

**COUNSELLING COMMUNITY
COUNSELLORS FOR SURVIVORS OF
VIOLENCE IN MANDENI, KWAZULU-
NATAL**

by

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I hereby declare that this is my own work and all sources and quotations that I have used have been indicated and acknowledged by means of complete reference.

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A. B. I. Desai

DEDICATION

“Without love, human society is in a very difficult state; without love, in the future we will face tremendous problems. Love is the centre of all life”.

- *Dalai Lama*

“Vital to quality of life is the ability to work together, learn from each other and help each other to grow”.

- *Covey, Merrill & Merrill*

ABSTRACT

Sporadic violence, both politically and criminally related, has led to KwaZulu-Natal being labelled the most volatile region in South Africa. The Human Science Research Council, in a nationwide survey conducted in 1994, found that one in four South Africans has been a direct or indirect victim of crime. The urban areas offer a multiplicity of lay counselling services' to victims of violence; however, the availability of basic counselling services is almost non-existent in many far-reaching rural areas. Factors such as poverty, the subsequent non-availability of transport and telephonic linkage disadvantages the rural inhabitants even further.

The University of Zululand, a founder member of the Zululand Community Mental Health Programme, has initiated various community projects in and around northern KwaZulu-Natal. As part of the University of Zululand's Community Psychology Project, the Psychology Department has been actively involved in various community outreach programmes in northern KwaZulu-Natal, including the Mandeni region.

From a series of meetings organised by the Mandeni Transitional Council that comprised representatives of the local community, it emerged that there was a dire need to equip laypersons with basic counselling skills. It was decided by these representatives (who comprised people from all professional spheres including members of the police force and nurses from the surrounding clinics and hospital) that police personnel and nurses were most often the first line of contact for victims of violence. However, these individuals themselves felt that they were ill equipped to counsel victims of violence. An appeal was thus made to the University of Zululand's Psychology Department to assist in training these first-line contacts who deal with victims of violence on a daily basis.

The aim of this research was to use phenomenological explication to determine the nurses' and police personnel's experiences of dealing with victims of violence and, extending from this, to tailor a lay counselling programme that will benefit the community. Whilst the evaluation of lay counsellors' performances indicated a reasonable success in equipping them with basic counselling skills, an interesting extension of these findings portray a degree of resistance exhibited by select rural male lay counsellors. This could indeed provide an impetus for further research in the area of training rural male counsellors.

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CHAPTER ONE

1.1. INTRODUCTION

The University of Zululand's Psychology Department is a founder member of the Zululand Community Mental Health Programme, which has initiated various projects in northern KwaZulu-Natal. One of the projects, the Mandeni Project, was initiated by a practicing medical doctor from Mandeni who called on the Psychology Department for assistance in the psychological treatment of victims of violence. This community psychological research therefore was inspired by a social action initiative which utilised phenomenological explication to explore nurses' and police personnel's experiences in attending to victims of violence. Emanating from this, a lay counsellor-training programme was formulated to meet the needs of the community.

Mandeni, a rural town found along the Tugela River, is located approximately ninety-five kilometres from the city of Durban. For centuries this region had been afflicted with conflicts, however, in the recent past decades, marked political warfare between African National Congress and Inkatha Freedom Party members has been on the increase. Politically related violence together with criminal violence in the region had culminated in numerous fatalities and injuries, both physical and psychological. These victims were treated daily by the Dokokdweni, Nsingweni, Ndulinde, Mcambeni

and Sundumbili Clinics which are situated in or surrounding Mandeni; the latter clinic being situated in the core of Mandeni. Through a series of community meetings held at Sundumbili Clinic, representatives of these clinics had indicated their need to be trained to counsel victims of violence.

Violence experienced in South Africa and thus even the Mandeni region could be traced to the country's political history (Nell, 1990). It has been said that apartheid itself had adversely affected the mental well being of most South Africans through its introduction of stressful situations which were unique to this society (Dawes, 1985). The excessive use of violence during the apartheid era had resulted in a social and moral acceptance of violence as a justifiable way of resolving conflicts. It was therefore not surprising that the South African public was daily bombarded with media reports of violence. In 1995 a total of 800 000 violent crimes were reported in South Africa (Delport, 1995). For that year, in KwaZulu-Natal particularly, 380 000 incidents of serious crimes were reported and out of 6 678 murders in the province, 535 murders were reported in the Tugela region which incorporated the town of Mandeni. Rape statistics for the same year revealed that out of 7 981 cases of rape reported in the province, 4 246 cases were from the Tugela region alone thus making it the region with the highest rape rate in the province.

South Africa's transition to a democracy had been a slow process. Despite attempts being made to rectify the imbalances of the past, the reality was that in available modern health care delivery, rural communities received sparse resources (Zuma, 1996). Owing to the concentration of the population in the urban areas, community based volunteer services were readily available to the urban population but were lacking in the widespread rural regions like Mandeni. These lack of community based helping agencies coupled with factors such as poverty, the subsequent non-availability of transport to major cities and lack of telephonic facilities prejudiced the rural population even further.

The development of community psychology had indeed strengthened the potential contributions of psychology to public health. Modern community psychology served the purpose of optimising existing resources in the community, to redress the dilemma created by the apartheid years and promoted community relationships in a region that had been violently traumatised and ridden with crime (Edwards, 1998). Through the phenomenological approach used by community psychology, emphasis was laid on enhancing the sense of community as was experienced by community members themselves.

1.2. MOTIVATION

The motivation for this research was stimulated by the needs of the Mandeni community who had requested assistance in the counselling of victims of violence.

This research fitted in well with the underlying principles of community psychology, which attempted to utilise existing resources within the community context thereby contributing to the empowerment of individuals and the entire community.

Despite there being a multiplicity of lay counselling programmes in various community mental health settings in South Africa, the phenomenon of counselling victims or survivors of violence was indeed a unique experience. For this reason, a phenomenological explication provided an insight to an array of experiences around which a lay counselling programme was tailored.

1.3. GENERAL AIMS

This community psychological research, which was exploratory in nature, attempted to understand the unique experiences of potential lay counsellors who had counselled victims or survivors of violence in Mandeni.

Emanating from these shared experiences was the formulation of an appropriate lay counselling training programme for nurses and police personnel who were most often the first line of contact for victims of violence in Mandeni.

1.4. SPECIFIC OBJECTIVES

The specific objective of this research entailed the application of the phenomenological approach to interview nurses and police personnel who were self-elected for this training programme. These respondents' perceptions about their own counselling abilities were also determined to aptly tailor a counsellor- training programme.

Role-plays served a significant role in determining whether the trainees learnt basic counselling skills. At this stage, independent assessors were requested to assess select trainee counsellors' role-plays.

1.5. SIGNIFICANCE OF THE STUDY

This research was important for several reasons. The most significant factor was that a representative of the community himself initiated the research through the call for assistance.

Since community psychology is an integral intervention strategy for a country in transition, the implementation of a training programme formulated along these lines could in the future be used in widespread rural areas where there exists a lack of professional counsellors. For a variety of practical and ecological reasons, volunteer or lay counsellors had been deployed in many community mental health programmes (O'Donnell and George, 1977:3). These reasons included: a compensation for shortages of manpower (Hobbs, 1964), for reasons of practical economics (Dorr, 1972) and as a means of promoting essential interface between the mental health centre and the community (Smith and Hobbs, 1966). Thus it could be assumed that in a rural area like Mandeni where there were a lack of professional counsellors and psychologists, lay counsellors from the community served to bridge the inadequacies produced by the apartheid era. It was also reasonable to assume that since communities themselves were unique, these lay counsellors provided an exploration into the different experiences of nurses and police personnel who, by the virtue of their professional status, encountered victims of violence on a daily basis. The findings of this research were thus unique to the Mandeni context. This exploratory study also served to create an awareness of the deficiencies of facilities and resources that had existed for victims of violence in a rural setting.

The task of equipping counsellors with skills as well as the actual

task of counselling victims of violence created a reciprocal helping relationship, which served to empower both victims and counsellors.

In summation therefore this research was propitious in the Mandeni context as it assisted in utilising existing community resources to create a counselling training programme relevant to a particular cultural context thereby possibly alleviating the impact of violence on victims.

1.6. LIMITATIONS

The researcher had conceptualised the limitations of this study and attempted to make them explicit from the onset. The limitations, which were revealed by this research, would be discussed at a later stage. This study did not attempt to qualitatively or empirically justify or negate the experiences of lay counsellors in Mandeni, neither did it attempt to compare this counselling training programme with other research projects aimed at training lay counsellors.

The majority of lay counsellors in this research as well as the victims of violence that they attended to, had Zulu as their first language. Whilst every effort was made to incorporate factors pertaining to cross-cultural counsellor training, the actual training

programme (with the permission of the respondents) was conducted in English. This concern was a rather limited one as basic universal counselling skills were taught in the programme.

Since a phenomenological approach was used to understand the experiences of the lay counsellors in Mandini, the findings of this study were not generally applicable, however, the experiences of these lay counsellors could possibly serve as an impetus for future research in the training of counsellors from rural communities.

1.7. STATEMENT OF THE PROBLEM

KwaZulu-Natal is regarded as the Mecca of crime. While numerous studies have introduced various lay counsellor-training programmes to be utilised in South African townships, there appeared to be a lack of community psychological interventions that had originated out of a phenomenological study of counsellors' experiences of counselling victims or survivors of violence.

In view of the fact that nurses and police personnel were important members of a community and were most often the initial line of contact for victims of violence who may have needed to receive medical treatment or report crime perpetrated against them respectively, these lay counsellors decided that it was necessary to learn appropriate counselling skills. In such a community

psychology project it was imperative to have taken into cognisance the dynamics of a community to tailor an appropriate and applicable training programme relevant to that particular community.

1.8. DEFINITION OF TERMS

The following definitions attempted to explain the concepts: ‘counselling’, ‘survivors’, ‘violence’, ‘counsellors’ and ‘community psychology’. Further enhancements of these terms would be explained in detail in Chapter Two.

1.8.1. COUNSELLING

“Counselling assists people to help themselves” (Rogers, 1990:84). While there are many different definitions of counselling, for the purpose of this study, counselling implied another form of psychotherapy at the peripheral level which is expediently developing as a method of help offered by non-medical professionals as well as trained lay persons to specific groups of people or for specific problems (Brown and Pedder, 1991:94). The terms ‘counselling’ and ‘helping’ are often used interchangeably as they are both processes aimed at helping people outside medical settings, to assist themselves by, making better choices and by them becoming better choosers (Nelson-Jones, 1988:4). In the context of

this research, the most appropriate definition of counselling was that it is a caring relationship wherein one person assisted another to deal more effectively with stressful life situations (Collins, 1976; 16). Thus counselling in the context of this research referred to helping and training nurses and police personnel in communicating and assisting victims of violence whom they encountered in the course of their professional employment.

1.8.2. SURVIVORS

The United Nations has provided an apt and precise definition of a victim or survivor as "... a person who, individually or collectively, has suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their rights, through acts or omissions that are violations of national criminal laws or of internationally recognised norms relating to human rights" (National Crime Prevention Strategy, 1996:1). Whilst the terms 'victims' and 'survivors' have been used interchangeably, the implication is that the term 'survivor' has a more positive connotation suggesting the will to survive and that of self-empowerment experienced by the victim of violence.

1.8.3. VIOLENCE

There are various definitions of violence provided by theorists thus indicating the difficulty of explaining this term. Theorists like Newman (1979:2) saw violence as only “physical force” that led to “physical injury” but negated to emphasise the psychological consequence of the physical force that is exerted on an individual. Mputhing (1991:27-76) had provided an in-depth analysis of violence as it was viewed in a particular South African community where “violence” and “aggression” were often terms that were used synonymously. After reviewing these approaches, Mputhing (1991) delineated that aggression was an “internal attribution” whereas “violence” itself was a descriptive term, which referred to “overt behaviour”. The explanation provided by Baron (1977) of violence as a form of behaviour that was directed towards the goal of harming or injuring another living human being who was motivated to avoid such treatment, appeared to be a more global definition which encompassed even psychological “injury” on another.

1.8.4. COUNSELLORS

A counsellor or specialist helper was seen as a person who formed and maintained interpersonal conditions wherein clients were allowed to enhance their awareness of themselves and their environment and to develop strategies for action in order that

clients' personal needs may have been addressed more meaningfully (Wills, 1980: 80-81). In the context of this study, counsellors referred to people who, in their professional line of work as nurses and police personnel, had volunteered to learn interviewing and helping skills to assist victims of violence whom they had encountered in their professional duty.

Worthington (1987) explained that lay counsellors were volunteers who were well intentioned in assisting people in psychological dire straits. Furthermore, Griffiths (1983a; 1983b), in a study in a Jamaican mental health clinic, found that even the goals and techniques of lay counsellors differed vastly from those of psychologists. Further explanations of counselling were dealt with in Chapter Two.

1.8.5. COMMUNITY PSYCHOLOGY

The point of entry of this research focused on the aspects of community psychology.

“Community” is a group of individuals within a larger society with patterned interactions from which safety, security, support and sense of self and significance are derived, who occupy a certain territory and who are united by commonly shared beliefs, values and norms, involved in functions at a physical, mental and spiritual

level (Swanepoel, 1992). Emanating from this, community psychology was defined as a multidisciplinary approach that included the usage of medical, social and psychological fields of services, which enabled one to understand individuals' social contexts in order that these individuals could be assisted. The aims and values of community psychology included empowerment and competence, community and organisational development as well as scientifically meaningful and socially useful research (Lazarus, 1986).

It was however Edwards' (1996:1) definition of community psychology that was succinct in describing the domain within which this research was undertaken as a "psychology of, with, by and for the people". This definition by Edwards (1996) stated that one of the many goals of community psychology was to optimise the resources existing within the community so that problems created by apartheid policies could be "redressed" thereby facilitating "community development through improving relationships within and between communities in a poverty stricken and violently traumatised region".

1.9. SYNTHESIS OF DEFINITIONS

Owing to the legacy of apartheid which had left behind many rural areas in dire need of psychological services and resources,

community psychology served an integral part in using existing resources such as volunteer or lay counsellors to alleviate the impact of this inadequacy (Green, 1989: 28).

Violence in KwaZulu-Natal has resulted in there being many indirect and direct victims of violence who were unable to receive psychological services to work through their experiences. Since the self-elected lay counsellors were residents of the Mandeni community themselves and because of their first-hand contact with survivors of violence whom they encountered daily, these individuals were the 'main vehicles' to explain the uniqueness of their situation in counselling these victims. For this reason it was propitious to have used a phenomenological approach wherein lay counsellors explained their experiences, which served as a starting point to tailor an appropriate counsellor-training programme.

The use of lay or volunteer counsellors had been widely used in various community projects to respond to the shortage of professionals in the mental health field (Sobey, 1970; Turton, 1985). This research project therefore served to counsel victims of violence counsellors from a community psychology perspective and assessed select counsellors' performances at a particular stage of the counselling programme.

1.10. AN OVERVIEW OF CHAPTERS IN THE DISSERTATION

It must be noted that the aim of this research was two-fold in that it initially attempted to formulate a counsellor-training programme, which originated from the phenomenological explication of lay counsellors' experiences. The second phase of this research evaluated the performances of select lay counsellors to determine whether basic counselling skills had been learnt.

The following is a synopsis of the chapters that follow: -

CHAPTER TWO: This chapter included an in-depth view of Community Psychology and related issues as well as the use of lay counsellors in community psychological contexts.

CHAPTER THREE: Herein one would find an explanation of the phenomenological approach and the relevance of this approach to this study. A pilot study pertinent to the research would also be presented and investigative procedures introduced.

CHAPTER FOUR:

This chapter included a presentation, analysis and discussion of the results. The limitations of the study would be further elaborated.

CHAPTER FIVE:

This chapter outlined the formulation of the counsellor-training programme as determined by the results obtained in the previous chapter.

CHAPTER SIX:

This chapter presented the results of the pre-course and post-course role-plays conducted by select subjects of this research.

CHAPTER SEVEN:

Discussions and conclusions regarding the evaluative process of the previous stage were analysed. Limitations of the evaluative process were also discussed and recommendations for further study highlighted.

CHAPTER TWO

LITERATURE REVIEW

2.1. COMMUNITY PSYCHOLOGY

2.1.1. INTRODUCTION

In attempting to understand the importance of this research, it is essential to delineate the context within which it was initiated. This research formed part of the numerous community psychology (social action oriented) projects initiated under the banner of the Zululand Community Mental Health Programme in KwaZulu-Natal. The University of Zululand is one of the founder members of this programme.

The face of community psychology has been transformed over the decades in order that it addressed issues relevant to a community in need of working towards specific objectives.

The origin of Community Psychology was traced back to the United States in the 1960's where it arose as a branch of psychology to address the increasing awareness of the impact of social forces on the individual as well as the unequal distribution of psychological services to community members (Lazarus, 1986). Through the introduction of community psychology, clinical psychologists were

able to address concerns relating to the impact of social systems on the human psyche. This was achieved by taking into cognisance the ecological perspective and emphasising prevention (Duffy and Wong, 1996).

Initially the focus of community psychology was to utilise community resources to care for the mentally ill within his/her own community; however, since then, community psychology has come a long way and it attempts to expand its services to address a vast array of concerns within the community. This shift in focus was initiated in a community psychology conference in Boston in 1966 when select psychologists were dissatisfied with the limits imposed by the emphasis on mental health alone and called on community psychologists to be active participants in addressing more general problems of society (Rappaport, 1977: 13).

Isemonger (1990: 37) explained community psychology as “an attempt to re-situate the therapeutic process from the individual to the community at large”. This definition implied that one cannot disengage the individual from his/her world in trying to gain knowledge about a person. Furthermore, it also implied that just as an individual is part of a community, similarly the community becomes part of the individual as well.

2.1.2. MODELS OF COMMUNITY PSYCHOLOGY

Community psychology models could be defined as abstract representations of community psychological reality (Edwards, 1999). Since the all-encompassing definition of community is that it refers to a group of people who share common interests whilst community psychology is defined as the scientific study of human behaviour, it could therefore be said that all models of community psychology would apply to a certain degree in all community contexts with particular models being more applicable or relevant than others in select community contexts.

The four basic models of community psychology are: the mental health, social action, organisational and ecological models (Seedat, Cloete and Shochet, 1988: 39) however, a recent addition to these list of models has been the phenomenological model (Edwards, 1998).

2.1.2.1 THE MENTAL HEALTH MODEL

From the psychological point of view, this model aims to strengthen, conserve and develop human resources in order that mental disorders could be prevented (Hunter and Reiger, 1986). The focus of this model is often rehabilitative or consultative in a clearly defined locality (Edwards, 1998: 3). Mann (1978: 39)

described this model as being based on a geographical conception of community and is committed to rendering mental health services to an entire community through a community mental health centre, which is either a governmental or non-governmental organisation. A criticism of this model is that its focus is still rooted in the individual model (Seedat et al, 1988:42).

2.1.2.2. THE SOCIAL ACTION MODEL

This model has its roots in the 'War on Poverty' strategy that arose out of dissatisfaction with structural inequities and non-responsive attitude of the "political apparatus of American society" (Seedat et al, 1988). Therefore it aims to empower people through self-determination. It is seen as a model that is more revolutionary, economic, political and socialistic in orientation (Edwards, 1998: 3) where attempts are made to change the structures that bring about oppressive injustices (like the mass democratic movement whose target was to raze the Apartheid system). Therefore, in order to bring about empowerment of community members, this model looks into changing inequities like inadequate housing, overcrowding and political powerlessness (Brown, 1978 and Reiff, 1968, cited in Mann, 1978: 40). This shift from prevention as outlined in the

previous model, to empowerment of individuals in this model would collectively serve to empower communities.

The social action model focuses on the use of natural support systems or the use of services of 'indigenous' non-professionals within the community as these non-professionals emerge from the same social background and are therefore seen as being 'fairly' sensitive to their communities' needs. In this way it tries to activate the users of these services to adopt control of the programme and this results in them interacting with a stronger degree of therapeutic effectiveness (Seedat et al, 1988:44).

These authors also emphasize that Carl Rogers used terminology similar and related to the concept of empowerment; however, these terminologies are maintained only through the medium of language that serves to pacify the oppressed but does not actually pose a physical threat to the regime.

This research is a typical example of a social action project that was initiated by a medical doctor in Mandeni who sought assistance to equip community lay counsellors with skills to attend to victims of violence.

In conclusion therefore, the social action model, which forms the basis of this research, does not only intend to attack societal structures that cause the societal problems but also enabled the psychologist to mobilize resources within the community to

liberate, empower, educate and develop oppressed communities
(Edwards, 1998: 101).

2.1.2.3. THE ORGANISATIONAL MODEL

This model emphasises a human-relations oriented approach to management. It is widely used in industrial or organisational settings in a community. It proposes strategies to manage team building in order to bring about social self-actualisation and personal development.

2.1.2.4. THE ECOLOGICAL MODEL

This model has its roots in the work of Smuts (1926, cited in Edwards, 1998) and it conceptualises that community processes occur due to natural evolutionary dynamics as well as the need to channel resources in the environment to cope with change through four fundamental principles: -

- (a). Interdependence of eco systemic units
- (b). Recycling the resources
- (c). Adaptation as determined by the environment
- (d). Succession through dynamic yet constant community changes (Edwards, 1998:4).

From the community psychology perspective, the ecological model is therefore aimed at improving person-environment relationships in order to create harmony and thus optimise and recycle community resources.

2.1.2.5. THE PHENOMENOLOGICAL MODEL

Sarason (1974: 12) who introduced the concepts “sense of community” inspired the formation of this model. It has been included as the fifth model of community psychology and it lays emphasis on communal human relationships as well as the continuous sense of community that was experienced by community members themselves in so far as its “reality, development, creation, change, improvement and meaning of being a community or the ‘communal psyche’ ” (Edwards, 1996).

Phenomenology per se originated from a twentieth century philosophical movement which was dedicated to describing structures of experiences as they present themselves to consciousness, without recourse to theory, deduction or assumptions from other disciplines; therefore, in outlining the benefits of phenomenology, Husserl (1967) suggested that pure psychology concerns itself with the non-factual and non-empirical investigation of the psychological prior to its empirical investigation (Kocklemas, 1994: 147 and Greider,

1998: 2). In contrast phenomenology thus provided a method of moving from the natural attitude through the psychological one to the transcendental attitude of philosophy. Similarly, Heidegger (1962: 7-11) wrote that the way to interpret an experience was to come into the hermeneutic circle “the right way” by rejecting a priori assumptions and preferring an on-going search for truth that compared the ancient roots of current words to their current meanings.

Heidegger, (cited in Dreyfuss, 1993) was focused on what he regarded as the essential question, “What is it to be?” He also posited a fundamental relation between the modes of being of objects, of humanity and the structure of time. He said that the individual was always in danger of being submerged in the world of routine and the conventional shallow behaviour of the crowd; however, the feeling of angst or dread enabled the individual to confront death as well as the meaninglessness of life but only in this confrontation could the “Being” be set free and the authentic sense of “Being” emerge. Heidegger (1962, cited in Dreyfuss, 1993) proposed that the world and the “I” were a unity and from this unification arose the phenomenon of “Being-in-the-world” which exhibited that the world was a network of equipment by showing the “place” or “region” the equipment occupied; that is, a place of meaning for Dasein. In this way, Dasein’s idea of spatiality was given.

Edwards (1998) also delineated the phenomenological model as being the fundamental basis for all other community psychology approaches and that all these models attempted to address the following questions that were relevant to the researchers and community members: -

(a). How, when, where and why does the community exist and how do they see or experience themselves as a community?

