biologically-oriented psychologists of his day. He is well known for his claim that given a dozen healthy infants, he can condition them to become a doctor, lawyer, artist, etc (Okun 1990:117-118; Hall and Lindzey 1957:420-421).

2.4.1.2 The Law of Effect:

Edward Thorndike, known for *classical conditioning*, the subject does not learn to perform new behaviour, but merely to perform an existing behaviour in response to a new stimulus. This, However, is only a part of the way organisms learn. Investigating a different aspect of learning, Thorndike placed various animals in a *puzzle box*, where they had to perform certain behaviours (e.g., clawing at a rope) to escape. He plotted learning curves showing how long it took the animals to get out on the first try, second try, etc. He concluded that by trial and error, success "stamps in" the behaviour that caused it, and failure "stamps out" that behaviour. Thorndike called this the *Law of Effect*. He later applied these techniques to children and young people and became a leader in the mental testing movement (Corsini and Wedding 1995:201, Hall and Lindzey 1957:420- 421).

2.4.1.3 The Drive Reduction Theory

Clark L. Hull advocated the use of a rigorous *hypothetico-deductive method* in his research on learning. He advised his followers to begin by setting up postulates from which they would deduce "*experimentally testable conclusions, and then, if the tests fail, in revising the postulates, or, if they succeed, in adding the postulates, for the time-being at least, to the body of science*". Working mostly with rats, he developed *Drive Reduction Theory*, which states that anything that reduces a drive can serve as a reinforcer and that drive reduction is essential for

learning to occur. He was able to take a psychodynamic notion (drives) and place this within a behavioural frame (Hall and Lindzey 1957:420-421).

2.4.1.4 The Psychodynamic Social Learning Theory

Before the advent of behaviour therapy, there were several attempts to translate traditional Psychotherapy into behavioural terms. One of the most comprehensive was presented in Dollard and Miller's classic *Personality and Psychotherapy*. Inspired by the hypothetico-deductive theory of Hull, psychoanalytic concepts were systematically recast in the language of learning theory. Thus the pleasure-seeking impulses of the id were aspects of the principle of reinforcement, anxiety was merely a conditioned fear response, repression was merely conditioned thought stoppage, etc.

John Dollard and Neal E. Miller de-emphasized the importance of environmental conditioning and introduced the concept of *modelling* or *imitative learning*. Here learning could occur without direct reinforcement from the environment, but merely by the observer watching the performance of a *model*. Since their work was merely a reinterpretation of psychotherapy as it was, rather than a presentation of different concepts and procedures, they had little impact on the practice of therapy. By legitimising the study of thought processes, they contributed to the evolution of behavioural theory toward a broader cognitive-behavioural perspective (Hall and Lindzey 1957:420-549).

2.5 Behaviour Therapy

2.5.0 Introduction

The theorists discussed above developed a solid body of learning theory. The next step was to take this theory and apply it to human suffering in the clinical setting. Two individuals, Joseph Wolpe and B.F. Skinner, pioneered this theory; Wolpe drew primarily on the work of Pavlov (*classical conditioning*), Hull's stimulus-response theory, and his own experimental work on fear reduction in laboratory animals. His techniques have been successfully used with people with phobias, sexual problems, and social inhibitions. Skinner, on the other hand, primarily drew on and extended the work of Thorndike to develop this theory of *Operant Conditioning*. However, both would probably agree on Wolpe's (1969) definition of behaviour therapy as "the use of experimentally established principles of learning for the purpose of changing unadaptive behaviour. Unadaptive habits are weakened and eliminated; adaptive habits are initiated and strengthened. He saw *anxiety* as the cause of all neurotic problems (rather than conflict, as in the Freudian model). Wolpe defined this anxiety as a persistent response of the autonomic nervous system acquired through the process of classical conditioning. Wolpe further developed techniques, which are used widely today, to extinguish these autonomic reactions (Okun 1990:121-123, Corsini and Wedding 1995:197-225).

2.5.1 Reciprocal Inhibition (counter-conditioning)

In this technique the feared object (or an imagined representation of it) is paired with a pleasure-producing stimulus. In this way, a strong positive response, which is incompatible with the original negative response, is conditioned to the same stimulus. This procedure weakens the power of the stimulus to produce negative effects.

2.5.2 Systematic Desensitization

In systematic desensitization, the patient is first taught a method of deep muscle relaxation (a response that is incompatible with anxiety). Then he or she is presented with increasingly more anxiety-provoking stimuli while maintaining the deeply relaxed state.

2.5.3 Assertiveness Training

This technique is used to help patients overcome social anxieties and inhibition. Through the use of modelling (the therapist demonstrating a behaviour), behavioural rehearsal (the client practicing new behaviours), coaching, and discussion, the therapist encourages the expression of feelings and desires in an open and honest way.

Also, Skinner recognized that although human beings, (like other animals,) may learn through Classical Conditioning what was only part of the picture. In addition to being a passive recipient of the conditioning process (such as Pavlov's

dogs), humans actively "operate" on their environment, and as a result the environment responds. As a result of the response, an individual may increase, decrease, or even eliminate (*extinguish*) his or her behaviour. Skinner called this type of learning *Operant Conditioning* and the response that the environment provided reinforcement. With these fundamental notions, Skinner built an elaborate set of theories including types of reinforcement (positive and negative), schedules of reinforcement (fixed and variable, ratio and interval), and shaping. Skinner and his followers have developed a variety of techniques for behaviour change. Roughly they fall into three classes: (a) increasing behaviours with reinforcement, (b) decreasing behaviours with *punishment* and extinction, and (c) modifying behaviours with *contingency contracts* and *token economies* (Okun 1990:118-121, Corsini and Wedding 1995:197-225).

2.6 The Cognitive Therapies

2.6.0 Introduction

By the 1960's, theories and models of the workings of the mind entered into the behavioural circles. These new conceptions were largely compatible with behavioural theory and bore little resemblance to the Freudian mind found in Psychoanalytic theory.

2.6.1 Social Learning Theory

Albert Bandura was one of the first major theorists to include cognitive processes in a behavioural perspective. Bandura broke from the Freudian notion that people

are driven by internal forces and the Skinnerian notion that they are driven by external reinforcements; Bandura felt that people learned and changed their behaviour as a result of what they observe and the cognitive processes that follow. This *observational learning* (also called *social learning*) had several distinct components (Okun 1990:224-228, Corsini and Wedding 1995:197-228).

2.6.2 Rational Emotive Behavioural Therapy

Albert Ellis was originally trained as a psychoanalyst and later became one of its most outspoken critics (and more recently an outspoken critic of *transpersonal therapy* as well). He felt that the root of neurotic problems lie in certain *irrational beliefs* that individuals tenaciously cling to. These beliefs all have the common characteristic of denying reality in some way, and take the form of *should*, *must*, or *ought*. Ellis' technique, originally called Rational Emotive Therapy and more recently modified to acknowledge its behavioural component (Rational Emotive Behavioural Therapy) seeks to identify these irrational beliefs and rigorously *dispute* them (Okun 1990:133-135).

2.6.3 Cognitive Behaviour Therapy

Aaron Beck trained originally as a psychoanalyst. He attempted to test the psychodynamic notion that depression is caused by *retroflexed aggression* (anger turned inward towards the self). Instead of finding this as an underlying factor among all depressives, he found that depressive patients display a negative bias toward themselves, their environment, and their future. Beck called this the

cognitive triad. He felt that this negative bias was due to *faulty information processing*, or what he termed *cognitive distortions*. He categorized about ten of these distortions and showed how they give rise to various mental disorders (each disorder has a different *cognitive profile*). Beck's system of therapy includes a wide range of techniques to challenge and correct these distortions, which fall into three broad categories (collaborative empiricism, Socratic questioning, and behavioural experiments). *Cognitive behavioural therapy* is currently one of the approaches most accepted by managed care organizations (Okun 1990:136-140, Corsini and Wedding (1995:229-259).

2.6.4 Stress Inoculation Therapy

Donald Meichenbaum added to cognitive-behavioural theory and technique. He is best known for the development of *stress inoculation therapy*. Here, the client learns to perform a series of coping self-statements while experimenting with new (and often anxiety-provoking) behaviours (Okun 1990:140).

2.7 Constructivist Approaches

The perspectives of *constructivism* and *social constructionism* hold that one can never fully know reality directly. Drawing on these notions, *Constructivist Cognitive Therapists* such as Robert Neimeyer, Michael Mahoney, Vittorio Guidano, and Gianni Liotti consider the person's role in creating his or her interpretation of reality. Their techniques are aimed at gaining a developmental understanding of how one constructs interpretations or life stories and then

working to come up with new stories that may not be any closer to an "absolute truth" than the previous set of understandings, but more adaptive to the individual in his or her current context (Okun 1990:141-144).

2. 8 The Existential, Humanistic, Transpersonal, and Body-Oriented Therapies

2.8.0 Introduction

The schools within this cluster have their roots in several philosophical and spiritual traditions, and emerged since around 1960, largely as a response to the prevailing psychodynamic and behavioural schools which prompted Maslow to call this the "third force" in psychology (Okun 1990:207).

Although there is some disagreement among the schools on the dimensions, they all share a primarily positive and optimistic vision of human nature and human potential. Rather than understanding behaviour by reducing an individual to a set of instincts or conditioned reflexes, these approaches tend to be *holistic*, looking at the entire person in his or her environment. Rather than holding the position that behaviour is *determined* by inner forces (the *psychic determinism* of Freud) or by outer forces (the *environmental determinism* of Skinner), these approaches stress *free will, choice, consciousness, and responsibility*.

2.8.1 Existential Therapy

Rollo May, James Bugental, and Irvin Yalom recast Freud's model of anxiety and defenses. For Freud, individuals become anxious and erect defenses (which may

give rise to pathological symptoms) to contain their primitive sexual and aggressive drives. Drawing on both psychodynamic theory and Existential philosophy, the Existential therapists say that anxiety arises from our confrontation with certain *existential givens*, such as the fact that we have *free will* and are *responsible* for our actions, the fact that we are all ultimately *alone* on the world, and the fact that we will all eventually *die*. The object of therapy, then, is to face these *givens of existence* in a healthy way and not flee from them into neurosis or psychosis (Okun 1990: 213-218, Corsini and Wedding 1995:262-276, Yalom 1931: 27-74).

2.8.2 Humanistic Therapy

2.8.2.1 Client-Centered Therapy

Rogers had a profound influence not only on the practice of psychotherapy, but also on psychotherapy research, education, and organizational development/management training. Rogers felt that all individuals possess a force for wholeness and growth, which he called *self-actualisation*. If a child had the correct parenting, this self-actualising tendency would flourish. If not, it would be thwarted and the child would develop a *false self* in order to get its needs met. Rogers felt that there were three *facilitative conditions* that the therapist had to bring to therapy that were both *necessary and sufficient* in order to bring about psychotherapeutic change: (1) *accurate empathy*, (2) *genuineness* or *congruence* (between the therapist's thoughts, feelings, and his or her behaviour), and (3)

unconditional positive regard. Abraham Maslow had a strong influence on this school (Okun 1990:218-224).

2.8.2.2 Gestalt Therapy

Frederick So and Fritz Perls were both a radical and a rebel. Perls began his career as a psychoanalyst. He was trained as a psychoanalyst by Wilhelm Reich (from whom he learned the importance of the body in Psychotherapy). Along with his wife Laura, he developed a form of Psychotherapy based on the principles of *awareness, contact, and responsibility*. Perls felt that it was not important to know why something occurred (intellectual insight), but how our experience functions. If you can "get in touch" with your experience directly, it will shift in a healing manner --"awareness itself is curative." Perls felt that a fully functioning human being is also in good *contact* with him- or herself, with others, and the environment. According to Perls, we cannot blame others for our experience and must take *responsibility* for it. Someone doesn't "make you angry", but may do something that you do not like, and you "choose" the experience (be it anger or whatever). Perls developed a number of highly dramatic techniques, most notably the use of the *hotseat*, where he would often direct someone in a highly emotional encounter within a group setting (Okun 1990:225-230).

2.8.2.3 Reality Therapy, Control Therapy, and Choice Therapy

Reality therapy is a system of Psychotherapy that has been incorporated into several institutional settings (schools, mental institutions, prisons, etc) and in

private practice. Glasser argues that humans have several basic human needs: survival, love, power, fun, and freedom. However, humans do not always make the best choices in how to act, think, or feel. That is the source of psychological suffering. The goal, then, is to help people put better choices into practice. Like many of the schools in this cluster, Reality therapy is a present-centered approach. Glasser does not focus on unconscious processes, and in fact, feels that such a focus is detrimental to therapy. Control Theory and Choice Theory are later additions to his basic model (Corsini and Wedding 1995:318).

2.8.3 Transpersonal Therapy

Transpersonal psychology grew out of Humanistic psychology. While the two perspectives have much in common, the Transpersonal approach emphasizes both spiritual experiences which are *trans*, beyond our ordinary personal and biological self, and also spiritual practices such as Zen Buddhism and Patanjali Yoga, which are designed to lead to intense spiritual experiences.

Transpersonal psychologists draw on the "knowledge" gained from such spiritual experiences and altered states of consciousness to inform clinical practice and supply both methods and roadmaps to achieve higher states of consciousness.

Ken Wilber was one of the most prolific writers and theorists within this cluster. He has developed an integrated theory of consciousness, which is a synthesis and interpretation of the world's major religions, philosophical traditions, and psychological perspectives. Wilber proposes a model with 9 levels of

consciousness development, which he calls the *spectrum of consciousness*. Each level both includes and transcends the ones below it. He further argues that there are two cosmic processes -- *involution*, the gradual separating away from the creator into individuality and duality, and *evolution*, the gradual turning back towards unity with the creator. For Wilber, everything that exists is a manifestation of spirit. A fundamental attribute of spirit is that it attempts to return to itself. However, it does this in ways that prevent it from this union, and forces it to have substitute gratifications. This is what Wilber calls the *atman project*. Wilber argues that in order to do psychology, or any discipline in the human sciences, one must recognize at least three irreducible domains of reality, that of the interior world of the self (the "I" of the inner world, the introspective), the intersubjective world of culture (the "we" of all beings), and the exterior world of nature and society (the "it" of the objective universe) (Cortright 1997:64-81).

2.8.4 Holotropic Breathwork

Stanislav Grot has pioneered working with people in *non-ordinary states of consciousness*, induced either through chemicals (primarily LSD) or other means. He has explored the effect of *LSD therapy* on a variety of psychiatric disorders and proposed guidelines for handling crisis situations resulting from the unsupervised use of psychedelics. After the use of LSD was made illegal, he and his wife Christina Grot invented *Holotropic* ("moving towards wholeness") *Breathwork*. This utilizes sustained breathing, evocative music, focused energy work, and Mandela drawing to induce an altered state of consciousness. From his

clinical experience and research, Grot developed a model of the human unconscious that has three parts: (1) early childhood memories, (2) traumas resulting from death/rebirth, and (3) transpersonal experiences (past incarnations, ancestral connections, and archetypal experiences). According to the model, true spirituality begins at the prenatal level, and when one works through that he or she reaches the transpersonal realm. Grot also developed the *Spiritual Emergency Network*, which is composed of clinicians who feel such experiences are valid and will work with people accordingly, rather than seeing them as psychotic and responding according to the medical model (Cortright 1997:97-102).

Charles Tart has sought to build bridges between scientific and spiritual communities and to integrate Eastern and Western approaches to personal growth and understanding. His work has focused on the study of psychoactive drugs, altered states of consciousness, transpersonal psychology, parapsychology, hypnosis, sleep and dreaming, and near-death experiences.

Tart has created a diagram of human consciousness that systematically catalogued the barriers to higher consciousness and enlightenment, and catalogued practices from many traditions to overcome these barriers (Tart 1986:3-18).

Roger Walsh has created a type of "global psychology," in which he takes social problems that threaten humanity's well being and survival (such as nuclear proliferation and ecological destruction), and traces these back to their psychological origins. Our greed, aggression, and ignorance are shown to be the result of faulty thoughts, beliefs, and assumptions that are reinforced by certain

aspects of our culture (e.g., the media). From this critique, he proposes a program of global therapy consisting primarily of education to confront our inner confusion.

Frances Vaughan has worked to integrate psychological theory and spiritual growth. She feels that psychology offers a contemporary language that can be used to communicate spiritual wisdom. By exploring the symbols and metaphors of different spiritual traditions (e.g., yoga, Christian, and Buddhist), and drawing on the work of Ken Wilber, she has constructed a map of spiritual development. For Vaughan, the potential for true healing comes through recognizing the transpersonal self. She has also addressed the dangers and pitfalls that lie along the spiritual path (Vaughan 1995:59-73).

John Welwood was influenced by Eastern philosophy and the work of Eugene Gendlin. Welwood has focused on the areas of transpersonal psychology and conscious relationship. He places psychological work in a spiritual context and argues that all psychological problems are ultimately spiritual issues -- symptoms of separation from our deeper, essential being. Accordingly, every psychological problem provides a special kind of spiritual opportunity. Turning to treatment, the most important capacity for the healer is unconditional presence. Welwood conceives of this as the ability to stay open and inquisitive to experience without bias, agenda, or manipulation of any kind. Welwood states that in relationships we search out a partner who will help us get beyond our defenses and call up the capacities we've lost since childhood. Rather than a means of providing pleasure

and security, relationships are a call to awaken to our deeper true nature. They stir up our obstacles to greater presence, old identities, wounds, and conditioned patterns. Just as with individual problems, he views every psychological limitation or difficulty that arises in a relationship as a special kind of spiritual opportunity (Welwood 1983:43-54).

2.8.5 Body-Oriented Therapy

2.8.5.0 Introduction

Some therapeutic approaches utilize direct manipulation of the body in order to effect psychological and/or systemic changes. Some of these approaches, such as bioenergetics and core energetics, aim most directly at psychological well-being, while the others pursue psychological change as an offshoot. Although it can be argued that these therapies deserve to have their own "cluster," most of them employ Humanistic principles or have been associated with the human potential movement of the 1970's and 1980's.

2.8.5.1 Bioenergetics Analysis

Alexander Lowen and John Pierrakos were both students of Wilhelm Reich and extended his *orgone energy*-based approach. Like Reich, they felt that psychological problems were caused by energy blockages in the body, due to chronic *muscular armoring*. The treatment consisted of a balanced combination of verbal therapy and "*bodywork*." This bodywork comprised both direct manipulation of the patient's constricted muscles (which was also done by Reich)

to which they added *bioenergetics exercises* that can be done by the patient alone or in a bioenergetics exercise class. They also extended Reich's work on *character types* and added concepts such as *grounding*, or working with one's connection to the earth (Corsini and Wedding 1995:417).

2.8.5.2 Core Energetics

John Pierrakos after 20 years of collaboration with Lowen, met and married a psychic named Eva Broach. Together they took Broach's spiritual perspective, merged it with the Bioenergetics model, and developed Core Energetics. Much of the model was similar to bioenergetics, but it was given a new context. Instead of working through the layers of psychological defenses and chronic muscular armouring to arrive at the heart, you go "deeper" to the patient's spiritual core (Cranmer 1994:117-130).

2.8.5.3 Structural Integration (Rolfing)

Ida P. Rolf body-oriented therapists felt that the structure of the body can become imbalanced through ones upbringing, habit patterns, or injuries. Further, these imbalances not only have physical consequences (such as chronic muscle tension, loss of movement, and restricted circulation), but also decreased vitality and negative feeling states. In a series of ten sessions, the Rolfer aims to realign segments of the body along its vertical axis by remoulding the connective tissue (fascia) enveloping the muscles. Once balanced, the structure of the body interacts with gravity to achieve graceful movement and a free flow of energy. Many people undergoing Rolfing reported the experience of "flashbacks" to traumatic

events in their past (purportedly held in the "muscle memory") or other cathartic emotional experiences (Claire 1995:55-75).

2.8.5.4 Awareness Through Movement and Functional Integration

Feldenkrais method is a form of somatic education that uses gentle movements and directed attention to improve ease and range of motion, flexibility and coordination, and to enhance overall human functioning. Based on principles derived from physics, biomechanics, and human development, Feldenkrais (a physicist, martial artist, and mechanical engineer) felt that you can "rewire" the nervous system to produce greater complexity and adaptability. Feldenkrais's work is done in two formats. There are group sessions called Awareness Through Movement classes, where the teacher verbally leads the group through a sequence of movements, and Functional Integration where the student works privately with a teacher, who guides the student's movements through touch (Claire 1995:97-113).

2.8.5.5 The Alexander Technique

Alexander was an actor and teacher who originally developed a technique of vocal training for singers and actors. From there on his work evolved to include "breathing re-education," and finally a method for learning how to consciously change maladaptive habits of coordination and resolve chronic muscle tension. Alexander lessons are taught on an individual basis, with the option of classes and workshops to enhance the process. The technique takes the student through basic

movements while the practitioner gives gentle hands-on guidance (Claire 1995: 77-95).

2.9 Family Systems Therapies

2.9.0 Introduction

Although family therapy has existed for several decades, this cluster of approaches rose to prominence during the 1980's. Family therapists made the claim that they were not just another school of psychotherapy, but an entirely *new paradigm*. They accused the individualistic schools of committing an *epistemological error*. They stated, "*by studying the individual apart from his or her context (which was usually the family, but could include more) you are doomed to a fundamental misunderstanding of what is going on with that individual. Furthermore, if you then intervene based on that misunderstanding, you would only make matters worse*". The schools in this cluster vary in their emphasis. Some focus more on the *nuclear family*, while others focus on the patterns that get passed down over several generations. Some focus on the *structure* of the family while others focus on *interactions*, communications, and meanings within the family. Some draw on certain psychodynamic concepts, while others find their roots in *cybernetics* and *systems theory*.

2.9.1 Object Relations Family Therapy

Drawing on the object relations theory of Fairbairn, Framo argues that a person's current relationships become targets for projecting old parental introjects. The individual then tries to compensate for negative early experiences of childhood in

his or her current relationship. Framo developed a unique process for couples' therapy, which involves taking a couple through three stages of treatment. After several sessions with the couple (stage one), he then has the couple join a group with several other couples (stage two). Couples often find it easier to learn about projections and interaction patterns if they see them played out by other couples in the group. In the final stage, members of the group each meet with their own *families of origin* to address and resolve projections in present time (Goldenberg and Goldenberg 1985:134-137).

2. 9.2. Transgenerational / Family Systems

Murray Bowen originally trained as a psychoanalyst. Bowen developed his ideas at the Menninger Clinic in the early 1950's and later at the National Institute for Mental Health. He was one of the first to arrange for the entire families who had a schizophrenic family member to be hospitalised for observation and treatment. Bowen felt that the problem in families is something he called *fusion*, which happens when an individual is both over close with his or her own *family of origin* and does not have a clear distinction between his or her own thoughts and feelings. Bowen felt that people tend to go into relationships with others who are equally fused. If the level of fusion was high for both members of a couple, they would not handle their conflicts in a healthy manner but would involve a third party, a process known as *triangulation*. When this third party is a child, the family becomes an *undifferentiated family ego mass*. This will cause symptoms to "trickle down" through the generations, a process known as the *multigenerational* or *transgenerational transmission of symptoms* (Okun 1990:311-314).

2.9.3 Structural Family Therapy

According to Salvatore Minuchin, symptomatic behaviour would arise because of particular family structures. In order to move the family to a healthy structure, Minuchin employed *concrete manoeuvres* (such as changing the seating arrangement during the session and *enactments* of the family problem) and *cognitive change* (through *reframing*, *challenging family rules*, and pointing out *boundary problems*) (Okun 1990:314-315).

2.9.4 Strategic Family Therapy

Gregory Bateson, Don Jackson, Paul Watzlawick, John Weakland, Richard Fisch, and Jay Haley represent the Strategic Family Therapy group. In the early days of the Mental Research Institute (MRI), they focused on patterns of communication in families where one or more members have been diagnosed with schizophrenia. Out of this study came *communications theory*, also called *the interactional view*. The most well-known notion that grew out of the early MRI was the *Double Bind Theory of Schizophrenia*. Briefly stated, Bateson felt that children become schizophrenic because they are put in an impossible situation known as a *Double Bind*. In a true double bind a child is, (1) given a message at one level of communication (such as a mother saying to her child, "Come here and kiss mommy"). Then, (2) the child is given a conflicting message at another level (such as being hit by the mother when the child comes to kiss her). In addition to all this, the child (3) can't comment on the situation (either because he or she is too young, or will be punished, etc., and finally, the child (4) can't exit the system.

Watzlawick, Weakland, and Fisch, states that, "*a family's efforts to resolve their problems are often the very behaviours that caused the problems to persist*". Using a number of interventions, such as *paradoxical strategies* and *reframing*, they sought to interrupt the family's problem-solving behaviours and allow the system to reorganize itself in a healthier manner. Haley began as a student of Bateson, was greatly influenced by the work of Milton H Erickson, and later worked with Minuchin. Haley felt that problems occur in families due to a struggle for *power* over who will determine the *family rules* and definition of the relationship. So, for example, if a member of a couple has anxiety attacks in certain settings, that person may have "control" where the couple goes, what they do. The therapeutic solution is to design a clear *strategy* to shift the organization of the family so that the symptom is no longer needed. Haley's therapy is highly *directive*, using much *paradox* and *relabeling*. He is a strong advocate against insight, arguing that insight often gets in the way of therapeutic change, and as in hypnosis, most of the important work can be done outside of the patient's awareness (Okun 1990:316-318).

2.9.5 Systemic Family Therapy

Beginning in the late 1960's, Selvini-Palazzoli, who was originally trained as a child psychoanalyst, gathered together the other members of her group and studied the work of Bateson and the Mental Research Institute. Drawing on the notion of *constructivism*, they felt that the problem in families is that the members have different interpretations of reality that are "out of synch" with each other.

This leads to destructive, repetitive, and self-perpetuating sequences of interaction that the group referred to as *family games*. Further, these games are largely maintained through *paradox*. If paradox causes the problem, then a *counter-paradox* can be used to shake up the system and allow the *self-healing* nature of the system to operate. In 1980, the Milan team broke into two groups over some theoretical and technical differences. Each group emphasized a different aspect of their original approach and further evolved their ideas from that point (Okun 1990:318-320).

2.9.6 Great Originals

Virginia Satir, Carl Whitaker, Nathan Ackerman constitute this group. Hoffman refers to several family therapists as "the great originals." These are "pioneering figures whose contributions are of great value and yet who fall into no schools".

Satir's work served as a bridge between family therapy and humanistic psychology. She made extensive use of touch, encouraging emotional expression, and believed that individuals have all the resources they need to flourish. She felt that each member of a family is unique, and one's role of the family was to help build the self-esteem of its members. With her early work at MRI, Satir focused heavily on communications within the family and articulated *dysfunctional communication stances* that individuals adopt when under stress (Okun 1990: 345).

Whitaker stands out as one of the most unconventional of the family therapists. He believes that problems occur in families because they are "stuck " in some way. He attempts to depathologize the problem and likens himself to a car mechanic who just gets in there to "fix it." Whitaker argues that a therapist, like the client, needs to grow from the therapeutic relationship and to that end he draws on his own problems and primary process thinking to effect a cure. By using humour and paradox, he often "out crazies his patients" in what has been called a "psychotherapy of the absurd." His objective is to provide a unique encounter that will challenge and destabilize the existing system, allowing new patterns to emerge (Okun 1990:250).

Ackerman originally trained as a psychoanalyst and began writing about family dynamics in the early 1930's and seeing families in therapy during the 1950's. He was known for his charismatic, engaging, and provocative style; he confronts families and moves into sensitive material. Although most of his clinical formulations drew on psychoanalytic language, it has been argued (Hoffman, 1981) that his clinical work most closely resembled what later came to be Structural Family Therapy (Okun 1990:350).

2.10 Conclusion

A number of theories from Psychotherapy literature analysis were examined in order to understand socio-political trauma in South Africa. This literature reveals that there is evidence that victims are still hurting. Literature that is available in Psychotherapy and trauma shows that there are theories that deal with social

problems. The following Psychotherapy theories have been overviewed in this chapter:

Classical Psychoanalysis; Individual Psychotherapy; Analytical Psychotherapy; Medical Orgonomy; Ego Psychology; The Interpersonal Perspective; Object Relations Theories; Self psychology; The development of Learning Theory; The Conditioned Reflex; The Law of Effect; The Drive Reduction Theory; The Psychodynamic Social Learning Theory; Reciprocal Inhibition; Systematic Desensitization; Assertiveness Training; Social Learning; Rational Emotional Behavioural Therapy; Cognitive Behaviour Therapy; Stress Inoculation Therapy; Constructivist Approaches; Existential Therapy; Humanistic Therapies; Client-centered Therapy; Gestalt Therapy; Reality Therapy, Control Therapy, and Choice Therapy; Transpersonal Therapy; Holotropic Breathwork; Bionergetic Analysis; Core Energetics; Structural Integration; Awareness through Movement and Functional Integration; The Alexander technique; Object Relations Family Therapy; Transgenerational Family Systems Therapy; Structural Family Therapy; Strategic Family Therapy; Systematic Family Therapy; Great Originals.

The following information has been categorized in these four categories:

- (1). The Psychodynamic Therapies;
- (2). The Behavioural and Cognitive Therapies;
- (3). The Existential, Humanistic, Transpersonal, and Body-Oriented Therapies; and
- (4). The Family Systems Therapies

The main insights that can be drawn from the four categories are as follows:

- (1) The theories in the psychodynamic cluster all focus on the working of the mind, which is held outside the ordinary awareness, the unconscious.

Also, the psychodynamic theories focus on thoughts, which are always in motion, and often in conflict with each other.

