COUNTERTRANSFERENCE IN RAPE COUNSELLING

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ABSTRACT

The study examined rape counselling, with particular emphasis on countertransference reactions experienced by the counsellors of rape survivors. Four subjects participated in semi-focused, open-ended interviews, which were taped and transcribed verbatim.

The phenomenon of countertransference was discussed, and countertransference reactions identified and examined. The management of empathic strain, in order to sustain empathic inquiry and therapeutic efficacy, was discussed.

The main results of the study included the identification of common victim themes, and the feelings evoked in the counsellor in the therapeutic relationship. These included feelings of anger, hopelessness, helplessness and sadness, particularly in the counselling of children, who may be HIV positive as a result of the attack, and victims of chronic abuse. Challenges of rape counselling included shortcomings in the system, and rape myths which trivialize the crime and blame the victim. The need for education and enlightenment of both the public and magistrates on the deleterious effects of rape was emphasized by all subjects.

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CHAPTER ONE: LITERATURE REVIEW

I Introduction: rationale for study

Rape in South Africa is of epidemic proportions. It occurs in all spheres of society and all women are potential victims. Based on the premise put forward by the National Institute of Crime Prevention and the Rehabilitation of Offenders (NICRO) that only one in twenty rapes is reported, it is conservatively estimated that one thousand women are raped a day in South Africa (Vogelman, 1990, p. 98). People Against Women Abuse (Powa) cite the figures as one woman raped every 35 seconds, while a Nedcor report claims the figure is one every 8 seconds (cited in the Weekly Mail & Guardian, August 23-29, 1996).

The present study will examine rape counselling, with particular emphasis on countertransference reactions experienced by rape counsellors. It must be noted that in this study the term countertransference is used more broadly than that understood in the psychodynamic literature. The subjects are lay counsellors and were not asked about countertransference *per se*; rather, the focus was on their expressing the difficulties and challenges of their work. These factors were regarded as countertransference phenomena. The aim of the study is to provide support to the rape counsellor in her support of the rape survivor.

II Towards a definition of rape

While the term `rape' has various meanings, there are three significant levels of definition, namely legal definitions, professional/expert definitions and those definitions given by victims themselves (Maynard, 1993). Legal definitions are usually the narrowest and tend to omit acts which many women would regard as violent and define as rape. The legal definition of rape in most countries

is limited to "actual or attempted sexual intercourse through the use of force or the threat of force" McKendrick & Hoffmann, 1990, p. 11). However, feminist writings argue that such definitions are both a reflection of unequal power relationships in society and serve to maintain those unequal power relationships (Maynard, 1993, p. 105). From the feminist perspective, `rape' assumes the broader meaning of `sexual violence' on the grounds that it is an unwelcome act directed at women because their bodies are socially regarded as sexual. For instance, Kelly (in Maynard, 1993, p. 106) defines sexual violence to include "any physical, visual or sexual act that is experienced by the woman or girl, at the time or later, as a threat, invasion or assault, that has the effect of hurting her or degrading her and/or takes away her ability to control intimate contact."

This definition encompasses a wide spectrum of behaviours which are linked by virtue of the fact that they are overwhelmingly male acts of aggression against women and girls, use sex as a means of exercising power and domination, and have the effect of intruding upon and curtailing women's activities. These behaviours are thus mechanisms by which women are socially controlled. Rape is "a conscious process of intimidation by which *all* men keep *all* women in a state of fear" (Brownmiller, 1975, p. 15; author's italics). The fear of rape "keeps women off the street at night. Keeps women at home. Keeps women passive and modest for fear that they be thought provocative" (Riger & Gordon, 1981, p. 72).

The term `rape' therefore implies "a host of complex social issues regarding aggressive sexual acts. Whether or not a sexual assault is defined as a violation and a trauma is not based solely on the victim's perceptions. Rather, specifics of the acts, such as the amount of physical trauma, the relationship of the victim and the perpetrator, and the context in which the act takes place, become potent definers. Societal values and attitudes impact upon those who provide services to rape victims. These societal forces may be internalized as fundamental, often unconscious, beliefs

about female psychology, female sexuality, and victimization. The seriousness of the act and its sequelae is constantly challenged. Rape myths, assumptions couched in theories of female and male sexuality that `blame the victim', are often used to justify or rationalize sexual assault" (Hartman & Jackson, 1994, p. 213).

1. Forms of rape - some definitions

It is recognised that different forms of sexual trauma exist on a continuum. These different forms of sexual trauma will now be defined, and their after-effects will be discussed below. The repercussions of these different levels of rape may vary and may require different approaches in treatment.

1.1. Blitz and confidence rape

Bowie *et al.* (1990, p. 186) draw a distinction between `*blitz*' rape (a sudden surprise attack by an unknown assailant) and `*confidence*' rape (an assault following an apparently benign interaction between victim and attacker).

1.2. Incest

Incest is defined as "any sexual encounter between a child and an older family member (parent, step-parent, or sibling), extended family member (uncle or grandparent), or surrogate parent figure (common-law spouse or foster parent), which exploits the child's vulnerability" (McKendrick & Hoffmann, 1990, p. 217).

1.3. Child sexual abuse

Child sexual abuse is defined as "any sexual activity, whether it be ongoing or a single occurrence ranging from sexual overtones to sexual intercourse, between a sexually maturing or mature person and an unconsenting or consenting child who is cognitively or developmentally immature" (McKendrick & Hoffmann, 1990, p. 217).

2. Child sexual abuse - rationale for inclusion in present study

Child sexual abuse and incest are included in some detail in the present study since abuse is often a precursor to later situations of rape. There may thus be a compounded reaction to the current rape crisis. Many women are victimized repeatedly. For example, a childhood incest survivor may become an adult rape survivor, with sexual assault at a later age a sequel to the original rape trauma, or a survivor of date rape may be assaulted on more than one occasion (Dye & Roth, 1991; Roth & Leibowitz, 1988, Hartman & Jackson, 1994). Thus, rape is often "not a single and unexpected event occurring in adulthood which seems so different in its impact from the psychological effects of incest. Instead, the feelings of violation of power by a trusted other experienced by the incest survivor may be shared by many different sexual assault survivors. Even in cases of stranger rape, survivors experience a loss of trust in the safety of the world they live in, and many feel an ongoing sense of betrayal and mistrust which generalizes throughout their lives" (Dye & Roth, 1991, p. 105).

Within the theoretical context outlined above, the psychological effects of rape will now be considered in more detail.

III THE EFFECTS OF RAPE

By way of introduction, the after-effects of the varying levels of rape as discussed above will now be examined. As already stated, incest and child sexual abuse are included as they may feature in the life history of the rape victim, who may present with compounded symptoms as a result.

1. The aftereffects of incest

The incest victim may experience profound feelings of rage, terror, loss, shame, worthlessness, betrayal, stigmatization and alienation. Pernicious effects of incest may be "characterological impairments and vulnerability to repeated victimization" (Roth & Leibowitz, 1988, p. 85). Early trauma which occurs within a relational context is often associated with serious bodily violations, intrusions, betrayals, and assaults on the sense of self (McCann & Colletti, 1994). People who have been exposed to repeated severe trauma in childhood are vulnerable to the development of a chronic dissociative disorder, particularly if the trauma is characterised by a sense of helplessness and hopelessness (Eisen, 1992, p. 81).

The "developmental failure" effected by incest significantly interferes with the formation of a sense of self, and with a solid, basic, mental organisation, as well as the capacity of differentiation, which is its natural consequence. There is no separation-individuation process, which is the pathway to becoming an autonomous individual (Gaddini, 1983, p. 357). Secondary effects of incest may be what Gelinas (1983, p. 322) terms 'chronic traumatic neurosis', with chronic dependence, poor self-esteem, and feelings of guilt and powerlessness. Victims show profound impairment in self esteem: they have been taught that they have no rights, especially to needs of their own, and no claims to reciprocity. They tend to be unassertive and passive to the point of

paralysis (Gelinas, 1983, p. 322).

2. Aftereffects of childhood sexual abuse

The after effects of childhood sexual abuse are numerous. They include dissociation, somatization, anxiety, sleep disturbances, tension, sexual problems, anger, depression, guilt feelings, self esteem and interpersonal problems (Eisen, 1992, p. 70). One of the potential long-term consequences of child sexual abuse is the accommodation syndrome, described as a "typical behaviour pattern or syndrome of mutually dependent variables which allows for the immediate survival of the child within the family, but which tends to isolate the child from eventual acceptance, credibility or empathy within the larger society."

There are five stages common to the syndrome: secrecy; helplessness, entrapment and accommodation; delayed, conflicted and unconvincing disclosure; and retraction. The long-term effects of child sexual abuse include feelings of helplessness, low self-esteem and self-worth; lack of confidence; sense of isolation; the inability to form healthy heterosexual relationships, and feelings of guilt, depression and suicidal ideation (McKendrick & Hoffmann, 1990, p. 217).

The insidious and intrusive nature of chronic abuse, which violates trust and integrity, inevitably leaves injuries to the core of the self (Wilson & Lindy, 1994), which then becomes the object of the victim's hatred and aggression (Rieker & Carmen, 1986, p. 362). Accommodation or adjustment to the judgements that others make about the abuse, which entail the denial of an accurate definition of the experience, the survivor's true feelings, and the meaning of the abuse, mean that there is profound disconfirmation of the victim's reality (Rieker & Carmen, 1986, p. 363).

3. The aftereffects of blitz versus confidence rape

While there can be considerable overlap in the issues, concerns and symptoms of blitz and confidence rape victims, there may be different psychodynamic emphases, somatic sequelae and follow-up dilemmas for the victims of the two types of rape (Bowie *et al.*, 1990, p. 186).

The immediate concerns of blitz rape victims center around their sense of safety, the fear that the rapist may return, and their dismay at having failed to ward off their attacker. They may respond like typical trauma victims with nightmares, flashbacks, sleep and appetite disturbances, heightened startle responses, anxiety and depression. Confidence victims' chief concerns are guilt and self-blame, and the rape may be revealed only years later. Treatment of these victims may require active and sustained involvement on the part of the caregiver (Bowie *et al.*, 1990, p. 187), in part because victims who were raped by persons known to them have to re-evaluate previously learned attitudes regarding the issue of trust (Frank, Turner & Stewart, 1980, p. 42). The incidence of post-traumatic stress disorder is higher among survivors where the perpetrator is a stranger, force or weapons are used, and physical injuries are sustained (Bownes, 1991, p. 25).

4. Factors affecting the response to rape

Each rape victim responds to and integrates the experience of rape differently depending on her age, life situation, the circumstances of the rape, her specific personality style, and the responses of those from whom she seeks support (Notman & Nadelson, 1976, p. 409). Pre-existing dynamics are important factors in the response to rape, and character styles and defenses are intensified by the rape (Rose, 1991, p. 91).

The `context' of trauma, as well as the different etiologies of on-going versus single incident traumas, plays a pivotal role in the immediate and long term prognosis for survivors. There are commonly four different patterns typical of trauma victims: psychic numbing, reenactment, multiple fears and phobias, and shifts in social interactions (Eisen, 1992, p. 70).

Manifestations of the impact of rape may be unobtrusive or may severely pervade a person's social functioning. There are two phases of reaction common among rape victims - the initial acute phase of disorganisation, and a long-term phase of reorganisation. Emotional reactions manifested in the acute phase range from fear, humiliation, and embarrassment, to anger, revenge, and self-blame. The long-term phase of reorganisation may include helplessness, nightmares, the development of phobias, and sexual fears (McKendrick & Hoffmann, 1990, p. 28).

The following victim themes emerge from a context of understanding the consequences of trauma more broadly. These victim themes frequently include the following:

1. Psychological distress

Rape victims suffer acute distress on nearly all psychological dimensions, including fears (rape related as well as others), phobias, depression, work and social adjustment, sexual dysfunctions, nightmares, numbness and withdrawal (Roth & Leibowitz, 1988, p. 82). The psychological traumas of rape have been noted to include threat of death, massive environmental assault, violation of bodily boundaries, narcissistic injury, overwhelming of usual ego functions, loss of control, profound regression, activation of unconscious conflicts and fantasies on many levels, and disruption of important relationships (Rose, 1986, p. 818).

2. Impact on self identity

Victimization causes a rupture in the individual's sense of identity, a possible regression, and a state of being "stuck" or what Danieli (1985, p. 307), terms 'fixity'. The time, duration, extent, and meaning of the victimization, as well as the post-victimization traumata and the conspiracy of silence or second wound (Symonds, 1980), will determine the elements and degree of rupture, the disruption, disorganisation, and disorientation, and the severity of the fixity (Danieli, 1985, p. 307).

The rape victim is faced with a formidable and complex series of social, emotional and cognitive tasks in trying to make sense of experiences that threaten bodily integrity and life itself (Rieker & Carmen, 1986, p. 362). The internal self and object representations and adaptive techniques for understanding and dealing effectively with the feelings, thoughts, fantasies and impulses arising from the stressor of rape are inadequate. The victim thus experiences her internalized object relations as having been shattered (Rose, 1991, p. 86).

The experience of trauma "confronts people with the futility of putting up resistance, the impossibility of being able to affect the outcome of events. The shattering of assumptions about predictability and mastery inflicts a narcissistic wound to the self" (van der Kolk, 1994, p. ix). The experience of victimization also shatters very basic assumptions that victims have held about the world (Janoff-Bulman, 1985, p. 16). These are: a belief in personal invulnerability, the perception that the world has order and meaning, which includes notions of fairness and predictability, and the assumption that one is a worthwhile person. Epstein (1986) includes a belief that people are trustworthy and worth relating to. The loss of these basic operating assumptions may make victims feel that life is unmanageable, and it may present them with paradoxes that appear

insoluble, which may lead to a kind of psychological paralysis (Roth & Leibowitz, 1988, p. 83).

3. Alienation, blame and mistrust

The destructive consequences of victimization are the most encompassing when the trauma is human-induced. A major consequence of the trauma of rape is the damage done to the individual's ability to experience trust, and is reflected in the victim's withdrawal and feelings of alienation. In effect, there has been a breakdown between the victim's self and her perception of the general human community (Catherall, 1991, p. 145). The actions of societal institutions and authorities, as well as significant others, are commonly interpreted as betrayal and intentional failures of empathy. The rape victim may surround herself with a `trauma membrane' to replace the damaged introject and environment. She admits into her acceptable circle of safety only those with expertise or similar experiences, believing that this demand for sameness will guarantee empathy from the other person (Eisen, 1992, p. 78).

Human-induced catastrophic events such as rape are not only unexpected, but the attribution of blame extends beyond simple fate and those who were caught in them. Events that are not only human-induced, but also directly affect the intimacy and social support of the family, are perhaps the most emotionally devastating. One of the ways in which rape is unique from other forms of violence and catastrophic events lies in the attribution of blame to the victim. The "special struggles" of the victim take place not only against the recognised victimizer, the perpetrator, but also those individuals and institutions responsible for the victim, such as law enforcement, criminal justice, and various social service systems (Figley, 1985, p. 399).

The experience of rape as an overwhelmingly frightening experience therefore heightens the woman's sense of helplessness, intensifies conflicts about dependence and independence, and

generates self-criticism and guilt that devalue her as a person and interfere with trusting relationships, particularly with men. An important consequence is persistent feelings of vulnerability (Notman & Nadelson, 1976, p. 409).

4. Anger

For the rape victim, the conflict over aggression, that is, rage, hatred, and anger, is central. One of the results of victimization may be that disowned aggressive aspects of the victim's self are reinstated and may then be experienced as intolerable (Catherall, 1991, p. 145). The origins of these destructive feelings are usually unconscious. The victim struggles with both retaliatory fantasies and wishes, and hostile impulses and actions. Key manifestations of this conflict over aggression include the absence of any overt anger at the assailant, massive guilt, identification with the aggressor, the inability to prosecute, and reenactments of aspects of the rape (Rose, 1991, p. 90).

5. Anxiety and denial

Further consequences of the trauma of rape may be depression, shame, rage, guilt, withdrawal, and sadness. Anxiety is a pervasive reaction, and is related to a feeling of having little or no control over the event and its possible recurrence. The response embodies frustration, in that the victim's fate is in the hands of another, leaving her powerless. Notions of unfairness and injustice are embodied in feelings of frustration. Victims of violence feel disempowered and fear for their survival in the face of repeated and prolonged violence. One such response may be learned helplessness (McKendrick & Hoffmann, 1990, p. 28).

Denial can be another powerful reaction to violence. It may feature as numbness, or in very severe cases, can extend to dissociative (formerly psychogenic) amnesia, in which the victim experiences gaps or a series of gaps in her life history. In DSM-IV, the essential feature of dissociative amnesia is "an inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by normal forgetfulness" (p. 478). Desensitization features as a coping behaviour and serves the purpose of denying the deleterious effects of violence. The desensitizing process not only denies the existence of feelings a person may have in relation to self and the event, but may also center on denying feelings for the plight of another, which results in blunted empathy (McKendrick & Hoffmann, 1990, p. 28).

6. Repression and dissociation

Multiple traumas are often repressed, or the affect connected to them becomes split off from the memory, leaving a person who is emotionally dead, with a false self which hides the inner emptiness (Eisen, 1992, p. 71). Rose (1986, p. 818) describes this false or 'deadened' self as representing a mixture of depersonalisation, depression, and reenactment of a life-threatening assault: the ego is overwhelmed and needs to resort to depersonalization and dissociation during the assault. The overwhelming of the ego is experienced as the death of the old self. The depersonalization and dissociation used during the rape protect some ego functioning and preserve autonomy. Victims may describe this as leaving their bodies, floating, and looking down at their bodies being raped. Unfortunately, this defense persists, and the old self is replaced by a numbed, wooden, deadened, distant self (Rose, 1986, p. 818). Dissociation of the victim's pre-rape identity (Rose, 1991, p. 86) results in regression in adaptive techniques, reality testing, secondary process thinking, and verbalization of thoughts and feelings. The dissociation frees the victim in an illusory way from the assailant, protects vital ego functions during and after the assault, and serves as a defense against the conflictual rage at the assailant, herself, and her

introjects (Rose, 1991, p. 86).