(b). What does the 'community' mean to members of that community. Do these community members regard themselves as individual beings or do they regard themselves as members of a community since they live in the same environment?

(c). How can the community create and enhance their existence and experience of community and/or the psyche, their behaviour, relationships, experiences and interactions within the communities, especially since they are linked to other types of communities?

(d). What are the aims, experienced values, ethics, principles and goals of the community?

(e). What other resources need to be created to enhance the community psyche and community relationships?

This model emphasized community relationships and freedom of the community and their responsibility to change their sense of community. It therefore encompasses a democratic stance as it highlights the diversity together with the uniqueness and universality of the community as the fundamental resource of the community.

From a phenomenological sense, Mbiti (1970) states "I am because we are" which meant that as community members, there constantly existed a dialogue; that is, we live in a communal world which we create in a cycle and this cycle of creating results in a continuous cycle of re-creating.

Basically to be human means to live in a social world and to care (Heidegger, 1967). This results in people being grouped together as companions or comrades in personal communications of caring relationships.

According to the phenomenological approach, community psychology is a story of intervention in the communal psychological world. This story is hermeneutic and interventionist as it allows phenomena to reveal themselves (for example, in a sense of community), to describe themselves (for example, a communal psyche) as well as actively

intervening as community psychologists to help people help themselves.

Dokecki (1992: 29) suggested a human-scientifically inspired approach of knowing the community of caring persons as being the central focus of community psychological praxis. His work was based on Heidegger's (1967) belief on care being a basic principle in the idea of the "human-being-in-the-world" (Edwards, 1998).

This model formed the basis of this study as it laid emphasis on communal relationships and the "experienced sense of community" (Edwards, 1998).

In totality therefore, Prinsloo (1996) identified the following characteristics concerning community psychology: -

- (i). Community psychology focussed on empowerment.
- (ii). Community psychology involved participation and co-operation between everyone in the community; even the psychologist who entered the realm of the community.
- (iii). The community members were to be viewed within their

social context.

- (iv). Community psychology involved organising and assisting in the planning of self-sustaining interventions.
- (v). Community psychology promoted self-help.
- (vi). Community psychology encouraged monitoring and evaluation.
- (vii). Community psychology focused on prevention rather than cure.
- (viii). Community psychology was meant to assist all people in the community.
- (ix). Interventions must be transparent and accountable.
- (x). Community psychological intervention involved intersectoral, multidisciplinary co-operation.
- (xi). Community psychology integrated with health, mental health and social services to promote early identification, initiation of treatment, effectual referral and optimum use of available resources.

(xii). Education was the key to mental health.

(xiii). Mental health ultimately formed part of social, economic and political issues.

The value of community psychology could well be elucidated by Rogers' (1990: 22) assertion that while modern western-oriented scientific psychology believed that psychological intervention could only be dispensed by specially trained people, community psychologists, on the contrary believed that "real psychology" could be practiced by those who have received special training by providing support to these "paraprofessionals". The efficacy of these paraprofessionals was well supported by the findings of Hattie, Sharpley and Rogers (1984: 534-554) who found that untrained health workers were regarded as effective and sometimes seen to be more efficient helpers than professionally trained helpers.

2.1.3. COMMUNITY PSYCHOLOGY IN SOUTH AFRICA

2.1.3.1 RELEVANCE OF COMMUNITY PSYCHOLOGY IN SOUTH AFRICA

Several reasons can be forwarded as to why community psychology is relevant in our country: -

(i). Traditional African communal patterns of living, caring, helping and healing have existed on this continent for centuries and formed a strong grounding for modern community psychology. This was especially so during the apartheid era when the African Independent Church assisted communities by providing an arena within which to deal with both physical and spiritual assistance (Nyembe, 1994). The phenomenological approach appropriately enabled modern community psychology proponents to understand the African spiritual and community life in order that we could assist the community members to utilise existing community resources in a fruitful way (Myers, 1993).

(ii). The Apartheid policy intended fuelling black-on-black violence and in this way inter-community boundaries as well as intra-community boundaries were severed resulting in mayhem and social disorder in many politically intense regions, poverty and homelessness, social injustices and overall disempowerment. The various community psychology models assisted in addressing these injustices created by Apartheid and sought to build communities through wide scale empowerment programmes (Edwards, 1998).

(iii). Specific target programmes are established to address specific problem areas; some of which include, community policing interventions of a psychological nature for violent acts

like rape and murder, pastoral counselling, counselling AIDS patients, trauma counselling and crisis intervention for victims of violence and various other community psychological interventions (Edwards, 1998 and Green, 1989).

When applying community psychology to traditional, rural communities in South Africa, various essential psychological principles can be distinguished (Gumede, 1990 and Krige, 1953). These include, “ubuntu” (humanism), “ubunye” (communalism) and “umuntu umuntu ngabantu” (becoming a person through relations with others), (Edwards, 1998:3).

Thus in promotive community psychology, there exist three core yet interlinked facets of traditional Zulu cosmology: -

(i). Humanism – the practice of “ubuntu” implies essential, caring or respecting humanity. Thus the ‘exhibition’ of “ubuntu” onto others is the basic way of promoting and enhancing community health.

(ii). Communalism – “umuntu umuntu ngabantu” means that an individual becomes a person through other people. This implies that community health promotion comes into being through humanisation and socialisation processes within the community which involves everyday communal practices such as revering praise on a person, family or community if they have achieved something honourable. Another practical example of

communalism is during periods of mourning and death when community members provide the bereaved family with material support (in the form of wood, food and/or money) as well as emotional support (by spending time with the mourners), (Edwards, 1998:4). These actions foster collective unity and community spirit. Another famous saying, “isandla sigez esinye” means that a hand cannot wash itself, thereby suggesting that people are meant for communal living.

(iii). Spirituality – various spiritual practices such as communal rites, rituals and sacrifices (umsebenzi) are carried out to promote good health and harmony within families and communities (ukuhlambulula), (Edwards, 1998:4).

The common thread weaved through the above three facets is the importance of the community and community members in the lives of individuals.

2.1.3.2. AN OVERVIEW OF COMMUNITY PSYCHOLOGICAL SERVICES IN KWAZULU-NATAL

Whilst it is not the scope of this thesis to provide a detailed account of the history and present-day status of community psychology in South Africa, in the context of this study it is propitious to provide a succinct description of the background of

modern forms of community psychology initiated by the University of Zululand in the Zululand region.

The university has offered community psychological services right from its inception in the 1960's. The close collaboration of the departments of educational psychology, industrial psychology and the psychology department has resulted in an extensive range of community-oriented programmes being implemented in communities in dire need of psychological services. These community-oriented projects initiated by the Zululand Community Mental Health Programme have utilised the services of intern psychologists who have been enriched by their experiences in five different community contexts such as, private industrial companies, large general hospital, university clinical and counselling settings, school for special children and a non-governmental welfare organisation – the latter referring to the welfare department in the Mandeni region.

Various themes have also been identified and ongoing work is centred on the development of community psychological services in the Zululand region, including: -

(a). Establishing a harmonious community climate by integrating old and new forms of community psychology by establishing “effective referral systems between traditional and modern community healing (helping) systems” (Edwards, 1998:10). This

also includes fostering better co-operation between traditional healers and community workers.

(b). Through the project committee, a bridging network has been formed among all local community centres to strengthen referral networks and feedback is provided by members who meet every six weeks.

(c). The main focus of the project has been on community well-being and empowerment of individuals and communities by optimally utilising existing local or community resources. It was within this theme setting wherein select community members found that they had to serve as lay counsellors towards victims of criminal and political violence in this disadvantaged rural region.

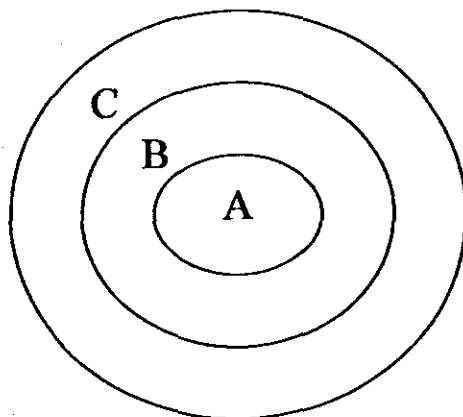
2.1.4. CONCLUSION

From the various explanations above, it could be deduced that community psychological interventions aimed to assist members of a community. This involved various forms of helping strategies, which are implemented to identify and address the needs of members of a community.

The ‘entrance’ point of this community psychology research project was initiated within the realm of The Zululand Community Psychology Programme. Since a medical doctor from the Mandeni region initiated this project and since it involved transformation whereby it provided psychological interventions such as workshops to empower lay counsellors with counselling skills, it could largely be seen as a social action model. To a lesser degree this project could also be deemed to contain elements of a phenomenological model as it stressed the existence of a continuous community dialogue, which was used to propitiously tap into the experiences of the community.

2.2. LAY COUNSELLING AS A FORM OF HELPING

In order to understand where counselling existed within the realm of psychology, Edwards (1991:5) has provided a diagrammatic explanation of Psychology as a science of human helping relations:



A - refers to human relations as they are evident in core subsidiary fields such as general psychology.

B - refers to human helping relations in applied fields such as counselling or clinical psychology, both of which focus on helping

and

C - refers to specialised differentiations of helping, for example, interviewing, intervention and specific forms of counselling. It is in this area wherein lay counselling could be placed.

Of all the forms of helping that exist, at least 95% of helping interactions occur outside the formal psychotherapy system (Cowen, 1982: 385). This also implies that help, as in social support is freely available or becomes available through indirect means. Heller, Swindle and Dusenbury (1986: 468) forwarded two main components of helping that existed in the wider social arena; the enhancement of esteem (via appraisals that one is cared for) and informational (or instrumental) aid to assist in alleviating problems faced by people.

Collins (1986: 73) defined counselling as a caring relationship within which an individual attempts to help another individual to deal more effectively with life's stresses. Counselling is also

viewed as a process by which a counsellor assists an individual to face, understand and deal with information about himself/herself and his/her interaction with others so that he/she can make effective decisions regarding various life choices (Murgatroyd 1985: 2-19).

Counselling is also viewed as a process aimed to help clients (seen mainly outside medical settings) to help themselves make better choices. "The helpers repertoire of skills therefore includes forming an understanding relationship thereby assisting clients to change particular aspects of their feeling and thinking" (Nelson-Jones 1988: 4).

Often the terms counselling and helping are used interchangeably, yet professional counselling is different from lay counselling in that professional help is: -

1. Unilateral – where the focus is on solving problems of the clients that seek assistance,
2. Formal – the client-helper relationship is generally confined to particular times and place,
3. Time-limited – the relationship is terminated once stated goals and objectives have been reached.

According to Rogers (1990: 85), counselling involves: -

- Supporting an individual through turmoil or through a difficult period of adjustment,
- Helping an individual/individuals to seek a solution to a problem,
- Helping people to understand their own past or present behaviour.

It could therefore be deduced that counselling involved a relationship aimed at facilitating the process by which clients change their feelings, understanding and behaviour. The explanation of counselling presented by the British Association for Counselling (1977) encompassed an extensive definition where it referred to counselling as “when a person, occupying regularly or temporarily the role of counsellor, offers to give time, attention and respect to another person or persons.... The task of counselling is to give the client an opportunity to explore, discover and clarify ways of living more resourcefully and towards greater well being. The counsellor provides a secure and facilitating atmosphere for this to occur” (d’Ardenne and Mahtani, 1989: 2).

Counselling can therefore be explained in the context of a caring relationship as support offered by a helper who uses a range of

psychological skills to facilitate change in a person seeking assistance. Counselling involves a helping relationship which is geared towards helping people who have particular life problems yet are mentally well (Rogers, 1990: 86). In the context of this research, counselling implied assisting lay counsellors in identifying potential problem areas in their capacities as lay counsellors, to understand their experiences as counsellors and to aid them towards becoming efficient lay counsellors. As outlined by the concept of phenomenology discussed earlier, the problems surrounding lay counselling in the Mandini context could only be addressed if lay counsellors themselves identified their experiences and difficulties within their community setting.

2.3. LAY COUNSELLORS AND RELATED ISSUES.

2.3.1. DEFINITION OF THE TERM LAY COUNSELLORS

Lay counsellors are persons who lack the training, education, experience or credentials to be professional counsellors (and are therefore referred to as lay) yet, by the virtue of their profession or interphase with different types of people within a community setting, they are involved in helping people to cope with personal problems and for this reason they are referred to as counsellors (Collins, 1986: 8).

Similarly, Walters (1987: 61-62) described the lay counsellor as “a person who, without formal credentials, performs the function of a professional”. Counsellors do not offer solutions but they offer a relationship wherein the client can safely look at personal problems and difficulties and work towards change. Counsellors also allow the clients to recognise and use their personal resources more effectively.

2.3.2. THE USE OF LAY COUNSELLORS

The worldwide idea of using lay counsellors became a reasonable option in various disadvantaged communities who lacked the services of a professional counsellor; therefore, in order to overcome obstacles against immediacy and availability of service provision within more traditional frameworks, the use of lay counsellors provided some relief (Heller and Monahan, 1977). It is for this reason that lay counsellors have been extensively used in settings such as schools, hospitals and community mental health centres (Danish and Brock, 1974: 299-303).

In the South African context the lay counselling service is indeed a crucial necessity as there are too few psychologists to meet the demands of the large, disadvantaged rural and township populations; thus lay counselling services serve to address this shortfall (de Klerk, 1994: 2).

2.3.3. RESEARCH ON LAY COUNSELLORS AND TRAINING PROGRAMMES.

With the view of improving a lay counselling programme, Walters (1987: 62-69) assessed clients' perceptions of the effectiveness of lay counsellors at a counselling resource centre. Results indicated that the lay counsellors compared favourably with Family Service Association professionals on measures of "client's change" and "client satisfaction".

From a theological perspective, Sweeten (1987: 14-20) in his paper entitled "Lay Helpers and the Caring Community", proposed an approach that raised the general level of personal and interpersonal functioning by adapting a lay helper training strategy to the total (church) congregation and thereafter selecting those who are properly talented, skilled and gifted to enter a specific ministry of helping and pastoral care.

In another study, Danylchuk (1992: 382-391) compared the training of pastoral counsellors to that of social workers who, in their line of study, also received training in basic counselling. He found that the lay pastoral counsellors were more highly trained and more efficient than the social workers with regard to the learning of counselling skills and techniques. Despite this high level of training, he however encouraged more research studies to determine

the level of effectiveness of the ensuing counselling conducted by the two types of counsellors.

An effort to improve the skills of trainee counsellors was also conducted by Barak (1990: 170-178) who demonstrated the use and effectiveness of the Empathy Game (a stimulating and competitive procedure which involved the trainees responding to nine written statements supposedly made by clients) intended to promote their empathic skills. The use of games in education and skill-development programmes was well established where Bredermeir and Greenblat (1980, cited in Barak, 1990) found positive results of game procedures in improving attitudes and behaviour. All the trainees in this experiment showed an increase in empathy skills.

Although lay counsellors would serve as a favourable resource in any community in dire need of psychological services, Green (1989) has expressed some misgivings regarding their extensive usage. Since they are cost effective and enthusiastic, they do indeed provide a valuable service that would lead to large scale personal and community empowerment, yet, due to the fact that they receive limited training, Green (1989) questioned the efficacy of services rendered by lay counsellors.

Whilst O'Donnell and George (1977: 3-12) have presented overwhelming evidence to show that the deployment of volunteers in a variety of community mental health programmes was necessary

to relieve the burden imposed on the mental health department, McClure, Wetzel and Flanagan (1973: 397-398) have cautioned that a fair percentage of volunteer counsellors may have significant emotional problems which could have deleterious effects on their ability to help others.

Community counsellors may work in an array of settings however, they have much in common in that: -

- They share an awareness of the effects of the social environment on each community member,
- They share the perception of community members as whole persons who have their own strengths and resources as well as particular deficiencies,
- They share a view that people and communities can be assisted most efficiently by equipping them with skills that they require to help themselves (Lewis and Lewis, 1989: 2).

It is for the above-mentioned reasons that Wills (1980:80) coined the term 'specialist helper' to describe the role of the lay counsellor in the community setting.

2.3.4. LAY COUNSELLORS AND ISSUES RELATING TO CULTURE

Various reasons have been forwarded to justify the usage of lay counsellors in a multiplicity of community settings (Korchin 1976: 519-521). He emphasized the unique abilities of lay indigenous helpers who understood and worked more effectively with clients of their own cultures. The assumption underlying this reasoning is that lay counsellors worked more effectively because they shared the cultural values and worldviews of the client population.

Furthermore, he suggested that the act of counselling has positive effects on the lay counsellors such as positive psychological growth and increased competence. In this way the lay counsellors benefit as much as (or even more) in the counselling process. Reissman (1965: 27-32) termed this the “helper therapy principle”.

Korchin (1976: 530-533) has also pointed out certain problems relating to the use of lay counsellors or non-professionals in the roles of helpers. He stated that since role boundaries are unclear, lay counsellors might attempt to do more than they are capable of or, they may end up being confused. This means, for example, confusion as to whether they should be “professionally objective” and preclude friendships with clients or, could they be friends with their clients to a larger extent than professional counsellors.

Secondly, the background and personal qualities of the lay counsellors could be problematic in that the lay counsellors could feel insecure because of their lack of experiences.

Mainstream psychological services were often under utilised or prematurely terminated due to the lack of multicultural competence of counsellors (Sue and Sue, 1990: 6). In an exploratory study Heppner and O'Brien (1994: 5 – 17) used a qualitative self-report format to examine how counselling students experienced the impact of a multicultural course. One of the major findings of this research was that if the counselling trainees were exposed to multicultural issues very early on in their training, it would have created greater awareness and knowledge that would eventually be filtered through the rest of their training course.

Rural areas in South Africa comprise largely of traditional African residents who can be quite firmly identified with traditional culture, values and rituals (Donald and Hlongwane, 1989: 245). The use of western counsellors in traditional societies has been on the increase until the recent past, as too few black psychologists existed in South Africa (Green, 1989). Owing to the lack of professional black counsellors, the western trained counsellors often analyse and interact with the largely black rural population from the 'white middle-class perspective' and this results in trainee counsellors lacking the understanding and knowledge about ethnic values and their consequent interaction (Sue et al 1990: 9). Furthermore, the

traditional training of mental health practitioners results in counsellors inheriting the racial and cultural biases of their forebears. d'Ardenne and Mahtani (1992:13) stated that counsellors generally remain 'culturally encapsulated' as they are unable to see issues from another cultural perspective.

From the above explanations it would therefore be advantageous to train members from within a particular community to serve as lay counsellors. Such intracultural counsellors are not only physically and emotionally in tune with their own culture's traditions, values and rituals but they are also readily accessible to locally based service centres. Voluntary lay counselling services are also more visible and sensitive to their users than statutory services are (Dinsmore and England, 1996: 58).

2.4. AN OVERVIEW OF VIOLENCE AND RELATED ISSUES

2.4.1. INCIDENCE OF VIOLENT CRIME IN KWAZULU-NATAL

This section would not attempt to provide an in-depth explanation of the aetiology of crime in South Africa but would rather provide a succinct overview of the most salient crimes affecting citizens of our country and the impact that these crimes have on victims of violence. It is imperative to outline the effects that crime has on victims, as lay counsellors who encounter victims of violence need

to be aware of the symptoms displayed by the very people that seek their assistance.

The subject of violence is continuously being researched in South Africa and a review of all the local research on violence was beyond the scope of this dissertation. South African social scientists have said that violence in our country has become one of the most effective ways of getting and keeping control (du Preez and Ladikos, 1996: 129). In a global explanation forwarded by Lloyd Vogelmann (1995), the director of The Centre for the Study of Violence and Reconciliation, it was stressed that the excessive use of violence during the Apartheid era by government forces and the liberation organisations has resulted in a social and moral acceptance of violence as a justifiable form of conflict resolution. For further reading in this area, the reader is referred to: Mputing, J. (1991). Attributions for violence in South African townships. Unpublished Master's dissertation. Johannesburg: University of Witwatersrand as well as McKendrick, B. and Hoffman, W. (eds) (1990). People and violence in South Africa. Cape Town: Oxford University Press.

2.4.2. EXTENT OF CRIME IN SOUTH AFRICA AND KWAZULU-NATAL

According to official statistics released by the Crime Information Management Centre (SAPS, 1996), South Africans were murdered at a rate of fifty persons a day and three violent crimes were committed every two minutes. Of the 800 000 violent crimes recorded in that year, 67 000 were cases of armed robberies, 150 000 were cases of assault (including domestic violence) and 31 000 were rape cases.

In 1996 an average of 64 murder cases were reported a month or approximately 18 a day in KwaZulu-Natal alone. Of the 174 823 reported criminal cases in KwaZulu-Natal, 6% were cases of rape whilst 15% were assault cases (SAPS, 1996). In 1992, the Human Science Research Council outlined the three most common cases of the "Big 6" crimes as being murder and attempted murder, rape and attempted rape and aggravated assault. A most disturbing finding is that sexual violence against children has become a common phenomenon in South Africa. The Crime Information Management Centre has revealed that in 1992, 7 774 children were victims of sexual violence and these statistics continue to rise annually. Furthermore these statistics are not a true reflection of the real incidence of this crime since many cases are not reported to the police. These statistics are important as they highlight the types of

crimes most often attended to by police personnel and nurses in rural clinics.

2.4.3. AN OVERVIEW OF THE EFFECTS OF VIOLENCE ON VICTIMS

Each victim of violence reacts to traumatic events in a unique way but there are common traumatic stress responses experienced by many people. Some of these symptoms include fear, being easily startled or hypervigilant, physical symptoms like headaches and sleeping problems, poor concentration, uncharacteristic anger outbursts and intrusive memories of the event.

Robertson and Hajiyianis (1999) of the Centre for the Study of Violence and Reconciliation explained that many victims of violence seek counselling immediately following their experience or at a time when they feel that they can no longer deal with it on their own. An important function of counselling these victims was to help people talk about their experiences in a safe and uncritical environment. Survivors of violence often blamed themselves as, in some way, they felt responsible for what had happened or they may have believed that they could have behaved differently during the incident. These thoughts often left victims feeling negative about themselves and may have added a sense of feeling powerless and helpless. Sometimes family members or loved ones may also blame

the victim for what had happened thereby exacerbating these feelings. The role of the counsellor was to assist people with some or all of these symptoms to realise that these symptoms were normal reactions to abnormal events and that they were not going crazy. Often, consistent with the individual's belief system, the victim may have found it necessary to combine counselling with other forms of healing such as indigenous African healing practices.

From the statistics presented above, it was appropriate to conclude that a large number of rape cases were reported to the police daily and of these reported cases a large number of the cases were attended to by the medical profession that comprised doctors and nurses. Tyra (1993: 12) presented the 'nursing diagnosis' of the rape trauma syndrome which consisted of an acute phase of disorganisation and a long-term phase of reorganisation of the victims' lifestyles. It was during the acute phase of reaction that rape victims most often sought assistance. During this acute (impact) phase, rape victims tend to be in shock and could react with expressions of denial and disbelief. Emotional reactions included fear for one's safety, guilt and self-blame, anxiety, humiliation, anger, need for revenge and a wish to maintain secrecy. The most distressing aspect of seeking medical care or psychological assistance for all rape victims is that rape symbolised a loss of power and control.

