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The understanding and approach of trained volunteer counsellors to negative racial sentiments in traumatized clients.

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CHAPTER ONE INTRODUCTION

Anecdotal evidence from trauma interventionists in South Africa suggests that negative racial sentiments are a common response in trauma clients. In the South African context the likelihood of crime taking place between people of different races is reasonably high. This is partly linked to the socioeconomic and class differences that continue to exist along racial lines in a society in which people of different races and cultures are increasingly interacting with each other. Post-trauma negative racial sentiments are not limited to incidents in which victim and perpetrator are of a different 'race', but such sentiments may also be directed to particular subgroups within the victim's race group, for example based on ethnic origin. However, this study is concerned primarily with counsellors' involvement in cases where victims were involved in incidents where the perpetrator or the person who they perceive to have brought them some form of harm, was of a different 'race'.

For victims who might be seeking some form of trauma debriefing and counselling after trauma of such human origin, there are a growing number of trauma crisis units in South Africa that have been established for this purpose (Renes, 1999). In these units non professional counsellors are usually the main service providers (Renes, 1999). This means that trained volunteer counsellors play a key role in trauma interventions at a psychosocial level, and this is the main motivation of focusing on the experiences and accounts of trained volunteer counsellors in trauma counselling in this research study.

Given this context, the main objectives of the current study can be best described as an attempt to gain understanding around the explanations employed by trained volunteer counsellors to make sense of negative racial sentiments in the context of trauma counselling and the nature of the interventions such counsellors employ. A further objective of the research is to find out what the relationship is between the meaning ascribed to these sentiments and the action taken as a result of this. A further aspect of interest was how this aspect of their work appears to affect volunteer counsellors in terms of role expectations.

There is consensus that addressing issues of race in professional relationships requires sensitivity (Suchet, 2004). Sue and Sue (2003) point out that this is largely because of the different social and cultural systems of meaning that are individually held by the persons engaged in a race related discussion. They point out that discussion of race can often evoke strong passions associated with racism, discrimination, prejudice, personal blame, political correctness and many other emotionally arousing aspects (Sue & Sue, 2003). Given the individual challenges that issues of race pose, perhaps particularly in a country such as South Africa, the research also sought to explore the personal responses of trained volunteer counsellors, such as their feelings, thoughts and behaviours, in having to engage with this type of material.

Additionally, in a context of having just experienced a trauma, many clients are left psychologically vulnerable and sensitive (Eagle, 2004). This vulnerability raises particular ethical questions as to whether the client's negative racial comments should be addressed or not. It also raises questions as to what the purpose and focus of trauma debriefing and counselling should be. What adds complexity to these questions is that literature looking at the use of prejudice for psychological adjustment and coping suggests that this response may be maladaptive and possibly pathological for the client. It is because of this possibility, together with the sensitivity of both race and trauma related issues, that it becomes important to start building a body of literature that attempts to understand this response in trauma clients and the related ethical dilemmas that arise, especially dilemmas related to the nature of intervention.

Currently there is a very limited amount of literature that attempts to understand this response in trauma clients. The dearth of research around this topic implies that those who work with trauma clients are not equipped with the tools to address this aspect in counselling. The current research can be seen as an attempt to start closing this gap in the literature on trauma responses by gathering information about this phenomenon from trained volunteer counsellors. The different theoretical and ethical debates explored in this research study, together with the findings, will hopefully give trained volunteer

counsellors and even trainers an opportunity to think about what is implied in responding or not responding to negative racial commentary in trauma counselling. This may begin to provide some guidelines for future intervention. It is worth noting that the study will look at the experiences of lay counsellors, who often receive a limited amount of training in trauma intervention, especially individualized training. Nevertheless, as stated earlier, they are often the frontline service providers in early trauma intervention.

In view of the above objectives, Chapter two, the literature review will firstly look at the practical working circumstances of lay trauma counsellors. This is followed by presentation of a range of relevant areas of traumatic stress literature, focusing particularly on brief term interventions, since these are often interventions used in the trauma field due to time constraints. Literature looking at culturally competent and diverse counselling will also be addressed in order to anticipate the experiences and challenges faced by counsellors in having to deal with negative racial sentiments in counselling. This coverage will mainly draw on multicultural counselling literature since this body of theory offers guidelines on how to engage with such material in counselling. This is followed by a discussion of the psychotherapy discourses that may influence how counsellors intervene and respond to negative racial sentiments and briefly how racism may be understood psychologically. The last part of the literature chapter examines the ethical dilemmas that may arise in having to engage with this material.

Chapter three, the methodology chapter, will describe the research design, including the participant group and how and where they were recruited. This will be followed by an outline of how the interview schedule was designed and the actual interview process. Data collection and analysis are described. The last section of the chapter addresses ethical issues that are relevant to the study.

Chapter four outlines the main findings of the study and there is also discussion of these findings. Firstly, the chapter briefly outlines counsellors' observations of the nature and manner in which negative racial sentiments are expressed. Following this counsellors' understandings of the occurrence of negative racial sentiments as a response to trauma

are explored. This is followed by an examination of counsellors' interventions in light of the explanations that they propose for negative racial sentiments. Counsellors' personal and professional responses are then outlined and discussed, with an attempt to describe the challenges that counsellors face in having to engage with this type of material. The last aspect of chapter four looks at issues of training and supervision. Chapter five offers a conclusion, which serves to tie everything together. The limitations of the study and recommendations for future research are also discussed.

CHAPTER TWO LITERATURE REVIEW

Introduction

The triggering of negative racial sentiments has been noted by South African therapists as a common response to the experience of trauma. This kind of response is not limited to the occurrence of trauma when the perpetrator and victim are of different race, but is also seen in intra-racial trauma situations. These observations of such negative racial sentiments in trauma clients raise questions around the explanatory stance that should be utilized to incorporate the meaning of this response in the experience of a trauma. Trying to source literature that can provide such an explanatory framework quickly reveals that this is an area of research that is still in its infancy, and that there are few studies that address the questions posed in the current research. To overcome this limitation, a range of selected traumatic stress related literature that looks both at trauma impact and counselling interventions will be used. Literature that looks at issues of race in the therapeutic setting will also be drawn upon. Each of these aspects will be looked at separately, and there will be an attempt to find some middle ground where understandings of race and trauma meet, to locate the phenomenon that is the focus of interest in this research.

The focus of the study on the interventions of trained volunteer counsellors necessitates outlining the models that inform counselling within the trauma literature. The literature looking at counselling interventions points to Psychological Debriefing and Cognitive Behavioural Therapy (CBT) based interventions as popular models within the area of acute and early trauma counselling intervention (British Psychological Society (BPS), 2002; Litz, Gray, Bryant & Adler, 2002). The focus on early interventions is in keeping with the context within which a large body of trauma counselling is conducted in South Africa, and this context reveals time limitations as one of the important influencing factors in the types of interventions that are employed. That is, front line volunteers often only have one or two sessions to intervene with a client, with perhaps an upper limit of six sessions. Clients in such contexts expect brief term interventions. Other related practicalities and factors that may influence counsellors' responses and decisions in relation to the questions posed by the research will also be discussed, particularly those

that are important in foreseeing the possible limitations that may arise when working with racial attitudes in brief trauma counselling.

A Cognitive Behavioural explanation of the impact of trauma on cognitive schemas will be discussed. This will focus on arguments concerning the shattering of assumptions and the individual's ability to accommodate new information as aspects of cognitive functioning that a traumatic event can impact on. Within this framework traumatic events may be understood as altering cognitive processes in a manner that may lead to the development of stereotyping and prejudice. Given the focus on brief term interventions, this model of understanding seemed most appropriate, although alternative frameworks, such as psychoanalytic or systemic theory, could also be used to understand post-trauma racism and are referred to briefly.

The section on racial attitudes will partly look at multicultural therapy and guidelines on how to deal with issues of difference in therapy, such as gender, race and disability. In order to narrow this further to understand the issues relating to race that may affect therapy, the coverage of the multicultural literature will be complimented by some consideration of psychodynamic explanatory models of how racial attitudes develop. The reason for this is that issues of race in psychology are mostly researched in social psychology terms, and there is a limited amount of work focusing on the role and impact of race and racial sentiments in the therapeutic setting (Altman, 2004). Most of such work is either framed within the multicultural or psychodynamic literature. A psychodynamic formulation of aspects of racial dynamics in interpersonal exchanges should be helpful in understanding how negative racial sentiments may arise and operate in the context of traumatic stress. Social psychology explanations of the development and use of prejudice will also be integrated into the discussion. There are a number of questions that then arise as to a counsellor's role in challenging racist sentiments, especially after a client has experienced a trauma. These will be discussed in relation to client's 'rights in therapy', and with regard to the possible consequences that a decision to address or not address racist sentiments may have for the client. Thus, the final section of the review will deal with some ethical issues relating to this aspect of trauma intervention.

2.1. The Context of Trauma Counselling

In its focus on lay counsellors the current research is intended in part to provide some appreciation of the practicalities within which a substantial amount of trauma work in South Africa is conducted. In looking at South Africa as a case study context for the employment of trauma debriefing models, the British Psychological Society (BPS) collected data from several South African welfare agencies and Non –Governmental Organizations (NGO's) (BPS, 2002). This data indicated the use of a broad range of interventions in South Africa for trauma counselling for victims of crime, torture and domestic violence (BPS, 2002). This broad range of interventions may be reflective of the varying number of sessions that trauma victims are seen for across different settings. In her study, evaluating brief term trauma counselling models used in the Johannesburg area within six organizations, Renes (1999) gives statistics of the average number of times that trauma clients are generally seen within the organizations that she investigated. These show that 50 % of counsellors see trauma clients for two to four sessions, 25% for one to two sessions and another 25% for four to six sessions. Thus, it is apparent that such counselling represents Brief Term Therapeutic intervention. It could be argued that the interventions employed are reflective of and affected by the number of sessions available to conduct trauma counselling.

The findings of Renes (1999) are generally in keeping with the international literature looking at the widely used trauma counselling interventions. This literature identifies Psychological Debriefing and Cognitive Behavioural Therapy as early interventions that are used frequently in trauma counselling (BPS 2002; Hughes, 2006; Litz et al., 2002; Raphael & Dobson, 2003). Early intervention of this type is meant to offer people the opportunity for catharsis, a chance to verbalize aspects of the trauma, to provide structure, and also group and peer support, all of which are believed to be critical therapeutic factors necessary for recovery (Hughes, 2006). Both short-term CBT and Debriefing interventions are usually conducted within the range of the number of sessions reported by Renes (1999) to be the pattern in her research findings, that is, between one to six sessions. Arguably, the range of sessions available to counsellors places

limitations on what counsellors are able to or should do with negative racial material that might present in sessions.

In addition to limited sessions, the following are also factors to keep in mind in relation to the practicalities of working as a lay counsellor. Firstly, lay counsellors are usually volunteers who will often not receive financial reward for the work that they do (Wilson, 1998). Secondly, they also work on a part time basis, and this can be anything from a few hours a week to one or two shifts a month, depending on the individual counsellor's availability and commitments (Wilson, 1998). An important dimension to also consider in relation to the current study is the training of lay counsellors. Although lay counsellors receive some form of training in the field in which they are going to counsel, the training, although often intense, is generally relatively short-term (Tyndall, 1993; Wilson, 1998). This training usually entails a basic understanding of the phenomenon of relevance to the particular client group with which the agency they will work in deals (Tyndall, 1993). Within such training, issues of culture and race are given limited attention (Lago & Thompson, 1996).

2.2 An Outline of the Models used in Trauma Counselling

2.2.1 Psychological Debriefing

Psychological Debriefing can be described as an intervention conducted shortly after an event that is perceived to have some potentially traumatic effects, which allows victims to talk about their experience and receive information on "normal types of reactions to such an event" (Tehrani & Westlake,1994, p. 253). The BPS (2002) reported that over the past 15 years a variety of debriefing models have been developed, alongside the growing belief that talking through a traumatic or stressful event may help ameliorate psychological recovery of those who have suffered psychological wounding. Additionally, their findings also show that many of the South African NGOs and agencies that they collected data from subscribe to the use of Psychological Debriefing (BPS, 2002). This arguably makes Psychological Debriefing one of the important interventions to briefly discuss.

Several methods of Psychological Debriefing have been described, although most workers consider a Psychological Debriefing to be a single session (or two sessions at the most), it could also be viewed broadly as a semi-structured, crisis intervention, designed to reduce and prevent adverse psychological responses to traumatic events involving slightly more sessions (Raphael, Meldrum & McFarlane, 1995). The BPS report lists the following as popular debriefing approaches: Mitchell's "Critical Incident Stress Debriefing" (CISD), Dyregrov (1989) and Raphael's (1986), "Psychological Debriefing" (PD), and Armstrong, O'Callahan and Marmar's (1991), "Multiple Stressor Debriefing Model" (BPS, 2002). Although there are differences between these models, they all encourage the sharing of structured narratives about the traumatic event (encompassing facts, cognitions and emotions), and then offer advice on a range of stress reactions.

Although originally structured as a group intervention, Psychological Debriefing has increasingly been used for adult individuals following a traumatic event (BPS, 2002). However, in spite of its increased use, the efficacy of Psychological Debriefing remains debatable (Raphael et al., 1995). In the past, claims have been made that the use of Psychological Debriefing may prevent the onset of more long-term psychological problems such as the development of Post Traumatic Stress Disorder (PTSD) symptoms (BPS, 2002). However, some research points out that this conviction has not been proved by systematic enquiry (BPS, 2002; Hughes, 2006; Litz et al., 2002; Sensky, 2003). Questions, such as who should be offered this form of intervention, what sort of intervention should be offered and when it should be offered, still need to be addressed through research (Raphael & Dobson, 2003). As Raphael and Dobson point out, these questions seem even more relevant in light of recent suggestions that interventions that are carried out too early may heighten arousal, retraumatize the individual, or even help to create a 'catastrophic' memory, because of interference with neuropsychophysiological adaptation mechanisms (Raphael & Dobson, 2003). On the other hand, it has also been pointed out that debriefing may have functions that vary according to the nature of the trauma and the person experiencing it (Sensky, 2003). This in turn may make it harder to evaluate its effectiveness.

2.2.2 Cognitive Behavioural Therapy as Early Intervention

Along with Psychological Debriefing, Cognitive Behavioural Therapy (CBT) based interventions have been noted to be amongst the most widely used for trauma counselling in general, and in short term work in particular (Litz et al., 2002; Walser et al., 2004). In a review of early interventions for trauma, Litz et al. (2002) report that an average of four sessions of CBT based interventions following a traumatic event resulted in victims experiencing significantly fewer symptoms of PTSD and improved social coping mechanisms. This is partly accounted for by the conceptual framework that CBT emphasizes at the early stages of trauma. CBT theorists view behaviour after an event such as trauma as "maladaptive behaviour", which is, however, initially meaningful adaptation to a difficult circumstance, rather than a sign of mental illness (Litz et al., 2002). The initial focus is on the avoidance of pathologizing acute stress responses, while keeping in mind that these may in the long term cause problems.

The following are amongst the main goals of early CBT based interventions after a trauma: the reduction of physiological arousal, increase in adaptive coping, reduction of maladaptive coping, restructuring of negative trauma-related beliefs, and the facilitation of emotion processing (Litz et al., 2002; Walser et al., 2004). Amongst other causative explanations, it could be argued that negative racial sentiments may arise as a way of making sense of one's trauma related experience. When considering the goal of cognitive restructuring as one of the main focuses of CBT, it is possibly a very useful intervention within the context of this research. This is because it is an intervention based on the recognition that certain maladaptive beliefs and stereotypes may develop as the victim tries to appraise their experience and its impact, and that the holding of these beliefs and stereotypes may prolong their distress (Litz et al., 2002; Walser et al., 2004). The inclusion of cognitive restructuring seems even more important in light of growing evidence that acute pathological trauma responses are characterized by catastrophic cognitive styles (Matsakis, 1994). Negative racial sentiments may be partly understood within the framework of the notion of development of such maladaptive beliefs and stereotypes, as part of what emerges and is encompassed in trying to make sense of the traumatic event. Within this model, the beliefs are restructured through gradual

challenging on the part of therapist and client as the victim works though the trauma (Matsakis, 1994).

CBT interventions share some features with Psychological Debriefing interventions. For example, they both include an educational component that is designed to inform trauma victims of common posttraumatic reactions and both try to equip people with coping skills for managing the symptoms of stress and anxiety (Litz et al., 2002). However, there are also notable differences. The first one pertains to the timing and duration of intervention. Raphael et al. (1995) point out that it has been generally suggested that debriefing victims as soon as possible after the trauma will produce maximal benefit, and that this is often the basis of Psychological Debriefing. This is in contrast to CBT based interventions where the therapy is usually started, about two weeks post trauma and is between four to six sessions (Litz et al., 2002; Walser et al., 2004). Although the logic of immediate intervention encompassed by Psychological Debriefing approaches is intuitively appealing, as Litz et al. (2002) point out "it may be the case that victims are often too distraught in the very aftermath of a trauma to fully attend to or otherwise process potentially helpful interventions" (p.126). Another important difference between the two interventions is that CBT is inclusive of and pays considerable attention to cognitive restructuring. There is increasing evidence from studies of treatment of PTSD that cognitive restructuring is effective in the reduction of PTSD symptoms (Tehrani & Westlake, 1994). Given the limitations of having to work within one to two sessions, it is likely that there is little with regards to cognitive restructuring and the addressing of negative beliefs that can be done within a Psychological Debriefing model, both because of time constraints and because of the level of distress and disorganization of the individual in the immediate aftermath of the event.