- (2) The theories in the behavioural and cognitive therapies look within the mind for causes of behaviour and pathology. These theorists look outward toward the environment. For them the human is viewed as a “black box”, a kind of learning machine. Also, if we know all the details of the inputs (reinforcements and punishments) we can accurately predict all the details of the outputs (behaviours).
- (3) The theories within the existential, humanistic, transpersonal, and body-oriented therapies have their roots in several philosophical and spiritual traditions. They all share a primarily positive and optimistic vision of human nature and human potential. Their approaches tend to be holistic, looking at the entire person in his or her environment. Their approaches stress free will, choice, consciousness, and responsibility.
- (4) The theories in the family systems therapies say that by studying the individual apart from his or her context (which was usually the family), you are doomed to a fundamental misunderstanding of what is going on with that individual. The theories in this cluster vary in their emphasis. Some focus more on the nuclear family, while others focus on the patterns that get passed down over several generations. Some focus on the structure

of the family while others focus on interactions, communications, and meanings within the family. Some draw on certain psychodynamic concepts, while others find their roots in cybernetics and systems theory.

In this chapter many theories had been highlighted and developed in Psychotherapy. No doubt it can be useful. Most particularly, the ego plays a vital role in understanding the human psyche, and our social problems in South Africa.

Furthermore, understanding the following traits can help Counsellors to better serve people in Post-apartheid South Africa. The following psychotherapy analyses are important in this chapter: denial, repression, asceticism, isolation, displacement, turning against self, altruistic surrender, reaction formation, undoing, introjections, identification, regression, rationalization, sublimation. These are very important to our social problems in Post-apartheid South Africa. Yet considering the current social situation in South Africa with regard to the great variety of psychological effects of apartheid, a deeper understanding of the human psyche is desired, especially the psycho-spiritual. Also, there is little that is known about the relationship between the victims and trauma. Chapter three provides an overview of Christian Counselling.

CHAPTER THREE

AN OVERVIEW OF CHRISTIAN COUNSELLING

3.0 Introduction

Chapter two reviewed research literature that provided a broad understanding of Psychotherapy, and the direction of this study. This literature suggested that under-achievement in Psychotherapy could not be explained in relation to the religious, but that there was a need to investigate the quality of religious Counselling in South Africa. The importance of identifying theories that explain the character of traumatised people cannot be over emphasized. The purpose of this chapter, therefore, is to discuss and reflect on the procedures that are used in Christian Counselling.

The past twenty years have seen many advances in the field of Christian Counselling and Pastoral Counselling. Some of the finest minds in Christendom have articulated clear and helpful philosophies and techniques. There are many theories and some differ in some ways, but those, which are truly Christian, share common elements, including the following:

- They are based on the declared truth of the Scriptures and the demonstrated techniques of Christ's ministry.
- They permit, and indeed invite, the legitimate expressions of emotions.
- They acknowledge that many of people's problems result from attempts to meet God-given needs in ways that are outside the will of God.

- They espouse the principle that only a person whose faith in Christ provides wisdom, insight, love and strength can provide true Christian counselling.
- They carefully observe the human condition to see how the Scriptures can be applied most profoundly.

Christian counsellors have done a tremendous job leading those that are in need. The common goal of providing comfort and direction has been integral aspects of Christian counselling throughout church history. The apostle Paul wrote to the believers in Thessalonica to *"warn those who are idle, encourage the timid, help the weak, be patient with everyone"* (1 Thessalonians 5:14).

Although Christian Counsellors share in the common goal of Psychologists there is still a lot of bitterness especially against Christian counselling. According to Meier,

"Some Psychologists assume a psychology against the Christian position. They tell people to stop using religion as a crutch, and to begin to develop inner strength. They may recommend that clients stop reading the Bible and begin reading self-help literature. They may even suggest that people stop attending church (but, of course, continue attending counselling sessions!)" (Meier 1997:27).

Therefore, it is very important that the researcher presents this chapter with a thorough overview so that we can have a better understanding of Christian counselling and its effectiveness. Meier spotlights the following:

"There is a genuine need for research in the church today.... In a church service there are many variables with which a church leader may want to

experiment, such as the way the offering is taken (passing plates, placing plates at the door, or providing an offering box at the rear wall).... Experiment could be extended beyond the church service to determine what kinds of fellowship are best for the church" (Meier 1997:22).

3.1 Terms

3.1.1 What is Christian Counselling?

Counselling indicates service rendered to people in times of turmoil. In its historic context, therapy (or counselling) is the attentive, careful helping of others.

According to Patterson,

"The goals of education and of counselling are the same-the optimum development of the individual as a whole person and not solely with respect of his intellectual training. Thus counselling is as fundamental a technique of assisting the individual to achieve a style of living satisfying to him and congruent with his status as a citizen in a democracy as are the instructional techniques used by the teacher, in classroom and laboratory, to achieve stipulated academic or educational goals in the field of knowledge" (Patterson 1973:9).

3.1.2 The History of the Word "Therapy"

The Greek *therapeia*, with its derivatives *therapon*, *therapeuo*, and *therapontos*, give birth to some illuminating meanings for the current practice of Christian counselling. According to Strong's (1990:24), "*Therapeia means, "service"*.

More particularly, it means attentive, caring service, the kind of heedful, conscientious care that one would hope to receive in private and intimate matters, such as medical service.

In the bible the *therapon* is “*the servant who renders careful, experienced, watchful, meticulous, skilled, obedient, painstaking service to the one to whom he is intimately responsible.*” Particularly the closest Greek synonym for *therapon* is *diakonos*, which also means “*servant.*” We can glean from the linguistic resemblance the concepts of the therapist and minister. In fact, in the ancient world, *therapeia* was commonly translated into Latin as *ministerium*. Among the Greek words signifying “*servant*” (*therapon*, *diakonos*, *oiketes*, *pais*, *doulos*), the most intimate of these is “*therapon, which always refers to personal, considerate, and confidential act of service*” (Louw 1998:42).

3.1.3 Jesus as Therapist

Psychotherapy may sound like a purely modern term, but its roots are ancient. The New Testament prototype of the “*therapon*” is Jesus Christ, the message and means of God’s intimate, healing, restoring service to all people (Matthew 9:1-8; Mark 1:32-34; Luke 4:18; et al).

Jesus as the *therapon*, provides the *therapeia*, which He renders and which is the reflection of God’s redemptive love, portrayed in the banishment of demonic powers, and was made clear in the occurrences of the last days of Jesus’ earthly ministry. Jesus’ therapy is evident in the way he healed people possessed by demons (Matthew 8:16, Mark 1:34, 3:10, Luke 4:40 in Louw 1998:42).

Furthermore, the religious culture of the time of Jesus' ministry did not want to see any "*therapeia*" on the Sabbath, but instead, they held to their own rigid interpretation of the Law regardless of the damaging consequences to those they were responsible to serve. When Jesus was rendering *therapeia* on the Sabbath, it became a volatile point in his ministry (Matthew 12:1-14, Mark 3:1-6, Luke 6:1-11). Jesus, however, offered *therapeia* on the Sabbath as a sign of the emerging reign of God, thus intruding on the holy day with His ministry to sick bodies and tormented souls.

Many passages of Scripture depict Jesus' interwoven ministry of teaching, preaching and healing. His life and ministry validated Isaiah's prophecies of the Messiah as the Servant who comforted the anxious, encouraged the depressed, reconciled the hostile, and healed the lame and blind. The three-fold ministry of teaching, preaching, and healing, remains a concise summary of the purpose and mission of the church.

The authority of Scripture and the role of psychology are important to anyone interested in Christian counselling. God's design for counselling is the interrelationship of thought processes, emotions, behaviour and personal responsibility.

3.2 Early Beginnings

3.2.0 Introduction

The first stage of Christian Counselling occurred in the 1950's and 1960's, when a few people voiced concern that current church teaching and methods were not addressing many problems.

3.2.1 History and Development

Clyde Narramore, and Henry R. Brandt were the first champions of Christian psychology. According to Meier, *"Their writings have convinced many evangelical Christians that psychology can be both biblical and functional"* (Meier 1997:34).

Meier spotlights that, "in the 1960s, long before non-Christians considered the use of radio counselling, Clyde Narramore had a nationwide radio program entitled "Psychology for living" in which he answered letters from people with personal problems. In his book *The Psychology of Counselling* he said, the following about counselling:

"Through the centuries devoted believers have recognised the true source of their strength. Martin Luther said, "It will be easier to transport a rock from the Alps than to remove me a finger's breath from the Word of God" John Bunyan's "Evangelist" counselled well with men because, "The best of Books was in his hand".... Dying, the great Sir Walter Scott wanted no counsel from his vast library except the Bible" (Narramore 1975:238).

Also, Narramore provided professional and lay counsellors with one of the most comprehensive guidelines and concepts of counselling. He challenged

Counsellors to use the Word of God and has shown how to use scripture effectively. His comprehensive book has a list of several hundred of the most appropriate Scripture portions to be used with different types of personality and spiritual problems such as:

- Anger and Worry; Sickness;
- Bereavement and Loss; Comfort; Death; Sickness; Suffering;
- Confidence (Developing); Growing Spirit; Guidance; Help and Care;
- Danger; Difficulties; Disappointment; Discouragement; Fear;
Persecution;
- Forgiveness of sin; Forgiving others;
- Friends and Friendliness; Loneliness;
- Love (God's); Obedience; Peace of Mind; Praise and Gratitude;
Provision; Return of Christ;
- Sin; Sorrow; Temptation;
- Trusting; Victory;
- Man's Need of Salvation; Faith; Jesus Christ is the Saviour of the World;
God's Word gives the plan of Salvation; Assurance of Salvation;
Overcoming Temptation; Living the Christian Life; Christian Fellowship;
Witnessing for Christ.

Jay Adams again challenged the growing movement of psychology. Adams perceived psychology and psychiatry as threats to conservative Christianity in the following ways: -

- (1) Psychology's influence neutered the "in the office" theology of pastors. Once a pastor left his pulpit he became a de facto "Rogerian." He no longer proclaimed the claims of Christ and the call for repentance.
- (2) The mental health system offered a persuasive rationale for referring troubled parishioners to secular experts. The province of pastoral care supposedly did not include psychologically, emotionally, or mentally 'sick' people.
- (3) Evangelicals in the mental health professions were functionally secular in their ideas and practices. They were intruders into and usurpers of the pastor's role.

In Adams's eyes the phrase "Christian psychotherapy" was Satanic. According to Adams in *More than Redemption* (1997:9), he contends:

"It is improper to conceive of Freud, Rogers and scores of others like them as great benefactors of the church, near Christians, or persons from whom we can learn much. No, rather we must see clearly that they have come peddling the wares of the enemy. They are his agents".

Adams in *"Competent to Counsel"* has helped thousands of pastors, students, laypersons, and Christian counsellors to develop both a general approach to Christian counselling and a specific response to particular problems. Adams used biblically directed discussion. Nouthetic-counselling works by means of the Holy Spirit to bring about change in the personality and behaviour of the counselee.

"I have been engrossed in the project of developing biblical counselling and have uncovered what I consider to be a number of important scriptural principles. There have been dramatic results, not only have people's

immediate problems been resolved, but there have also been solutions to all sorts of long-term problems as well."

Furthermore, Adams in the *Christian Counsellor's Manual* takes the approach of nouthetic counselling and introduced a wide range of issues, topics, and techniques in counselling such as: Who is qualified to be a counsellor? How can counselees change? How does the Holy Spirit work? What role does hope play?; What is the function of language?; How do we ask the right questions?; What often lies behind depression?; How do we deal with anger?; What is schizophrenia?.

The second phase of the modern development of Christian counselling produced academics and researchers who continued to grow and give credibility to the movement, and several more psychologists gained wide acceptance beyond the narrow field of psychology, including Larry Crabb, James Dobson, Bruce Narramore and Gary Collins. In this phase, Christian psychology became a respected feature of evangelical Christianity.

The third stage began in the mid '80's when the movement became widely popular and indeed, became the defining influence on the church's view of anthropology and sanctification. In this phase, terms such as dysfunctional families and victimization became the common language of church life because it dealt with inter- and intra-personal pain.

At this point, Christian counselling is at a crossroads. Some scholars claim that the popularity of Christian psychology occurred because the church abdicated its God-given responsibility to speak profoundly to the complex needs of people. Psychology, they claim, simply stepped into this vacuum.

Finally there has been many weaknesses in pastoral counselling in the last century in contrast with the profound strength of the Puritan's pastoral counselling. Pastors in the 17th and 18th centuries, such as Richard Baxter, were known as "physicians of the soul" (Kirwan 1994:64). They serve as excellent examples for us as we seek to develop distinctly Christian responses to life's perplexing problems. Kirwan writes, "The Puritans faced depression head on; that is, they did not try to spiritualise the problem when they did not understand it" (Kirwan 1994:64).

According Lewis (1975:89) in Kirwan,

"Melancholy is a dark and dusty humour which disturbs both the soul and the body, and the cure of it belongs to the physical (rather) than to the divine.... It is a humour that unfits a man for all sorts of services, but especially those that concern his soul, his spiritual estate, and his everlasting condition. The melancholic person tries the physician, grieves the minister, wounds relations and makes sport for the devil... Melancholy is a disease that works strange passions, strange imaginations and strange conclusions".

Thomas Brooks developed a massive and profound literature on a wide range of personal and pastoral problems.

3.3 Analysis of Problems

3.3.0 Introduction

In analysing social and psychological problems from a scriptural perspective, biblical counsellors recognize different levels of every problem.

3.3.1 Feelings and Emotions

A person will often seek counselling when there is a disruption or discomfort of feelings, most notably a lack of peace and joy. Following a scriptural pattern, biblical counsellors carefully explore the feeling level of a problem in order to define the nature of the problem being presented and the what, when, where, and how of the problem as depicted in Genesis 3:8-13, 4:6; I Kings 19:9-14; Proverbs 18:13, 17; Luke 24:13-35; John 20:11-18. Kirwan states that,

“According to the bible, however, emotions and feelings have a clearly defined role in the Christian frame of reference. Basically, emotions are psychic reactions triggered by stimuli emanating from either outside world or inner self. As the brain is stimulated by an event (external) or thought (internal), past experiences, present circumstances, and expectations concerning the future are rapidly processed and produce an emotional response. That emotional response is essentially threefold. First there is a perceptual or cortical response. Second there is a physiological change affecting, among other things, respiration and heartbeat. Third there is a conscious feeling or sensation of the specific emotion” (Kirwan 1994:49).

3.3.2 Doing

Biblical counsellors attempt to help the counselee identify specific thoughts, words, and actions, which violate biblical injunctions. A person focused on self tends to allow his feelings to dictate his behaviour; regardless of what effect this may have on others. Living by one's feelings inevitably leads to doing the wrong

things, which leads to more problems and further violations of biblical principles. For our instruction (Romans 15:4), numerous examples of this self-centred pattern of behaviour are given in Scripture (Genesis 3:6-13, 4:5-8, 37:11-33; II Samuel 11:1-27, 13:1-33; II Chronicles 26:16-21).

However, God's Word says that all of one's thoughts, words, and actions should result from a commitment to please God by obeying Him (John 14:15; II Corinthians 5:9-15; Colossians 1:10). When a counselee begins to obey God, regardless of his feelings (Romans 6:12-13; II Corinthians 5:15; Galatians 5:17), then God's promised blessings are available to him (Genesis 4:7; James 1:25). Foremost among these blessings are lasting peace, joy, and righteousness (Romans 14:17).

Doing is a vital dimension of human personality. According to Kirwan, "*As the mind relates to knowing and the heart to being, so the human relates to doing*" (Kirwan 1994:53).

3.4 Elements of Biblical Counselling

3.4.0 Introduction

According to Adrian Warnock (2004), Biblical Counsellors should use the older way of counselling, because the meaning of counselling from the old way shares the same definition used in the Bible for counselling. According to *The Oxford American Thesaurus* (1990), the word used is advice, guidance, direction,

recommendation, information; opinion, suggestion, warning, admonition, caution or consultation, discussion, conference, deliberation, dialogues. In light of Biblical scripture, in every biblical counselling session, the following elements should be emphasized:

3.4.1 Understanding the Problem

Gaining God's perspective on any difficulty is important for those involved in facing and dealing with problems biblically (Proverbs 3:5-6; Isaiah 55:8-9; Romans 5:3-5, 8:28-29; James 1:2-4). The counselee needs to look honestly at him or herself in the light of God's Word (Matthew 7:1-5; Luke 6:42-49; I Corinthians 11:31). Understanding a problem requires that biblical inquiry be made (Proverbs 18:13,17; II Timothy 3:16-17; James 1:19) and truthful answers be given (Ephesians 4:15,25) in order for the total spectrum of the problem to be revealed (Mark 7:20-23; James 1:22-25,4:17). A biblical counsellor asks questions and listens carefully to the responses so sufficient facts can be gathered to understand the problem. God's solutions are practical and personally applicable to every person's problems, so it is necessary to address the true problems - not merely "fix the feeling" or manipulate the circumstances (Proverbs 18:2,13; James 1:19).

3.4.2 Hope

In His Word, God has promised that He will not let one be tried or tempted, suffer "stress" or anxiety, or face any problem beyond one's endurance. Instead He will

provide ample help and direction in every situation as one deals with the problem His way (I Corinthians 10:13; Hebrews 4:15-16). The biblical counsellor can confidently assure the counselee that there is hope in every situation. The counsellor demonstrates this hope from the Scripture whenever it is needed.

3.4.3 Change

One must learn how to lay aside (or "put off") the old self-centred habits and destructive thoughts (such as anxiety, bitterness, and resentment). Instead, one is to "put on" biblical patterns of thought, words, and actions (Romans 6:6-7, 12-13; Ephesians 4:22-32; Philippians 4:6-9; Colossians 3:5-17).

3.4.4 Practice

One must take action to put God's solutions into practice in everyday activities. If one hears the Word and do not put it into practice, one deceives oneself and problems become worse. But if you become a doer of the Word, God has promised that you will be blessed and will experience His peace and joy in spite of any turmoil around you (Psalm 85:8-10; Isaiah 32:17; John 15:10-12, 16:33; Hebrews 5:14; James 1:22-25, 3:14-18; I Peter 3:8-12).

3.5 The Uniqueness of Christian Counselling

3.5.0 Introduction

From the study of elements of Biblical Counselling, we can conclude that barely half of the professionals attempt to provide genuine Christian Counselling care.

Over the years Christians linger with their problems because they do not really see that people can work out their problems through genuine Biblical Counselling. Collins in *Can you trust Counselling?* (1998) identifies several uniqueness in Christian Counselling:

3.5.1 Unique Assumptions

According to Collins, *"Every approach to counselling-secular or Christian begins with an underlying set of presuppositions. These assumptions influence counselling whether the counsellor is aware of them or not. Also Christian Counsellors tend to have unique assumptions about God, the universe, human beings, truth, pathology and guilt"* (Collins 1988:52).

The Christian view, however, is an open system in which God reveals the nature of man as well as His own nature. Though Christians differ on points of doctrine, we generally agree on the basic tenets of the faith about God, man, truth and the authority of Scripture.

3.5.2 Unique Goals

Collins identifies the counselling goals as following: -

- To help counselees change behaviour, attitudes, values and perceptions;
- To teach skills, including social skills;
- To encourage the recognition and expression of emotion;
- To give support in times of need;

- To teach responsibility;
- To instil insight;
- To guide as decisions are made;
- To help counselees mobilize inner and environmental resources in times of crises;
- To teach future problem solving skills; and
- To increase counselee competence and foster growth (Collins 1988:54).

Christian Counsellors help clients gain insight and change behaviours, attitudes, and responses. Counsellors teach responsibility and skills in communication and problem solving.

However, the Christian counsellor's goal extends farther by helping the counselee to love God with all his heart and to live by biblical values. In accomplishing this goal, the Christian Counsellor presents the gospel to someone who is not a believer or is unsure of his faith. He encourages the person to confess his sin and experience forgiveness, and also, to extend forgiveness to others. He helps the person understand proper behaviours and to take substantive steps to act appropriately and responsibly. The Christian, of course, has transcendent values to motivate and guide, as Paul wrote, *"For the love of Christ controls us, having concluded this, that one died for all, therefore all died; and He died for all, that they who live should no longer live for themselves but for Him who died and rose again on their behalf"* (2 Corinthians 5:14-15).

3.5.3 Unique Techniques

Collins writes:

"All counselling techniques have at least four characteristics. They seek to arouse the belief that help is possible, correct erroneous beliefs about the world, develop competencies in social living, and help clients accept themselves as persons of worth. To accomplish these goals, counsellors consistently use such basic counselling techniques as listening, showing interest, attempting to understand, and at least occasionally giving direction.... But the Christian does not use counselling techniques that would be considered immoral or inconsistent with biblical teaching" (Collins 1988:55)

Christian Counsellors do not choose techniques based upon their pragmatic value, they test each technique's validity against the values of Scripture. They may use prayer and instruction on various biblical themes, and they may confront people's attitudes and behaviours based on biblical mandates.

Prayer is not used, however, if the counsellor perceives the client is avoiding personal responsibility by "trusting God to take care of them." One of the Christian counsellor's goals is to help the person find the balance of trust in God and personal responsibility (see Philippians 2:12-13). And the counsellor needs to be a good listener first to grant the person permission to express himself and to gain insight into the person's real problem. Then the use of Scripture can be much more effective.

3.5.4 Unique Counsellor Characteristics

The integrity of the counsellor is even more important than therapeutic skills in counselling effectiveness. Patterson concluded that an effective counsellor must

be *"a real, human person" who offers "a genuine human relationship" which is "characterized not so much by what techniques the therapist uses as by what he is, not so much by what he does as by the way he does it."* (Patterson 1973:vii)

As a servant of Jesus Christ, called to love and to strengthen others out of a full heart, the Christian counsellor has limitless resources as he or she experiences the wisdom of God and the power of the Holy Spirit. The Counsellor, just like the client, is in the process of growing in the knowledge of God and is being watered, pruned, and shaped by the Spirit's work. This process makes the Counsellor increasingly effective and competent to counsel.

Also, a person's view of the validity of any aspect of secular knowledge often depends on his view of natural revelation. Other fields, such as medicine and engineering, rely on empirical evidence to support new theories, which, if proven, are useful in people's lives. In the same way, secular views of the human condition can prove valuable if they are consistent with the assumptions of biblical theology. The problem, of course, is that "observing the human condition" (or psychology) overlaps with the domain of the church, so differences in values, techniques, and interpretation of evidence looms large.

Gary Collins states:

"....the Bible never claims to be a textbook on counselling. It deals with loneliness, discouragement, marriage problems, grief, parent-child relations, anger, fear, and a whole host of other counselling situations, but it was never meant to be God's sole revelation about people helping. In

medicine, teaching and other 'people-centred' helping fields, we have been permitted to learn much about God's creation through science and academic study. Why, then, should psychology be singled out as the one field that has nothing to contribute to the work of the counsellor?" (Collins 1988:94-97).

3.6 Wisdom, Jesus and Psychotherapy

3.6.0 Introduction

In light of serious pathological problems, Klimek (1991:4-11) proposes the problems that occur in a traumatic mind.

3.6.1 A Christian's Analysis of Basic Humanity and Psychotherapy

Klimek identifies the following problems in human nature:

- Dependency;
- Existential Anxiety;
- Separation Anxiety;
- Belittlement Anxiety;
- Aloneness;
- Fearfulness;
- Anger; and
- Unconditional Existential Anger.

Klimek (1991:11) further outlines the common areas of suppression (disguise) of unconditional existential anger as following:

- Excessive impatience, competition, or aggression;

- Reversal of anger;
- Displaced aggression;
- The vindictive attitude of the Talon Principle; and
- Failure and lack of success.

According to Klimek, *“Freud deserves credit for exploring what could be known as our unconscious”* (Klimek 1984:58). Sigmund Freud’s psychoanalytic theory gives insight to the conflicts of the unconscious mind, which is central to mental healing. The unconscious mind is responsible for anxiety, guilt, denial, and defense mechanisms.

3.6.2 Jesus’ Ways of Dealing with People

Jesus Christ, when dealing with people always used a method of reminding people of their unconscious past to bring about a positive future. Jesus understood the principles of attaining psycho-spiritual maturity. It is very easy to ignore or overlook the “real” meaning of Jesus’ first lessons taught on repentance and forgiveness, which are recorded in the book of Matthew.

3.6.2.1 What is Repentance?

The researcher’s concept of repentance means to do over, find again, repeat, or recover emotional pain that people deny, repress, resist, or defend.

According to Klimek, *"In this process of psychotherapy, repentance, or to re-experience and recover our pain, constitutes the beginning of healing that eventually leads to higher levels of strength"* (Klimek 1984:37).

Furthermore, Jesus' teaching on attitudes caught people's attention. Jesus struck a responsive cord deep in hearts, their souls, their unconscious, and their humanity.

3.6.2.2 Forgiveness

It is very difficult for a person to understand forgiveness because one cannot forgive someone until they have fully felt the pain he or she has caused them.

For example, many persons who, for one reason or another, seek Psychotherapy, would likely to endorse the statement, "I am a forgiving person." And they will resist any attempt to look at angry feelings toward another person. But Psychotherapy really has nothing to do with blaming others. In order to live honestly and take full responsibility for your own life, you have to learn in psychotherapy to put your hurt and anger onto the "table" in front of you so you can examine your emotions consciously. And then, when it has been brought to the surface and acknowledged, it can be swept away in forgiveness. But, until this work has been done thoroughly, the statement "I am a forgiving person" is just an illusion. And the illusion was seen in the victims, where they said, "I've talked about my traumas; I've forgiven everyone; but I'm still miserable".

There, the religious concept of “praying for your enemies” can therefore be expressed psychologically as simply hoping that the person who injured you will ultimately recognize his or her destructive behaviour and repent it—as opposed to your wishing for that person’s destruction.

3.6.2.3 Pre-mature Forgiveness

Unfortunately, there can be one major psychological complication in regard to forgiveness because:

- You cannot forgive someone until you have fully felt the pain he or she has caused you.
- Imagine the person who says, “I’m reconciled to what happened. I’m OK with it. Actually, it doesn’t even bother me. But my life is still miserable. What do I do now?”
- This means that one is still denying your unconscious anger and resentment, so even though you think you’ve come to terms with what happened, there are still emotions about the event which you have pushed out of awareness.

Many persons can get caught up in this premature forgiveness as a way to avoid coping with all the unpleasant emotions, such as anger, that are brewing secretly in the unconscious, genuine forgiveness remains impossible.

3.6.2.4 Reconciliation

If one person is injured by another, we could say that the two persons are “pushed apart” by the injury, and so, if they are to become friendly again, this gap between them must be repaired and they must be reconciled. Reconciliation comes from the Latin words re-, meaning “again,” and conciliate which means, “to bring together”. So reconciliation means “to bring together or to make friendly again”.

3.6.2.5 Forgiveness the Problem of Failed Reconciliation

Forgiveness can be difficult for many people simply because they are not clear about what forgiveness really is. All too often forgiveness gets confused with reconciliation, a larger process of which forgiveness is but one part, as indicated above. All too often, reconciliation fails. So what does that have to do with one’s ability to forgive?

In the real world one will likely come across many persons who refuse to make reparation for their injurious acts. Hypocritically posing as pillars of their community, they might refuse to confess, to repent, and to make possible reparation.

The victim can still forgive anyone, even though, one will know that forgiveness does not involve letting the person “off the hook” legally and it does not mean that you must ever be reconciled. Reconciliation is made possible by the free choice of the victimizer, but forgiveness is always your choice, yours alone.

3.6.2.6 Forgiveness is a Gift

Forgiveness is a gift you give to someone else. It's an act of your own will. And as such your willingness to forgive your mother does not depend on whether or not your mother ever acknowledges the harm she caused you.

But even grasping this point intellectually leaves many persons stymied. "Then what am I supposed to do with my pain if I can't get any satisfaction from the one who hurt me?" they ask. The answer is purely emotional. Forgiveness comes from sorrow. Not sorrow for anything you have done, but sorrow for the very fact that everyone, including yourself, has the same ugly capacity to inflict harm on others, wittingly or unwittingly. Notice the words I just said: including yourself. This is where everyone gets stuck, even your siblings, because it's easy enough to see that your mother was hurtful, but to admit that you have the same human capacity for hurt is just too distasteful. In fact, anyone who has been victimised has a human urge to receive compensation, and for you to admit that you and the victimizer are no different from each other—at the human level—is quite terrifying, for it jeopardizes some of that claim to compensation.

3.6.2.7 Love of God

So what is God's will? Well, there are a lot of wacky New Age "therapists" out there who will tell you that it's all about connecting with "divine energy" so you can accomplish anything you desire. But for ages the mystics have been telling us something else: loving is about giving, not getting, and to do God's will is to give

of yourself, to empty yourself of all personal desires, not to receive. In fact, true love means to continue giving even if you receive nothing but rejection and hatred in return. *"Do not conform yourselves to this age, but be transformed by the renewal of your mind, so that you may judge what is God's will . . ."* (Romans 12:1-2).

In other words, healing is not so much a cleansing of the body but a pledge made to God from a clear conscience.

3.6.2.8 False Spirituality

True spirituality requires complete denial of the psychological "self" and a profound absorption in divine love. It's not an easy process, and it doesn't work by magic, that is, simply by claiming to believe in something. Unfortunately, there are many persons who don't want to do the hard work of self-denial. So, sad to say, they take up religious sentiments as an unconscious way to hide their own fears of abandonment and loneliness.