Dave and Tredoux (1989: 33-47) have studied the emotional status of children who have been indirect victims of political crime. They found that: -

- Children with mothers who had Post Traumatic Stress Disorder were most likely to develop multiple stress symptoms than single stress symptoms.
- Fears were most frequently found across all age groups.
- Changes in emotional expression were frequent across all age groups where younger children (aged between 2 to 6 years) expressed weepiness whilst older children (older than 7 years) showed irritability and restlessness.
- Nightmares about attacks and fear of sleeping were common in children under 7 years of age.
- 7 to 11 year olds showed evidence of social difficulties such as aggressive interaction with peers or low levels of interaction with peers as compared to previous levels of interaction.

Shuchman, Silbernagel, Chesney and Villarreal (1996: 755), who investigated adolescent victims of violence, found that accessibility to any counselling intervention was greatly influenced by gender

where females received interventions more frequently than males did as females exhibited more psychological symptoms than males did and also because females were more willing to report being victims of violence. After reviewing the psychological sequelae of violent crime in their article on the "Psychological Reactions of Victims of Violent Crime", Bisson and Shepherd (1995: 718) have pointed out that it was appropriate to offer all victims of violent crime early emotional support, education and practical advice in order that this did not lead to more serious psychological conditions later in their lives.

Padayachee (1994: 53) in her study on domestic violence, emphasised that in families where violence was prevalent, children felt that it was their fault that the violence originated. As a result, a sense of powerlessness, which caused an inability to perform effectively, became part of the child's self-concept after being exposed to domestic violence. Zuckerman (1996: 511) also pointed out that witnessing violence in the home could be as traumatic for children as being a victim of violence. In her study, Padayachee (1994) concluded that service providers such as police and nurses (who formed part of the lay counselling services offered by the Advice Desk for Abused Women) could offer immediate assistance (such as crisis intervention) to children of abused women in order that the above mentioned "traumagenic states" do not become institutionalised in the child's personality.

2.5. ISSUES RELATING TO THE TRAINING PROGRAMME

2.5.1. OVERVIEW OF SELECT RESEARCH PERTAINING TO LAY COUNSELLOR TRAINING PROGRAMMES IN SOUTH AFRICA.

Various lay counselling training programmes each with their unique emphasis have been devised in South Africa to alleviate the crisis in the delivery of mental health services to disadvantaged areas (Green, 1989 and Collaros, 1995).

Other forms of research have also attempted to enhance the skills of lay counsellors. de Klerk's (1994) research was initiated on the assumption that lay counsellors from the GAB phone-in counselling service experienced difficulty in responding with empathy when dealing with certain clients. This research proposed that a creative writing intervention could increase the empathy of lay counsellors in an experimental group by inducing them to project themselves into the position of a difficult client. The results of this creative writing intervention however indicated that this intervention failed to achieve an increase in counsellors' empathic responses.

In her study Pretorius (1985) explored the impact of positive reframing as a technique to increase self-confidence and counselling effectiveness of lay counsellors. Results of this research indicated a

great improvement in self-confidence and empathy in the experimental group that was exposed to this technique.

Extensive research and the consequent proposal of a curriculum for a certified course in lay Christian counselling was also formulated by Collaros (1995). Follow up studies need to be conducted to test the efficacy of this course.

Whilst the above research projects relating to the formulation of training programmes and enhancement of counsellor skills were initiated by researchers themselves, little attention was paid to the actual experiences of trainee counsellors around which a training programme should have been formulated. This research set out to formulate a training programme focusing on the needs and experiences of the members of the Mandini community in KwaZulu-Natal.

2.5.2. CRISIS AND CRISIS INTERVENTION

2.5.2.1. INTRODUCTION

The use of lay counsellors is common in crisis situations as they are able to deal quickly with most cases of emotional distress and if necessary, lay counsellors are also trained to refer individuals to appropriate agencies. Owing to the nature of their work, nurses and

police personnel are often the first line of contact for many victims of violence in rural areas. Often these individuals have to intersperse their professional roles as nurses and police personnel with the role of counsellors to the very victims that they are attending to (Greenstone and Leviton 1993).

In the aftermath of a violent crime, helping a person in crisis requires exceptional sensitivity and active listening skills on the part of the counsellors (Roberts, 1990: 4). If the counsellor were able to establish rapport with the person in crisis soon after the “crisis event”, this would “save many hours of later therapy” (Roberts, 1990: 5).

2.5.2.2. DEFINITION OF CRISIS

Crisis is “a subjective reaction to a stressful life experience, one so affecting the stability of the individual that the ability to cope or function may be seriously compromised” (Bard and Ellison cited in Roberts 1990: 14). Gilliland (1988: 4) described a crisis as “the perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person”.

A consensus existed between crisis counsellors that the following were characteristic of a person in crisis: -

- Perceiving a precipitating event as being threatening and meaningful;
- Appearing incapable of modifying or decreasing the impact of stressful events and conventional coping methods;
- Experiencing heightened fear, stress or even probably confusion;
- Exhibiting increased levels of subjective discomfort;
- Moving rapidly to an active state of crisis or disequilibrium (Roberts, 1990: 9).

2.5.2.3 DEFINITION OF CRISIS INTERVENTION

Parad (1965: 3) defined crisis intervention as “when a counsellor enters into the life situation of an individual or family to alleviate the impact of a crisis in order to mobilize the resources of those directly affected”.

Crisis intervention was the timely intrusion into persons’ lives when these individual’s own coping mechanisms became ineffective. Thus the goal of crisis intervention was to assist crisis victims to return

to their pre-crisis levels of functioning and to seek channels for positive change.

The focus of crisis intervention was on the present or the here and now whilst short-term counselling focused on the past and looked at how it affected the present-day living of the clients. Crisis intervention was therefore time-limited (Roberts, 1990: 16).

In order to engage in any form of crisis intervention, it was important to have an understanding of crisis intervention models. The actual application of the crisis intervention model to persons suffering from particular acute types of crisis will be outlined in Chapter 5.

2.5.2.4. A BASIC MODEL OF CRISIS INTERVENTION

Roberts (1990: 11-15) in his handbook on crisis intervention has synthesised the models of Aguilera and Messick (1982), Beck (1976), Burns (1980), Caplan (1964) and Parad (1979) to provide a comprehensive model of crisis intervention. The practice models of the above theorists were geared towards resolving immediate problems and emotional turmoil through a minimum number of consultations or contact. Fairchild (1986, cited in Roberts, 1990) has stressed that crisis workers should take on a directive and active role without actually taking 'ownership of the problem'.

The following procedural steps and stages were presented by Roberts (1990:12) to assist persons in crisis: -

1. Make psychological contact and establish rapport: -

The crisis worker needs to convey genuine respect for and acceptance of the client. Whilst the client needs to be reassured that they can be helped, do not make false promises or reassurances that everything will be all right.

2. Examine dimensions of problem so that it can be defined: -

Identify why the client sought help and the factor(s) precipitating this quest for assistance. Focus should be on the present or the here and now. Dimensions can be explored by asking specific open-ended questions.

3. Encourage the exploration of feelings and emotions: -

Allow and encourage the client to express and ventilate emotions and feelings in an accepting, private, supportive and non-judgemental setting.

4. Explore and assess previous coping attempts during a crisis: -

Usually an event becomes a crisis when previously adopted coping mechanisms fail to provide homeostasis in a person's life. The crisis worker can assist the client to modify maladaptive coping mechanisms.

5. Explore alternatives and specific solutions: -

At this stage the crisis worker and the client work towards generating and exploring alternatives available to the client.

6. Introduce an action plan thereby restoring cognitive functioning: -

The client needs to obtain a realistic picture of events that precipitated the crisis. Thereafter the client needs to look at the specific meaning of the event for him/her and how this conflicts with his/her life goals, expectations and belief system. The crisis intervener needs to listen cautiously and note any irrational beliefs that the client could verbalise; thereafter the crisis worker should help the client discover the distortions that may be present.

7. Follow up: -

At the final session, the client should be reassured that he/she would readily be assisted in the future if he/she requires further counselling assistance.

If crisis workers effectively translate any theory or model into practice, they need to possess basic counselling skills. The basic Rogerian counselling skills of empathy, warmth and genuineness were the foundational skills of crisis intervention as well as any other lay counselling programme such as this research.

In summation therefore it could be seen that crisis intervention or management is an attempt to deal expediently with an immediate problem. It serves as a “physical or emotional crutch to lean on” and could even involve the act of giving direction by the crisis worker when self-direction seems impossible (Greenstone and Leviton 1993: 3). The goal of the crisis worker is management (and not resolution) over a short time period. Crisis intervention is therefore aptly referred to as “emotional first aid” (Greenstone et al 1990). Specific issues relating to crisis intervention and counselling was discussed at length in the training programme.

2.6. THE USE OF EGAN’S MODEL OF COUNSELLING FOR TRAINING LAY COUNSELLORS

2.6.1. INTRODUCTION

Egan’s Skilled Helper model of counselling was an eclectic approach that was formulated on three basic principles: -

1. The theory of high-level functioning helpers. According to Carkuff (1969) these helpers have the following skills: empathy, respect, concreteness, congruence, self-disclosure, confrontation and immediacy.

2. Strong's social influence theory where helping is seen as a process whereby others influence clients, as they perceive counsellors as having particular attributes. The helper should avoid opposite extremes of either coercion or laissez-faire by "ensuring that they are collaborative, empowering and democratic" (Nicolson and Ayers, 1995: 29).
3. Bandura's Learning theory where clients are seen as acquiring skills by understanding the learning processes especially self-efficacy expectations where people are expected to reach their goals via learning relevant behaviours.

2.6.2. THEORETICAL CONCEPTS

As depicted in figure A, people, according to Egan's model, were active interpreters of the world. Their interaction with the world was "active" involvement as they were constantly facing and initiating challenges for themselves. Individuals were proactive in that they explore problems, seek opportunities and establish goals for themselves. In light of the above explanation, it could be deduced that the aim of a person was to actively initiate action and determine apt problem-solving strategies.

The foundation of the helping process offered by the counsellor involves the usage of core skills based on Carkuff's idea of the high-level functioning helper. These Rogerian skills necessary for assisting clients are, empathy, regard, concreteness, congruence, self-disclosure, confrontation and immediacy. By using these skills the counsellor fosters confidence and trust in his/her interaction with the client (Egan, 1994).

2.6.3. THE AIMS OF HELPING

The main aim of counselling was to assist the client to develop skills and knowledge to solve problems. In order to facilitate this process the counsellor needed to: -

- Establish an appropriate relationship with the client by providing a warm atmosphere of acceptance;
- Assist the client to formulate an action plan;
- Ensure that the client uses his/her own inner resources thereby taking responsibility for themselves;
- Assist the client to use skills learnt and transfer these skills into new situations.

In essence therefore the role of the counsellor is to: -

- Assist the client to set up realistic and appropriate goals that will match the problem-solving skills of the client;
- Become directive and encourage the client to develop skills and knowledge necessary for problem solving;
- Enable the client to build on their own inner ability and if possible to use external resources and probably support groups;
- Encourage the client to develop their full potential;
- Assist the client to set goals that are specific, realistic, achievable and ethical in order that they may solve their problems. (Nicolsen et al, 1995).

2.6.4. SKILLS OF HELPING

The counselling skills required were basically the skills that would facilitate communication between the counsellor and the client.

Since the skills were extensively covered in the training programme encapsulated in Chapter 5, it would suffice to mention the skills of helping as being: -

- Effective attending and listening skills;
- Active listening skills;
- Empathy and
- Probing.

2.6.5. THE THREE-STAGE MODEL

Egan's client-centred model comprised three main stages which were not necessarily followed in a sequence. Thus for the purpose of this research, it was a flexible model which allowed the client to move back and forth across the stages if required. The main aim was to empower the clients to accept responsibility for their lives and for this reason the focus of counselling was on the present and not the past.

STAGE ONE: LOOKING AT THE CLIENT'S PRESENT SITUATION

The counsellor assists the client to identify and clarify their own problems and to identify the opportunities that may exist.

Client's resources are also determined. At this stage the client may appear reluctant to talk; the counsellor in a respectful and warm environment challenges this negativity. The client is also assisted in setting out priorities.

STAGE TWO: ASSISTING THE CLIENT TO ESTABLISH GOALS AND OBJECTIVES

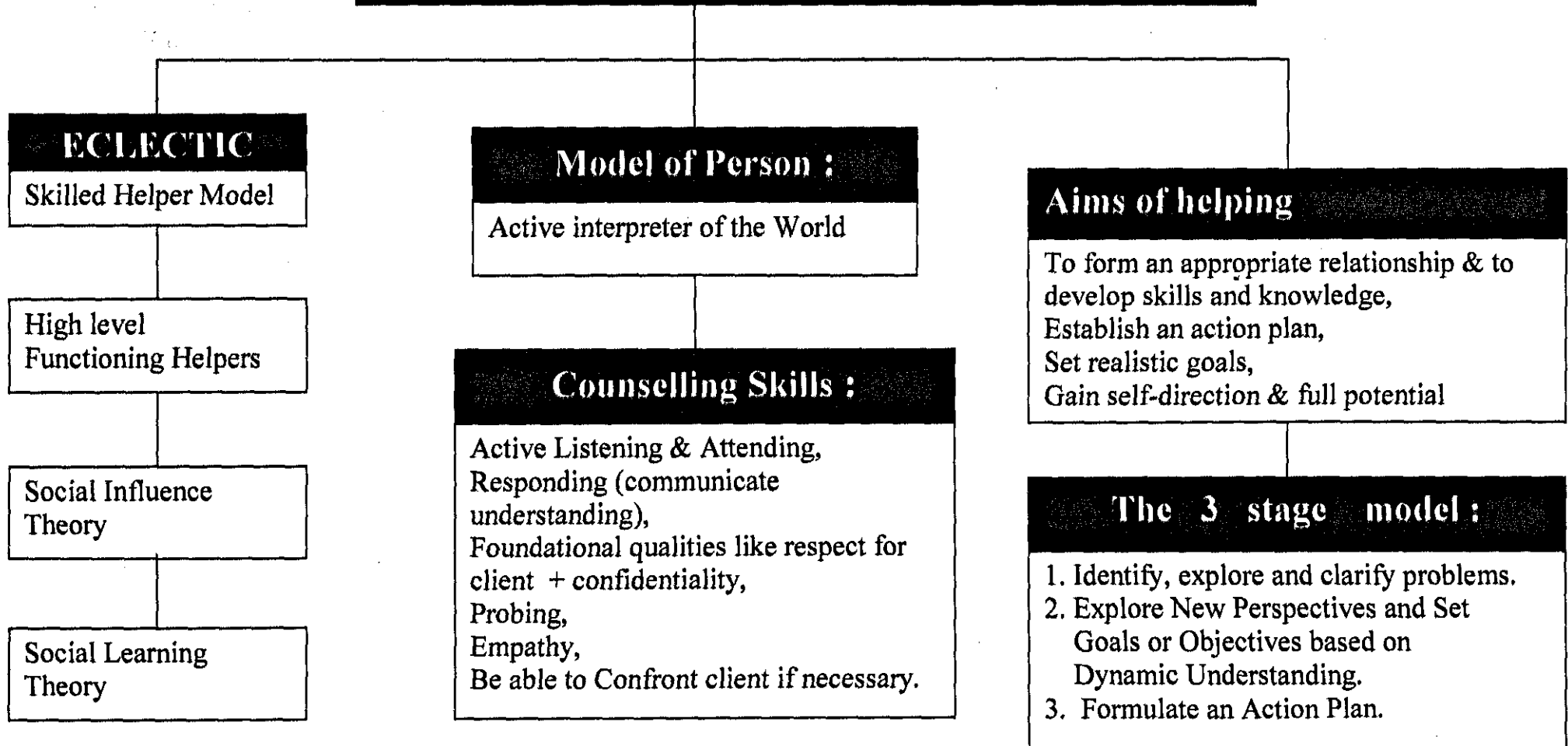
Whilst the client determines his/her own goals, the counsellor assists the client to explore his/her options and goals. The counsellor also encourages the client to consider new possibilities and ultimately to choose ones that are realistic and have adequate incentives. The counsellor using brainstorming tactics and divergent thinking with the client can facilitate appropriate choice making. This allows the client to be faced with a range of options from which he/she can choose an option tailored for his/her needs.

STAGE THREE: ASSISTING THE CLIENT TO DEVISE STRATEGIES

At this stage the counsellor assists the client to work out ways in which his/her goals could be achieved. This involves assessment on the part of the client based on the circumstances of his/her environment and available resources. This stage also involves the transition (not necessarily on the physical level) from the current situation to that which the client prefers. The counsellor provides a support structure by assisting the client to look out for obstacles that may impede this transition, presenting challenges and mobilising the client's resources that may include social support structures.

FIGURE A : ELEMENTS OF EGAN'S MODEL

ELEMENTS of EGAN'S MODEL



2.7. GUIDELINES FOR COUNSELLING SKILLS TRAINING

Chapter 5, which detailed the composition of the lay counselling training programme, also encompassed the use of basic counselling skills. However McLennan (1994: 85-86) reviewed extensive literature on skills training and provided the following general guidelines for effective basic counselling skills programme: -

1. Ideally select highly motivated trainees in order that their counselling abilities may be enhanced.
2. Applicants who show extremes of observed social behaviour should be excluded.
3. In training groups, which ideally should not exceed 16 members, setting clear rules would enhance interpersonal safety.
4. Trainees should be encouraged to explicate for themselves their "entry-level values and attitudes" concerning counselling, however these should not be challenged.

5. The counselling course or programme should be tailored to the specific setting in which the lay counsellors would work rather than keeping it general.
6. Emphasis should be placed on assisting trainees to change their interviewing behaviour especially: -
 - Decreasing their reliance on asking too many questions and
 - Increasing their ability to use the responses of clients to communicate understanding through restating and reflection.
7. Use a microskills approach to achieve these objectives.
8. Sufficient instruction time should be left aside for training to create an impact, "at least 10 hours and preferably 20".
9. Allow enough opportunity for changed interview behaviours to be internalised; training should span several sessions and tasks should be organised for trainees to work on between these sessions.

From McLennan's (1994) finding it was evident that the use of a phenomenological approach to determining the needs of lay counsellors will be most useful in tailoring an appropriate lay counselling programme rather than using a general programme which may not be entirely suitable to equip lay counsellors with counselling skills.

2.8. SELECTION OF LAY COUNSELLORS

Tan (1991: 97) stressed that the careful selection of lay counsellors was a crucial step in developing an effective lay counselling training programme. Most research investigating appropriate selection criteria for lay counsellors have focused on the characteristics of volunteers versus non-volunteers. Researchers have suggested the use of psychological tests, which include The Character Assessment Scale (developed by Schmidt), which is a personality test with 225 items assessing a number of morally relevant character traits, or, the Myers-Briggs Temperament Type indicator (Tan, 1991: 102-119). Hart and King cited in Tan (1991) stated that "volunteers have been found to score higher in nurturance, affiliation and empathy....to be more idealistic and generous... and to be higher in flexibility, achievement via independence and maturity and sensitivity...". However these listed characteristics do not imply correlation with counselling

effectiveness and very little research exists to suggest that selecting counsellors in this way was advantageous.

An important finding of Carkhuff (1967) was that persons with high initial levels of helping skills improved more with training than those who possessed low levels of helping skills. In another study wherein Carkuff (1967: 119) compared lay counsellors with professional counsellors, he said that indicators suggest that lay counsellors were less intelligent or intellectual, they were less educated and were usually from the lower socio-economic classes, yet, they were motivated to help because they were most often in contact "with the need for help, for himself, for others".

2.9. SUPERVISION OF LAY COUNSELLORS

2.9.1. DEFINITION OF SUPERVISION

Tan (1991: 135) explained supervision as a process wherein the lay counsellor was guided in such a way as to enhance his/her skills, competence and effectiveness in the counselling arena.

The supervisor was the person who oversaw and guided this process of supervision. Supervision of lay counselling was "crucial to producing counsellors who improve" (Worthington, 1987: 70).

2.9.2. OVERVIEW OF MODELS OF SUPERVISION

Several models have been formulated for providing supervision of lay counsellors during their training. There were four basic models of supervision: -

1. The minimum intervention model where there is brief training in helping without direct supervision of actual lay counselling.
2. The vertical supervision model that is often used by counselling agencies that employ “nouthetic” counselling (Adams cited in Worthington, 1989: 71). Generally there are four levels of trainees in such a model: -
 - Those who attend classes and receive didactic instruction;
 - Those who observe more experienced counsellors doing actual counselling and who participate in case discussions;
 - Those who participate as junior counsellors in the counselling team;
 - Those who serve as senior counsellors in counselling.

A senior staff member assigned to the team supervises each of the above levels of counsellors.

3. The professional training model which, for the purposes of this research need not be detailed. Training for these individuals include assessment and addressing the performance at each level of counselling.
4. The implicit trust model where there is no direct supervision of lay counsellors. The supervisor generally asks the lay counsellor about a particular case and the verbal self-report of the lay counsellor is regarded as accurate. This model of supervision is rather precarious as the lay counsellor may be deemed to be competent when in actual fact he/she could fall short of objective levels of competence.

2.9.3 OTHER ISSUES PERTAINING TO SUPERVISION

An important aspect of supervision was also to educate the lay counsellor regarding his/her limitations and to identify circumstances when clients needed to be referred for professional assistance (Worthington, 1987: 73). In this way, although their motives may be "laudable", lay counsellors need to be made aware that they could harm clients when they were not competent. Supervision therefore involved educating, monitoring performance,

teaching about confidentiality of cases and evaluating success or failure of the lay counsellors' performances. Evaluation thus implied that there needed to be certain criteria determined by the supervisor against which the lay counsellors' performances could be assessed. Stevens-Smith (1995: 283-293) has also stressed that training as well as supervision needed to address gender issues and gender awareness as the possibility of sexual orientation bias could pose as an ethical issue.

2.9.4. EVALUATION OF TRAINING PROGRAMMES AND LAY COUNSELLOR PERFORMANCE

The questions often asked after the completion of a training course is whether the programme had effectively done what it had intended to do or whether the lay counsellors have been adequately trained to effectively counsel people in need of their services. These are the questions that are addressed by evaluation of a programme or the evaluation of a lay counsellor's performance. Over the past three decades, programme evaluation has emerged as a new multidisciplinary field in the social sciences. Feedbacks from programme evaluations served to enhance productivity, trainee morale and quality of the "product" (Tan 1991).

Tan (1991:161) stressed that the major focus of evaluation should be on the counselling knowledge and skills that the lay counsellors

have acquired during training programme rather than on the evaluation of the entire programme.

Several measures for evaluation of counselling knowledge and skills have been outlined, all of which will not be dealt with by this dissertation (Tan, 1991: 163-171). These include: -

- The use of self-report measures where lay counsellors fill in questionnaires or rating scales themselves;
- Written responses are another form of evaluation where lay counsellors' written responses to counselling situations are assessed;
- Trained assessors are also requested to rate the behaviour and skills of the lay counsellor in a counselling session (which could involve role plays or actual videotaped or audio taped counselling sessions). This form of rating has been commonly used in South Africa (Green, 1989). Role-plays of trainees could be assessed just before and just after the training programme has been conducted. By using appropriate rating scales the lay counsellor's behaviour and counselling skills are rated by two to three raters so that interrater reliability could be determined. Carkhuff's (1967) rating scale called "A Scale for the Measurement of Empathic Understanding, Respect and Genuineness" was commonly used for this

purpose. It consisted of eight scales, each having 5 levels of scoring dimensions focussing on the assessment of interpersonal functioning. The assessors need to have previous training and experience in using the Carkuff scale. The lay counsellors were rated before and after the programme so that any changes on the above-mentioned dimensions of core counselling skills could be determined (Tan, 1991: 165 and Carkuff, 1967).