2.2.3 The Trauma Counselling Context in South Africa

In addition to the generally used models discussed above, it is worth briefly outlining the models used within the geographical area of the current research, namely Johannesburg. In her study, Renes (1999) identified the Wits Trauma Model as a popular model in working with trauma in the six centres around Johannesburg that she investigated. There

were some exceptions in that counsellors from the former Rand Afrikaans University (RAU) trauma centre and Care developed their own structure and style of counselling. The Wits Trauma Model is based upon a combination of psychodynamic and cognitive-behavioural understandings and related interventions in response to traumatic stress (Eagle, 2000). The Wits Trauma Model is a five step model that incorporates the following areas: telling and retelling of the story; normalizing the symptoms; addressing self-blame or survivor guilt in order to reframe the guilt and restore self respect; encouraging mastery; and facilitating the creation of meaning. The last component is an optional one depending on the needs of the client (Eagle, 2000). The Wits Trauma model is a commonly used model in the South African context, and it has similarities with other international models (Eagle, 2000).

Renes (1999) also points to some of the techniques used by the counsellors, such as writing exercises, including the "therapeutic letter" and the "me-book", healing rituals, relaxation exercises and the use of metaphors. In relation to the questions posed by this research, the Wits Trauma Model is useful in offering explanations and therapeutic tools for assisting the individual in addressing the subjective elements of the trauma, but is limited in equipping counsellors in addressing prejudicial material.

Renes' (1999) research also found that the counsellors made use of Mitchell's debriefing model. Mitchell's debriefing model has been noted as a popular intervention by a number of writers (BPS, 2002; Litz et al., 2002; Sensky, 2003; Walser et al., 2004). It is therefore also worth briefly outlining, since it is a model that counsellors are highly likely to be utilizing. Mitchell's model is a seven step model that is used for Critical Incident Stress Debriefing (CISD). The first stage is the introduction and at this point confidentiality is discussed and the structure of the CISD model is outlined. The second stage is about finding out what happened from a 'factual' perspective. The third stage looks at the thoughts surrounding the trauma and explores personal meaning to the trauma. The fourth stage looks at reactions, including emotional, behavioural and physical reactions associated with the event. The fifth stage looks at symptoms of distress both during and following the traumatic event. The sixth phase is for providing psychoeducation with

regards to stress reactions and 'normal' reactions, and the last phase is a summary of everything and a chance to raise any further issues if necessary (Mitchell, 1988). Mitchell's model is typically applied to emergency service personnel and other individuals whose work entails risk for exposure to trauma (Litz et al., 2002; Mitchell, 1988). However, as indicated it is often used in some form for work with individual clients, both in South Africa and elsewhere.

2.3 The Impact of Trauma on Cognitive Schemas

Within psychology, a number of theories provide explanations concerning the development of traumatic stress symptoms. However, the cognitive model is argued to be the most fully developed in accounting for the range of factors observed in traumatic stress (Dalgleish, 1999). Within cognitive models, one of the central explanatory foci is the idea of the disruption and shattering of cognitive schemas or assumptions that occur as a consequence of a traumatic event (Janoff-Bulman, 1995; McCann & Pearlman, 1990). Janoff-Bulman (1992; 1995) argues that people have three assumptive constructs (or basic assumptions) about the world which are shattered following a traumatic event. These include a belief in the world as benevolent, a belief in the world as meaningful and a view of the self as positive and worthy. The first belief pertains to seeing people as good, kind and helpful, and anticipating events to lead to good outcomes and good fortune as opposed to negative outcome and misfortune. The second belief relates to the perception of events in one's world as purposeful and incidents in the world as making sense. The belief in self worth refers to evaluations of one's essential goodness, capabilities and morality (Janoff-Bulman 1992; 1995). However, in traumatic stress, there is a powerful inflow of information regarding the external world that disqualifies these assumptions (Horowitz, 1979). As Janoff-Bulman (1992) points out, this can potentially induce a psychological crisis.

Within cognitive models of the mind, the acquiring of new information is understood to take place mostly through assimilation, which entails incorporating information into existing schemas. Sometimes, however, information cannot fit in with existing schemas and therefore needs to be accommodated or pre-existing schemas must be modified

(McCann & Pearlman, 1990). This is often the case with information that cannot be typically assimilated in the gradual and incremental way that "normal change" allows for. Instead such information may require far more in the way of restorative efforts because of its intrusive and disruptive potential in respect of psychological equilibrium (McCann & Pearlman, 1990). A traumatic event carries this potential. Horowitz (1993) argues that adjustment to traumatic experience requires alterations in one's beliefs about the self, other people and the world. Assisting with accommodation, in the form of restructuring, is one of the therapeutic goals after trauma and one of the main aims in therapy is to influence this process of integrating new and taxing information in an adaptive rather than maladaptive manner.

2.4 The Role of Overgeneralization in the Development of Prejudice

Following a traumatic event, what can also happen as part of the accommodation process is the development of prejudice. This is because prejudice, stereotypes and bias develop through overgeneralization (Davidio, 2001), which is also a common response to trauma as one tries to classify the overload of information that is coming in (Horowitz, 1999). In trauma, this overgeneralization stems from a breakdown in the victim's ability to discriminate dangerous from non-dangerous cues (McCann & Pearlman, 1990), while in the development of prejudice, overgeneralization has been argued to be a normal cognitive process in simplifying and storing everyday information (Davidio, 2001). Given that the process of overgeneralization is involved in both these processes, it is possible that as a person's fundamental assumptions are shattered and as they try to make sense of the massive inflow of information after a trauma, this may produce irrational beliefs, stereotypes and prejudice, such as negative racial sentiments or racism.

On the other hand, as one works through a trauma and tries to re-categorize incoming cues, generalization also serves as a protective factor in that it is about trying to measure and make sense of the dangerousness of the world (Litz et al., 2002). While this function after a trauma may have its merits, the over-inclusion entailed may lead to the development of stereotypes and may be also taxing for the individual who carries such stereotypes. In a brief look at anticipatory racism, Utsey, Bolden and Brown (2001)

examine racial overgeneralizations and the resultant anticipated attacks experienced by the people who hold them. Anticipatory racism is a defence mechanism that is developed after being a victim/recipient of racial discrimination and racially motivated hostility, and it often develops into an exaggerated alertness to any comment or situation that may represent a racially motivated comment (Utsey et., 2001). They point out that while these beliefs may be functional for self-protection and environmental awareness, they require an extreme amount of energy in terms of maintaining a level of awareness. Utsey et al. (2001) argue that the fear and threat of being attacked by an identified group of people, such as those of a certain race group, potentially increases one's level of anxiety and hyper vigilance and becomes too burdensome to sustain. While this formulation was developed in order to understand the heightened sensitivity of people from discriminated against groups who have been victims of racial and other prejudicial attacks, it may be helpful in understanding the response of trauma victims, who, despite perhaps not having experienced discrimination, feel their victimization in a similar way.

In a look at the nature of prejudice, Allport (2000) also argues that erroneous generalizations, together with hostility, are common capacities of the human mind, and are central to understanding the development of prejudice since they clarify how in-group and out-group distinctions are drawn. Allport's argument is that even though hostility toward out-groups is unnecessary, it helps strengthen our sense of belonging to our own group. However, as Brown (1991) argues, if overgeneralization is taken as a functional categorization of the human mind there is an implied inevitability to the development of prejudice that does not consider the social context. The role of the social context as an important consideration in the development and nature of prejudice will be discussed later under issues of 'race'.

In a study looking at the relationship of strategies utilized by emergency care practitioners in order to manage traumatic stress outcomes, including the outcome of disruptions in cognitive schemas, Davidson (2001) draws on McCann and Pearlman's work and discusses six schemas affected by a traumatic event. These schemas have both an affective and cognitive dimension and are the schemas of safety, frame of reference,

trust, esteem, intimacy and control. Thus, it is apparent that such schemas can commonly be disrupted by trauma. In their Constructivist Self Development Theory (CSDT) model of trauma impact, McCann and Pearlman (1990) also highlight that key schematic framework are disrupted by traumatic stress, those pertaining to trust, safety, independence, power, esteem, intimacy and frame of reference. Disruptions of the schemas of safety and trust seem applicable in explaining aspects of racially prejudiced responses to trauma. A belief in safety corresponds to Janoff-Bulman's (1992) assumption of personal invulnerability from harm, and this is disturbed in trauma when one has to face the fact that the world and others are sometimes threatening, no matter how much one tries to protect oneself (McCann & Pearlman, 1990). The schema of trust reflects the need to rely on personal judgment and the expectancy that others will meet one's needs and behave in pro-social ways. A traumatic experience often undermines this ability to trust one's own judgment and to trust others. When this is disturbed, an individual can become more suspicious and cynical (McCann & Pearlman, 1990). This, together with the process of overgeneralization found both in the development of prejudice and as a possible response to trauma, offers an explanation as to how feelings of risk and distrust of others can link with generalization and escalate or become exaggerated to take the form of negative racial sentiments towards an entire group of people. In an attempt to cope after a traumatic event, it is possible that groups of people can become the focus of one's prejudice if perceived as a threat to one's safety and can also be viewed as collectively untrustworthy.

In addition to the arguments put forward thus far, it is interesting that Fein and Spencer (2000) argue that manifestations of prejudice partly arise from the motivation to maintain a feeling of self worth and self-integrity. Fein and Spencer designed three studies to test this hypothesis, and in their overall results they found that people used the derogating of a member of a stereotyped group to restore a threatened self image and gain self mastery. Given that trauma is an event that threatens one's self image, it is plausible that racial prejudice can be used as a self affirming mechanism that helps in reclaiming feelings of self mastery and self-worth. Thus, the shattering of a sense of self-worth as suggested by Janoff-Bulman (1992) may also be implicated in some aspects of prejudice, particularly

the need to derogate the other. As opposed to drawing on internal resources to bolster the self concept, this form of affirmation relies on negatively evaluating others in relation to oneself.

Fein and Spencer (2000) point out that it is the extent of the threat to self image that will influence when and how people will become prejudiced. When considering the extent of the impact of a traumatic event in comparison to everyday stressors, it could be argued that trauma constitutes a big enough threat to lead people to resort to prejudice in order to restore self worth. This function of prejudice is one of the reasons why arguments have been made that a definition of prejudice should include its subjective function for the person who holds such beliefs (Allport, 2000).

2.5 A Psychoanalytic Approach to Trauma

Given the limitations of time, amongst other factors, lay counsellors generally do not draw on psychoanalytic frameworks extensively in their work. However, it is worth briefly outlining aspects of the psychoanalytic approach to trauma since counsellors might draw on implicit understandings from this approach, and this outline will also compliment the arguments put forward thus far. An object relations oriented psychoanalytic explanation of trauma impact also proposes a similar shattering of established beliefs, defences and object relations. However, it is understood that it is an established defensive organization that the trauma breaks through and overrides. This is because the overwhelming amount of information that floods the mind leads to intense anxiety. Although there are other psychoanalytic theories that explain the impact of trauma on the psyche, an object relations account, particularly a Kleinian one, is arguably more applicable in this case in accounting for the anxieties that a trauma evokes and the defences that are utilized. This relevance stems from Klein's emphasis on the fear of death (annihilation) or the fear of persecution as primary sources of anxiety (Klein, 1946). Trauma, by definition, exposes a person to the direct or indirect threat of death or serious injury, or a threat to one's physical integrity, and it is arguably this element of trauma that evokes intense anxiety.

Using Kleinian notions of internal and external objects, Garland (1998) argues that trust in one's internal judgment and good objects and trust in the fundamental goodness of one's external objects is shattered. Although the source of anxiety in trauma is largely from an external object (Garland, 1998), through introjections this anxiety can be internalized and experienced as persecutory, in that it threatens one's good objects, and in so doing, it simultaneously reinforces one's bad objects (Klein, 1946). This can lead to a regression into primitive, paranoid beliefs about one's status in the world, thus evoking primitive anxieties and phantasies regarding death or harm. Put very simply, trauma overwhelms existing defences against anxiety in a way that confirms those anxieties (Garland, 1998). To overcome this anxiety, traumatized individuals might rely on primitive defences, such as splitting, projective disavowal, and dissociation, amongst others (Garland, 1998). The separation of one's good and bad objects, through splitting, is used by the ego to overcome anxiety by ridding the ego of danger and badness. This in turn helps to deflate the threat of death or harm that is introduced by a persecutory experience (Klein, 1946), such as trauma. The possible employment of these defences in blaming others and in the development of prejudice will be examined later under issues of race and racism. Thus, although there are parallels between cognitive and psychodynamic explanations of the impact of trauma, the psychodynamic explanation allows for the operation of more complex and particularly, unconscious, internal processes. Such understandings also then allow for the entertainment of a greater role for affects and 'instinctual' responses.

2.6 Issues of Race in Therapy

When looking at the history of addressing race in the therapeutic context, a number of writers note this to be a neglected area in psychotherapeutic and psychodynamic literature, and argue that race is often thought of as a tangential aspect in terms of its impact on therapy (Altman, 2004; Carter, 1995; Foster, 1998; Suchet, 2004). The study of race in psychology has also mainly been located within social psychology. The literature on multicultural counselling is possibly the central body of work that comes close to looking at race and its impact in the therapeutic setting (Carter, 1995). Although limited in offering an understanding of the questions posed by the current research, the

literature on multicultural counselling will be utilized to discuss some of the key issues relating to racial issues in therapy. The appropriateness of inclusion of this literature arguably stems from its focus on issues of difference in therapy, whether this pertains to gender, ethnicity, or counselling refugees or other minority groups, such as the disabled.

2.6.1 Guidelines for Multicultural Competence in Counselling

As Lago and Thompson point out: "it could be argued that in its broadest sense all counselling is crosscultural in that it embodies two persons, who, by definition have already had differing backgrounds and thus, to a certain extent have their own unique identities (cultures)" (1996, p.14). However, within multicultural counselling, the potential difference of the other (in terms of appearance, voice, values etc) is most likely to have an impact upon the two parties involved, the counsellor and client (Lago & Thompson, 1996). This is partly because both persons will inevitably make assumptions about the other based on their difference.

In recognizing this and in an attempt to assist the counsellor to address issues of difference in counselling, there is a broad body of research looking at the issue of multicultural competence in counselling. In their chapter on recent theories and research study in the field of multicultural counselling, Fuertes and Gretchen (2001) identify and review nine current theories. Although these will not be discussed further and more specifically within this report, Fuertes and Gretchen (2001) offer a useful summary and recommendation for counsellors with regards to increasing competence in multicultural counselling. Other writers such as Sue and Sue (2003) and Lago and Thompson (1996) also outline similar guidelines. These guidelines can broadly be divided into three areas. The first principle of multicultural counselling involves expansion of the counsellor's personal awareness, where the following are recommended: developing the counsellor's awareness of his or her own cultural heritage, values, beliefs, feelings and biases; the way in which this cultural heritage may affect minority groups; comfort with differences that exist and recognition that difference is not necessarily deviance. The counsellor must also be aware of multicultural circumstances that may necessitate referral of a client to a member of his or her own sociodemographic group or another therapist (Fuertes &

Gretchen, 2001; Lago & Thompson, 1996; Sue & Sue, 2003). The second feature is development of the counsellor's multicultural knowledge. Such multicultural sensitivity includes the possession of knowledge and information about the particular group with which he or she is working; basic understanding of the sociopolitical systems operating in society; and an awareness of the limitations of counselling and therapy in terms of their application across different cultures (Fuertes & Gretchen, 2001; Kareem & Littlewood, 1992; Lago & Thompson, 1996; Sue & Sue, 2003). The last principle concerns the counsellor's skill at multicultural intervention. This includes an ability to draw on a variety of verbal and non-verbal responses; initiating institutional interventions on behalf of the client when appropriate; awareness of personal helping style and recognizing the limitation and impact of that style on the culturally different client (Fuertes & Gretchen, 2001; Lago & Thompson, 1996; Sue & Sue, 2003).

Although helpful, these guidelines provide a backdrop for the broad field of multicultural counselling and psychotherapy, and are therefore somewhat limited in providing guidance as to how to handle these kinds of issues after a client has experienced a trauma. They also tend to address difference and possible prejudice as they might occur within the therapeutic dyad, rather than in terms of racially loaded content that a client may introduce into the therapy. As Hughes (2006) correctly points out, there continues to be a gap in the literature on the topic of cross-cultural trauma and crisis intervention counselling, even within the multicultural literature. This is in spite of the recognition that there are cross-cultural differences in the way that people interpret and express trauma reactions (Sue & Sue 1999; Weaver & Wodarski, 1995). Weaver and Wodarski (1995) state that culture is a primary determining factor in the client's assessment of the meaning, impact and origin of a traumatic event, as well as in determining coping strategies. In a context such as South Africa, with the combined factors of a multicultural society and high levels of trauma related incidents, it is arguably even more necessary for counsellors to be aware of the resulting combination of these factors for their clients, and what challenges they will then present with in counselling.

When looking at the recommendations concerning multicultural counselling, they all entail an ongoing level of self awareness and self monitoring and a continued willingness to learn about those who are different to the counsellor. Brown (1991) argues that the influence of subjective attitudes and preconceptions within the therapeutic relationship leads to some negligence in addressing antiracism as an ethical issue in therapy, precisely because of the level of self confrontation that it necessitates for both the client and counsellor. Issues of race, like other multicultural issues, seem to touch uncomfortable buttons in all of us as they bring to light issues of oppression and the discomfort of facing personal biases (Carter, 1995; Ridley, 1995; Sue & Sue, 2003). Some writers have identified this difficulty as cultural transference and cultural countertransference (Kareem & Littlewood, 1992; Ridley, 1995). They point out that race is a particularly emotionally arousing issue in relation to transference, and argue that race is an important psychological construct because of its possible role in the therapeutic dyad (Kareem & Littlewood, 1992; Ridley, 1995). In the current study, the focus on lay counsellors means that there is perhaps likely to be less understanding of multicultural dynamics and of subjective elements than amongst professionals, since the training of lay counsellors is limited, as discussed previously.