Reenactment of a rape may also occur on both symbolic and concrete levels. A victim may conduct her life as if the rape is about to resume at any moment, and experience affective states such as suspiciousness, hyperalertness, or emotional insulation and blunting of affect. This form of reenactment comes from two sources: the victim's lack of understanding about the nature of the intrusive phenomena she is experiencing, and her conflict over aggression, leading her to feel as if the rapist will return to retaliate. She then misperceives environmental and internal stimuli accordingly (Rose, 1991, p. 89). In symbolic reenactments of the rape, the victim either repeatedly experiences subsequent interactions with others as rapes, or reenacts the rape so that she is, in reality, revictimized. One consequence of the use of this defense is that victims have a significantly greater chance of becoming a victim again than do non-victims (Rose, 1991, p. 89).

7. Loss

Loss is another major theme in the psychodynamics and symptomatology of rape victims and in the responses to the victim by significant others and society. Loss is "profound and devastating, intrapsychically touching on every stage of psychosexual development, self-concept, and object relations. The psychodynamics are universal, with some levels more profoundly affected than others, this being determined by a combination of the particular nature of the assault, the psychodynamics and past history of the victim, and the response of the environment. However, each level is present to some degree in every rape victim" (Rose, 1986, p. 818).

A sense of death and loss also occurs through the destruction of important aspects of the self. Attitudes needed for psychological survival are often destroyed. In most victims, basic trust and primitive omnipotence are lost and supplanted by the chronic intrapsychic experience of threat of

annihilation and by profound mistrust (Rose, 1986, p. 818). Regression also contributes to the feelings of death and loss. The assault, by its very nature, reactivates or exacerbates developmental issues. The regression has powerful consequences for the victim's self-concept. The old identity is lost, at least temporarily, as the victim's prior sense of self and level of functioning are superseded by the affects and conflicts activated by the regression. Associated with this is a shift in the predominant defenses to more primitive ones such as projection, introjection, and denial (Rose, 1986, p. 819).

IV THE COUNSELLING RELATIONSHIP WITH THE RAPE VICTIM

1. Introduction

The central principle of psychological and internal liberation from the trauma of victimization is integration of the event into one's life span in such a way that it will become a meaningful part of the survivor's identity, hierarchy of values, and orientation of living. For the victim, this integration is of the extraordinary, integrating the effects of overwhelming experiences into her life, and the traumatized individual has to confront and incorporate aspects of human existence that are not normally encountered in ordinary everyday life (Danieli, 1985, p. 306).

2. Special problems posed by rape counselling

The nature of the after-effects of rape poses special challenges for the counsellor in terms of establishing a relationship with the victim. Rape and sexual assault clients demonstrate special responses consequential to the trauma which may be confusing to the therapist. Of critical importance are the characterological defenses manifested in self-defeating traits, a loss of self-protective functions, hypersexuality, numbing, and defensive reactions. Although these

reactions are part of the general syndrome of post-traumatic stress responses, they are particularly important with victims of rape and sexual assault (Hartman & Jackson, 1994, p. 222).

People subjected to sexual abuse in their formative years pose special challenges to the counsellor. In treating adult survivors of incest, the issue of secrecy is usually a major obstacle to be dealt with. Defensive postures such as superficial compliance, guardedness, denial and secretiveness may be present throughout the course of treatment (Haller & Alter-Reid, 1986, p. 554). The need for secrecy is based on the victim's sense of shame and guilt, as well as threats made originally by the perpetrator. Because of this conflict between the wish to unburden oneself of the traumatic secret, and the fear of the consequences of disclosure, the victim alternates between acknowledging and denying her perceptions (Eisen, 1992, p. 71).

Among the technical problems which occur in the psychodynamic psychotherapy of rape victims are the formation of a therapeutic alliance, identification of defenses, the victim's conflict over aggression, pre-existing dynamics, countertransference reactions, and contact with societal institutions. Failure to deal effectively with any of these areas commonly results in re-traumatization of the victim and rupture of the therapeutic alliance (Rose, 1991, p. 85).

Clinicians working with patients suffering from the deleterious consequences of abuse relationships are especially prone to countertransference reactions (CTRs), because these clients have a fundamental mistrust of others, inevitably have significant problems with boundaries, and have developed defensive structures erected to protect deep-seated feelings of vulnerability, fear, insecurity, rage, depression, and other manifestations of low self-esteem and narcissistic injury (Wilson & Lindy, 1994, p. 83). The trauma of sexual abuse and disclosure, which is frequently unsupported, discredited, and followed by suppression, means ongoing conflict around object relationships and trust (Haller & Alter-Reid, 1986, p. 557). The damaged self transfers object

relations in unconscious ways and this creates an unfolding process within the therapeutic relationship that is likely to stir either overidentification with or distancing responses within the therapist (Wilson & Lindy, 1994, p. 83).

Patients who have experienced early childhood trauma will often reexperience and reenact their role in previous abusive relationships within the context of the therapy relationship (McCann & Colletti, 1994, p. 88). These roles shift from being a victim to being identified with the aggressor, and for the patient who has experienced intrafamilial abuse or incest, to being the "favorite" or "special" child. Projective identification describes an enactment or actualization wherein the therapist is unconsciously drawn into playing a role in the patient's reenactment of prior and/or current relationships. Various trauma-specific transference reactions may emerge, including fears that the therapist will recapitulate experiences of threat, terror, and boundary violations; a transference reaction that relates to a disruption in one's sense of safety and security. Likewise, the patient may fear that the therapist will repeat experiences in which the patient is betrayed, abandoned, and unsupported, reflecting transference themes related to previous violations in trust and dependency (McCann & Colletti, 1994, p. 88).

3. The goal of therapy

Whatever the theoretical approach of the therapist, the work of therapy "basically consists of helping the patient acknowledge the facts, bear the feelings associated with them, and find ways of going on with his or her life. The need to make thought, not action, the currency of the therapeutic process is extremely difficult to accomplish in view of the fact that trauma-related thoughts and feelings bring back the intolerable affects that patients so carefully avoid, which, if countenanced to their full extent, may prove to be well-nigh unbearable for the therapist" (van der

Kolk, 1994, pp. xi-xii).

Post-traumatic therapy begins with the assumption that a normal individual encountered an abnormal event. Since traumatized and victimized individuals are by definition reacting to abnormal events, they may confuse the abnormality of the traumatization with abnormalities in themselves. Catastrophic events, by definition, shake one's equilibrium, break one's attachments, and remove a sense of security. Confrontation with deliberate human cruelty inevitably shakes one's sense of justice, shatters assumptions of civility and evokes alien, sometimes bestial, instincts (Ochberg, 1991, p. 6). There are three basic principles of post-traumatic therapy (PTT), namely 1) the normalization principle: there is a general pattern of post-traumatic adjustment and the thoughts and feelings that comprise this are normal, although they may be painful and perplexing; 2) the collaborative and empowering principle: the therapeutic relationship must be collaborative, leading to empowerment of one who has been diminished in dignity and security; 3) the individuality principle: every individual has a unique pathway to recovery after traumatic stress (Ochberg, 1991, p. 5).

Healing of the "narcissistic wound to the self" (Wilson & Lindy, 1994) sustained by the rape victim requires "a safe environment, a therapeutic sanctuary, in which to engage in an interpersonal relationship that facilitates recovery and movement towards integrating the stressful experience within the ego-structure in ways that are not longer distressing or disruptive of adaptive functioning" (Wilson & Lindy, 1994, p. 6). The role of the counsellor is to act as a "trauma membrane" (Wilson & Lindy, 1994), supporting the survivor in the retelling of her story.

4. The therapeutic sanctuary

The task of creating a `safe-holding environment' (Winnicott, 1965), which allows for the

expression of the trauma story, and where the work of therapy, the integration and resolution of trauma, can occur, is never an easy one. Working with people who have been traumatized "confronts all participants with intense emotional experiences and requires them to explore the darkest corners of the mind and face the entire spectrum of human glory and degradation. Sooner or later, those experiences are bound to overwhelm; the repeated exposure to our own vulnerability becomes too intense, the display of man's capacity for cruelty too unbearable, the enactment of the trauma within the therapeutic relationship too terrifying" (van der Kolk, 1994, p. vii).

The therapeutic relationship with the rape victim is invariably challenging, for:

"Victims invite us to violate the basic tenets of psychotherapy - to suspend value judgement, moralizing, and therapeutic activism. The desire to take a moral stance, to actively side with positive action, interpersonal connections, and empowerment, puts a great strain on our capacity to take a passive, listening stance from which we can help our patients figure out how the trauma has affected their inner world and outer expressions. The less one is in a position to address and explore the effect of trauma on patients' perceptions and decision-making processes, the more one is tempted to do something to take over control or to pass control on to other outside parties. Therapeutic activism implies accepting the helplessness of the patient as at times inevitable. Taking over control at times when patients need to learn to establish control for themselves may result in passivity and failure: The price for trying to run our patients' lives usually is abandonment" (van der Kolk, 1994, p. xi).

Post-trauma work with victims brings the therapist close to the "soul" of the pain and injury. Survivors and victims who seek help often suffer from painful memories of the events and distressing affective states that may alter the structure of the self. Traumatic events cause a disequilibrium in psychoformative processes and lead to defensive attempts, such as withdrawal,

aggressive compensation, and psychic numbing, to protect the injured self-structure and personal sense of vitality and wholeness (Wilson & Lindy, 1994, p. 6).

5. Caregivers

Caregivers who work with trauma victims experience `sensory bombardment' when listening to a rape story (Hartman & Jackson, 1994, p. 241). The evocative images that emerge set off powerful reactions in the therapist. The simple listening and processing of the stories of traumatic happenings often stir powerful countertransference responses (Lindy & Wilson, 1994, p. 66). Caregivers are at risk for powerful countertransference reaction, vicarious victimization, and stress-related "burnout". Often, the same issues that cause victims to become fixated on the trauma (numbing, dissociation, fascination, revulsion, rescuing and blaming) obstruct therapists in their attempts to undo the effects of that trauma. These inevitable aspects of post-traumatic therapy need to be understood and tamed in order to take on the task of accompanying people on their journey to integrate the effects of overwhelming experiences into their lives (van der Kolk, 1994, p. vii).

It is no simple matter to maintain empathy when the treatment setting itself becomes a crucible into which aspects of the trauma become transferred. Rather, empathy is a complex enterprise in which the therapist must also be aware of her own partial identification with the client's phenomenological framework - in other words, it is imperative that therapists working with trauma survivors take into account the processes of countertransference (Wilson & Lindy, 1994, p. 7).

6. Implications for therapy

Training of helpers of trauma victims must include information regarding countertransference

reactions and their management in order to maintain a nurturing therapeutic structure, one that is experienced by the client as safe, firm, supportive, clear, trustworthy, and helpful (Wilson, Lindy & Raphael, 1994, p. 59). This is crucial because "to the extent that the critical therapeutic structure allows the therapist to maintain a genuine empathic stance ... the patient will be able to tolerate such inner states as vulnerability, narcissistic injury, degradation, defilement, humiliation, affective flooding, distressing intrusive imagery of the trauma, and so forth, without the overuse of defenses. When this occurs, the phases of recovery from trauma proceed naturally in the direction of integration and completion" (Horowitz, in Wilson, Lindy & Raphael, 1994, p. 59).

6.1 Empathy

The pain and personal struggle of the client must be confronted with a capacity for sustained empathy. Achieving empathy requires "the ability to project oneself into the phenomenological world being experienced by another person" (Wilson & Lindy, 1994, p. 7). While it is an integral part of any therapy, in the treatment of trauma victims it is both more necessary and more difficult to sustain. The capacity for sustained empathy is "pivotal for the recovery process ... the clinician's capacity for genuine empathy is the *sine qua non* for laying the groundwork that enables the patient to perceive that the therapeutic context is a situation of security and protection, and a proper place to express anxiety and feelings of vulnerability" (Wilson & Lindy, 1994, pp. 6-7).

6.2 Empathic strain

As the trauma story unfolds, empathic strain occurs, making it difficult to stay closely attuned to the dynamics of the client. As the therapeutic alliance strengthens, the client tends to project trauma-specific transferences, which have the potential to elicit very complex countertransference

reactions (CTRs) and unique role enactments in the therapist (Wilson & Lindy, 1994, p. 1).

6.3 Transference and countertransference

Countertransference to the rape victim, what Rose (1991, p. 92) terms the "expectable response in the therapist to the victim's transference", may be a source of valuable information about the victim's current conflicts, defenses, fantasies and impulses. But for the therapist who is insufficiently aware of its presence, the countertransference can result in failures in empathy and in acting out, which impede treatment or rupture the therapeutic alliance (Rose, 1991, p. 92).

Transference and countertransference are 'lock and key' phenomena: two halves of a complementary process in post-traumatic work. Transference is "broadly defined as a ubiquitous, unconscious phenomenon in which patients tend to repeat significant psychological experiences of the past with current-day figures. Transference in its more specific form refers to the narrowing of this general phenomenon into the area of greatest conflict and the expression of it within the psychotherapeutic situation or onto the person of the therapist. Similarly, countertransference refers to the psychodynamic phenomenon in the therapists rather than patients. In its general sense, a countertransference is any emotional response derived and arising out of the dual unfolding aspects of treatment between client and therapist. Countertransference in a more specific sense derives from pathognomic transference and its complementary emotional response" (Lindy & Wilson, 1994, pp. 63-4).

6.4 Trauma-specific transference and roles

Trauma-specific transference (TST) is common among victims of trauma (Lindy & Wilson, 1994, p. 391). Trauma-specific transference (TST) reactions are those in which the patient

unconsciously relates to the therapist in ways that concern unresolved, unassimilated, and ego-alien aspects of the traumatic event. These reactions include affective states, behavioural tendencies, and symbolic role relationships. In the context of a safe-holding environment, the TST reaction includes the tendency of the client to focus on the particular dynamics of the traumatic life event. The client casts the therapist into one or more trauma-specific roles through the transference process. In a complementary manner, the therapist may feel as though she has entered one of these particular roles as part of the countertransference process. Countertransference positions (role enactments) range from positive (the therapist becomes a fellow survivor or a helpful supporter, rescuer, or comforter near the trauma) to negative (the therapist becomes a `turncoat' collaborator or hostile judge. In the worst case (most often following empathic error) the therapist may be seen as a perpetrator during a reenactment in the therapy (Wilson & Lindy, 1994, p. 9).

The therapist's inner positions may be conjunctive or in consonance with a given survivor's role, such as outraged but helpless victim; complementary to the survivor position, such as condemning judge to `complement' to guilty survivor, or disjunctive with the survivor position because the therapist's inner position derives from unique trauma situations, such as counterphobic comforting and rescuing responses that fail to appreciate the survivor's position of avenging rage at the perpetrator (Lindy & Wilson, 1994, p. 64).

A central principle of the complex trauma-specific roles evoked in the treatment of victims is that "unremembered components of the trauma story are vividly reenacted in the treatment situation (Lindy & Wilson, 1994, p. 62). Unremembered components of the trauma reexperienced in the treatment situation may have been 1) disavowed by the survivor and retrieved by introspection, intuition or empathy on the part of the therapist; 2) dissociated or split off by the survivor but recovered by the therapist's awareness of projective identification; or 3) denied or suppressed

subsequent to the trauma, then retrieved by the therapist's recognition of displaced superego identifications (in Lindy & Wilson, 1994, p. 63).

In situations of role enactments, the therapist seems unwittingly drawn, by the circumstances of the transference-countertransference fit, into specific roles such as victim, perpetrator, or judge, with associated affects. Countertransference tendencies and thoughts become distinguished as countertransference responses, symptoms, and behaviour when they divert the therapist from listening, empathizing, and interpreting (Lindy & Wilson, 1994, pp. 63-4).

The phenomenon of rape has been examined in some detail. It is essential that the rape counsellor have a thorough knowledge of what rape is and what its repercussions may be. By means of vicarious victimization and projective identification, the counsellor is subjected to the distress experienced by the rape victim.

The phenomenon of countertransference will now receive attention. It has been selected for study because, as noted in the above discussion, counsellors of trauma victims are vulnerable to countertransference reactions (CTRs) in their various forms. The "sensory bombardment" rape counsellors experience when listening to a rape story is inevitably a potential source of empathic strain and countertransference (Hartman & Jackson, 1994, p. 241).

V COUNTERTRANSFERENCE

1. Introduction

Countertransference, as an unconscious process involving a counsellor's unresolved conflicts in relation to his or her client, was first identified by Freud in 1910. He viewed countertransference,

the `result of the patient's influence on [the analyst's] unconscious feelings' (in Casement, 1985, p. 92), as an impediment to the treatment process, requiring ongoing self-analysis since `no psychoanalyst goes further than his own complexes and internal resistances permit' (in Roth, 1987, p. 4).

Heimann (1950) later reinterpreted countertransference to include all feelings experienced by the counsellor towards the client. She saw the analyst's emotional response to his patient as "one of the most important tools for his work. The analyst's countertransference is an instrument of research into the patient's unconscious" (Heimann, 1950, p. 81). Countertransference can be defined as those conscious, preconscious and unconscious responses and feelings of the counsellor that can be both a problem with respect to establishing an empathic relationship, and a valuable therapeutic and diagnostic tool (Dunkel & Hatfield, 1986, p. 114).

The concept of countertransference and the pursuit and clarification of its meaning and use as a vehicle of treatment "led the way out of a narrow one-body, intrapsychic psychology to an extraordinarily complex two-body psychology, which explores the effects of two psyches in mutual interaction" (Roth, 1987, p. 45).

2. The use of countertransference

Laplanche & Pontalis describe what happens in the correct technical use of countertransference: "to allow oneself to to be guided, in the actual interpretation, by one's own countertransference reactions, which in this perspective are often not distinguished from emotions felt. This approach is based on the tenet that resonance `from unconscious to unconscious' constitutes the only authentically psychoanalytic form of communication" (in Agazarian & Peters, 1981, p. 243). In work with trauma victims, countertransference may at times "provide more than clues to

disavowed traumas that are being re-enacted in the treatment: it may provide the only vehicle by which the patient can translate a horrendous story from action to narrated form" (Lindy & Wilson, 1994, p. 69).