2.10. CONCLUSION

Despite questions being raised by theorists regarding the services of lay counsellors within communities, this chapter has highlighted the invaluable role played by lay counsellors in community psychology. Indubitably, lay counsellors in particular community settings could be trained with basic counselling skills to meet the fundamental psychological needs of individuals within their communities. Indigenous lay counsellors could also be propitiously used to serve their communities so that impediments relating to cross-cultural counselling were alleviated.

In summation therefore, one should heed Tan's (1991: 97) suggestion that both adequate selection based on competent levels of helping skills as well as adequate training contributes to the development of effective lay counsellors.

Chapter three was concerned with the research method and design used to determine the experiences and needs of the potential lay counsellors in rural Mandini so that an appropriate counselling programme could be tailored.

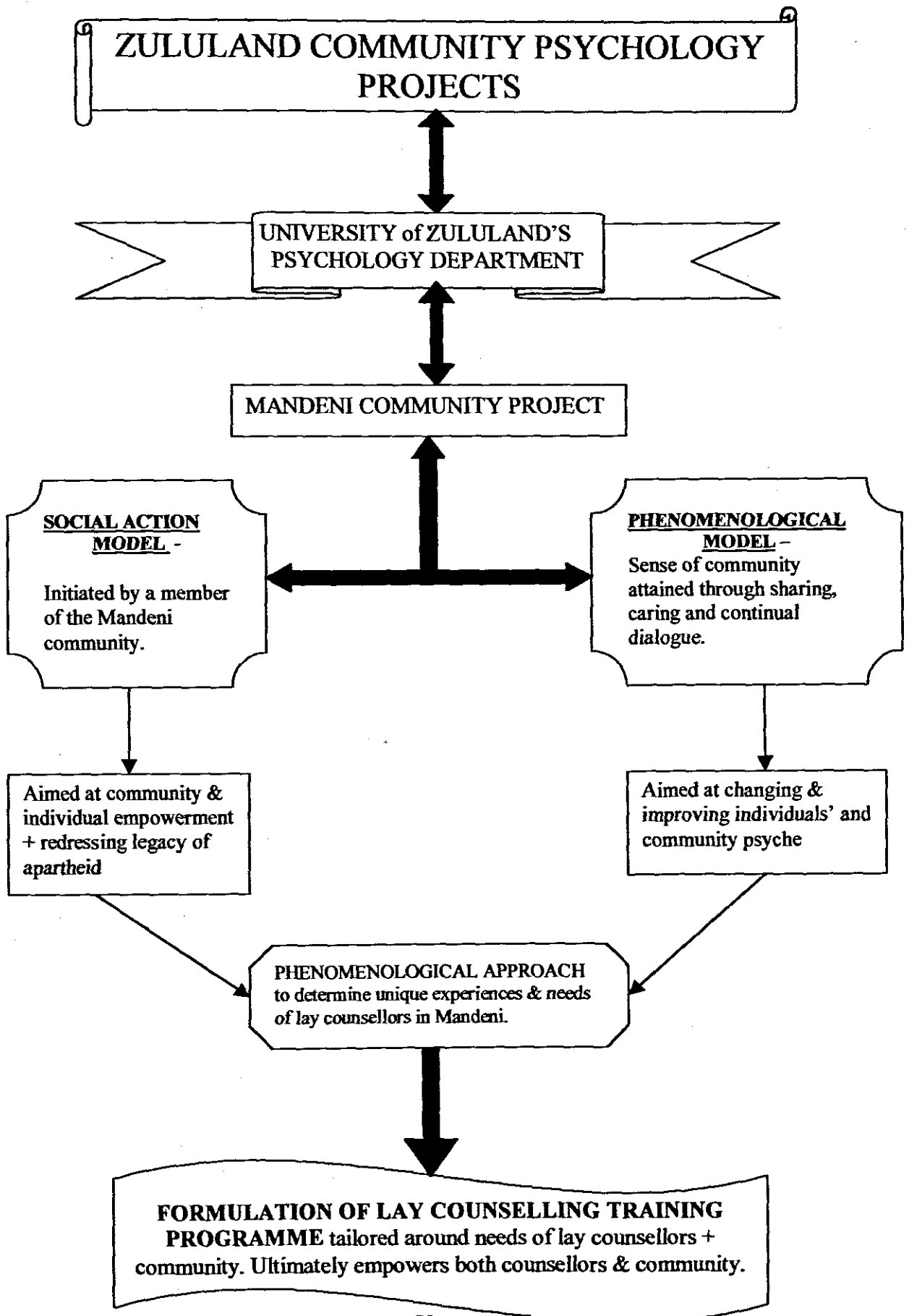
CHAPTER THREE

3. RESEARCH METHOD AND DESIGN

3.1. INTRODUCTION

As discussed in chapter one, the point of entry into this community psychology research project was initiated by a medical doctor from Mandeni who asked for assistance from the University of Zululand's Psychology Department to empower lay counsellors who in turn will counsel victims of violence thereby empowering them to work through their ordeals. From this statement therefore it could be deduced that this research fell within the ambits of mainly the social action model, which was aimed at individuals' and community empowerment and, at a later stage of the project, within the realm of the phenomenological model. As outlined in chapter 2 (in 2.1.2.), all models of community psychology could apply to a particular degree in all communities yet certain models will be more relevant. In this research the phenomenological model was also a relevant model as it encompassed the principles of caring, sharing, sense of community through continual dialogue, which led to change and improvement of both the individuals' and communal psyche. The above explanation is diagrammatically illustrated on the page that follows.

3.2. DIAGRAMMATIC ILLUSTRATION OF THIS RESEARCH



3.3. AN OVERVIEW OF THE RESEARCH METHOD

The goal of this research (which in turn dictated the method to be adopted) was to explore the experiences of nurses and police personnel who, in the course of their professional work, daily encountered victims of violence. In order to investigate this, nurses and police personnel were interviewed according to the method prescribed by the phenomenological approach. Before the onset of the research, nurses and police personnel briefly expressed their concern that they often had to counsel these people whom they either “treated” or had “taken statements from” respectively; however they felt ill-equipped to serve as lay counsellors to the people who sought their help. The main reason for exploring these experiences was to enable the formulation of a unique and specific lay counsellor-training programme to address the needs of these counsellors. The researcher was aware that the formulation of training programmes could be rather extensive and time consuming, thus the main intention of the researcher was to focus on counselling issues relevant and appropriate to the Mandini context. From having served a period of clinical psychology internship in the Mandini region, the researcher was also aware and anticipated the emergence of various social issues which did emerge in the explication of the police personnel’s and nurses’ experiences in working with victims of violence. If awareness of these issues were not brought to light, it could very well have impeded any efforts to implement a lay counsellor- training programme aimed at assisting

people in dire need of lay counselling services. In this chapter a phenomenological question relating to counsellors' experiences in attending to survivors of violence was qualitatively analysed using the phenomenological method. Thereafter the findings were discussed in detail and issues relating to the needs of the potential counsellors were identified in order that a counselling programme could be tailored around these needs.

3.2. IDENTIFICATION OF THE PHENOMENON

The nature of the phenomenon under study here was the experiences of nurses and police personnel in counselling victims or survivors of violence, but what was really sought after was the nurses' and police personnel's experiential meaning of this counselling task. Thus the experience and meaning of dealing with victims of violence became the phenomenon. In order to expediently do this, it was decided that the phenomenological approach was the most suitable methodology to cover a vast array of experiences.

3.3. THE PHENOMENOLOGICAL APPROACH

Since this research does not aim to give an extensive presentation of the phenomenological approach, readers are referred to Kruger, T.M.D. (1979). An Introduction to Phenomenological Psychology.

Cape Town : Juta and Company for an in depth understanding of the subject. It will however be propitious to briefly outline what the phenomenological approach actually entails.

Pure psychology, which encompassed the positivistic approach, contrasts with the phenomenological approach. The positivistic approach, according to Husserl (1965, cited in Dreyfuss, 1993), concerned itself with the “non-factual and non-empirical investigation of the psychological prior to its empirical investigation”. Thus psychological events were investigated as appearances and appearances constituted acts. In this way positivists worked within a natural science framework wherein phenomena were seen as independent occurrences and thus focus of attention was placed on *explaining* phenomena. In contrast therefore, according to Husserl (1965), phenomenology provided a method of moving from the natural attitude through the psychological one to the *transcendental* attitude of philosophy.

Husserl (1965, cited in Dreyfuss) noted that phenomenological reflection did not presuppose that anything existed but rather amounted to a “bracketing of existence” or “phenomenological reduction”, that is, setting aside the question of the real existence of the contemplated object or experience and focussing on the continual revelation thereby obtaining ongoing insight into personal preconceptions and assumptions.

As formulated by Husserl (1965), phenomenology was the study of the structures of consciousness that enabled consciousness to refer to objects and experiences outside itself. This study required reflection on the content of the mind to the exclusion of everything else. Owing to this, phenomena were described as "being-in-the-world" which emphasised the reciprocal relationship between individuals and "the world". The transcendental attitude arose when one moved along and beyond the natural attitude through suspending and becoming aware of one's own preconceptions about phenomena as transparently as possible.

The phenomenological approach was deemed to be an appropriate one to gain an intensive understanding of the requirements of potential lay counsellors' experiences in dealing with victims of violence. The insight gained from these revelations had thereby ensured the formulation of a training programme best suited to the experiences of lay counsellors in this particular context.

One of the most important stages in the phenomenological approach was staging the question to the research subjects enquiring what that particular phenomenon of counselling survivors or victims of violence meant to them, thereby unravelling the experiential composition of the phenomenon.

3.4. SELECTION PROCEDURE

Since this project was initiated by a medical doctor who was a member of the then Mandeni Transitional Local Council and related social and welfare agencies, the decision of training lay counsellors was determined by members of the Council who comprised representatives from the clinics and police stations existing within this region. At the community meetings it was decided by the community representatives that clinic administrators and station commanders who were well versed with the capabilities of personnel working under them, should determine the selection of trainee counsellors for the lay counsellor-training programme.

Despite the training programme being based at Sundumbili Clinic, which was deemed to be the central point of this vast rural area, it was anticipated that the attendance of trainees would be erratic. Several reasons could be forwarded for the varied attendance at these training sessions as outlined by trainees themselves: -

- The inevitability of being on duty when the training sessions were in progress.
- The non-availability of transport from surrounding clinics and police stations.

- Absence of colleagues at work which necessitated trainees “filling these posts”.

Owing to the above-mentioned reasons, approximately twelve trainees attended each training session but this number varied from session to session. A Mandeni Transitional Local Council representative collectively introduced the potential lay counsellors to the researcher. It must be stressed however that most of these trainees were known to the researcher who was involved in providing psychological services in various community settings in Mandeni during her clinical psychology internship. The trainees were also informed that the formulation of the training programme as well as the evaluation of select trainees’ (who regularly attended the training programme) performances in role-plays would both constitute the research project. The first phase of this research, as outlined to the trainees, involved gaining insight into their experiences of interacting with victims of violence; this would be a crucial step in formulating a training programme suitable for the lay counsellors in Mandeni. The second phase involved the evaluation of trainee counsellors using role-playing scenarios to determine the efficacy of the training programme. (Please note that phase two of this project is encapsulated in Chapters 6 and 7 of this dissertation). Trainees were informed that phase one (which was the explication of potential lay counsellors’ experiences of interacting with victims of violence) would encompass group interviews of all subjects present on the first day of the implementation of this training

programme. It was also pointed out to the participants that whilst all who attended the initial training session were part of the first phase of the study, to ensure validity and reliability of the evaluation procedure, only the performances of regular attendants of all the training sessions would be evaluated at the end of the entire training programme. To ensure that irregular attendants would also benefit from the training sessions, each participant was informed that they would have to evaluate their colleagues' performances in role-plays at the end of each session using an amended version of Carkhuff's Assessment Scale of interpersonal functioning – see Appendix B - (this was not for the benefit of the research project but served to encourage participants to enhance their counselling abilities). Purposive sampling was therefore implemented for the first and second phase of this research. Chapter Three however was concerned only with the first phase of this project.

3.5. SELECTION CRITERIA

Since the selection of the potential lay counsellors was determined by the clinic administrators and station commanders of the respective clinics and police stations in the Mandeni region, in order to encapsulate the vast array of experiences, it was decided that all twelve potential lay counsellors present at the initial stage of the training programme will be interviewed during this phase.

This decision was also based on Stones (1986: 152) idea that by using a “variety of subjects the possibility of finding underlying themes or constants in the many forms of expression becomes greatly increased”. According to the respondents’ selectors, these individuals were selected as they were often the first line of contact for victims of violence in their daily duties and also that they were self-motivated to enhance their counselling abilities.

3.6. DESCRIPTION OF RESPONDENTS

Of the twelve respondents, seven were nurses from surrounding clinics and a local hospital in the Mandeni region whilst five police personnel from four police stations in the locality attended the initial session.

Five of the seven nurses were Zulus; one nurse was of Indian descent whilst one nurse was White. Four of the police personnel were Zulus whilst one was White. All the respondents conversed in Zulu to the victims they had encountered, however the individuals who were not of Zulu descent stated that they often communicated in a mixture of Zulu and English to victims of violence. It was important to highlight this as during the discussion of the phenomenon of dealing with victims of violence, the presentation of the training programme as well as the evaluation of lay counsellors (through the use of role-plays at the end of the training programme)

were all conducted in English. It must be stated however that all the respondents conversed in fluent English.

With regard to gender, all the nurses and one police official were female whilst four of the police personnel were males.

The ages of the respondents ranged from twenty-five years to fifty-six years.

All respondents interacted daily with victims of violence in their line of work either by "attending to their physical injuries" or by "taking statements from them". Often victims were so distraught that the respondents counselled them.

Of the seven nurses, three had received some basic counselling training especially with regards to dealing with AIDS patients whilst two of the police personnel (one male and one female) had attended workshops relating to the "treatment" of rape victims in their professional line of work. The remaining seven respondents had not received any guidelines with regard to basic counselling.

All respondents' level of formal education ranged from secondary education to tertiary level of training.

3.7. PILOT STUDY

Before posing the phenomenological question to the research group, a pilot study was conducted on a senior nurse from the local clinic who often sought advice from the intern psychologist regarding issues relating to cases of violence that she had dealt with. This session was audio taped and transcribed. The interview was found to be an adequate and insightful description of the experience of counselling victims of violence since the person was able to describe in detail the types of victims of violence that she had encountered, the problems that she had experienced in communicating with victims of violence and what she could possibly learn from participating in a counselling training programme. Although the question posed seemed difficult since it was a rather open-ended question with no limitations imposed, the interviewee expressed that her responses were automatically guided by her knowing that this exercise would assist in the formulation of a counselling training programme. The context and reason why this question was asked (that is, for purposes of formulation of the training programme) was thus known to the interviewee and elicited the intended type of responses. This process assisted in formulating the final phenomenological question and related sub questions needed for clarification of relevant issues.

3.8. METHOD OF DATA COLLECTION

3.8.1. ESTABLISHING RAPPORT WITHIN THE RESEARCH GROUP

In order to establish rapport and to bring about familiarity with being tape-recorded and videotaped, group introductions were initiated and biographical information was exchanged amongst group members. Group members also decided that Sundumbili Clinic in central Mandeni was the most appropriate venue for the training programme. Permission to audiotape and subsequent videotaping of sessions were requested and confidentiality was assured. Owing to the multicultural nature of the group, permission was also granted for the use of English as the medium for determining the contents of and the presentation of the counselling programme. It was also decided by the respondents that the first phase of the training programme, which involved delineating the phenomenon of counselling victims or survivors of violence would be best discussed in a group setting. The researcher also clarified the objectives of the study and explained the use and the value of the phenomenological method of enquiry in this research.

3.8.2. THE PHENOMENOLOGICAL QUESTION

During the group discussion the following phenomenological question was posed to the respondents:

- (i). In the context of formulating a counsellor-training programme, explain in your own words “your experience(s) in counselling victims or survivors of violence”.

In addition to the phenomenological question, where necessary, sub-questions were also administered to gain clarity regarding the needs of both the lay counsellors and the victims of violence thus providing invaluable information for the formulation of the counselling programme. In this regard group discussions also served as a brainstorming session wherein information from a respondent often served as an impetus for discussing issues that could have been overlooked by successive respondents or for clarification. The following sub-questions therefore were helpful to clarify issues: -

- (a). What are your present feelings with regard to interacting with victims of violence?
- (b). Do you feel that there are adequate services available to victims of violence in Mandeni?
- (c). What do you require from the counsellor-training course?

(d). How do you think victims of violence would benefit from a counselling course?

3.9. METHOD OF ANALYSIS OF THE PHENOMENOLOGICAL QUESTION

Stones (1986: 149) posited that in human scientific research, reliability was determined not by “identical manifestation” but by the replication of the essential theme(s). Thus the researcher aimed to achieve a “consistency of meaning that is trans-situational by listening to what the incidents, the phenomena, tell him” (Van den Berg, 1972 cited in Stones, 1986: 149). With this in mind, a presentation of the phenomenological method used in this research will be presented.

In the initial step of analysing the phenomenon, the researcher attempted to suspend or “bracket” personal preconceptions and assumptions by making them “explicit” (Stones 1986: 117).

After the bracketing of the phenomenon, each recording was played and replayed to gain an insight into the phenomenon. The repetitive nature of this step allowed for a more reflective attitude to be adopted by the researcher in order to prepare for successive phases wherein a more rigorous analysis was required. This repetitive step

thus also assisted the researcher to preserve a holistic sense of the data that was dissected in the subsequent phases of research.

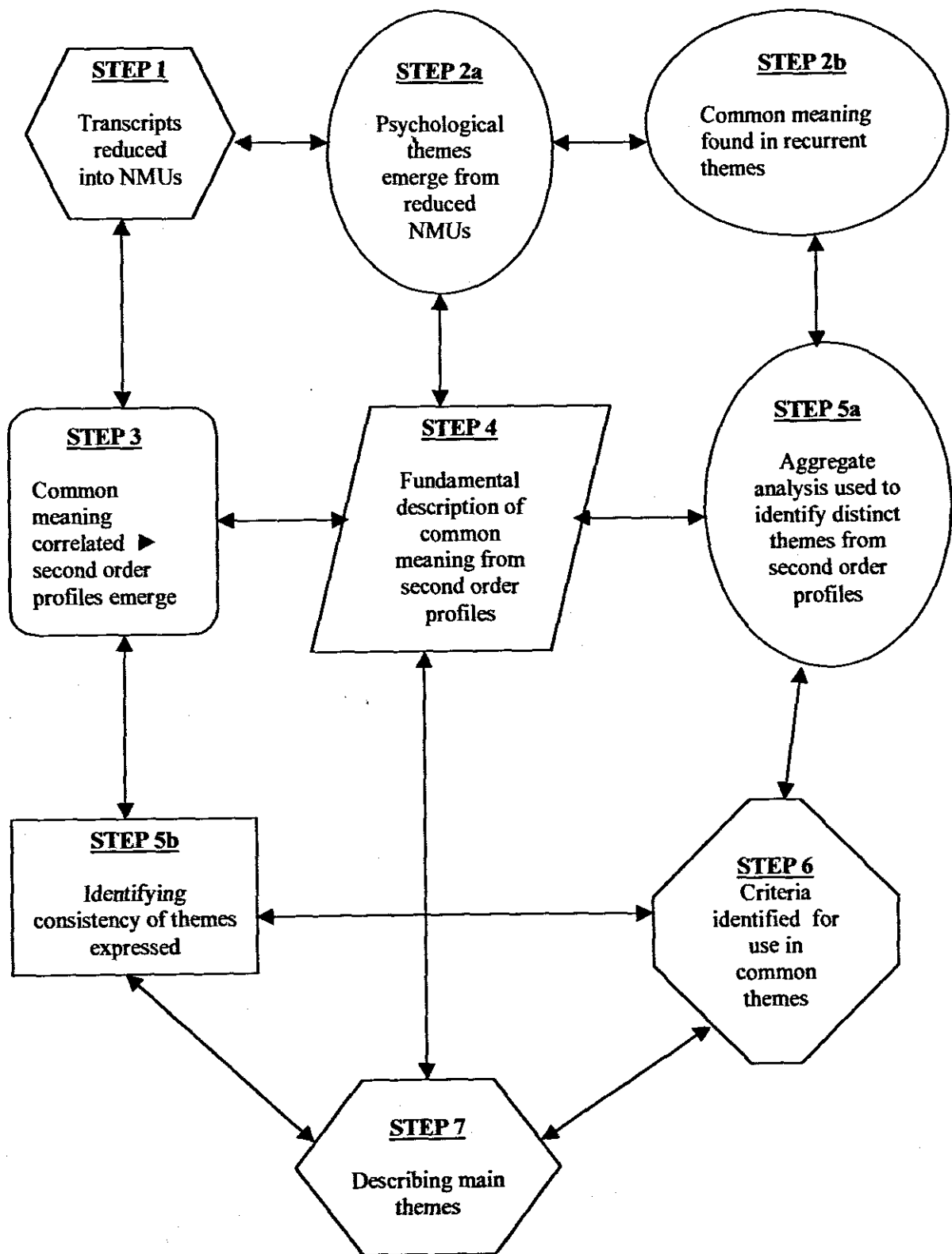
3.10. ANALYSIS OF PROTOCOLS

Various researchers have implemented their own technique or procedures for analysing protocols. Giorgi (1971), Todres, (1978) and Stones (1986) have outlined five methodological stages for phenomenological reduction however, Spinelli (1989) advocated the following comprehensive seven steps (see 3.11. for a diagrammatic illustration): -

- (1). The protocols are broken down into “naturally occurring units”, each of which convey a particular meaning which spontaneously emerge from the replays of the recordings. The NMU’s are units or statements that are made by the subjects and are seen to be “self-definable and self-delimiting in the expression of a single recognisable aspect of the subjects’ experience” (Stones, 1986: 119).
- (2). Comparisons are made amongst NMU’s of individual responses and that of other respondents in the research. These collective NMU’s are thereafter transformed into formal psychological language thereby revealing recurrent themes or common meanings of the phenomenon of respondents’ experiences of counselling victims of violence.

- (3). Through correlating these factors of psychological interest, a "second order profile" (Spinelli, 1989) is obtained to enable a more explicit meaning forwarded by the lay counsellors' responses. The second order profile was constructed for all twelve respondents and delineated the number of times a specific factor was expressed.
- (4). An essential description of potential lay counsellors' views on counselling victims of violence thereby allowed for a revelation and description of the lay counsellors' experiences and thus the tone and views of the particular lay counsellor became explicit.
- (5). A comparison of lay counsellors' responses for the emergence of common themes/factors was conducted by performing an aggregate analysis on the second order profiles of all twelve respondents. At this stage distinct themes were identified concerning lay counsellors' experiences in counselling victims of violence.
- (6). Distinct themes were allocated on the basis that at least five out of twelve respondents' protocols contained that particular theme.
- (7). The distinct themes through, essential aggregation, were then delineated.

3.11. DIAGRAMMATIC REPRESENTATION OF THE 7 STEPS IN
THE PHENOMENOLOGICAL METHOD OF ANALYSIS



CHAPTER FOUR

4.1. INTRODUCTION

This chapter details the responses obtained from the research subjects and the qualitative analysis of these findings according to phenomenological praxis. Giorgi (1971: 34) emphasized that in order to maintain the continuity of a study researching concrete human phenomena, it was required that the approach of the study, the method employed, as well as the content should be considered “in relationship to one another”.