3.7 The Merger of Psychotherapy and Christian Counselling

3.7.1 Appropriate Integration

Integration is possible by bringing God's truth from all areas of His creation, both special and natural revelation, to bear on the therapeutic endeavour. For Collins (1988), this is possible through a careful study, selection, and orderly combination of compatible concepts from a variety of sources, based on the principle that *"all truth is God's truth."*

Therefore, one can conclude that inappropriateness and conflict comes in man's faulty observation or interpretation of either or both of these bodies of truth.

3.7.2 A Multi-Model Approach

People seem to yearn for a clear, simple answer to life's complexities. Many people view psychological problems through a simplistic lens and desire one definable set of problems and solutions. These simple answers, however, seldom stand the test of scrutiny. Some religious people follow the "sin model"; some in the recovery community follow the "medical model"; and others follow the "not so simple model."

3.7.2.1 The Sin Model

Some well-meaning believers reduce all the problems of human interaction, personality, and physical functioning to sin. In this paradigm, sin accounts for emotional distress, addictions, and other behavioural difficulties, and idolatry is the fundamental problem of mankind. Predictably, repentance is seen as the single solution to this problem. Individuals are responsible for both the problem and the solution.

3.7.2.2 The Sickness Model

The idea that emotional problems originated from natural causes was popularised in the early years of the Alcoholics Anonymous Movement. Silkworth (1938)

introduced the disease concept of alcoholism to Bill Wilson, one of the founders of AA. Later, the disease concept was applied to drug abuse, and still later, to co-dependency. In this model, the person is not responsible for the perceived medical problem, just as he isn't responsible for contracting the flu (<http://silkworth.net>).

Indeed, many behavioural and emotional problems are related to specific chemical deficiencies, and medical treatment is of vital part of care. However, the model is taken too far when applied indiscriminately to any emotional problem.

3.7.2.3 The Not-So-Simple Model

The psalmist proclaims that man is "fearfully and wonderfully made" (Psalm 139:14-15). Humans are made in the image of God, but we are deeply fallen. Our complexity includes physical, mental, emotional, behavioural, and social aspects of our being. Virtually every problem people have is multifaceted; its solution is then multi-modal. For instance, an addict has chosen coping mechanisms outside the will of God to block pain and to gain a sense of value or control. There are usually factors outside his control, and therefore, outside his responsibility, such as childhood trauma, poor parental modelling, cultural reinforcement, and biochemical deficiencies. The biochemical dependencies may require detoxification. Effects of depression may require medication to enable the person to think clearly and make wise choices. New communication skills need to be learned, and new courage needs to be acquired in order to follow through with the communication and the skills. Repentance is right and appropriate in particular

points of responsibility, but we do not repent of the wounds received from others or of biological factors outside our control.

Though the symptoms and the contributing causes of a person's problems are multifaceted, the root cause of all human problems is fallenness, manifested in apathy toward God, rebellion, and a desire to keep control of one's own life whatever the cost. All of relational, behavioural, and emotional difficulties spring from this underlying condition. Physiological and psychological analysis certainly has validity to enable people to understand the dynamics and destructive powers in their lives, and also, to help them gain insight into channelling their motives and energies into constructive attitudes and behaviours. According to Collins:

“Among Christians, ...resistance to psychotherapeutic medication probably comes from those who believe that drug use is a sign of spiritual weakness. Many feel that Christians shouldn't have overwhelming struggles and psychological problems. When stresses arise, these people feel that prayer, trusting the Lord and meditation on Scripture are the only Christian ways to cope with anxiety.

Even in Jesus' time, however, the God-given wisdom of professional healers was not dismissed. If the Lord has allowed us to discover new chemical tools to counteract the biological bases of human problems and to help us cope temporarily with the stresses of life, are these necessarily wrong? When drugs distract us from facing problems or prevent us from seeking biblically based solutions to our struggles, and then using them is not right. But psychotherapeutic medications can help us relax so that we can think more clearly. Their use is neither wrong nor an indication that we lack faith” (Collins 1988:38).

3.8 Conclusion

In conclusion, this chapter addressed two issues. Firstly it discussed different methodologies that were used in Christian Counselling. It showed two methodologies were used. These were: A survey of Biblical based Christian

Counselling in care-giving; and the second method was Psychology and Christian Counselling.

A number of theories from Christian Counselling literature were examined in order to understand socio-political trauma in South Africa. This critical literature analysis reveals that there is evidence that victims are still hurting. Literature that is available in Christian Counselling shows that there are theories that deal with social problems. The following Christian Counselling theories have been overviewed in this chapter:

- (1) Analysis of problems (feelings, emotions and doings);
- (2) Elements of Biblical Counselling (understanding problems, hope, change, and practice);
- (3) Collin's Uniqueness of Christian Counselling (assumptions, goals, techniques and counsellor characteristics);
- (4) Jesus, Wisdom, and Psychotherapy; A Christian's analysis of Basic humanity and Psychotherapy; Jesus' Ways of Dealing with People; Repentance; Forgiveness; Pre-mature Forgiveness; Reconciliation; Forgiveness the Problem of Failed Reconciliation; Forgiveness is a Gift; The love of God.
- (5) The Merger of Psychotherapy and Christian Counselling (The Multi-Modal Approach, The Sin Model, The Sickness Model, The Not-so-simple Model).

In this chapter many theories had been highlighted that developed in Christian Counselling. No doubt it is very valuable. Most particularly, basic humanity and Psychotherapy play a vital role in understanding the human psyche, and our social problems in South Africa.

Furthermore, understanding the following traits can help Counsellors to better serve people in post-apartheid South Africa. The following Christian models are important in this chapter. Klimek identifies the following problems in human nature: Dependency, Existential, Anxiety, Separation Anxiety, Belittlement Anxiety, Aloneness, Fearfulness, Anger and Unconditional Existential Anger.

Furthermore the common areas of suppression (disguise) of unconditional existential anger have been developed as following: Excessive impatience, competition or aggression, Reversal of anger, Displaced aggression, the vindictive attitude of the Talon Principle, Failure and lack of success.

In this chapter we had seen that an examination of Christian Counselling could be compatible with Psychotherapy because these two domains share the same goals such as:

- (1) Firstly, they both have unique ways in analysing problems.
- (2) Secondly, they both have a unique way of understanding problems.
- (3) Thirdly, they provide hope for the counselee.

- (4) Fourthly, they both motivate towards change of one's self, and social changes.

These theories are very important to our social problems in Post-apartheid South Africa. Yet considering the current social situation in South Africa with regard to the great variety of psychological effects of apartheid, a deeper understanding of the human psyche is desired, especially the psycho-spiritual. Also, there is little that is known about the psycho-spiritual relationship between the victims and trauma. In chapter four one can see how Christian Counselling can be seen in the light of Post-Traumatic Stress Diagnoses. Chapter four provides an overview of PTSD.

CHAPTER FOUR

POST-TRAUMATIC STRESS DISORDER

4.0 Introduction

The apartheid era in South Africa caused a set of social phenomena that resulted in numbers of traumatised victims. This chapter explores the long-term trauma impact on victims who lost their loved ones, were wounded, lost their dignity and humanness. This group represents a large segment of the traumatised population in South Africa whose psychological needs remain valid.

It is more and more evident to Psychotherapists and Christian Counsellors that victims communicate the following things:

- Victims communicate their experiences and feelings through: rituals performed¹, descriptions of a deep pain in one's heart and hole in one's soul, avoidance patterns, intrusive thoughts, histories of post-traumatic depression, suicide ideation, substance abuse, and abusive relationships.
- Comments such as "Not one day has passed when I have not thought about her/him" are common².

¹ See Mogomme Alpheus Masoga (1999:213-223) *Toward Sacrificial- Cleansing Ritual in South Africa*.

² See graphs in Chapter 5. Data Analysis of political victims.

- “Not one day has passed when I have not ached to hold her/him in my arms once more”.
- Hundreds of previously silenced voices are carried across the Internet and newspapers daily.

It is evident that thousands of traumatized stories suggest that the people as a group has been victimized, oppressed, and traumatized by their traumatic experiences of apartheid. This chapter looks into the theory of PTSD and the traumatization of victims.

4.1 Profile for PTSD

According to the Diagnostic and Statistical Manual IV (DSM IV) (1994:428-429), the diagnostic criteria for PTSD has developed the following profile for this syndrome:

A. The person has been exposed to a traumatic event in which both of the following were present:

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- (2) the person's response involved intense fear, helplessness or horror.
Note: In children, this may be expressed instead by disorganised or agitated behaviour.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

- (1) recurrent and intrusive distressing recollections of the events, including images, thoughts or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- (2) recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognisable content.
- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening, or when intoxicated). Note: In young children, trauma-specific re-enactment may occur.
- (4) intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.
- (5) physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma.
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma.
- (3) inability to recall an important aspect of the trauma.
- (4) markedly diminished interest or participation in significant activities.
- (5) feeling of detachment or estrangement from others.
- (6) restricted range of affect (e.g. unable to have loving feelings).
- (7) sense of foreshortened future (e.g. does not expect to have a career, marriage, children or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) difficulty falling or staying asleep.
- (2) irritability or outbursts of anger.
- (3) difficulty concentrating.
- (4) hypervigilance.
- (5) exaggerated startle responses.

E. Duration of the disturbance (symptoms in criteria B, C. & D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important functioning.

Specify if:

acute: if duration of symptoms is less than 3 months.

chronic: if duration of symptoms is 3 months or more.

Specify if:

with delayed onset: if onset of symptoms is at least 6 months after the stressor.

According to Hamber and Lewis 1997,

“ In South Africa for example, it was found that of a sample of 95 political displaced in Kwazulu-Natal in 1990, 87% had symptoms which fulfilled the criteria for the diagnosis of PTSD (Michelson, 1994). There is also evidence that early traumatic experiences (during childhood), especially if these are prolonged or repeated, may increase the risk of developing PTSD after traumatic exposure as an adult” (Baldwin 1996).

This study was undertaken to better understand the traumatic aspects that victims experience and its long-term effects. While much has been studied and written about both the psychological aspects, there exists a rareness of research in the area of socio-political trauma.

From a socio- political trauma perspective, the trauma experience mandates a multi-contextual examination of historical, political, biological, and psychological factors. As we understand the prevailing thoughts in these areas, the following questions arise:

- Did a PTSD syndrome exist?

- How was the trauma experience socially constructed?
- What were the underlying assumptions that defined this experience?
- What were the larger societal concerns?
- What was the relationship between the psychological effects of victims and the social consequences?
- Were there opportunities for social action?
- And how might the Counselling community better serve this population?

By conducting this research, I hope to inform the counselling community of the issues relevant to the counselling of traumatised people as derived from the empirical study.

4.2 Defining Trauma

According to Hamber and Lewis (1997),

“Trauma can be defined as an event that overwhelms the individual's coping resources. Traumatic situations are those in which the person is rendered powerless and great danger is involved. Trauma generally includes events involving death and injury, or the possibility of death or injury. These experiences are unusual and out of the ordinary, and do not constitute part of the normal course of life.

The word trauma is generally used to include both natural catastrophes (such as hurricanes, floods or fires), and man-made violence (such as war, concentration camp experiences and other forms of victimisation)”.

Traumatic events may involve a threat to one's life; harm to one's self or family members, the sudden death of family members or destruction of one's home, or the witnessing of violent injury or death.

Traumatic events become internalised in the minds of victims and are relived by them long after the events are over. According to the DSM IV (1994:424-425), PTSD symptoms are generally divided into three groups.

- **Re-experiencing symptoms:** This includes disturbing recollections, distressing dreams, flashbacks, and intense distress.
- **Avoidant symptoms:** This involve an effort to avoid thoughts or feelings about the traumatic event, avoidance of activities related to the event, inability to recall the event, diminished interest in significant activities, detachment or estrangement from others, and a foreshortened sense of the future.
- **Hyper-arousal symptoms:** This includes difficulty in falling or staying asleep, irritability, difficulty concentrating, hyper-vigilance, exaggerated startle response, and psychological reactions to events that symbolize or resemble the traumatic event.

4.2.1 The Word Trauma

The word 'trauma' originally comes from the Greek language where it means 'wound'. Its similar use in psychology and psychiatry began at the end of the

nineteenth century as part of the effort to explain certain mental disorders.

According to Joseph, et al (1997:6)

“Psychological health have been recognized under various names (see Gersons & Garlier 1992; Trimble 1981 for reviews); most of these labels have been chosen in relation to combat, e.g. nervous shock (Page, 1885), traumatic neurosis (Oppenheim, 1982), anxiety neurosis (Freud, 1984, 1919), fright neurosis (Kraepelin, 1886), and shell shock (Mott, 1919; Southward, 1919)

Trauma, thus, was the cause of these illnesses and understood as a psychological breakdown caused by external events that exceeded the capacity of the psychological structure to respond to them adequately.

Furthermore, by the end of World War I, the military had become interested in the problem when they realized that condition of ‘shell-shock’ needed to be addressed and explained, and could not be reduced to simple cowardice (Joseph et. al 1997:6).

Also, it was during the Vietnam War that the United States finally established a set of identifiable symptoms, the so-called “Post Traumatic Stress Disorder” (PTSD) which was included in the Diagnostical and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Society.

4.2.2 Other Definitions of Trauma

In trauma theory, we need to distinguish between the traumatic situation, the trauma and the symptoms resulting from trauma.

- A traumatic situation is defined as an event or several events of extreme violence that occur within a social context, exemplified by war. Such a traumatic situation is a necessary but not a sufficient condition for trauma to occur.
- While trauma implies the destruction of individual and/or collective structures, it does not always follow that such destruction causes immediate symptoms. PTSD is the best-known classification of symptoms that persist with the victim of a traumatic situation. This may cover in accidental events such as natural disasters or instigated events such as combat, crime, rape, kidnapping and imprisonment.

4.3 Trauma is Conceptualised in Three Different Ways:

According to the Berghof Research Centre (2003), trauma is conceptualised in three different ways:

- Trauma as a medical concept, e.g. PTSD, where the aim is to establish a more or less complete catalogue of symptoms.

- Trauma triggers highly complicated psychological processes (intrapsychic) that need to be analysed. (See Bergmann, M. and Jucovy, M. 1982 and Bettelheim, B. 1943. Bettelheim's work is discussed later.)
- Trauma as a social and political process: Traumatization is not only an individual process but also a social process that refers to the society as a whole (www.berghof-center.org).

4.4 What is Extreme Traumatization?

The word "extreme" conveys the special nature of the trauma, which neither in its way of happening, nor in its short and long term consequences, nor in its symptomatology, nor in its sociopolitical implications could be compared to other traumatic events such as accidents, an earthquake or a heart attack.

According to Berghof (2003), *"Freud provided the idea that trauma can also be a product of several experiences. Also, this was further developed by Khan and led to his concept of 'cumulative trauma'"*

4.5 What is Cumulative Trauma?

According to Khan, trauma can be a product of a series of individually non-traumatic experiences, which develop and accumulate within an interactive framework and finally lead to a breakdown. These ideas are highly important because, although initially limited to the mother-child relationship, they transfer

the emphasis from the trauma to the traumatic situation. This converts the event into a process and, without denying the intrapsychic wound, focuses on the importance of the interactive framework (Khan 1977 in Berghof 2003).

Khan's ideas were later developed by Hans Keilson in his concept of "sequential traumatization".

4.6 What is Sequential Traumatization?

Hans Keilson, in his important follow-up study of Jewish war orphans in the Netherlands, identifies three traumatic sequences:

- "Enemy occupation of the Netherlands and the beginning of terror" (Keilson, H. 1992) against the Jewish minority. This implies attacks on the social and psychological integrity of Jewish families.
- "The period of direct persecution" (Keilson, H. 1992), which was the deportation of parents and children, the separation of mother and child, the hiding of children in foster families and the direct experience within the concentration camps.
- "The post-war period during which the main issue was that of the appointment of guardians" (Keilson, H. 1992). The alternatives were to leave the children with their Dutch foster families or return them to their original Jewish environment.

Keilson's concept implies a radical change in the understanding of trauma (Keilson, H. 1992 in Berghof 2003).

4.7 Types of trauma

4.7.0 Introduction

Millions of people around the world have experienced psychological distress caused by exposure to armed conflict. PTSD involves a range of normal responses to events outside the realm of normal human experience.

Trauma caused by ethnic and other conflict, as distinguished from trauma stemming from natural disasters, can produce profound changes in social and political processes that affect not only the generation that directly experienced the trauma but also subsequent generations. Societies driven by ethnic conflict often expect younger generations to maintain certain mental representations of traumatic historical events and to clearly establish ethnic boundaries that distinguish one traumatized ethnic group from another.

4.7.1 Natural Disaster

Research shows that large-scale death and destruction resulting from natural disasters are likely to lead to psychological problems. Such natural disaster may be volcanic explosions, earthquakes, flooding and the like. Findings show that

victims suffer long-term repercussions of the disaster. Of significant finding is that those events involving massive death and destruction are associated with the most severe and long lasting psychological effects (Joseph, Williams, Yule 1997: 52).

4.7.2 Natural verses Technological Disasters

Researchers conducted research in natural disasters and technological disasters and have concluded that it is difficult to distinguish the long-term psychological effects between natural and technological disasters from each other in terms of early impact. According to Joseph. et. al, *"however, the long-term effects of technological disaster are documented and it might be suggested that the fact that technology is involved makes these events particularly traumatic as, unlike acts of God, they may have been avoidable accidents caused by human negligence"* (Joseph. et. al 1997:54).

4.7.3 Combat

War causes not only material harm but also produce extreme psychological suffering for those who must both live and survive under such circumstances. Research findings show that after war veterans reported symptoms fulfilling the diagnostic criteria of PTSD. Researchers suggest that many veterans may be seriously affected five years later (Joseph, et. al 1997:55).

4.7.4 Criminal Victimisation

Research findings show that crime involving random violence can be distressing. Studies have been carried out on multiple shooting events, and according to the findings one third of the community was affected by the shooting events. Furthermore, people who had family and friends involved showed to be the most likely to have PTSD symptoms (Joseph, et. al 1997:56).

4.7.5 Sexual Assault

Research findings show that one third that had experienced a crime of physical or sexual assault experienced PTSD. Also, women who experienced sexual assault are likely to suffer from a range of psychological problems including anxiety and fear (Joseph, et. al 1997:57).

4.7.6 Childhood sexual assault

Research findings show that, there are two classes of trauma that may lead to PTSD.

- Type 1: trauma that involves a single sudden and unexpected event. Victims that are involved in a road traffic accident, or being a victim of criminal or sexual assault.
- Type 2: trauma that involves repeated exposure to a traumatic event that is predicted and expected.

Findings show that victims have personality disorders, and show pervasiveness, enduring, inflexible, and distressing patterns (Joseph, et. al 1997:58).

4.7.7 Political Violence

Research has show that people who suffer from political violence were shown to have anxiety and phobic symptoms. Also, depression, often with irritability, was also frequently reported, startle responses to loud noises were also reported. According to Joseph, et. al (1997:54), researchers found fifty percent sustained psychological shock.

4.8 Trauma and Therapy

The “treatment” of extremely traumatized persons neither begins nor ends in a therapist’s room. Nevertheless, therapy may become the first social space in which victims might begin to overcome their difficulties. The relative intimacy of therapy permits us to learn, in a more implicit way, about a number of key issues of trauma that are also always present in other contexts. These issues can be formulated as questions:

1. What does it feel like to be traumatized and is it possible to understand these feelings?
2. How do we relate to a traumatized person or group?
3. What is the basic aim of treatment with reference to trauma?

Ferenczi in his clinical diary on February 21, 1932, noted that,

“Fragmentation might be a useful defence in surviving a traumatic situation. Confronted with unbearable aggression, a child might ‘give up his soul’, mentally ‘dying’, while physically surviving death. Afterwards, the pre-traumatic personality structure will be partially re-established, but a part of the person will have ceased to exist, will go on being dead or lost in the agonies of fear. The task of analysis would be to overcome this process of splitting. It is at this point where the dilemma arises. If the traumatic experience is reconstructed through a cognitive process, then the splitting between the destroyed part and the part that is looking at the destruction is maintained, thereby denying any real access to the traumatic experience. However, if the patient makes a ‘cathartic regression’ to the stage of the traumatic experience he feels, once again, his suffering, but cannot think anymore, does not understand what happens to him. Once awake, the evidence immediately disappears and the trauma is again only perceived from the exterior, without the corresponding feelings (Ferenczi 1932/1988 in Berghof 2003).

4.9 Conclusion

In this study we had analysed aspects of PTSD as it relates to social problems. However, this quickly becomes doubtful when trauma is understood and dealt with as a typical medical illness and not psycho-social phenomena. Also, this chapter draws a comparison of natural and unnatural disasters. It is evident that the unnatural disasters such as sexual assault, and political violence have left the people of South Africa with deep-rooted PTSD.

The following PTSD perspectives have been overviewed in this chapter:

Extreme Traumatization; Cumulative Traumatization; Sequential Traumatization; Natural Disaster; Natural vs Technological Disaster; Combat; Criminal Victimization; Sexual Assault; Childhood Sexual Assault; Political Violence.

These have been categorized in three categories:

- (1). The three different ways Trauma is Conceptualized;
- (2). Types of Trauma; and
- (3). Trauma and Therapy.

The main insights from these are as follows:

- (1) Trauma is conceptualised in three ways: the extreme conveys the special nature of the trauma, which neither in its way of happening, nor in its short and long term consequences, nor in its symptomatology, nor in its socio-political implications could be compared to other traumatic events such as accidents, an earthquake or a heart attack. Also, trauma can be a product of a series of individually non-traumatic experiences, which develop and accumulate within an interactive framework and finally lead to a breakdown. This converts the event into a process and, without denying the intrapsychic wound, focuses on the importance of the interactive framework. Furthermore, in the study of Jewish war orphans in the Netherlands, the study identifies three traumatic sequences: Enemy occupation and the beginning of terror. This implies attacks on the social and psychological integrity of Jewish families; the period of direct persecution which was the deportation of parents and children; the separation of mother and child; the hiding of children in foster families and the direct experience within the concentration camps; the post-war period during which the main issue was that of the appointment of

guardians. The alternatives were to leave the children with their Dutch foster families or return them to their original Jewish environment.

(2) People around the world have experienced psychological distress caused by exposure to armed conflict. PTSD involves a range of normal responses to events outside the realm of normal human experience. Trauma caused by ethnic and other conflict--as distinguished from trauma stemming from natural disasters--can produce profound changes in social and political processes that affect not only the generation that directly experienced the trauma but also subsequent generations. Societies driven by ethnic conflict often expect younger generations to maintain certain mental representations of traumatic historical events and to clearly establish ethnic boundaries that distinguish one traumatized ethnic group from another.

(3) The "treatment" of extremely traumatized persons neither begins nor ends in a therapist's room. Nevertheless, therapy may become the first social space in which victims might begin to overcome their difficulties. The relative intimacy of therapy permits us to learn, in a more implicit way, about a number of key issues of trauma that are also always present in other contexts. These issues can be formulated as questions:

- What does it feel like to be traumatized and is it possible to understand these feelings?
- How do we relate to a traumatized person or group?
- What is the basic aim of treatment with reference to trauma?

This study analysed aspects of PTSD as it relates to social problems. However, this quickly becomes doubtful when trauma is understood and dealt with as a typical medical illness and not psycho-social phenomena. Also, this chapter makes a comparison of natural and unnatural disasters. It is evident that unnatural disasters such as sexual assault, and political violence have left the people of South Africa with deep-rooted PTSD.

In the next chapter on social problems we provide the needed background for the empirical survey. Furthermore, in the next chapter when dealing with human suffering as a consequence of man-made disaster, we are confronting two problems: first, we have to try to understand the basic psychological dimensions involved and enhance the recognition of the importance of these dimensions. Second, we have to avoid political problems and make sure that the socio-political aspects are not confused, with the material and the spiritual aspects of life.

CHAPTER FIVE

SOCIO-POLITICAL STRESS AND THE TRC

SECTION A

5.0 Introduction

This chapter attempts to address the third critical question: What are the underlying factors that explain apartheid in post-apartheid South Africa. What are the underlying factors that explain apartheid? Finally findings from the media nationally and internationally provide broader explanations of social problems. More about trauma and victims can be seen in this chapter. The existing material on socio-political trauma has to be intensively used as systematic research study to explore relationships between the victims and the Counsellors to achieve maximum clarity. The present study provides a more detailed description of what happens within socio-political trauma.

Furthermore, crime and violence in South Africa has become commonplace in many people's lives. Most people know of someone who has been a victim or have themselves been victimised. On a daily basis, the media reports stories about ongoing violence. These include horrific details of violent crimes occurring in the workplace, on the streets and within people's homes. The impact of these stories on the public may vary from feelings of outrage, anger and despair about the country, to indifference, which may be due to overexposure and desensitisation to the horror of these events.

There is a need to critically analyse social problems in terms of social development in post-apartheid South Africa. This approach requires that social policies be harmonized, and that people benefit directly from such development.

Although social development in South Africa has historically been directed by the apartheid regime, most scholars in the immediate post-transition period imagined that changes would quickly transform into a democratic, participatory development system.

However, crime and violence have held back this transformation. For instance Makhanya (2000:1) says that all South Africans recognize crime as an issue of national concern today. He states: "In fact, the general epidemic of crime sweeping South Africa goes so deep that all South Africans fear that crime has to be defeated in order to achieve peace, stability and development". Therefore, it is important for this chapter to address the relevant definitions of violence before we address the role of the TRC.

5.1 The Effects of Violence

According to Makhanya (2000:1) crime manifests itself in the following ways:

- Crime manifests itself in a violent way where victims are either injured or murdered or psychologically tortured. Criminal acts of violence may arise within families (interpersonal), groups of people in communities or within the whole society (intergroup).

- Crime violates the rights and dignity of people.
- Crime has an impact on the quality of life of the people in society.

Furthermore, Makhanya states that, *“capturing the impact of violence on the quality of life is not a easy task”* (Makhanya 200:1).

Lauer, suggests that we should see this impact of crime on human quality of life as:

- Human injury and destruction;
- Psychological disruption and dehumanisation; and
- Seductive oppression and self-destruction (Lauer 1992 in Makhanya 2000:1).

Furthermore it should be recognized that individuals react to politically violent events in their own so-called, “unique way”. Therefore, it is very important to intercept future cycles of violence and it is critical that the psychological impact of violence is addressed on an individual and at societal level.

5.2 A New Way of Expressing Anger

There has been large public reaction to the song 'AmaNdiya' released as part of an album by Mbongeni Ngema. The Human Rights Commission has received many complaints about the lyrics of the song, and people of the community had taken great lengths to address the type of lyrics used in post-apartheid South Africa.

5.2.1 Anger Expressed through Song

“Oh brothers, Oh my fellow brothers, We need strong and brave men, to face/ confront Indians. This situation is very difficult, Indians do not want to change, Whites were far better than Indians. Even Mandela has failed to convince them to change, Whites were far better than Indians. Even you people in power don’t want to intervene in the situation. They bribed you with roti and paku (beetlenut). They don’t vote when we vote, but they are full in parliament. What do you say, chief Buthelezi, when you see people of the Zulu nation? They are living in shacks. Where is S’bu Ndebele? Where is Gideon Zulu? Dabulamanzi, get up from your grave. Indians have conquered Durban. We are poor because all things have been taken by Indians. They are oppressing us. Mkhize wants to open a business in West Street, Indians say there is no place to open a business. Our people are busy buying from Indian shops. What do you say Mbeki? (referral to president Thabo Mbeki) Indians are playing with us! What do you say fellow brothers? They are speaking fanagalo now saying, Thenda lapha duza kamina yenga, shibhile’ (Buy from me my stuff is cheap). They don’t want to support a single black shop. Indians keep coming from India. The airport is full of Indians. They come here to open their business. Oh brothers, Oh Fellow brothers” (*Post* May 29-31, 2002).

5.2.2 An Analysis of the Old Song with a New Tune

Mbongeni Ngema's song *AmaNdiya* certainly destroys any notion about a reconciled rainbow South Africa. The song exemplifies discrimination within the post-apartheid era and reveals stress that constitutes discrimination in racial relations. Furthermore, the song plays a divisive role, repeating old racial stereotypes and introducing new ways of fostering prejudice.

5.2.2.1 Critique from Human Rights Commissioner

Jody Kollapan, notes that,

“In a democratic country it is important to recognise that freedom of expression, including freedom of artistic creativity, are enshrined in our Constitution. This right however does not extend to advocacy of hatred

based on race, ethnicity, religion or gender. At the same time our young democracy is grappling to deal with the challenge of nation building and in this regard the relationships that exist between the various races, ethnic groups and nationalities in our country, how people see and identify themselves and how we collectively contribute to a better society are all critical matters for social debate. These are matters we must be able to deal with openly and robustly. The problem with Mr Ngema's song is that it consists of sweeping generalisations, contains harmful stereotypes of Indian people and has the potential to polarise rather than bring together people in social dialogue that is so necessary. While the Commission has noted that his stated intention was to promote and encourage dialogue on an important social matter, we have also noted that nowhere in the lyrics of the song is such a call made. After having considered the matter the Commission has decided to formally present as complainant, a complaint to the Broadcasting Complaints Commission. In the interim the Commission appeals to all South Africans to continue with the important task of nation building, to critically discuss and debate matters around race and identity, but to do so in a manner that contributes to our unity as a nation rather than in a way that divides us" (Kollapan 2002, <http://www.sahrc.org.za>).

Furthermore, Harris (2002 in *City Press*) points out the dangers of Ngema's song:

- It "taints an entire community" and "perpetuates harmful myths and stereotypes".
- To speak about "Indians" in negative, generalised terms does not open a debate about reconciliation.
- This rhetoric re-enacts an apartheid style of racially categorizing people, whilst simultaneously simplifying the concept of reconciliation.
- It reduces individuals to their race and, when coupled with prejudicial and negative stereotypes, contains the potential for inciting hatred and racial tension.
- Ngema imagines cohesion and solidarity within the "African community" which similarly does not exist.