3. Classical and contemporary formulations of countertransference

There are two formulations of countertransference: classical and contemporary. *Classical formulations* refer to reactions on the part of the therapist that are specific, personal, and subjective, and that resonate with his or her prior understanding and experience. The patient's transference activates unresolved unconscious and conscious conflicts within the therapist, arising from his or her personal history (Freud, in McCann & Colletti, 1994, p. 89). Freud also believed that the countertransference of the therapist could be useful to the extent that "everyone possesses in his own unconscious an instrument with which he can interpret [and understand] the utterings of the unconscious in other people" (in McCann & Colletti, 1994, p. 89).

Contemporary formulations refer to reactions that are universal, in that anyone exposed to this material is likely to have characteristic responses. Likewise, these reactions are objective, in that they are related to specific trauma-embedded images and recollections conveyed by the traumatized person (McCann & Colletti, 1994, p. 89). The process by which the therapist responds to the patient's presentation of traumatic imagery and recollections is often described as vicarious victimization. Exposure to the traumatic imagery and recollections of traumatized individuals has a profound effect on the emotional life of the therapist. Pervasive countertransference themes that often emerge in work with individuals who have been traumatized include disruptions within the therapist's internalized object world. For example, the

therapist's inner experience of her own sense of safety and power may be threatened by exposure to the patient's traumatic imagery. Likewise, the therapist's inner experience of other people as trustworthy and benevolent may be disrupted by the patient's vivid accounts of cruelty, violence and betrayal perpetuated by other human beings. Powerful affective reactions may include horror, repulsion, shock, guilt, grief, and rage. Defensively, the therapist may react with disbelief, numbing, detachment, avoidance, and intellectualization of the patient's traumatic disclosure (McCann & Colletti, 1994, p. 90).

Personal factors of both the therapist and the patient have a bearing on how the countertransference will be played out. The therapist's beliefs, values, defensive styles, personal history, training and experience, motivation to work with trauma victims, and theoretical orientation play a role in countertransference reactions to rape victims. These factors may play a role in either overidentification or avoidance. For example, a trauma history may not predict the direction of countertransference interference, but it plays a critical part and is reflected in the defensive style of the therapist and her general level of stress (Hartman & Jackson, 1994, p. 222).

Aspects of the patient that bear on the countertransference include age, gender, ethnic and cultural dimensions, response to the traumatic event itself, personality characteristics, defensive and coping styles, level of traumatization and injuries, family dynamics, type of traumatic event, and cognitive styles. It is not that these features elicit a specific reaction; rather, they are the sources of behaviour that may arouse strong reactions in the therapist. If the context is not understood, the patient may be blamed, ignored, or responded to with avoidance, overidentification, and/or intensive rescue efforts (Hartman & Jackson, 1994, p. 222).

4. Conjunctive and disjunctive processes

There are two processes by which the therapist comes to understand and empathize with the patient by means of countertransference. The first of these is considered *conjunctive*. Here, feelings and experiences shared by the patient readily resonate with and are assimilated into the inner experience of the therapist. These experiences, by definition, are readily accepted, empathized with, and understood by the therapist. The interpretation and understanding that result from conjunctive countertransference processes enhance empathy and facilitate the therapeutic process.

The second process by which the therapist comes to understand the patient by means of countertransference is termed *disjunctive*. There is again a resonance of feelings and experiences shared by the therapist and patient, but the therapist alters the configuration of the patient's experience in accordance with her own prior experience and understanding. The therapist may then react to or interpret the information from the patient in a way that leads to a misunderstanding of the patient's experience (McCann & Colletti, 1994, p. 92). This is what Wilson & Lindy (1994) refer to as a Type I or distancing countertransference reaction. The resulting loss of empathy and understanding can result in the patient experiencing feelings of rage, rejection, abandonment and estrangement. Mismanaged disjunctive countertransference processes may lead to a retraumatization of the patient.

With an awareness of when and how a disjunctive CTR occurs, the therapist can correct her reaction. By recognising how her own subjective experience and prior understanding taints and distorts her understanding of the patient's experience, the therapist can experience a more accurate and empathic understanding of the patient's subjective experience. Thus, by utilizing the reaction of the patient to an incorrect or threatening formulation based on a disjunctive CTR, the therapist's corrected disjunctive awarenesses can effectively aid in clarifying for the therapist the internalized object world of the patient.

5. Empathy, empathic strain and empathic stretch

5.1 Empathic strain

Central to the concept of countertransference is the notion of empathic strain. Clinical work with victims commonly elicits strong affective reactions (ARs) in the therapist, which may cause a rupture of empathy, a disruption in the treatment process, or treatment failure (Wilson, Lindy & Raphael, 1994, p. 31). The spectrum of affects ranges from overidentification with the client's plight to minimization or avoidance of the traumatic impact to the self-structure of the survivors. When empathic strains adversely affects the therapist's professional role, they leave him or her with a distorted or incomplete understanding of the victim's intrapsychic dynamics. It is a fundamental premise in post-traumatic therapy that empathic strains are natural phenomena in post-trauma work; while they are expectable, indigenous and an integral part of treatments, they pose a potential threat to treatment outcome when they develop into more complex countertransference reactions (Wilson, Lindy & Raphael, 1994, p. 32).

At their core, all empathic strains are forms of the therapist's response to the distress and pain manifested by the trauma survivor. The capacity for empathic response refers to a "psychobiologically based capacity (i.e. one which is highly adaptive in nature for the welfare and existence of the species) to recognise and respond to other individuals who suffer emotionally from stressful life events that have adversely affected their psychological and physical sense of well-being. Viewed from this perspective, it is an intrinsic human capacity and even propensity to empathically experience a trauma survivor's distress and his or her personal efforts to restore a sense of coherency, equilibrium, and well-being. In post-traumatic therapy (PTT), both the client and the therapist experience states of disequilibrium in the dual unfolding process of transference

and countertransference in treatment. The survivor's disequilibrium stems from an altered sense of the self (such as overwhelmed and numb) caused by the particular trauma she has experienced. The therapist's disequilibrium emanates from her efforts to sustain empathic attunement with the traumatized client" (Wilson, Lindy & Raphael, 1994, p. 33).

5.2 Empathy

The psychobiological capacity to experience empathy, originating in part from personal experiences with anxiety and psychic injury to the self, may either facilitate recovery, or, when strained, impede the process by which the survivor transforms trauma and heals. Many factors, such as the personality and defensive style of the therapist, determine the particular forms of empathic strain that occur in work with traumatized persons. The counterpart to biologically based empathy reactions generated in response to the characteristics of the survivor, the trauma story, and the survivor's life history, is a set of cognitive and ego-defensive processes in the helper (Wilson, Lindy, & Raphael, 1994, p. 33). These various forms of cognitive, defensive, and belief structures and their efforts to contain trauma-specific affective reactions are simultaneous psychobiological processes. The capacity for affect modulation associated with empathic strain does not exist in a vacuum. Therapists react psychologically to the events that occur in work with traumatized clients. Empathic reactions, cognitive attributions and defensive enactments on the part of therapist become countertransference reactions when they cause him or her to leave the therapeutic role, leading to empathic strain or a rupture in empathy (Wilson, Lindy & Raphael, 1994, p. 33).

5.3 Empathic stretch

Central to the creation of a critical therapeutic structure, one which can effectively contain

trauma-specific and associated transferences, is the notion of empathic stretch. Specifically, this concept implies that the survivor's trauma-specific transferences produce an interactional communication that is associated with empathic strain. To regain sustained empathic inquiry, therapists are forced to stretch their capacity for empathy, in order to maintain sensitive attunement to the needs of the client. A critical therapeutic structure thus evolves when the therapist succeeds in sustaining empathic inquiry to the trauma-specific transference dynamics of the client (Wilson, Lindy & Raphael, 1994, pp. 53-4).

To maintain an effective therapeutic structure, the sources of empathic strain in the therapist should be acknowledged, identified, and managed. Developing the capacity for sustained empathic inquiry through insight into empathic strain lays the foundation for empathic stretch, which deepens the therapist's ability to understand the complexity of the trauma survivor's inner distress, pain, and psychic scarring associated with unpleasant memories and difficulties in affect regulation. The mutuality of the therapeutic process in the treatment of trauma survivors is such that both therapist and client experience ego-states of vulnerability and uncertainty (Wilson, Lindy & Raphael, 1994, p. 55).

6. Management of empathic strain

The identification and successful management of empathic strain will permit therapists to appropriately examine and interpret their own reactive styles and use them as insights to reengage a helpful posture towards the client. A safe therapeutic environment with clear and appropriate role boundaries, in which the survivor's affects and the therapist's empathic strain are successfully managed, provides the critical therapeutic structure that enables the vulnerable and traumatized person to do the work of recovery. The therapist can actively bring to the forefront of his or her awareness the most troublesome issues associated with victimization, as an effort to avoid

countertransference reactions. In this way, the therapist uses his or her own normative reactions to the trauma to gain insight about the client's dynamics in the stress recovery process. The insights gained become part of the dual unfolding process in the therapeutic context. When successful, the client will be able to experience new vulnerabilities and previously unspoken fears without excessive protection of the parts of the self injured by the trauma (Wilson, Lindy & Raphael, 1994, p. 34).

In post-traumatic therapy (PTT), the relationship between the therapist and the survivor is a complex and subtle interpersonal relationship that centers around trauma-specific transferences. When countertransference reactions arise in therapy, they have the potential to disrupt recovery due to the therapist's loss of empathic role stance. If this rupture occurs, a new disillusionment with the therapist confirms the client's past disillusionment during and after the trauma, retarding her ability to work through the many-faceted transference issues encountered in therapy. On the other hand, the successful management of empathic strain and CTRs facilitates the maintenance of an empathic stance. At the very least, this demands "that therapists be open to their own feelings and experiences and that they rely on collegial consultation and supervision to ensure a successful course of treatment. In a sense, this process requires of the therapist an honest self-scrutiny that parallels the client's struggles with the difficulties associated with victimization and traumatic exposure" (Wilson, Lindy, & Raphael, 1994, p. 34).

6.1 Ruptures in empathy: Type I and II CTRs

The two forms of therapist reaction, Type I (avoidant, counterphobic and detachment responses) and Type II (overidentification, counterphobic, and rescuer responses), are not mutually exclusive. Although one response tendency may be more prevalent for a particular therapist, it is not only possible but likely that a range of empathic strain and CTRs will occur in the course of

treatment or even in a single session (Wilson, Lindy, & Raphael, 1994, p. 35).

Type I countertransference reactions primarily involve forms of denial and withdrawal from the empathic stance towards the client. At the level of defense, such CTRs are primarily associated with forms of intellectualization, rationalization, isolation, and denial. In contrast, Type II reactions (overidentification and excessive empathy) involve forms of overinvolvement, overcommitment, guilt reactions, and overidealization of the client. The primary defenses associated with these CTRs are projection, denial, and counteridentification (introjection). At both poles of the continuum of countertransference reactions, the primary defenses serve the function of attempting to bind both the anxiety associated with affective reactions and the somatic states generated by empathic distress (Wilson, Lindy & Raphael, 1994, p. 40).

Type I CTRs fall along a continuum of avoidant responses in which the therapist leaves the empathic stance towards the client. This continuum includes six specific modes or subtypes that encompass 1) forms of denial, 2) minimization, 3) distortion, 4) avoidance, 5) detachment, and 6) withdrawal. Likewise, Type II reactions include five modes or subtypes: 1) codependent relations, 2) enmeshment, 3) overcommitment and overidentification, 4) rescue activities, and 5) overemphasis on the role of the event in the life of the survivor.

The recognition and identification of specific types of Type I and Type II constellations are important because, to a large extent, CTRs reflect how a therapist attempts to understand, interpret and utilize information that emanates from the transference projections of the suffering client. In this regard, transference projections of traumatic material have differential affect arousal potential in the CTR, as well as the capacity to effect specific role enactments in the therapist, such as failed protector, collaborator, comforter, conspirator, and fellow survivor. Thus, in the dual unfolding process of post-traumatic therapy, the analysis of the

transference-countertransference dynamics becomes central to creating critical therapeutic role structures, which allow the work to proceed with sustained empathy, and to effectively manage potentially disruptive countertransference processes (Wilson & Lindy, 1994, p. 3).

These forms of countertransference are expectable, indigenous, reactive processes in post-traumatic therapy. When the continuum of Type I and Type II CTRs are considered in conjunction with objective (normative) reactions to the client's trauma or subjective (personalized) reactions, those reflecting unresolved conflicts from the therapist's life, it is possible to derive four types of empathic strain. These are empathic withdrawal, empathic repression, empathic enmeshment and empathic disequilibrium (Wilson & Lindy, 1994, p. x). These modes of empathic strain will now be more fully explored.

7. Four modes of empathic strain: withdrawal, repression, enmeshment and disequilibrium

7.1 Empathic withdrawal (Type I CTR)

Therapists at risk for withdrawal tendencies are likely to have been spared personal catastrophic trauma; their world view preserves the idea that life is decent and just; their formal psychological education may be extensive, but not in the trauma area. The client's traumatic stressors often include loss, disillusionment, and threat to life. Hearing about these experiences often evokes unpleasant affects, such as horror, dread, fear, hostility, or vengeance. In order to preserve their world view, therapists may unconsciously distance themselves from this affect by such mechanisms as denial, disbelief, disavowal, and isolation. The therapist engages the CTR coping mode of empathic withdrawal in its several forms: blank screen facade, intellectualization, and misinterpretation of dynamics. Given the strength of his or her educational background, the therapist may deny the response or rationalize it on the basis of theory and technical orthodoxy.

The major approach to altering withdrawal is education about trauma and post traumatic stress disorder (Wilson, Lindy & Raphael, 1994, p. 41).

7.2 Empathic repression (Type I CTR)

Therapists at risk for the repression mode are likely to be those who have experienced and continue to suffer from their own related traumas. There is an overlap between the work the therapist must still do and an area of the client's trauma wound. This area remains out of bounds in an unconscious collusion between the two victimized survivors. The therapist's inability to work through this component of his or her trauma is projectively identified onto the client, and the therapist exhibits empathic repression, featuring withdrawal, denial, and distancing. The therapist feels no need to explain the absent segment of work; he or she simply does not recognise it or appreciate its significance (Wilson, Lindy & Raphael, 1994, p. 41).

7.3 Empathic enmeshment (Type II CTR)

Therapists at risk for this mode are those with considerable trauma of their own. Typically such therapist's formal education may be incomplete, although they usually engage with trauma survivors quickly and well. It is not the story or image presented by the client that evokes the response so much as current-day reenactment of danger. As clients present their fears, they evoke feelings of fright, overprotectiveness, guilt, and excessive responsibility in the therapist. Efforts to rescue the client feel rewarding and lead to a countertransference coping mode of enmeshment, with special features including loss of boundaries, overinvolvement, and reciprocal dependency. Here the therapist has unconsciously identified with the protective or rescuing role in the trauma predicament as a way of discharging the tensions that continue to emanate from his or her own wounds. Therapists will explain these actions as prosocial, despite their leading to

overdependence and a halt in the recovery process. Supervision may be sufficient to adjust the stance, provided the therapist is open to it (Wilson, Lindy & Raphael, 1994, p. 42).

7.4 Empathic disequilibrium (Type II CTR)

Therapists at risk here are primarily those who are naive about this component of the trauma. Often the intrusion of grotesque images, multiple traumas, and impossible choices will set empathic disequilibrium in motion. In some cases, especially in extremely stressful events, the inhumanity present in the trauma images evokes existential shame. Defenses elude the therapist as he or she reels in a state of uncertainty, vulnerability, and unmodulated affect. No explanation integrates this new reality, and the therapist's world view is ruptured; there is only fatigue, despondence, and despair. Unlike other expectable reactions, empathic disequilibrium is less likely to be a stable state but more often will move toward empathic withdrawal or enmeshment. Over time, it may lead to `burn out' and subclinical depression. Effective management includes rest and recuperation, limiting exposure, and support (Wilson, Lindy & Raphael, 1994, p. 42).

8. Sustained empathic inquiry and therapeutic efficacy

Therapists who work through their own CTRs can sustain empathic inquiry, engage in effective post traumatic therapy throughout the phases of the stress recovery process, and through the dual unfolding process, help patients eventually integrate traumatic events into the self-structure in ego-syntonic ways. The disturbing events are reappraised, given meaning, and are now seen as part of the client's life story and progression of epigenetic development (Wilson, Lindy & Raphael, 1994, p. 52).

In post-traumatic therapy (PTT), efficacy in the therapeutic role implies maintenance of an

empathic stance towards the client and does not result in a rupture in empathy, despite the difficulties. The most important feature in PTT is creating a safe-holding environment in which the client can establish a therapeutic alliance. When the traumatized client feels safe and begins to trust the therapist on deeper levels, healing can begin and the survivor can experience idiosyncratic vulnerability (without excessive defensiveness), which permits integration of the traumatic experience (Wilson, Lindy & Raphael, 1994, p. 52).

The identification and open acknowledgment of normative (objective) and personal (subjective) countertransference processes is an integral part of the ability of the therapist to effectively manage such reactions in the service of creating a critical therapeutic structure. This structure contains the client's traumatic experiences by changing the holding configuration of the therapist's internal structure, and it constitutes a special relationship with a trusted ally who provides the pathway to the healing and transformation of trauma.

9. Recognising and correcting countertransference

Diagnosing the developing countertransference tendency *in vivo* is often no easy matter. Because it is largely an unconscious phenomenon, it is easily rationalized as professionally justified or prosocial behaviour. Countertransference reactions may be recognised on the basis of 1) dysphoric and excessive affect that touch the core of the therapist; 2) defenses against those affect that distance the therapist (Type I CTR) or spur overinvolvement (Type II CTR); 3) empathic strain characterised by withdrawal, regression, disequilibrium, or overidentification tendencies; or 4) breakthrough of defenses with a) symptom formation or ego-alien thoughts or feelings arising in the therapist, b) impairment of at least one component in the therapist's usual, empathic, neutral function, and c) loss of some aspect of professional boundary or therapeutic frame (Lindy & Wilson, 1994, p. 70).

There are several levels active in a trauma-specific countertransference reaction. The core reaction of affective experience on the part of the vicariously traumatized therapist can be thought of as shame and despair. Clusters of powerful affects such as dread, horror or fear accompany the core reaction. These in turn are defended against by efforts to control the feelings, such as denial, or through unconscious efforts to discharge the feelings, such as acting out. The resultant state of empathic strain is usually withdrawal (Type I CTR) or overidentification (Type II CTR).