2.6.2 The Role of Psychotherapy Discourses in Counselling Intervention

There is often a suggestion that the lacunae in psychotherapy literature of theorization concerning race and class are to do with the historical indifference of psychoanalysis and psychotherapy in general to poverty, oppression and discrimination. Although individual features and subjective influences are important, several writers have observed that there are key underlying discourses in psychotherapy that may indirectly inform the decision as to whether to address racist material or not (Carter, 1995; Davidio, 2001; Ridley, 1995). These psychotherapy discourses often obscure or sideline the social context of the individual in preference for an emphasis on interpersonal and intrapsychic difficulties (Davidio, 2001; Ridley, 1995). Racism is usually more than a matter of individualized prejudice, and often involves a widely accepted ideology that operates through a socially organized set of ideas, attitudes and practices (Davidio, 2001). Therefore, in addition to an understanding of the subjective elements relating to a particular client, a counsellor

also may need to have an appreciation of the political processes in society that continue to perpetuate racist and other discriminatory processes (Lago & Thompson, 1996).

In looking at the psychoanalytic understanding that informs how to work with prejudice and race, Dalal (2001) points out that often "the external difference, 'race' or colour, is consistently interpreted as a mediating phenomenon, not critical in itself but something to be got through to the 'real' issues" (p.55). The suggestion here is that the real and the symbolic are intertwined and that the symbolic is given preference in interpretation and in psychoanalytic work. There is also an implication that defensive processes, such as projection, are at play. This raises the question, for example, as to whether the decision to address negative racial sentiments or not will be influenced by whether the racist attitude is seen as consequent upon the trauma or not. The observation that racial sentiments are a common response to trauma gives validity to the assumption that the racist sentiments are a secondary and in a sense a 'natural' defensive response in relation to the trauma. This kind of approach and thinking can function to normalize negative racist sentiments as a trauma response. This in turn may obscure the maladaptive and possibly pathological elements involved in holding negative racial sentiments.

2.6.3 A Psychoanalytic Account of the Development of Prejudice

Although the constraints of this research report preclude dealing with these ideas at the level of complexity they deserve, there are some interesting theoretical ideas about the psychic mechanisms underpinning racism in the psychodynamic literature. Within the psychodynamic literature that does address the phenomenon of race and racism both within and outside the therapeutic setting; the notion of splitting and then projecting bad parts of the self into the perceived 'bad' object is provided as a common frame for understanding the mechanism of racism. In examining the usefulness of psychoanalysis to politics and culture, Rustin (1991) examines the relevance of the Kleinian idea of 'projective identification' to providing an understanding of racism. Within such an explanatory framework, racism can be understood as located in 'psychotic' forms of mental functioning, or as reflecting a kind of primitive thinking in the paranoid-schizoid mode of mental functioning. The paranoid-schizoid mode of mental functioning is

characterized by splitting of one's good and bad parts, and introjecting and projecting of these parts. The parts that are unconsciously perceived as bad, unwanted and disintegrated are split off and projected from the psyche and they may find an ideal container in racial categorization. Using Bion's ideas concerning the container, Rustin (1991) points out how the discriminated group becomes the container for the rejected aspects of the dominant group.

The splitting of good and bad parts means that the dominant group also idealizes its own good attributes. Klein understood idealization to be bound up with splitting, in that it acts as a safeguard against the bad and unwanted parts of the self by exaggerating the 'good' parts (Klein, 1946). From this framework, an idealized part can also develop as a consequence of trauma (Peterson et al., 1991). When anxiety from harm or fear of harm becomes too strong, reliance on the idealized object can be strong (Klein, 1946). Arguably, trauma can induce these fears, and thus result in idealization as survivors try to protect themselves from further psychological harm. Peterson et al. (1991) point out that after a trauma a "protective self" can emerge for survival purposes, based in the processes of splitting and idealization. They add that excessively protective behaviour is often associated with the need to maintain split-off feelings of helplessness, guilt and fear that are associated with the trauma. This latter theoretical premise interestingly bears some resemblance to the arguments concerning self affirmation within the cognitive model, discussed earlier. Although, as Rustin (1991) points out, the point of difference is that such processes of denigration of the other and idealization of the self (or one's type) are understood to be unconscious and disguised in psychoanalytic formulations.

2.6.4 Racism and its Meaning in South Africa

Thus far, there has been an attempt to explain why prejudice can be triggered as a result of a traumatic event. However, this does not explain why this prejudice often takes on a racialized form. One possible explanation for this in the context of this research is that in South Africa the use of race as an overt distinguishing feature by our society and by individuals within it has been prevalent and has had and still has profound consequences. Overt forms of racism are less prevalent now than they were under apartheid, but both

overt and subtle forms of racism still persist in South Africa. Davidio and Gaertner (2000) use the term 'aversive racism' to describe this form of more subtle or covert racism in America. In comparison to the overt form of racism, in the aversive form sympathy is often shown to victims of past injustice, there is support for equality in public policy and a liberal, nonprejudiced and nondiscriminatory political system. What often persists though, are negative feelings and stereotypes accompanied by discomfort, uneasiness and sometimes fear of other racial groups (Davidio, 2001; Davidio & Gaertner, 2000). The argument made by Davidio and Gaertner is that what enables the persistence of aversive forms of racism in American culture is the combination of a historically racist culture with the human cognitive mechanism for processing categorical information, the latter allowing for the spontaneous and automatic occurrence of racial categorization because of its implicit and familiar nature.

Such an explanation seems plausible to apply to South Africa given the history of apartheid. A history of oppression and inequality introduces potential complexities in most relationships between people of different races, particularly between black and white people (Vasquez, 2001). At their worst, these interactions are overloaded, burdened and profoundly affected by the past. What compounds the situation is that sometimes the life threatening circumstances of trauma, especially trauma associated with violent crime between people of different races, puts pressure on fragile and unsteady interactions that are already overloaded with different meanings stemming from South Africa's past. Although the discussion of these issues does not fall clearly within the boundaries of this research, it is worth noting that some writers have observed challenges presented by apartheid that are reflected in the present, such as mental health problems in children and the need to train counsellors to meet these challenges (Livingstone, 1989 as cited in Wehrly; Hickson & Kreigler, 1991).

Furthermore, if the subtle form of racism that Davidio and Gaertner refer to still persists, it is also plausible that this can be triggered as a response to trauma when basic schemas of safety and trust are threatened. However, one must be cautious about implying that there is an element of inevitability in the development of prejudice, in such a way as to

seem to excuse racist sentiments in trauma clients. On the other hand, the prevalence of the expression of negative racial sentiments and stereotypes in trauma counselling in South Africa makes it impossible to ignore this phenomenon. These sentiments are not only common in trauma work, but may be reflected in other therapeutic work in South Africa. However, the context of traumatic stress is useful in studying how counsellors engage with client racism in practice, since working with such material in traumatized clients is not only necessary, given the commonality with which such negative sentiments emerge in the counselling room, but it also poses particular ethical problems in terms of the robustness of the client.

2.7 Ethical Dilemmas Related to Addressing Race in Trauma Counselling

The issue of addressing racism when a client has just experienced a trauma evokes questions as to the possible violation of ethical principles. There are four main ethical principles that apply to the practice of therapy and counselling in psychology (Schillito-Clark, 2003). The principles are: respect of autonomy, beneficence, non-maleficence and justice. The principle of autonomy considers the individual's freedom to make their own choices and to decide their own actions. This principle encompasses the maximization of the client's informed consent in therapy and the client's right to choose how things unfold in their life. The principle of beneficence pertains to the counsellor's or therapist's obligation to promote the well-being of their client and benefit them as much as possible through interventions. The principle of non-maleficence encourages responsible use of power and abilities by counsellors and therapists, so as to not do harm, or do the least amount of harm, to their clients. This principle is important when it comes to encouraging the client to experience distress and discomfort in order to effect change. The principle of justice considers issues of fairness and the appropriate balance between the costs of psychotherapy and the expected benefits (American Psychological Association (APA), 2003; Schillito-Clark, 2003).

Looking at the principles of non-maleficence and beneficence, raises concerns as to whether one is doing harm by engaging a client about their racial attitudes at a time when they are vulnerable in the way that traumatized clients generally appear to be. This is

especially so in light of the fact that initial trauma debriefing often focuses on addressing serious trauma related symptoms such as intrusive thoughts and flashbacks (Dalgleish, 1999), with a view to restoring equilibrium. Addressing negative racial sentiments may be perceived as threatening rather than containing. However, while the above principles offer practicing guidelines, as Ridley, Liddle, Hill and Li (2001) point out, each ethical problem raises its own unique challenges, and the differences in each particular encounter, however slight, must be considered in ethical decision making. They emphasize context as very important in ethical decision making, entailing consideration of the client's psychological and cultural make-up and the ethical problem itself. (Ridley et al., 2001).

In keeping these recommendations in mind, the scenario of interest in the current research, the bringing of racist content into the counselling session by the client, potentially raises a lot of difficulty and awkwardness for the counsellor. Firstly, the values espoused can stand in stark contrast to the counsellor's own values. Secondly, in a multicultural society such as South Africa, the counsellor can be of any race group. Given this, it is likely that situations may arise where the person who was involved in causing the trauma towards the client (and whom they now perhaps hold racial prejudice towards), may be of the same race as the counsellor. This can lead to the arousal of a kind of cultural transference and countertransference that was touched on earlier, and put the counsellor in a compromising position as they try to negotiate how to help someone that is attacking towards a race group with which they identify, without this jeopardizing the quality of help they give.

When considering a further ethical principle, that of the client's autonomy, which emphasizes the client's freedom to make their own choices, including choice in values, beliefs and morals (Schillito-Clark 2003; Stein, 1990), this also raises questions about the right of the counsellor to address a client's racial attitude. Engaging with racial prejudice could be seen as the counsellor taking on an unsolicited responsibility to try to shape and influence the client's worldview. Some authors within the multicultural literature have argued that when making ethical decisions, professionals have a "multicultural

responsibility". By multicultural responsibility, they are referring to a fusion of personal and professional commitments to consider culture and issues of difference such as race, moral intuition about what is right and wrong and deeply ingrained moral traditions (Ridley, 1995; Ridley et al., 2001; Tjeltveit, 1999). Within this framework the right to autonomy might be viewed as limited in light of broad human rights principles.

Ridley (1995) argues that multicultural responsibility is particularly pertinent when it comes to the issue of race, and states that "counteracting racism in counselling ought to be an ethical mandate" (p.27). In the broader context of their professions and society, counsellors should take up the responsibility to challenge racism (Ridley, 1995). However, as pointed out earlier, racism can be understood as both a subjective and a social construct, and in decision making both these elements have to be considered. For example, if there was a pre-existing and racist set of beliefs and ideas that the traumatized client adhered to before the actual trauma, it is arguable that this is an important factor in deciding whether to challenge their sentiments, especially given the limited number of sessions a counsellor might have with the client. While putting out the challenge to address racism, Ridley (1995) also acknowledges that racist behaviour may be well established and backed up by a history of reinforcement, and therefore that attempts to change this well-established behaviour may be met with resistance. It is likely that it is then harder to address racist commentary in the time limit of one to six sessions, and counsellors may be faced with the decision as to whether to prioritize the trauma content at the expense of other cultural issues.

A counterargument to this is that deciding not to address racial sentiments can be harmful to the client and in this respect the principle of non-maleficence comes into play in a different way. Given some of the explanatory framework proposed in early parts of this discussion of theory, a view that the client is helpless in relation to the development of prejudice after a trauma can be entertained. Within this framework of understanding, ignoring the possibility that racial prejudice can be a negative adaptive strategy and can be pathological, even though it may appear to assist the client in initially working through the trauma, implies a responsibility on the part of the counsellor or therapist to engage

with this 'symptomatic' cognition and behaviour. From a cognitive perspective, it might be better to address racial sentiments as part of negotiating the trauma and restructuring schemas before overgeneralization happens over the long term.

2.8 Summary and Conclusion

The phenomenon of interest in this study necessitates a process of considering and integrating both contextual (environmental) and theoretical elements, in order to appropriately describe and anticipate as accurately as possible the varying aspects that may inform and impact counsellors' responses to the expression of negative racial sentiments. In order to meet this objective, the first part of the literature review looked at the practical circumstances that counsellors work under. The limited number of sessions that counsellors usually have stands out as an important consideration in how they may respond to negative racial sentiments. This limitation is likely to result in counsellors utilizing acute interventions such as Psychological Debriefing and CBT based early interventions. These interventions are designed to mainly provide the traumatized individual with a chance to talk about the trauma, to access support, to gain coping skills and to receive psychoeducation on trauma reactions. Research shows that these interventions are widely used within counselling. The Wits Trauma model and Mitchell's Critical Incident Stress Debriefing model were briefly outlined, given that they are popular models that are used within the South African context.

The theoretical discussion focused on the cognitive model and the shattering of cognitive schemas or assumptions as one of the central explanatory focuses within this model. This model posits that trauma disrupts cognitive schemas and shatters assumptions about a person's surroundings and beliefs in an overwhelming manner. This can necessitate processes such as accommodation and overgeneralization, as one tries to come to terms with what has happened and protect oneself from further danger. In the literature, the process of overgeneralization has been implicated in the possible development of prejudice as the traumatized individual tries to store and simplify information, and as a protective factor in alerting the traumatized individual to potential danger in their environment. An object relations oriented psychoanalytic explanation also proposes a

process of disorganization, however, it is one's defenses that are overwhelmed by the intense anxiety that trauma introduces.

To outline some of the issues raised in dealing with the question of race in therapy, multicultural counselling literature was used, since it offers a comprehensive account of how to tackle issues of difference in therapy, and amongst them the issue of race. The recommendations proposed from this literature with regards to multicultural counselling competence were summarized, followed by a discussion of the discourses in psychoanalysis and psychotherapy that may lead to the neglect of the social context in psychotherapy. The notion of splitting and projecting of one's unwanted parts, while idealizing one's good parts was briefly discussed to account for the development of prejudice and racism, from a psychoanalytic perspective.

The last section of the literature review attempted to explain why prejudice might take on a racialized form in South Africa. Finally, the ethical dilemmas that may emerge in having to challenge somebody about their beliefs and values at a time when they have just experienced a traumatic event were discussed. Some possible clashes of interest that may emerge with regards to the client's rights and the counsellor's role and values were suggested.

CHAPTER THREE METHOD

3.1 Research Aims

The study aimed to gain an understanding of explanations utilized by trained volunteer counsellors to make sense of the presentation of negative racial sentiments in clients affected by a traumatic event. A further aim was to understand how and why they deal with this phenomenon in the counselling relationship, (if at all). A third objective was to explore the personal responses of trained volunteer counsellors in having to engage with this type of material. In addition, the research also sought to highlight potential ethical dilemmas that might arise for counsellors in engaging with negative racial sentiments in traumatized clients.

3.2 Research Design

In order to meet the objectives of the study, the research was operationalized within a qualitative research framework. According to Neuman (2000), qualitative research is research that emphasizes the importance of social context for understanding the social world. A qualitative framework has the capacity to access people's descriptions of a particular experience in an in-depth manner that captures or discovers the meaning of the phenomenon under study (Neuman, 2000). A hermeneutically oriented qualitative approach was used. This is an approach that is curious in finding out the conditions under which a human act took place and the intended or expressed meaning attached to that act (Kvale, 1998). This approach allows an appreciation of the subjective and contextualized interpretation of meaning, which was important in the current research. The emphasis is on a deep understanding of how different parts of the text relate to the meaning or viewpoint of the whole (Kvale, 1998). In the current research there were a number of varying values, understandings and motivations that affected counsellors in their decision making with regards to the questions posed by the research. Included in these were personal, practical and professional considerations, as well as concerns pertaining to the particularity of trauma as a presenting problem. It is the manner in which these different judgments and considerations came together and affected the overall understanding and decisions taken by the counsellors that needs to be appreciated.

The way that these different aspects might be integrated was also kept in mind throughout analysis.

3.3 Participants

3.3.1 Inclusion Criteria, Demographic Profile and Experience Base

The participant group was comprised of 11 counsellors who had had a minimum of 6 months exposure to trauma work or had handled a minimum of ten trauma cases. Participants did not need to meet both criterion, but were considered suitable if they met one criterion. Above these minimum requirements, there was a considerable range within the sample with regards to exposure and experience in the trauma field. This is illustrated in Table 1, reflecting demographic information about the participants. The age range of participants was between 23 and 57 years, and the average age was 36 years. The participant group consisted of 8 females and 3 males. (The age and gender related information is summarized here for convenience and also to offer identity protection by separating this information out from Table 1).