- There are a number of factors, including economics, language, geography and individual psychologies, contributed to fault lines and rifts within racially designated groups.
- To portray racial tension by presenting "Africans" and "Indians" in monolithic terms denies the audience an opportunity to confront the complex dynamics that create and sustain prejudice.
- It also creates prejudice through the language of xenophobia. By presenting "Indians" as outsiders from India, the song raises questions about belonging within South Africa.
- This moves beyond race alone because it introduces concepts of citizenship and nationality.
- It implies that "Indians" are not South African and therefore have less legitimate claim to their citizenship than others.

Leithead (2002) points out that, Nelson Mandela has met a controversial South African poet and songwriter whose latest song has been branded "racism and hate speech" (Leithead 2002, www.newsbbc.co.uk). According to Leithead,

"The former President Mandela praised the use of art to promote the liberation struggle but clearly criticised the song for not appropriately dealing with the problem of racism".

Furthermore, at a joint news conference Mr Mandela said, *"stereotyping on the grounds of race or ethnicity was poison, and that although problems should be raised, emotions must not be inflamed"* (Leithead 2002, www.newsbbc.co.uk).

The Film and Publication Board (FPB) said that the Ngema's song gets an "R18 rating" because it advocates hatred based on race, and constitutes incitement to cause harm. The FPB further said the song should not be distributed to persons under the age of 18 and should bear the R18 age restriction on its covers. But it could be distributed to people who are over this age. According to Chetty (2002) in iafrica.com/news/sa, the Film and Publication Act was:

- Limited to material advocating hatred based on religion.
- The law did not cover issues like ethnicity and race.
- There is no provision in the Film and Publication Act.
- It was a drafting error in the Act. "At the moment, to deal with this issue the Act talks about hatred based on religion, and it left out sections of the Constitution which deal with ethnicity (and) race."
- The song violated certain fundamental human rights, especially the right of all South Africans to inherent dignity and the right to have that dignity respected.

Chetty further said,

"The FPB had also received numerous verbal and written complaints that the song advocated hatred based on race and constituted incitement to cause harm. Furthermore, "The classification committee... found that the song, judged as a whole, advocated hatred based on race and constituted incitement to cause harm" (Chetty 2002 in iafrica.com/news/sa).

Chetty also identified that,

"Section 16(2) of the Constitution clearly stated that expressions advocating hatred based on race, ethnicity, gender or religion that incites

harm did not have constitutional protection. Section 29(1) of the Act makes the publishing of such expressions a criminal offence, "Hate speech cannot stand on an equal footing with other kinds of expression, which directly engage the core of freedom of expression values".

5.3 Xenophobia

5.3.0 Introduction

The vulnerability of foreigners to physical violence is not exclusive to South Africa. Political violence and hatred is also seen internationally. In this part of the research the researcher will touch on a few countries outside South Africa to give a brief idea of how foreigners are treated.

5.3.1 International Experiences of Xenophobia

According to Harris (2001),

"International comparisons reveal trends and patterns of xenophobia similar to those which have emerged in South Africa over the last decade. A key global trend is that of racism underpinning xenophobia" (Harris 2001, Vol. 5. [http:// www.csvr.org](http://www.csvr.org)).

Hobsbawm (1996:262) notes that,

"national xenophobia shading into racism is almost universal. Throughout the world, it appears, non-white foreigners suffer a greater risk of hostility than their white counterparts".

Witte (1993:139) lists various incidents of racist (yet nationality-based) violence in Europe as follows:

- “In August 1981, 80 National Front sympathisers rampaged about the Brechwood area of Dundee, Scotland, attacking Asians and their property. When the police arrived six Asians who had tried to defend themselves were arrested.
- In March 1990, African street vendors in Florence, Italy, were frequently under racist attack. Pamphlets were distributed stating that 'the hunt for blacks and other minorities had started'. The Italian Head of Police, Parisi, went to Florence and had 240 policemen sent in to seal off the city centre to African street vendors.
- In August 1992, a racist siege of asylum-seekers and migrants in Rostock, in Germany, lasted a whole week. Just a few weeks later, a German-Romanian treaty was signed concerning the repatriation of some 40 000 Romanian asylum-seekers. Romanian gypsies constituted the vast majority of this group of asylum-seekers in Germany. They were the first and main targets of the racist attacks in Rostock”.

Furthermore Harris (2001) points out that,

“While racism aimed at foreigners is a common trend in Europe and America, it has received particular attention in societies undergoing transition, such as that of post-unification Germany” (Harris 2001, Vol. 5. [http:// www.csvr.org](http://www.csvr.org)).

Hammer (2000:19) comments that,

“In 1999, right-wing extremists committed 746 acts of violence in the former East Germany, according to government records. That figure, up 5 percent from the previous year, represents half of the rightist violence in all of Germany in 1999, though the eastern states account for less than a fifth of the total population ... [This is] another reminder that, in the east, foreigners lack basic protections - and democratic values have yet to take root”.

Indeed, much of the international literature reveals that xenophobia is written purely in terms of racism.

5.3.2 Definition of Xenophobia

The dictionary defines, xenophobia as the following:

- Xenophobia is Fear or hatred of strangers, people from other countries, or of anything that is strange or foreign. The word *xenophobia* was formed from the Greek elements *xenos* "guest, stranger, foreigner" + *phobos* "fear." (www.dictionaryreference.com)
- Collins defines Xenophobia as "hatred or fear of foreigners or strangers or of their politics or culture" (Collins English Dictionary, 1991:1775). More commonly; the term is used to denote a 'dislike of foreigners'.

Kollapen (1999) warns that in South Africa, xenophobia is not just an attitude of dislike but is rather accompanied by violence.

For the purposes of this research, the word "xenophobia" is used to denote negative attitudes and violent actions against foreigners in South Africa.

5.3.3 The Origins of Xenophobia

According to Harris (2001), various explanations for xenophobia can be found in literature. Furthermore, most locate the happening as something new to South Africa, which is a practice linked to the process of change.

Harris identifies three explanations and groups these explanations into three hypotheses as follows:

(1) The Scapegoating Hypothesis

The scapegoating hypothesis locates xenophobia within the context of social transition and change. Hostility towards foreigners is explained in relation to limited resources, such as housing, education, health-care and employment, coupled with high expectations during transition (Morris 1998; Tshitereke, 1999 in Harris 2001, vol. 5. [http:// www.csvr.org](http://www.csvr.org)).

Tshitereke (1999:4) suggests that,

“In the post-apartheid epoch, while people's expectations have been heightened, a realisation that delivery is not immediate has meant that discontent and indignation are at their peak. People are more conscious of their deprivation than ever before ... This is the ideal situation for a phenomenon like xenophobia to take root and flourish”.

Similarly, Morris (1998:1125) comments that,

“Research and historical events have indicated that if a majority group is in a perilous economic position they are more likely to feel threatened by minorities, especially if they are foreign”.

Harris identifies the following to summarize scapegoating xenophobia

- The scapegoating hypothesis of xenophobia explains that the foreigner represents a scapegoat, someone to blame for social ills and personal frustrations.

- The hypothesis does not clarify why the foreigner, and not another social group or individual, comes to signify unemployment, poverty and deprivation.
- The isolation hypothesis of xenophobia situates foreignness at the heart of hostility towards foreigners.
- This hypothesis suggests that South Africa's political transition to democracy has highlighted the unequal distribution of resources and wealth in the country.
- In this context, Tshitereke (1999) notes, people often have a sense of relative deprivation, frustration and anger.
- Relative deprivation theory suggests that "a key psychological factor in generating social unrest is a sense of relative deprivation".
- This arises from a subjective feeling of discontent based on the belief that one is getting less than one feels entitled to.
- When there is a gap between aspirations and reality, social discontent is likely to result.
- People often create a "frustration scapegoat", usually non-national minorities, against whom they may direct their anger in a violent form.

(2) The Isolation Hypothesis

The isolation hypothesis suggests that xenophobia is a consequence of South Africa's history of seclusion from the international community.

According to Harris (1991), Morris argues that:

“Apartheid insulated South African citizens from nationalities beyond Southern Africa. In this hypothesis, foreigners represent the unknown to South Africans. With the political transition, however, South Africa's borders have opened up and the country has become integrated into the international community. This has brought South Africans into direct contact with the unknown, with foreigners. According to the isolation hypothesis, the interface between previously isolated South Africans and unknown foreigners creates a space for hostility to develop. When a group has no history of incorporating strangers it may find it difficult to be welcoming”(Morris 1998:1125). “There is little doubt that the brutal environment created by apartheid with its enormous emphasis on boundary maintenance has also impacted on people's ability to be tolerant of difference” (Morris, 1998:1125).

Harris identifies the following to summarize xenophobia.

- Because of the creation of strict boundaries between South African citizens, as well as between the country and other nations, South Africans in this argument are unable to accommodate, and indeed, tolerate difference.
- According to the theory of isolation, South Africans find difference threatening and dangerous.
- Xenophobia exists because of the very foreignness of foreigners.
- It exists because foreigners are different and unknown.
- The isolation hypothesis suggests that suspicion and hostility towards strangers in South Africa exist due to international isolation.
- The hypothesis also explains contemporary xenophobia by recourse to internal isolation, isolation between South Africans, as a consequence of apartheid.

(3) The Bio-Cultural Hypothesis

According to Harris (2001), *"The bio-cultural hypothesis of xenophobia offers an explanation for the uneven targeting of African foreigners by South Africans"*.

The bio-cultural hypothesis locates xenophobia at the level of visible difference, or otherness.

Morris (1998:1125), suggests that,

"Nigerians and Congolese are easily identifiable as the 'other'. Because of their physical features, their bearing, their clothing, style and their inability to speak one of the indigenous languages, they are in general clearly distinct and local residents are easily able to pick them out and scapegoat them".

Harris identifies the following to summarize bio-cultural xenophobia:

- Foreigners are scapegoated as a result of bio-cultural factors such as physical appearance and the "inability to speak one of the indigenous languages".
- These factors apply to the identification of Africans from Southern Africa too.
- In this hypothesis, the biological-cultural features of hairstyles, accents, vaccination marks, dress and physical appearance signify difference and point out foreignness in a way that is immediately visible. These features do seem to play a common role in prompting xenophobic actions.
- While the bio-cultural hypothesis explains that xenophobia operates through the level of physical and cultural appearance, it does not explain why certain biological and cultural features come to take on xenophobic

significance. Why are black Africans predominantly targeted as victims of xenophobia when their white counterparts also have accents?

Finally, the hypotheses outlined above are forms of racism, which in the post-apartheid context, manifests through a variety of subtle and overt layers of discrimination, and appears to play a key role in xenophobic discourse and practice. Xenophobia (or the hatred of foreigners) represents the dangerous face of nationalism; it is a negative consequence of building a “new” South Africa. Foreigners have become handy scapegoats for South Africa's ills, particularly crime and unemployment. Likewise, AmaNdiya extends this xenophobic discourse to “Indians” and so conflates a race-group with a national-group. This is a divisive trick. Not only does it challenge the idea of racial inclusiveness and unity, it also suggests that South African nationality is racially exclusive in South African society. This is reflected in the negative racial attitudes held by many young South Africans. It also emerges through reactions to Ngema's song. These strikingly suggest that no one is really hearing anyone else. In their reactions, people are speaking past each other. They are emphasizing completely different points and perspectives.

5.4 Critique from the Race and Reconciliation Project: Consolidating Citizenship and Reconciliation in the Post-Truth and Reconciliation Commission Period

As recent incidents of racial violence suggest, post-apartheid South Africa is neither conflict-free nor without racial prejudice. Old patterns of racism,

combined with new forms such as xenophobia, have played out through the country's period of political transition and alongside reconciliatory initiatives.

In this context, the Transition and Reconciliation Program's new project on race and reconciliation has three broad objectives:

- To evaluate and analyse the ways in which the TRC as a key transitional institution, has engaged with issues of race, citizenship and the morality of violence;
- To investigate how different sectors of South African society understand themselves in terms of citizenship and race, and to explore this through racial violence, reconciliation and transitional mechanisms such as the TRC;
- To consider the implications of changing dynamics of race, citizenship and violence in post-apartheid South Africa for the development of policy and intervention strategies aimed at promoting reconciliation, entrenching a human rights culture, and preventing violence.

To achieve these objectives, the project involved a combination of action research and intervention work across the period 2002-2003, including a pilot intervention programme targeting school-going youth.

5.5 Crimes and Violence in South Africa

5.5.0 Introduction

According to the University of Cape Town, research indicates that crime and violence in schools threaten the well-being of young people in South Africa. A study on security in Durban schools found that "schools are places where drugs, thugs, and weapons move as freely through the gates as the pupils" (Griggs 1997, in <http://www.uct.co.za>).

Researchers at UCT states that,

“Despite national efforts to restore a culture of learning and teaching, incidents of theft, vandalism, burglary, rape and even murder are reported on school grounds”.

Also, Childline estimates that one girl in three and one boy in five under the age of sixteen has been sexually abused in school (*The Teacher*, 1999).

A study of firearm-related injuries amongst youth in South Africa also reveals that the incidence of firearm injuries and the firearm mortality rate of persons under nineteen almost tripled in the period 1992 to 1996 (Wigton 1998 in www.uct.ac.za).

According to the UCT (1997), department of criminology,

- Crime and violence in South Africa destroy our school environment and slow the educational process.
- There can be serious long-standing physical, emotional and psychological implications for both teachers and pupils, including: distress, reduced self-esteem, risk of depression and suicide, reduced school attendance, impaired concentration, fear and a diminished ability to learn.
- Crime and violence is also a severe threat to peace, democracy and economic stability in South Africa.
- It corrupts the social fabric of communities and the nation as a whole and endangers the health of both children and adults.
- It disrupts the provision of basic services and destroys respect for human rights.
- Crime and violence can also deepen gender and social inequalities and reduce the overall quality of life (<http://www.uct.co.za>).

5.5.1 School Violence

The reality for many young people throughout South Africa is that schools are often a site of crime and violence. In order to build a safe society and in particular, schools that promote a culture of learning and teaching, many efforts have been undertaken by civil society organisations in partnership with schools to make them safer environments. This has led to a burgeoning Safe Schools

movement that has successfully resulted in the Department of Education's recognition of the potential for promoting non-violence and reconciliation at schools.

According to Easen on CNN News, (1999:03):

"About 30 people die each day in gun-related incidents across South Africa and people aged 15-24 are most at risk, according to pressure group Gun Free South Africa (GFSA).

The GFSA's Margy Keegan told CNN that,

"Gun violence in schools is not unique to the U.S., it is on the rise here as well". She further states that, "We live in very violent times here in South Africa, it stops education dead and we are now deeply concerned."

Also, school shootings often happen in poor, high unemployment areas with stolen guns obtained from government or private institutions.

The Firearms Control Bill 2000 states that,

"anyone entering a school with a gun would be jailed for up to 25 years. But so far it has not been tested in the courts".

5.5.2 Gender and Rape

According to, Gordon (1998), "South Africa's high crime rates are obviously related to its legacy of apartheid". Gordon stated:

“Most of the crime problems of South Africa are directly traceable to the old order or the fallout from its collapse...Within the brutal context of apartheid, violence was often perceived as a logical and honourable recourse. It addressed perceived threats to the state or, on the other side, countered the repression. The habit of violence born of armed struggle is hard to break....(Gordon 1998, in *The Nation*. www.thenation.com).

There is more to the legacy of apartheid and the struggle against violence. Looking at the conflict in South Africa and the post-apartheid crime problem through gendered lenses can help to expose the role played by conceptions of masculinity in both the political violence and the crime problem.

Furthermore, Cock (1993:58) explores the role of masculinity in the South African conflict. According to Cock,

“There is a connection between masculinity and militarism; the traditional notion of masculinity resonates with militarist ideas. The army is an institutional sphere for the cultivation of masculinity; war provides the social space for its validation” (Cock 1993: 58).

Men and boys on both sides of the conflict were socialized into seeking validation of their masculinity within the context of the war and violence. Boys became men through the rituals of violent conflict. Today the conflict is over, and violent crime is still on the rise.

According to Cock (1993:58), the study found that for those who did not come from poverty-stricken or broken homes, peer pressure and a desire to prove themselves as "men" led to their indulgence in violent crime. Cock quotes Jubu from Durban saying:

“My friends in the township enjoy talking about stealing cars and because I'm from the white school they think that I won't do it. They think that I am not strong, that I'm not man enough. I want to prove to them that I can do it even if I'm in a multiracial school. I want to show them that I'm a man too.

The youths interviewed also indicated that one reason for a life of crime was to satisfy the demands of their girlfriends:

...we use our money for useless things like clothes, alcohol, drugs and the groove life. Ladies also demand a lot. They don't want boyfriends who don't have money-Steve

And while the young men claimed that they broke the law to provide for the demands of their girlfriends, they also claimed that since they paid for the women when they went out, they were automatically entitled to sex, and, if refused, to physically abuse their girlfriend:

If I pay for her, she's my woman. Tell me what I would have paid for if she does not want to have sex with me? I speak, she listens. I'm the man.

Also, Cock noted,

“during the conflict, young men could prove their masculinity in the context of the political conflict. Today they are increasingly turning to crime to prove that they are men. For some young men, crime has replaced war as the boy's rite of passage to manhood. The official war in South Africa has ended, but young men are continuing a war of their own, with tragic results for both the greater South African society and the individual women in their lives”.

5.5.3 Sexual Violence

Statistics show that there has been a great deal of controversy around the rape statistics, which are used to indicate the scale of the crisis in South Africa. There are a number of "versions" of the statistics being used, and these are sometimes being used rather loosely.

Rape Crisis in Cape Town states,

“We agree that we need to use statistics carefully and also that we need to be especially cautious with extrapolations. We believe that the critical issue is the undeniably high rate of rape in South Africa, not whether the actual figure is 20 or 30 times higher than the reported figure. In this regard, we would like to make a number of points” (Rape crises 2004.<http://www.rapecrises.org.za.stats>).

Further observations can be made, especially on the narrow definition of rape in South African law that excludes the following from the reported statistics:

- Rape of men and male children;
- Oral rape; and
- Rape with objects.

In 1998, there were:

- 49 280 reported rapes;
- 4 851 reported sexual assaults;
- 179 incest reports are added to these figures; and
- we arrive at a total of 54 310.

Also, According to Rape Crisis, Cape Town,

Statistics for the last three years, show that around 50% of our clients had reported the rape to the police. Of note here is that, precisely because they

have come to speak with our counsellors, our clients are likelier to have reported the rape than not. So the second point to be made is that, from our own experience, we are confident that the actual rape figures are AT LEAST twice as high as the reported figures (Rape Crises 2004).

Furthermore, The Human Rights Watch in South Africa brings to our imagination the following:

- Imagine if going to school meant also being sexually harassed, having your genitals touched, and sometimes even being raped by teachers and fellow students.
- Imagine if you lived in a country that had a widespread belief that men who have sex with virginal young women (under age 12) would be protected or even cured of AIDS.
- Imagine if your school, the police, the state department of education, were not taking these issues seriously...that you were often disbelieved and ridiculed for making a complaint.
- Imagine if you had to sweep the floors and clean the buildings while boys in your school were studying for exams.
- Now imagine that you are a girl in school in South Africa. You are facing all of these problems, as well as the fact that 50% of your classmates will die from AIDS.
- Imagine trying to get an education under these circumstances.

From the statistics on sexual violence we can conclude that regardless of whether you are black, white, coloured or Indian, disabled or non-disabled, if you are a female in South Africa you are confronted with sexual harassment and or sexual assault on a regular basis.

5.6 International Media Coverage on Violence in South Africa

South Africa's crime and violence take a deadly toll in South Africa. Weeks before the election that would end Nelson Mandela's historic five years as president of

South Africa, presidential candidate Thabo Mbeki attended a meeting in Soweto. According to CNN,

“The residents of Soweto complained bitterly about the violence and crime besieging their country. Polls indicate that lawlessness is the pre-eminent issue concerning all South Africans. "Give us arms!" cried one woman. "Send the army to schools to protect the students and teachers," said an elderly man” (<http://www.cnn.com/specials/1999>).

5.7 Statistics of Violence

In the first year after Mandela became president, reported crimes increased in some areas and categories by as much as 75 percent. In 1997, there were 24,588 murders, 52,160 cases of rape, 249,375 home burglaries and 13,011 carjackings.

Statistics now show that in this country of 43 million people there is a murder or attempted murder every 12 minutes, and a rape every 26 seconds. More than 230 policemen were killed in 1998; by early May of 1999, 77 more had been killed.

"Killing policemen in our country has almost become a national sport," said South African Police Service Chief Executive Officer Meyer Kahn. "Every decent South African must stand up and be counted" (CNN 1999).

5.8 Violence on Visitors

South Africa can be a very dangerous place, both for natives and visitors alike. Media coverage by CNN (1998), on crime is intense in South Africa, reflecting growing public concern that crime is rampant and that the government is not doing enough to curb it.

- Crime-related headlines and media stories abound: on New Year's Eve a 44-year-old German tourist was stabbed to death in front of his two small sons while walking on Durban's beach front.
- An American and his South African companion were abducted and murdered in Cape Town over the Christmas holiday season.
- Two Swedish tourists were found dead in their holiday apartment near Durban in February: one had been shot in the chest, the other in the head. Somewhat luckier were three visitors from Malawi. They survived after they were robbed of \$4,080 by bogus policemen while on their way from the airport to Johannesburg.
- Then there are the particularly gruesome and headline-grabbing crime cases, such as that of Rob Kaplan. He nearly died last year after an armed robbery at his Johannesburg home. He received more than a dozen puncture wounds, some 30 blows to the head and was tortured with a burning clothes iron. Miraculously, he survived and his case became the country's most publicized crime of brutality. He didn't flee, and is trying to fight back. "Why should I leave this country that I love so much?" he said last year. So he launched his own anti-crime group (<http://www.cnn.com>).

5.9 Clinton and Post-Apartheid South Africa

In March 1998 U.S. President Bill Clinton pledged that his country would help South Africans overcome problems left behind after decades of racial separation policies. Calling for Americans and South Africans to work and learn with each

other, Clinton said, *"We seek to be your partners and your true friends in the work that lies ahead"* (CNN 1998).

Also, Clinton said he was *"honoured to address a South Africa truly free at last."*

He went on to say that,

"The courage and imagination that created this new South Africa inspire all of us to be animated by the belief that one day, humanity all the world over can at last be freed from the bonds of hatred and bigotry" (<http://www.cnn.com.world>).

Furthermore, Clinton addressed the issue of jobs. President Clinton highlighted the nation's post-apartheid progress and movement toward multi-party democracy.

The South African government have recognized the problem of Joblessness. By creating jobs it could cause an impact on everything else we do as a nation, including crime prevention, reconciliation and the very survival of our democracy (CNN 1998, (<http://www.cnn.com.world>)).

5.10 Conclusion

While observers admit that the post-apartheid government is doing its best to transform society into a prosperous, well-administered modern society, the fact remains that there is a widespread perception among South Africans that things are not moving fast enough.

Young people in particular are demanding jobs; education and health care are still sorely lacking; and just about every citizen in South Africa these days walks around with a gun since they say there is not enough of a police presence to combat crime.

President Thabo Mbeki, has called crime the *"fruit of liberation"* from white minority rule, a price that South Africa has to pay in its *"transitional phase."* But even his mentor admits the challenge is enormous. Speaking in a recent interview, Mandela said, *"once the dominant theme of political conflict had been addressed, the 'issue of crime would stick out like a sore thumb'".*

SECTION B

5.11 The South African Truth and Reconciliation Commission (TRC)

- According to the Centre for the Study of Violence and Reconciliation 2004 (CSVr) "Since 1974 there have been more than twenty-five truth commissions around the world" (<http://www.csvr.org.za/projects>).

Also, the CSVr identifies the following about the TRC:

- The South African Truth and Reconciliation Commission (TRC) captured the world's attention.

- The TRC was the largest and best-resourced commission, and it was afforded extensive media coverage, both domestically as well as internationally.
- Media coverage ensured that the world was exposed to the Commission, and the openness of the process meant that the violence of the past could no longer be denied.
- The South African model also attracted scrutiny because it promised an alternative way of peacefully resolving entrenched difference through the unique “truth for amnesty” deal upon which it was premised.
- The notion of using a truth commission to deal with political conflict has gained momentum and many countries are now holding their own Commissions (<http://www.csvr.org.za/projects>).

South Africa's Truth and Reconciliation Commission (TRC) offered the country the chance to build a better future by facing up to its past. Amid saturation media coverage, victims of human rights abuses told their harrowing stories and perpetrators confessed to horrendous acts. Meanwhile, the commissioners grappled with decisions that would not only apportion responsibility and grant or deny amnesty but also have a profound political and social impact.

5.12 What was the TRC Based on?

The TRC was based on the Promotion of National Unity and Reconciliation Act, No 34 of 1995. According to the Justice Minister, Dullah Omar "... *a commission is a necessary exercise to enable South Africans to come to terms with their past on a morally accepted basis and to advance the cause of reconciliation*".

5.13 The Effects of the TRC

The TRC affects its mandate through 3 committees:

- (1) The Amnesty Committee;
- (2) Reparation and Rehabilitation Committee(R&R); and the
- (3) Human Rights Violations (HRV) Committee.

5.14 The Promotion of the National Unity and Reconciliation Act No 34 of 1995. No. 1111. 26 July 1995

The office of the president of South Africa has assented to the following Act, which was published for general information (Edwards, Henwood, Kannan 2003:1-5).

The Act:

To provide for the investigation and the establishment of as complete a picture as possible of the nature, causes and extent of gross violations of human rights committed during the period from 1 March 1960 to the cut-off date contemplated in the Constitution, within or outside the Republic, emanating from the conflicts of the past, and the fate or whereabouts of the victims of such violations; the granting of amnesty to persons who make full disclosure of all the relevant facts relating to acts associated with a political objective committed in the course of the conflicts of the

past during the said period; affording victims an opportunity to relate the violations they suffered; the taking of measures aimed at the granting of reparation to, and the rehabilitation and the restoration of the human and civil dignity of, victims of violations of human rights; reporting to the Nation about such violations and victims; the making of recommendations aimed at the prevention of the commission of gross violations of human rights; and for the said purposes to provide for the establishment of a Truth and Reconciliation Commission, a Committee on Human Rights Violations, a Committee on Amnesty and a Committee on Reparation and Rehabilitation; and to confer certain powers on, assign certain functions to and impose certain duties upon that Commission and those Committees; and to provide for matters connected therewith.

SINCE

The Constitution of the Republic of South Africa, 1993 (Act No. 200 of 1993), provides a historic bridge between the past of a deeply divided society characterized by strife, conflict, untold suffering and injustice, and a future founded on the recognition of human rights, democracy and peaceful co-existence for all South Africans, irrespective of colour, race, class, belief or sex; AND SINCE it is deemed necessary to establish the truth in relation to past events as well as the motives for and circumstances in which gross violations of human rights have occurred, and to make the findings known in order to prevent a repetition of such acts in future; AND SINCE the Constitution states that the pursuit of national unity, the well-being of all South African citizens and peace require reconciliation between the people of South Africa and the reconstruction of society;

AND SINCE

The Constitution states that there is a need for understanding but not for vengeance, a need for reparation but not for retaliation, a need for ubuntu but not for victimization;

AND SINCE

The Constitution states that in order to advance such reconciliation and reconstruction, amnesty shall be granted in respect of acts, omissions and offences associated with political objectives committed in the course of the conflicts of the past;

AND SINCE

The Constitution provides that Parliament shall under the Constitution adopt a law which determines a firm cut-off date, which shall be a date after 8 October 1990 and before the cut-off date envisaged in the Constitution, and providing for the mechanisms, criteria and procedures, including tribunals, if any, through which such amnesty shall be dealt with; (English text signed by the President.) (Assented to 19 July 1995) <http://www.info.gov.zas/reports/2003/trc>.

5.15 Objectives of the Commission

According to Edwards et al (2003),

“The objectives of the Commission shall be to promote national unity and reconciliation in a spirit of understanding which transcends the conflicts and divisions of the past by-

- Establishing as complete a picture as possible of the causes, nature and extent of the gross violations of human rights which were committed during the period from 1 March 1960 to the cut-off date, including the antecedents, circumstances, factors and context of such violations, as well as the perspectives of the victims and the motives and perspectives of the persons responsible for the commission of the violations, by conducting investigations and holding hearings;
- Facilitating the granting of amnesty to persons who make full disclosure of all the relevant facts relating to acts associated with a political objective and comply with the requirements of this Act;
- Establishing and making known the fate or whereabouts of victims and by restoring the human and civil dignity of such victims by granting them an opportunity to relate their own accounts of the violations of which they are the victims, and by recommending reparation measures in respect of them;
- Compiling a report providing as comprehensive an account as possible of the activities and findings of the Commission contemplated in paragraphs (a), (b) and (c), and which contains recommendations of measures to prevent the future violations of human rights” (www.info.gov.zas/reports/2003/trc).

5.16 TRC Final Report

The Centre for the Study of Violence and Reconciliation (CSVR) notes that the TRC was not the Last Stop on the Road to Reconciliation in 21 March 2003.

The CSVR Director Graeme Simpson (1998) pointed out that:

- It is important to remember that the TRC was just the beginning of a larger and long-term process of building national reconciliation.
- In order for reconciliation to be sustainable in our society, it has to be based on a prioritisation of the needs of victims of gross human rights violations.

Furthermore Simpson said, *“In this respect there is still a considerable amount of unfinished business that needs to be addressed in the wake of the TRC”*.