By definition, a countertransference *tendency* becomes a countertransference *event* when the thoughts and behaviour of the therapist fail to attend to the therapeutic frame or when some aspect of the therapeutic function is temporarily disturbed (Lindy & Wilson, 1994, p. 77).

Signs of countertransference and secondary traumatization may also be reflected in the therapist's images and dreams of violence; feelings of isolation and frustration; a sense of futility and a need to change to a different kind of work. Acute symptoms of post-traumatic stress may include levels of hyperarousal and sleep disturbance (Hartman & Jackson, 1994, p. 241).

If countertransference is acted out, therapists "must first discontinue out-of-role behaviours. Next, we should examine the tension states within the transference-countertransference matrix that precipitated the out-of-role behaviours, defenses, or affects. Here we must give free rein to examining our associations and affect states aroused by the patient's verbal and nonverbal material, moving into our own past and back again to the patient's trauma, many times. We should examine our own reactions as complementary or concordant with the trauma events themselves. In this way we can spell out new hypotheses about the motives, drives, behaviours, and defenses used by the survivor and those intimately engaged with the trauma around him. Without necessarily stating these new ideas, we can listen to further material from the patient in the light of

the above hypotheses. We can then respond to this new material with the insights gained and await the patient's further reactions with 1) enlarged areas of empathy, 2) more complete reconstruction of the trauma and its nuances, and 3) use of our internally gained knowledge of the tension states that occurred in us as a vehicle for these new understandings. The operational structure of the working alliance, the therapeutic frame, transference and countertransference help us to organise expectable pitfalls in the work of the therapist. Ideally, we as dynamic therapists entering a world of empathic strain will examine our own affects, associations, and memories to clarify evocative affect states that are set off in the treatment, which are likely to be related to the trauma itself. This self-examination helps us to recognise split-off components of the trauma and reactions to it, and it lays the groundwork for deeper, more comprehensive understanding" (Lindy & Wilson, 1994, pp. 80-81).

CHAPTER TWO: METHODOLOGY

This chapter addresses the research design and procedure followed in the present study. The use of a hermeneutic method will be justified.

1. Background

The term methodology refers to the way in which we approach problems and seek answers. In the social sciences, the term therefore applies primarily to how one conducts research. Our theoretical assumptions, interests and purposes shape the methodology that is used. When stripped to their essentials, debates over methodology are therefore essentially debates over epistemological assumptions and purposes, over theory and perspectives (Taylor & Bogdan, 1984, p. 1).

For the greater part of its history, academic psychology has been dominated by the twin theoretical perspectives of empiricism and rationalism, which stem from a Cartesian-scientific world view. There has been a concomitant emphasis on quantitative methods of analysis.

2. Scientific methodologies

Scientific empiricism is a doctrine which proclaims that all knowledge ultimately originates in experience, and argues that the final arbiter of any dispute in science must be the evidence of observation (Doyal & Harris, 1986, p. 1). The basic premise of work conducted from a scientific perspective is that there is an objective, external reality, and that research should proceed by discovering ever more accurately what this external reality is like. This is the 'correspondence theory' of truth, which holds that something is true to the extent that it can be shown to correspond to what is otherwise known to be real. In this way, the scientific method is assumed to

be capable of generating valid knowledge of objective reality (Rosenberg, 1988, p. 180).

In scientific inquiry it is taken for granted that the world is made up of basic objects or elements that can be described in a manner that involves no interpretation. These building blocks have properties that are independent of human concerns, and the task of scientific inquiry is to take these elements as its object and describe their properties and interactions (Packer & Addison, 1989, p. 16).

While scientific inquiry undertakes to discover lawful generalizations about events in an objective universe, rationalist approaches have taken on the task of reconstructing a portion of human knowledge or experience. Rationalists are concerned with a realm of formal abstraction to which they give greater credence than everyday appearances (Packer & Addison, 1989, p. 17). In both scientific and rationalist inquiry, methodology is what is considered necessary to obtain fundamental knowledge and systematically generate an appropriate kind of explanation. In scientific inquiry, evaluation of an explanation is largely a matter of employing techniques or procedures that aim to assess correspondence with a reality independent of the researcher. The rationalist researcher aims for an attitude of detachment from the concerns and interests of everyday life that supposedly leads, through abstraction, to clarity (Packer & Addison, 1989, p. 29).

3. Qualitative methodologies

In contrast with the scientific method of interpretation-free procedures or techniques, interpretive methodologies establish a point of view from which inquiry can proceed, and evaluate the account produced (Packer & Addison, 1989, p. 4). The `position of the researcher' should be considered both with regard to the problem to be studied and "the way the researcher interacts with the

material to produce a particular type of sense" (Bannister, 1994, p. 13). It is recognised that the ways in which we theorize a problem will affect the way in which we examine it, and the way in which we explore a problem will affect the explanation we give (op. cit.).

Qualitative methodologies "seek to explicate the essence, structure, or form of both human experience and human behaviour as revealed through essentially descriptive techniques including disciplined reflection" (Valle & King, 1978, p. 7). In the broadest sense, qualitative methodology refers to research that produces descriptive data: people's own written or spoken words. It is more than a set of data gathering techniques; it is a way of approaching the empirical world.

Qualitative methods have enjoyed less popularity due to the perception that they lack rigorous control and are thus less valid and reliable. Qualitative research is conducted within a `context of discovery' rather than a `context of verification' (Giorgi, in Todres, 1990, p. 58). There is no specific end-point in mind. Rather, the emphasis is on the open-ended, qualitative description of the discovery in which there may be many ways of saying things and always more to say depending on the context of one's interest. The criterion is a qualitative evaluation of whether it takes current understandings further. It is always `on the way' (Todres, 1990, p. 58).

Hermeneutics, which can loosely be defined as the theory or philosophy of meaning (Bleicher, 1980, p. 1), is a radical departure from the scientific world view of empiricism and rationalism. It developed as a reaction against the `intellectual imperialism' of positivism and the claim that the natural sciences alone can provide the model and standards for genuine knowledge. Hermeneutics has its origins in the early nineteenth century and is closely intertwined with the entire history of humanistic studies.

The view that interpretation is essential to explanation in the human sciences dates back to

Dilthey, who is generally credited with the establishment of hermeneutics as a formal method of inquiry in the humanities. He emphasized that interpretation involves a continual dialectic between the perspective of the interpreter and the text that is to be interpreted. Where the positivists sought the facts or causes of social phenomena apart from the subjective states of individuals, the hermeneutic world view recognizes that people both constitute and are constituted by their social world. In the empiricist stance the constituents of human life are objects; in the hermeneutic stance they are events and entities that have status and significance by virtue of involvement in our practices (Packer & Addison, 1989, p. 19).

In contemporary hermeneutics "the focus is on questions concerning what human beings are. We are thrown into the world as beings who understand and interpret - so if we are to understand what it is to be human, we must strive to understand understanding itself, in all its rich, full and complex dimensions. Understanding is part of the very fabric of our lives and not one type of human activity to be contrasted with other human activities" (Bernstein, 1988, p. 114).

In a hermeneutic inquiry, understanding, interpretation, and knowing are conceptualized as occurring in a spiral organization. The researcher's stance and the evaluation of interpretive accounts are on the circumference of the 'hermeneutic circle'. There is constant dialogue between the forward arc, the forestructure, and the reverse arc, that of evaluation. Heidegger maintained that there is an essential circularity to understanding - it is "essentially a projection, or to speak more dialectically and paradoxically, a projection within a prior being-thrown" (Ricoeur, 1981, p. 56). We are always thrown forward into the study of some new phenomenon. We have some preliminary understanding of what kind of phenomenon it is. This means that we both understand and misunderstand it; we inevitably shape the phenomenon to fit the fore-structure that has been shaped by our life-style, culture and tradition (Packer & Addison, 1989, p. 32). Understanding always takes place within this horizon or framework that is "projected" by human being

("Dasein").

While our understanding is in terms of what we already know, this circularity is not a `vicious' one in which we simply confirm our prejudices. There is accommodation as well as assimilation, and if we are aware of the projective nature of our understanding, in the backward arc, the movement of return, we gain an increased understanding of what the forestructure is, and where it might best be changed. In the words of Heidegger, "our first, last and constant task is never to allow our fore-having, fore-sight and fore-conception to be presented to us by fancies and popular misconceptions, but rather to make the scientific theme secure by working out these anticipations in terms of the things themselves" (in Ricoeur, 1981, p. 88).

The existence of the forestructure precludes the possibility of completely objective or neutral knowledge, given the fact that we have interpreted an object `as' something even before we come to investigate it (Bleicher, 1980, p. 257). There is no `pure' truth `out there'. Truth is seen not as a matter of correspondence between a theory or account and the way things really are. What hermeneutic inquiry seeks to do is to get a new understanding of what truth is, that strips away metaphysical notions. Heidegger saw truth as `uncovering' and in interpretive research, this is seen as an ongoing process of unfolding, in which each successive interpretation can open up new possibilities. This is the reverse arc of the hermeneutic circle, the response to an inquiry, and what is uncovered depends on the way in which we have entered the circle.

The hermeneutic circle is ontological rather that simply epistemological or methodological. Projection is an existential structure, our way of being in the world. Hermeneutic inquiry demands "a high degree of self-knowledge, a freedom from illusion, in the sense of error which is rooted and expressed in one's way of life; for our capacity to understand is rooted in our self-definition, hence in what we are" (Taylor, in Bernstein, 1988, p. 135). What is called for is a perspective that

is engaged and concerned; this entails "reflexively explicating the assumptions, prejudices or understanding in which we already live" (Misgeld & Jardine, 1989, p. 9).

The inquirer approaches the object to be studied not with a preconceived notion or theory of what exists but with an openness that allows a natural unfolding of the phenomenon in order that it be revealed and understood. Yet to know and understand an object or phenomenon, it must resonate with what the interpreter knows and understands from his or her prior experience (Polkinghorne, in Wilson & Lindy, 1994, p. 94). For this to occur, the inquirer must approach the phenomenon or object empathically. According to Dilthey, it is from an empathic position that the unknown phenomenon can resonate, resound, and move with what is already known and understood by the inquirer (Mueller-Vollmer, in Wilson & Lindy, 1994, p. 95).

From the hermeneutic stance, "understanding cannot be separated from self-understanding" (Packer & Addison, 1989, p. 9), and interpretive inquiry is critical of technical approaches on the grounds that they distort our understanding of ourselves. Hermeneutic inquiry is also pedagogical, moving us to action as it leads us to gain a deeper understanding of ourselves and others. It is the growth of [the researcher's] "own understanding of himself that he pursues through his understanding of the other. Every hermeneutics is thus, explicitly or implicitly, self-understanding by means of understanding other" (Ricoeur, in Bleicher, 1980, p. 249).

Practical understanding is a starting place for interpretation and inquiry begins at a place delineated by our everyday participatory understanding of people and events, where contextual meaning is negotiated in our everyday understandings. The practical and the theoretical are inextricably joined in a dialogical relationship in the hermeneutic circle.

The hermeneutic world view demands `reflexive theory', namely social science that has a moral dimension, that does not merely describe the way the world is, but that provides guidance about the way the world ought to be (Rosen, 1978, p. 97). The aim of hermeneutic research is the emancipation of the people whom we research, from domination and from false beliefs about the nature of society. Emancipatory knowledge "increases awareness of the contradictions hidden or distorted by everyday understandings, and in so doing directs attention to the possibilities inherent in the present configuration of social processes" (Lather, in Packer & Addison, 1989, p. 287). The value of a research account is seen to lie in its fruitfulness, or its potential for opening up new ways of seeing and thus initiating new practices. An account may be assessed by its `catalytic validity', namely the degree to which it "reorients, focuses and energizes participants towards knowing reality in order to transform it" (op. cit.).

While the natural scientific method enables us to study only natural observable phenomena, the qualitative approach seeks to capture both the behaviour and experience, the feelings which denote our lives which are existential in character and not natural phenomena in the physical science sense. In the study an attempt was made to capture the essence of what is important to the individual subjects - in this case, what the experience of rape counselling is for them. Themes which appeared in only two or even one subject were explored, for while they may not be statistically significant, they are theoretically significant in terms of the focus of the paper. I have attempted to remain true to the data and to adequately reflect the concerns of the individual subjects.

The present study is hermeneutic in that it has entailed self-reflection on the part of the researcher. It is thus subjective; necessarily so, since the researcher approaches the data with a forestructure and cannot remain impartial or objective. The interpreter can never be a dispassionate observer but inevitably brings a particular perspective - social, historical, cultural, and so on, to bear in the

interpretive process. The actual process of interpretation is thus the central focus of hermeneutics, particularly so far as the fluid relationship between the researcher and the text is concerned. This relationship is defined by the hermeneutic circle, which refers to a meaningful dialectic between questions and answers, a continual return to the phenomenon concerned, and a persistent flux between interpretations and evaluation of the interpretive process itself. The central purpose of the hermeneutic circle is to maintain the authentic integrity of the text while still gaining insight and understanding into its essential meaning (Welman, 1995, p. 169).

PROCEDURE

1. Selection of subjects

Life Line was selected as a suitable rape crisis counselling center. Contact was made with the director of the organisation, who agreed to consider Life Line's involvement in the research. A copy of the research proposal (see Appendix 5), which included a questionnaire which was later used as an interview protocol, was forwarded to her. This was tabled for discussion at an executive committee meeting.

The rape crisis team agreed to participate in the research and four members offered to participate in interviews. A date was negotiated suitable for all parties and with one exception, the interviews were carried out on one day. There was a follow-up interview with one subject, (Subject 1), who is a staff member and in whose interview there had been several work-related interruptions. These are reflected in the stilted nature of the interview. Also, important issues had been raised and inadequately dealt with due to time constraints; it was thus important to pursue these further. The contents of the remaining interviews were deemed adequate for the purposes of the present study.

2. Method of data collection

2.1. Interviews

The data comprised taped and transcribed semi-focused, open-ended interviews. The questionnaire included in the research proposal, which had been seen by the subjects, was loosely used as a guide. That is, the questions were used as a framework within which the interviews were conducted; however, the emphasis in the interviews was on identifying and discussing what was of relevance to the subjects. They were invited to talk freely on their concerns, difficulties and rewards.

The interview is the `favoured digging tool' of qualitative methods. Qualitative interviewing has been referred to as nondirective, unstructured, nonstandardized, and open-ended. In-depth interviewing entails "repeated face-to-face encounters between the researcher and the informant directed towards understanding informants' perspectives on their lives, experiences or situations as expressed in their own words" (Taylor & Bodgan, 1984, p. 77). The interviewer, not the interview schedule or protocol, is the research tool. While the participant observer gains first-hand experience of the social world, the interviewer relies exclusively on second-hand accounts from others.

Interviewing can be seen as "a lesson in research involvement and practice. As an interviewer one is forced to confront one's own participation within the research. Conducting interviews demands consideration of reflexivity in the research process, extending from the devising of the research question, to identifying and setting up interviews with the informants, to the interview itself (the researcher's role, how he or she is seen by the interviewee, the researcher's reflections on the process), and including the work done to transform an interactive encounter into a piece of written

research" (Banister *et al.*, 1994, p. 51).

The difficulties and limitations of interviews can be the flip side of their advantages: the interview is an interpersonal interaction and can be limited or facilitated by simple likes and dislikes of the subjects and the quality of the rapport or lack thereof which is established between them and the researcher.

3. The research protocol

The subjects had each read the research proposal and protocol (see Appendix 5) beforehand. There were both advantages and disadvantages to having made the proposal available to the subjects. The researcher felt bound by ethical constraints to be upfront about the focus of the research. The parameters of the research were thus laid out by means of the research proposal; however it was stressed that the interviews would be open-ended and flexible. It was also emphasized that the section of the proposal pertinent to the interviews was the questionnaire, which was in everyday language. The possibility exists that the academic nature of the remainder of the protocol was intimidating or overwhelming to the subjects and a source of perceived demand. However, it was used as a departure point and a common point of reference in three of the interviews, which appears to justify its use.

The protocol thus established a common ground of information with the subjects. The questionnaire was not rigidly adhered to but rather used as a guide. The subjects were invited to discuss whatever was important to them in their experience of rape counselling. Questions that were asked of the subjects were aimed at following the individual experience of each subject and elucidating their perception of its difficulties, challenges and rewards. The advantage of such a non-structured, flexible approach is that:

"uncensored concrete descriptions come prior to any efforts to control, manipulate or quantify what is said. Such descriptions are not treated like physical variables; the focus is not on control but on understanding the meanings intended. The respondent is given the freedom to choose her own areas of importance and to put emphases where she feels they should be ... It is important that she be allowed to structure her descriptions in her own way and not be tied to a rigid schedule or form. Subjective bias does not arise in the way it does in a positivist understanding of interviewing, as the subjectivity of the researcher is the very means of access to the meanings and themes which make up the qualitative description" (Ashworth, Giorgi & de Koning, 1986, p. 339).

According to the hermeneutic paradigm, it is only through repeated experience with and exposure to a phenomenon from an empathic position that a true understanding of that phenomenon can emerge within the inquirer. In other words, the reciprocal interaction is an ongoing, repetitive process that includes a constant revision of and/or reconsideration of the phenomenon due to new information obtained about it during each exposure (McCann & Colletti, 1994, p. 95).

4. Thematic analysis

A fundamental principle of hermeneutics is that the analysis of material is guided by a specific `forestructure' which the researcher brings to bear (Ritchie & Spencer, 1994, p. 180). Thus the selection of themes is influenced by theoretical orientation, research aims, and issues raised by subjects themselves. Devising a thematic framework is therefore not simply a mechanical process; it "involves both logical and intuitive thinking. It involves making judgements about meaning, about the relevance and importance of issues, and about implicit connections between ideas" (Ritchie & Spencer, 1994, p. 180). This means that there are no absolute guidelines as to what

constitutes a theme, and the researcher ultimately relies on his or her own judgement in this regard.