Table 1: Demographic Information on Participants

Participant:	Race:	Number of cases seen and /or No. of Months of trauma counselling:	Name of Centre:
1. (P1)	White	12-15 cases seen, 6 months	Trauma Support Centre
2. (P2)	White	10+ cases, 6 months	Trauma Support Centre
3. (P3)	White	1 year 5 months (number of cases not specified)	Trauma Unit
4. (P4)	White	3 years (number of cases not specified)	Police Trauma Unit
5. (P5)	White	30+ cases, 12 months	Police Trauma Unit
6. (P6)	White	25+ cases, 2years 3 months	Police Trauma Unit
7. (P7)	White	8 months (number of cases not specified)	Police Trauma Unit
8. (P8)	White	100+ cases, 7 years 6 months	Police Trauma Unit
9. (P9)	White	100+ cases, 6 years	Crisis Centre
10. (P10)	Black	26 cases, 8 months	Crisis Centre
11. (P11)	White	10+ cases, 3 years	NGO

3.3.2 Location

The counsellors were all volunteers and came from different parts of the Johannesburg area. These areas included: Linden, Randburg, Midrand, Johannesburg Central Business District, Benoni and Parkmore. With the exception of two participants, nine participants worked at Victim Support Centres. One of the other two participants worked at FAMSA, and the other at Unitas Hospital. Permission to collect data and contact participants was first granted by the managers of the centres at which they worked.

3.3.3 Theoretical Orientation

Although theoretical orientation has limited influence in counselling style at this level, it was still considered useful to explore the theoretical basis of the model/s which counsellors were trained in, in order to appreciate how this might have an influence on the way in which counselling was conducted. Counsellors' understanding of the specified purpose and focus of trauma debriefing and counselling was also kept in mind during interviewing, especially in relation to the implied theoretical orientation of the counsellor. Most counsellors did not specify their theoretical orientation. Three counsellors referred to CBT based understandings and interventions. These were the participants that had received University training in the field of psychology. The counsellors who did not specify a theoretical orientation, referred to some counselling concepts such as empathy, maintaining neutrality and listening skills. Their training appeared to have been somewhat client-centred, in keeping with much lay counsellor training.

3.3.4 Training and Supervision Base

The counsellors had all received some form of basic training for working with traumatized clients. There was a considerable difference in the amount of training received across the group, accounted for by the different counselling contexts that were involved. Training was mainly dependent on the type and length of training that the agency or institution initially offered their counsellors. The length of training received by counsellors is not clear, and this was not directly elicited during the interview. In addition to this basic training, some counsellors mentioned that they had received further training from external institutions such as the South African Institute of Traumatic Stress (SAITS). However, this further training was initiated on an individual basis, and was not stipulated as compulsory by the agency or institution the counsellor was attached to.

Most of the participants were receiving some form of supervision. The 5 participants who were connected to police stations reported that they were all receiving supervision from a qualified psychologist. The two participants from the Midrand Trauma Centre and the participant from Unitas Hospital also received supervision from a qualified psychologist. The rest of the participants also engaged in some form of informal peer supervision.

3.4 Data Collection and Interviewing

3.4.1 Recruitment of Participants

Purposive sampling as a type of non-probability sampling was used so as to attain the required characteristics of the sample and to fulfil the research aims. In non-probability sampling participants are chosen according to pre-set criteria, which are established for the purposes of the research. This meant that individuals in the population of volunteer counsellors did not have an equal chance of being in the sample (Neuman, 2000). The participants were selected and approached on the basis that they fulfilled the minimum criteria for trauma counselling experience outlined in the previous section.

Although it was initially intended to recruit participants by posting relevant information in volunteer trauma centres, this procedure proved not to be viable in most of the centres. It was only at the more established and structured centres that this was possible, and at these centres details regarding the research were posted. However, for the majority of centres that were targeted, especially the Police Trauma Support Units, recruitment was done in a more informal manner. This was mainly through referrals by the person overseeing the trauma unit, who, with their prior permission, gave the researcher the telephone numbers of the counsellors to contact. Participants were only contacted after the manager of the trauma unit had contacted and communicated the aims of the research and what it would entail, and after they had given their permission to the manager to be contacted by the researcher. This direct recruitment approach was proposed as more viable by the managers of the centres, since there were often about 4-5 individuals on average who volunteered, and they worked shifts when they were available. Another factor was that at the Police Units, some individuals would be on call while at home and would not necessarily come to the police station on some days. It was clearly communicated to the managers that they should emphasize to the counsellors that participation was voluntary, and a subject information sheet (see further discussion of ethical issues later) was faxed or left at the centre for counsellors if they needed further information. Participants who agreed to be contacted were telephoned by the researcher and if they agreed to take part subsequent meetings were arranged. A significant number

of the individuals contacted by the researcher would not meet the criterion of the research, since the research criterion and aims were sometimes miscommunicated. On average, out of four people that were contacted only one would meet the criterion for the research.

3.4.2 The Interview Schedule and Process

Face to face semi-structured interviews were made use of as the method of data collection, with the interview consisting primarily of open- ended questions (See Appendix A). The use of semi-structured interviews was consistent with the exploratory nature of the research and enabled the combination of structure and flexibility to be used in data collection. This allowed for emerging data to determine subsequent questions and data collection. Semi-structured face to face interviewing also leaves room for responses to be queried, so as to allow the researcher to be responsive to relevant issues raised spontaneously by the participants (Babbie & Mouton, 1999; Berg, 1995).

Predominantly open-ended questions were used because they gave room for the participant to give his or her own answer to the questions asked, and this allowed for their experience of the phenomenon to be recorded (Babbie & Mouton, 1999). Probes were used in conjunction with the questions, especially in the case of questions where it was anticipated that there might be difficulty in answering. Probes are a useful way to obtain more in-depth answers without biasing later answers.

The interview schedule contained a section on demographic information, followed by two main sections (See Appendix A). The first section looked at counsellors' explanations of negative racial sentiments in trauma clients. This section contained questions pertaining to the observed nature of the sentiments, when and how they were expressed and what counsellors thought the role of the sentiments might reflect following a traumatic event. The next section looked at counsellors' interventions and what influenced their decisions to intervene in a particular manner; followed by questions on what they observed to be the impact of negative racial sentiments on the counselling relationship and on them as individuals.

Interviews were conducted at a place and time that was suitable for the participants. The reason for this was that participants were volunteers who often used their spare time to provide their services, and therefore did not spend a lot of time at the centres. Interviews were tape recorded with the participant's permission. The interviews ranged from between forty to seventy minutes.

3.5 Data Analysis

All the audiotape interview data was transcribed into written text Thematic Content Analysis was made use of as the method of data analysis. Thematic Content Analysis is generally understood as a coherent manner of organizing or reading interview material in relation to specific research questions (Flick, 1999). The focus of analysis was on themes, topics and concepts. Following the transcription of the interviews, they were firstly coded to identify manifest content. Manifest information refers to visible, surface content which is identified through phrases and sentences considered to be related directly to the themes of the research (Babbie & Mouton, 2001). At this point any apparently extraneous data was excluded from the analysis. However, in the context of the present research there was little data that emerged that was considered irrelevant. From the remaining data phrases and sentences were then highlighted in terms of the specific units of meaning they expressed, and then grouped under the themes or topics they appeared to relate to. Labels were assigned to these themes or topics.

Following this initial coding, a process of looking for latent meaning was conducted. This usually entailed reading a whole paragraph or section of the interview and deciding what the main message appeared to be. Alternatively the text was read and re-read three or four times until a strong sense of what was being said was grasped. This system allows the researcher to code the underlying meaning of the content so as to get a sense of the quality of what is being said (Flick, 1999). This stage of coding involves the search for implied meaning and is therefore more influenced by the subjectivity of the researcher. For this reason it was important to keep in mind the theoretical assumptions of the

research during analysis. To address the limitation of subjectivity, the data was also read by the research supervisor. This helped to increase the validity in interpretation.

Following coding, themes were related to theoretical frameworks, using both a deductive and inductive approach. The deductive method allowed already identified theoretical framework/s to inform the analysis of themes, while the inductive method allowed for theory to emerge from the text and not to have to fit narrowly into pre-existing conceptualizations (Flick, 1999). The inductive method was useful in categorizing those themes and concepts that were not directly elicited by the researcher, but were spontaneously brought up by the participants. Both perspectives informed the final analysis, which is presented in the next chapter.

3.6 Ethical Considerations

3.6.1 Permission

Permission to conduct the research at volunteer trauma centres was obtained from the managers or coordinators at the outset of the study. As described previously, subsequent contact was made with potential participants to invite them to take part in the study. Written permission for recruitment and use of data was obtained from some of the centres, while verbal permission was granted by the managers at other centres. Subject information sheets were made available to potential participants. (See Appendix B).

3.6.2 Consent

The participants were asked to sign a consent form to indicate that they voluntarily agreed to participate in the study and understood what this entailed. The participants were also asked to sign a separate tape recording consent form giving the researcher permission to tape record the interviews. The tapes were destroyed after transcription of the interview data. (See Appendix C and D).

3.6.3 Interview Process

The interviews were conducted by the researcher. During the interview, if clarity was required by the participants on any of the questions, the interviewer attempted to provide this. The participants were also aware that they had the right to discontinue with the interview if they wished and not to answer every question if they choose not to. Participants were informed that there was no individual benefit to taking part in the research. At the end of interviews participants were offered the opportunity to ask any questions. This was followed by an informal discussion with regard to how they had experienced the interview and whether there were any concerns they had about the questions, the data and the overall research. Most participants were keen to know more about the context of the research and also how other counsellors or therapists tackled negative racial sentiments.

3.6.4 Confidentiality

All information obtained in the study was treated as private and confidential. After transcription, the recorded responses were not made available to anybody other than the researcher and research supervisor. No directly identifying information is included in the final report and care was taken to edit text to secure confidentiality. A summary of the findings of the report will be sent to managers of the centres at the end of the study through email or post.

CHAPTER 4 FINDINGS AND DISCUSSION

In keeping with many qualitative research studies, the findings and discussion of findings are presented in conjunction in this chapter. The chapter initially introduces counsellors' observations of the phenomenon of interest and whether and why it occurs. A considerable number of the questions posed in the interview schedule were directly and indirectly intended to elicit material around the understandings and meanings counsellors employ to make sense of the expression of negative racial sentiments. This focus was based on the assumption that the manner in which counsellors understand negative racial contents in trauma counselling or debriefing will have both explicit and implicit effects on the interventions they employ and will impact on the therapeutic relationship. For this reason, the first part of this chapter will focus on those understandings and counsellors' observations and explanations concerning negative racial sentiments. The discussion will then look at how counsellors attempt to engage or work with such material. Finally, some observation of the impact of this aspect of counselling on the counselling relationship and on the counsellors themselves will be explored.

Given the exploratory nature of the study, both descriptive and interpretive commentary on the data is provided. In an attempt to better understand the phenomenon under investigation, the results and discussion section of the report makes use of the subjective opinions of the participants as far as possible and uses direct quotations to illustrate aspects of the discussion. Commentary on the participants' responses is offered as a way of contextualizing them within the literature. This enables comparisons to be made in relation to what had been argued and anticipated based on the literature and what emerged from the texts generated from the interviews.

It is worth noting that the term 'negative racial sentiments' was chosen because it represents a more inclusive way of thinking about racialized cognitions, instead of the term 'racism', which has a very specific meaning, although in many instances what is being discussed could be understood as ' racist' in form and content.

4.1 Observations of Negative Racial Sentiments (NRS's)

There are a number of factors that possibly impact on the manner in which NRS's are verbalized and the time frame within which they are observed. These factors arguably create a vital first impression, influencing how counsellors subsequently evaluate and understand the individualized meaning of the expression of NRS's after a trauma. All of the participants reported that they have encountered NRS's in their client populations. Nine participants reported that the sentiments come up with some of their clients, but they did not specify how many, and two participants reported that they have encountered the sentiments in nearly all their counselling cases. P5 reported the following:

"Always in all my counselling sessions it always comes up, whether I bring it up or they do." (P5)

By stating that she brings it up, P5 was referring to the fact that through experience she had come to expect NRS's to occur after a trauma, and as a result she asks clients about the sentiments in cases where they do not spontaneously introduce them. Although there is variety in terms of frequency with which this sample reported encountering NRS's, it seems they are a present and pertinent issue that these counsellors encounter in doing trauma work. Two of the participants mentioned that through experience they had increasingly come to expect the presence of NRS's after a trauma. These were P5 and P9, who have a minimum of three years experience. When questioned about her suggestion that the sentiments are a common reaction, P5 said:

"Yes, yah, absolutely, in fact I kind of expect it to happen." (P5)

Both participants now actively ask victims about this as part of their questioning about their trauma symptoms.

Participants encountered differences with regards to the nature of NRS's that were expressed and the manner of expression. Nine participants reported that they have encountered the explosive *"racial outburst"* (P2), which is often coupled with a lot of derogatory and demeaning language towards the racial group that attacked their clients:

"I should leave this country … the blacks are like animals" (P6)

"The bloody kaffirs" (P2)

"Especially in that area, white man being mugged by like, black guys, out comes the pre 1994 language." (P2)

It is worth noting that during the interviews, most participants struggled to articulate NRS's that their clients expressed, and therefore they would state that clients used very offensive statements but preferred not to report on the specific content:

"You know eh they use very abusive language towards another group" (P4)

"From the beginning, with her she was derogatory about them from the beginning." (P3)

(By 'them' P3 was referring to young black men.)

In such cases, the interviews were conducted with the mutual understanding that direct expression of content was discomforting or awkward. In other instances, participants reported that clients experienced NRS's as discordant feelings and thoughts towards members of a certain race group:

"They say you know 'I'm worried about the coloured race now, I'm worried about the black race'… and so they are not, they say that worries them" (P5)

"There would be people who would use negative words or there are people who would say in a subtle way because they are feeling guilty." (P6)

Participants reported that is cases where client's comments came up gradually during counselling, clients were not as overtly offensive and blunt about their comments, but that they would often make passing comments, employ stereotypes and make generalizations about groups of people:

"And some during the counselling you pick up that they are angry, they verbalized they are actually angry at that race" (P4)

"She would say that in the paper and on T.V it is the black men that they showed doing this, so it was expected of young black men" (P3)

"She started by generalizing about the state of South Africa, crime increasing and crime increasing. She started off by blaming the government, blaming the ANC …and then it develops, and the more she thought about it, the angrier she gets and then the ugly generalizations about black people, you know the ANC is mainly made up of black people." (P7)

In some of the cases, participants reported that their clients noticed discomfort, fear and anger towards a certain race group only when they were in situations where they came across or had to interact with somebody of the same race group as the perpetrator/s:

"And he said that he feels a bit worried, cause every time he sees a coloured person, he gets scared, and he is not like that, he says. He is not normally like that, it's not in his nature but now he is petrified of coloured people" (P5)

"They are afraid of the people or the perpetrators that are mainly black males and it comes out with a degree of fear and storm, or if they stop at the robot or they are walking, those kinds of things will be brought up in their mind." (P8)

It is worth noting that in the majority of cases that participants referred to, they were talking about NRS's which are directed towards black people, since this was often the race group which their clients spoke about:

"So it has been predominantly eh…been young black males" (P9)

"The most feared in respect of race, that is, all, all races that's just feared of, unfortunately, the majority is the black males." (P8)

From the interviews, one of the few consistent findings is that emphasis of racial categorization, as one of the responses to trauma, happens quite early after the traumatic event. For example, negative racial expressions are amongst the first issues that the counsellors from the police stations encounter in their debriefing, and they are in situations where they tend to see clients within 72 hours of, or soon after the trauma. In responding to how and when the NRS's are triggered, one of the participants expressed that:

"it is part of the nature of the trauma, the very heightened emotion while still in the fight or flight response…I mean I often see them once the hospital has given them the basic treatment they need…if they are ready to tell the story and at that stage it is all very fresh and that may come through." (P2)

In addition to P2, eight other participants referred to some kind of early expression of the NRS's in the trauma debriefing or therapy. Only two of the participants indicated that they have seen both situations where there is a gradual development of NRS's and situations where the expression is early in the debriefing or therapy.

4.2 Counsellors' Explanations for the Presentation of NRS's

In their explanations of how and why NRS's occur, counsellors pointed out that there are differences between NRS's that are expressed in the immediate aftermath of a traumatic event and those that are expressed later in counselling, and their accounts of the nature and role of NRS's in trauma was categorized accordingly. Thus their explanatory frameworks are discussed under two sub-sections based on this distinction observed in their responses. Nonetheless, their explanations of the initial expression of the NRS's are partly applicable to expressions of NRS's that emerge later on in counselling and there is some overlap in categories in the two sub sections on counsellors' understanding of NRS's.

4.2.1 Explanations Concerning Presentations of NRS's in the Immediate Aftermath of Traumatic Events

4.2.1.1 Discharge of Emotions

All the participants found that the initial expression of NRS's was often coupled with a lot of anger, and therefore understood the initial *"racial outburst"* (P2) as a way of channelling anger after the trauma:

"I think it was just, she was starting to vent her anger and then focus it towards, towards racial, racial anger" (P7)

"In the beginning there is a lot of anger and they need to express that anger and they need to not feel guilty about saying these things and feeling guilty about feeling angry." (P6)

For this reason, most of the participants allowed space for this to be expressed, and initially did not impose any form of judgment. Anger is one of the typically expected reactions to trauma, and as Matsakis (1994) puts it "there can be no PTSD without anger and grief, profound anger bordering on murderous rage at times" (p.247). Although Matsakis is referring to full blown PTSD cases, arguably a degree of this emotional intensity in response to traumatic events is also present in acute presentations. Counsellors appear to accept the directing of anger towards a racial category or grouping as understandable:

"We got to explain to them you know, what you are experiencing is natural because it happened to you. You are the victim and they invaded your privacy and it is natural going through anger and it will subside as the weeks go. It is going to subside" (P4)

"The intensity of their emotion and I think that is why sometimes people use racial tune, it is not because they believe it. It just shows the intensity of their anger and the hopelessness, the feeling of powerlessness and frustration and disillusion and whatever is happening for them." (P6)

So anger in general becomes focused towards racial anger, and this process is so understandable that it requires no further explanation. Racialized anger is naturalized by implication. In this instance it is not only the anger that is normalized, but the expression that this anger takes as well.