Stones (1986: 118) stressed that in order to reduce a phenomenon to its basic elements or constituents, the phenomenon should be viewed in the context within which it exists as “without reference to the context of a phenomenon, there can be little clarity regarding its inherent psychological meaningfulness”. Aside from the initial question, which was the same as the piloted question, sub questions and comments were restricted to requests for clarification by reflecting back to the person about what he/she had already said. An in depth discussion of the results allowed the researcher to “evaluate their internal and external validity” (Edwards, 1990: 62).

With regard to continuity in the method of analysis, this study complied with the interviewing methods suggested by Stones (1986: 120-121), the application of the phenomenological

method as proposed by Giorgi (1994) and Spinelli (1989) and Kruger's (1982) procedures of phenomenological enquiry.

4.2. PHENOMENOLOGICAL ANALYSIS OF THE STATEMENT:
"IN THE CONTEXT OF FORMULATING A COUNSELLOR
TRAINING PROGRAMME, DESCRIBE YOUR EXPERIENCE (S)
IN DEALING WITH VICTIMS OF VIOLENCE".

The audio taped transcripts of each respondent was reduced into natural meaning units, then compared with other NMU's and then reduced to individual themes. Thereafter aggregate analysis enabled common themes to be identified. This chapter provides a detailed presentation of these findings.

4.2.1. RESPONDENT ONE – SENIOR FEMALE NURSE (BASED
AT SUNDUMBILI CLINIC).

According to the head nurse of this clinic, she has dealt with numerous cases of child sexual abuse, assault and rape. Owing to numerous myths and beliefs amongst traditional black people, she believed that men rarely sought counselling after being victimised, as a man is considered weak if he did so. It is for this reason that the majority of victims of violence that she had encountered were females and children. While she openly admitted that it was easier

to converse with females who were able to verbalise their feelings, she felt that she did not possess adequate skills to deal with children and was therefore unsure of her abilities as a lay counsellor. Often the cases that she had attended to were people experiencing crises and she wondered whether she had succeeded in treating them adequately. She explained that she had tried to make these victims as comfortable as possible by listening to their stories and guiding them to take certain actions. She also added that these cases could be overwhelming at times and felt that she needed some sort of a support system wherein these cases could be confidentially discussed. She also pointed out that sometimes the intensity of these cases left her "emotionally and physically drained". Somehow she felt that her small contribution would probably assist in relieving their anxieties than if these victims were not counselled at all. On certain occasions she also felt that she had taken on too much and believed that if these counselling tasks were shared amongst willing and caring community members (such as those who were present at this training programme), it would assist their communities immensely. She also admitted that she handled a large number of these cases which had created an awareness of the need for formal counselling services in the community; this had inspired her to approach a local medical doctor asking for help in establishing a lay counsellor-training programme. Sometimes, if these cases were very "confusing" or, if she was unsure of what to do with the victims, she referred these cases to the intern psychologist who came to Mandeni once a week but if the intern psychologist's services were

not available, she had to counsel victims herself. She felt that all respondents present on that day would benefit greatly if they were taught basic counselling skills “like how to make victims feel comfortable, how to encourage them to talk about their feelings and basically how to treat them as human beings”. She elaborated that various female victims (especially rape victims) suffered secondary victimisation at the hands of insensitive policemen who did not treat them respectably or that victims’ cases were not treated in a confidential manner. This senior nurse also felt that the community would benefit if a central 24-hour crisis centre were to be established and manned by lay counsellors. She volunteered to assist in the latter process if need be. She concluded by saying that the counselling course would benefit the community at large by assisting lay counsellors to serve a more meaningful role in helping victims in need of counselling thereby indirectly empowering the community.

4.2.1.1. SECOND ORDER PROFILE OF FIRST RESPONDENT

- Mostly counselled sexually abused children and rape victims.
- Rarely counselled males – culturally, it was a sign of weakness if males sought help for psychological turmoil.
- Females, and to a lesser extent, children were counselled by the respondent.

- Counselling involved informing people as to what could be done.
- Counselling involved guiding the victims' actions.
- She did not see herself as possessing adequate counselling skills.
- Most often counselled victims at crisis stage when they came to the clinic to be treated for physical injuries.
- Unsure of impact of lay counselling on victims, therefore she wanted to learn proper counselling skills.
- Respondent saw support system as an essential element for supervision.
- Respondent has been emotionally affected by victims' stories of abuse.
- She felt that the community direly needed her (as well as other lay counsellors') services.
- Lay counselling services served to empower the most disempowered in the community.
- Training programme should teach basic counselling skills.
- Angered by feedback from some rape victims that they often suffered secondary victimisation at hands of police.
- Lay counsellors need to learn about confidentiality about persons they counsel.
- The idea of setting up a 24-hour crisis centre appealed to her and she volunteered her services to the proposed centre.

4.2.1.2. ESSENTIAL DESCRIPTION

Respondent one counselled mainly women and children who were sexually violated. Most often they required counselling at the crisis stage when they sought medical intervention. She felt uncertain about her counselling abilities and therefore wanted to learn basic counselling skills. She believed that due to the number of cases that they (nurses) had encountered and the severity of some of the issues that they had dealt with, that all lay counsellors needed someone to speak to about the emotional impact of these cases and this support system would also serve to assess their counselling abilities and assist the lay counsellor to change certain counselling tactics if need be.

4.2.2. RESPONDENT TWO – MALE POLICE OFFICIAL (BASED AT SUNDUMBILI POLICE STATION)

This policeman stated that the majority of victims encountered at his police station and those who probably required counselling, were cases of assault, murder, and rape and, in the recent past, an abundance of child sexual abuse cases. He was aware that numerous accusations were levelled at the police for being insensitive towards female victims and he felt that often this emanated from myths and stereotypical attitudes present in society and these same myths and stereotypical thoughts were carried over into the work place. He

also realised that these myths and thoughts could not be eradicated overnight and felt that it would be useful to address some of them in the training programme. He also stressed that a female police person was employed in order to deal more sensitively with cases like rape and child sexual abuse. The lack of resources such as patrol vehicles, limited staff and the vastness of the geographical area that they had to service often left him and his colleagues exhausted and sometimes frustrated. He felt that the group at large, including himself, needed to be equipped with basic counselling skills in order that they deal with cases in an "empathic manner". For him, counselling involved providing legal advice and preparing victims for court appearances and procedures. Sometimes victims became emotional and he had realised that they needed to speak about their experiences but he was wary to counsel them, as he did not see himself as being adequately equipped to counsel victims. He was therefore enthusiastic about this training programme, as he needed to be more efficient as a lay counsellor. He realised that he ought to counsel them as there were no formal agencies or avenues present in the community to serve that purpose. He felt that the training programme should equip the lay counsellors with skills that would allow them to treat victims with more sensitivity and "psychological correctness". Basically he suggested that the idea of the establishment of a 24-hour crisis centre with the assistance of all the respondents on this training programme would benefit the community and address the need for a formal counselling agency. He however stressed that the services of the police personnel could

only be improved if their basic physical infrastructures such as more personnel and patrol vehicles could be restored as the present situation was demoralising for personnel who were really attempting to serve their community.

4.2.2.1. SECOND ORDER PROFILE OF SECOND RESPONDENT

- Respondent was mostly exposed to assault, rape and child sexual abuse cases.
- He was disheartened at the criticism levelled at the police.
- He believed that attitudes of police had groundings in the way men “traditionally treated” women and this attitude “flowed” into police work.
- He was not confident about counselling victims but sometimes had to do so when people became emotional.
- For him counselling entailed providing legal advice to victims.
- The training programme should highlight prejudices.
- He felt that a female police person should be assigned cases involving children and women, as females were more sensitive when dealing with such issues.
- Lack of necessary infrastructures disillusioned and demoralised police force and these issues needed to be addressed urgently.
- He experienced frustration due to latter.

- He felt it necessary to learn basic counselling skills.
- Crisis intervention mostly required by female victims he had encountered.
- He was enthusiastic about the establishment of a crisis centre.

4.2.2.2. ESSENTIAL DESCRIPTION

Respondent two felt that the police were being severely criticised when actually prejudices emanated from widespread negative societal views on women. He was not confident about his counselling abilities and said that counselling meant providing legal advice. The types of cases he attended to were cases of assault and rape and he was uncomfortable counselling such victims. Lack of basic infrastructure frustrated and hindered proper handling of police cases. He dealt mainly with people at the crisis stage. The training programme should equip counsellors with basic counselling skills. He felt that there was a need for a counselling centre in Mandeni.

4.2.3. RESPONDENT THREE – PROFESSIONAL NURSE (BASED AT CATHERINE BOOTH HOSPITAL)

This nurse was glad that the community members (those present at the training programme) had finally decided to use existing

resources to assist themselves. Since she herself had been trained with basic counselling skills, she believed that the lay counselling training programme would be beneficial; as she had often seen other nurses react with little empathy towards victims of violence. Owing to her previous exposure to counselling skills, she was optimistic with her interactions with victims of violence but nonetheless felt that she would benefit, if not "brush up" on her counselling skills. With the workload in these rural areas, this nurse also felt that she and her colleagues who were "good candidates for burnout", needed to support themselves in order that they might deal with frustrations emerging from the "emotional cases" that they encounter. She sometimes felt confused and a little apprehensive as to whether she had dealt with crime victims appropriately. Her counselling generally centred on female crime victims who presented their problems to her more readily than men did. Insensitivity towards the plight of women was very much a cultural issue and it often compounded the victimisation of these victims. She also wished that the training programme would highlight some myths and prejudices exhibited by policemen and would also address the impact of these on females. Since there were no counselling facilities in Mandeni she was optimistic that this training course would be the stepping-stone from which a crisis centre could be established. Counselling for her was a fulfilling experience as she felt that she assisted people and some victims appeared relaxed once they have vented their feelings.

4.2.3.1. SECOND ORDER PROFILE – RESPONDENT THREE

- The respondent felt that it was self-fulfilling to serve her community.
- Strongly believed that all respondents, due to their nature of work, needed to learn basic counselling.
- Respondent had been exposed to a counselling course a long time ago.
- She feared burnout due to number of cases that she had handled.
- Respondent felt that it was necessary to have a good support structure.
- Respondent strongly felt that they required ongoing supervision to test their efficacy in communicating with victims that they faced.
- She mainly counselled females.
- Trainee counsellors needed to be aware of cultural aspects of the community as not all counsellors were from the same cultural group.
- Myths and stereotypical attitudes should be highlighted, as sometimes policemen were not aware that they displayed such behaviour.
- Respondent was enthusiastic about the establishment of a crisis centre.

4.2.3.2. ESSENTIAL DESCRIPTION

Respondent three felt confident in her handling of female crime victims. Despite being equipped with counselling skills in a previous AIDS counselling course, she felt that counselling techniques needed to be practiced and guided by an experienced person. She was also concerned about the issue of burnout and therefore felt a strong need for supervision and support. The respondent also stressed that females, who were more willing to express their emotions, were often the ones whom she counselled. She said that relevant cultural issues, prejudices that prevailed, especially with regard to female rape, should be addressed during the counselling programme. Counselling made her feel fulfilled in that she felt that she had assisted her community.

4.2.4. RESPONDENT FOUR – PROFESSIONAL NURSE (BASED AT SUNDUMBILI CLINIC)

This nurse was obviously quite incensed at her recollection of a particular case of insensitivity exhibited by the police when a 5-year old child sexual abuse victim was made to wait “more than 8 hours” before she could be examined by a district surgeon approximately 50 kilometres from Mandeni. She said that the police made no effort to ease the psychological turmoil that the child was subjected to, as they made no attempts to expedite the procedures to

be followed. From her recollections of people's experiences with police, she felt that a counselling programme needed to be implemented to equip policemen with proper skills to deal with women. She also felt that all nursing courses should teach basic counselling skills, as it is a "hands-on" profession, which often necessitated a nurse serving as a counsellor. She was optimistic that this training course would teach important service givers like police and nurses basic skills to treat people "more humanely" and was ready to volunteer her services for the proposed crisis centre suggested by respondent one. She also felt that the community at large would be empowered if these basic service providers could converse with them more sensitively. This nurse rarely counselled children whom she referred to the senior nurse when the need arose, as she was neither confident nor comfortable about counselling children; she felt that the training course should teach some skills on how children should be attended to.

4.2.4.1. SECOND ORDER PROFILE – RESPONDENT FOUR

- Expressed great deal of anger at recollection of particular incident of young child experiencing secondary victimisation at hands of police.
- Incensed at repetitive police insensitivity.
- Wanted to learn basic counselling skills.
- Volunteered services to crisis centre.

- Enhancing counselling abilities would empower community.
- Counselling of children needed to be taught in present training programme.
- She did not counsel in a situation wherein she was uncomfortable, as in working with children.

4.2.4.2. ESSENTIAL DESCRIPTION

The fourth respondent was concerned and angered at the negative attitudes of the police. She stressed that the child in question was further traumatised when she had to wait for hours before being examined by a district surgeon. This respondent said that the policemen were uncaring and disinterested in the child's plight as even as they had claimed that there were no police vehicles to transport the child to the district surgeon, they could have made alternate arrangements with the church or a clinic staff (who would never have turned a deaf ear to their pleas) for the use of an official vehicle. She felt that this training course would equip all respondents with guidance in the form of basic counselling skills in order that they might not caused further emotional harm to victims of crime. She was aware of the need to refer cases that she did not feel comfortable working with. Counsellors needed to be equipped with skills to counsel children should the need arise but they should also be aware that they could refer cases that they did not prefer handling.

4.2.5. RESPONDENT FIVE – POLICEWOMAN (BASED AT SUNDUMBILI POLICE STATION)

This respondent was relieved that a lay counselling course was offered as she felt more police persons and nurses needed to be trained to counsel crime victims. She stated that there were indeed more females and children that required her services as a lay counsellor simply because these victims felt that policemen were not sensitive towards them. She acknowledged that rape victims especially were subjected to secondary victimisation by male police officers who suggested “they asked for it by commenting on the woman’s manner of dressing or the fact that the victim was walking alone at some point in the night”. These irrational behaviour patterns were also compounded when the issue of cross-culture was introduced. She felt it necessary that besides equipping lay counsellors with basic counselling skills, these myths needed to be addressed and its impact highlighted. She was also told of instances when the district surgeon (who was situated in another town) was unavailable and felt that it was necessary that another back-up district surgeon should be consulted on such occasions. She mentioned that often these victims were seen only at the stage when they were in a state of crisis but in the recent past she found that these individuals also came for follow-up sessions simply because they felt “comfortable speaking to” her. She felt that she also needed to learn more efficient skills to counsel sexually abused children as these cases were on the increase. This policewoman felt

rather overworked simply because she was the only female police person whom female victims preferred communicating with. Besides sharing this workload, she also felt that she needed someone to talk these cases through in order to reflect on the efficiency of her counselling approach. She was very enthusiastic about the initiation of a crisis centre and felt that this training programme could provide an impetus in training lay counsellors who could then volunteer their services in this setting.

4.2.5.1. SECOND ORDER PROFILE – FIFTH RESPONDENT

- Respondent was looking forward to the training course as she felt both police and nurses were in dire need of it.
- She had most often counselled sexually abused children and females – some were dissatisfied with police insensitivity.
- Most victims counselled at a time of crisis.
- Since victims felt comfortable talking to her, they came for follow up sessions.
- Respondent outlined particular myths/prejudices exhibited by police, which needed to be addressed in training course.
- Expressed need to have a locally based district surgeon.
- She stressed that cross-cultural issues compounded counsellor inefficiencies.
- Most counselling occurred at crisis stage of intervention.

- Needed to learn to identify children exhibiting characteristics associated with sexual abuse.
- She had a heavy caseload, as she was only female officer to deal with these sexual offence cases.
- Respondent felt overworked and exhausted when dealing with these cases.
- She supported the idea of a support system for lay counsellors in order to air grievances as was being done at this session.
- The same support system could collectively serve to identify counselling skills that may hinder effective counselling.
- She was in favour of the idea of a crisis centre in the town, as it would ease counselling caseloads for both nurses and police.

4.2.5.2. ESSENTIAL DESCRIPTION

According to this respondent, the training programme was a much-needed resource as none of these lay counsellors including herself were aware of their effectiveness as counsellors. She also felt very strongly about, and was aware of, police (emotional) brutality levelled at female victims and this provided a good opportunity to rectify such behaviours. She stressed that they needed support with regards to dealing with the cases that they encounter. She was eager to learn basic counselling skills especially as regards counselling children. At the politico-social level, the community needed to

address the problem of the unavailability of a district surgeon from time to time. She was optimistic and in support of the establishment of a local crisis centre.

4.2.6. RESPONDENT SIX – POLICEMAN (BASED AT NYONI POLICE STATION)

This policeman mentioned that a large number of rape and assault cases were seen at his station. He added that in the police-training course, they were taught how to “take statements” efficiently however emphasis was not placed on ensuring that police persons communicated in an empathic manner when assisting crime victims. On reflecting on his own experiences, he felt that he (and ultimately the crime victims) would benefit immensely if he were taught the “proper manner in communicating” with victims of violence. He had often witnessed policemen being rather callous when communicating with crime victims and felt that this should be addressed at their level of police training. He most often dealt with adults and rarely dealt with children. He felt that the “statement taking task” involving children ought to be done with the presence of a sensitive person, preferably a caring and “well trained” female as females relate much better to children than males do. The formation of a crisis centre would be a good initiative wherein specially trained child counsellors’ services could be adequately utilised. In police work, counselling involved providing legal

advice and informing victims about court procedures. When traumatised female victims spoke about their experiences he often became uncomfortable, as he did not know how to respond or he feared the impact his words would have on them. He would greatly benefit from this training programme, as he needed to know “universal counselling skills”. This was especially so as there were limited resources in this rural area where people could be counselled since existing social workers and nurses themselves were overworked. He was also concerned that he and his colleagues did not have an avenue where they could discuss specific cases that they had attended to and he often found himself “unduly ridding” and displacing his frustration on family members when he went home. This course would therefore teach basic counselling techniques, which he felt, would result in greater efficiency amongst policemen and it would also serve to foster better relations between the police members and the community.

4.2.6.1. SECOND ORDER PROFILE – RESPONDENT SIX

- Respondent regularly attended to adult assault and rape victims.
- Victims were generally counselled regarding legal issues pertaining to rights and court related matters.
- Females were sometimes eager to speak about their experiences but he was unsure of how to respond to them.

- The above was a good reason to have this training course.
- Statement-taking techniques was one-sided communication which did not consider impact of enquiry on victims.
- Training course was appropriate means to rectify basic maladaptive communication patterns of policemen.
- Police-training courses should encompass basic counselling skills as well.
- Respondent counselled mainly females and not children.
- He highlighted increased levels of frustration amongst police force members, including himself.
- Personally admitted displacing frustrations in his home environment.
- Females were more effective in counselling sexual abuse cases as they communicated better with children.

4.2.6.2. ESSENTIAL DESCRIPTION

This respondent counselled males and females regarding legal matters but females often wanted to speak at length about their victimisation. Police courses were based on “fact-finding” and not on skills thereby ignoring the emotional impact of crime on the victim and police staff. He believed that police training colleges should have a basic counsellor-training course, as counselling was an inevitable aspect of police work. He was aware of his limitations and often referred cases of sexual abuse to a female officer. He had

also experienced frustration in his line of work and since this was not resolved, he had displaced it on his family.

4.2.7. RESPONDENT SEVEN – PROFESSIONAL NURSE (BASED AT SUNDUMBILI CLINIC)

Since regular psychological services were non-existent in the community, this nurse said that counselling victims of violence ultimately formed part of a nurse's work even if she did not intend counselling them. Her recollection of experiences with crime victims was that it was an exhausting experience, which often left her wondering whether she had dealt appropriately with the victims. It was frustrating having to contend with the negative attitudes of police personnel; many victims came to see her on follow up visits as they had experienced similar prejudices with their male family members. For this reason many rape victims did not report physical and sexual abuse by their spouses or abuse inflicted by strangers. She recalled an incident where a teenager was kidnapped from the roadside and held as a prisoner by a gang of local teenage boys who repeatedly raped her over a course of two days. On escaping, she was reluctant to lay a charge at the police station as she felt that the police person would react just as negatively as her father did when he blamed her for enticing the men to rape her. This nurse felt that besides equipping counsellors with basic counselling skills, there was a dire need to address prejudices that prevailed and to indicate

to lay counsellors the sensitivity of the rape victim at the crisis stage when she presented herself for either treatment or to lay a charge. She mentioned that after attending to such cases she often felt frustrated, exhausted and rather emotional after the experience of listening to a rape victim. She was looking forward to the training programme as she felt that by learning to be a better lay counsellor, she would be able to serve her community more efficiently.

4.2.7.1. SECOND ORDER PROFILE – RESPONDENT SEVEN

- Counselling was an inevitable part of nursing.
- There was a lack of counselling resources in the community.
- Concerned about negative attitude of police, which resulted in non-reporting of cases.
- She experienced frustration when she had to rebuild confidence of rape victims who were victimised by police.
- There was a need to address negative attitudes of police towards certain victims, especially females.
- Crisis intervention must form part of the training programme.
- The lay counselling service she had to offer would permit her to reinvest her energy into her community.

4.2.7.2. ESSENTIAL DESCRIPTION

Nursing, by virtue that it was a human-oriented profession automatically involved nurturing and caring for people both physically and emotionally. This respondent was concerned about the impact of stigmatisation on rape victims in her society as these victims were often made to believe that they were responsible for their attacks. This issue should be discussed during counsellor training. The respondent mainly counselled people at the crisis stage and felt that crisis intervention techniques were important. Counselling was a self-empowering task.

4.2.8. RESPONDENT EIGHT – POLICEMAN (BASED AT AMATIGULU POLICE STATION)

This respondent was rather perturbed by the accusations levelled at the police. He felt that there might have existed isolated cases where victims were subjected to negative reactions from policemen. In his experience, he felt that he dealt with a large number of cases of politically related violence, which resulted in homes being razed and family members being hacked in front of little children. Adults and children were inevitably traumatised when statements were taken from them. He expressed that he was unsure of how to deal with such situations where people “broke down” when relating their stories and felt that other police might have had similar feelings and

reacted in a manner, which did not benefit the victims. He has never been taught to counsel people and looked forward to the training programme where he hoped to improve his abilities as a policeman and a counsellor. He stated that like previous respondents he also felt overwhelmed when he was exposed to gruesome cases, which often lingered in his “mind”. He felt that there should be sessions wherein police personnel could discuss their case loads in order to relieve the tension they might be experiencing. He recognised that there were a lack of facilities where victims of violence could seek assistance and felt that this training programme would assist in addressing this void.

4.2.8.1. SECOND ORDER PROFILE – RESPONDENT EIGHT

- Respondent was concerned about accusations against police.
- Accusations levelled at police were generalisations and were incorrect as only a small number of police displayed such behaviour.
- A large proportion of cases seen were females and children who were victims of political violence and assault.
- He was uncertain about what counselling entailed.
- Police on their “fact-finding” mission of taking statements inadvertently traumatised children when they sought information from them.

- Often the horror of the scenes that they faced on their day-to-day work desensitised policemen thereby affecting their emotional status.
- Respondent was never formally taught counselling techniques and felt it was necessary to learn counselling skills.
- He and his colleagues were in need for a supportive structure to reduce tension build-up due to their work experiences.