The criteria for validity in hermeneutic research differ markedly from those in positivist science. In a hermeneutically based thematic analysis, validity does not rest upon the question of whether other researchers would identify the same themes from the same data, nor upon the statistical importance of images making up a theme. Rather, validity has to do more with the extent to which the identified themes are *useful* in *understandin*g the phenomenon that is being investigated. Ultimately, the evaluation of validity comes down to whether the researcher finds the identified themes useful for further reflection; this is part of the social enterprise of hermeneutics (Welman, 1995, pp. 180-181; author's italics).

5. Categorization of themes

Material collected through qualitative methods is inevitably unwieldy and unstructured to begin with, and the initial task of analysis is thus to provide coherence and structure to the data by sifting, charting and sorting material according to key themes. The first step in this process is familiarization with the material. This may be termed an `ongoing discovery phase', in which the researcher's task is `reading and re-reading the data' in order to gain a sense of emerging patterns in the material. The term `reading' as it appears in hermeneutic methods involves `immersion in the data' (Taylor & Bogdan, 1984, p. 130).

In the process of transcription, the tapes were repeatedly listened to, until there was ready familiarity with the data. Field notes and impressions were consulted during this time. The process of sifting and sorting the data was carried out by means of marking and highlighting the transcripts with different colours; this process was carried out repeatedly. Gradually commonalities and

differences across the data began to emerge. An attempt was made to extrapolate the themes pertinent to the individual subjects. The questionnaire was consulted with regard to the data within each transcript. Not all of the questions had been answered in each interview. Thus the study did not lend itself to comparative analysis; rather, the data are pooled and the concerns and reactions experienced by each subject addressed. Herein lies a potential shortcoming of the study: it is essentially a pilot study.

The transcripts were gradually coded into three categories, namely:

- the crisis of rape and its after effects; i.e. the feelings of the victim;
- the counselling relationship, i.e. the goal of counselling;
- the subject's feelings; i.e. challenges, rewards and difficulties, and instances of countertransference

The data pertinent to these three essential themes will form the basis of the following chapter.

CHAPTER THREE: RESULTS

The transcripts were interpreted according to the principles of thematic analysis as outlined in Chapter Two. It will be observed that themes are selected for discussion not only by virtue of how frequently they appear; that is, the criterion for selection was not simply a quantitative one. Rather, an attempt was made to extract what seemed to be important to the subjects, and elements which were significant in terms of the conceptual stance of the researcher - a procedure adopted by Welman (1995). A theme may thus be regarded as theoretically significant and identified as a theme even if it appears in only one or two transcripts.

Three broad themes emerged:

I The image of rape; how the counsellors defined and perceived rape in its different forms.

II Victim themes: the consequences of the rape for the rape survivor, as perceived by the counsellor. These included disempowerment, psychological trauma and stress, depression, anger, denial, regression, emotional numbness or `frozenness' and withdrawal; secondary victimization by the system and significant others; and repeated victimization.

III The counselling situation and relationship, with the rewarding and negative aspects of rape counselling. Themes of projective identification and countertransference were identified.

I DEFINITIONS AND PERCEPTIONS OF RAPE

Rape was defined as "a violent act against women", in which the perpetrator "has his desires satisfied at the woman's expense" (Subject 3, p. i). Two subjects stressed that rape is also a crime which can be committed against, and not only by, men. Men are raped both by other men and by women: "if a woman tries to do something which is wrong to her fellow, it's a rape" (Subject 4, p.

iv). One subject pointed out that a male victim of rape may have no-one to turn to for support and that the crime may be under-reported to an even greater extent than the rape of women. It was acknowledged that rape takes place within marriage and a wife may be raped by a husband: "if you don't feel like having sex and your husband does it by force, it's rape" (Subject 4, p. x).

Rape myths were challenged, for example: "she may have been foolish to accept a lift, but she didn't ask to be raped. She didn't give permission" (Subject 1, p. ii). One of the most prevalent rape myths, that women invite rape by wearing skimpy clothing, was dispelled by reference to traditional African societies, where `women go naked and are never raped' - so "you cannot judge a person by her dress and say her rape was because she was attractive. No such thing - that is just rape" (Subject 4, p. x).

Another definition of rape was that of "an act which affects, harms or destroys a thing or person, the effect of which is to alter the original quality of that single person" (Subject 2, p. iv). This was described as the societal context and `the atmosphere in which rape takes place'. Rape was also defined as "the lack of respect by one person for another, shown by look, word, touch or body invasion which is perceived by the victim to be offensive". This definition was described as the subjective experience of the victim, which may be distinct from a legal definition. For example, the counsellor might feel, "this is ridiculous, but a person who has been very protected might feel that they had been raped. So I would need to counsel according to their perception, not according to my own" (Subject 2, p. iv), and the counselling situation would be handled in a person-centred manner.

Rape was viewed as an extremely serious crime: "to me, rape is more than murder" which frequently has tragic consequences: "She was thirteen when she was raped by five men. At the end of the day, she was HIV positive. And she never had a boyfriend" (Subject 4, p. ii).

A distinction was drawn between blitz and confidence rape, as well as chronic and acute abuse. A confidence rape was described as "different to a rape where you are grabbed and pulled into the bushes and beaten up half dead - it's a different thing altogether because you know that was complete violence" (Subject 3, p. vii). As an act of both betrayal and violence perpetrated in this margin of uncertainty, confidence rape carries inevitable consequences of self-blame: "they always blame themselves, and say it was their fault". Violent rape was distinguished from that perpetrated without physical force and "when there is physical injury as well, the threat to life would have to be attended to first" (Subject 1, p. xxi).

Subjects described instances where they felt the victim was to blame: "there are cases where you can say it was her fault, but you cannot show that. You have to show sympathy. And walk with her, and take her place" (Subject 4, p. ii). Two subjects described instances of what they felt were false allegations of rape: "here I don't find the truth. It's a made-up story" (Subject 4, p. ii). This may evoke feelings of anger in the counsellor: "if I feel that I'm being led up the garden path, and that they're lying, I feel very angry" (Subject 2, p. vii).

II VICTIM THEMES

All subjects perceived rape as having unique consequences of self-blame and guilt. This was challenged as "no-one has the right to rape anybody".

The deleterious effects of rape may last a lifetime: "the one that is haunting me at the moment is the girl who was raped thirty years ago. I would dearly love to see her leading a fulfilled life - she attempted suicide in January" (Subject 2, p. ix).

Rape was described as an event which "corrupts" and "breaks" people's lives and changes them

forever, and "humiliates and embarrasses them" (Subject 3, p. ix). Victim themes included loss of trust and "a rape victim trusts no man, whether he's good or bad" and loss of self-esteem: "when you are raped you feel so dirty. Not yourself" (Subject 4, p. i). The experience of rape was described as a "shattering of fantasies" (Subject 1, p. ii), and the "loss of a dream", for example, "she had a dream with her fiancee, and her being raped and getting pregnant, meant that this dream had been shattered" (Subject 1, p. x). It was also described as "a very secretive thing", to which only a handful of people should be privy - `a doctor, a policeman, the victim's mother, and a counsellor', but "it doesn't go as far as other people" (Subject 4, p. vii).

The individual nature of the response to rape was noted by three of the subjects: "people are not the same", "every case is unique" and "every raped person needs different treatment. Because they are different people". However, certain common victim themes and affective states did emerge from the interviews. These included anger, fear, tearfulness (`she cried for more than an hour'), regression, withdrawal, denial (`she wanted to pretend that the whole thing hadn't happened), and silence. The victim may suffer `trauma, distress, and pain' (Subject 3, p. iii), and have unaccustomed feelings, for which she has no name (Subject 3, p. ii). She may also try to `conceal' the event: "she didn't want anybody to know. And she thought she could handle it on her own" (Subject 3, p. iv). This may be intolerable and victims may "become mentally disturbed" (Subject 4, p. vii).

The major victim themes to emerge from the data included the following:

1. Threat to life

One subject drew a distinction between rape with and without overt threat to life: "sometimes the person makes it clear to them that they are going to be raped, and if they submit then there's no

actual threat to their life" (Subject 1 p. xxi). Rape perpetrated with a weapon was seen as having more severe consequences in terms of eliciting post-traumatic symptoms, such as nightmares. Violent rapes may be the hardest for the counsellor to deal with: "one girl was full of stab wounds, and she was raped and thrown in a hole - when I went to counsel her, that was the most, most terrible rape I ever came across" (Subject 4, p. iii).

2. Disempowerment

The event of rape was described as disempowering: "[the victim] is powerless in the rape, and she continues to be powerless afterwards" (Subject 1, p. xvii). This has implications for the counselling relationship. One subject, in describing her feelings of protectiveness, felt it important "not to stifle or overpower [the victim]. Because a raped person has been disempowered, and so I feel they must be encouraged to take back the power which is there for everybody" (Subject 2, p. vii). In situations of father-daughter incest, the child is victimized by both parents. A victim "may say, but my mother saw there was blood on my panty. And so I believe that the mother knew, and because she didn't intervene, the message to the victim is that the mother condoned the act". The mother's silence under these circumstances was seen as particularly disempowering for the victim, because "who can she turn to, if she can't turn to her mother?" (Subject 1, p. xviii).

3. Regression

An intuitive grasp of and working with psychodynamic concepts such as regression of the victim was revealed in the transcripts. For example, "when a girl or woman is raped, you have to take her as a little baby, and bring her back to life" (Subject 4, p. ii). Another subject described a teenager sexually abused as a child, who had "regressed into herself - she had cut people off from her. She wasn't happy at home, she wasn't happy at school. I asked her, does she have any hobbies - she

said no, she helps her mother with the housework" (Subject 3, p. iv).

4. Impact on the social structure of the victim

Rape impacts upon the social network of the victim and "it's not only the girl who is raped. The whole family is involved." The family of the perpetrator is also affected as "no mother would like to hear that her child is a rapist" (Subject 4, p. x). Three subjects expressed a desire to "heal the family relationship" and `bring the family together'. The `immediate environment of the rape victim', namely friends and family, may have their own feelings to deal with: "if they are very close to the raped person their emotions may get in the way of the whole thing. They feel guilty, or they have such strong feelings that it's very difficult for them to be there for the rape victim" (Subject 2, p. v). Family can be either a hindrance or help, acting either as mediator or support system. Reference was made by one subject to the husband of a rape victim, who sought counselling for his wife but "what came out in all the interviews was his concern about his own feelings - that he couldn't handle it. And the counsellor was never allowed to see her" (Subject 2, p. v).

While the rape of a child touches both parents, the mother feels the child's pain more "because she has carried that child; the man does not know how painful it is to bring a child to this earth" (Subject 4, p. vi). The absence of this primal bond is seen as `what allows a man to abuse his own children'. Rape may profoundly affect a marriage: "now each time the husband wants to have sex with her, she's got that ill feeling. So the marriage doesn't cope" (Subject 4, p. vii).

5. Pervasiveness of rape

Rape may be `an everyday thing' which pervades the social environment of the victim. Children

may emulate abusive behaviour which they witness in the home. Alcoholic parents "do things in front of the children. As they grow, they think it's something to be done. So they practice it on the next door children" (Subject 4, p. iii). The incidence of rape is believed by one counsellor to be a cause of homosexuality as `it creates hatred and mistrust between the two sexes' (Subject 4, p. iv). There may be no-one whom one can trust, particularly with one's daughter: "don't trust your husband, don't trust your uncle, don't trust your own son. Because it's happening" (Subject 4, p. iii).

6. Secondary victimization

The courts were cited by all subjects as a source of secondary victimization; the crime is minimized and "no-one seems to look at it very seriously" (Subject 4, p. i). While "the police have changed a lot in their attitudes and are more sympathetic now, the problem [lies] in the courts" (Subject 3, p. xi). Perpetrators know how to use the system to their advantage: "they know the age works in the courts. If you say you're sixteen, you're unfit to go to jail" (Subject 4, p. ii). Magistrates are perceived as unsympathetic to rape victims: "poor soul, she's sitting there shivering and the magistrate says, what time was it, what were you doing at that time of the night" (Subject 4, p. i). Where obtained, convictions may be inadequate and unequal to the crime. "Maybe people are getting ten years when they should get a heavier sentence. But we're very glad at the moment when they get ten years, and not a fine" (Subject 2, p. i).

The event of rape may trigger further violence in a desire for retaliation and revenge. One subject gave an account of a victim who "didn't scream, didn't do anything, didn't go to the police. She went to her brothers and uncles - they took [the perpetrator] out and killed him in front of everyone" (Subject 4, p. vi).

Victimization by the system may be direct or indirect. One subject described the case of a victim who had been raped in the past. "And she wasn't going to report it because one of her previous encounters had been with a policeman and she had no faith in the judicial system, that the perpetrator would be brought to justice, and she wasn't going to go through what it would involve if she reported the rape" (Subject 1, p. ii). The implication is that reporting rape is an ordeal akin to a continued assault or rape in itself. Labeling and judgements may also inevitably follow a rape and "people will say of her, she was once raped" (Subject 4, p. vii). The stigma is "very painful for the girls" and "it's one in a million girls that gets support from the whole community" (Subject 3, p. x).

7. Repeated victimization

All of the subjects described incidents of repeated victimization, with women being raped on more than one occasion and "some are raped three or four times". Women may experience lifelong patterns of sexual abuse and rape: "when it starts as child abuse, they're living in an environment where it's possible, and if it's possible to happen once, then maybe it even gets easier the second or third time" (Subject 1, p. vii). This type of chronic abuse was identified as having particularly deleterious effects, and of inducing "a sense of resignation" in the victim, who may in effect be saying: "This has happened before. It happened with my father, it's been done by my uncle, it's been done by my brother. I don't expect anything different" (Subject 1, p. xviii). Prior rape experience may emerge in the counselling of a present-day rape victim: "she will say that she was raped now, and as the relationship grows and she can go back and look at childhood things, she will refer to an incident where there was inappropriate behaviour, or abuse, or rape that that took place" (Subject 1, p. vii). These situations of chronic abuse also evoke feelings of hopelessness, disbelief and horror in the counsellor. These effects will be more fully explored below.

III THE COUNSELLING SITUATION - ROLES, REWARDS AND DIFFICULTIES

1. Reasons for counselling

One subject identified an extremely personal reason for her involvement in rape counselling: "my granddaughter was seven when she was raped. The rapist was out on bail .... What is my problem now, is that the child is still not herself. She's nine now, but that thing is still running on her shoulders" (Subject 4, p. i). Her personal involvement has made her acutely aware of the plight of small children and the need to be proactive: "many small children are raped by their own fathers. When I heard of all these things, I started to think, I must take a course to be a helper in my community. To be somebody who can speak to women and say, mothers, please, look after your children" (Subject 4, p. iii).

Another subject felt counselling "met a need" in her; another expressed a need to help victims rebuild their lives since she could not prevent their being raped. Interest, learning, and self-growth were also cited as reasons for counselling (Subject 2, p. i).

2. The aim of counselling

The aim of counselling included healing, helping, "making people right" (Subject 4, p. xi), and "helping people to work through their feelings" (Subject 3, p. ii). Counselling also provides catharsis: "as she talks about it, slowly but surely, gradually, it will wash out of her" (Subject 4, p. vii). Recovery from the trauma is seen as taking place by "speaking to somebody, in confidence" (Subject 3, p. iii).

Objectives of the counselling relationship included "giving people back their dignity" (Subject 4, p. xi), "fighting for the victim's self-esteem", "affirming" her (Subject 1, p. xiii), and "building her up" (Subject 2, p. iv). An important aspect of rape counselling is reaffirming the survivor's sense of self-worth. One subject conveyed this to her counsellees by means of metaphor: "I said to her that a diamond of great worth, even if it falls in the mud, has the same value it had before it fell in the mud. So it's for you to live above the circumstances and help yourself to feel good. Even though it will for the time being be difficult to feel good, you must work on this feeling to get rid of it" (Subject 3, p. vii). One of the functions of counselling is normalizing for the victim: "you have to tell the victim, you are not the only one" and "you are not the cause of it. The one that did it, he had no right to your body" (Subject 4, pp. vii, x). The role of the counsellor is to provide a non-judgemental, supportive environment, where the victim can talk to somebody and "not be blamed or victimized" (Subject 1, p. ii). Subjects further cited their counselling role as one of support, nurturing, mothering, caring, protecting. Two subjects named maternal and protective feelings as predominant in their counselling of rape victims: "People need mothers. People need nurturing and caring. And I think that's what makes life for lots of people - because they know there's someone warm towards them" (Subject 3, p. ix).

One of the subjects who saw her role as predominantly one of mothering also wished she could be a `guardian angel' to young girls to prevent them from rape. She described feelings of `sadness' that this is not possible, `especially when it's happening every day'. Her metaphor for psychological burdens was that of an overloaded washing machine, which will eventually `break down'; her perception of her role was that of `easing the load' for the counsellee. She saw counselling as "about caring, and helping people with their pain" (Subject 3, p. v - vi). Another metaphor was given as, "a raped person may be like someone who is crossing a stream on stepping stones. And they cannot see where the next one is, because the water, as far as they are concerned, is too high. And it is my object to help them lower the water, and to go to the next step". Trauma was also

likened to "being stuck on some very steep steps", and the role of the counsellor identified as "giving the survivor the courage and sense of self-worth, and energy, to take the next step" (Subject 2, p. iv).

3. Sources of support in rape counselling

Subjects cited the organisation, referral officer, and fellow counsellors as their sources of support: "we support each other tremendously" (Subject 2, p. v). Counsellors "have expertise in different areas" and "we have to hold on to each other because we each have differences according to our own personalities and the interviews we have, so we need to pool this information the whole time" (Subject 2, p. i). A good reference system, monthly training, supervision and discussion meetings were also listed as resources upon which the subjects could draw. In their personal lives, two mentioned husbands and family, and one a daughter, as sources of support and comfort.

4. Rewards of rape counselling

All of the subjects identified rape counselling as `more rewarding' than other forms of counselling. All cited constant learning (about themselves, other people, and relationships) as primary among the benefits: "learning all the time. That's rewarding." (Subject 1, p. iv). Counselling "improves [and deepens] your relationships with other people, and there are a few I've become very close to" (Subject 3, p. xiii).