Several participants found that in most cases, the racial sentiments were triggered as part of retelling the story:

"I think it is the story, then something happens, they remember the person or what they can think of the person, an impression. That triggers the racial outburst." (P2)

Participants found that the sentiments for most clients were triggered in the process of trying to remember what happened. Although counsellors did not specifically refer to the term, their comments point to a cathartic function that their clients may experience as part of retelling their story. As Eagle (2000) points out, in life-threatening situations people's natural and adaptive response is to inhibit their feelings of terror, shame and rage for example, but nonetheless these feelings also need to be expressed. Given the cathartic process often inherent in retelling of the story, counsellors seem to be suggesting that NRS's emerge as the person is trying to make sense of what happened, and that as part of this process, clients may get in touch with feelings such as anger towards the perpetrators, inclusive of their racial identities.

4.2.1.2 Making Sense of Interpersonal Aggression

Counsellors suggested that in the early phases of trying to understand why the trauma happened to them, survivors tend to focus on the immediate and external difference between themselves and the attacker in order to make sense of why they were the target.

One of the participants used the example of a South African being attacked by someone from another country (Germany in this instance) to explain this possibility:

"Just because he is not South African, I would be angry, because he is a German… I think it is just a natural thing in the human being… some of your people do something you are going to try and understand why they did it, but if it is another race you are just going to be angry at them." (P4)

What is suggested here is that racial difference represents an easy explanatory category from which to imply motive for attack. If the attacker had been of a similar race group to the victim (one of 'your people'), then a more carefully thought through explanation would have been required. The implication here is that racial difference creates antagonism and that this offers a simple or 'default' explanation for victimization. Again racial essentialism on the part of the victims seems to be naturalized or normalized by the counsellors.

4.2.1.3 Symptoms of Trauma

Six participants specifically expressed that they understood and explained the racial sentiments as part of the traumatic symptomology. P9 said that he would explain to clients that:

"*it's a trigger symptom that reacted within their body to be more alert to anybody that proposed any form of identity that they are now experiencing so it has been predominantly eh…been young black males."* (P9)

The same participant goes on to say that in trying to explain fully to the client how the prejudice develops, that he would then literally equate the racial trigger to other trauma triggers:

"It could be sound, it could be smell, it could be sight, eh, it could be the type of cologne that the person is wearing." (P9)

Trigger reactions are recognized as one of the main symptoms of trauma both in short term reactions, such as Acute Stress Disorder (ASD), and in the more long term presentations, such as Post Traumatic Stress Disorder (PTSD) (Sadock & Sadock, 2003). A trigger can be defined as a present event or thing that activates the past emotions and

reactions associated with the trauma (Matsakis, 1994). Triggers are partly activated because the brain does not know the difference between a real threat and one stored in the mind (Matsakis, 1994). A situation that illustrates this point was reported by some of the participants. Three of the participants who work in the police trauma units continually encountered an interesting reaction when going to victims' homes following a trauma. They often found that the victims would be derogatory of members of the race that attacked them in front of police officers who were of the same race group, and they would sometimes refuse to be helped by these police officers. Participants reported that as soon as victims had to talk to such police officers, it angered them:

"And it does anger me because, yeah, black guys are trying to help them you know and they wanna start talk about racial issues and stuff." (P7)

This finding seems to further support participants' understanding that the racial prejudice may largely be a trigger reaction, since victims react in a prejudicial way to somebody who they know is there to help them, indicating their inability to properly discriminate at this point. What is possibly compromised is the ability to distinguish whether the police officer is a real threat or not, and instead what is triggered is the association to the racial category which they have begun to use to identify somebody as a source of danger.

As a way of further elaborating on this point, some participants pointed out that the association of a racial category with possible danger acts in the same way as the category of male gender for a woman who has been raped by someone of the opposite sex. One of the male participants made this analogy when saying:

"It's a male and she has just been attacked and raped by males so you get the door slammed in your face which is understandable… it's not about race, it's about gender." (P7)

This participant was using an example of a response that he got as a male responding to a call about a female who had been raped to illustrate his argument. Therefore, triggers vary depending on the nature of the trauma. The different triggers associated with the trauma work with conscious, unconscious or semiconscious memories (Peterson et al., 1991). The theory being put forward in this set of explanations is that a perceived race

grouping becomes a 'trigger' or anxiety arousing stimulus for a person who has been traumatized by someone perceived to be of this racial category.

4.2.2 Explanations Concerning Longer Term Presentations

4.2.2.1 The Role of Overgeneralization in the Development of NRS's

A common observation made by participants was that following a traumatic event, victims would try to identify cues that were related to the perpetrator/s as a potential source of danger, and noted that race is one of the main identifying cues that victims tend to rely upon. P1 pointed this out when she was talking about a black lady who was hijacked by black men. She reported that her client would

"always try to pick out who the hijackers are amongst black men that are surrounding her" because *"she just did not feel safe anymore."* (P1)

Other participants offered similar observations in statements such as:

"...she would be nervous, hyper vigilant of black men and always trying to check them out all the time, wherever she was" (P3)

"She became nervous of black men and those specifically in their twenties." (P3)

P3 was thus suggesting that some kind of conditioning had taken place (even if she did not formulate in this language) in that her client now experienced anxiety and was hypervigilant in response to the stimulus of black men in their twenties.

In an indirect manner, it seemed that participants were referring to some kind of categorization process that they often observed in traumatized clients. Difficulty in categorization of incoming discordant information is recognized as a common response to a traumatic event (Horowitz, 1993). Counsellors seemed to suggest that overgeneralization can occur as a by-product of a 'faulty' categorization process, as the client tries to re-categorize and make sense of information introduced by the trauma:

"The reality with this lady is that she was generalizing a lot and she was very hyper-vigilant" (P3)

"A lot of people they say they are fine and then they say you now what, 'I was driving down the road and you know what I saw groups of guys walking down the road' and it

looks like they, eh...it takes it back, back to the scary experience again because they generalize… definitely there is generalization" (P7)

"So he was going on, how they broke in and this is what they are always doing and all the crime is you know and that was the initial generalization." (P2)

[By 'they' the client was referring to black men].

Thus in their own language, counsellors seemed to understand client NRS's to be related to the development of an association between a perceived racial identity and a sense of impending threat leading to anxiety, and the extension of this association into an overgeneralization, which then means that all members of the group are perceived as threatening and need to be responded to as such. In many respects this is a simple formulation of a classical conditioning response and in this respect counsellors non-academic explanations fitted with some of the little existing theorization there is that might explain the development of NRS's after trauma.

In the literature, overgeneralization is identified as one of the common responses that occur after a trauma (Litz et al., 2002; McCann & Pearlman, 1990). As discussed in the literature review, one of the main roles of overgeneralization is to assist the person in identifying dangerous cues in their environment and overgeneralization is one of the CBT based explanations of what happens in trauma. Participants did not explicitly draw on a CBT framework in discussing this kind of linkage; nonetheless their responses could be understood as fitting this kind of explanation.

The majority of participants also suggested that overgeneralization played a protective role in that it initially helped victims to have some sense of mastery in believing that they could identify potential danger in their environment. This possibly protective role of NRS's was implied by P11:

"If you are aware you can actually see something suspicious sooner, maybe a car or just studying the alley or driveway… not so much other things, just to be aware." (P11)

P3 and P5 also commented that:

"*the tricky thing is the client does not see it as a problem, they just see it as a way to protect themselves"* (P3)

" My gentleman that was hijacked, he said that whenever he sees a coloured person he gets all scared and protects himself. Now when a white person, when she was hijacked and sees a black person, she gets scared and protects herself." (P5)

What counsellors seemed to be suggesting was that NRS's are not only perfectly understandable as a conditioned response to threat, but that they may also play a protective role psychologically in giving victims some sense of agency and control about avoiding future danger. Scott and Stradling (2006) point out that overgeneralization is widely recognized as one of the most evident cognitive processing errors that occurs after a trauma, but that it also plays a protective role: "the sufferer looks at life through the lens of the trauma and their former way of viewing life is seen as misguided and incomprehensible. This overgeneralization takes place across space in that every situation is imbued with threat and across time in that the new conceptualization is seen as an absolutely necessary and permanent aspect of mental furniture" (p.36). Thus, initially the altered perception is seen as appropriate and as necessary for protection. Put simply, the process of overgeneralization is used to identify and alert victims to danger, which is seen as necessary, since the trauma has served to confirm the presence of danger and the possibility of renewed threat at any time.

4.2.2.2 Alterations to Core Schemas

In the literature on trauma, the shattering of basic assumptions or the challenging of core pre-existing schemas is proposed as one of the main mechanisms that may contribute to the development of prejudice, (Janoff-Bulman, 1992; McCann & Pearlman,1990) such as the arousal of NRS's. Elements of this kind of cognitive formulation of the impact of trauma were suggested in the participants' understanding of what may lead to the triggering or strengthening of NRS's. P1 indirectly refers to the ability to trust, as one of the main schemas affected by trauma:

" I currently have got a client that I am seeing for a hijacking. A black woman who was hijacked by black men and for her she has spoken about how she trusted men and how she always trusted black men and now her perception of black men has done a totally one hundred and eighty degree flip. She does not trust black men at all anymore" (P1)

"As you would do when anyone generalizes…to help them realize there are positive relationships. There are people they trust, because trust is a big one, people they respect and admire who are of that race." (P6)

Such statements seem to support McCann and Pearlman's argument that trauma undermines the victim's ability to trust his/her judgment about people around them (McCann & Pearlman, 1990). Later on in the interview, the same participant went on to say:

"The only black man she trusts is her husband, even the guards. There is a security guard system at her place of appointment. She doesn't, she knows these guards, she has worked with them for two years, she doesn't even trust those men anymore" (P1)

"…and the recovery process and how it is going to go and start to trust again, rebuilding of trust.. they ask themselves, 'how do I become not too fearful or start trusting'?"(P8)

It would seem that what P1 observed in her client was the coming together of the processes of overgeneralization and disrupted schemas or shattered assumptions. The simultaneous occurrence of these two cognitive processes then does appear to offer a plausible explanation for NRS's, at least in respect of this case and this counsellor's observation.

4.2.2.3 Attributing Blame and Protecting Self Integrity

The findings show that another way in which counsellors understand such responses is as a means by which victims protect themselves from anxiety, terror and helplessness is finding something or someone exterior to blame:

"*Right something happened we need someone to blame, especially if you have been the victim or you have been in the victim's role. I think it makes it easier for someone to blame and you can blame a whole group of people, black people for example."*

(P2)

One of the participants found that people also blame the government, and therefore lay their blame on the broader context. Again, this may be part of the process of trying to find an explanation or make sense of one's traumatic encounter, even if this is done by denigrating a group of people. In addition to this role, all the counsellors suggested that

the blaming of another race may also provide a place for the survivor of trauma to 'justifiably' direct their anger (as discussed previously).

"They want to try and blame someone. I think a lot of people just, they just don't wanna blame themselves by saying 'I left the back door open'…You do not leave your front door and window open in South Africa, and if you do that you are going to blame yourself and instead of blaming yourself you will try to blame someone else. You try and find another." (P7)

In this interview quotation it is suggested that attribution of blame to a race group protects victims from possible damage to self-esteem that entertaining their own role may evoke. In responding to how and when the sentiments are expressed, P2 referred to a similar idea :

"That it is when the physical integrity is not there any more, physical and psychological integrity." (P2)

This latter statement gives insight into what might lead people to resort to employing racial prejudice and to blame somebody else, and suggests that the process is deeper than one of conditioning and overgeneralization. That is, what seems to be proposed here is that trauma victims may use NRS's to protect themselves from a sense of disintegration. However, counsellors seemed to suggest that the employment of NRS's to protect a sense of personal integrity and order was broader than this. In order to protect what is known and held dear something needs to be pinned down and expelled - the fault (or badness) lies in the other (the race group).

Although participants did not directly use and refer to a particular theoretical framework that might explain their observations pertaining to client's blaming of others, their understanding of this process is arguably an articulation of a psychodynamic understanding of how racism develops and how it is maintained. The statement made above by P7 captures the idea that if there is something unbearable or undesirable about one's own judgment or behaviour, then it is hard to accept and take ownership of it. P7's statement suggests that in such cases it may be easier to temporarily disown that part and blame someone else, or put differently, to project that part into another. From a psychodynamic perspective, this process of projection is understood to be largely

unconscious. As pointed out in the literature, the rejected parts find a container in someone else, and in this case they find a container in a group of people. Although other participants did not refer to this idea in the manner that P7 did, two other participants suggested that placing blame on somebody else may make it easier for the victim to bear some of the psychological effects of the trauma:

"I mean in terms of some people it's a way of finding someone to blame, eh, whether it will be a group of people, such as young black guys, a way of just making sense of the things that will help some of that psychological difficulty." (P9)

Given the extent of psychological vulnerability that a trauma can induce, it is possible that the unconscious use of projection and then blaming others is a mechanism used to retain and regain psychological integrity, as P2 suggested. In a rather unformulated and intuitive manner, counsellors' responses suggest that they had some grasp of this kind of defensive process taking place. In this and other respects, their explanations for NRS's were thoughtful and reasonably complex.

4.2.2.4 The Role of Pre-existing Prejudice/s

All of the participants drew a clear distinction between the role of the initial expression of NRS's and the role and meaning of sentiments that persist even when they are challenged. Firstly, participants pointed out that in some cases the racial sentiments were not restricted to being trauma related:

"They confirm the racial sentiments for some people" (P2)

"It could enforce it and it could make it worse if it already existed, it means the prejudice already existed." (P11)

Thus, counsellors acknowledged that rather than creating NRS's, exposure to interpersonal trauma might exacerbate pre-existing prejudices. Although it is not straightforward to evaluate whether a victim had pre-existing prejudice prior to the trauma, participants said that this was sometimes evident in statements such as:

"Oh you know my parents were right, this country was better, I should leave this country … the blacks are like animals" (P6)

"The bloody kaffirs." (P2)

A few counsellors pointed out that they considered the level of intensity of the NRS's as one of the indicators of pre-existing racial prejudice. However, as will be evident in the further discussion, counsellors considered other factors in conjunction with the intensity of the expression as indicators of pre-existing prejudice. Although counsellors did not specifically distinguish between this intensity and the angry outbursts which they saw as related to immediate post-trauma arousal, it seemed they were nonetheless suggesting this as one of the aspects to keep in mind when listening out for factors that may help to evaluate NRS's as pre-existing or as consequent to trauma.

4.2.2.5 Severity of Traumatic Event

An interesting observation that was made by two participants is that the brutality of the crime was often matched by sentiments that were more raw, blunt and persistent, even when challenged. In other words they observed that the nature of the event affected the manner in which sentiments were expressed:

"I think with the sentiments, if somebody, eh, have their own robbery where they come in and make them all lie down on the floor and not move and if that was all that they did they wouldn't make it as bad and when they are tied up and kicked and you know, it makes it much more worse… If they were tied up and tramped on with guns…obviously then straight away, they hit, hit on racial hatred, all sorts of it" (P4)

"You know it also produces them, the rough manner in which she was handled." (P11)

These statements seem to suggest that when there was more interpersonal violence and more gratuitous violence, trauma responses were more emotionally intense and overtly racist. In their review of who succumbs and who recovers from trauma, Scott and Stradling (2006) report that people who go on to exhibit a greater level of trauma symptomology have usually had greater exposure to intent to harm on the part of the perpetrator. Joseph, Williams and Yule (1997) also report exposure to violent crime, threat to life and exposure to grotesque injury, as some of the key factors contributing to positive verses negative outcomes after a trauma. This suggests that the force of violation affects the intensity of symptoms in general. From this, it could be concluded that the extent of the violation experienced may have a direct impact on the extent to

which schemas are disrupted and defences are shattered. From a psychodynamic perspective, greater violation might lead to more primitive paranoid beliefs and to reliance on more primitive defences (Garland, 1998). Additionally, trauma can also disrupt ego functioning, and this can lead to changes such as regression, rigidity/ brittleness in terms of lack of flexibility in defensive operations, and specific failures in the channelling of hostile impulses, amongst other changes (Peterson et al., 1991). The defence of projection is one of the primitive defences that might be more at play in the kind of situation observed by these two participants. All of these psychological responses could potentially translate into heightened feeling and expression of NRS's. Although this is a clinical extrapolation from what was actually said by the counsellors, their observation of this link lends to this potential theorization.