4.2.8.2. ESSENTIAL DESCRIPTION

The eighth respondent was very defensive regarding criticisms levelled at the entire police force. He was mainly exposed to victims of assault and political violence in the region and explained negative police behaviour as having arisen from their exposure to the gruesome aftermath of violence. He felt that secondary traumatisation of victims was inevitable and occurred when statements had to be taken from first hand witnesses of events. Since police were not trained to counsel people but to gain as much information relating to a crime, he and his colleagues were not taught to counsel victims but to obtain facts about a situation. Counselling people made one feel good on an emotional level. He firmly believed that there was a need for police to work through their emotional turmoil built up by witnessing the aftermath of violence.

4.2.9. RESPONDENT NINE – PROFESSIONAL NURSE (BASED AT SUNDUMBILI CLINIC)

This respondent had used the skills that she had learnt in an AIDS counselling course to counsel crime victims. The AIDS course had encouraged her to view victims in a more empathic manner and this taught her not to impose her own values on victims and neither to make suggestions to victims to follow a particular path of action. She expressed that she was not totally confident about her counselling abilities and looked forward to this training course (which she presumed would be more detailed than the AIDS “crash course” that she had attended). She added that if she were to share some of her experiences with work colleagues (as they sometimes did), they would provide support structures for each other and would also serve as a means to informally assess their counselling techniques. Most of the victims that she had counselled were female victims of physical and sexual abuse followed by cases of child sexual abuse. She said that as a nurse she was aware of the medical procedures to follow when she dealt with children yet felt powerless with regards to counselling them especially since she was aware that there were limited counselling services for children in the community. She was aware that younger children lacked the capability to adequately verbalise their experiences and thoughts and wanted to know other avenues that would allow some insight into these untapped feelings. She believed that the negative and degrading attitudes of Zulu men towards women would take a long

time to change and felt that if this issue of prejudice was addressed during the training programme, it would indeed be a significant change even if it meant that just a few policemen (who were influential community members) changed their negative perceptions about women. She also recalled stories told by rape victims who had to relate their rape episodes to policemen within earshot of other people in the charge office. She strongly believed that the training course would be an invaluable resource as it would help community members like herself to assist other less fortunate members of the community.

4.2.9.1. SECOND ORDER PROFILE – RESPONDENT NINE

- Respondent was exposed to basic AIDS counselling course and was aware of what counselling entailed.
- She hoped that the proposed training programme would enhance skills previously learnt.
- From personal experience, she believed that work colleagues could serve as a support system and reflecting team to gauge effectiveness of counselling.
- Counselees were assault and rape victims and mothers of children who were abused physically and sexually.
- No known counselling services were available in Mandeni to assist such children.

- Police inconsiderate regarding issue of confidentiality when taking statements from victims.
- She was aware of medical procedures to be followed when dealing with crime and AIDS victims but not proper counselling skills.
- Limited vocabulary of children made it difficult to counsel them.
- She felt that Zulu-speaking men harboured various prejudices against women.
- Training programme should aim to change these prejudices.
- Training programme would lead to empowerment of community.

4.2.9.2. ESSENTIAL DESCRIPTION

This respondent had previously trained as an AIDS counsellor and it made her feel good that she assisted someone in need of help. She was aware that counselling did not centre on influencing behaviour and action of counselees. She felt that she needed to acquire proper counselling skills. She also felt that her work colleagues served as important supportive structures and a reflecting team to guide her along the way. She mainly counselled females and children but was uneasy about dealing with children due to their limited ability to express themselves. She was aware of prevailing prejudices in her community and hoped that the issue of confidentiality of rape

victims would be discussed in the training programme. This would serve a valuable purpose if it assisted even one male respondent to change his attitude towards women.

4.2.10. RESPONDENT TEN – PROFESSIONAL NURSE (BASED AT SUNDUMBILI CLINIC)

According to this nursing sister who has also been in the profession for 12 years, the victims that she had counselled included victims of political violence, assault and rape. Black male victims were rarely counselled by female nurses simply because their culture “looks down” on a man displaying “weakness”. Furthermore, since their migrant-worker husbands often left women and children alone at home for lengthy time periods, they were prime targets for attackers, especially rapists. She felt confident in counselling crime victims as she felt that in her years as a nursing sister she has learned through “trial and error”. Nonetheless she wanted to be a part of this training programme as she wanted to enhance her abilities to assist her community. There was indeed a lack of formal counselling services other than those services offered by the church, which not all rape victims were “comfortable” to approach due to their enforcement of a religious stance. She believed that the differing degree of “expertise” coupled with years of experience offered by both nurses and police staff in their line of work could be put into “good use” when or if a community crisis centre was

established in this community. Working with children was indeed a challenge for her because of their limited vocabulary and she was eager to know how they could be counselled effectively. She often referred complex cases to the intern psychologist or social worker if she felt helpless. As far as the training programme was concerned, she wished to learn the approach to be adopted when counselling all crime victims and believed that being a “proper counsellor” would afford her the opportunity to volunteer her services to her community. This she believed would be a fulfilling experience in that she could share what she had learnt with her community.

4.2.10.1. SECOND ORDER PROFILE – RESPONDENT TEN

- Often needed to counsel female victims of political violence and rape.
- Women and children were most vulnerable in this society.
- Nursing experience guided her in her counselling victims of violence.
- The training programme would enhance her counselling abilities.
- Counselling services were offered by church but not readily used by rape victims because of fear of publicity and ostracisation.
- Respondents present were often first contact persons of crime victims.

- Idea of a crisis centre appealed to her.
- Basic counselling skills (especially to counsel children) were necessary to be covered by the programme.
- Counselling was a fulfilling experience.

4.2.10.2. ESSENTIAL DESCRIPTION

Victims counselled by this respondent included victims of rape, assault and political violence. Women and children were the ones that required counselling the most. She felt comfortable with the counselling abilities that she possessed but felt that there was always room for improvement. Church-based counselling services were under-utilised by young rape victims for fear of feeling embarrassed or lack of confidentiality but were more often utilised by older victims of assault and political violence. She was aware that she could refer difficult cases to more capable sources, for example, the intern psychologist who frequented the town on a weekly basis but sometimes, especially in crises, victims could not wait for long periods. She viewed counselling as an enriching experience for herself and the community.

4.2.11. RESPONDENT ELEVEN (POLICE OFFICER BASED AT NYONI POLICE STATION)

He was frustrated working in a profession where basic resources (essential for his line of work) were limited. These resources included a lack of manpower and police vehicles. He believed that the nurses who were critical of policemen's attitudes were not really aware of the circumstances within which police personnel had to work. He explained that in his eight years as a police officer, he has encountered "gruesome crime scenes" and he firmly believed that not only do victims of violence need counselling but also the policemen (this is referred to as debriefing) as often crime scenes have haunted him for days on end. He believed that police persons were automatically placed in a position wherein they had to counsel people as often they are the first ones who have an "in depth conversation with crime victims when taking statements of the crime circumstances". In his experience, male crime victims rarely showed emotions and were rather matter-of-fact when discussing the issue. It was most often females who were quite emotional and he was not really sure whether the type of assistance he offered was useful or not. He also stressed the generalised view that police officers were "insensitive was untrue" – he found that he and his colleagues were cautious especially with rape victims, as they "did not want to upset them further". With regard to the type of victims he encountered most often, in his experience he had found that rape statistics seemed to have risen sharply in the past year. He

acknowledged that “if the police infrastructure were more user friendly” (for example, the changes made at a local police station), then more cases would be reported. “User-friendly” according to the respondent, implied the installation of “private booths in police stations, or, a cordoned off area within which statements and counselling could be carried out with complete confidentiality”.

Although he had also attended a short rape-counselling course, he felt that the presentation of regular training programmes such as the proposed one would assist counsellors to compare their previously learned techniques and adopt novel ways to assist their community.

He was optimistic that the skills that he would learn would assist him in training other lay counsellors at his police station and in this way the entire police force at his station could be empowered to treat people with “more sensitivity”. He was aware of the services of a social worker based at Sundumbili Clinic who was “overloaded with cases since she provided a service to the entire black rural community” and believed that both nurses and the police played a vital role as they were most often the first persons who came into contact with victims of violence. The counsellor-training programme would assist them to become more efficient counsellors, which in turn would enrich the lives of the people whom they help.

4.2.11.1. SECOND ORDER PROFILE – ELEVENTH

RESPONDENT

- He experienced frustration due to a lack of basic police resources.
- Respondent distressed by severity of criticisms levelled at police by nurses but the latter were not aware of circumstances in which police perform their duties.
- There was a need for debriefing of policemen especially after witnessing gruesome crime scenes.
- Females, due to their emotional status sought counselling more readily than men did as men wanted to be seen as emotionally strong.
- He had attended a rape-counselling course.
- He expressed anger at generalisations regarding behaviour of policemen.
- Respondent and his colleagues often dealt cautiously with rape victims for fear of upsetting them further.
- There was a need to change basic infrastructure of police stations to ensure privacy and confidentiality of cases.
- Regular training programmes needed to be scheduled to review counselling techniques and for ongoing counsellor training.
- A training programme could improve his efficiency as a counsellor and empower him to provide a valuable service.

4.2.11.2. ESSENTIAL DESCRIPTION

This respondent experienced frustration because of lack of facilities needed for efficiency of police work. He had encountered and counselled more female than male victims of violence. He felt strongly about the need for debriefing exercises for policemen who witnessed gruesome crime scenes. Although he had attended to rape victims, he did so cautiously for fear of upsetting them further. He said that the physical environment at police stations should be changed in order that people could report their cases in greater privacy without their information being heard by others. He wished to learn basic counselling skills and hoped that this would be a regular feature in his community. The training programme would empower the counsellors and the counselees.

4.2.12. RESPONDENT TWELVE – NURSE BASED AT SUNDUMBILI CLINIC

This nurse said that counselling people who sought her assistance was a fulfilling task. It also served to boost her confidence when crime victims walked out of the counselling session in a better frame of mind than when they came in. Sometimes, after counselling someone she had wondered whether she had indeed assisted them. She has had no formal counselling training but “borrowed aspects of an AIDS course” she had attended when

“speaking” to crime victims. Most of the victims that she had counselled were females whilst some of their male relatives sought legal or medical advice from her. It was rare that a male wished to be counselled. Since Sundumbili Clinic was one of the busiest clinics in the region, there were a variety of crime victims that she was exposed to but the ones that needed counselling most often were mothers of child sexual abuse victims and young and old female rape victims. She felt that she did not possess adequate skills to counsel children and wished this training course would address this need. Often rapists were family members or perpetrators who resided close to the victims and in such instances there was a perpetual cycle of rape that the victims were subjected to. In many instances where she attempted to “coerce” victims to report rape, they were unwilling to do so as victims had heard from other victims that rape dockets were lost or tampered with resulting in such cases being “thrown out of court”. She eagerly awaited this training course as she would like to learn the “proper way in which to address crime victims”. She was unsure of the relevance of this issue but felt that it would be necessary in the near future to address the problems faced by the police such as the lack of staff and vehicles so that their tasks were made easier. She believed that both the police and nurses who encountered and provided minimal yet much needed lay counselling services to crime victims could band together and support each other as this would assist them in dealing with the emotional impact of the crime situations and it would also provide a forum within which to confidentially discuss cases that

they had counselled. She was optimistic that after the presentations of this training programme, they (all the trainees) could offer the community a valuable service or resource that they had previously lacked.

4.2.12.1. SECOND ORDER PROFILE – RESPONDENT TWELVE

- Respondent felt that counselling boosted her confidence.
- Despite this she was unsure of her counselling abilities.
- She adapted her AIDS counselling skills in counselling crime victims.
- Males sought concrete legal or medical advice whilst females sought emotional advice.
- Age factor was also important; older women were more embarrassed to relay their rape experiences than younger women were.
- She often encouraged victims to report rape to the police.
- Victims were unwilling in most instances to report their incidences as victims had heard horror stories of dockets being lost or lengthy delays in processing information at the courts.
- She wanted to practice her counselling abilities.
- She was optimistic that police and nurses could serve as support structures for each other.

- Training of counsellors would ultimately empower individuals in the community.

4.2.12.2. ESSENTIAL DESCRIPTION

This respondent used her AIDS counselling experience to counsel crime victims. Although the service she offered to the community boosted her self-confidence, she was honestly unsure of her abilities and therefore wanted to use the training programme to determine whether her skills were appropriate. She found that younger women were more willing to be counselled than older women or men.

Whilst she attempted to coerce them into reporting their victimisation, many were disillusioned by stories relayed to them about police conspiracies against females. She also felt that nurses and police could serve as harmonious support structures for each other. She also felt that it was necessary to look at issues that affected policemen, like the lack of basic necessities, for example, adequate staffing and police vehicles.

4.3. AGGREGATE ANALYSIS OF SECOND ORDER PROFILE INTO COMMON THEMES

The second order profiles of all twelve respondents in conjunction with their actual explications were compared for common themes. In

order to understand this process, please note that " $N \geq 12$ " indicated the total number of respondents. "n" reflected the frequency of a recurring theme. Please note that the table that follows highlighted the recurrence of common themes, which served as a guideline for the formulation of a counsellor-training programme. The aggregate analysis therefore depicted to the researcher the urgency and depth of particular areas that should be addressed in the counselling programme.

4.3.1. TABLE DEPICTING RECURRENCE OF COMMON THEMES

NO	<u>COMMON THEMES (ASPECTS)</u> (a+ n)	<u>POLICE</u>	<u>NURSES</u>	<u>AGGREGATE ANALYSIS</u>
		n(P)	n(N)	(a+ n) = n(P) + n(N)
1	HAD NO COUNSELLING EXPERIENCE/FELT ILL-EQUIPPED TO COUNSEL.	3	1	4
2	UNSURE OF WHAT COUNSELLING ENTAILED.	5	3	8
3	HAD PREVIOUSLY ATTENDED AIDS/OTHER COUNSELLING COURSE.	2	3	5
4	DIFFICULTY/UNCOMFORTABLE COUNSELLING/ATTENDING TO CHILDREN.	2	0	2
5	OFTEN HAD TO COUNSEL/ATTEND TO CHILDREN.	1	4	5
6	HAD TO COUNSEL/ATTEND TO ASSAULT CASES.	6	6	12
7	MOST COUNSELLEES WERE FEMALES/RAPE VICTIMS.	5	5	10
8	HAD BEEN CONCERNED/ANGERED BY POLICE RESPONSE TO FEMALE VICTIMS	1	5	6
9	TRAINING COURSE SHOULD TEACH BASIC COUNSELLING SKILLS.	4	6	10
10	TRAINING COURSE SHOULD INDICATE SKILLS TO COUNSEL CHILDREN/IDENTIFY SEXUAL ABUSE.	1	2	3
11	TRAINING COURSE SHOULD ADDRESS MYTHS / STEREOTYPES/PREJUDICES AGAINST WOMEN.	3	3	6
12	CROSS-CULTURAL ISSUES SHOULD BE INCLUDED IN TRAINING COURSE.	1	1	2
13	CRISIS INTERVENTION MUST BE PART OF TRAINING PROGRAMME.	2	3	5
14	UNAWARE WHEN TO REFER CASES FOR EXPERT/SPECIALIST ATTENTION.	5	3	8
15	FEAR OF/EXPERIENCED BURNOUT/ EXPERIENCED FRUSTRATION DUE TO WORK	5	3	8
16	DISPLACED FRUSTRATION AT SOME POINT IN TIME.	1	0	1
17	EXPRESSED NEED FOR SUPPORT SYSTEM.	3	4	7
18	EXPRESSED NEED FOR SUPERVISION IN COUNSELLING.	2	1	3
19	EFFECTIVE COUNSELLING WAS EMPOWERING TO SELF/COMMUNITY.	2	7	9
20	ISSUE OF CONFIDENTIALITY OF CASES SHOULD BE ADDRESSED.	1	2	3
21	IN FAVOUR OF ESTABLISHMENT OF A CRISIS CENTRE.	2	3	5
22	VOLUNTEERED THEIR SERVICES TO THE PROPOSED CRISIS CENTRE.	0	2	2

The common themes or aspects of the respondents' descriptions were then reduced using aggregate analysis [$(a+ n) = n(P) + n(N)$] to reveal prominent occurring themes revealed or expressed in response to the phenomenological question. The criteria for determining prominence were that at least 5 of the twelve respondents had given meaning to a particular theme. To ensure clarity therefore: $n \geq 5$ were considered to be themes that were considered to be of extreme importance.

4.3.2. PROMINENT ASPECTS (THEMES) REVEALED BY AGGREGATE ANALYSIS OF COMMON ASPECTS: $N \geq 5$, $a+ =$ ASPECTS)

The following themes, which exhibited high "N" values, indicated that these areas of interest needed to be dealt with in depth in the training programme. Thus themes with values lower than this ($N < 5$) were not excluded from the training programme, but were not relegated as much attention or time as the prominent themes were.

In descending order of importance therefore, the following results emerged: -

The majority of the respondents attended to assault cases, were eager to learn basic counselling skills, attended to females/ rape

victims, and felt that counselling was an empowering experience
(n = 12, n = 10, n = 10, n = 9; a+ = 6 + 9 + 7 + 19).

Counselling was an empowering experience; most of the lay
counsellors were not entirely sure of what counselling entailed or
whether they were following the correct procedure when they
'counselled' victims, had experienced/feared burnout, felt that they
needed a support system in their counselling environment and they
felt that they needed supervision in their counselling duties.

(n = 9, n = 8, n = 8, n = 8, n = 7; a+ = 19 + 2 + 15 + 14 + 17).

A number of respondents were concerned or angered by certain
police officials' callous response to female victims and thus felt
that these responses, which emerge from stereotypes prevalent
amongst males in the community, should be addressed in the
training programme.

(n = 6, n = 6 ; a+ = 8 + 11).

A few respondents had also previously attended AIDS or other
counselling courses, had to counsel children, felt that crisis
intervention should be an integral part of the counselling course as
they rarely counselled beyond this stage, were in favour of
establishing a crisis centre.

(n = 5, n = 5, n = 5, n = 5 ; a+ = 3 + 5 + 13 + 21).

Less prominent themes which were revealed by aggregate analysis, although not having met the stipulated criteria, were nonetheless considered to be important to be included (although to a lesser degree), in the training programme. These included; the need to learn skills to counsel children; need for supervision; confidentiality of cases needed to be highlighted; felt uncomfortable counselling children; issues relating to cross-cultural counselling; and respondents volunteering their services to the proposed crisis centre.

(n = 4, n = 3, n = 3, n = 3, n = 2, n=2, n = 2, n = 1 ;

a+ = 1 + 10 +18 + 20 + 4 + 12 +22 + 16).

4.3.3. DISCUSSION OF RESULTS IN THE CONTEXT OF THE FORMULATION OF THE COUNSELLOR TRAINING PROGRAMME.

Since this was an exploratory research project, the intention of the researcher was not to compare findings with previous research in the field of counselling. Nevertheless common factors could be envisaged when comparing the findings of the phenomenological explication to earlier research concerning counselling.

The above findings supported the views of de Klerk (1994), and Heller and Monahan (1977) who stated that lay counsellors served an integral role in disadvantaged communities where professional

counsellors were non-existent. In the Mandeni community, both nurses and police personnel, who were most often the first line of contact for victims of violence, were unwittingly drawn to providing assistance (in the form of counselling) to victims who relayed their experiences of violence inflicted upon them. The findings of this research also supported the view expressed by Green (1989) that lay counselling provided a valuable service, which led to personal as well as community empowerment.

It was found that one-third (four out of twelve) respondents felt that they were ill equipped to counsel yet ten out of twelve respondents displayed eagerness to learn basic counselling skills. This has great implications for the training programme as individuals who volunteered their counselling services were found by Carkuff (1968) to be greatly motivated to help and were more visible and sensitive to their users (Dinsmore and England, 1996) as they were most often in contact with people who were in dire need of such assistance.

With regard to referring cases to specialists in the field of counselling, this research revealed that only one-third (four out of twelve) respondents were aware of when to refer cases. This should be an important factor as suggested by Korchin (1976) as when role boundaries were undefined or when lay counsellors attempt to do more than they could, this could leave lay counsellors confused or emotionally affected as could be the factor espoused by respondents

in this study. Not surprisingly, more than fifty percent of respondents felt that they needed supervision with regard to their counselling abilities as well as an adequate support system in the counselling arena. Another factor linked to this was the experience or fear of burnout that was expressed by seven out of twelve respondents. Worthington (1989) added that supervision played an important role in educating lay counsellors to refer cases and to point out that they could do more harm when they were not competent and attempted to counsel such cases.

Another important issue for effective counselling was that the majority of counsellors were of the same cultural background as the victims that they counselled. Dinsmore and England (1996) stated that intracultural counsellors were readily accessible and were physically and emotionally in tune with their own cultural traditions, values and rituals. A point emphasized by many respondents was that select male counsellors displayed prejudiced behaviour towards female victims. Such behaviour could have been linked to emotional problems in these lay counsellors and, as suggested by McClure, Wetzel and Flanagan (1973), it could have deleterious effects on their ability to assist victims. It was not surprising therefore to discover that potential lay counsellors identified prejudicial behaviour displayed towards female victims as emanating from pre-existing attitudes prevalent in their traditional rural culture. Stevens-Smith (1995) also stressed that supervision should address biases that might emerge in the counselling scenario.

As Worthington (1989) stated that supervision of lay counsellors was “crucial to producing counsellors who improve”.

This research supported Shuchman et al’s (1996) findings that females received interventions more frequently than males did, as females more readily exhibited psychological symptoms and were also more willing to talk than males. Respondents in this study suggested that males’ unwillingness to talk about their negative experiences, especially to female counsellors, was rooted in traditional beliefs, which viewed males who sought assistance as being “emotionally and physically weak”.

The findings of this research with regard to the prevalence of crimes was aligned to the findings of the Crime Information Management Centre who detailed the most prominent cases as being assault followed by robbery and rape. In Mandeni, respondents attended to a large number of assault cases (especially the assault of females by their spouses, husbands or other male family members, followed by cases of rape and sexual abuse of children.

4.3.4. INTERNAL AND EXTERNAL VALIDITY

In terms of internal validity, this study had achieved the aims and objectives as set out in chapter one. There existed internal consistency and an ongoing reciprocal relationship between the

approach, method and analysis. It could also be assumed that this study was externally valid as findings of the phenomenological explication supported the general findings outlined in chapter two regarding specific issues as discussed in 4.3.3. above. However, caution needs to be exercised as this study comprised a small sample and thus generalisations regarding the actual implementation of the training programme is context specific and cannot be extended to other contexts.

4.3.5. LIMITATIONS OF THE STUDY AT THIS LEVEL

This study comprised a small number of respondents pre-selected by their superiors. At this stage of the research it was impossible to gauge whether these individuals were suitable to function as lay counsellors.

Owing to time constraints that were further exacerbated by the distances that the trainees had to travel to and from the training centre, it was decided by the researcher to conduct the phenomenological interviews in a group setting. Taking this into cognisance, it could be suggested that responses from those who initially discussed their experiences in counselling victims of violence might have served as an impetus to follow-on in that train of thought when explaining their personal experiences. Thus the unique experiences of successive respondents may actually be

unconsciously circumscribed by the recollection of the previous respondents' experiences. In this way, respondents may have restricted themselves to relating issues that they assumed were similar and thus more in context with previous respondents. When reviewing these findings, experiences at times appeared rather constricted and uniform in that several respondents focused their experiences around similar discussions. Despite this, salient aspects of their counselling needs were nonetheless highlighted.

Whilst the needs of these respondents were real and relevant within their social and geographical context, the findings of this study cannot be generalised to other rural communities.