Rewards included self-growth, improvements in one's relationships with other people, making a contribution, and witnessing the survivor's growth and recovery. One subject felt that as rape is `very private and sensitive', the counsellor is "there with somebody who would otherwise be alone in their suffering. So you are really privileged to know that about a person, because they're not

going to tell everybody. They're going to keep it to themselves" (Subject 3, p. iii). The relationship of trust with a rape survivor was described as "very humbling" (Subject 1, p. x). It was acknowledged that counselling cannot remove the pain of trauma, but can "help them to live with it and lessen it a bit" (Subject 3, p. vi). One subject spoke of her gratitude for being able to help: "I've learned a lot from this skill and I've helped most of my people. I'm grateful to God for that. Because I'm not a learned somebody. But because of what I've learned from counselling, I could share with others" (Subject 4, p. v).

Other benefits or repercussions of rape counselling included consciousness raising and sensitizing: not liking films which portray women who are "there to please a man and build up his ego". `Bedroom films' "stir up men's feelings - [if] I am also watching these things it's almost like I am a party to the whole thing. Then it's going to happen to some unfortunate person out there. And I don't like those films" (Subject 3, p. xiii). A broadened outlook is one of the consequences of rape counselling: "rape counselling has opened my eyes to a great many things; I don't hesitate to confront outright sexist remarks - I get very angry with people I perceive as macho. Or very sorry for them" (Subject 2, p. vi). This is an advantage in the role of providing education about rape: "at schools, I'm not fazed by way-out questions teenage boys will ask to shock. And they actually appreciate this tremendously".

5. Challenges of rape counselling

Rape counselling was described as unpredictable: "what I've learnt is that with rape it is good to have experience in that field. There seem to be so many unknowns, and each rape case seems to be so different from any other one" (Subject 1, p. ii). The responses of the victim to her trauma are idiosyncratic and may be unexpected and surprising: "they'll throw something [at you] which seems so completely irrelevant". For example, while the race of the perpetrator seemed irrelevant

to the counsellor, to the victim it was "the most unbelievable trauma, the most important thing - the thing she couldn't talk about" (Subject 1, p. iii). The counselling of rape victims demands flexibility and openness on the part of the counsellor, who cannot "go in with a preconceived idea" of what she will empathize with and has to be "open to whatever emerges" (Subject 1, p. iv).

Rape counselling also demands immense patience and "not imposing [the counsellor's] programme" on the victim. Patience and allowing the survivor psychological space within the relationship may be very beneficial, as noted by two subjects: "I didn't have any sort of time deadline, so I was able to just sit with her. And I think that conveyed that I was prepared to hang in with her, as long as it took for her to move. And afterwards, as she started to recover, she said to me you were so kind, and I think it was that not putting pressure on her, that enabled her to do it when she could do it - not when I needed her to do it because I had something else to do" (Subject 1, p. xvii). The counsellor's initial contact with the rape victim may be very brief, with the `concerned relative or friend phoning or coming in'. One subject felt it essential to have "a few words with the rape victim, even if it's only to say, when you are ready, you must talk to a trained person. And I have had feedback on that, that this incentive and direction for that to take place at their own time, was possibly the most useful thing that happened to them in that post-rape period" (Subject 2, p. v).

The problems inherent in rape counselling included overload and lack of resources: "as counsellors, we see the need for on-going therapy and support groups, and there aren't any, especially in the black community" (Subject 1, p. xii). Counsellors participate in on-going training in the form of a monthly meeting "which functions as a support group and an information-sharing group", with the resident psychologist. They are also "asked to do talks, either to a church group or a group of students, and we obviously have to prepare for talks like that, and brush up on the latest statistics and any papers which have been published" (Subject 1, p. xiv). While this keeps the

counsellors "on their toes", they may be overwhelmed by "the volume of material available, and the short time we can spend doing research and reading" (Subject 1, p. xxii). Time constraints and family responsibilities were also mentioned as sources of difficulty: "I have a life to lead. It's not always that you can sit with someone for two hours, or as long as it takes them to make a decision and get up and ask for help" (Subject 1, p. xvii).

6. Possible instances of countertransference

It must be stressed that the subjects are lay counsellors. The concept of countertransference was not directly labeled or discussed. In addition, one of the subjects gave the interview in her second (or third) language. The study does thus not lend itself to a phenomenological study with emphasis on the nuances of the narrative. Thus, instances of countertransference need to be inferred. One way of doing this is by examining what the subjects describe as difficult counselling situations and those which "leave them in a bad place". In addition, I have noted situations and comments which struck me at the time of the interview and later as being at odds with the literature, or otherwise surprising and unexpected. This is because a highly idiosyncratic and thus personal response might be presumed to indicate countertransference in the classical sense, namely "reactions that are specific, personal and subjective" (Freud, in McCann & Colletti, 1994, p. 89).

7.1 Subject 1

This subject spoke of her difficulty in "not taking control" in the case of highly traumatized, passive victims. She has to strive not to get caught up in the sense of urgency which surrounds the post-rape situation and which may be incompatible with the emotional state of the victim. "So often the victim is frozen into immobility and paralysis. And one of the difficulties is not taking control for them. With experience you know that you'll need a medical examination, or you'll need

to get to the police, but it's not to rush them, to just be with them in their paralysis, and allow them to sort of thaw out, and go at their own pace".

Practical things which this subject finds she is tempted to do for the rape survivor, such as giving the victim a lift to the doctor when it impinges upon the time that she `sets aside each day for family', were something she had to "really resist", because "my own family, and my own being, suffers if I allow that to happen". She described one of the difficulties with rape counselling as "defining the boundary, and sticking to the boundary that I've drawn".

For this subject, one of the difficulties of rape counselling, particularly telephonic counselling, which often comprises a one-off interaction, is the "not-knowingness" and the accompanying frustration and anxiety. She also described as difficult calls where "people have not moved appreciably and you never know if you've got through to them at all. The not knowing [if that facilitates a movement] is the most frustrating thing". She had difficulty in situations in which the counsellee was not honest with her, and expressed feelings of having been `gullible' and `naive': "I had a dream that everyone was going to be truthful, everyone I counselled would tell me the truth, whether they told it in court or to their parents or their boyfriend. ... it was a bit of growing up". These disappointments and disillusionments are countered by "the other side of the coin, when they do trust you. That [is] very humbling".

Situations of repeated victimization induced feelings of horror, disbelief and rage in this subject and left her feeling depleted. This was described as a sense of "complete physical and emotional exhaustion. It's like I've got nothing left". She revealed an intuitive grasp of projective identification, identified as "a deliberate maneuver, where they turn the tables on you, and leave you with the feeling that they had". The survivor "uses her own experience and actually passes it on to her counsellor". Projective identification is used as a tool of insight as it "lets you know how

they're feeling". In the counselling of angry and aggressive victims, it can leave the counsellor feeling manipulated, for example: "that was hard. To be used, and then to have to be there for her."

A sense of fighting a war was suggested, with supervision and discussion of cases described as "ammunition" with which to continue. This was particularly evident in situations of chronic abuse, where she detects a "sense of resignation" in the victim and where "the hopelessness I feel links to the hopelessness they feel". Social forces appear to be colluding to maintain the abuse and in South Africa "we seem to present a perfect breeding ground". Situations of overcrowding, with families "living on top of each other to survive", foster abuse, and in many cases "the perpetrator is the one who puts bread on the table". Repeated victimization evoked feelings of `hopelessness', `disbelief and horror', and left this subject "enraged that there is so much ignorance in society, which allows this to happen". With these feelings, however, went feelings of commitment and responsibility: "the effect is that I've got more involved. If I didn't feel as strongly, it would be easier to miss meetings which clash with family time. But because I believe that there is a need to continue, then my conscience pricks me - that however humble this little contribution might be that we are doing, it has made a difference".

7.2 Subject 2

In counselling very young people, this subject feels maternal and protective, and tries not to stifle or overpower them. She cited feelings of feelings of "irritation" with "the type of rape victim who has obviously been very protected and has literally got out and gone to do something that she knows her parents wouldn't like". She felt this applied particularly to girls from "a different culture" and stated she would "tend to be to be almost aggressive and manipulative with an Afrikaans girl" and would encourage the victim to speak to her family, and try to get the family to

come in so they could be counselled. She is aware of feelings of irritation with depressives: "I really dislike depressives, my perception is that they're terribly self-indulgent, and they should just do something about it ... it was very necessary for me to look at my feelings about depressives, and so I prayed about it, because I thought I am just going to go in there and be so antagonistic".

This subject also described feelings of mild impatience with girls who have had professional counselling and "are on a bit of a treadmill. And that they feel they are okay if they tell the story again, and they are very much focused internally. Which I'm quite sure is a necessary part of dealing with the whole process, but they are still people in society. Because they have been raped, does not take them out of the world".

Being perceived by the victim as `an authority figure' was cited as a situation which she found difficult to deal with. This subject perceived her counselling role as a facilitative one in which she enables the counsellee to solve her own problems but "if a person has been very protected it's extremely difficult, because they have no past experience of problem-solving to call upon".

She can feel "haunted" by calls and described one such call as a woman who was raped thirty years ago and recently attempted suicide: "I would dearly love to see her leading a fulfilled life".

7.3 Subject 3

This subject expressed particular anger at confidence rapists and feels protective and maternal towards their victims, wishing she could be a `guardian angel' to protect them from harm. She enjoys easy rapport with people and for her, difficult calls revolved around "people who can't open up. Because if they can't open up it means they can't trust you". As a mother, this subject also expressed feelings of immense sadness in dealing with victims of sexual abuse: "any child of yours,

you would like to be happy. And whatever is in their lives which is making them unhappy, you would like to remove. Or at least share that part of them with them, so that they know they're not alone".

Her most difficult and distressing counselling situation was that of a teenager sexually abused as a child who had "regressed into herself" and "does not interact with people". The situation left her feeling helpless, anxious and concerned as "you are extending a hand to that person. And they don't want to take that hand. And they are not living their life to the full. That is sad, for a young girl. When they're a young girl they must have sparkle in them, they must have friends, they must laugh, they must be jolly. And this poor girl wasn't having any of that. Because of something which happened to her as a little girl". The subject further commented, "that child, I still worry about her - I do sometimes wish I could improve [my counselling]. I would just like to know what I should have said".

7.4 Subject 4

This subject related the rape of her granddaughter early on in the interview. For her, difficult counselling situations are those dealing with children. They are unable to defend themselves both during the assault and in court: "the guy will stand there and talk and talk and talk - a child will talk like a child. And that man will be found not guilty".

She related experiences of vicarious victimization, in which rape counselling "wounds you as a counsellor too. Because each time you talk to a rapist's victim you hear more cruel things - many a times when I've finished counselling a rape victim, I will say to her, excuse me - I cry in the toilet because I reflect into myself and I think if it was me, how will I cope. I have to be counselled too". It may at times be almost intolerable: "when you are raped you feel so dirty. And all that comes to

you after counselling a rapist's victim. You become sick". Other feelings cited by this subject included sore, worried, upset, and hurt.

This subject draws on her religion for support and spoke of forgiveness as a task of the rape survivor, even if she should find herself HIV positive as a result of the attack: "You just tell God, if this is the way you want me to die, I'm at peace with it. Praise the Lord for that, and forget about
those people [perpetrators] because it's not going to heal it".

7. Suggestions for improving the system

Subjects presented a number of ideas for improving rape counselling. These included an holistic center, the ideal rape crisis center, which would be "a community friendly place, where if we got a call, the victim could go and she could be attended to completely at that one place. She would have her statement taken, she would be examined, she would be able to shower afterwards, and she'd perhaps stay overnight if she needed to, if she couldn't be returned to her home or to her community" (Subject 1, pp. xix-xx). Such a center would provide ongoing support to the rape survivor. A support group was envisaged, which would comprise weekly meetings with a Life Line facilitator.

Two subjects stressed the importance of community outreach and a "need for counsellors in the community that they serve", and a "need to focus energy on training Xhosa-speaking counsellors" (Subject 1, p. xiii). While ongoing training was perceived to exist in the form of monthly meetings, it was felt necessary to have a rape workshop once a year (Subject 2, p. x). The need for education - of the public, of mothers whose children are at risk, and of those close to the rape survivor - was evident in all the transcripts. One subject felt "we must invite the people of the law

[to a rape training course] to understand what rape is. To really understand what it is" (Subject 4, p. ii).

CHAPTER FOUR - DISCUSSION

The study was essentially three-pronged. It examined the image of rape - what it is and what its consequences may be; the counselling relationship with the rape survivor, and the counsellor's feelings, challenges and difficulties, as part and parcel of countertransference. These issues will now be discussed.

1. The definition of rape

The data show that the legal definition of rape is the narrowest and tends to omit acts which many women would regard as violent and identify as rape. Indications from the data are that rape is motivated by power, not sex, and is an act of violence and aggression (predominantly) against women. Acts of `confidence rape' and date rape may contain less overt violence (beyond the injuries sustained by forced sexual intercourse) but the victim instead experiences a shattering of trust and basic assumptions, such as about one's mastery and the predictability of events.

Indications from the data were that the perception that a rape has taken place may be a subjective one, which would not comply with the legal definition of rape. Subjects indicated instances which they would personally not define as rape but a `very protected person' might feel an assault had taken place. In these instances, the counsellor would stay with the person's feelings of violation without passing judgement. It was acknowledged that there may be false allegations of rape and fake counselling calls. These situations, in which the counsellors are `lied to' and `led up the garden path' elicited feelings of anger, and of having been gullible and naive.

The data also showed that there are different forms and levels of rape, which include child abuse and incest. There may be different consequences and sequelae to these different forms. For

instance, stranger rape perpetrated with a weapon and in which injuries are sustained, results in a higher incidence of post-traumatic stress disorder (PTSD), while confidence rape victims' main issues tend to be guilt and self-blame. Counsellors of rape victims need to be familiar with symptoms of PTSD and other expectable responses in different situations.

Child abuse and incest were examined in some detail as childhood sexual abuse victims may be predisposed to revictimization later in life. It was proposed that early childhood abuse causes profound injuries to the core of the self, and counsellors' experience tended to confirm this view. Sexual abuse and incest effect a `developmental failure' and pernicious aftereffects may be "characterological impairments and vulnerability to repeated victimization" (Roth & Leibowitz, 1988, p. 85). The abused child may thus become the adult rape victim, who may then present with compounded symptoms and profound regression, as earlier terrors and conflicts are reactivated.

2. The counselling relationship with the rape victim

The framework within which the subjects counsel rape victims may be said to reflect the principles of post-traumatic therapy (PTT), as outlined by Ochberg (1991, p. 5) and described in Chapter One. These were the normalization principle: "there is a general pattern of post-traumatic adjustment and the thoughts and feelings that comprise this pattern are normal, although they may be painful and perplexing". Secondly, the collaborative and empowering principles stated "the therapeutic relationship must be collaborative, leading to empowerment of one who has been diminished in dignity and security". Thirdly, the individuality principle stated "each individual has a unique pathway to recovery after traumatic stress" (Ochberg, 1991, p. 5).

As formulated by the respondents, the goal of therapy was seen as affirming the victim, building up her sense of self worth and `giving people back their dignity', and normalizing, by telling the

victim that `she is is not the cause' and assigning blame to the perpetrator. It was acknowledged that `every rape case is unique'.

While rape counselling was described as unpredictable, certain common victim themes emerged. The counsellor needs to be familiar with these themes, and to be prepared for certain after effects in the rape survivor, with the understanding that there may always be idiosyncratic responses which are unique, singular and unexpected. The counsellor thus needs to be flexible.

These victim themes will now be discussed with regard to how they impact upon the counselling relationship.

3. Victim themes and their impact upon the counsellor

Victim themes included self-blame and guilt, loss of self esteem and trust. The implications for training are a need for normalization, affirmation, support, and the building up of self-worth. With regards to the loss of trust, the counsellor has to be prepared to experience difficulty in establishing a relationship, and possible repeated rejections by the survivor. Tolerating the rape survivor's transference in the relationship will include non-defensiveness. Regression may also be an inevitable component of the aftermath of rape, and the counsellor needs to be prepared for frequent advances and regressions within the therapeutic relationship, and to anticipate frequent disappointments, as well as having to tolerate high levels of frustration, uncertainty, and self-doubt. Feelings of hypervigilance and anxiety may be almost inevitable due to the prevalence of rape, and the counsellor may be vulnerable to feelings of overinvolvement and empathic strain.

Impact on self identity: victimization causes a rupture in self-identity and a state of what Danieli (1985, p. 307) terms `fixity'. This is reflected in the data as victims `being on a bit of a treadmill,

who've just reiterated things'. One subject's response to these victims was one of irritation and mild impatience, which may be indicative of a Type I or distancing countertransference reaction (CTR).

Alienation and mistrust: the rape victim is likely to be mistrustful and particularly in situations of chronic abuse, establishing a therapeutic relationship is invariably difficult. Such victims have "a fundamental mistrust of others, inevitably have significant problems with boundaries, and have developed defensive structures erected to protect deep-seated feelings of vulnerability, fear, insecurity, rage, depression, and other manifestations of low self-esteem and narcissistic injury" (Wilson & Lindy, 1994, p. 83). Counsellors working with abuse patients are particularly vulnerable to countertransference reactions (CTRs) as the client's damaged self transfers object relations in unconscious ways. This creates an unfolding process in therapy that is likely to stir either overidentification or distancing responses within the therapist.

Anger is another predominant theme in victims of rape and was cited by all subjects. The victim may retaliate towards the counsellor, projecting and venting her rage upon her. Subjects described instances of projective identification, where "the victim uses her experience and actually passes it on to her counsellor". Countertransference as it is understood is used as a tool of insight into the counsellee's feelings. It may be accompanied by unpleasant affects when the victim is acting out transference roles and may be victimizing or `abusing' the therapist. Subjects described instances of empathic strain, for instance, having to be empathic and available after `being used', and experiences of betrayal of trust. A victim who deliberately lied to get her way evoked feelings of anger in Subject 1, who reflected on these feelings as a means of understanding and empathizing with the victim: "I imagine that's how she felt, after she had been manipulated and tricked. I guess she felt angry too."

Blame is another predominant theme among rape victims and was reflected in the results, with all subjects commenting on the tendency of rape victims towards self-blame. Blame serves several functions as a defense mechanism; its implications for therapy are the need for reassurance, normalization and support. Subjects cited instances where tremendous relief was expressed by victims when they were not blamed by the counsellor.