- First and foremost the government must make good on its promise to make reparations to victims of gross human rights violations. With the conclusion of the TRC’s work, government must now take forward the substantive issue of reparations by consulting with civil society – and especially victims – to finalise a national policy for reparations as swiftly as possible. This policy must be extended to include victims beyond those 16,500+ named by the Commission and should consider private sector companies who traded with apartheid South Africa as an additional source of finances.
- There is need for ongoing prosecutions and legal actions against perpetrators of apartheid-era atrocities who did not take the opportunity afforded by the TRC to “come clean” whilst applying for amnesty. While it may not be possible to prosecute every perpetrator, a strong message must be sent, especially to those who failed to engage with the TRC process. Failure to prosecute calls into question the integrity of the process and the compromises endured by victims in the name of reconciliation. In this regard, CSVR regards with great concern, government’s apparent haste to extend further amnesties to perpetrators who did not apply for a conditional amnesty through the TRC. A blanket amnesty or any cheap amnesty that fails to deal with these requirements would further entrench a sense of impunity and disillusionment in our human rights culture and would totally undermine the work of the TRC.
- Another area that needs to be taken forward is further information gathering and truth-seeking. CSVR research reveals that the prevalent issue raised by victims at TRC public hearings was overwhelmingly the

need for further investigation. In the vast majority of cases that went before the TRC, very little new information was actually uncovered. Government must not only to broaden its support for existing truth-seeking mechanisms such as the NDPP Special Operations Unit, but must also explore options for working with civil society to establish new investigative units. Of particular importance is the need for a Special Task Unit to expedite the exhumations and reburials of the 'disappeared'. "Directly linked to ongoing truth recovery is the issue of access to information. The TRC process has generated a unique and valuable archive of data, which is an important legacy in terms of opportunities for further research and investigation. All of the TRC material should be installed in one public location. There must be widespread publicity around the location of the material, and how it can be accessed, so that the largest number of South Africans is able to make use of it for the future.

- Reconciliation must also remain on the national agenda. Whilst the TRC provided a foundation, the process of reconciliation has only just started. Reconciliation between victims and perpetrators within communities divided by conflict, as well as between black and white South Africans, requires concerted efforts by government and civil society. There needs to be continued space in society to explore the meaning of reconciliation in relation to issues of race and identity within South Africa. If reconciliation is to be sustainable in South Africa, then now is the time when government must demonstrate its commitment and its political will to implement – and even go beyond – the recommendations of the TRC. This must be done both out of a moral commitment to the 16 500 victims who testified before the Commission, as well as to the majority of black South Africans who suffered under Apartheid.

5.17 Disappointment: Buyela Ekhaya! Siyani Khumbula! TRC, Families

and NGOs Demand the Return of the 'Disappeared' (21 March 2003)

In the final reports that the Truth and Reconciliation Commission (TRC) handed over to the President is a chapter on the hundreds of people who went missing or "disappeared" during the apartheid era. Many relatives of the "disappeared" remain in an endless cycle of hope and despair, desperately wishing that their loved ones will one day return. Some of them discovered the truth about the fate of their loved ones through TRC investigations. The vast majority did not. They

are all gravely concerned that the closure of the TRC will signal the end of government and society's concern about their missing relatives - who have likely given their lives in the struggle for South African democracy. Many families are suffering because the missing person is also the breadwinner. Because the person has not been officially declared dead, families are often not able to access money in bank accounts or pension funds.

People said "We know that we may never be able to locate all of the "disappeared". We ask government and our communities to lend support to our initiatives and memorials to remember the "disappeared".

5.18 Conclusion

The present study provides a more detailed description of what happens within socio-political trauma. The analysis of social problems are described as follows:

The effects of Violence; New Way of Expressing Anger (Anger Exposed through Song, An Analysis of the Old Song with a New Tune); Xenophobia (International Experiences of Xenophobia, Definition of Xenophobia, Origins of Xenophobia); Crime and Violence in South Africa (School violence, Gender and Rape, Sexual Violence, International Media Coverage on Violence in South Africa, Statistics of Violence, Violence on Visitors; The TRC (Promotion, Effects, Objectives, Final Report).

The following have been categorized in four categories:

- (1) The Effects of Violence;
- (2) Xenophobia;

(3) Crime in South Africa;

(4) The TRC

The main insights from these are as follows:

- (1) Crime in general manifests itself in a violent way where victims are either injured or murdered or psychologically tortured. Criminal acts of violence may arise within families (interpersonal), groups of people in communities or within the whole society (intergroup). Crime violates the rights and dignity of people. Crime has an impact on the quality of life of the people in society.

- (2) In this part of the research the researcher has touched on a few countries outside South Africa to give a brief idea of how foreigners are treated. The vulnerability of foreigners to physical violence is not exclusive to South Africa. Political violence and hatred is also seen internationally. In post-apartheid context, xenophobia manifests through a variety of subtle and covert layers of discrimination, and appears to play a key role in xenophobic discourse and practice. Xenophobia (or the hatred of foreigners) represents the dangerous face of nationalism; it is a negative consequence of building a “new” South Africa.

- (3) Crime and violence in South Africa destroy our school environment and slow the educational process. There can be serious long-standing physical,

emotional and psychological implications for both teachers and pupils, including: distress, reduced self-esteem, risk of depression and suicide, reduced school attendance, impaired concentration, fear and a diminished ability to learn. Crime and violence is also a severe threat to peace, democracy and economic stability in South Africa. It corrupts the social fabric of communities and the nation as a whole and endangers the health of both children and adults. It disrupts the provision of basic services and destroys respect for human rights. Crime and violence can also deepen gender and social inequalities and reduce the overall quality of life.

- (4) The TRC captured the world's attention. The TRC was the largest and best-resourced commission, and it was afforded extensive media coverage, both domestically as well as internationally. Media coverage ensured that the world was exposed to the Commission, and the openness of the process meant that the violence of the past could no longer be denied. The South African model also attracted scrutiny because it promised an alternative way of peacefully resolving entrenched difference through the unique "truth for amnesty" deal upon which it was premised. The notion of using a truth commission to deal with political conflict has gained momentum and many countries are now holding their own Commissions. South Africa's Truth and Reconciliation Commission (TRC) offered the country the chance to build a better future by facing up to its past. Amid the saturation of media coverage, victims of human rights abuses told their

harrowing stories and perpetrators confessed to horrendous acts. Meanwhile, the commissioners grappled with decisions that would not only apportion responsibility and grant or deny amnesty but also have a profound political and social impact.

While observers admit that the post-apartheid government is doing its best to transform society into a prosperous, well-administered modern society, the fact remains that there is a widespread perception among South Africans that things are not moving fast enough when we see violence and crime statistics incline.

This chapter covered a sample of the social political stresses that we face in Post-apartheid South Africa. It provided statistics of social problems. Also, this chapter looked at the TRC policies and what was recommended for reconciliation. The workshops revealed many different perspectives and views on the TRC. This chapter summarized some of the views of victims and what they felt were some of the issues that will need to be addressed by Government. The victim's views are summarized under four sections, namely: Reconciliation, Institutional Transformation, Symbolic Reparations and Material Assistance.

Although the TRC has done a lot, there is something that is still missing. In examining the social problems, and current crime rate, one could conclude that many violent crimes in South African are a result of a deep psychological

problem. Chapter six provides empirical findings of what is still lacking for real healing.

CHAPTER SIX

THE EMPIRICAL PILOT SURVEY

SECTION A

6.0. Introduction

This chapter is divided into the following sections: the research methodology, the strategies that were adopted to conduct the study, and the actual conduct of the pilot study.

The aim of the study has already been discussed in the introductory section of this research. Section A of this describes the data collection and analysis methodologies employed in this study. In order to get a broad understanding of the context of attitudes in Post-traumatic South Africa, it is necessary to use the qualitative method of investigation.

The purpose of this chapter is too, to present and analyse data from a survey of 10 victims of Post-apartheid violence. This survey focuses on two aspects of the overall study. Firstly, it focuses on the PTSD resources for socio-political trauma help in order to establish profiles of resources that are available for helping politically traumatised people. Secondly it pays attention to what PTSD theories identified as key factors in explaining the performance of traumatized people.

According to current literature reviewed in chapter five, the effects of socio-political trauma dearly affect people of South Africa. In order to avoid negative conceptions and behaviours relating to socio-political trauma in South Africa, it is important that a clearer picture of this is acquired at grassroots level. Research has shown that any socio-political trauma study needs to reflect an adequate and accurate account of findings, especially where there is a focus on the relationship and the building of a strong society. Thus, a true reflection of society needs to be provided. In particular, questions such as these need to be answered with well-founded facts. What are the social problems? What do people believe or feel about others when interacting with different cultures in their everyday interactions? Are feelings getting better or worse? This is the task for this chapter.

6.1 The Qualitative Method of Data Collection

This study is phenomenological in nature, whereby human experiences are examined through detailed descriptions. As a method, the procedure used in this research involved the study of a small number of subjects in order to generalise developing patterns and behaviours of PTSD. Research must provide systematic and reliable information in order for it to be useful. In order to avoid any degree of inaccuracy or flaws in the study, this chapter attempts to explicitly specify methods and procedures used in this study, thereby reducing any suspicion of weakness of the study.

6.2 The Research Paradigm

The design of any study involves the selection of a suitable paradigm. *Paradigms*, or ways of perceiving the world, in the social sciences, in this case, socio-psychology, help us understand phenomena. For the purposes of this study, trauma, as a social phenomenon, needs to be examined. Since the aim of this study is to determine what people think, or what people's attitudes are towards trauma in a particular natural context, the study will take on an empirical nature. *Empirical* research is based on a measurement of observable events, such as the effects of something, peoples' responses to something, or characteristics of something. Sommer and Sommer (1997:2) explain that empirical refers to "*information that is sense-based, ... demonstrable ... and ... subjective.*"

Being thus, this study will adopt a qualitative paradigm. A *qualitative* study is defined by Creswell (1994:1) as,

"an inquiry process of understanding a social ...problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting."

The qualitative paradigm is also termed the "constructivist, naturalistic, constructivist, post-positivist or post-modern perspective" (Creswell, 1994:4).

6.2.1 Assumptions of the Paradigms

Assumptions of the paradigms can only be noted when they are compared and contrasted. Table1 (Creswell, 1994:5) shows the assumptions of both the

qualitative and quantitative paradigms based on ontological, epistemological, axiological, rhetorical, and methodological approaches.

Table 1: Quantitative and Qualitative Paradigm Assumptions

Assumption	Question	Quantitative	Qualitative
Ontological Assumption	What is the nature of reality?	Reality is objective and singular, apart from the researcher.	Reality is subjective and multiple as seen by participants in a study.
Epistemological Assumption	What is the relationship of the researcher to that researched?	Researcher is independent from that being researched.	Researcher interacts with that being researched.
Axiological Assumption	What is the role of values?	Value-free and unbiased	Value-laden and biased
Rhetorical Assumption	What is the language of research?	Formal Based on set definitions Impersonal voice Use of accepted quantitative words	Informal Evolving decisions Personal voice Accepted qualitative words
Methodological Assumption	What is the process of research?	Deductive process Cause and effect Static design-categories isolated before study Context- free Generalizations leading to prediction, explanation, and understanding Accurate and reliable through validity and reliability	Inductive process Mutual simultaneous shaping of factors Emerging design-categories identified during research process Context-bound Patterns, theories developed for understanding Accurate and reliable through verification

Source: Creswell, 1994:5

6.3. Models for the Combined Design

Literature reveals three models that may be used for combined designs of study: the two-phase design, the dominant-less dominant design, and the mixed-methodology design. In the *two-phase design* the researcher separates the qualitative phase from the quantitative phase. The *dominant-less dominant design* involves presenting the study within a single dominant paradigm with one small component of the overall study drawn from the other paradigm. The third model is the *mixed-methodology design*.

The best possible design for this study is clearly the dominant design where the researcher conducts a qualitative phase of the study. The advantage of this approach is that the paradigm is presented independently, and the assumptions can be clarified separately.

6.4 Validity and Reliability

Research must provide systematic and reliable information. It is the task of the researcher to present information or data that is scientifically based. In order to be scientific, the information must be valid or reliable. Sommer and Sommer (1997:3) describe *validity* as, “*the degree to which a procedure produces genuine and credible information.*” This study will aim to achieve validity by using a sample of the population in a natural setting to generalize results beyond that setting, reflecting attitudes of the entire community.

In addition to being valid, there is also a need to provide *reliability* of findings. Reliability refers to the '*repeatability*' or '*replicability*' of findings (Sommer and Sommer 1997:4). This refers to the degree to which the same instrument can produce consistency of measures, or equivalent results for repeated trials. Most scholars of social psychology caution researchers about the difficulty of achieving reliability. However, they add that one way of ensuring this, is that the greater the consistency of the results, the greater the reliability of the measuring procedure.

According to Sommer and Sommer (1997:4), "*Reliability is an important contributor to validity.*" What must also be noted is that validity requires reliability as a prerequisite. A study can thus be reliable but not valid, and vice-versa. In this study, validity and reliability will be achieved by providing a well-informed motivation for the research methodology.

Bearing the difficulty of achieving validity and reliability in mind, this study has opted for the use of known data collection procedures in the field of social psychology research. The use of interviews, and tape recordings will be utilised for this study.

6.5 Methods of Data Collection

There are several data collection methods available to a social psychology researcher. Not all of these were suitable or useful to this study. The following table from Sommer and Sommer (1997:5) provides a clear overview of different research techniques.

Table 2: Research Techniques

Problem	Approach	Research technique
-To obtain reliable information under controlled conditions	Test people in a laboratory	Laboratory experiment, simulation
-To find out how people behave in public	Watch them	Systematic observation
-To find out how people behave in private	Ask them to keep diaries	Personal documents
-To learn what people think	Ask them	Interview, questionnaire, attitude scale
-To identify personality traits or assess mental abilities	Administer a standardized test	Psychological testing
-To find patterns in written or visual material	Systematic tabulation	Content analysis
-To understand an unusual event	Detailed and lengthy investigation	Case study

Source: Sommer and Sommer, 1997:5

Since this particular study investigates attitudes and opinions, the qualitative method of data collection was used. I administered the data collection method, by

questioning post traumatised people about their attitudes towards socio- political trauma. Through the careful design of data collection I attempted to eliminate bias. The following table provides an overview of the methods of data collection used in this study. I also provide reasons for their use.

Table 3: Data Collection Methods

Research design	Data collection method	Reason/Purpose
Qualitative method	Interviews	<ul style="list-style-type: none"> * to verify data from questionnaires * to record attitudes about trauma * to record opinions about changes

6.6. The Data Collection Procedure

It is necessary to follow three data collection steps in the data collection procedure: setting the boundaries for the study, collecting information through interviews, and establishing the protocol for recording information (Creswell, 1994:148).

In identifying the parameter for data collection, victims of trauma were purposefully selected since it was envisaged that they would best answer the research question, "What are the attitudes of people who have been traumatised through political violence?" The research was restricted to a study of individuals enlisted on the database of Kulumani Support in KwaZulu-Natal.

Victims were interviewed about effects of violence on their lives. Interviews lasted for the maximum duration of one hour. Victims' attitudes towards their perpetrators were also investigated. In addition, victims were required to comment on attitudes of relevant decision-makers in government level and the TRC. (See Appendix for questions to guide the interview). Gall et al (1996:309) suggest that for qualitative research, the format "*is not so tightly structured because the researcher's goal is to help respondents express their view of a phenomenon in their own terms.*" The interviewer encountered varying responses; therefore the interviews took on a semi-structured or rather flexible format.

The establishment of a *protocol* is necessary to record information. Creswell (1994:152) describes a protocol as a, "*form of recording information.*" The data recording procedure that will be used for this study is the audio-recorder. According to Sommer and Sommer (1997:118), "*tape...recording increases the accuracy of the information...*". Interviews will thus be recorded.

Furthermore, Gall et al (1996:335) provides the advantages of audiotape recording as following:

- Recording may be "*replayed several times for careful study.*"
- The researcher may code and analyse information when it is convenient to do so.
- Audio recording allows the interviewer to capture unexpected information, which if properly interpreted, may enhance the results of the survey.

6.7 The Data Analysis Procedure

Since the interview was the primary source of research data was necessary to devise a systematic way of summarizing information. First came transcription, then quantification. Transcription involves recording information for systematic data analysis. In this study, transcription was done from the audio-recorder onto a computer record. Quantification was involved tabulating the results in numerical form.

Answers were sorted into specific response categories. This process is called *coding* (Sommer and Sommer 1997:121). Easiest items will be coded first, followed by more complex or complicated answers. The researcher sought to develop certain patterns and themes that emerged from participants.

6.8. The Data Reporting Procedure

Data analysis for this study should give rise to a narrative. According to Creswell (1994:159) the qualitative procedure should end with some kind of narrative. He states that, *"For phenomenology the outcome typically consists of a descriptive narrative, a synthesis of knowledge about the phenomenon under study."* (Creswell 1994:160). The strategy utilised in this study aimed at the provision of detailed descriptions, where emerging themes and patterns were then discussed. What also served, as a useful alternative will be the provision of tables whereby themes and patterns were compared and contrasted?

The most significant results were described first. Presentation of results did not necessarily take on the order or format of the questions asked; rather, the importance of findings determined the order. To safeguard the identity of individuals, code names were used.

6.9 Population and Sample

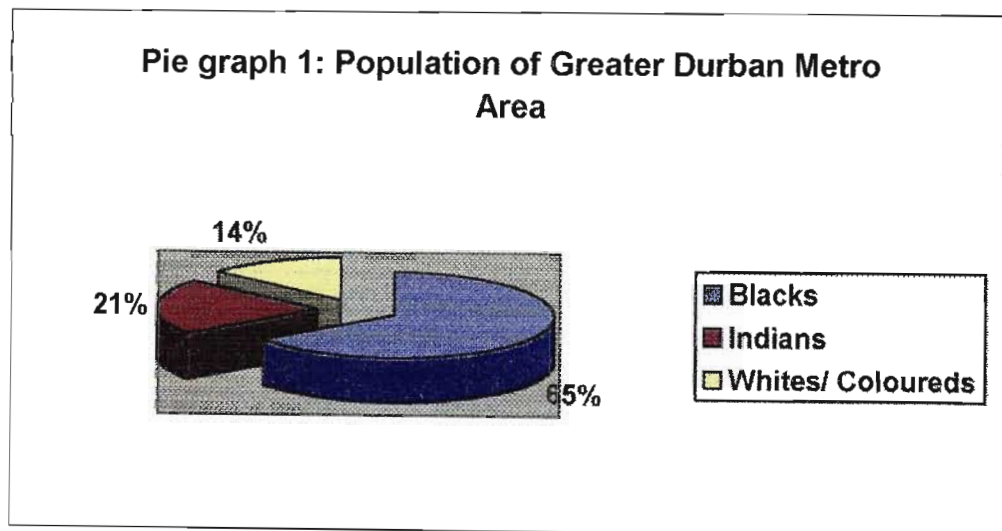
The target population for this study is from different regions in KZN. Gall et al (1996:293) suggest that there is a need to select a population for whom your survey is “*highly salient*.” For this reason, a sample was chosen from this particular geographic region, which consists of cultures interacting with each other daily.

Survey research selects a representative sample, or a smaller group or a subset of the population to be used for the study, since logically, all the people in a population cannot be used. A sample population has its advantages in that it is typically less expensive and more manageable. Good research however, is highly dependant on good samples, thereby accurately reflecting the population from which they are drawn. Sommer and Sommer (1997:237) warns that the selection of a sample must be “*unbiased...if it is to yield valid information*.”

Several different types of sampling can be used. These include Probability Sampling (Random or Stratified) and Nonprobability Sampling (Quota, Purposive or Convenience). According to Sommer and Sommer (1997:238) *probability sampling* refers to that “*in which the probability of the inclusion of any given*

individual is known.” Alternatively, in *nonprobability sampling*, likelihood of selection is not known. Nonprobability sampling may be easier to obtain, but at the risk of receiving limited or perhaps misleading information about the population. A good technique for this study was evidently probability sampling because samples could be more representative and allowed for greater generalisation.

Researchers suggest that sample size should be specified as early as possible in the planning so that the study will not be viewed with the suspicion that data collection was halted as soon as the desired results, suiting the hypothesis, were achieved. For this reason, a sample size was determined for this survey, based on the Khulumani Support group database.



In deciding sample size, two important factors emerged - statistical logic and practicality. Many studies point to the fact that if the sample is too large, then the

probability of sampling error will be greater. Sometimes replication of results may occur with too large a sample. To avoid this, I chose 10 at random as my sample size for the qualitative study.

6.10 Cover Letter

The main objective of doing a survey is to get a high return rate so that reliability can be achieved. To ensure a high response rate from the victims it was necessary to forward a letter to the Khulumani Support Group. The letter of transmittal explained why I was interested in those particular members of society to interview for my study as subjects. Gall et al (1996:299) say that the transmittal letter should be carefully constructed so that it would create a positive first impression. In keeping with this thought, the letter was brief and conveyed specific information, such as, the purpose of the study and its significance. In addition, confidentiality and anonymity were ensured. According to Gall et al (1996:33) “*subtle flattery can have a positive effect.*” I therefore found it necessary to emphasize the importance of choosing that particular individual as a respondent, by stating that he/she was ‘*an important stakeholder in social transformation.*’

It was desirable to associate the study with a well-known institution in order to add to its credibility. Thus, the University of Durban-Westville was mentioned. Also, endorsing the cover letter by a professor (my supervisor) added to its value, since it is envisaged that she would represent a “*favourable symbol of authority to the respondents.*” (Gall et al, 1996:300).

Overall, the cover letter was neatly presented and well designed. The cost of developing an instrument ensuring good quality of duplication proved to be costly and time-consuming. Presenting a neat cover letter, however, had its advantages in that a higher response rate was ensured.

6.11 Instrumentation

6.11.1 The Interview

The instrument chosen to undertake this study is consistent with the qualitative method. In order to provide a systematic gathering of information, the interview questionnaire was used. The questionnaire is a series of written questions pertaining to attitudes of respondents. This survey type was used as a fact-finding exercise to gauge attitudes and opinions of people in KZN concerning socio-political trauma.

A self-designed questionnaire (see Appendix) was developed for 10 victims of apartheid from KZN. The most difficult part of the questionnaire was its construction. I drew on the knowledge of other questionnaires pertaining to similar studies in order to devise my own careful wording. This was absolutely essential for the successful administration of the interview.

Overall, there were two very important aspects to consider when constructing the questionnaire: its content and format. The *content* refers to the subject matter, whereas the *format* refers to the structure and form of questions. With regard to

content, Sommer and Sommer (1997:128) say, "*it is best to restrict a questionnaire to a single issue.*" In this study, the subject matter was confined to social attitudes. Close attention must also be devoted to the proper format of the questionnaire. Sommer and Sommer (1997: 129) put forth two major categories of questions: open-ended and closed-ended. Open-ended questions leave answers to the discretion of the respondent, while closed-ended questions or multiple-choice questions allow the respondent to choose from a pre-selected set of answers. An open-ended format was suitable for this study because responses would be highly opinionated.

Another important factor borne in mind when formatting the questionnaire is its '*salience*'. According to Sommer and Sommer (1997:130), "*Salience refers to the importance of an issue in people's minds.*"

Wording of the questions is also important. Sommer and Sommer (1997:132) provide a good explanation that wording should be "*clear...meaningful,*" and not too difficult to understand. They also suggest that the questions must not be intimidating to the respondent, neither must it be "*double-barrelled*" (133), or confusing. Another factor that must be considered in the planning of questions is the balance or neutrality of choices given to the respondent. Most researchers put forth that the interview must not be devised in such a way as to force a response in a desired direction. Therefore, in order for victims to be comfortable, it was necessary to have an interpreter.

Taking all of the above information regarding designing of the interview into account, the instrument for this study was checked against the following list (Sommer and Sommer 1997:135) of prerequisites for evaluating questionnaire items.

Table 5: Checklist for Evaluating Questionnaire Items

- | |
|--|
| <ol style="list-style-type: none"> 1. Is the question necessary? How useful will the answers be? 2. Is the questioning clear and unambiguous? 3. Is the respondent competent to answer the questions as asked? 4. Will the respondent be willing to answer the question as asked? 5. Have double-barrelled questions been eliminated? 6. Is the questions as short as possible, while remaining clear and precise? 7. Is the answer likely to be affected by social desirability (saying the "right thing")? If so, can the question be altered to reduce this bias? 8. Are the questions balanced so that the number of favourable responses equals the number of unfavourable responses? |
|--|

6.12 Pilot Study

As mentioned earlier, the interviews were merely used as a pilot study. For this study, the interview was administered to 10 individuals, male and female, ranging from 18 to 60 years old. Respondents were closely monitored during the completion of the interview.

6.13 Type of Design: The Interview

In the qualitative approach there are four common types of data collection: observations, interviews, documents and visual material. While certain trends

emerge from the questionnaires, these trends added to the depth and insight required to reach reasonable conclusions.

Gall et al (1996:307) recommend the use of survey interviews to, “*supplement data that have been collected by other methods.*” They refer to this type of interview as the ‘*confirmation survey interview*’, which “*produces evidence to confirm earlier findings*”. The researcher’s earlier findings came from the database of the Khulumani Support Group. The pilot study of ten people on their database was used to assess how they have experienced their particular trauma and whether they succeeded or not to overcome their trauma.

The following table from Creswell (1996:150) provides the basis for my motivation in choosing the interview as the most suitable method of qualitative data collection for this study.

Table 6.2. Qualitative Data Collection Types, Options, Advantages and Limitations

Data Collection Types	Options Within Types	Advantages of the Type	Limitations of the Type
Observations	Complete participant	Researcher has firsthand experience with informant.	Researcher may be seen as intrusive.
	Observer as participant -role of researcher is known.	Researcher can record information as it occurs.	"Private" information may be observed that researcher cannot report.
	Participant as observer-observation role secondary to participant role	Unusual aspects can be noticed during observation.	Researcher may not have good attending and observing skills.
	Complete observer-researcher observes without participation	Useful in exploring topics that may be uncomfortable for informants to discuss.	Certain informants (e.g., children) may present special problems in gaining rapport.
Interviews	Face-to-face, one on one, in-person interview	Useful when informants cannot be directly observed.	Provides "indirect" information filtered through the views of interviewees.
	Telephone-researcher interviews by telephone	Informants can provide historical information.	Provides information in a designated "place," rather than the natural field setting.
	Group-researcher interviews informants in a group.	Allows researcher "control" over the line of questioning.	Researcher's presence may bias responses. Not all people are equally articulate and perceptive.
Documents	Public documents such as minutes of meetings, newspapers	Enables a researcher to obtain the language and words of informants.	May be protected information unavailable to public or private access.
	Private documents such as journal or diary, letter	Can be accessed at a time convenient to the researcher. an unobtrusive source of information. Represents data that are thoughtful in that informants have given attention to compiling. As written evidence, it saves the researcher the time and expense of transcribing.	Requires the researcher to search out the information in hard-to-find places. Requires transcribing or optically scanning for computer entry. Materials may be incomplete. The documents may not be authentic or accurate.
Audiovisual Materials	Photographs Videotapes Art objects Computer software Film	May be unobtrusive method of collecting data. Provides an opportunity for informant to share directly his or her "reality." Creative in that it captures Attention visually.	May be difficult to interpret. May not be accessible privately or publicly. The presence of an observer (e.g., photographer) may be disruptive and affect responses.

The *structured/standardised interview* is one where the interview goes into the situation with a set number and order of questions. In this type of interview consistency is achieved across situations (Sommer and Sommer 1997:109).

However, the rigidity of this type of interview was unsuitable for this study. Thus, the interview for this study took on a *semi-structured* form where all respondents were asked the same questions, but the order in which they were asked differed. Sometimes the wording of questions needs to be restructured to suit the responses. This form of interview was desirable because the investigator expected differing viewpoints from participants. Sommer and Sommer (1997:109) state that,

“This arrangement may be more suitable for obtaining in-depth information where the interviewer does not want to be restricted by a prescribed question order but would like the advantage of having asked the same questions of all respondents.”

Thus the advantage of this type of interview approach is that it provides reasonably standard data, but with greater depth. Although this form of interview was used, the researcher heeded the caution that, “*The further one moves from a structured procedure, the greater the risk of interview bias.*” (Sommer and Sommer 1997:109).

6.14 The Researcher's Role

The researcher plays a vital role in qualitative research in that such research is interpretive. This means that the researcher is inadvertently involved in the interpretation process, whereby his/her biases or judgements are at play in the report. According to Creswell (1994:147) the researcher's contribution is however considered to be useful.

In this study, the researcher undertook the task of gaining information from victims in KZN. My perceptions of social problems have been shaped by my personal experiences. As a Minister, the researcher feels that he has the leadership background to deal with and steer the interviews in the desired direction. The researcher has also been extensively involved in counselling people with social problems. The researcher's understanding of the context and his role enhanced his awareness, knowledge and sensitivity to the challenges to be encountered during the interview. This background equipped the researcher to have an informed insight into the general goings on in the minds of the interviewees, and to better interact with the victims. Creswell (1994:12) puts it well when he says; "*Through this process (of engagement) the researcher 'brackets' his or her own experiences in order to understand those of the informants*".

6. 15 The Sample

I chose politically traumatised victims as my sample based on the assumption that these victims will be in the best position to provide an overview of attitudes prevailing within society. Gall et al (1996:218) refer to this specific type of sampling as "*purposeful sampling*", whereby cases selected are suitable because they are more likely to be "*information-rich*".