Various socio-economic and socio-political issues had emerged but could not be addressed by this training programme. These included the lack of an adequate infrastructure (such as victim-friendly environments in police stations), adequate police vehicles in the townships and the availability and appointment of a district surgeon in the locality; however, it must be taken into cognisance that these work-related issues could hinder attempts of lay counsellors to provide effective counselling services.

CHAPTER 5

AN OUTLINE OF THE TRAINING

PROGRAMME

5.1. INTRODUCTION

After the phenomenological explication, a training programme was scheduled (as dictated by the findings in chapter 4) to be presented for a period of three weeks. Three, four-hour sessions were scheduled per week. Since the researcher was aware of, and anticipated certain problems, the time frame thus accommodated for inevitabilities like postponements and cancellations.

Although the scheduled time seemed to be rather extensive, the researcher anticipated people coming in late to the training programme; thus the initial half hour to three-quarters of an hour was spent on revising skills or issues taught or discussed the previous day. While the entire training programme would not be detailed in this chapter and subsequently the dissertation, the videotapes of these sessions are available for perusal. The brief presentation of some of the areas covered in the training programme does not encompass the theory behind the skills and issues relating to counselling but condenses the practical issues involved in counselling victims of violence.

5.2. THE MEANING OF COUNSELLING

The definition of counselling has been extensively discussed in chapter 1 and 2. From a lay counsellor's perspective therefore it would suffice to say that counselling in this context involved a caring relationship where a helper or counsellor offers support to facilitate change in a victim who had been exposed to violence. It was also emphasized that counselling did not attempt to give rigid advice nor did it criticise or talk about a person (as in gossiping), (Lifeline Manual, 1995).

5.3. SKILLS FOR COUNSELLING

"Skills" are defined as "proficiency competence and expertness" in counselling (Nelson-Jones, 1988: 10). The essential element of a skill is the ability to make and implement an effective series of choices in order that a desired objective is reached.

Nelson-Jones (1988) also stated that lay counselling provided basic listening and caring skills given to support counselees in their time of need. This enabled counsellors to understand the victim's crisis situation better by allowing the counselee to openly express their feelings. The use of open-ended and close-ended questioning was also taught and discussed. In order to facilitate effective helping and growth, Rogers (1995) said that counsellors should portray the following qualities: that of genuineness,

empathic understanding, openness and unconditional positive regard.

5.3.1. LISTENING AND HEARING

Nelson-Jones (1988) also distinguished between hearing and listening. Hearing was the awareness and reception of sound while listening involved not just receiving sounds but also accurately understanding the meaning of these sounds. Listening therefore could be seen as hearing words, being aware of vocal cues, observing movements and considering the context of the communication. Besides verbal communication, listening also involved non-verbal communication. These included, body language, facial expressions, appearances and even physical responses to the counsellor.

Obstacles and distracters in listening which affected counselling included: -

- Inadequate listening - where counsellors became involved with their own thoughts.
- Evaluative listening - where the counsellor tended to judge as he/she listened by labelling what the counslee had said.
- Filtered listening - where counsellors heard what they choose to – this was also referred to as selective listening.

- Listening to facts rather than the person – by asking too many questions, more time was spent on collating facts rather than listening to what the counselee meant.
- Rehearsal – where the counsellor thought of how he/she was going to respond and heard rather than listened to what was being said.
- Sympathy rather than empathy – when the counsellor listened sympathetically, this implied that he/she was “taking sides” without knowing the entire story (Lifeline manual, 1994).
- Interrupting – Egan (1994) identified two types of interrupting, benign and malignant. Malignant interrupting was when the counsellor “cuts-off” the counselee because he/she had something important to say.
- External distracters – the counsellor should eliminate distractions like telephones ringing or people barging into the counselling rooms.

Silences also had a meaning. It could suggest that the person was obtaining control over his/her emotions or thinking of his/her next line of communication. If the counsellor started talking, when he/she was uneasy with the silence, he may have confused the counselee or changed his/her line of thought.

When listening, counsellors needed to be cautious that they did not deviate from the main issues of concern, neither should they

be judgemental, prejudiced or label the client, concentrate on facts rather than on the feelings of the victim, rehearsing responses and exhibiting sympathy rather than empathy.

5.3.2. EFFECTIVE ATTENDING AND LISTENING

Microskills of listening described by Egan (1994) made up the following acronym – SOLER. The counsellor should face the client squarely, have an open posture, lean towards the counselee, maintain appropriate eye contact and be relaxed. The issue of eye contact, openness of posture, and leaning towards victim was also discussed within the prevailing cultural context. It was found that these microskills between people of the same sex and similar age group was acceptable but this was not so for the counselling relationship involving opposite sex and different age group liaisons. The counsellor also needed to be aware of nonverbal signals he/she could pass onto counselees.

5.3.3. EMPATHY

Empathy was an important 'ingredient' to facilitate the counselling relationship. Empathy occurred when a counsellor understood a victim's thoughts and feelings that he/she had expressed about the self and their world from the victim's

perspective. It involved the counsellor reflecting on what the victim had verbalised or not and it was important because: -

- It contributed to effective helping.
- It made the victim aware of his/her feelings and experience.
- It allowed the victim to further explore his/her feelings to a greater degree.

The counsellor therefore should have: -

- Attempted to understand the situation from the victim's perspective by putting aside the counsellor's own preconceptions.
- Sensed the victim's feelings 'as if' they were their own.
- Conveyed accurate understanding of the victim's feelings and experiences.
- Enlightened the victim of feelings he/she was only just aware of and which needed to be brought to the surface.
- Been aware of things that would block empathy like, having preconceived ideas about the victim, being self-absorbed, being antagonistic, directive, too emotionally involved or interrogating and labelling the victim.

5.3.4. CONGRUENCE

Congruence was when the counsellor conveyed genuine feelings and thoughts to the victim. It facilitated counselling by: -

- Conveying to the victim that the counsellor's inner feelings about the victim matched the counsellor's outward expressions.**
- Showing the victim that the counsellor was sincere and true in his/her reflection of feelings.**
- Encouraging the victim that the counsellor could be trusted and therefore made the victim feel confident to express his/her feelings.**

The counsellor exhibiting congruency therefore: -

- Responds relevantly to the victim.**
- Responds to the main concerns of the victim.**
- Responds appropriately and genuinely but avoids inappropriate self-disclosure.**

5.3.5. UNCONDITIONAL POSITIVE REGARD

Unconditional positive regard was when a counsellor accepted the victim unconditionally by showing warmth, respect and acceptance. This allowed the victim to feel valued for the person they were rather than for being compliant (Egan, 1994). This issue was discussed simultaneously with the issues of prejudices and myths that were of concern to some lay counsellors as discussed in the phenomenological explications.

5.3.5.1. DEALING WITH PREJUDICES AND MYTHS

The Lifeline Manual (1994) defined prejudices as "...a preconceived opinion, bias..." "...usually with unfavourable connotation" "an unreasoning objection..." or "influence the mind or judgement of....beforehand (often unfavourably)".

When the counsellor pre-judged, then he/she was usually influenced by his/her self-talk, by a set of beliefs that we have internalised as a result of influence or negative experience.

According to Padayachee (1993: 20), "a myth is a belief shared by most people but which is usually not true".

The researcher found it was most appropriate to use a brainstorming session to discover the myths and prejudices expressed towards victims of violence in this community context. The most common myths prevalent in the Mandeni community, which prejudiced counsellors towards victims, included: -

- The belief that women who dressed seductively were asking to be raped.
- Similarly, women who ventured outdoors were also asking to be attacked.
- In cases of spouse abuse, it was widely believed that a man was the head of the household and therefore woman could be 'controlled' by him in whichever way was necessary – in such cases the police were often unwilling to 'interfere' when the abused female sought legal assistance. Unfortunately, this idea was deeply rooted in traditional beliefs and few people were willing to challenge it.
- Rape victims enjoyed the sexual encounter that they were victims of.

- A man who had AIDS could be cured if he had 'sex' with a virgin. Often young children who were vulnerable targets were sexually abused due to this misguided belief.

Each of the above were deemed to be counter-productive for the counselling relationship and discussions were held as to how they could impede growth and development in victims. It was also pointed out to trainees that if these prejudiced thoughts or myths could not be eradicated or should these emerge in the counselling climate where the counsellor found it difficult to deviate these feelings, then it would be imperative to refer the victim to another counsellor.

5.3.6. SOME DO'S AND DON'TS OF COUNSELLING

<u>DO'S</u>	<u>DON'TS</u>
1. Remain calm and relaxed.	1. Do not encourage self-blame.
2. Allow the victim to express feelings clearly.	2. Do not give false reassurances.
3. Allow the victim full opportunity to speak.	3. Do not interrupt the victim unnecessarily.
4. Help the victim to identify the real problem.	4. Do not try to cheer up the victim by telling him/her the problem is not as bad as it looks.
5. Deal with the immediate situation.	5. Do not deal immediately with underlying issues.
6. Have a list of readily available resource contact numbers.	6. Do not agree to do anything the victim can do himself or herself.
7. Provide empathy.	7. Do not be too directive.
8. Provide warmth.	8. Do not give advice unless victim asks for medical or legal issues you may be professionally knowledgeable about.

5.4. FUNDAMENTAL ASPECTS OF THE COUNSELLING RELATIONSHIP

5.4.1. PRIVACY

Privacy was an important aspect of counselling. From the victim's perspective, it was difficult to discuss experiences of victimisation

where there was no privacy. It was pointed out by nurses that rape victims often felt humiliated as they had to discuss their rape experiences to police in the charge office within 'earshot' of others present there. It was suggested that a room be kept aside in the police station where such victims could be counselled. Privacy was necessary as the victim may be experiencing hyper-emotionality, a general fear of people (especially of men in rape cases) or embarrassment (Crisis Intervention Manual, 1994:5).

5.4.2. CONFIDENTIALITY

According to Nicolson et al (1995: 90), the onus was on the counsellor to maintain confidentiality but it should be pointed out to the victims that his/her case could be discussed within a confidential framework with the counsellor's supervisor or if the victim threatens to harm him or herself or others.

5.4.3. ATTRACTION TOWARDS THE VICTIM

It sometimes happened that the counsellor could be physically or sexually attracted to the victim he/she was counselling. The counsellor should be aware of the dangers and ethical issues regarding a sexual relationship towards the victim. Any intentional physical contact should not possess any sexual overtones. This

was especially so when the counsellor consoled an opposite sex victim. Should it occur that the counsellor had an overwhelming attraction for the victim, he/she should rather refer the case to a colleague (Hough, 1994).

5.4.4. TRANSCULTURAL ISSUES

Collaros (1995) pointed out that different cultures have different “non-verbal identifiers” which used different gestures to suggest the same thing or similar gestures to mean different things. For this reason, in a diverse, cross-cultural climate in South Africa, effective counsellors needed to be aware of these differences when interpreting non-verbal communication in victims. In this research project, there existed only two transcultural counsellors who provided valuable input regarding issues relating to cultural problems and their realisation of the need to be sensitive to issues relating to cultural beliefs and actions.

5.4.5. SELF-DISCLOSURE

Self-disclosure was the process of communicating one’s own thoughts and feelings to the victim. It could take the form of verbal or non-verbal, intentional or non-intentional positive or negative thoughts. Non-verbal self-disclosure could take the form

of inflection of the voice, silences, pauses, facial expressions, gestures, or mannerisms. Disclosure should portray genuineness to avoid contrived disclosure in order that interaction patterns were enhanced. It should however be done at appropriate opportunities when the counsellor realised that it would meet the needs of the victim.

5.4.6. TRANSFERENCE

This was a process when either positive or negative feelings from the past were passed on from the victim to the counsellor as these thoughts arose from relationships with significant others; such as parents. Positive transference involved feelings like love, trust and desire while negative transference involved feelings like hate or distrust. The counsellor should neither satisfy nor reject these feelings but should engage in them to encourage the victim to become aware of the source of those feelings and to work through them.

5.4.7. COUNTER-TRANSFERENCE

This process involved the conveyance of positive or negative feelings from the counsellor to the victim. Similar to transference, these feelings emanated from the counsellor's significant

relationships in the past. The counsellor should prevent himself/herself from over- or under-identifying with the victim, as it would bias him/her against the victim.

5.4.8. BEGINNING AND ENDING THE COUNSELLING RELATIONSHIP

5.4.8.1. BEGINNINGS

This was a crucial phase where trust and mutually become entrenched between counsellor and victim.

The counsellor at this stage should have: -

- Conveyed to the victim that the counselling relationship was based on equality with him/her.
- Ensured realistic confidentiality.
- Informed the victim that they did not make any promises and thus should not give false reassurances.
- Sensitively paced the session and set time limits if necessarily.
- Showed the victim unconditional positive regard.
- Established with the victim that the counsellor was no expert but would assist however possible.
- Established trust patiently.

5.4.7.2. ENDINGS

The ending should not be abrupt or sudden. It occurs when the victim's emotional issues have been dealt with. Sometimes however, the victim himself/herself decided to terminate the relationship even if all the issues have not been effectively been dealt with.

Indicators suggesting that the victim was ready for the end were if the victim had: -

- Partially or fully resolved the presenting problem.
- Developed coping techniques.
- Enhanced self-esteem and insight.

Or

- The victim continued to deny they had a problem.
- If the victim had reached a crisis point and was unwilling to confront it.

At the end the counsellor should have: -

- Asked the victim to compare feelings experienced in earlier session(s) to current session.
- Asked the victim to reflect on their expectations of the future.

- Asked the victim if they had dealt adequately with their problems.

5.5. SPECIFIC ISSUES RELATING TO CRISIS INTERVENTION

5.5.1. CRISIS INTERVENTION WITH ASSAULT VICTIMS

Respondents in the study had stated that men known to female victims perpetrated the majority of assaults reported. Counsellors therefore needed to be aware of prejudices that they may harbour when dealing with such cases especially traditionally rooted beliefs such as “it is a man’s right to control his women”. The crisis intervention strategy outlined in chapter 2 provided an apt guideline for counselling women who were experiencing such crisis situations. While the counsellor would attempt to assist the victim cope with the immediate situation, the counsellor should avoid the “pitfall of believing they need to provide the assault victim with immediate, expert solutions to her problems” (Roberts, 1990). Nurses in this study have pointed out that while the socially advanced urban areas have “safe homes” where battered women could be secretly housed, in the rural areas, women were not as privileged and most often had to return to the same conflict-ridden home. For this reason, the counsellor needed to take on a supportive role when dealing with such victims of violence and

not enforce their own ideas such as the belief that the victim should leave home. The crisis counsellor also needed to cautiously determine whether a woman's behaviour is excessively irrational or whether her behaviour is likely to be a danger to herself or to others. In the latter type of case, she should be referred to medical personnel for further medical treatment at the mental health centre (a psychiatric nurse was based at Sundumbili clinic).

5.5.2. CRISIS INTERVENTION WITH RAPE VICTIMS

The following were useful attitudes and behaviours when counselling rape victims: -

1. The counsellor should ensure that the victim does not need medical assistance for injuries – this should be dealt with at the onset.
2. The victim should be counselled in the presence of another person if she so prefers.
3. If the victim preferred a female counsellor, this request should be granted if possible.
4. The counsellor should ensure privacy and confidentiality.

5. The counsellor should be calm, professional and supportive.
6. The counsellor should indicate to the victim that he/she believed her story through reassurance and empathic listening. (The counsellor should not convey any suspiciousness or doubt by asking questions like, "why were you out so late at night" or "did it really happen that way").
7. The counsellor should answer her questions but should not give false reassurances.
8. The counsellor should be aware of his own feelings towards the victim. Counsellors also experience feelings such as rage, disgust and even sexual arousal when the sexual experience is relayed. He should guard against reacting to these feelings. The case should be referred to another colleague if the counsellor cannot effectively deal with the above-mentioned issues.
9. The counsellor should use immediate reflection of the victim's emotional responses. Damant (1984) stated that the counsellor should work with the feelings that rape victims typically express like anger, guilt and shame when recalling the rape incident during crisis intervention.

10. The counsellor should set the stage for the development of a survivor mentality. He/she should encourage her to use a variety of existing coping skills, which would show her that she possesses much strength.
11. She should be offered hope and realistic assurance. It should be suggested to her that although it is not easy to deal with the situation now, she would feel in greater control of her life as time progresses (Roberts, 1990: 136-139).
12. The rape victim should be informed of the counsellor's open-door policy where she could come in and be attended to if she so required.
13. She should be allowed to make up her own mind as to whether she would like to report/make a statement regarding the incident.
14. She should be informed about the legal aspects of the reporting, the need to be examined by the district surgeon and the procedures to follow the reporting of the rape.

Please note that the above discussion precluded the medico-legal discussion, which was extensively covered in the training programme. In this discussion, nurses and police who were well

versed with these issues provided each other with the necessary procedural information.

Makhale-Mahlangu (1996), from an Afrocentric perspective, provided a four-step model of counselling rape victims:-

1. re-telling the story.
2. normalising symptoms.
3. working with the guilt and
4. coping strategies.

Makhale-Mahlangu (1996) pointed out that in Eurocentric intervention, the rape incident was “told to the individual” whereas in Afrocentric intervention it was told to the family or a female of similar age. The Afrocentric tradition also involved a communal cleansing ritual, which served to help the survivor regain her pureness and eliminate the stigma.

5.6. ISSUES REGARDING COUNSELLING CHILDREN

Ivey and Ivey (1997: 64-65) pointed out that while the basic listening sequence and microskills were useful in counselling children who were verbally competent, it was still necessary to modify these skills as children do have problems expressing their feelings fully. Often children become confused when asked an

open question and thus gently phrased closed questions may assist in eliciting useful answers. The use of closed questions however was dangerous in child abuse cases as the child should not be lead to conclusions. MacFarlane and Feldmeth (1988) cited in Ivey et al (1997) have provided the following guidelines when dealing with children: -

- Use simple words and short sentences.
- Use concrete rather than abstract language, for example, rather ask “did he touch you?” instead of “did he do anything naughty to you?”
- Avoid using double negatives; for example rather ask, “did he tell you not to do that?” than “didn’t he tell you not to do that?”
- Use names rather than pronouns as children under stress could confuse people and situations.
- When using closed questions requiring ‘yes’ or ‘no’ answers, follow up with paraphrasing such as “tell me more..” to encourage better clarification.

Furthermore, it is essential to establish trust and rapport with a child at an early stage. The environment within which children are counselled is also important. The counselling room should be pleasant, contain children’s furniture, games, toys and when the need arises, anatomical dolls should be used. Also be informed that children can do two things at one time, like mould ‘plasticine’

(clay) and talk thus allowing the counsellor to move easily between games and achieving interviewing goals.

Morgan (1995) has also highlighted the propitious use of relevantly structured anatomical dolls, which should be of the same gender and similar skin tone as the child. She also pointed out that it was helpful to use a variety of “emotionally expressive toys and items” such as blank paper, crayons, stuffed animals, modelling clay or play dough to encourage a child’s explanation of events he/she may have experienced. Children’s drawings provide a wealth of information when children have a problem with verbal communication. Counsellors need to be aware of the use of different colours in drawings, abnormal size of significant people, abnormal size of genitalia drawn, positioning of people in the child’s drawings as well as haphazard colouring/darkening of figures in the drawing. The lay counsellor also needs to be aware that he/she is legally bound to report child sexual abuse cases to the Child Protection Unit. Should the case make the counsellor emotionally involved or uncomfortable, it should be referred to a professional counsellor.

5.7. ISSUES RELEVANT TO LAY COUNSELLING

5.7.1. BURNOUT

Counselling is demanding work and the counsellor needs to take care of himself/herself. Occupations wherein people provide services to others, like in counsellors are especially vulnerable to stress and burnout (Ross, Altmaier and Russel, 1989). The demand of the services offered together with the ethical dilemma exacerbates the stress (Sowa, May and Niles, 1994).

In a series of workshops presented at Technikon South Africa's National Conference on Police Officials as victims of trauma and stress (1998) there existed overwhelming evidence that burnout among police was a countrywide phenomenon. Not surprising therefore, it was pointed out in this research by all the police personnel that they had experienced tremendous stress and often felt that they were on the "verge of burnout".

According to trainees who experienced burnout, they stressed that it occurs gradually; therefore one may not be aware of it until one reaches the stage when one becomes a "bundle of nerves". This is when one should stop and attempt to deal with it as one becomes an ineffective counsellor. Trainees were also cautioned that burnout also surfaced when one felt overwhelmed by cases dealt with and it was suggested that referrals should be made at that

stage. The researcher pointed out that referrals were a skill and not a sign of incompetence.

Corey and Corey (1989) defined stress as the condition that exists when the environmental demands of work exceeds the personal capabilities for effectively coping with the situation. They have also outlined the following symptoms indicative of stress: -

1. Physical symptoms – like headaches, fatigue, experiencing insomnia, weakness in body parts, trembling, ulcers, cerebrovascular disease and blood pressure.
2. Psychological symptoms – like anxiety, tension, confusion, irritability, frustration, anger, emotional hypersensitivity, withdrawal and depression, job dissatisfaction, mental fatigue and lowered self-esteem.
3. Behavioural symptoms – like procrastination, lowered work performance, increased drug and alcohol use and abuse, aggressive tendencies and attempts/thoughts of suicide.

Discussions were held on how to deal with the prevention of burnout. Awareness that one is “burning out” and identifying the major causes are the first step towards effective coping. It is good time to build a supportive system or network.

Trainees identified the following mechanisms, which have assisted them in coping with stressful situations: -

- Talking about your feelings with other peer counsellors.
This makes you realise that you are not alone and it serves to reduce feelings of guilt and failure you may possess.
- Schedule time for physical exercise. This assists to reduce tension.
- Using relaxation techniques such as meditation and yoga.
- Having a “fun” time set for yourself to remove yourself from the monotony of your work situation.

5.7.2. SUPERVISION

Supervision is the opportunity to reflect with a more experienced colleague on the process and content of your work. It enables the counsellor to explore his/her counselling skills and it can offer technical as well as moral support. Whilst ideally the counselling supervisor needs to be more experienced in counselling than the lay counsellors, due to problems of availability of such a person in this rural region, it was suggested that the intern psychologist who frequented Mandeni on a weekly basis would serve as a supervisor to the lay counsellors.

During the training programme, nurses proposed that police and nurses should band together and provide collective support to each other. Everyone agreed upon this suggestion and plans were suggested as to how this would be implemented.

5.8. CONCLUSION

Whilst the training programme provided a practical guide as to how counselling skills should be implemented, the role-plays presented by the trainees played a vital role in using these skills in simulated counselling sessions. The role-plays were initiated at the end of each session to ensure that all the trainees understood the content of the training programme presented on that day. Feedback included the scoring of trainee's performances by co-trainees and following this, suggestions were made as to how the trainee counsellor could have improved the counselling scenario.

CHAPTER SIX

6.1. INTRODUCTION

Evaluation centres on making value judgements. Print (1987), from an educational perspective, explained evaluation as making judgements about a student's performance and behaviours; that is, product evaluation. He further suggested that in order that these evaluative judgements could be made, the evaluator needed to utilise useful data from easy to use instruments and implement assessment techniques; for example the use of rating scales to gauge an individual's performance. He also added that the evaluation could be norm referenced (where performance was compared to other learners) or it could be criterion-referenced (where it was judged according to pre-determined standards). Thus it involved evaluative research implemented according to scientific procedures.