4.2.2.6 Contextual Factors/ Influences

In their responses, most participants emphasized the need to keep in mind the particularities of the South African context and suggested that the racial issues in South Africa at a sociopolitical level permeate through to an individual level and shape different meanings for people as they try to come to terms with the violation, shock, and sometimes meaninglessness, that trauma can introduce. One of these issues, which was pointed out by four participants is that when victims for some reason believed that the trauma they endured, especially in the case of crime, was somehow racially motivated, this is more likely to not only trigger, but worsen NRS's. In referring to a white girl who was raped by black men, one of the participants shared how the victim's mother strongly

"thought that they did it because they were blacks and the child was white." (P10)

The same participant explains how racial motivation is used in the process of trying to add meaning and understanding to one's trauma:

"When you are being attacked by a person from a different race you think maybe it's because they hate you like, or because of your race that they are doing that, but you know of which it is not like that, if a perpetrator is there to attack, anyone is a victim anytime." (P10)

In a brief look at the psychosocial factors in the post-trauma environment, Joseph et al., (1997) comment on the role of appraisal in the victim's process of trying to make sense of the cognitive images related to the trauma. They distinguish between event cognitions and appraisal cognitions, with the latter being "thoughts about the information depicted and its meaning" (Joseph et al., 1997). Appraisal cognitions draw more extensively on past representations of experience and/or aspects of personality (Joseph et al.,1997). These appraisals also take on two forms: (1) automatic thoughts, associated with automatic activation of schemas and with strong emotional states; and (2) conscious thinking through of alternative meanings, influenced by the victim's discussions with others in the social network. (Joseph et al., 1997). Counsellors seemed to be aware of both elements of past representations and automatic thoughts in their observations of client responses and used both kinds of explanations to account for the presumptuous reliance by victims on ideas of racial difference in trying to add meaning to their experiences. In South Africa the use of race as a distinguishing feature is still prevalent. Given this contextual factor, and the presence of the two processes identified above in appraisal cognitions, racial sentiments may arise when all these elements come together. In other words, at the height of their emotional arousal, victims of trauma may draw on their past representations, such as those pertaining to racial difference and its meanings, to try to understand and attribute meaning to their experiences. Once again, it is possible to provide a theoretical framing of the counsellors' observations that extends their lay theorization into a more clinical repertoire.

Some participants said they considered the shared community beliefs within the geographical context that they were counselling, and whether racial prejudice was prevalent within those communities. Thus counsellors took account of contextual features in offering explanations for NRS's and in this instance seemed to suggest that if such sentiments were contextually normative as far as they could tell, then they would understand the expression of NRS's as less tied to the traumatic event and in a sense as less 'symptomatic'.

Most participants strongly felt that one could not try to explain the occurrence of negative racial sentiments after a trauma without an awareness of South African history:

"Prejudices are based from the history that we grow from" (P9)

"Well firstly I think his feelings around privileged white people and the trauma aroused his own childhood experiences, his own difficulties that he experienced as a child and it is directly related to apartheid, the racial struggles that we had had in South Africa." (P1)

From the nature of their responses, it seems that what significantly assisted participants in being able to listen, hold and deal with these types of comments, is that the majority of them were very conscious of South African history and the varying implications that this has for encounters between people of different races, whether it be in or outside of the counselling room. What P1 also raises in the statement above is the evocative nature of a traumatic event in bringing to the surface pre-existing prejudices, whether one experienced those prejudices as directed towards the self or held them towards other people. Counsellors saw it as important to keep all these considerations in mind when trying to understand NRS's in clients. It is still important to

" try and understand why they have the beliefs and then if you cannot do that you try and see the whole person, you know, to understand that the prejudice is only part of the picture, because otherwise it is easy to judge them." (P3)

Although this question was not posed directly by the research, another important factor which counsellors said that clients often referred to when defending their NRS's is the broader context of crime in South Africa. Three participants referred to this broader context by pointing out that unfortunately statistics often point to the commission of violent crimes such as hijackings, house robberies and so forth, as associated with black, male perpetrators:

"The most feared in respect to race, that is, all races that's just feared of, unfortunately, the majority is the black males"(P8)

" The perception that crime is being committed by certain race group which makes it more difficult because unfortunately it is not just a perception, it's a statistical, you know, that it is being committed you, by, you know." (P9)

Although the participants did not refer to this directly, this raises the question of whether victims may not then feel justified in holding NRS's about black men in particular, since in their minds the sentiments may largely match the reality of crime in South Africa. Counsellors seemed to suggest that perceptions relating to race and commission of crime might be reality based rather than irrational in any way. Thus the assessment of degree of generalization and antagonism in NRS's should not be divorced from some sort of contextual base. This does add complexity to the questions posed in this research, but nonetheless is perhaps useful in explaining the persistence of negative racial comments even after the initial phase of debriefing and counselling. It also lays out some of the difficulties that counsellors have to tackle in dealing with NRS's as part of trauma intervention.

At this point in South African history, trauma related factors seem to be superimposed on already fragile interracial relationships that are in the process of being rebuilt. One of the participants raised this concern by explaining that there are still a lot of people who are trying to come to terms with past prejudice and are still in process in terms of changing racialized attitudes. However, this process is then fractured by the occurrence of crime, and prejudices become triggered again. The participant used men who were and are still in the South African army as an example, and his explanation is partly captured in the following statement:

"*These guys have all got issues that they have not dealt with and you have got some 35 year old guy who … is starting to deal with stuff and try to come to terms with what is happening…and then you have got guys that have come in, in his home, beat him up, attack his wife and it is hard to rather be respectful to the whole racial thing and stuff."*

(P9)

Overall, this participant drew upon a strong social understanding of the nature and impact of trauma and argued that prejudices take a long time to alter and that a significant part of trauma work should be focused on assisting people to reconcile across racial divides.

4.2.3 Summary of Counsellors' Understandings and Explanations of NRS's

Counsellors offered varying accounts and causal explanations of the occurrence and expression of NRS's. Firstly, they proposed that NRS's in the early aftermath of a trauma act as cues or triggers that clients associate with the traumatic event in order to alert them to possible future threats. In this way, participants suggested that in the early phases after the trauma, the NRS's can be understood as an aspect of the trauma symptomology. Participants noted that as part of trying to be more alert to possibly dangerous cues, clients tend to overgeneralize, and in this case this stretches to the race group of the attacker. Participants also suggested that in the early stage after the trauma, the NRS's provide a channel through which intense emotions such as anger can be expressed, and that this too could be understood as falling within the initially 'normal' reactions to trauma. Participants observed that in their attempts to gain meaning in response to the traumatic event, clients also use NRS's to place blame, and suggested that this may help to reduce the psychological burden of self blame, that may occur after trauma. In this way clients protect themselves further by placing blame (projecting blame) on a group of people. Participants felt that if NRS's persisted, especially when challenged, this was probably an indication of pre-existing prejudice. Participants suggested that in instances where this was the case, the traumatic event brings to the surface and serves to confirm past prejudice. In such cases, they felt that it is important to proceed in counselling with an appreciation of the effects that the client's belief system and environmental influences may have on how they appraise their traumatic experience. Participants also referred to past and present aspects of the South African context as significant in shaping NRS's.

4.3 Counsellors' Interventions in Respect of NRS's

This section deals with counsellors' accounts of how they intervene with clients in relation to NRS's. Thus far the findings have been focused on outlining the main understandings that counsellors drew upon to inform their interventions, and in trying to offer an appreciation of these interventions some aspects of these understandings will be elaborated on. This will assist not only in pointing out the similarities and differences between different participants' styles of intervention, but also in discussing the different

considerations that counsellors make in relation to particular client populations. This will further clarify the varying levels and nuances of meaning that counsellors consider in working with NRS's.

4.3.1 Initial Interventions

Participants showed considerable variation with regards to when, how and why they would address these kinds of sentiments. The majority of participants reported that at the beginning of the counselling, they often found it risky to start addressing NRS's, even if the sentiments were amongst the first material that the victim presented in the counselling. Ten participants pointed out or implied that there is a realistic balance that they have to consider between fracturing therapeutic rapport and addressing the NRS's, especially at the beginning of counselling:

"I can't destroy this relationship either because at the same time it is just forming so if you do and you challenge the sentiments at the beginning, you can basically write off your hour with the patient if you make the decision" (P2)

"I have found that it is hard for you as the therapist since you cannot be too hard or judgmental because they will shut off, but you are trying to build a relationship and you do not want to lose the client." (P3)

It appears that this is a realistic concern, since, for example, P1 found that after she had raised the issues pertaining to race with the client that she used as the main example in the interview, the client decided to terminate therapy.

In addition to this, counsellors considered that clients were often still experiencing the early disorganization following trauma when they saw them and suggested that clients were more irrational and more emotively driven in their responses at this time and less accessible to more processing intervention:

"It depends on the phase of the therapy, when a person is traumatized at their early stages they are very angry, it's like trying to counsel a drunken man and make sense." (P5)

A few of the participants raised a concern as to how much a person can take in and process helpful interventions soon after a trauma. The effectiveness of debriefing early

after the trauma has been questioned by a number of sources, given the psychic disruption that is present in the early stages following a traumatic event. The idea of psychic overload (as a result of an overwhelming influx of information) brings into question the usefulness of early debriefing interventions. Psychic overload can be defined as "a state in which the nature, intensity, and meaning of the experience(s) are not readily understandable in terms of existing conceptual schemata of reality" (Wilson & Kraus, as cited in Peterson et al., 1991, p.107). It is the failure of the ego defences and coping mechanisms in a trauma which often leads to the inability to process the experience, and reactions such as numbness, disbelief and withdrawal can occur (Peterson et al., 1991). If victims are in this state, their ability to process new information in any manner, even if this is helpful information, may be highly compromised.

Additionally, participants felt that if the sentiments were part of the trigger reaction, then they should not be the first priority in terms of intervention, but initially the client should be directed towards recounting the actual event:

"*The person is coming in there because they have been raped, they have been in a car accident, they have been stabbed, and I think that getting to that trauma initially is much more important that the racial sentiments… but initially the trauma is priority and if you want to challenge the sentiments later on, yah, I think you can."* (P2)

Thus, participants saw it as important to weigh and prioritize varying aspects of a client's presentation when considering how to intervene. This tentativeness is also clearly more appropriate in early stages of counselling when both parties are still in the process of sounding each other out. Given the understanding that the participants had with regards to the role of NRS's in the early stages after trauma, the majority of them emphasized the importance of allowing some initial space for the sentiments to be expressed and listening attentively to that expression:

"Actually I just know I had to listen. I gave her a chance to speak her mind, but then when she had calmed down, then try to challenge her." (P10)

Thus, the implication seems to be that initial therapeutic work needs to be primarily supportive as newly traumatized clients do not have resources to cope with more

demanding interventions such as attempts to integrate or perhaps question or challenge perceptions. Without necessarily making reference to such theory, counsellors appeared to have such an understanding of their role and its limitations. They proposed that attempting to work with NRS's too early in counselling would be unproductive, not only in compromising therapeutic rapport but also in terms of the client's capacity to engage with such contents.

4.3.2 Normalization and Psychoeducation

In situations where participants felt the racial category was part of the victim's trauma reaction, they proceeded to normalize the reaction as much as possible:

"When they tell me this and then I say that it's perfectly normal to feel like that, but it's, not, you can't feel like that forever because then it is going to start affecting your life and you cannot generalize with people forever, but in a situation in a traumatic situation, it's very normal to feel like that in an abnormal situation" (P5)

"I would also mention to them that it is normal for them to feel this sort of thing and that everybody feels that way. Everybody that has been a victim to that sort of crime…they sort of have the same feeling. That it is natural, and that seems to help a lot of people." (P4)

P6 spoke about how she would use very practical examples to show people how the association happens and thus normalize the reaction. For instance, she would give people the example of a dog that was kicked and hurt by a man who had a beard:

"In time whenever anyone with a beard came in the house my dog would be frightened… in time he got to realize obviously it is not every man with beards that will hurt him and harm him." (P6)

Normalizing client's symptoms is one of the main elements of trauma counselling, and its overall purpose is to reassure the person that their symptoms fall within the expected reaction to trauma, and that these symptoms are time-limited (Eagle, 2000; Scott and Stradling, 2006). In turn the normalization reduces the person's anxiety and prevents development of catastrophic thinking and overgeneralization (Rush, Shaw and Emery, 1979 as cited in Eagle, 2000). In addition, there is often an element of psychoeducation about symptoms as part of normalization. P6's explanation of a kind of classical

conditioned learning and unlearning to her client seems to suggest this kind of informing, as well as reassuring of the client.

The findings and discussion presented with regards to preexisting prejudice point to the fact that sometimes not all of the client's reactions and symptoms were attributed to the trauma. As pointed out earlier, participants do make some form of evaluation of whether client's prejudices were present before the trauma or whether they are predominantly a reaction to the trauma, and this implicit evaluation directly impacts on their intervention. Matsakis points out that it is important for counsellors and therapists to determine which symptoms are related to the trauma and which are not (Matsakis, 1994). What seems to assist in this evaluation is the client's relative comfort or discomfort with expressing and discussing the racial sentiments. For example P5 observed that for the majority of her clients holding and expressing the racial prejudice is very distressing:

"They're all shocked and upset about why they feel like that to the whole race, so it upsets them." (P5)

P5 felt it is even more upsetting for the client to hold these sentiments in a country such as South Africa, since it may make the person feel like they are racist in a context where this is deeply offensive and shameful.

Along with P9, P5 is one of two counsellors who reported that they would routinely ask clients about their racial sentiments. P5 goes on to say that the difficulty for a client who presents in this way is that

"*it upsets the person who has been traumatized because… they don't normally feel like that in everyday life.*" (P5)

Given this understanding, both these participants emphasize that they understand NRS's to be part of the 'normal' trauma reaction. Thus, it was apparent that although most of the participants said they would normalize the sentiments as part of their intervention, some participants normalized in a more considered way based on their assessment of the manner, intensity and persistence of the sentiments and the relative change or shift that they anticipated might occur in challenging as opposed to normalizing the sentiments.

4.3.3 CBT Type Interventions: Addressing Cognitions as Irrational

The majority of participants attempted to present counterevidence to the racial generalizations that the client presented. For example, P2 actively used a CBT based approach to do this, and he felt that:

"You have to challenge it and I was trying to use a bit of CBT to challenge the thought and he basically said that he (the client) has never heard of it." (P2)

P2 was trying to make the argument

"that crime affects everybody" (P2)

"We try to say that, you know not all of them commit crime. Crime is committed by everyone." (P7)

Another participant said she would ask her clients whether the people they were fearful of, for example people at work of the same race group as the person who harmed them, in reality demonstrated any dangerous cues:

"But I said to him, look at your man you work with and ask does he have a gun, is he threatening? And you answer yourself, 'No, he does not have a gun, he's not threatening towards me'. Is he showing you any body language that is threatening? No he's not." (P5)

There is a considerable body of outcome based research which suggests that cognitive therapy interventions are effective for PTSD (Joseph et al., 1997). CBT approaches emphasize that disorders such as PTSD may stem from dysfunctional interpretations of events. Most participants seemed to also understand the process of overgeneralizing anger or anxiety to a whole racial group, as a misinterpretation:

"And it's not the whole race that's done that to them it's that individual person in the race, and I think that it is very important that they know that." (P5)

Thus, part of how participants intervene is to challenge and present counterevidence to the client's misreading and misinterpretations of cues and information and to reduce generalization of anxiety or antagonism towards those associated with the perpetrator by virtue of their racial identity.

4.3.4 Working through of NRS's

Most of the participants also said that it is precisely because of the different meanings and interpretations that can be attached to racial comments that it is important to later address the NRS's. While acknowledging the difficulty of doing so, P1 one also said that:

"It is important to address racial issues in any case because I think the racial assumption is heavily loaded and attached to the racial assumption is a whole string of associations." (P1)

It can be concluded from this statement, that this participant felt that if one does not address the racial issues, the different layers of assumption and meaning attached to the expressed racial issue or commentary will not be explored and worked through. Most of the participants strongly felt that one should address the sentiments because they hamper the client's healing process:

"*It prohibits the healing process of the trauma counselling because you can't work with the incident itself and get meaning of the healing process because hatred towards the race is almost like a second thing."* (P4)

The participant goes on to elaborate by pointing out that:

"You have certain steps that you follow to get people to unload that they do and when they have got that extra anger from a certain race then they can't get beyond that to start healing, to start their healing process."(P4)

Another participant talks about the same obstacle when she says:

"*Because then you know when you get angry towards, somebody not just the individual but the whole race, it manifests and makes it harder for you to get over something."* (P5)

Here counsellors seem to be recognizing NRS's as protecting the client from getting in touch with the sense of powerlessness associated with the trauma. Focusing on NRS's is a kind of distracter, assisting clients not to have to succumb to feeling like a victim, having to undergo a hard, emotionally painful and time consuming recovery process, and getting in touch with the anger associated with their having to undergo this process instead of the person who attacked them (Matsakis, 1994). The propensity of racialized anger to permeate to all aspects of the healing process seemed to serve as one of the main concerns for the participants in deciding to challenge NRS's.

As a result of their understanding that NRS's also arise as a way of laying blame and directing anger, some of the participants expressed that they would actively try to find ways to assist the client to redirect his/her anger.

"You talk with these people and take their anger away where they can use it differently afterwards." (P8)

This statement can be taken as evidence of this participant's recognition of anger as a central emotional response in trauma, and she seems to be saying that it is how and where this anger is projected and finds a container that makes a difference in recovery. It is worth noting that participants often actively encouraged their clients to be angry at the individual who attacked or harmed them instead of blaming a whole race or group of people. They felt this to be the right level at which blame should be placed:

"I don't want them carrying that, that anger through the whole race…and it starts causing hatred and starts you know, and it's whole race that's done that to them, it's that individual person in the race, and I think that it's very important that they know that" (P5)

"I try to explain to the people that it's not necessarily a racial act that's being committed. It's the particular person that commits it for whatever reason they did it." (P8)

Although all the participants felt the initial role played by the sentiments was perhaps adaptive, they stated that this role changes from being a protective one to being one that potentially hampers the person's healing process if not addressed.

"Ahh then I think that it is initially adaptive. I think later on it isn't adaptive because you sort of alienate yourself, you are sitting in a position where white people are maybe 5 % of the population. You will be alienating yourself from 95% of people." (P2)

P2's observation of this shifting role and his subsequent intervention is in line with some of the cautions suggested in the literature that the reframing of symptoms as coping mechanisms or as understandable responses to life-threatening situations is not intended to extend to all maladaptive symptoms (Matsakis, 1994; Scott & Stradling, 2006).