Although the victims, being the primary source of information, were chosen, it does not mean that population validity was achieved. The objective of this sampling method, in any case, is not to achieve population validity; rather the

intention is to achieve a deeper understanding of the attitudes prevailing within our society.

Gall et al (1996:217) explain that a good sample size for qualitative studies is “*typically small*”. For the sample size, I chose 10 victims of apartheid crimes from the Khulumani support group. According to Gall et al (1996:216) choosing a sample size is entirely arbitrary, and may be left to the researcher’s discretion. Choosing 10 victims as the sample was envisaged to provide ample evidence in order to develop a deeper understanding of the phenomena being studied.

6.16. Obtaining Permission

Gaining permission to interview the victims was the relatively easier part. A letter was written to the Kulumani Support Group (**see Appendix**), wherein permission was requested. Details of the study were provided and endorsed by the research supervisor. Gaining access to the victims though, proved to be more difficult. Firstly, initial and follow-up phone-calls required time and finances. It was necessary to make follow-up phone-calls because of the unavailability of the victims at specific times of the day. The researcher explained that the survey was voluntary and anonymous.

All in all, victims responded positively, and readily set up appointments for interviews. Of the 10 contacted, 10 allowed interviews.

6.17 Problems Encountered

The victims wanted the researcher to see the wounds that they were inflicted with. Perhaps photo shots would have helped. I was emotionally hurt when I saw the wounds resulting from gun- shots.

6.18 Summary

This chapter described in detail the use of the interview as data collection instrument in qualitative research. The unique characteristics of this method were described, while its advantages and drawbacks were elaborated on. In addition, this chapter included the presentation of techniques for constructing and administering the interview questions.

Much of this chapter also concerned itself with the qualitative method that was used in making systematic observations. Procedures for the collection of data were also described. Finally, this chapter included information about how data was analysed in order to provide valuable research information.

The subsequent chapter comprises section B, which provides an analysis of the qualitative study - the interview survey.

SECTION B

THE QUALITATIVE STUDY (THE INTERVIEW SURVEY ANALYSIS)

6.19 Introduction

Statistical information was obtained from victims of political trauma in KZN. The aim of the interviews was to explore in more detail their experiences, attitudes, and behaviour changes. In addition, victims were interviewed in order to ascertain the needs and practices of help from government.

Ten subjects were contacted. A positive response rate of 100% has been noted. This enhances the validity of the study. The interviewer constructed a general format of the questions to be asked in order to maintain a degree of consistency (see **Appendix**). The interviewer approached victims on a very informal level, almost impromptu, avoiding reference to notes. Adopting this stance proved immensely advantageous since the victims were relaxed. They exhibited interest in the subject under discussion. Lively discussion ensued. Some openly commended the University of Durban-Westville and myself for prioritising matters from a research angle.

The willingness of most victims to participate in the survey shows that a desire exists to engage in meaningful dialogue over social issues. It is significant that all victims reacted positively without any scepticism towards tape-recording the interview. These were their comments:

- We are not afraid to speak and be recorded.
- We want people to know how we feel.

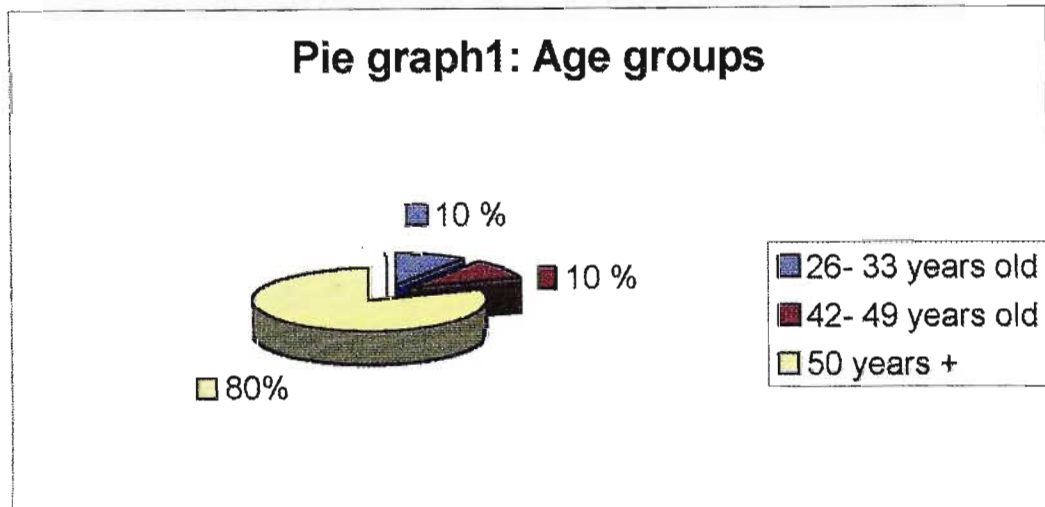
Results elicited from the interview survey were recorded according to the following schema.

1. Personal particulars
2. Kind of disaster
 - a. Loss of children
 - b. Loss of family members
 - c. Personal losses (material; physical; psychological)
3. Nature of trauma
 - a. Time
 - b. Place
 - c. Manner
4. Impact on individual, family, and community
 - a. Individual
 - b. Family
 - c. Community
5. Shattering of mental schema
 - a. Personal continuity
 - b. Interpersonal continuity
6. Post traumatic assistance
7. Post traumatic diagnoses
8. Post traumatic treatment
9. Post traumatic healing
10. Personal continuity
 - a. Body
 - b. Anguish
 - c. Both
11. Pendular action

- a. Frequency
 - b. Remembering/ Memories
 - c. Dreams / Flashbacks
12. Completion of integration
- a. Life before
 - b. Life after
13. Continuity
- a. Personal
 - b. Functional
 - c. Interpersonal

6.20 Personal particulars

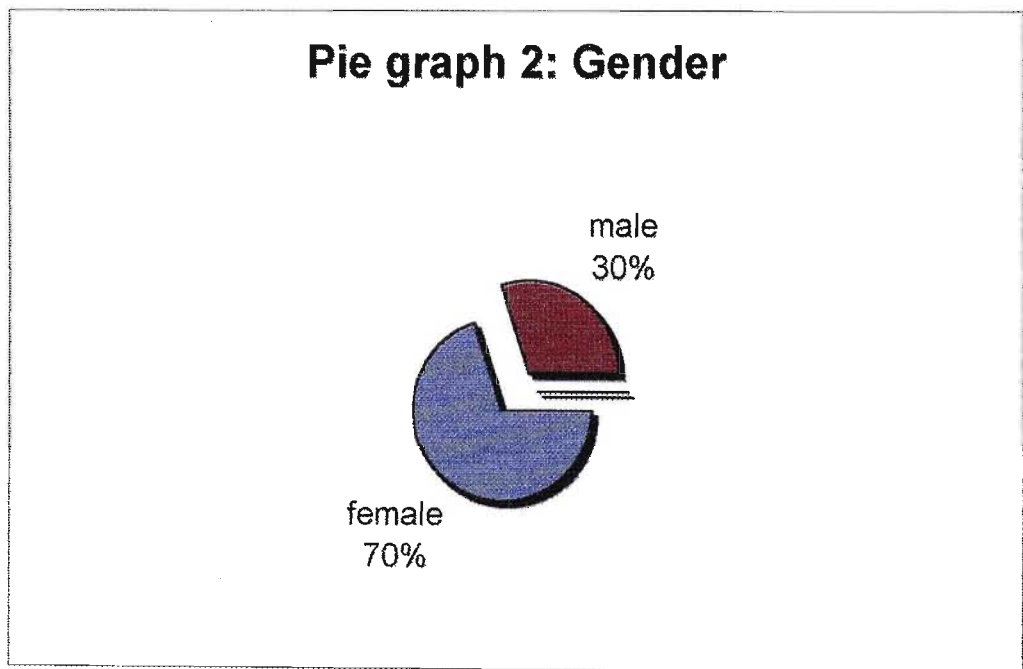
The information in this section provides an overview of the demographics of the population under study.



The pie graph above indicates that the majority of the respondents' ages ranged from 50 years and older (80%). 10% of the participants was over 26 years old, and another 10% was older than 42 years. This is significant in that validity of the study is evidently superior by the maturity of majority of the respondents. Clearly,

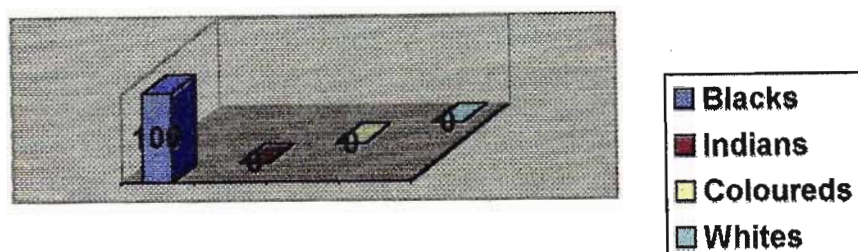
individuals at this cognitive level possess understandable reasoning and decision-making abilities and therefore provided valid opinions.

From the following graph one can deduce that the number of female respondents was more than double the number of male respondents.

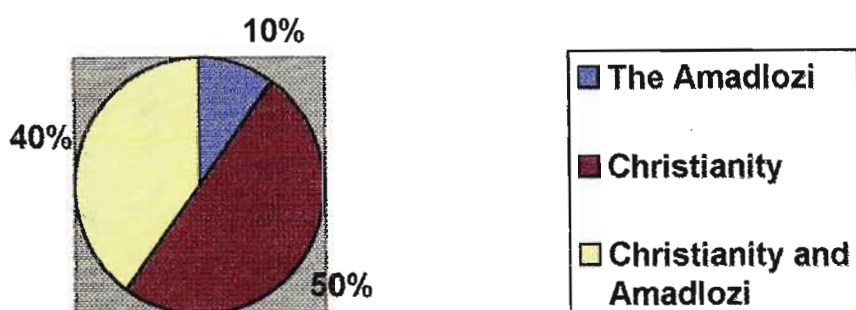


Pie graph 3 indicates that 100% black people were selected. The respondents were selected from the database of the Khulumani Support Group. The Khulumani Support Group database consists of thousands of black people because the black people were mostly affected by the political trauma in apartheid South Africa.

Pie graph 3: Ethnic group of respondents

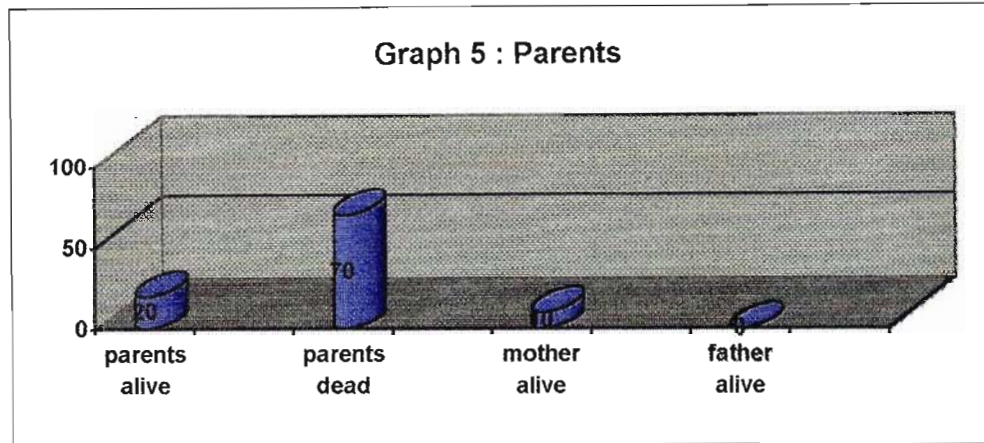


Pie graph 4: Religion



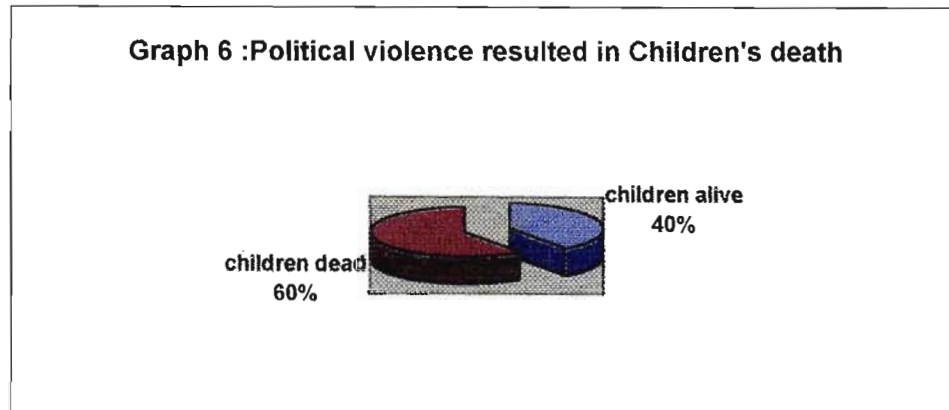
50 % of the respondents, according to the above graph, point to Christianity as their religion. 40 % points to Christianity and the Amadlozi, and 10% points to Amadlozi as their religion. In addition, all indicated that they are religious.

6.21 Family Background

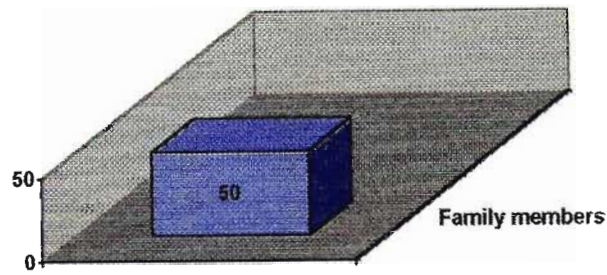


Due to the age groups of the majority of the respondents, a large percentage has already lost their parents through natural causes.

6.22 Kinds of Disaster



Graph 6 indicates that 60 % lost their children through political violence. Graph 21 indicates the dreams, flashbacks, and memories of their children.

Graph 7 : Political Violence resulted in family death

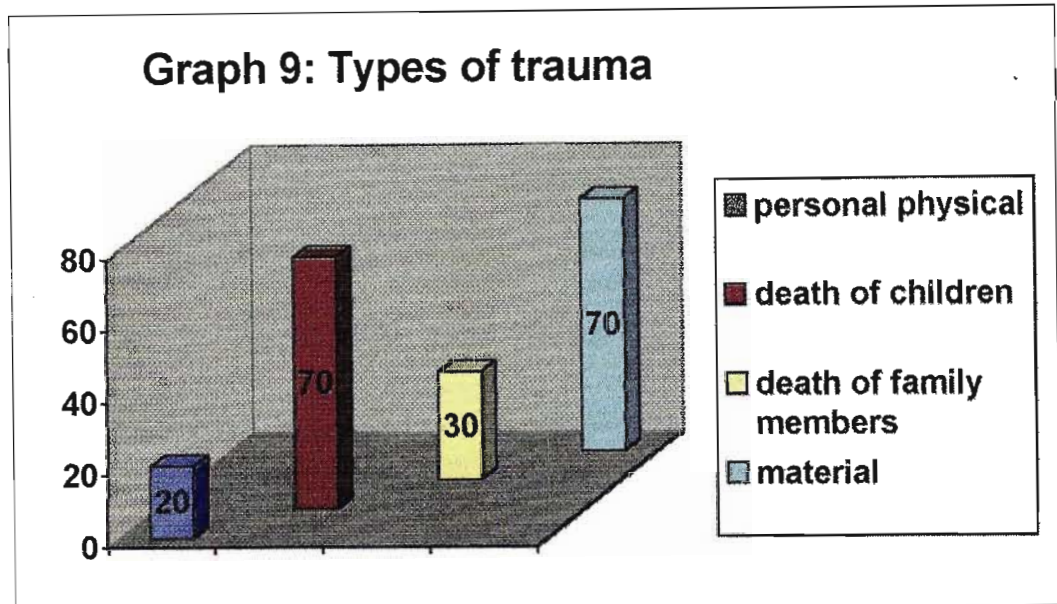
Graph 7 indicates that 50% of the victims showed that they lost their immediate family members in political violence. Graph 21 indicates the dreams, and memories of their families.

Graph 8 : Political Violence resulted in personal losses

The above graph shows that a larger percentage had physical losses. Out of these 70%, 40% lost their houses and cars. 30% were very disturbed because they lost their houses, and cars were burned. Victims said they were reminded daily, especially when they cannot function normally. Their dreams for the future have been destroyed because they cannot have children again.

6.23 Nature of Trauma

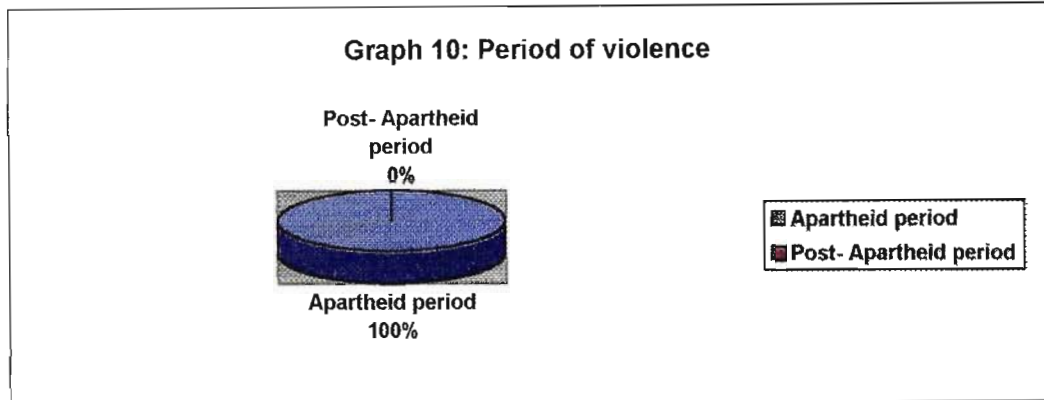
Interviewees were asked to respond to “How political violence affected them”. This meant that they had to speak of their physical, material, and psychological losses. The following bar graph shows the results.



Seven of the ten persons interviewed indicated that they lost loved ones during apartheid violence. Of these, five expressed that they lost their children, and two indicated that they lost a close family members. There's no question about the fact they had great physical losses. One of the interviewees lost his eye; another was shot in his private part, which caused great psychological damages knowing that he is unable to participate in any sexual activities. A large percentage of 70% said that their houses and cars were burned.

6.23.1 Time

Interviewees were asked about the time that the violence occurred.



The above graph illustrates that all the victims experienced their trauma during the time of apartheid in South Africa. These victims struggled for the democracy of South Africa, and had great emotional, physical, and psychological losses.

6.23.2 Place

The majority of the interviewees stated that they came from the Greater Durban Metro area.

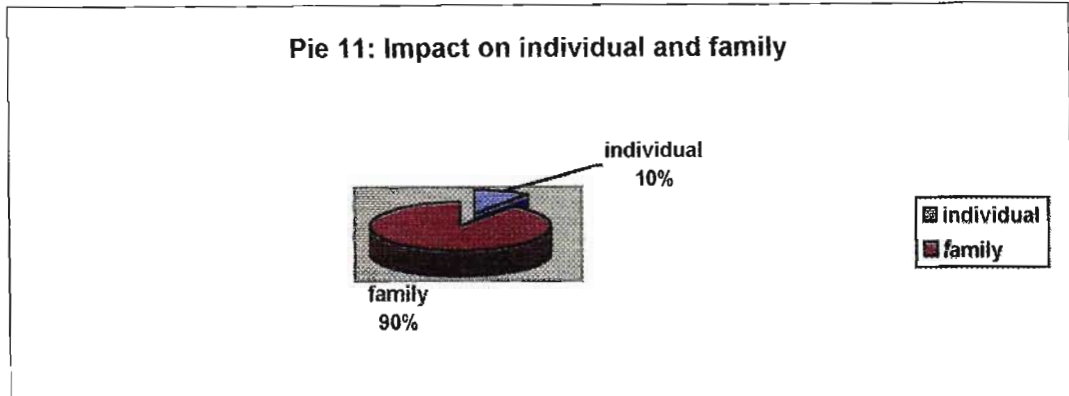
6.23.3 Manner

Interviewees were asked, “How the violence happened”, they said, “It happened at night whilst they were asleep”.

6.24 Impact on Individual or Family

Victims were required to respond to the following question “Who was most affected by what happened?” This meant that the victims were given an

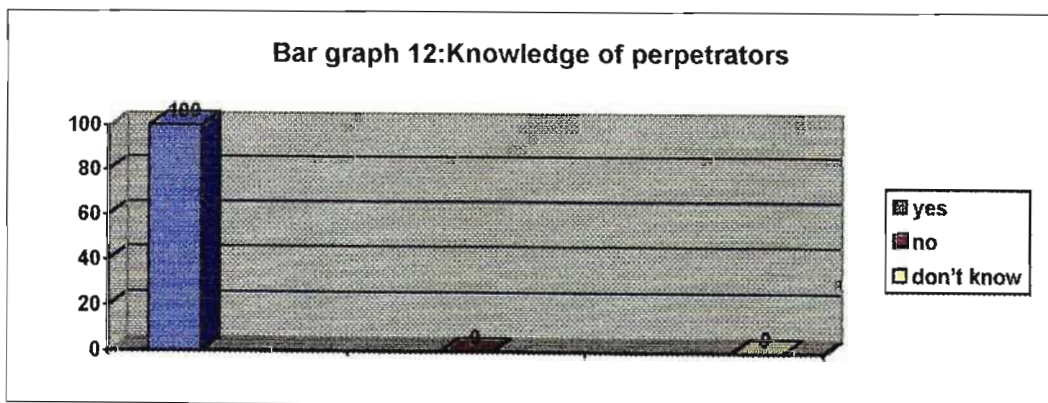
opportunity to reflect on the individual and also family members. The following bar graph shows the results.



More focus was placed on the individual during the political violence hearings, whereas many families were affected physically and psychologically during this violence.

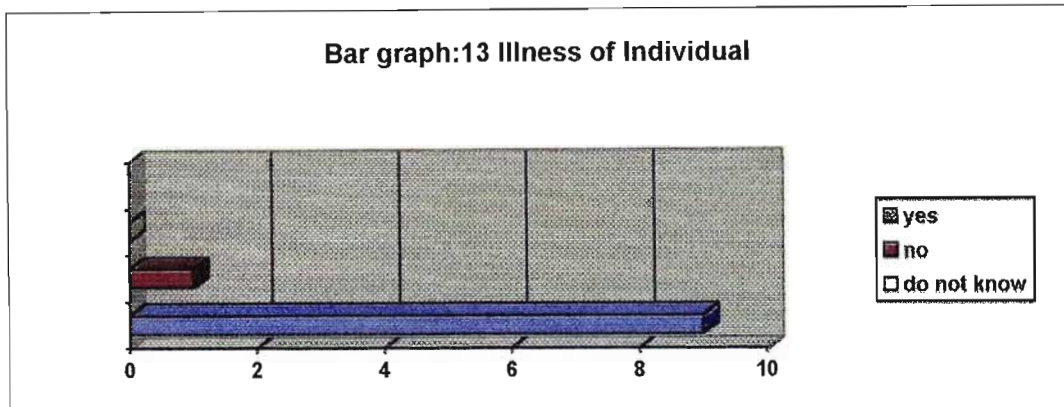
6.25 Knowledge of the Perpetrators

Victims were further quizzed on the knowledge of those who committed the violent acts against themselves, family, and community. The following graph illustrates that all victims know the perpetrators.



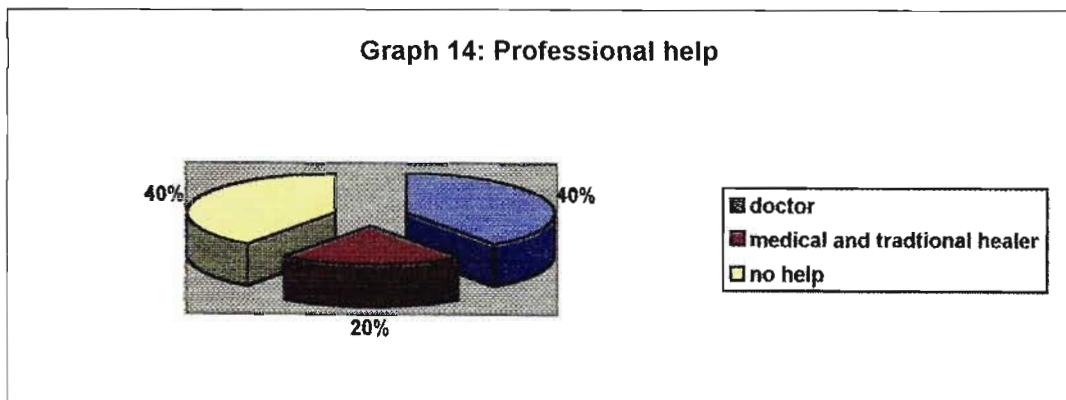
6.26 Illness of the Individual

Graph 13 below provides an indication of the percentage of respondents who are ill as a result of political violence. A large percentage indicated that they were shocked, because it came to them unexpectedly.

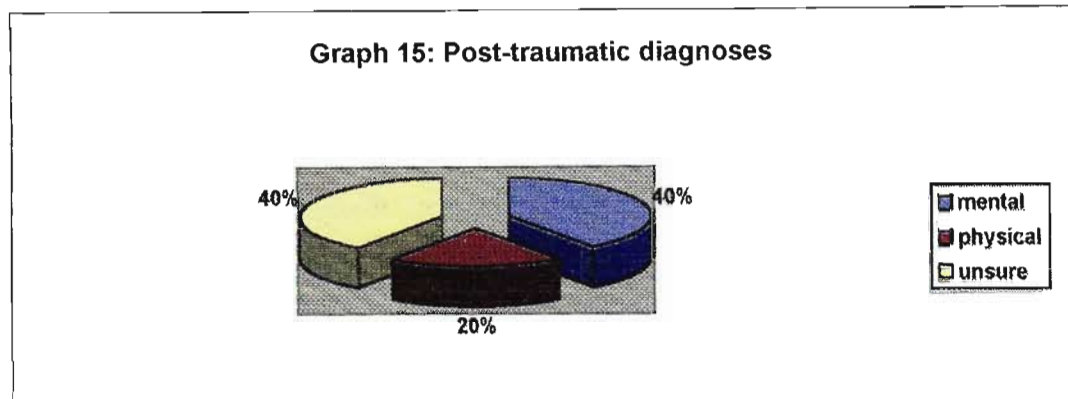


6.27 Post-traumatic Assistance

Victims were required to respond to which type of counselling assistance they sought. As many as 40% expressed that they never requested any help. The majority 60% did so. Of these, 40% received medical treatment only whereas 20% sought medical and traditional healing. The following graph indicates the type of healing.

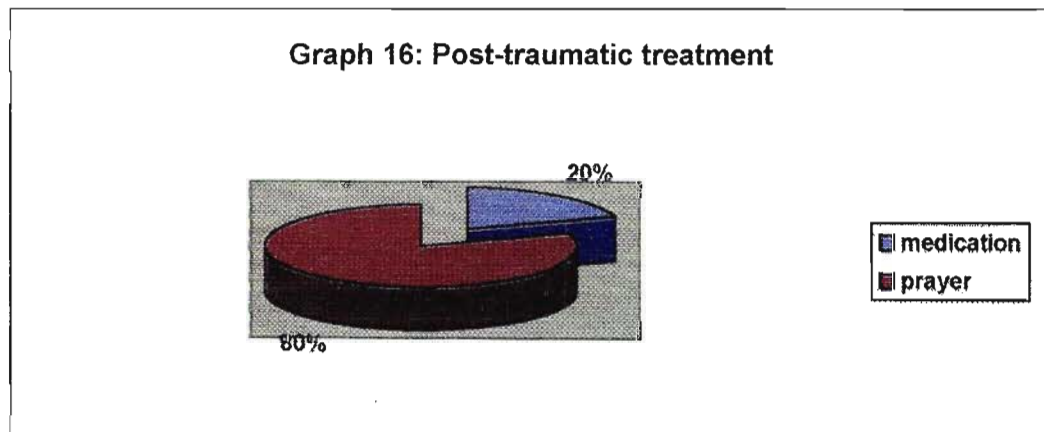


6.28 Post-traumatic Diagnoses



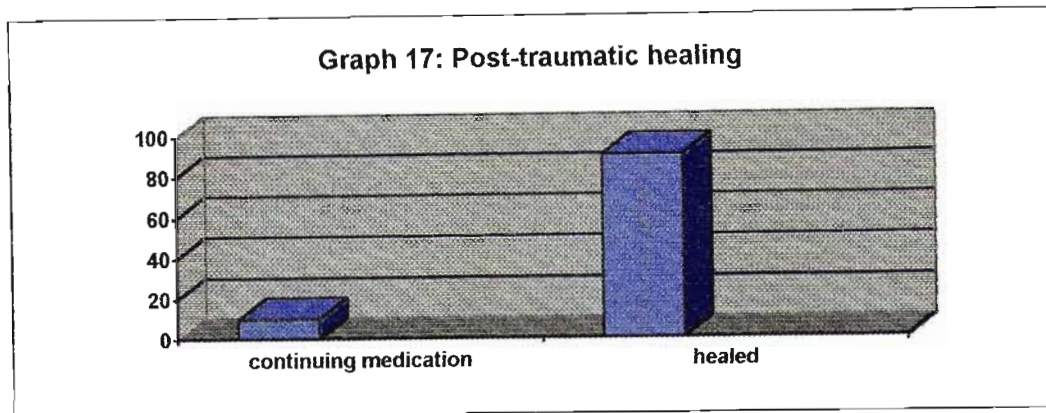
The following reactions were elicited from the victims of post-traumatic diagnoses. 40 % said that they were shocked and required counselling. 20 % said that they received medical treatment. 40 % was not sure about how they felt.