6.2. AIM OF THE EVALUATION PROCEDURE (PHASE TWO)

This chapter aimed to ascertain whether trainee counsellors really gained the counselling skills that were discussed, taught and practised during the course of the training programme. Thus the evaluation process attempted to serve an important need forwarded by the social action initiative of this community – that of

determining whether lay counsellors had acquired counselling skills taught by the training programme.

6.3. SAMPLE EVALUATED

As pointed out in chapter 3, respondents were made aware at the inception of the training programme that their performances would be evaluated on a continuous basis. However, they were also enlightened that, for the purpose of this study, only those individuals who regularly attended the training programme would have their performances evaluated for inclusion in this study. Three nurses and three police personnel were included for this phase of the study by virtue of the fact that they were present for all the training sessions.

6.4. METHOD OF EVALUATION

Role-plays were used as a form of evaluation of the counselee's skills as role-plays simulated real counselling situations and the measures obtained from them provided an accurate reflection of the counselee's skills. Role-plays also provided a more realistic manner of practicing skills that involved greater communication and enhanced better relations amongst group members.

The first evaluation occurred at the beginning of the training programme where respondents were introduced to the contents of the counsellor-training programme. The comparative evaluation occurred at the penultimate stage of the training programme, a time when the appropriate counselling skills ought to have been learnt by the respondents.

Role-play partners were chosen by the researcher to ensure that each trainee had the opportunity to role-play as a counsellor as well as a counselee. At each role-play session, trainee counsellors were given approximately 3-5 minutes to decide on the scenario that they would be role-playing. Each role-play had to focus on unique role-play scenarios in order that these scenes were not replicated as it would have influenced successive role-players' performances.

The assessors or raters of the respondents availed themselves especially for the evaluation process. It was decided against using video footage to assess these respondents as the researcher felt that the realistic nature of the real life setting together with the spontaneity of the situation would provide the raters with more apt and valuable insight into their performances. The assessors however used video footage when scores differed significantly amongst the assessors. For the purpose of self-enhancement (and not for this research), respondents also rated each other's performances and provided feedback in order that their performances would improve where necessary.

6.5. USE OF THE CARKUFF SCALE OF ASSESSMENT

The Carkhuff Scale was deemed to exhibit a rather detailed assessment of respondents' performance and was thus utilised by the assessors. See APPENDIX A for the detailed version of the Carkhuff scale.

6.6. EVALUATION OF TRAINEES' PERFORMANCES

Respondents' performances were evaluated according to eight scales as detailed below: -

1. EMPATHIC UNDERSTANDING
2. COMMUNICATION OF RESPECT
3. FACILITATING GENUINENESS
4. FACILITATIVE SELF DISCLOSURE
5. PERSONALLY RELEVANT
CONCRETENESS/SPECIFICITY OF EXPRESSION
6. CONFRONTATION
7. IMMEDIACY OF RELATIONSHIP and
8. HELPEE SELF-EXPLORATION.

Each of Carkuff's scales was in turn assessed according to one of five levels which extended from level one (expressing no/little presence of that counselling skill) to level five which depicted a

high presence of that counselling skill. Consult APPENDIX A for greater clarity on the actual scale ratings.

Three independent assessors, who were clinical psychologists from the university, rated each of the six trainees. Since the sample size was relatively small, statistical tests were not appropriate to determine inter-assessor reliability. For this reason, complete inter-assessor reliability was used, that is, where all three assessors would agree on a score for a particular trainee.

The following tables outlined the performance of each respondent according to one of five levels for the eight scales as collectively agreed upon by the assessors.

6.6.1. TABLE DEPICTING TRAINEE NUMBER ONE'S PRE-COURSE SCORE

The senior nurse was one of the trainees who had attended an AIDS counselling course. She was accustomed to counselling victims of violence and exhibited a great deal of enthusiasm during the training programme. Her pre-training evaluation was depicted as follows: -

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1			3		
2			3		
3		2			
4			3		
5				4	
6		2			
7		2			
8				4	

6.6.2. TABLE DEPICTING TRAINEE NUMBER TWO'S PRE-COURSE SCORE

Trainee number two, a police officer, had attended a rape-counselling course. He was quick and eager to respond to requests to initiate role-plays. Surprisingly, he was one of the respondents who claimed that he was not sure of his counselling abilities. He often critically questioned the strategies/techniques employed in counsellor training. His pre-training evaluation was depicted as follows: -

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1				4	
2		2			
3			3		
4		2			
5		2			
6				4	
7		2			
8	1				

6.6.3. TABLE DEPICTING TRAINEE NUMBER THREE'S PRE-COURSE SCORE

This junior nurse generally appeared rather quiet and seldom participated readily in group discussions. She had not received any formal training with regard to counselling skills and appeared rather hesitant in participating in role-plays. The following table displayed her pre-training counselling abilities: -

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1		2			
2		2			
3	1				
4	1				
5			3		
6		2			
7		2			
8	1				

6.6.4. TABLE DEPICTING TRAINEE NUMBER FOUR'S PRE-COURSE SCORE

This trainee was the only female officer in the police department. She had been trained to counsel rape victims and appeared confident during role-plays. The following table highlights her pre-training counselling abilities: -

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1				4	
2			3		
3			3		
4		2			
5				4	
6		2			
7				4	
8		2			

6.6.5. TABLE DEPICTING TRAINEE NUMBER FIVE'S PRE-COURSE SCORE

When the time arose to conduct role-plays, this trainee, a policeman, exhibited a great deal of reluctance throughout the training course. He had no previous counselling training and often responded cautiously in role-plays. The following table highlights his pre-training performance: -

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1	1				
2		2			
3	1				
4		2			
5		2			
6				4	
7	1				
8		2			

6.6.6. TABLE DEPICTING TRAINEE NUMBER SIX'S PRE-COURSE SCORE

This nurse had attended an AIDS counselling course. She had actively participated in the training programme and exhibited great insight into counselling techniques introduced in the programme. The following table highlighted her pre-training counselling skills:

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1				4	
2					5
3				4	
4			3		
5			3		
6			3		
7			3		
8				4	

6.7. POST-COURSE EVALUATION

Using the same scales, the six trainees were assessed by the assessors after the completion of the three-week counsellor-training course. The following tables depicted their performances in the order presented above: -

6.7.1. TABLE DEPICTING TRAINEE NUMBER ONE'S POST-COURSE SCORES

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1					5
2				4	
3			3		
4			3		
5					5
6			3		
7				4	
8				4	

6.7.2. TABLE DEPICTING TRAINEE NUMBER TWO'S POST-COURSE SCORES

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1					5
2				4	
3			3		
4		2			
5				4	
6			3		
7				4	
8		2			

6.7.3. TABLE DEPICTING TRAINEE NUMBER THREE'S POST-COURSE SCORES

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1			3		
2		2			
3	1				
4	1				
5		2			
6			3		
7		2			
8		2			

6.7.4. TABLE DEPICTING TRAINEE NUMBER FOUR'S POST-COURSE SCORE

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1					5
2				4	
3				4	
4			3		
5				4	
6			3		
7				4	
8			3		

6.7.5. TABLE DEPICTING TRAINEE NUMBER FIVE'S POST-COURSE SCORE

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1		2			
2		2			
3	1				
4		2			
5		2			
6			3		
7	1				
8		2			

6.7.6. TABLE DEPICTING TRAINEE NUMBER SIX'S POST-COURSE SCORE

<u>SCALE</u>	<u>LEVEL OF PERFORMANCE</u>				
	1	2	3	4	5
1					5
2					5
3					5
4				4	
5				4	
6				4	
7					5
8					5

6.8. RESULTS

The following table of scores for the 6 trainees reflected whether a change had occurred from the pre-course to the post-course stage. Note that a “+” sign in the following table indicated that the trainee had scored a point/points higher than in the initial assessment whilst a “-” sign indicated that the trainee scored a point/points lower in the final assessment while “0” indicated no change in the score from the initial assessment.

6.8.1. TABULATED RESULTS OF SIX TRAINEES
INDICATING CHANGE OF SCORES OBTAINED BY
COMPARING PRE-COURSE AND POST-COURSE ROLE-
PLAYS

<u>SCALE</u>	<u>EACH OF THE 6</u> <u>RESPONDENT'S</u> <u>CHANGE OF SCORES</u>					
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
1. EMPATHIC UNDERSTANDING	+2	+1	+1	+1	+1	+1
2. COMMUNICATION OF RESPECT	+1	+2	0	+1	0	0
3. FACILITATIVE GENUINENESS	+1	0	0	+1	0	+1
4. FACILITATIVE SELF-DISCLOSURE	0	0	0	+1	0	+1
5. RELEVANT CONCRETENESS/EXPRESSION	+1	+2	+1	0	0	+1
6. CONFRONTATION	+1	-1	+1	+1	+1	+1
7. IMMEDIACY OF RELATIONSHIP	+2	+2	0	0	0	+2
8. HELPEE SELF-EXPLORATION	0	+1	+1	+1	0	+2

6.8.2. ACTUAL SCORE CHANGE FOR EACH TRAINEE

Carkhuff's scoring technique indicated that a score value (level) of 3 suggested a minimum requirement for each scale. Thus on 8-scales, the minimum level for facilitative functioning will be (8 x 3), that is, a minimum of 24 points.

**6.8.3. TABULAR COMPARISON OF EACH RESPONDENT'S
PRE-TRAINING AND POST-TRAINING SCORE ON LEVEL OF
FACILITATIVE FUNCTIONING**

<u>RESPONDENT NO.</u>	<u>PRE - COURSE SCORE</u>	<u>POST-COURSE SCORE</u>
1	23	31
2	20	27
3	14	16
4	24	30
5	15	16
6	29	37

CHAPTER 7

7. DISCUSSION OF TRAINEE EVALUATION AND THE OVERALL RESEARCH

7.1. DISCUSSION OF TRAINEE EVALUATION

The assessment of the 6 trainee's role-plays revealed significant results. Of the 6 trainees, 4 of them who had been exposed to previous counselling courses and were enthusiastic to participate in the role-plays obtained near average pre-course scores (with trainee number one having one-point below average level of performance, trainee number two having four-points below average level of performance whilst trainees number four and number five possessed an average one-score and five-scores above average respectively. The same trainees showed substantial improvement in their post-course scores thus suggesting that their attendance and participation in the training programme had contributed to their enhanced counselling abilities. The other 2 trainees who revealed bouts of unwillingness to participate displayed relatively negligible change in their counselling abilities with the pre-course and post-course scores both remaining below average for the trainees.

7.2. LIMITATIONS PROBLEMS ASSOCIATED WITH THE RESEARCH

Whilst permission was granted by the sample in this study to conduct the training programme and the role-plays in English, it could be said that the language factor may have contributed to poor or insignificant changes in the assessment of the two trainee counsellors. It must be taken into cognisance that despite the latter-mentioned trainees being able to speak English, Zulu was their first language and an assessment of the trainees conducting role-plays in Zulu would provide more reliable results. As suggested by Honor (1989), English as the trainees second language, may have “inhibited their free expression”.

It also appeared that both these trainees were rather reluctant to participate in role-plays and this issue could have been investigated on a personal level by the researcher. The very realisation that their performances were being assessed by other independent assessors could have impacted negatively on their confidence levels thus resulting in them performing poorly. The reluctance displayed by the two trainees could also raise questions about the criteria for selection into this or any other training programme. This could imply that the mere exposure of nurses and police to victims of violence would not necessarily make them good “counsellor material” as, as mentioned in chapter 2, in such cases they could do more harm than good to victims of violence. If in practice there is

no scientifically based method of selection of lay counsellors, then more training and supervision should be mandatory to give those possessing inadequate counselling skills a greater opportunity to re-learn these techniques. Should this not rectify their counselling abilities, such trainees should be made aware that they could refer their cases to more reliable counsellors.

While the evaluation of the trainees was not called on for by the community representatives but for the purpose of determining the efficacy of the training programme, both the (poor performing) trainees would have continued their lay counselling services not realising the detrimental impact their lack of efficiency would have on victims. Whilst the researcher did provide feedback to the trainees regarding their performances, there was limited time and opportunity to rectify their inadequate counselling ventures. This should be the aim of future research where ongoing supervision would result in continued revision of skills in order that counsellors patterns of counselling changes positively.

The researcher did not provide a detailed comparison and analysis of ratings for each trainee at each individual level. This detailed analysis would have been able to address specific problems experienced by each trainee. The reason that the researcher neglected this was due to time constraints that did not allow for rectification of these problematic areas.

As highlighted previously, due to Mandeni being a widespread rural area, transport to and from the training centre became problematic for some trainees. This resulted in them being excluded from the assessment sessions. Relating to the above, delays were also anticipated and experienced during the presentation of the training programme as well as the assessment sessions. This led to erratic schedules and postponement and cancellations – the latter occurring when too few trainees turned up on select days due to problems beyond their control.

7.3. CONSIDERATIONS FOR FUTURE RESEARCH

While it would be idealistic to obtain written commitment from trainees to alleviate the above-mentioned problems, stringent measures to assess motivation could be employed to justify the potential trainees' inclusion in a training programme.

The idea of using a Zulu-speaker to perform part of the training and assessment could provide more reliable results.

7. CONCLUSION OF THE STUDY

This research met the objectives set out in chapter one where an attempt was made to determine the needs of potential lay

counsellors in their quest to counsel victims of violence. The basic needs of this select group of respondents obtained through a phenomenological explication of their experiences, assisted in formulating the training programme. This research was successful in transferring counselling skills to the trainee counsellors as was evident in the results (from chapter 6) and from the discussion detailed above. However, ongoing assessment as well as regular implementation of training programmes is necessary to ensure that the trainee counsellors can only improve in their counselling abilities.

Whilst it was not the mandate for this research to discuss and attempt to address the deficiencies in the infra-structures of the police force, it is hoped that this research would serve as an impetus to create an awareness especially regarding basic needs (for example, the dire need for more patrol vehicles, the creation of victim-friendly environments at police stations and the need for a locally-based or more accessible district surgeon in the Mandeni region).

Widespread studies focusing on the attitudes of traditional societies towards women, especially female rape victims could also provide valuable insight into this phenomenon. Another interesting area that could be researched is to assess the functioning of lay counsellors using counselees' ratings of them to assess their efficacy in real-life settings.

The small sample size of this research does not permit one to draw definite conclusions on the effectiveness of the programme, however, it could be said that for the purpose of individual assessment, most of the trainees had shown considerable improvement in their counselling abilities. A consideration presented by Green (1989) in her research suggested that a preliminary study should be done to determine the needs of the counselling community; this was the main feature of this research, which made use of phenomenological explication to address the unique needs of the community. This resulted in a training programme being formulated from the needs expressed by the respondents in this research.

A P P E N D I X

APPENDIX A

A SUMMARY OF CARKHUFF SCALES FOR ASSESSMENT OF INTERPERSONAL FUNCTIONING

SCALE 1

EMPATHIC UNDERSTANDING

LEVEL 1

The first person does everything but express that he is listening, understanding or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

LEVEL 2

While the first person responds to the expressed feelings of the second person, he does so in such a way that he subtracts noticeable affect from the communications of the second person.

LEVEL 3

The expressions of the first person in response to the expressed feelings of the second person are essentially interchangeable with those of the second person in that they express essentially the same effect and meaning – this constitutes the minimal level of facilitative interpersonal functioning.

LEVEL 4

The responses of the first person add noticeably to the expressions of the second person in such a way as to express feelings at a deeper level than the second person was able to express himself.

LEVEL 5

The first person's responses add significantly to the feeling and meaning of the expressions of the second person in such a way as to:-

- Accurately express feelings below what the person was able to express, or,
- In the event of an ongoing deep self-exploration on the second person's part, to be fully with him in his deeper moments.

SCALE 2 COMMUNICATION OF RESPECT

LEVEL 1

The verbal and behavioural expressions of the first person communicate a clear lack of respect or negative regard for the feelings, experiences and potentials of the second person.

LEVEL 2

The first person responds to the second person in such a way as to communicate little respect for the feelings, experiences and potentials of the second person. The first person may respond mechanically, or passively, or, ignore many of the feelings of the second person.

LEVEL 3

The first person communicates a positive respect and concern for the second person's ability to express himself and to deal constructively with his life situation – minimum level of functioning for facilitative interpersonal functioning.

LEVEL 4

The facilitator clearly communicates a very deep respect and concern for the second person, which enables him to feel free to be himself and to experience being valued as an individual.

LEVEL 5

The facilitator communicates the very deepest respect for the second person's worth as a person and his potentials as a free individual.

SCALE 3 FACILITATIVE GENUINENESS

LEVEL 1

The first person's verbalisations are clearly unrelated to what he is feeling at the moment or his only genuine responses are negative in regard to the second person and appear to have a totally destructive effect upon the second person, i.e., there is a considerable discrepancy between the inner experiencing of the first person and his current verbalisations.

LEVEL 2

The first person's verbalisations are slightly unrelated to what he is feeling at the moment, or, when his responses are genuine, they are negative in regard to the second person- e.g. the first person may respond to the second person in a 'professional' manner that has a rehearsed quality of a quality concerning the way a helper 'should' respond in that situation.

LEVEL 3

The first person appears to make appropriate responses that do not seem insincere but that do not reflect any real involvement either – this is the minimum level of facilitative interpersonal functioning.

LEVEL 4

The facilitator responds with many of his own feelings and there is no doubt as to whether he really means what he says. He is able to employ his responses whatever their emotional content as a basis for further inquiry into the relationship.

LEVEL 5

The facilitator is freely and deeply himself in a non-exploitative relationship. He is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful. In the event of hurtful responses, the facilitator's comments are employed constructively to open a further area of inquiry for both the facilitator and the second person.

SCALE 4 FACILITATIVE SELF DISCLOSURE

LEVEL 1

The first person actively attempts to remain detached from the second person and discloses nothing about his own feelings or personality to the second person, or, if he does disclose himself, he does so in a way that is not tuned to the second person's general progress.

LEVEL 2

The first person, while not always actively avoiding self-disclosures, never volunteers personal information about himself. He may respond briefly to direct questions about himself, but does so hesitantly and never provides more information about himself than the second person specifically requests.

LEVEL 3

While the first person volunteers personal information, he does not give the impression that he does not wish to disclose more about himself. The content of these verbalisations is generally centred on his reactions to the second person and his ideas concerning their interaction.

LEVEL 4

The facilitator freely volunteers information about his personal ideas, attitudes and experiences in accord with the second person's interests and concerns. In doing so he may reveal himself in a constructive fashion as a unique individual.

LEVEL 5

The facilitator volunteers very intimate and often detailed material about his own personality in a spontaneous, natural manner. If some of his feelings are negative concerning the second person, he employs them constructively as a basis for an open-ended inquiry.

SCALE 5

PERSONALLY RELEVANT CONCRETENESS OR SPECIFICITY OF EXPRESSION

LEVEL 1

The first person leads or allows all discussion with the second person to deal with only vague and anonymous generalities, e.g. discussing everything on strictly an abstract or highly intellectual level with no attempt to lead the discussion into the realm of personally relevant specific situations and feelings.

LEVEL 2

The first person frequently leads or allows discussions of material personally relevant to the second person to be dealt with on a vague or abstract level, e.g. may discuss 'real' feelings but on an intellectual level.

LEVEL 3

The first person at times enables the second person to discuss personally relevant material in specific and concrete terminology – this is the minimum level of facilitative interpersonal functioning.

LEVEL 4

The facilitator is able, on many occasions to guide the discussion to specific feelings and experiences of personally meaningful material.

LEVEL 5

The facilitator is always helpful in guiding the discussion so that the second person may discuss fluently, directly and completely specific feelings and experiences regardless of their emotional content.

SCALE 6

CONFRONTATION

LEVEL 1

The helper simply disregards those discrepancies in the helpee's behaviour (ideal vs. real self, insight vs. action, helper vs. helpee's experiences) that might be fruitful areas for consideration.

LEVEL 2

The helper, although not explicitly accenting discrepancies, may simply remain silent about these, thus disregarding important areas of inquiry.

LEVEL 3

While the helper does not disregard discrepancies in the helpee's behaviour, he may simply raise questions without pointing up the diverging directions of possible answers – this is the minimum level for facilitative interpersonal functioning.

LEVEL 4

The helper attends directly and specifically to the discrepancies in the helpee's behaviour by direct and explicit confrontation.

LEVEL 5

The verbal and behavioural expressions of the helper are keenly and continually attuned to the discrepancies in the helpee's behaviour. Thus the helper does not neglect any potentially fruitful inquiry into discrepancies in the helpee's behaviour.

SCALE 7 IMMEDIACY OF RELATIONSHIP

LEVEL 1

The verbal and behavioural expressions of the helper disregard the content and affect of the helpee's expressions that have the potential for relating to the helper, i.e. the helper simply disregards all of those helpee messages that are related to the helper.

LEVEL 2

The helper appears to chose to disregard most of those helpee's messages that are related to the helper, e.g. if the helpee is talking about personnel in general, the helper may, in general remain silent or just not relate the content to himself.

LEVEL 3

The helper, while open to interpretations of immediacy, does not relate what the helpee is saying to what is going on between the helper and the helpee in the immediate moment. (This is the minimum level for effective interpersonal functioning).

LEVEL 4

The helper appears cautiously to relate the helpee's expressions directly to the helper-helpee relationship, e.g. the helper attempts to relate the helpee's responses to himself in a tentative manner.

LEVEL 5

The helper, in a direct and explicit manner relates the helpee's expressions to himself, i.e. direct interpretation of the relationship.

SCALE 8 HELPEE SELF-EXPLORATION

LEVEL 1

The helper does not discuss personally relevant material, either because he has no opportunity to do so or, because he is actively evading the discussion when it is introduced by the first person.

LEVEL 2

The helper responds with discussion to the introduction of personally relevant material by the first person but does so in a *mechanical* way and without demonstration of emotional feelings.

LEVEL 3

The helper voluntarily introduces discussions of personally relevant material but does so in a remote manner without the demonstration of emotional feelings.

LEVEL 4

The helper voluntarily introduces discussions of personally relevant material with spontaneity and emotional proximity but without a distinct tendency toward inward probing to discover new feelings and experiences in himself.

LEVEL 5

The helper actively and spontaneously engages in an inward probing to discover new depths in himself and his world.

APPENDIX B

The following scale is a condensed version of Carkhuff's scale in appendix A. Although it was not used to assess the role-plays for this research, it was deemed by the researcher to be an apt instrument for use by the respondents in this study as it was easy to administer and assess role-plays conducted at each training session. Helpers and helpees should rate each statement regarding the relationship, themselves and each other on a scale ranging from 0 , 1 , 2 where

- 0 = non-existent
- 1 = slight
- 2 = much

A). Relationship shows: -

1. mutual input
2. understandable communication
3. human caring
4. creative dialogue
5. experienced encounter

B). Helpee shows: -

1. hope in helper
2. freedom in responding to helper
3. trust in helper
4. liking for helper
5. communication of inner feelings

C). Helper shows: -

1. accurate empathy/understanding
2. respect for helpee as a person
3. genuineness in communication
4. non-possessive warmth
5. guiding of discussion to meaningful specifics.

<u>A. RELATIONSHIP</u> <u>SHOWS</u>		<u>B. HELPEE</u> <u>SHOWS</u>		<u>C. HELPER</u> <u>SHOWS</u>	
<u>1.</u>		<u>1.</u>		<u>1.</u>	
<u>2.</u>		<u>2.</u>		<u>2.</u>	
<u>3.</u>		<u>3.</u>		<u>3.</u>	
<u>4.</u>		<u>4.</u>		<u>4.</u>	
<u>5.</u>		<u>5.</u>		<u>5.</u>	

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