4. Revictimization and chronic abuse

The hypothesis of recurrent victimization was supported by the study. All subjects readily identified instances of repeated victimization. These may be fostered by the social conditions of overcrowding and dependence, where the perpetrator is the one who puts bread on the table, and allows the unit to function. Moreover, in the words of one subject, "they're living in an environment where it's possible, and if it's possible to happen once, then maybe it even gets easier the second or third time - to be abused, and then to be raped by an uncle, and a brother" (Subject 1, p. vii).

Indications from the data were that in the course of the counselling process, as a relationship of trust grows between the two parties and the victim can go back and look at childhood things, she may refer to an incident where inappropriate behaviour, or abuse, or rape, took place. Given the under-reported status of both child sexual abuse and rape, this suggests that a compounded and/or silent reaction to rape is likely to be frequently encountered.

Likewise, all subjects discussed instances where girls or women had been raped more than once. These instances evoked feelings of great concern and protectiveness, with fervent wishes that one could be a `guardian angel' to prevent the rapes from taking place.

These instances of repeated victimization were sources of fatigue and burnout, as well as feelings of horror, disbelief, hopelessness and helplessness in the counsellor. These would be classed as Type II, or overinvolvement, countertransference responses, and are inevitable and expectable given the prevalence of rape, the apathy of the legal system, and the lack of protection afforded victims by the system, which allows repeat offenders out on bail.

Anxiety was strongly expressed in subjects dealing with child abuse victims, with respondents expressing worry and concern, feelings of responsibility, and wondering how they should have handled situations. Frustration was also experienced when dealing with these victims, a feeling of being out of one's depth, and trying various counselling techniques to no avail. This implies a need for greater understanding of the repercussions of child abuse, and how its deleterious effects may manifest as an inability to allow the counsellor to establish rapport within the psychotherapeutic relationship. Transference and countertransference roles and reactions are incompletely understood, leaving the counsellor feeling responsible, inadequate and incompetent. Overinvolvement, overcommitment, guilt and rescue reactions are classed as Type II countertransference reactions (CTRs).

Feelings of inadequacy and incompetence were expressed within the context of chronic abuse. One subject felt particularly powerless when dealing with an adolescent victim of child abuse, and responsible for getting through to her. This implies that there is a need for realistic self-expectations and an ability to accept when a case is out of one's scope and should be referred, as well as an awareness of rescuer responses in the counsellor. Education and training is also necessary with regard to the aftereffects of chronic abuse, which may include learned helplessness, depression and hopelessness, and a general sense of defeatedness. These types of chronic cases do not lend themselves to one-off counselling encounters and expectations of establishing rapport are likely to be disappointed. Possibly, alternatives need to be explored when dealing with young

victims where there is an inability to express verbally one's trauma. Art therapy might be one such alternative.

Anxiety also emerged with regards to the counsellors' self-perceptions of competence. As lay counsellors, subjects stated that someone with a "better education" than themselves is needed to identify gaps in the training programme, and that "I'm not a learned [person]". This is a possible shortcoming in the research and in the use of the research proposal as a protocol. The use of the protocol ensured that subjects were fully informed, and established a context for the interviews as well as an arena of common knowledge. The protocol was followed by open-ended invitations in the interviews. However, it may have been overly academic and thus intimidating. It could only be determined whether this was in fact the case by consultation with the subjects themselves.

5. Disillusionment with the system

A significant finding of the study was disillusionment and anger with the system. All subjects cited the courts as a secondary source of victimization and one recounted a situation with a policeman as a perpetrator of rape. Working with victims of rape within a patriarchal system is in itself a source of empathic strain, and countertransference responses of overinvolvement and burnout. Rape counsellors need support and understanding of these frustrations and difficulties inherent in their work. Any support needs to extend to the practical and there needs to be implementation of the suggestions for improving the system cited by the subjects. These included a separate rape court, multidimensional rape crisis centers, community outreach programmes, ongoing support and therapy, public education, and in the broader picture, examining the causes of rape and challenging the existing structures for dealing with it. Essentially, counsellors are working within a closed system where rape is epidemic, "the law does not take rape seriously" and rapists are "out on bail". Feelings of empathic strain, fatigue, desperation and helplessness are inevitable under

these circumstances and can only be countered by real improvement of the obvious shortcomings in the system.

Partners and other individuals close to the rape survivor are the secondary victims of rape. It is thus important that the counsellor understand the impact the crisis has on them and their relationship with the rape survivor.

6. Elements of surprise in the data

Unexpected data which emerged in the interviews included the notion of forgiveness as a task of the victim. Forgiveness is severely criticized by the feminists, who state that "while forgiveness for oneself is necessary for healing, forgiveness for the perpetrators of abuse may be detrimental to the process. Forgiveness may be the `fundamental premise of femininity' which ensures that the woman places herself last, silences herself, and experiences herself as invalid. Forgiveness locks the woman into heterosexist patterns of loving which reinforces men's continued violation of women" (Sethna, 1992, p. 116).

The notion of forgiveness when applied to a rape victim who is HIV positive as a result of the rape may be premature and unrealistic and its presence may indicate a Type I or avoidance countertransference reaction. It may be used as a defense by the respondent against unbearable levels of identification, anger and sadness. The use of silence in the counselling of rape victims also appeared in two out of the four transcripts. Silence in the therapist is contraindicated in rape counselling. (cf. Rose, 1986, 1991).

7. Possible factors influencing research findings

The research is unavoidably subjective. Rape is a highly emotive issue, and one which touches women's lives, either directly or indirectly. The possibility of rape inevitably curtails women's activities. It is impossible for a researcher to approach such a topic without an existing forestructure, which will shape understanding and guide the way in which the research is undertaken, as well as the selection of themes.

The results obtained by means of a female interviewer are likely to be different than those which might be obtained from a male researcher, or indeed any other researcher. The eldest of the subjects is maternal towards the researcher and calls her `sweetheart'. This interview was facilitated by an easy rapport, helpfulness and a willingness to share and impart her knowledge. The potentially inhibiting factor of language barriers appears to have been outweighed by these factors.

The interview with another subject was hampered by interruptions and is a great deal more stilted and less spontaneous. In another interview, the theoretical and academic nature of the research topic appears to have hindered the interview process and generated an element of suspicion and guardedness. The respondent asks, "is that that answer" with regard to one of the items of the questionnaire. This indicates the presence of the nuisance variable of perceived demand. It is hoped that this shortcoming is counterbalanced by the fact that the informant finds the protocol informative and relevant in other regards. In this instance, the protocol was used as a departure point for the discussion on confidence rape, which the subject found helpful as her most difficult situations are those dealing with the victims of confidence rape. In this respect the protocol guided the interview in an informative way.

8. Limitations of the research

A limitation of the research was the small sample size, with the study comprising interviews with four subjects.

9. Indications for future research

The study revealed that lay rape counsellors are subject to countertransference while they may have an incomplete understanding of the processes involved. Countertransference responses may include vicarious victimization and empathic strain, covering the spectrum of responses from distancing to overinvolvement.

Indications for future research include the training of lay counsellors in countertransference phenomena and their management in order to maintain sustained empathic involvement and a critical therapeutic structure, as well as reduce stress-related burnout in counsellors.

In the broader picture, chronic abuse and its consequences warrant further study, both with regard to repeated rape victims and child abuse victims who are later raped. The latter would entail a retroactive study with adult child abuse survivors who are also adult rape survivors. The goal of such a study would be to identify damage done in childhood which predisposes the victim to later revictimization. The aim would be to ameliorate the effects of trauma in order to reduce survivors' chances of being revictimized.

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APPENDIX 1

Interview with Subject 1

COUNSELLOR: Okay - why do I counsel? - um - I think it's just something in me - that - when I did the personal growth course, I did it - I think my motives were the counselling at the end, rather than the personal growth - I didn't realise that the personal growth was necessary before counselling. And um - as I moved into counselling and started to become aware of what it was, it answered that need in me - it was what I was hoping for. Yes. And it met the need in me.

INTERVIEWER: And the rape counselling?

C: The rape counselling - um - the procedure at Life Line is that - the rape counselling - um - there were - we have a referral officer procedure, where - the crisis calls come into - in on the phone, and um - the counsellor on duty handles - is equipped to handle everything that comes in telephonically. There's no sort of hierarchy that - um - there are better counsellors than others. You go in there with the belief that you are able - you are equipped to handle - and what you feel ill-equipped, or what you think needs to be referred on, there's a person called a referral officer - who isn't in the counselling room, you communicate with them by phone, and you try and counsel the caller to a place where you can perhaps say to them, I'm going to refer this on - I will come back to you. Hopefully they will be prepared to wait, say for ten minutes. And you go on to your referral officer, and then if they think it's necessary to send a crisis team out to the person, they'll get maybe two counsellors to actually go and visit. But we're a crisis intervention center, so we try and bring the caller to a place where they can wait until tomorrow and maybe go on to another agency, like SANCA or maybe FAMSA or their own priest, whatever counselling is available to them, or their family. But we also have a special referral officer for only - for rape cases, because it's quite a - the procedure is - one needs to know the procedure - that it's better to do this, and not that - if you go to the district

surgeon, it will involve this, it may take that length of time, you might need to take someone with you, you may need transport -you know, some practical things, so we've got one person who deals with all the rape cases. That's [Subject 2] you'll meet this morning - so she's our rape referral officer. And my first rape case came in over the phone - a girl who had been raped about twenty minutes earlier. And - um - she just wanted to talk about it - she had been raped in the past, this wasn't the first time she'd been raped, and it was - I was doing an overnight, and um -so I didn't phone - I counselled her, and she ended the call saying that she was just grateful that she'd been able to talk about it, and that I hadn't blamed her for what had happened, and that I'd understood. Maybe she'd been foolish to take a lift home, but she didn't ask to be raped. She didn't give permission and - you know, it was that sort of a call. And um - she wasn't going to report it because one of her previous encounters had been with a policeman and she had no faith in the judicial system - that the perpetrator would be brought to justice, that she wasn't going to go through what it would involve to - if she reported the rape. But it had been great for her to talk to someone and not be blamed or victimized. So that was my first -the first time I counselled a rape victim. I didn't go to the referral officer because it was an overnight, it was very late, and she didn't want further counselling. She said she would phone in again if necessary. She didn't give her name, she didn't give a - well she gave a Christian name, she didn't give a contact number - so there was no sense in going on to the referral officer, but - um - [Subject 2] phoned me back to discuss the case, subsequently, and as a result of that case my involvement just sort of - snowballed. Yes. In that um - I'd done then some telephone, you know, telephone counselling, and then some people phone in and say, I don't want to talk about this on the phone, can I talk about it face to face. And that - I think as a result of my call with this person, [Subject 2] used me for a face-to-face. And that's really how I got into rape counselling. - um - and I think something that I've learnt is that with rape, it is good to have experience in that field. Because if - there seem to be so many unknowns, and each rape case seems to be so different from -um - from any other one. They'll throw something that - which seems so completely irrelevant - that -

I: For example?

C: um - a case that I went - um - a face-to-face, where the rape wasn't the bad thing, the fact that it was a white man that raped her was the most - unbelievable trauma.

I: For a black woman?

C: For a black woman, yes - that she had all her life respected the white people - she'd been brought up to believe by her own family to believe that whites were superior, because they had a white skin they would always behave in a certain way - and they would treat - they would treat her with respect because she is a person, and maybe she'd been sheltered - ah - to some extent but she hadn't been disproved. Her own employer treated her as a member of the family, I was in her employer's home when I counselled her. She was treated as a member of the family, um -her employer had in fact had a nervous breakdown the previous year herself, and this woman had been a mother to her employer. So there was a terrific relationship - you know they were different, but so close, and yet - and then, for her, for the victim - the man who raped her was a white man. And it was like a shattering of all these fantasies - maybe, you know, destruction of this fantasy, and you know - I was - sort of went in there prepared to counsel a victim on her feelings of abuse and disbelief and horror - and she was pregnant as well, when she was raped. And - go in with a preconceived idea of what I'm going to try and empathise with - awareness of feelings that might exist - and then something completely irrelevant - with -to me, the race of the - of the perpetrator - was the - to me, you know, might have been irrelevant, to her, it was the most important thing about the whole - the thing that she couldn't actually talk about. She could talk about what he had done to her, but not about the colour of his skin.

I: So that kind of took you by surprise?

C: Very much.

I: And in that kind of call - you'd handle it in a person-centred way dealing with her

C: With her, yes.

I: I see what you're saying about they're all different, they're all unique.

C: Yes.

I: They say with crisis counselling you're really getting to the personality - and what do you find rewarding about counselling -harder than most forms of counselling.

C: Yes - like that particular - if I look like, you know, it's always learning. And - that's rewarding, is to be in that situation where I'm learning all the time.

I: So by experience - do you mean practical experience, when you've handled x amount of calls -

C: Like the learning from that experience is that - um - I must be open to whatever emerges, that like - um - without experience, it seems maybe I can one day know that I'm going to be able to handle any rape case. With experience, I learn I will never have enough knowledge to know exactly what to do the most - the - the right way. If there were such a thing as a right way - every time - um -

I: So it's quite a tentative business?

C: Yes.

I: I think that's part of counselling anyway.

C: um. um.

I: And difficulties - what would you say are those particular difficulties?

C: Difficulties around the counselling - are that so often the victim is frozen into immobility and paralysis. And - um - I think one of the difficulties is not taking control for them. With experience you know that you're going to get to a certain place, and that you'll need a medical examination, or you'll need to get to the police - and but - it's like not to rush them - to just be with them in their paralysis, and allow them to be - to sort of thaw out, and go at their own pace. Not to take control.

I: Do you find that specifically with rape counselling - more than with any other kind?

C: Yes, I think so.

I: Because of the urgency of the situation, or -

C: um - I think, you know, like with - if I think of specific people that I've counselled - one at the hospital, at casualty, where she was so paralyzed she just couldn't make any movement herself. She - all she wanted to do was sit in a little room. Not tell anybody what had happened, - her relation had brought her into casualty. Um - she wouldn't - she didn't want to tell even the nurse what had happened. Which would facilitate their treatment of her - she wanted to pretend that the whole thing hadn't happened, and that she could get on - but she needed medical treatment. And in order for them to know how to go about treating her, they needed to get some details from her.

I: So it's really dealing with - shock?

C: Mm. Allowing them to be shocked - and not saying to them, don't you see, to be

able - for these people to be able to treat you and know what - for them to decide which course, which way to go in your treatment, they need to get these details from you. What were you assaulted with, what was the weapon, what did they do with it. But she wasn't in a state to do that, and although they were being very gentle with her, they had a job of work to do, and other patients to attend to. They needed to move - and for me not to get carried in with that sort of sense of urgency, but to stay with her -

I: Very hard.

C: Ja. And that - and then you know, like other things, like taking control - they come here without any transport - and the temptation to say, I'll give you a lift here, and I'll take you to the doctor, and - it's - and I have to really resist that urge -temptation to get caught up in that, and do those things -because my own family, and my own being, suffers - if I allow that to happen.

I: But that's your impulse, is to want to help, and to do something constructive?

C: Yes. There are some practical things which I could do, and which seem so small, and yet - you know, like specifically taking someone to the doctor when I know my own son is going to be home for lunch. That - that was a case that I just found so difficult - it seems so inhumane to say to her, well walk. And yet, you know, that is the time I put aside each day for my family.

I: And I suppose it's also Life Line policy, in terms of not -

C: Ja, the rape situation is really the only one where we bend those rules a little bit. But um - in general, we would do - a face-to-face would be done here. Only in a crisis do we go to the person's home, and then we have the - we go in pairs, and we're supposed to check out that there are no weapons that can be used against us. We don't normally carry people around in our vehicles, and we meet at a specific venue. So this - in rape

counselling is the only time we'd really take the person in your own vehicle, say to the police station, or to a doctor's surgery.

I: So it does happen - it's in terms of drawing your own boundaries -

C: Yes. I think with rape counselling it is more difficult, one of the difficulties is defining the boundary, and sticking to the boundary that I've drawn.

I: And going to court and -?

C: I haven't had that experience, no.

I: I wondered what was the outcome of that [case] - it dropped off the news.

C: Mm. Yes, I think it was - of relevance to the media while it was in court. And that sentencing doesn't seem to be an issue with the media.

I: Have they been sentenced?

C: No. I think they're waiting for their findings of that psychiatric evaluation - if that guy is an habitual criminal, then he can get a life sentence.

I: What more evidence -

C: Do you need.

I: I suppose that pushes my buttons -

C: Mm.

I: There are these people that just carry on perpetuating the same crimes -

C: It seems that also there's girls that have been raped - there seem to be some who are raped three or four times. I suppose -when it starts as child abuse, they're living in an environment where it's possible - and if it's possible to happen once, then it - it seems to be - maybe it even gets easier the second or third time.

I: What, to be abused?

C: To be abused, and then - you know, to be raped by an uncle, and a brother.

I: How does that affect you - what sort of feelings are evoked?

C: I think it's disbelief that this can happen so often - um -and horror.

I: Also recognising a pattern, and wanting to break that pattern.

C: Mm. Mm.

I: But as you say, so often there are childhood things that -

C: Yes, she will say that she was raped now, and as the relationship grows and she can go back and look at childhood things, she will refer to an incident where there was inappropriate behaviour, or abuse, or rape, that took place.

I: And the sort of feelings that you're left with in difficult calls, or what kind of feelings - you spoke just now about disbelief and horror.

C: Mm. I think one of the - it's not really a feeling, but a sense of exhaustion. Complete mental and physical exhaustion. It's like I've got nothing left.

I: Feeling quite drained.

C: Mm. And also I think - when they turn the tables on you, and they leave you with the feeling that they had. - A deliberate manoeuvre.

I: On the part of the rape survivor?

C: Yes. Who's been - um - she's been abused, and she abuses you. She abused me as the counsellor.

I: That's very important - it is a -

C: Um - where she deliberately lied to me, to get her way. She was manipulated, and then she manipulated me. And that - um -the anger that I felt - after, when I realised what was happening. I imagine that's how she felt, when - after she had been manipulated - and tricked. I guess that she felt angry too.

I: But you still have to be really objective to be able to see the process -

C: Yes. And to - and she was in a situation where she needed our help, um - and - because she hadn't told her family, and she actually came into the center, and then having been lied to, to still be available.