6. 29 Post-traumatic Treatment



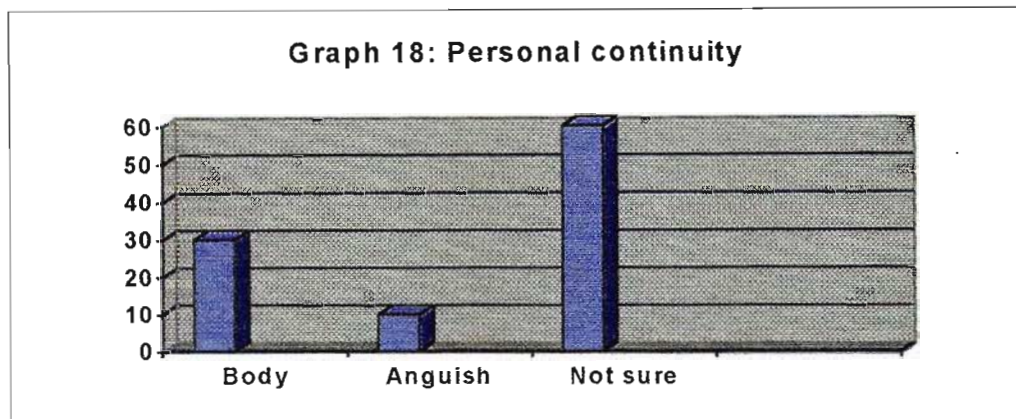
According to the above graph 80% of the victims went to church and prayed to God for their healing. 20 % received only medical treatment.

6.30 Post-traumatic Healing



90% of the victims are doing very well and were relieved from medication. The chief mechanism for coping with their trauma is prayer.

6.31 Personal Continuity

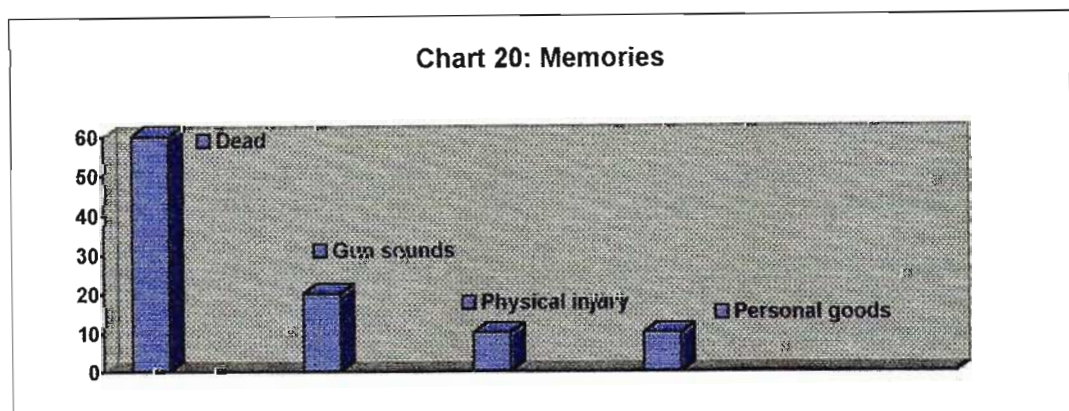
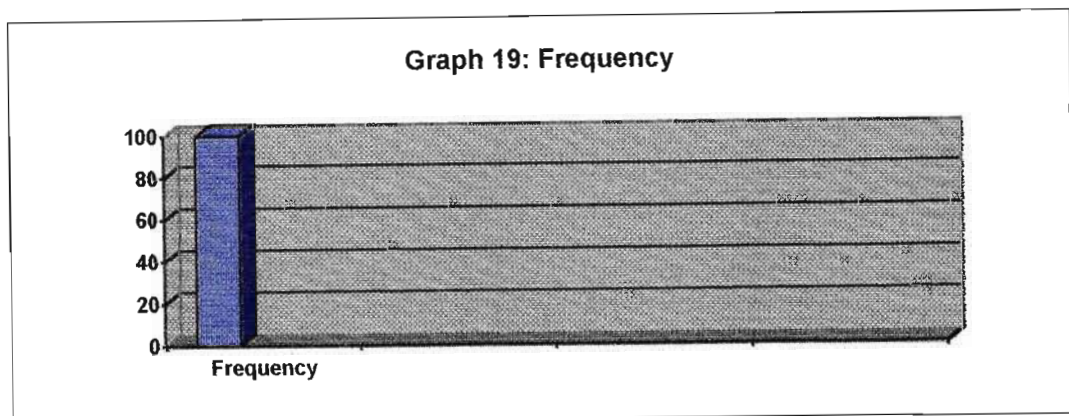


With reference to the continuity of body and anguish pains, 60% of victims were not sure about how they were feeling. 30% experienced body pains and 10% experienced anguish. Victims expressed that most of their pains were healed

through prayer. Moreover, these victims felt that churches were specialists in their respective anguish.

6.32 Pendular Action

The following graph shows that all victims experience trauma on a regular basis.



Victims were asked how about the types of memories that they currently have or remember. The following statements provide a brief overview of how the victims felt. 60% of the victims related that they remember the dead, “Dead people in my place, my son and his son left behind, the death of my daughter, the loss of my

son". 20% stated that they hear gun sounds. 10% remember physical injury, "I remember how I lost my eye". Another remembers the loss of personal goods. 0% said that they remember the beautiful houses they lost.

Graph 21: Dreams/ Flashbacks



40% expressed that they have nightmares, thinking about how they were victimised. Victims said that they dream about:

- Dead people in the house;
- Sounds of a gun;
- How they lost an eye;
- Loss of a son or daughter;
- Loss of house; and
- The child left behind by a son.

6.33 Completion of Integration

Victims were questioned as to how their life was before the trauma, and how their lives turned out to be. The graph below gives a clear indication of their lives before and after.

6.33.1 Life Before

(1) Do you dream of how it was before your traumatic experience?

These are the quotes of the victims:

- “We were very happy before our experience”;
- “We lived in peace”;
- “I had a nice life with my husband and family”;
- “I had a nice time with the community”;
- “We attended functions together”;
- “I had a nice property”;
- “I was able to work and support my family”.

(2) What did you like to do most?

Victims responded to the above question as followings:

- “I wanted to buy a house”;
- “I wanted to buy a business”;
- “I enjoyed house duties”;
- “I used to attend community meetings”;
- “I enjoyed going to church”;
- “I enjoyed studying”;

- “I wanted to educate my child”;
- “I wanted to support my children”.

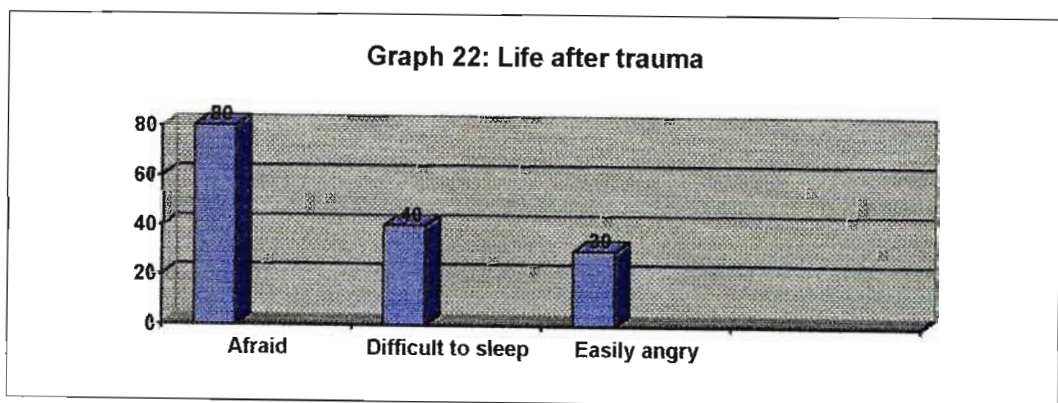
Some of the victims would still like to do the things if they were given a chance, but majority cannot have that chance again due to the traumatic incidents.

6.33.2 Life After

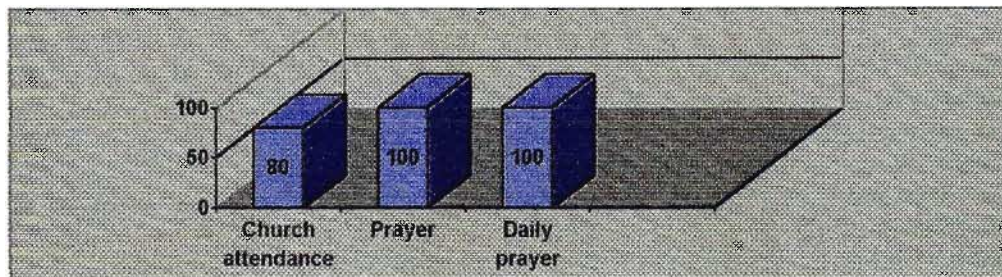
Victims still think about the things that they wanted to do before. Many had a life change after the trauma. Victims stated that their lives and dreams changed because of the following reasons:

- “We lost our houses”;
- “I lost my child”;
- “I have stress”;
- “I lost my eye”;
- “I lost my job”.

The following graph indicates the way they feel.



80% were afraid. 40% had difficulty sleeping. 30% were easily angered.

Graph 23: Church attendance and Prayer after trauma

All the respondents attended church regularly. 100% pray regularly. 100% pray on a daily basis. These are some of the comments of the type of prayer that the victims offer to God:

- “We thank God”;
- “We trust in God”;
- “We trust God for a better life”;
- “We pray for our families”;
- “We thank God for keeping us safe”;
- “We pray for peace”;
- “We pray for success”.

6.34 Continuity

The following graphs indicate the reasons for the way the victims feel. Victims were asked about how they were affected personally, whether they are able to perform normally, and how they interact with their community, their friends, and family.

Graph 24: Personal continuity

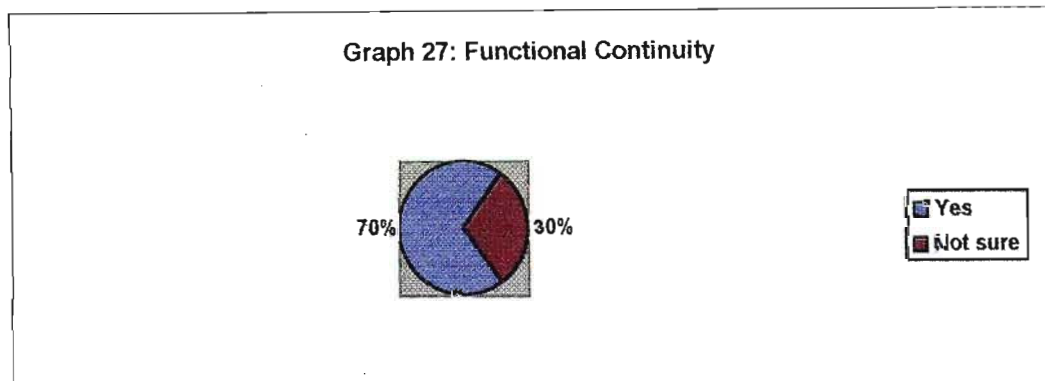
Only 30% indicated that they are able to function normally.

Graph 25: Personal continuity - Anger**Graph 26: Personal continuity- Reasons for anger**

Graphs 25 and 26 indicate that the victims are angry because of the great losses that they faced. Although they had great losses 40 % of all the victims indicated

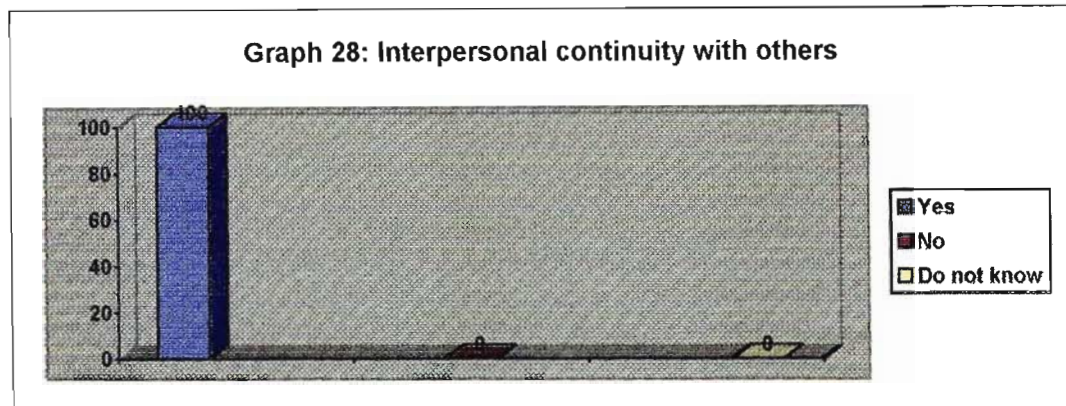
that they were not angry. Of these 10 % indicated that they were not sure about their anger. 60 % indicated they were angry and these are the reasons:

- “They were aggressive to me”;
- “I lost my house”;
- “I lost my daughter”;
- “People died in front of me”;
- “I lost my eye”.



The above graph indicates that most of the victims' external actions for their social life has changed drastically because of the great impact the political violence had on them. One said that, “I dreamed about being a businessman but everything changed because I lost my possessions. Another, “I dreamed about a business but they killed my son”. Another said, “I dreamed about building a bigger house but I lost my small house”. Another said, “I dreamed about building a house but I lost my husband”. Another said, “I dreamed about going to school to be a teacher but I lost my eye”. Another said, “I dreamed about having children and I now lost them”. A further 30% did face great losses but they were not sure

about how they feel when they answered the questions on dreams and changes in life.



The victims were asked if they like to be with others. 100% responded that they want to have a relationship with members of the community. These are the following comments:

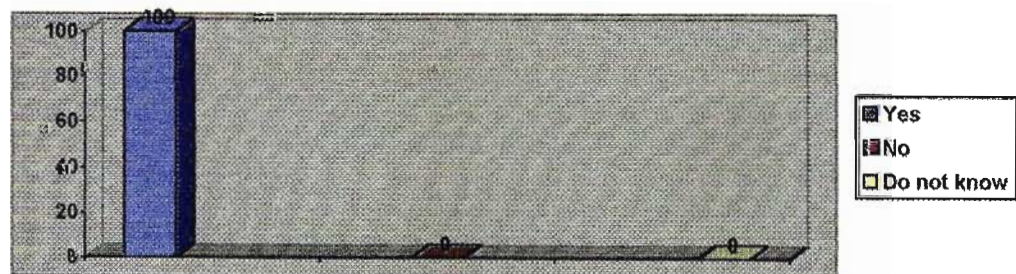
- “I like to talk about good things”;
- “I like to help others and share ideas”;
- “I like to help with community projects”;
- “I like to help others”;
- “I like to work and study with others”;
- “I like to talk about progressive things”;
- “I like to give advice and receive advice”.

Graph 29: Interpersonal continuity with friends

The victims were asked if they like to be with friends. 90% said that they are looking forward to a personal relationship with friends. These are the following comments:

- “I just talking”;
- “I like sharing good ideas”;
- “I like to share ideas about a better life”;
- “I like to help others”; “I like studying with others”;
- “I like to share in community awareness”.

10% lost trust in friends and don’t feel good being around friends”.

Graph 30: Interpersonal continuity with family

The victims were asked if they like to be with family. 100% responded that they enjoyed being with the family. These are the following responses:

- “I like to discuss about the future of the family”;
- “We often take decisions collectively”;
- “We share ideas with members of the family”;
- “I love to share food with them”;
- “I love to have a good time with them”;
- “We love to instruct each other”;
- We love to sing songs and talk about life”.

6.35 Conclusion

This chapter presented the data and results from the pilot study, questionnaire survey and interview survey. It provided conclusions about particular attitudes drawn from the data and statistics. Both data from the survey reported here and pilot studies from section B will be used in an attempt to understand what explains poor social achievement.

The analysis of the pilot study dealt with the following:

Personal particulars; Loss of children; Loss of family members; Personal losses (material; physical; psychological); Time, Place, Manner of Trauma; Impact on individual or community (Individual, Family, Community); Shattering of mental schema (Personal continuity, Interpersonal continuity) Post-traumatic assistance; Post-traumatic diagnoses, Post-traumatic treatment, Post-traumatic healing, Personal continuity (Body, Anguish); Frequency; Remembering/ Memories, Dreams / Flashbacks of Trauma; Life before; Life after; Personal Functional; Interpersonal Function).

The following has been categorized:

- (1) Personal Particulars;
- (2) Kinds of Disasters;
- (3) Nature of trauma;
- (4) Impact on individual or community;
- (5) Shattering of mental schema;
- (6) Post traumatic assistance, diagnoses, treatment, healing;
- (7) Personal continuity;
- (8) Pendular action;
- (9) Completion of integration; and
- (10) Continuity.

The main insights from these are following:

- (1) From the graph one can deduce that the number of female respondents was more than double the number of male respondents.
- (2) Also, 100 % of the respondents, according to the graph, point to Christianity and Amadlozi as their religion. In addition, all indicated that they are religious.
- (3) A large number of 70% indicated that they lost loved ones during apartheid violence. Of these, 50% expressed that they lost their children, 20 % indicated that they lost a close family member. There's no question about the fact they had great physical losses. One of the interviewees lost his eye; another was shot in his private parts, which caused great psychological damages knowing that he is unable to participate in any sexual activities. A large percentage said that their houses and cars were burned.
- (4) The graph illustrates that all victims know the perpetrators.

- (5) One of the main factors is that the victims sought help from God. These are some of the comments victims made concerning their prayer (We thank God, We trust in God, we trust Him for a better life, We pray for our families, We thank God for keeping us safe, We pray for peace, We pray for success).

This study shows that most politically traumatised people had a great religious faith. Many have never been educated, yet these victims find themselves working through their problems. This study revealed that holistic help such as Psycho-spiritual Counselling could be very successful in the change of attitudes in Post-apartheid South Africa. The following chapter will provide recommendations based on conclusions inherent in this chapter.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATION

Cogito ergo sum, "I think, therefore, I am". In Africa, a person can only be defined as "I belong, therefore, I am" (Pobee 1979:49 in Kourie and Kretzschmar 2000:95).

7.0 Introduction

In South Africa many people have been traumatised, primarily as a result of political trauma. Also, statistics indicate that many people have been victimised through various forms of violence (www.gatvol.co.za/crimestats/SouthAfrica). These problems have left victims with a sense of emptiness and isolation from society.

This study analyses of PTSD as it relates to social problems. However, this quickly becomes doubtful when trauma is understood and dealt with as a typical medical illness and not as psycho-social phenomena. Also, this study draws a comparison of natural and unnatural disasters. It is evident that unnatural disasters, such as sexual assault and political violence, have left the people of South Africa with deep-rooted PTSD.

Furthermore, the research shows that when dealing with human suffering as a consequence of man-made disaster, we are confronting two problems: first, we

have to try to understand the basic psychological dimensions involved and enhance the recognition of the importance of these dimensions. Second, we have to avoid a cheap psychologisation of political problems and make sure that the socio- political aspects are not confused with the material and the spiritual aspects of life.

Researchers Wilson, et. al (2001); Joseph, et. al (1997) and Bisbey, et al (1998) indicates that individuals react to traumatic events in their own way. Furthermore, there are common traumatic stress responses which many people experience. These include feelings of fear, being easily startled, physical symptoms such as headaches, difficulty in sleeping and poor concentration. Individuals may experience rapid changes in mood, anxiety, uncharacteristic anger outbursts and irritability. They may also become withdrawn, avoid talking about their experience or avoid things that remind them of it. There may be a loss of enjoyment in things that used to be pleasurable. Victims may be haunted by distressing nightmares, flashbacks and intrusive memories of the event.

7.1 The Responsibility of Psychotherapists and Christian Counsellors

Psychotherapists and Christian Counsellors in a post-apartheid country like South Africa are very important as caregivers. They need to understand that these symptoms are normal reactions to abnormal events.

This research highlighted many theories developed in Psychotherapy. Yet considering the current social situation in South Africa with regard to the great variety of psychological effects of apartheid, a deeper understanding of the human psyche is desired.

Freud's psychodynamic model of the ego plays a vital role in understanding the human psyche, and social problems in South Africa.

Furthermore, understanding the following traits can help Counsellors to better serve people in post-apartheid South Africa. These perspectives are important: denial, repression, asceticism, isolation, displacement, turning against self, altruistic surrender, reaction formation, undoing, introjections, identification, regression, rationalization, sublimation.

Also, the complexities of the human experience demand that Counsellors need to carefully take a proper role when dealing with people's emotional traumas, environmental and family difficulties, physical problems, and behavioural manifestations.

This study provides information on how Christian Counselling can be compatible with Psychotherapy because these two domains share the same goals such as:

- Firstly, they both have unique ways in analysing problems.
- Secondly, they both have a unique way of understanding problems.
- Thirdly, they provide hope for the counselee.
- Fourthly, they both motivate towards change of one's self, and impact on social changes.

Finally, Christian Counselling and Psychotherapy are full of profound and meaningful messages for those who have been devastated by dysfunction, or depression and stress.

7.2 How can Psychotherapists and Christian Counsellors help the People of South Africa?

It is an important function of care-givers to help people of South Africa to talk about their experiences in a safe and uncritical environment. Survivors often blame themselves in some way. For example, they may feel responsible for what happened or believe they could have behaved differently during the incident.

It is important to know that these feelings often leave survivors feeling bad about themselves and add to a sense of powerlessness and helplessness. In certain cases, they look for revenge as a way to feel good. Sometimes they may try and cope by increased drinking, smoking or self-medication, which make symptoms worse.

A number of facets have been examined in the context of ongoing research in social transformation in South Africa. This research provided an overview of Psychotherapy to highlight possible explanations for the social problems that we face in South Africa. This study established the causes of failure or success in real social transformation in post-apartheid South Africa.

A number of theories from Psychotherapy literature were examined in order to understand socio-political trauma in South Africa. This literature analysis revealed that there is evidence that victims are still hurting. Literature that is available in Psychotherapy and trauma shows that there are theories that deal with social problems.

The following Psychotherapy theories have been overviewed in this study:

Classical Psychoanalysis; Individual Psychotherapy; Analytical Psychotherapy; Medical Orgonomy; Ego Psychology; The Interpersonal Perspective; Object Relations Theories; Self psychology; The development of Learning Theory; The Conditioned Reflex; The Law of Effect; The Drive Reduction Theory; The Psychodynamic Social Learning Theory; Reciprocal Inhibition; Systematic Desensitization; Assertiveness Training; Social Learning; Rational Emotional Behavioural Therapy; Cognitive Behaviour Therapy; Stress Inoculation Therapy; Constructivist Approaches; Existential Therapy; Humanistic Therapies; Client-centered Therapy; Gestalt Therapy; Reality Therapy, Control Therapy, and Choice Therapy; Transpersonal Therapy; Holotropic Breathwork; Bioenergetics Analysis; Core Energetics; Structural Integration; Awareness through Movement and Functional Integration; The Alexander technique; Object Relations Family Therapy; Transgenerational Family Systems Therapy; Structural Family Therapy; Strategic Family Therapy; Systematic Family Therapy; Great Originals.

For the benefit of this research the theories have been categorized in these four groups: the Psychodynamic Therapies; the Behavioural and Cognitive Therapies; the Existential, Humanistic, Transpersonal, and Body-Oriented Therapies; and the Family Systems Therapies.

In order to understand crime and social problems that manifest in South Africa, the following main insights were drawn from the four categories in Psychotherapy.

- The theories in the psychodynamic therapies focus on the working of the mind, which is held outside the ordinary awareness - the unconscious. They focus on thoughts, which are always in motion, and often in conflict with each other.
- The theories in the behavioural and cognitive therapies look within the mind for causes of behaviour toward the environment.
- The theories within the existential, humanistic, transpersonal, and body-oriented therapies have their roots in several philosophical and spiritual traditions. Their approaches tend to be holistic, looking at the entire person in his or her environment.
- The theories in the family systems therapies focus on the nuclear family, while others focus on the patterns that get passed down over several generations.

Many theories had been highlighted and developed in Psychotherapy. Most particularly, the ego plays a vital role in understanding the human psyche, and social problems that manifest in South Africa.

The purpose of the study was to also discuss and reflect on the procedures that are used in Christian Counselling. This research addressed two issues. Firstly it

discussed different methodologies that are used in Christian Counselling. It showed that two methodologies are used. These were: Biblically based Christian Counselling in care-giving. The second method was Psychology and Christian Counselling.

A number of theories from Christian Counselling literature were examined in order to understand socio-political trauma in South Africa. This literature analysis reveals that there is evidence that victims are still hurting. Literature that is available in Christian Counselling shows that there are theories that deal with social problems.

The following Christian Counselling theories have been overviewed in this chapter:

Analysis of problems (feelings, emotions and doings); Elements of Biblical Counselling (understanding problems, hope, change, and practice); Collin's Uniqueness of Christian Counselling (assumptions, goals, techniques, counsellor's characteristics); Jesus, Wisdom, and Psychotherapy; A Christian's analysis of Basic humanity and Psychotherapy; Jesus' Ways of Dealing with People; Repentance; Forgiveness; Pre-mature Forgiveness; Reconciliation; Forgiveness the Problem of Failed Reconciliation; Forgiveness is a Gift; The love of God; The Merger of Psychotherapy and Christian Counselling (The Multi-Modal Approach, The Sin Model, The Sickness Model, The Not-so-simple Model).

Many theories had been highlighted and developed in Christian Counselling. Most particularly, basic humanity and Psychotherapy play a vital role in understanding the human psyche, and social problems in South Africa.

Klimek identifies the following problems in human nature: Dependency, Existential, Anxiety, Separation Anxiety, Belittlement Anxiety, Aloneness, Fearfulness, Anger, Unconditional Existential Anger.

These perspectives are very pertinent to the social problems in post-apartheid South Africa. Yet considering the current social situation in South Africa with regard to the great variety of psychological effects of apartheid, a deeper understanding of the human psyche is desired, especially the psycho-spiritual. However, there is little that is known about the psycho-spiritual relationship between the victims and trauma.

7.3 What does the Pilot Study of Apartheid Victims Reveal?

This study was divided into the following sections: Section A described the data collection and analysis of methodologies employed in this study. It showed that in order to get a broad understanding of the context of attitudes in post-traumatic South Africa, it is necessary to use the qualitative method. Section B of this study presented and analysed data from a survey of 10 victims of post-apartheid violence. This survey focuses on two aspects of the overall study. Firstly, it focuses on the PTSD resources for socio-political trauma help in order to establish profiles of resources that are available for helping politically traumatised people. Secondly it pays attention to what PTSD therapists identified as key factors explaining performance in traumatized people.

The analysis of pilot study dealt with the following:

Personal particulars; Loss of children; Loss of family members; Personal losses (material; physical; psychological); Time, Place, Manner of Trauma; Impact on individual or community (Individual, Family, Community); Shattering of mental schema (Personal continuity, Interpersonal continuity) Post-traumatic assistance; Post-traumatic diagnoses, Post-traumatic treatment, Post-traumatic healing, Personal continuity (Body, Anguish); Frequency; Remembering/ Memories, Dreams / Flashbacks of Trauma; Life before; Life after; Personal Functional; Interpersonal Function).

The following were dealt with in the pilot study:

- (1) Personal Particulars;
- (2) Kinds of Disasters;
- (3) Nature of trauma;
- (4) Impact on individual or community;
- (5) Shattering of mental schema;
- (6) Post traumatic assistance, diagnoses, treatment, healing;
- (7) Personal continuity;
- (8) Pendular action;
- (9) Completion of integration; and
- (10) Continuity.

The main insights from these are as follows:

- (1) From the pilot study one can deduce that the number of female respondents was more than double the number of male respondents. Possibly this is indicative of the fact that females, who are the next of kin of people who died in violent situations and events, are in the majority.
- (2) Also, 100 % of the respondents point to Christianity and Amadlozi as their religion. In addition, all indicated that they are religious, and believe that help can be received from outside themselves.
- (3) A large number of 70% indicated that they lost loved ones during apartheid violence. 50% expressed that they lost their children and 20 % indicated that

they lost a close family member. There's no question about the fact that they had great physical losses. Losses of this nature are painful and cause great psychological damage. Living with the pain that one cannot participate in any sexual activities is a life-time trauma. Seeing other political leaders progress, and themselves having great losses of houses and cars, are traumatic itself.

- (4) Knowing that your perpetrators are walking free and have housing from the government is very painful.
- (5) One of the main factors is that the victims' sought help from God.

This study shows that most politically traumatized people had a great religious faith. Many are not being educated, yet these victims find themselves working through their problems on their own. The following factors emerged from the study:

- The pilot study in this research has shown that survivors are still hurting.
- Victims are scared and angry.
- Victims find it helpful to share their experiences with others who have been through the same or similar events.
- Victims of political violence find a great sense of closure by being with other victims who have been through what they have experienced.

It is recommended that Christian Counsellors and Psychotherapists need to play a more important role in really bringing about healing in post-apartheid South

Africa. They need to help people deal with ongoing feelings of anger and aggression, revenge, racial prejudice and violence.

7.4 Was the TRC Sufficient?

Since November 1995 when the TRC started its work, testimony has become part of the holistic approach to reparations of a South Africa trying to come to grips with the past. There are testimonies of traumatized people in South that left the public with the notion that nothing feels safe anymore. South Africans need to learn how to protect themselves from overwhelming memories and to heal from trauma-related reactions that may be disturbing their day-to-day lives.