In line with the above interview quotation, most of the participants felt that one of the problems in holding on to NRS's is the likelihood that this will isolate the trauma survivor from their social context. P9 summed up this concern clearly by giving an example of the response of a rape survivor:

"Now she speaks more about trauma, she speaks more in context of the rape survivor who is disengaged or disconnected from the community. She is disconnected through her emotions, through her experience, she no longer trusts humanity, and she no longer trusts anybody in her community. Now anybody that experienced trauma for a period of time can experience that, may experience that. So, your job is to rebuild, is to connect her with the community" (P9)

"It affects how they view other people at home and people around them and how they relate in their overall environment." (P3)

Throughout P9's interview a strong theme was the counsellor's role in respect of the reintegration of communities and society as a whole, and this seemed to be his main focus and motivation for doing trauma work. As Peterson et al. (1991) point out, the essential adaptive task for victims of moderate to severe trauma is to "attribute meaning to their experience in such a manner that their lives are reorganized in a positive direction" (p.53). It seems P9 is able to draw on this long term purpose of trauma counselling in his understanding of what is happening with his clients. P8 and P2 used the workplace as an example of an everyday sphere in which NRS's might have a problematic impact. P8 responded with a definite "yes" when asked about whether she addresses the sentiments and said this is because:

"It can make an impact depending on...they work or interact with different races. Although we are all brought up in different backgrounds and stuff and what is important is to know we are an integrated system or stuff like that and we need to find a way of getting together because our colleagues come from different back grounds and classes." (P8)

Most participants viewed this response as maladaptive because of its potentially isolating impact on the person in cases where it persists:

"Chances of a black person always walking past you are very high, and if you are very anxious around people of a certain colour in South Africa, then you are going to struggle." (P2)

Thus the motivation for working through and attempting to reduce the intensity of NRS's was in part because of a recognized need for trauma survivors to be able to function comfortably in a multiracial society.

4.3.5 Obstacles to Intervention and Considered Non-Intervention

Two of the participants said they would focus more on the emotion behind the negative racial expression (which in most cases is anger) rather than the content of the expression itself, in that they felt it was often hard to effect any form of change if one chose to challenge the sentiments. These two participants worked at the Police Trauma units, and were therefore also restrained in terms of time and length of counselling. This is perhaps one of the reasons why they would choose not to actively challenge the sentiments.

Participants also raised concern as to how much change one can effect in the short space of time available in brief term counselling if there was the barrier of pre-established beliefs.

"I would say it makes it more difficult and the reason I say that is because the attitudes were then generalized, which means that you are working with an ingrained attitude and it's essentially the person's belief. It is difficult because people cling to their stereotypes even in the face of evidence" (P3)

"I think it is also important to remember that some of the people that I am seeing come from Brits, you see, some of these small dorpies, traditional Afrikaans dorpie. You are not going to change their sentiments on their own; I think it would take something, a lot different transformation process needs to take place." (P2)

He goes on to add that even with a CBT based intervention

"You can make some form of small shifts, I think, but how much are you going to really affect in beliefs?" (P2)

In pointing out the need to take the client's community and pre-existing belief system into consideration, these participants also emphasized the need to shape their

interventions depending on the client's unique presentation and circumstances. Even for the participants who felt strongly that it was important to address the sentiments, they questioned how much one can change NRS's in clients who are particularly resistant to the challenges posed to them. This consideration directly impacted on counsellors' interventions, in that four of them clearly said that they would often not challenge the sentiments if they felt there was embedded, preexisting prejudice that was probably shared by people in the surrounding environment. In such instances counsellors expressed that they would then only focus on the trauma work. Choosing not to react to or challenge the sentiments with some clients is in itself a response or intervention. As P3 pointed out, it is hard to say "*whether it is right or wrong, I don't kno*w" (P3), but what is perhaps important is to make a considered decision.

Although it was not one of the main focuses of the research, the participant's race was noted, in anticipation that this might have had some impact on the counselling relationship. The earlier discussion of victim's reactions to police officers does raise the question as to whether a counsellor who shares the same race as the perpetrator could also be seen as potentially harmful rather than helpful. One of the participants experienced this situation when she was counselling a couple, in which the gentleman felt emotionally attacked and violated by a lady who was of the same race as herself, the counsellor. She spoke about this encounter and shared the following:

"Well basically because of the event that had happened he had, ah, quite a negative response to privileged white people in the way they treated everyone else around them, so I do not know if he looked at me as being a privileged white person but he basically treated me in the same way that he had experienced through the trauma." (P1)

Some clients who hold these feelings may be consciously aware of these feelings while for others they may be unconscious. P1 went on to discuss how the client's NRS's towards her unfolded in the counselling, and she reported a lot of discomfort and difficulty in engaging with this client. This participant's experience seems to suggest that in such situations there might be an adverse effect on the counselling, and that this might be even more of a problem in cases where the counselling extended over a longer period of time.

In cases where the counsellor is seen as part of the perpetrating race, as in the above example, the counsellor may lose some credibility and the extent to which they may be able to exert interpersonal influence can be compromised. Sue and Sue (2003) point out that this interpersonal–influence is an important part of the counselling relationship since therapy can be conceptualized as a process in which the counsellor uses their social power to influence the client's attitudes and behaviours. Therefore, if this social power is seriously fractured from the beginning of counselling it poses added difficulty in terms of whether the client is able to consider and implement the commentary and suggestions made by the counsellor. This was partly the case in the experience that P1 had with this client, since she goes on to add that her client was suspicious and critical of most of the comments and interventions she attempted. In such cases it may be useful to consider finding an alternative counsellor as suggested as sometimes important in multicultural counselling.

4.3.6 Summary of Counsellors' Interventions

In their interventions, counsellors firstly considered at which point the client expressed their NRS's and seemed to decide on the appropriate manner in which to intervene in light of this. Most participants reported that they would be careful of challenging the NRS's in the early phases of counselling as this might adversely impact the counselling relationship. At a later stage of counselling most counsellors reported that they would normalize the NRS's as part of the trauma reaction and offer the client some psychoeducation. Participants also proposed using counter-evidence to try to shift their client's perception or engagement with NRS's. Participants experienced difficulties in trying to intervene when the NRS's expressed seemed to reflect pre-existing prejudice, especially in surroundings were those beliefs were shared by the client's community. Nonetheless, the majority of participants felt it was very important to challenge NRS's because they could potentially hamper the client's healing process and isolate them from their greater community.

4.4 Counsellors' Personal and Role Related Responses

The phenomenon under investigation in this research presents an opportunity to observe the dilemmas that arise when the roles of counsellor and social citizen interlock. Part of this dilemma arises from the fact that the counsellor role often necessitates weighing and putting the needs of the client before other considerations, even if the counsellor may not agree with what the client thinks and believes. This section will look at the dilemmas that arise, and also at the impact of engaging with NRS's. There will be a look at the impact of the NRS's on the counselling relationship and on counsellors' personal responses.

4.4.1 Social Responsibility

In responding as to whether she felt responsible to challenge the sentiments, P5 said:

"Yes I do , I do and I feel, I personally feel, that if you do start doing that, blaming the whole race, then eventually there is going to be a lot of hatred in the country towards each other for no reason when you could eliminate it, when you could explain to that person that it wasn't the whole race." (P5)

One of these dilemmas, which was raised in the literature pertains to whether it is a counsellor's role and responsibility to challenge clients on their NRS's. It is arguable that this is an attempt to change the client's worldview, which they held prior to the trauma. Although it was implied, most of the participants referred to a felt social responsibility in challenging the sentiments. As pointed out earlier, P9 was one of the participants who strongly felt that counsellors have a social responsibility, and in one of his responses he adds that he feels clients:

"can have the prejudices that are rightful to the process and the healing process because it's healing and its reconciliation." (P9)

It is worth noting that P9 is also a pastor, and it seems that the role he played as a counsellor fitted quite closely with the one he played as a pastor, in that he felt his role as a counsellor encompasses and extends to dealing with broader social issues, including trying to shift clients' attitudes and stereotypes with regards to social issues, such as NRS's in this instance.

4.4.2 The Sensitivity of Addressing NRS's

There was consensus from the participants that responding to the sentiments was often very challenging. Firstly, about half of the participants acknowledged that listening to the NRS's sometimes influenced their ability to empathize with the client:

I don't know if it is a bit of a contradiction to force empathy, but I found myself having to force myself to be empathic and understanding and giving him his speaking rights." (P1)

The ability to empathize was often determined by the intensity of the sentiments:

"The intensity, that is low and soft, that is loud 'You bloody kaffirs.' I think something like 'these black people' is much less likely to have much of a change, if it's going to be something racist like that it can make you , it can make it much harder to relate to the client" (P2)

"The idea is that the counsellor should be neutral… maybe I am not so impartial. I am not so neutral as I wish to be." (P11)

It is irrefutable that a positive therapeutic relationship is an essential aspect of developing a supporting counselling environment and participants seemed to suggest that in cases where NRS's come up in the room, this may indirectly impact on the quality of the relationship that can be built and sustained with their clients.

In cases where the racial prejudice is ingrained participants also found that people would sometimes strongly resist even gentle challenging and would even use some of the reframing to assert further evidence to justify their anger towards an entire race group. P2, who was trying to challenge his client's prejudices by stating that people also commit crime towards people of their own race group, got the following response from the client:

"Well this is what black people do to their own people, so it makes it even worse, they don't even treat their own people right." (P2) As this participant says, it was *"another confirmation."* (P2)

P2 realized that this client was not ready for their NRS's to be challenged.

Nonetheless, most of the participants felt that there was ultimately value in challenging NRS's and in being persistent about this.

"You have to note the big elephant in the room" because *" you cannot pretend that the race between people is not an issue, so make a mention of it if it does come up."* (P3)

Other comments such as:

"You *know because sometimes they want to say it but they are scared to or very ashamed to"* (P6)

"No I couldn't go there; it was too sensitive for me as well as for him" (P1)

point to the difficulty that this poses for both client and counsellor. P3 went on to imply that it may be relieving for both the counsellor and the client to address the NRS's:

"Once you bring it out it is easier for the client to engage with you and to find similarities, you know, after you have overcome this obstacle, put it out there and move along. I think it can open doors to different conversations to talk about race." (P3)

P3's statement implies that if the counsellor or therapist is willing to address the racial issues it may encourage the client to bring out these and other uncomfortable issues. This statement seems to echo to the one made by P1 when she referred to the different assumptions and meanings attached to race and the fact that it is perhaps the counsellor's role to open up the door to explore those layers of meaning that are attached to the negative racial expressions. Otherwise the possibility is that if clients are not challenged:

"We are doing our clients a disservice." (P3)

4.4.3 Anticipated Collusion in Prejudice

Another pressure placed on the therapeutic relationship is that some clients seem to expect the counsellor to collude with them by agreeing that the sentiments are completely justified.

"*It makes it difficult because the client will seek affirmation of the sentiments from you, very often, and I can't go along with it… and if you do not give the affirmation… they are mistrustful in a way they don't really, I think they feel a little bit guilty."* (P2)

This participant said that he would not give the affirmation, and he later added that:

"If I give that affirmation then I am buying into the processes and I don't think that is helpful to them or for me." (P2)

Although other participants did not speak explicitly of this kind of pressure to collude, most of them spoke about how they would listen non-judgmentally, allow for the

expression of the sentiments, even normalize them; but they clearly also spoke about the importance of later challenging the sentiments. It is also apparent that this kind of assumed collusion in prejudice is generally only possible when the client and counsellor are of a similar racial background.

4.4.4 Counsellors' Personal Responses to NRS's

In light of the challenges discussed thus far, counsellors are left to bear some of the impact of holding and dealing with this type of content. The impact is likely to derive not only from the case and its content, but also from the counsellor's own issues relating to race and racism and their possible identifications, disidentifications and vicarious traumatization. With regards to the content, participants reported that they would be affected by cases that were particularly brutal or unfair in the way that aggression was used. P9 reported finding himself in a situation where he was very emotional when listening to a client's trauma account:

"I was just as angry as he was" (P9)

" You deal with hijackings by the same black guys… with five house breakings, I think I'd feel that too." (P2)

Perhaps what is most important is that most of participants were aware of the emotions that the sentiments aroused in them and might still arouse in future, and the need to be constantly self reflective.

Two participants reported that they used their experiences of having entertained NRS's to better understand and respond to what the client was experiencing and expressing. P5, who reported that she always challenges the sentiments, explained how prior to a traumatic event that she herself had experienced, she had not been racially prejudiced. In the interview she explained what happened to her and the shift that consequently occurred:

"I'm very liberal… in fact in the apartheid era I went out with a coloured boy, so you can just imagine…, and then when this happened to me, when I saw a black man I was scared. I thought this is what happens to people when this happens, I said this is not right and I spoke myself out of it." (P5)

This participant goes on to say that she has kept the experience in mind and uses it currently in her counselling work. This seems to be an important aspect of her personal motivation to work with and challenge NRS's, and she confirmed this:

"Because I could feel it and if I could only, if I'm feeling this and I'm very open, there's a lot of people that are not and they are going to carry this." (P5)

P9 spoke about how listening to the sentiments sometimes arouses his prior attitudes towards other races:

"It challenges my own prejudice… I come from a background of armies, when I went to the army in the old days you know and I was racist and it's very difficult because it's really easy to fall back into old habits, because they are just that, the habits, that base of fear, let's be honest. Prejudice is based on fear and it is based on ignorance." (P9)

Regardless of the difficulties posed by this material, this participant goes on to say that

"As *a counsellor you cannot allow too much of your personal response to come forth in the counselling"* (P9)

"I don't form a judgment and I don't push my judgments or opinions unto them." (P6)

In these statements, there is the recognition that awareness of your feelings as a counsellor can assist in some ways, but that acknowledging one's own NRS's is different to acting on these feelings and letting them cloud your judgment.

Some of the participants reported that hearing and dealing with the sentiments does not affect them that much:

"So it doesn't affect me personally for my racial orientation… for a day or two after you've seen a victim you will be extra vigilant just because of what they told you." (P4)

This participant felt the impact was restricted to vicarious traumatization, but that it did not challenge her further in terms of reviewing some of her understanding of racial issues. However, all of the participants reported that if a client does carry such sentiments, it makes their job of counselling more difficult.

"It makes, it makes it difficult because you have to sort out these one hijacking, and then you even have to even cut off violence for them not to develop hatred for black people, for them to be together." (P10)

Again, this participant is confirming that the sentiments introduce a number of challenges and add complexity to the overall task of trauma debriefing and trauma counselling.

4.4.5 The Role of Personal Beliefs

Whether they chose to address the sentiments or not, all the participants said that this decision was partly influenced by personal values and beliefs with regards to issues of race.

"That depends on the type of counsellor… what they believe in, eh, their convictions, their morals their values their commitments to community, because I think we are all part of a big culture as well and we need to recognize it and work towards them to get the picture." (P9)

(By 'them' the participant was referring to the clients he sees.)

"I will challenge because I view things differently" (P2)

"It all depends on how you were brought up, how you perceive race, how you perceive racism." (P8)

Given the challenges imposed by trauma work and racialized issues that may come up in South Africa within this work, counsellors rely on personal motivation and frame of reference to inform their responses and interventions.

One of the frameworks that several counsellors drew upon was the values related to their faith. Four of the participants referred to using their personal belief system not to judge the person and not to get too emotionally attached to what they were saying.

"That is a matter of Christianity you know. If you look at another person as a person created by God, in a way once you have also been to communion…every person sins" (P11)

" But because you know that I believe in God and whatever, I just surrender to his hands because now if I can take that and put it to my mind and you know think through about whatever, there are so many things that can traumatize me even worst." (P10)

(P10 was responding to a question regarding her personal response to having to engage with the sentiments.)

In light of the significant role that external factors, such as crime and historically and socially dominant racial attitudes play in what counsellors have to deal with in the counselling room it is possible that counsellors also sometimes feel powerless in the face of these NRS's, and find such ideas difficult to refute:

"I have had a black lady raped by a black, young man, an elderly, black lady raped by a young, black male and so on…so how do you deal with this… and if you look at racism; if you look at the perpetrators who is going to fix all that?" (P8)

Even though counsellors may try, it is possible that they may feel that any change they initiate is insufficient to shift attitudes against the backdrop of these broader social issues.

4.5 Counsellors' Training, Preparation for and Support in Dealing with NRS's

Seven participants reported that they had not received any training in relation to specifically addressing issues of race in counselling and that there was no specific mention of this phenomenon in their trauma training:

"Hardly enough, none of my trauma training said funnily enough" (P5)

"It's the best we can do because we are not trained on racial sentiments" (P8)

"There is noting in our training manual that deals with this stuff and it is purely a personal thing to address it." (P4)

These findings imply that these counsellors were ill-equipped when they started to encounter NRS's in their counselling. Nonetheless, it seems participants have managed to develop and utilize their own strategies in order to address these issues as they encountered them more and more frequently.