This study covered a sample of the social political stresses that are faced in post-apartheid South Africa. It provided statistics of social problems. Also, this study looked at the TRC policies and what was recommended for reconciliation. The workshops revealed many different perspectives and views on the TRC. This study summarized some of the views of victims and what they felt about some of the issues that still need to be addressed by Government. The victims' views are summarized under four sections, namely: Reconciliation, Institutional Transformation, Symbolic Reparations and Material Assistance.

South Africa's TRC offered the country the chance to build a better future by facing up to its past. Amid the saturation of media coverage, victims of human

rights abuses told their harrowing stories and perpetrators confessed to horrendous acts. Meanwhile, the commissioners grappled with decisions that would not only apportion responsibility and grant or deny amnesty but also have a profound political and social impact.

Although the TRC has done a lot, there is something that is still missing. In examining the social problems and current crime rate, one could conclude that many violent crimes in South Africa stem from deep psychological problems.

7.5 What are the Lasting Effects of Violence in South Africa?

Crime and violence in South Africa have destroyed our school environment and educational process. There is serious long-standing physical, emotional and psychological implications for both teachers and pupils, including: distress, reduced self-esteem, risk of depression and suicide, reduced school attendance, impaired concentration, fear and a diminished ability to learn.

Crime and violence are also a severe threat to peace, democracy and economic stability in South Africa. It corrupts the social fabric of communities and the nation as a whole and endangers the health of both children and adults. It disrupts the provision of basic services and destroys respect for human rights. Crime and violence can also deepen gender and social inequalities and reduce the overall quality of life.

Researchers indicate that there is no one diagnosis that covers all victims. Rather, more than one diagnosis may apply to a single victim (Williams 1999, et. al; Bisbey 1999, et. al; Wilson 2001, et. al). For instance, victims may meet criteria for diagnoses of:

- substance dependence and abuse;
- personality disorders (especially borderline personality disorder);
- depression;
- anxiety (including post traumatic stress disorder); and
- dissociative disorders, and eating disorders.

Developmental factors are also affected. Early trauma shapes a child's (and later adult's) perceptions and beliefs about everything. Severe trauma can have a major impact on the course of life. Victims of childhood trauma can have mild to severe deficits in abilities such as:

- self-soothing;
- seeing the world as a safe place;
- not trusting others;
- organized thinking for decision-making; and
- avoiding exploitation.

Furthermore, according to research, disruption of these tasks in childhood can result in adaptive behaviours, which may be interpreted in the mental health system as "symptoms." For example, disruptions in:

- self-soothing can be seen as ➡ agitation;
- seeing the world as a safe place ➡ paranoia;

- trusting others ➡ paranoia;
- organized thinking for decision-making ➡ psychosis; and
- avoiding exploitation ➡ self-sabotage.

7.6 Recommendation

In light of what Masoga stated, “Rituals itself offer an opportunity to negotiate meaning and community with others” (Masoga 1999:221).

It is important to understand that before we can view rituals as “implicating the other” there should be an understanding of “oneself”.

Also, in order to intercept future cycles of violence, it is critical that the psychological impact of violence is addressed:

- first on an individual level; and
- second on a societal level.

Christianity has a very important role to play in South Africa. According to Klimek (1991:3),

“in the analysis of Jesus, most of the anger, rage, and lack of fulfilment seen in the human condition originates in the hearts of all who have been deprived of adequate love and care”.

Furthermore, Klimek states that,

“there is a serious pathological state that emerges when people are unable to identify with the pain or trauma that they have been through. Although love and care are given, it doesn’t take away what is in the unconscious mind” (Klimek 1991:3).

This is an area for future study.

7.7 Conclusion: The Answer for Post-Apartheid South Africa

Being committed to change is easy to theorize. Hopes and expectations for Post-Apartheid South Africa are often very high. Disappointment in our society is however common. Dealing with trauma is very complex. Each person brings with them the experiences, feelings and assumptions of the past. Thus the reconciliation process can disappoint and hurt deeply, as well as delight, heal, and serve as a basis for growth. Working with the right therapist, who is trained and experienced in doing therapy with social problems, can be highly productive. It allows people to gain perspective, learn new skills and discuss their struggles without interference. This should include decision-making.

Misunderstandings will often arise when different cultures unite. The daily complexities of going through life's transitions can create misunderstandings, stress and unnecessary struggles. In order to resolve conflicts, the source of problems or a failing love relationship, people must have confidence in their own capacity to creatively deal with trauma.

It is hoped that this study will be used to develop a psycho-spiritual model for further research. The study has indicated that people in post-apartheid South Africa are aware of their freedom of choice regarding where help is offered. The questionnaire survey has revealed that traumatised people display a positive

attitude towards change, regarding it highly in terms of its social and developmental potential, as well as its salience in terms of the development of the nation of South Africa as a whole. People are in fact proud to be associated with fellow citizens and show a clear indication of patriotism to their African roots.

However, evidence from the interview survey reveals that the TRC process has not brought an end to trauma and the traumatic effects of apartheid. A laid-back attitude prevails, whereby decision-makers who should further facilitate healing through Psychotherapy and Christian Counselling-based trauma therapy, do not follow through with victims. This study has indicated that in spite of victims displaying a positive attitude towards change, there is still an inherent need to learn about constructive changes. The psychological help status quo in South Africa still needs to be developed much further than at present, especially from a Christian Counselling perspective.

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Questionnaire:
Counselling and Social Trauma
University of KwaZulu-Natal

I am Roy Moodley and currently busy with my MA dissertation in the School of Religion and Culture at the University of KwaZulu-Natal.

My research includes an empirical component of which this questionnaire is one of the research instruments used for data gathering.

The purpose of this questionnaire is twofold.

- Firstly, it will assist people who have suffered forms of social trauma to voice their feelings and views.
- Secondly, it will provide data, which may help us to develop better ways for dealing with the different forms of stress we suffer because of the social trauma we have suffered.

Please note:

- The data you provide will be recorded anonymously and your participation in this study will be held in the strictest confidence. If a summary of the results is used for educational or publication purposes, individuals will not be identified.
- Your participation in this research is entirely voluntary and you can withdraw from the survey at any time. For ethical reasons, this research is aimed at adult participants only (persons aged 18 and above).

I shall appreciate it if you assist the project by providing your personal views or opinions in the questionnaire.

Informed Consent

I hereby give my permission for the use of my views and opinions for research purposes.

.....
Signature

.....
Date

My address is: Roy Moodley, c/o School of Religion and Culture, Priv. Bag X54001,
UKZN, Durban
Email: jrmoodley@aol.com
Tel: (031) 260-7343

General Personal Particulars

1. Gender

Male	
Female	

2. Marital Status

Single	
Married	
Divorced	

3. Age

18 - 25 yrs	
26 - 33 yrs	
34 - 41 yrs	
42 - 49 yrs	
50 yrs +	

4. Race

Black	
Coloured	
Indian	
White	
Other	

5. Religion:

The Amadlozi	
Christianity	
Christianity & Amadlozi	
Islam	

6. I believe in the principles of

Hinduism	
Another religion	
All religions	
I do not have a religion	

7. My Parents

Both my parents are alive	
Only my mother lives	

Both my parents are dead	
Only my father lives	

6. I have _____ sisters and _____ brothers

7. I have _____ children

8. My Children

All my children are alive	
1 child is dead	

2 children are dead	
3 children are dead	

9. My family members died because of

Natural cause	
Illness	

An accident	
Political violence	

My Experience of Political Violence

1. Please tell us about how political violence affected you.

--

2. When did this happen?

--

3. Where did it happen?

--

4. How did it happen?

--

5. Who were most affected by what happened?

--

6. Do you know the people who did this?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

7. Were you shocked?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

8. Why were you shocked?

--

9. Did you talk to people about this after it happened?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

10. To whom did you talk?

--

11. What did you say?

--

12. What did they say?

--

13. What does the community think about this?

--

14. Did you become ill when this happened?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

15. Did you see a doctor or traditional healer to cure you?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

16. Did they examine you?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

17. What did they say?

--

18. Did they prescribe any medicine?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

19. What kind of medicine is it?

--

20. Do you still take this medicine?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

21. Has the medicine cured you?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

22. Do you still have pains because of this?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

23. What kind of pains are these?

--

24. Do you often think about this event?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

25. What do you think about the most?

--

26. Do you have dreams of this event?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

27. What do you dream?

--

28. Do you dream of how it was before this happened?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

29. What do you dream?

--

30. Were you happy then?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

31. What made you happy?

--

32. What did you like to do most?

--

33. What did you like to think about?

--

34. Do you still think about these things?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

35. Do you like to be with other people?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

36. What do you like doing with other people?

--

37. Do you like to be with friends?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

38. What do you like doing with your friends?

--

39. Do you like to be with your family?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

40. What do you like doing with your family?

--

41. Is it the same today as it was before this political violence?

--

42. What do you love most in your life?

--

43. Is it always like this, even today?

--

44. Do you remember everything about what happened to you then?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

45. Do you get angry when you think about all of this?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

46. Why do you get angry?

--

47. Did your life change when this happened?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

48. How did it change?

--

49. When you were little, what did you dream about?

--

50. Did you want to marry?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

51. Did you want to have children?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

52. What else did you want to achieve in life?

--

53. Did this political violence change any of this?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

54. How did it change your dreams?

--

55. Do you become afraid when you think about what happened to you?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

56. Why do you become afraid?

--

57. Is it difficult to fall asleep at night?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

58. Do you sleep well, or do you lie awake at night?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

59. Do you get angry easily?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

60. When this political violence happened, did you go to church?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

61. Why?

--

62. Did you pray?

YES:	NO:	DO NOT KNOW:
------	-----	--------------

63. Did you pray today?

--

64. What did you pray today?

--

Faculty of Humanities
Religion and Culture
Private Bag X54001
Westville
4000



3 June 2004

The Director
Khulumani Support Group
5th Floor
517 Sandgrove House
Durban

Dear Sir/ Ms

I hereby cordially request that you and your Support Group assist the Rev. Roy Moodley in his research.

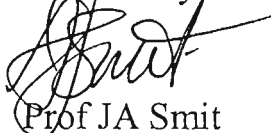
He focuses his research on: Current Psychotherapy and Christian Counselling. For his empirical research, he wants to study social trauma, especially as it relates to the Truth and Reconciliation Hearings.

He feels that work with the Khulumani Support Group, will provide the necessary information needed for his study.

The information will be used for research purposes only, and will be strictly confidential and anonymous.

I shall highly appreciate the co-operation of you yourself and relevant staff, with Rev. Moodley, as applicable.

Yours truly,

A handwritten signature in black ink, appearing to read "JA Smit", is written over the typed name.

Prof JA Smit
Research Supervisor



Khulumani Support Group (KSG)

Needs Assessment Survey Form: 2004

NOTE: THIS IS NOT AN APPLICATION FOR R30 000 REPARATIONS. THE TRC PROCESS HAS BEEN CLOSED.
THIS FORM SERVES AS A MEMBERSHIP FORM FOR VICTIMS OR THEIR FAMILY.
This form is to help Khulumani address the needs of its members through its programmes and partnerships.

Interviewer _____ Date of Interview _____ Locality _____ Language _____ Member ID: KSG/ _____

Section A: Member Profile

Surname	A.1											What is your current surname?									
Previous	A.2											What was your previous surname?									
Names	A.3											What are your full names?									
ID Number	A.4											Do you have a copy of your ID? If not, maybe a birth certificate or any other means of identification?									
Date of Birth	A.5																				
Address	A.6											What is your physical or postal address?									
Town/ship	A.7											Part of what township or town?									
City	A.8											What is the postal code of the town/ship?									
Postal code	A.9											Is the town/ship part of a city?									
Province	A.10	<table border="1"> <tr> <td>E.Cape</td> <td>Free State</td> <td>Gauteng</td> </tr> <tr> <td>KZN</td> <td>Limpopo</td> <td>Mpumalanga</td> </tr> <tr> <td>N.West</td> <td>N.Cape</td> <td>W.Cape</td> </tr> </table>										E.Cape	Free State	Gauteng	KZN	Limpopo	Mpumalanga	N.West	N.Cape	W.Cape	Indicate the province.
E.Cape	Free State	Gauteng																			
KZN	Limpopo	Mpumalanga																			
N.West	N.Cape	W.Cape																			
Phone No.	A.11											What is your telephone number?									
Next of Kin	A.12	Name:																			
Relation	A.13	<table border="1"> <tr> <td>Father</td> <td>Mother</td> <td>Brother</td> </tr> <tr> <td>Son</td> <td>Daughter</td> <td>Sister</td> </tr> <tr> <td colspan="3">Other:</td> </tr> </table>										Father	Mother	Brother	Son	Daughter	Sister	Other:			Who is a close relative who will always know your whereabouts?
Father	Mother	Brother																			
Son	Daughter	Sister																			
Other:																					
Contact details	A.14											Where can we contact your next of kin?									
Age	A.15											What is the member's age today?									
Gender	A.16	<table border="1"> <tr> <td>Male</td> <td>Female</td> </tr> </table>										Male	Female	Are you male or female?							
Male	Female																				
Marital Status	A.17	<table border="1"> <tr> <td>Married</td> <td>Divorced</td> <td>Single</td> </tr> <tr> <td>Widow</td> <td>Widower</td> <td></td> </tr> </table>										Married	Divorced	Single	Widow	Widower		What is your current marital status?			
Married	Divorced	Single																			
Widow	Widower																				
Dependants	A.18	None	1	2	3	4	5	6	7	8	9		Dependants of the member and/ or victim?								
Education	A.19	<table border="1"> <tr> <td>None</td> <td>Primary</td> <td>Secondary</td> </tr> <tr> <td colspan="3">Tertiary</td> </tr> </table>										None	Primary	Secondary	Tertiary			What education did you receive?			
None	Primary	Secondary																			
Tertiary																					
Qualification	A.20											What is your highest qualification?									
Institution	A.21											Where did you receive this education?									
Employment	A.22	<table border="1"> <tr> <td>Unemployed</td> <td>Self-employed</td> </tr> <tr> <td>Employed</td> <td></td> </tr> </table>										Unemployed	Self-employed	Employed		What is your employment status?					
Unemployed	Self-employed																				
Employed																					
Previous	A.23											What were you doing before the violation?									
Current	A.24											What is your current occupation?									
Victim	A.25	Name:																			
Relation	A.26	<table border="1"> <tr> <td>Father</td> <td>Mother</td> <td>Brother</td> </tr> <tr> <td>Son</td> <td>Daughter</td> <td>Sister</td> </tr> <tr> <td colspan="3">Other:</td> </tr> </table>										Father	Mother	Brother	Son	Daughter	Sister	Other:			Who's the victim – yourself or one of your relatives? If the member is also the victim, just indicate "Member".
Father	Mother	Brother																			
Son	Daughter	Sister																			
Other:																					
Impact of violation	A.27											<p>Were you injured?</p> <p>What was the psychological impact?</p> <p>How are you coping?</p> <p>What economical / financial losses did you experience as a result?</p> <p>What was the Impact on family members?</p>									

Section B: Violation

Date	B.1			When did the violation take place?
Place	B.2			Where did the violation take place?
Human Right 1	B.3	Code:		Which human rights were violated?
Human Right 2	B.4	Code:		Name the 3 most important violations in chronological order.
Human Right 3	B.5	Code:		(See page 4 for list of codes)
Perpetrator	B.6	Police	SADF	Inkhata / IFP
		ISU/SDU	ANC	Vigilantes
		Crowd violence	Hostel dwellers	
		Other:		
Description of perpetrator	B.7			Do you have names of individuals or specific branches of organisations? Has the perpetrator been identified by the TRC or in any other way? Do you know where the perpetrators could be located?
Description of events	B.8			<p>What is the victim's name?</p> <p>Where did the violation/s take place?</p> <p>Do you know the dates when these violations took place?</p> <p>In which political context did the violation/s take place?</p> <p>Name any events in that time that could be associated with the violation/s.</p> <p>Describe the victim's political and social activities and involvement.</p> <p>Describe the events leading to the violation.</p> <p>What physical injuries did the victim suffer?</p> <p>Who caused these injuries?</p> <p>How were these injuries caused?</p> <p>What happened after the violation?</p> <p>Can you name any witnesses or anyone with more information on the violation?</p> <p>Can any of them be contacted in any way?</p> <p>Was the events reported in the media?</p>

Section C: Reporting

Police?	C.1	Yes	No	If the incident/s was reported with the Police, where and when was it reported?
Police Station	C.2			
SAP Case no.	C.3	Date:		
TRC?	C.4	Yes	No	
Testified?	C.5	Human Rights	Amnesty	If the violation/s was reported to the TRC, when and where was this? Was the applicant declared a victim by the TRC? Did the member testify? Is the member / victim appealing the TRC's decision?
Date/ Venue	C.6			
TRC Ref. No/s	C.7			

Section D: Documentation

Copy of ID	D.1	Yes	No	Does member have a copy of ID?
Affidavit/ Statement	D.2	Yes	No	Does the member submit a statement or affidavit supporting this form?
TRC documents	D.3			Does the member have copies of any correspondence from or with the TRC?
Legal documents	D.4			Any copies of court / prison / police documents?
Other	D.5			Any additional documents. Please specify.

Section E: Support

TRC Interim	E.1	Yes	No	E.2	Amount:	Did you receive interim reparation?
TRC Final	E.3	Yes	No	E.4	Amount:	Did you receive final TRC reparation?
Child Grant	E.5	Yes	No	E.6	Detail:	Are you receiving a child or disability grant AT THIS MOMENT?
Disability Grant	E.7	Yes	No	E.8	Detail:	
Medical Info	E.9					Do you receive medical assistance of any kind? For what, and where?
Pension	E.10	Yes	No			Are you receiving pension? Is it state (old age), employers, or special pension? What amount do you receive AT THIS MOMENT?
	E.11	Detail:				
Social support	E.12	Political				In which structures / organisations do you participate, whether by formal membership or on an informal basis?
		Religious				
		Community				
		Support group				
		Other				

Section F: Current Needs

Education	F.1	Adult Basic	Secondary	Tertiary	What education do you need to complete?
Employment	F.2	Entrepreneurship	Formal sector		What is your employment needs?
		Skills training	Other:		
Health Care Needs	F.3	Disability	HIV/AIDS	Home care	What are your current medical needs?
		Mental health	Other:		
Housing	F.4				What are your needs in terms of housing?
Support Group	F.5	Domestic violence	Rape	Suicide	Do you have a need to belong to a specific support group?
		Other			
Remarks	F.6				



Member Signature: _____ **Date:** _____ **Place:** _____

Human Rights Codes (Section B3-5)

H01	Access to courts	Section 34
H02	Access to information	Section 32
H03	Arson	Section 25
H04	Assembly, demonstration	Section 17
H05	Association	Section 18
H06	Child abuse	Section 28
H07	Child care	Section 28
H08	Child detention	Section 28
H09	Child labour	Section 28
H10	Citizenship	Section 20
H11	Customary law	Section 15
H12	Death penalty	Section 11
H13	Detention without trial	Section 12
H14	Disability	Section 9
H15	Disappearance	Section 12
H16	Education	Section 29
H17	Food and water	Section 27
H18	Forced labour	Section 13
H19	Freedom of speech	Section 16
H20	Gender	Section 9
H21	Health care	Section 27
H22	House demolitions	Section 26
H23	House searches	Section 14
H24	Human dignity	Section 10
H25	Job discrimination	Section 22
H26	Just administration	Section 33
H27	Land ownership	Section 25
H28	Language and culture	Section 30
H29	Legal representation	Section 35
H30	Marital status	Section 9
H31	Movement	Section 21
H32	Murder	Section 10
H33	Police brutality	Section 12
H34	Political rights	Section 19
H35	Prison access	Section 35
H36	Prison conditions	Section 35
H37	Racism	Section 9
H38	Rape	Section 12
H39	Religion	Section 24
H40	Settlements	Section 26
H41	Social security	Section 27
H42	Strikes	Section 23
H43	Torture	Section 12
H44	Unions	Section 23
H45	Unlawful evidence	Section 35

Khulumani Support Group is a NGO registered as a Non-profit organisation. It is based in Johannesburg but operates in all the nine Provinces of South Africa. It is an organisation mandated by its members to assist in the reconciliation of the victims and survivors of the Apartheid struggle so that they could gradually integrate themselves into the main stream society. This Needs Assessment Survey is conducted within this context. For more information, contact our Head Office: Tel (011) 403-4098 or Fax (011) 403 0878.

1. Are you currently upset or worried about anything or anyone? (Explore and clear client's attention before continuing the form.)
2. Do you feel threatened by anything or anyone at this time?
3. Have you received previous counselling? What type and for how long?
4. (If 'Yes') What benefits did you have? Did you find any explanations or theories particularly useful?
5. Is there anything you hoped or expected to achieve in counselling and did not?
6. Have you had any other type of therapy or alternative treatment? (Get details.)
7. Are you currently involved in any other type of therapy or alternative treatment? (Get details.)
8. Is your mother living? (If 'No', get date and circumstances of death.)
9. What is/was your relationship with your mother?
10. Is your father living? (If 'No', get date and circumstances of death.)
11. What is/was your relationship with your father?
12. Have you any brothers living? (If there have been deaths, get names, dates, circumstances.) (If 'yes', get names and ages.)
13. What is/was your relationship with them?
14. Have you any sisters living? (If there have been deaths: get names, dates, circumstances.) (If 'Yes', get names and ages.)
15. What is/was your relationship with them?
16. Have your parents ever been divorced? If so, how old were you? How do you feel about it?
17. Do you have any step-family?
18. What is your relationship like with them?
19. Do you have a particularly close friend or friends? (If 'Yes', get name(s) and description of relationship(s).)
20. Were you adopted? If so, when did you find out? Do you have a relationship with your biological family? What is your relationship like with them?
21. Are you living with anyone? (If so, find out with whom.) (If sexual orientation is not clear, ask 'What is your sexual orientation?')
22. Are you married? (If 'Not') Are you in a romantic relationship? (If 'yes') Does your partner live with you?
23. Do you have any relationship difficulties with your partner?
24. Do you have any sexual problems?
25. Do you have any children?
26. If so, what are their names and how old are they?
27. What is your relationship like with your children?
28. (If the viewer is female) Other than with your children (if appropriate) have you ever been pregnant? If so, did you have the child? If

- not, did you have an abortion(s)? If not, did you miscarry? (If 'Yes', get number of miscarriages and dates.)
29. Have you ever been divorced?
30. (If appropriate) How many times? For what reasons? How do you feel about it?
31. Tell me about the significant previous romantic relationships you have had.
32. Have there been any deaths that affected you?
33. What formal education have you had?
34. Is there anything you wanted to achieve and did not due to lack of or failures in education?
35. How do you feel about learning or study?
36. Are there any areas of your schooling which were rough or traumatic?
37. How are you currently making a living?
38. Are you having any difficulties at work?
39. How do you feel about your job?
40. What main jobs have you done?
41. Is there anything you wanted to do and as yet have not managed to achieve?
42. What interests or hobbies do you have?
43. Are you currently taking any street drugs? What? For how long?
44. Have you ever taken any street drugs? What? When? For how long?
45. Do you currently drink alcohol? What? How much?
46. Have you ever drunk alcohol? What? When? For how long?
47. Are you taking prescribed drugs or medicines? What? How much?
48. Have you previously taken prescribed drugs or medicines? What? When? For how long?
49. Have you had any serious illnesses? What? When? Any lasting consequences?
50. Have you had any operations? What? When? Any lasting consequences?
51. Have you had any serious accidents? What? When? Any lasting consequences?
52. Do you have any current illness? What?
53. Do you have any current medical treatment in progress?
54. Do you have any recurring physical ailment? What (such as headaches, irritable bowel, hayfever, PMT)?
55. Do you receive any disability payment or pension?
56. Have you had any unusual perceptual experiences (such as *déjà vu*, out of body experience, visions, hearing voices)?
57. Do you have any difficulties concerning eating or your weight?
58. Have you ever had bulimia, anorexia or any other eating disorder?
59. Do you consider yourself to be either under- or over-weight?
60. How much and how well do you sleep?

61. What is your usual diet?
62. Do you take nutritional supplements?
63. How would you estimate your current physical fitness?
64. Are there physical problems that run in your family?
65. Does your partner have any physical problems or disabilities?
66. Has there been anyone in your family who has suffered from any mental problems?
67. How do you feel about medical treatment?
68. How do you feel about doctors and hospitals?
69. Have there been any severe losses in your life (such as loss of valuable property, close friends, relationships, desired job)?
70. Is there anything that you often worry about happening to you or in your life?
71. Is there anything you do that you feel is not normal, sensible or logical?
72. Are you aware of any compulsions, things you feel you have to do?
73. Are there any activities, places or people you tend to avoid?
74. Do you have any fears or phobias?
75. Is there anything happening in your life that you feel unable to control?
76. Have you ever been in trouble with the police?
77. Have you any history of violent behaviour?
78. Have you been the victim of any criminal activity (such as assault/mugging, burglary, rape, domestic violence, sexual abuse, violent life-threatening attack)? (If 'Yes', get date and details of each.)
79. Are you currently involved in any legal action (such as compensation hearings, personal injury case, divorce case or criminal proceedings)?
80. If you are involved in legal action: Is your solicitor aware that you are seeking treatment at this time? (If possible, get name and details of solicitor.)
81. Have you witnessed any severe traumatic incidents, such as war time experiences, violent crime, accidents or deaths?
82. Have you ever considered or attempted suicide? (Get details. If the client is currently feeling suicidal, find out if he/she has a plan and get the details of it.)
83. Is anyone actively objecting to you getting counselling?
84. Has anyone insisted you get counselling?
85. Does anyone not like you the way you are?
86. Is there anything about yourself that people seem to object to or find irritating?
87. Has anyone ever tried to make you change or be different?
88. What is your religious background?
89. What are your current religious beliefs?

90. Have you anything specific you hope to get resolved with counselling?
91. Is there anything we talked about in this interview that your attention is still on?
92. What is the name of your GP? What is your GP's address? What is your GP's telephone number? Is your GP aware that you are seeking counselling?

Note for counsellors: Please note the client's indicators at the end of the interview and any other observations you feel will help the supervisor in treatment planning.

Appendix 2

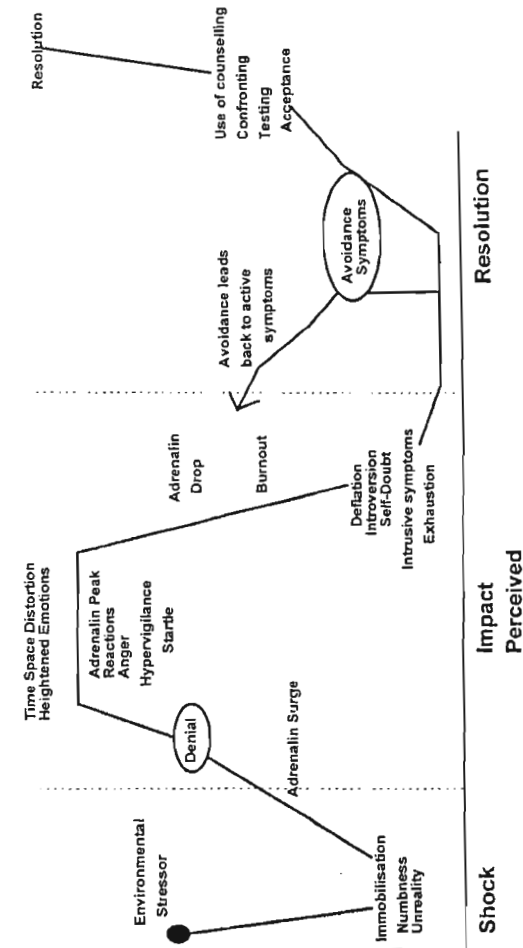
EXPANDED LIST OF UNBLOCKING CONCEPTS

As with the list included in Chapter 6, these concepts are to be incorporated into questions. For example, 'Regarding your relationship with your mother, have you felt powerless?' Remember that often a client will experience resolution on the issue before working through the entire list of concepts. Once an end point has been reached, the counsellor should end the Unblocking, whether he and the client have explored one concept, twenty concepts or all of the concepts on the list.

- | | | |
|-------------------------|-------------------------------|------------------------|
| 0. Effect (on client) | 21. Blamed | 41. Regretted |
| 1. Suppressed | 22. Compromise | 42. Unrecognized |
| 2. Powerless | 23. Desired | 43. Committed to |
| 3. Distanced from | 24. Concluded | 44. Inhibited |
| 4. Worried about | 25. Restraint | 45. Obligation |
| 5. Wary of | 26. Missing information | 46. Argued |
| 6. Misunderstood | 27. Unadmitted responsibility | 47. Wanted to prove |
| 7. Disregarded | 28. Unable to control | 48. Effort to be right |
| 8. Judgement | 29. Advantageous | 49. Misconceived |
| 9. Concealed | 30. Not acted upon | 50. Misleading |
| 10. Denial | 31. Revealed | 51. Agreed with |
| 11. Disagreed with | 32. Decided | 52. Ambiguous |
| 12. Proposed | 33. Should be changed | 53. Unexamined |
| 13. Incomprehensible | 34. Overlooked | 54. Undecided |
| 14. Failure | 35. Achieved | 55. Misjudged |
| 15. Unacknowledged | 36. Criticized | 56. Unbelievable |
| 16. Negated | 37. Disappointing | 57. Fixed idea |
| 17. Felt strongly about | 38. Betrayal | 58. Inappropriate |
| 18. Mistake | 39. Unexpected | 59. Reached |
| 19. Dilemma | 40. Expected | 60. Solved |

Appendix 3

REVISED SHOCK, IMPACT, RESOLUTION MODEL



(Adapted from Tom Williams, 1986, and revised by Bisbey, L. and Bisbey, S., 1995)