The other four participants had received training on how to address multicultural issues, such as gender, race and ethnicity, and these participants felt that although this was covered in a general way, it had nonetheless been helpful in assisting them to engage with negative racial commentary:

"Well with the course I did, it encourages you to look at your self identity and therefore it helps you to be comfortable to discuss those issues. You have to be aware that there are

kind of these political issues to address and I felt my course made me comfortable to challenge it." (P2)

P2's statement can be taken as recognition of the value that she feels the training added to her counselling abilities since she feels reasonably equipped to address issues such as race. The need for and value in incorporating multicultural counselling into general counselling training programmes has been widely recognized (Fuertes & Gretchen, 2001; Sue & Sue, 2003; Wehrly, 1995). Multicultural awareness training includes consideration of issues to do with race, religion, ethnicity, gender, and socioeconomic status. Furthermore, P2's statement suggests that her training assisted her to become better aware of her own assumptions acquired through cultural heritage, which is one of the key skills needed even before the counsellor engages in the counselling room (Wehrly, 1995). This awareness assisted P2 in not imposing her cultural heritage and it's assumptions on her clients, and to be more tolerant of the assumptions that they hold.

Supervision is one of the resources counsellors reported that they found particularly helpful:

"*I think through supervision, discussing, what I would is use my supervision to discuss my own stuff. So I think that each time I went back to them having had supervision I dealt with a little bit more."* (P1)

By her own stuff, this participant was referring to her personal response to the expression of NRS's in a case that she was engaged with over several sessions. Supervision as a way to develop counsellors' and therapists' skills is a widely used training component (Hawkins and Shohet, 1993). Moreover from a multicultural perspective, supervision is recognized as one of the main areas through which multicultural competence can be developed. This is because the goals of supervision are both to monitor the client's welfare and to facilitate the professional competencies of the supervisee. Chen (2001) uses the notion of " vicarious liability" to further explain that the supervisor's primary responsibility, professionally and ethically, is to ensure that the client's welfare is not compromised as a result of the counsellor's behaviour, and therefore the supervisor is bound to assist the counsellor to improve his/her competencies, and multicultural competencies in particular (Chen, 2001). It can be inferred from this that assisting

counsellors to deal with and manage NRS's in traumatized clients might be an important part of supervision in South Africa. It seemed that some of the counsellors felt they could draw on such a resource.

Overall, however, it seemed that there was little specific focus on working with NRS's in either training or supervision, despite its pervasive occurrence in counselling. While this might be because NRS's are understood to be one of a range of 'symptomatic presentations' that counsellors are trained to work with in general, it is apparent that these issues are particularly difficult to deal with, are contextually sensitive and leave counsellors feeling often conflicted. Counsellors had managed to develop personal solutions in the absence of consensual guidelines, but it seemed that explicit training and supervision input in this area might be useful.

Having presented and discussed the central findings in some detail, the final chapter draws the findings together and offers recommendations and an evaluation of the research study.

CHAPTER FIVE

5.1 Summary of Findings

There are a number of important conclusions that can be drawn from this study. Firstly,` the research has served to provide further evidence of the occurrence of the phenomenon under investigation, since as pointed out earlier, prior evidence for NRS's following trauma has largely been anecdotal. The findings in this sample point to the expression of NRS's as a present and pertinent issue that counsellors encounter in doing trauma work. Given that the participants were drawn from different areas of Johannesburg and from different centres, it can be concluded that NRS's are amongst the main issues that trauma counsellors in Gauteng and probably South Africa in general are continuously faced with. Participants' observations suggest that NRS's should largely be understood and clustered as part of the 'trigger' symptoms that develop after a trauma. The observation that race acts in a similar way as other trauma triggers seems to confirm that this process is largely unconscious and utilized for survival purposes, i.e. that clients' association of particular stimuli with threat (in this case racial category) is automatic and based in a kind of classical conditioning process. Based on counsellors' responses the data also seems to support the hypothesis that it is the combined processes of overgeneralization and the shattering of prior assumptions or disruption of schemas that possibly leads to the development or triggering of NRS's. After a trauma, the victim's attempts to measure and identify cues indicating danger in their environment are undertaken at a time when trust in their judgment and trust in others is highly compromised. When this capacity is compromised, this seems to lead to a reliance on overgeneralization, or prejudices and stereotypes in the case of those clients who held prejudices prior to the trauma. It can also be concluded that if a group of people are perceived as posing danger to the traumatized victim, the person possibly blames and projects feelings of fear and helplessness onto that group of people in an attempt to further protect themselves psychologically.

There is also a strong understanding by counsellors that there are instances where the sentiments are not predominantly a trigger reaction, but are expressed in the context of preexisting prejudice. Participants were very cognizant of the difference between

triggered and prior NRS's, and it can be concluded that this is one of the main considerations that shaped their interventions. Participants' references to the role of South Africa's apartheid history in the development of NRS's confirm this history as an important explanation of why prejudice and fear and hostility after a trauma often take a racialized form. This suggests that racial categorization and stereotyping continue to be strongly used as a way of attaching meaning and explaining behaviour when there is interaction between different races, and this may be more so when this interaction is a threatening one.

Participants' responses suggested that in their interventions there was a continuous process of trying to weigh and judge how and when it is appropriate to challenge NRS's, and to do this in a manner that does not compromise trust or sideline the trauma that the person has just experienced. In emphasizing the need to address the actual trauma, it seems participants are saying that this should sometimes take priority in relation to whether or not to challenge NRS's, especially if there are time constraints. Nonetheless, participants still understood the NRS's as interwoven into the trauma, since the sentiments often served as a channel through which the victim seemed to express some of their anger. In turn, the potentially debilitating role of this kind of anger in preventing the traumatized individual from engaging in a healing process is one of the main reasons why participants would address the NRS's. It can generally be concluded that participants perceived the NRS's as maladaptive and possibly pathological, since they often block the person's capacity to engage in a healing process and inhibit their recovery and freedom to operate comfortably in the world.

In not responding to the sentiments in some instances, participants are still making an intervention, since this is informed by an evaluation of whether this would be helpful for the person given the role that the sentiments are perceived to play for that person. In other words, whatever decision is made, in most cases it seems to be an informed one. Counsellors considered the manner, intensity and persistence of the sentiments in relation to how much of a change or shift they could facilitate in challenging the sentiments. In cases where participants chose to challenge the sentiments, they would usually firstly

normalize them as part of the reaction and then present counterevidence to generalizations as a means of challenging the sentiments. These interventions were often in line with their understanding of the sentiments as part of the trigger reactions.

In whatever manner counsellors chose to respond to NRS's, for all of them it brought into question the role that they were supposed to play. Their encounter with prejudicial material, in this case NRS's, seemed to bring into question the boundaries of their role as counsellors. Even against their own questions as to how much change they could effect, this group of participants said that it is a counsellor's role, and perhaps that of other mental health professionals who are working with trauma, to take up the social responsibility of challenging such sentiments. What still remains unclear is whether it is ethically sound to intervene in the manner that these participants do, and it was also hard for them to evaluate this at times. This perhaps highlights the fact that having to deal with these sentiments introduces a lot of uncertainty for counsellors, and that the appropriate manner to engage with them is to consider the characteristics of each individual case, which is what participants reported that they did. This keeps the application of ethical principles as closely tied to the needs and circumstances of the client as possible.

Most participants did not receive training in dealing with prejudicial material, such as NRS's, and it can be concluded from these participants' reports that most counsellors are struggling to engage with difficult material without a foundation on which to base their interventions. These findings suggest that counsellors are developing the skills needed themselves and employing the help of professional support structures such as supervision when they encounter NRS's. The findings also point to the fact that NRS's pose varying challenges to the counselling relationship and can directly affect the counsellor's ability to empathize and connect with the client. It can be assumed that this in turn impacts on the quality of service that counsellors are able to provide. The finding that these sentiments are a common response in traumatized victims strongly suggests that there should be more acknowledgment and attention paid to them as one of the responses to trauma. This arguably makes it necessary for training programmes to address such

responses and to equip counsellors to engage with prejudicial content in cases where this content is brought into sessions by the client. The participants' responses suggest that this is unfortunately generally not happening.

5.2 Limitations and Shortcomings of the Study

The current study was limited in using a small sample and any information and inferences drawn from the study should be made with this in mind. This is partly as a result of the way the study was designed, which exposes it to certain limitations. Firstly, the use of non-probability sampling, in combination with the number of participants limits the transferability of the findings and conclusions of the study. However, the sample size was reasonable for a qualitative study of this nature and the choice of informants was appropriate for the purpose of the research study.

Secondly, because the study sought to explore the understandings and perceptions of lay counsellors, the majority of participants struggled to articulate psychological constructs, and in a sense their accounts only indirectly referred to the explanations and understandings that are proposed in the theoretical discussion. Therefore, the researcher was required to extrapolate and infer quite considerably in order to link the interview material to the main theoretical propositions and themes discussed in the literature. This meant that certain aspects of the analysis were strongly influenced by the researcher's interpretation of data. However, efforts were made to remain true to the content of material that emerged in the interviews and to be explicit where extrapolation into more professional clinical language was evident in the discussion.

In addition to the limitations in design, counsellors were not specifically asked about the theoretical orientation which they were trained in. This posed some difficulty in the process of trying to link the data back to the literature. Knowledge of the participants' theoretical orientation might have possibly assisted in further contextualizing and understanding counsellors' explanations and interventions. However, this was only fully appreciated with hindsight.

5.3 Recommendations for Future Research

Most of the cases that participants referred to in their interviews were based on crime related traumas. This seems to reflect the current situation of crime in South Africa and the related socioeconomic issues as key contributing factors to the expression of prejudice, such as negative racial commentary. This study sought to understand the practioner's point of view in terms of describing and analyzing theory, interventions and strategies utilized by counsellors in dealing with NRS's, and in so doing, there was some neglect in exploring the sociopolitical issues that may help in further understanding NRS's after a trauma. Future studies that incorporate this sociopolitical element may be useful in developing a greater understanding of the social variables that may lead to trauma victims using prejudice as part of their appraisal after trauma. For example, it would be useful to do a comparative study in a context without a history of systematic racism.

In light of the fact that the current group of participants saw people for short periods of time and engaged in brief interventions, it was difficult to get a sense from them as to whether they thought that NRS's as a response to trauma are potentially pathological for the person experiencing them. In cases where people are resistant to the sentiments being challenged, can the sentiments and the anger attached to them serve as one of the contributing factors to the development of a more pathological response, such as PTSD? This question seems relevant given the participants' strong view that the sentiments can be socially isolating and are often coupled with an experience of increased awareness or hypervigilance in relation to the prejudiced race group. The question is whether this can contribute to the development of symptoms such as avoidance of cues that symbolize or resemble aspects of the trauma, or a heightened arousal in the presence of those cues, which might become aspects of a full blown PTSD presentation. There perhaps needs to be further research looking at this potential role of NRS's. This could perhaps be done by researching the same phenomenon, but with a group of participants who do long term trauma work.

5.4 Reflective Consideration

The study posed varying challenges and opportunities, which were mainly related to the questions that it sought to answer, i.e. that the focus was on attitudes to race and racial issues. The recognition in the literature that this is often a sensitive area, was partly confirmed by the practical challenges experienced while conducting the research. One of these difficulties was the resistance by a number of centres to allow their counsellors to take part in the research. Coordinators and managers sometimes felt that the research would scrutinize and expose the way that their counsellors responded to NRS's and that the services would be found lacking in some way. For this reason, amongst others, it took longer than expected to collect the data and recruit the required number of participants that were needed for the study. The issue of race also came into play in practical ways during the actual interviews. The majority of participants were white and the researcher was black. There were times when participants had to share derogatory statements that their clients had expressed about criminals, who were often black. Some participants appeared to be uncomfortable to share this, since they felt the statements would be offensive to the researcher. This was also difficult for the researcher at times. However, she had anticipated this and attempted to engage in as open and inviting a manner as possible. It is possible; however, that some of the more virulent client and even counsellor material was not disclosed in the interviews despite the fact that rapport generally seemed good.

Another difficulty was related to the participants' knowledge that the researcher is a training psychologist, and therefore better qualified in the field of psychology than they were. Participants might have interpreted some of the questions in the research as implying that they should have intervened in a certain manner or more actively than they had in actuality. Participants showed this discomfort by sometimes double-checking with the researcher what the researcher's opinion was. This did not occur often, but it may have had some influence on the type of responses that participants gave.

Overall, however, it seemed that counsellors experienced some relief in discussing the phenomenon of NRS's and its lack of interrogation in trauma intervention. The researcher found the respondents to be thoughtful and proactive in many instances in developing their own guidelines and tools. Thus, the experience seemed generally positive on both sides and useful feedback may be given to participating organizations.

5.5 Concluding Comment

In developing a more rigorous understanding and appreciation of counsellors' experiences of attempting to assess, explain, intervene and respond to NRS's in trauma victims, it is hoped that a common phenomenon in South African trauma counselling has been elaborated. It is also anticipated that such research might create increased space for discussion of these kinds of dynamics in trauma counselling and may be drawn upon to inform training and future interventions.

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APPENDIXES

Appendix A: **Interview Schedule**

Demographics:

Age……
Race……..
Number of months working with trauma cases……
Number of trauma clients seen thus far……
Name of centre…….

Understanding by Counsellors of Negative Racial Sentiments in Trauma Clients:

A) Have you counselled a client who expressed negative racial sentiments following a traumatic event?

B) What could you observe about these sentiments, did clients express them early on in therapy or could you see a gradual development of these as they began to work through the trauma?

C) Would you say that there was something that led to the triggering of negative racial sentiments in a client/s following the exposure to a traumatic event?

D) In what way would you say negative racial sentiments play a role for the client following a traumatic event?

E) Would you argue that this role is adaptive in that it helps the client cope in some way, or would you say it makes the process of working through the trauma even more difficult, and if so in what way?

F) How do you understand the way negative racial sentiments are expressed in counselling?

G) Following the expression of these sentiments, what sort of impact on the counselling relationship could you observe, if there was an impact?

Interventions Employed by Counsellors to Engage with Negative Racial Sentiments:

A) At times when you have observed this response following a traumatic event, did you think that it was important or not to address it in the counselling, and if so why?

B) What informed your decision on whether to address this material or not, and how did it help you in this decision?

C) What aspect/s of your trauma training helped you to decide on how to approach negative racial sentiments and in what way did this assist you?

D) What personal thoughts and feelings were evoked in you with having to engage with this material in counselling?

E) Following this expression by the client, did you observe any changes in yourself in terms of your engagement with the client/s or how you understood what was happening with them?

F) In what way, if at all, would you say that your personal response impacted on your decision to engage with the negative racial sentiments?

G) If you can, can you think of a case example and share your understanding of what was happening with the client at the time, and how this understanding informed your approach to this material in counselling?

Appendix B **Subject Information Sheet**

My name is Hleziphi Sibisi, and I am conducting research for the purposes of obtaining a Masters Degree at the University of the Witwatersrand. I am currently conducting research on how trained volunteer counsellors understand and approach negative racial sentiments in trauma clients.

I intend to exam how trained volunteer counsellors understand the response of negative racial sentiments in trauma clients, and how this understanding informs decisions to address this material or not. A second aspect of the research is to explore what are the personal responses of trained volunteer counsellors in having to engage with this type of material.

This is an invitation for your participation in the study. Participation entails conducting a face-to-face tape recorded interview questioning you on the above aspects of the research. The interviews will take place at the centre at which you work, at a time that is convenient for you.

Participation is entirely voluntary, you are free to choose to participate in the study, and non-participation will not have any negative consequences.

You may decide to withdraw from participating at any time. If you feel that some of the questions are too personal, and if you are uncomfortable with responding, you may refuse to answer that particular question. Direct quotations from the interview will be included in the final report.

During the interview you will be asked to share a case example if you are willing to do this. This is not an essential requirement for participation. However, if you choose to do this you need to obtain permission from your client to share this information and to assure that your clients identifying information is not mentioned during the interview. A consent form will be provided for this purpose.

There will be a need for you to sign three consent forms, one as proof that you have voluntarily accepted to participate, the other for recording permission and the last to state that you will not mention your client's identifying details if you choose to share a case study. The recorded tapes will be destroyed after the research is complete.

The results of the study will be written as part of a Masters report for the psychology department and they might also be published as part of an academic journal.

A summarized copy of the report will be sent at the end of the study through email or post to the manager of the centre under which you work. The summarized copy will be edited further to exclude any possibly identifying information.

If you choose to participate, please fill in your details in the form below and I will contact you.

Should you have further questions on the research and its progress, you are free to contact me, Hleziphi Sibisi, at the number indicated below.

Name of Researcher: Hleziphi Sibisi

Masters of Arts in Clinical Psychology

University of the Witwatersrand, Johannesburg

Contact Details: 072 612 2626
hleziphisibisi@yahoo.com

Thank You for your assistance.

Appendix C: **Subject Consent Form (Interview):**

I,…… hereby grant permission to Hleziphi Sibisi to conduct an interview with me for the purpose of her research project on how trained volunteer counsellors understand and approach negative racial sentiments in trauma clients.

I understand that:
-Participation is voluntary.
-That I may refuse to answer any questions I prefer not to.
- That direct quotations from the interview will be used as part of the results in the final report.
- No direct identifying information will be used in the report.

Signed……. Date……

Appendix D: <u>Subject Consent Form For Tape Recording:</u>

I……, hereby grant permission to Hleziphi Sibisi to tape record an interview session with me for the purposes of her research on how trained volunteer counsellors understand and approach negative racial sentiments in trauma clients.

I understand that:
-The tapes and transcripts will not be seen by any other person in this organization at any time, and will only be processed by the researcher.
- All tape recordings will be destroyed after the research is complete.

Signed……. Date……

Appendix E: <u>Subject Consent Form to Keep Client's Details Confidential:</u>

I……..consent to keep all my client's identifying information confidential.

I understand:
-That I should have gained consent from my client's to use the material brought to therapy for research purposes.
-That if I mention their details, I will bridge confidentiality and this has legal consequences.

Signed…… Date……