I: Must have been hard.

C: mm.

I: And how did you get past that - did you have ongoing contact with her?

C: Yes.

I: And did you confront her or -

C: um - at that time I was working in a team with another counsellor. And the other counsellor got the - another version of the story. And - um - she followed it up with this person, -and in - as I just followed the case, I realised that I had been lied to. So I didn't - I didn't need to confront her, in that I - she was still here, I still saw her, not - I didn't counsel her. And - um - it was an evasion on my part.

I: Well -

C: um - it didn't seem the right time to confront her.

I: And also, I mean, you're on a sort of borderline - where you're not actually doing therapy, where those sort of situations come up all the time - you often don't have the means to -

C: No. um - it - it would have been something I would have needed to do if I was the person that she went to - she went to the hospital to get - she had to get an evaluation from a psychiatrist, a psychologist and a gynae. And she came in here to wait for the time to elapse after leaving home and going to the hospital. I didn't actually accompany her, but I felt if I had been part of that, I would have needed to have addressed it. She was doing that on her own, so I left it. I took the easy way out.

I: Still what else could you do, if it's not appropriate to confront and deal with it.

C: Mm -

I: But it's quite a realization, to put yourself into her shoes, and say that's how she felt.

C: Yes. I think what helped me was that another counsellor had a similar experience - with a different - a different victim, at the same time. Where - she was also - I can't remember what she said - this person threatened to commit suicide - unless the counsellor sat by her side, virtually for twenty-four hours a day. She was put into the psychiatric ward and she went out onto the roof, and threatened to jump off the roof of the ward. And the counsellor said, she's doing to me what was done to her. I can't remember what feeling it was that - um - I know mine was a betrayal of trust. And that - it was another - she was quite specific about it, she said, she said, - and I just thought, well, um - I didn't feel so bad that someone else had fallen in - not - I can't go in disbelieving every person who tells me a story, but I felt - I sort of felt quite gullible.

I: Taken for a ride.

C: Yes. And she felt pretty much the same. This person was holding a gun to her head, almost - I don't know if she was raped at gunpoint, or what it was, but she felt that this rape victim was holding a gun to her head. If you're not here, I'm going to jump - that sort of thing. She was using her own experience and actually passing it on to her counsellor.

I: Yes. Quite a powerful thing -

C: mm.

I: It must leave you feeling pretty helpless -

C: It does, but it also puts you in touch with how they're feeling. I think sometimes the words we use can be - if we, if we don't try and get into where they are, you know, sort of saying, you felt - it was loss of a dream, - I know that the one who did it to me, it was the loss of a dream. She had a dream with her fiancee, and then - you know - her

being raped and getting pregnant, meant that this dream was a complete - it had been shattered. And I think maybe I had a dream that everyone was going to be truthful - everyone I counselled would tell me the truth - whether they told it in court or their parents or their boyfriend - it was the shattering of a dream for me too. A bit of growing up.

I: Very challenging form of counselling.

C: mm.

I: And rewards?

C: I think - um, ja. One of them - it's the other side of the coin, is when they do trust you. That - that - I think very humbling.

I: Especially if somebody's been through an experience like that-

C: Yes.

I: Kind of life-affirming.

C: mm.

I: And sources of support?

C: The sources of support within the organisation - they are within Life Line. [Subject 2] is a pillar of strength. Very supportive, very encouraging, but also not afraid to - very - um - resourceful with alternatives. And she - she will always say, `did you try - '. I think - she somehow always seems to find an alternative - did you try, you could have done, did you think about - so, stimulating in that way. And it gives one the ammunition to go back next time.

I: Do you find the calls ever leave you in a bad place?

C: um - yes, and usually - and I always speak to [Subject 2] about that.

I: And then what sort of calls?

C: um - I think that when people have not moved appreciably - not made a decision they will do this, not perhaps even given us a name that - if, if, we say, well, we're always here, we're here twenty-four hours, you can phone back, and - um - they're not even prepared to give a name, a Christian name, - you never know if you've got through to them at all, whether they're just saying, thanks, you've been a help, - or - um, if they do phone back, you won't know if that's the same person. Even if you, you know, read a report, if they speak to another counsellor, if they have moved a bit and the next counsellor they speak to - they can open up a bit more. It's that not-knowingness, in this type of counselling, -

I: Not knowing what happened to them?

C: No. Because they could phone the next counsellor - really be able to speak, the next time, because the first time they weren't pressurized and they were just accepted where they were. um - if that facilitates a movement - the not knowing, I think, is the most frustrating thing.

I: And do you have a lot of follow-ups, or do you get a lot of one-off calls?

C: um - [Subject 2] is the best one to ask about that, because she keeps the rape stats, and -

I: But you personally - do you find that you have lots of on-going relationships with

people?

C: um - the one's that I've had face-to-face - there's usually been more than one contact. Ja.

I: And that's probably the most rewarding.

C: Yes. Yes.

I: More like therapy?

C: Yes.

I: Anything else from your side?

C: I think one - you know, another frustrating thing is just lack of resources. Like when you talk about therapy and - really as counsellors, we see the need for on-going therapy and support groups, and then - um - there aren't any in the community, especially in the black community, and a lot of what we try and do is what we motivate. And - if it doesn't come from the ones who need it, a bit of the motivation, it just doesn't work.

I: In terms of support groups?

C: mm. Mm. You know, I think - like the support group - we had a support group going which met in the township. On a Saturday morning - did you hear about that from [Subject 3]. And most of the people - most of the young girls, most of the members were young girls - schoolgirls. And - um - they - we got together, I think it was fortnightly, for about a year, it went. And I thought it was going well - then one of them said she was better, and you know, then the others sort of seemed to follow suit - also school holidays come up, and they go home or on holiday. And then you have the break - it's difficult to

get re-started. And then, you know, they say they're better, and then you get a call from someone's friend who saw her - and she's now pregnant. And that - you know, then there's the question mark - and the not - it's the not knowing - that I think is the most difficult thing.

I: Frustrating -

C: Mm. Sort of realising that this - you know, being pregnant now, it - I mean - we link it back to the rape experience. And not - I mean, she - I don't know what - where she is, and how this pregnancy came about. And we were like fighting for her self-esteem at the time the group met - the last time the group met. We were really trying to - um - affirm her.

I: So you were left with the feeling, well did that collapse or?

C: Yes. That the link now with the pregnancy -

I: And I think manpower - personpower - understaffed and overworked -

C: Yes. Ja. And a part of it is that we need counsellors in the community that they serve. Like if there was a phone call they could go to a center which is reasonably convenient for all the people concerned. Me riding now across town - I don't know if you know the city but it's -

I: Not that well, but it's a big area -

C: Ja. And for us to do it say - for two hours, or for half an hour, if there's only one person going, but if like, you know, if one of - if that girl could have phoned a counsellor, in her area, and said, I want to talk for half an hour, that - that would have been great, - it might have just filled the need or hit the spot at the time.

I: I think it was [Subject 2] who said you aren't the only rape crisis -

C: No. But the other one's in _____ - it's also in town, it's not -

I: Not out in the community.

C: No. I think it's near the old law courts.

I: So it's a real problem.

C: Mm.

I: So the Saturday workshop - that's fallen away?

C: Yes. The training programme - if we're talking about specifically for rape counselling, - it consists of the personal growth course, followed by a six week counselling course. Then they become counsellors. And anyone who has a particular interest in becoming a rape counsellor would slot into the first available rape workshop. And possibly fit in with rape counsellors - be available to go as a team with another rape counsellor. And then it's the ongoing - um - monthly meeting, with - which would function as a support group and an information-sharing group, and our mentor _____.

I: oh - the psychologist.

C: Mm.

I: Well it's great to have that support as well. I've also got your manual here.

C: Ja. That was brought by - when we had a workshop a while back.

I: So if there's anything you would want to see added, it's the community outreach ventures?

C: Another part of the training would be also the talks that we do in the community. Which I think force us to read. We get asked to do talks, either to a church group or a group of students. We obviously have to prepare for talks like that, and brush up on the latest statistics and any papers which have been published, which [Subject 2] keeps and then have a resource file of info - reading up on that. I think that keeps you on your toes when you are asked to do things like that as well.

2nd interview - Subject 1

COUNSELLOR: exactly what had happened to the rape victim - the rape victim tried to do to her counsellor. She tried to manipulate her, threatened to jump off the roof of the provincial hospital if [the counsellor] didn't stay with her - despite the fact that she explained that she had to be with her family, had children to fetch from school and she went - you know, this woman was - I think she - it could be something that she was raped at gunpoint and she was virtually holding a gun to the counsellor's head and saying, if you don't stay I'm going to throw myself off the roof.

INTERVIEWER: Yes, and you gave me your example as well about somebody manipulating you, and lying to you as she had been lied to.

C: Yes. Yes.

I: It's very interesting - it is a countertransference thing at play there.

C: Mm.

I: I don't really have specific questions, I just wanted to expand on some things. The other thing which you brought out that I thought was very relevant was the frozenness. You -

C: Oh yes, I remember who that was. That was a girl called _____, who had - um - she was - she was raped and the rapist stuck a cake of sunlight soap and left it in her. And um - that was - I think - it was over the weekend, it was either on a Friday or Saturday night, and I saw her on the Monday. And it had been in her all weekend and whenever she passed urine, there was this froth and it burnt her. And it was imperative that this thing be removed, whatever it was that was causing - she didn't know what they had done, all she knew was that there was something wrong - but she actually couldn't

even get up to go - to allow the doctor to examine her.

I: That really is the essence of where a rape victim is left - is that kind of frozenness and inability to act -

C: Mm. Mm. They have - they became powerless in the rape, and then they continue to be powerless afterwards.

I: Ja. Ja. So - how do you deal with that - I know it's very difficult to put it into words and -

C: um - well in that instance, I just sat with her. And I just - you know I didn't have a - any sort of time deadline, so I was just able to sit with her. And I think that conveyed that I was prepared to hang in with her, as long as it took for her to move. And afterwards, as she started to recover, she said to me um - I don't know, something like, you were so kind - or you were so friendly - and I think it was that not putting pressure on her, that enabled her to do it when she could do it - not when I needed her to do it because I had something else to do.

I: Mm. Sure - so it's not imposing -

C: Ja, my programme on her.

I: But still, it's a very difficult situation for you, because your hands are tied -

C: Yes. And also, you know, the fact that I have a life to lead. It's not always that you can sit with someone for two hours, or as long as it takes them to make a decision and get up and ask for help.

I: And then the other thing was chronic calls that you referred to - that someone who's been abused as a child, and who has multiple rapes - you said that's also a situation

that you find very difficult to handle -

C: Mm. Mm. Yes. I think that the hopelessness that I feel - I imagine that it links to the hopelessness that they feel.

I: But that really is a different kind of rape, or would you not see it like that?

C: um - I think sometimes I do detect almost a sense of resignation in - in the caller. This has happened before, and -it happened with my father, it's been done by my uncle, it's been done by my brother. um - you know - I don't expect anything different.

I: Mm. And with those kind of calls - does it feel you leaving helpless and -

C: um - I think more enraged. That there is so much ignorance in society, which allows this to happen. And a lot of times - it's definitely happened that the caller will say, but my mother saw there was blood on my panty. And so - I believe that the mother knew, and because she didn't intervene she condoned - the message to the victim is that the mother condoned the act. And that disempowers the victim, because who does she turn to, if she can't turn to her mother?

I: It's a sort of chronic case, I think, as opposed to an acute one-off thing - and goes much deeper.

C: Yes. Yes. But what I'm left wondering, is, is it - I can't believe that it is unique to this country. But - but - I'm sure it's not. But it seems that we present a perfect breeding ground for that, with overcrowded housing and too many - you know, families living on top of each other to survive. And - and maybe the one who brings in the money which allows that unit to function, or to put bread on the table, say, is the one who is the abuser.

I: Dependency as well -

C: Yes. Yes. That's it, ja.

I: Okay. So you'd look at it in the whole political and social context?

C: There seems - to me, there seems to be a link. It's not just - it would be so - I think easier if it were - you could just -um - study rape, and say that if we could do this with people who rape, and that with the victims and perpetrators - we would remedy it, we could fix it up. - But it doesn't - there's a definite overlap into society, and then obviously the political issue that you mention.

I: Okay. There was one other question that we didn't really cover here - I think that relates to it - how does your counselling affect your relationships with men and women? Well you say getting enraged - getting enraged at the perpetrator and the system?

C: Yes. But I think the effect of that is that I've got more involved. um - you know, if I didn't feel as strongly, it would be easier - to miss meetings, which - like meetings that clash with family time. But because I believe that there is a need to continue, then um - my conscience pricks me - that however humble this little contribution might be that we are doing, it has made a difference to - if we say half a dozen people a year, however many it is, -

I: A commitment?

C: Ja. Yes.

I: Because also your circumstances - working here as well, I mean you spoke about being drained and exhausted - I'm sure that adds to it. That you are here for your working day, and after hours as well.

C: Yes. Yes. um - well my working hour day is a three hour day, and that's enough for me.

I: It draws a lot of your strength and resources.

C: Yes. Yes.

I: You also spoke about resources - you said that's another frustrating thing. Can you just elaborate on that a bit - what sort of things do you feel are needed.

C: Well we've been discussing the rape crisis - establishing a rape crisis center. Have you heard any of the discussion around that. And when we got together - it's being co-ordinated by the police community forum. And we had a big brain-storming session on what we would like a rape crisis center to comprise of. And to me, that would be the ideal. A center which is a community friendly place - where if we got a call, the victim could go in and she could be attended to completely at that one place. She would have her statement taken, she would be examined, she would be able to shower afterwards, and she'd perhaps stay overnight if she needed to, if she couldn't be returned to her home or to her community. And now that would be the ideal.

I: So that's on the agenda, or being talked about?

C: Well, Life Line has been involved in the meetings which - I think we've had about three or four so far. The venue - the most popular choice of venue would be located in one of the locations. The feeling was it can't be associated with the police station - that is not a community friendly place at the moment. Um - which - and so at Life Line one of the resources that we would want to provide would be Xhosa-speaking counsellors. And that's really where we're going to have to focus our energy - on training Xhosa-speaking counsellors, because it's hoped that the community will fund the rape crisis center. And then services will be provided, like the police will be in charge of whatever their area of authority is. And then there will be medical personnel who will do the examining, and

social workers and psychologists and whatever to provide the therapy that's needed. But most of them - the breakdown comes with the rehabilitation, and maybe Life Line could get involved with a support group so that, you know, once the psychologist had finished with them or the social worker, they could - perhaps the support group could meet once a month with a Life Line facilitator.

I: As you had in the past, with the Saturday morning group?

C: Yes. Yes.

I: So, very comprehensive.

C: That would be, yes. And that, as I say, would be the ideal resource. - Which at one stage it seemed more of a reality than it does at the moment. At the meetings - there was a lot of enthusiasm, but - there was somebody involved from Vista. She's doing research on interviewing children who had been abused. She went overseas to look at homes where um - the latest techniques are used in taking statements from children. The video-taping and the one-way glass - observing them play, and this sort of thing. So - she was away for six weeks and we didn't have any meetings. And I think with that the momentum was lost. - So I'm still trying to liaise with the police to see where we go to from here.

I: Difficult getting it off the ground, and funding?

C: Yes. Yes.

I: How would you define your role now then, - you say you're not a crisis center?

C: At the moment, there's rape crisis, and Life Line, who I think are the only two resources available.

APPENDIX 2

Interview with Subject 2

COUNSELLOR: People definitely have expertise in different areas. And so (as course co-ordinator and referral officer) I am responsible for co-ordinating to a degree. I'm also responsible for debriefing people if they've had a heavy time - or discussing a case with them - if they wish to discuss it with me. But there's no obligation about it. But we find it's very useful to - to discuss our cases, sometimes immediately afterwards, or at our monthly meeting. When we have our resident psychologist who comes into discussion with us.

INTERVIEWER: So there's a lot of follow up?

C: There's a lot of follow up - between the counsellors. And I was thinking about on-going training, or training, which you mentioned. And I think that we do have on-going training in our monthly meetings. And if ever there's somewhere where we're not sure, then we'll say, look, can we do something about this - we got input on dreams last time. And that was useful - how we -how far we could reasonably deal with it, or not deal with it, as the case may be. We have to hold onto each other because we each have differences according to our own personalities and the interviews we have, so we need to pool this information the whole time. Especially now when things are changing so much - not that the rape victim is changing - but the ways of dealing with them are rapidly changing.

I: Is that for the better?

C: We hope so. We hope so. Because we now are hoping for a separate court and that sort of thing in [our city] - which should be for the better. um - the magistrate still - or the public prosecutor, I'm not sure, seems - does seem to define who sees the case. So maybe people are getting ten years when they should get a heavier sentence. But we're very glad at the moment when they get ten years - and not a fine.

I: Well, I've got a sort a protocol of questions from my proposal.

C: "Why do I counsel?" Um - I was brought here by a friend to Life Line and found it interesting, found the people interesting - and found that I was learning - and that I was growing. Occasionally I find that I do something which I consider has been worthwhile. ah - From the disappointments, or the things that I don't think are worthwhile, I tend to grow - not always, -sometimes I get fed up - but um - there's just sufficient that is positive - both in - or not just sufficient - there is sufficient that's positive, in both the relationship with the other Lifeliners, which are important, to all of us, I think, and anything that I am able to do in counselling to make it what I feel worthwhile. So - and it's been - it's worthwhile for me, I'm sure that I have grown tremendously through the experience of being a counsellor.

I: And the rape counselling specifically - do you -?

C: The rape counselling specifically I got into because there was a gap, and it had died. We were involved ah - with Rape Crisis from Cape Town who had people up here, and quite an active organisation going, but the rape crisis people from Cape Town did not want to become Life Liners. Eventually they became busy with other things. - Or had other interests, and it - it started to fade, and there was this tremendous gap, and so we attempted to resurrect it. And it was quite difficult, because we couldn't find records, and that sort of thing. So it started quite informally, with the

then director and myself trying to draw things together - and we decided that the old way of having large meetings with relevant bodies wasn't actually working very well. You having large meetings - it took time - but - there were no - there were no case records that were kept, that we were able to find, or anything like that. So it was difficult, because one wasn't able to really build on things. Eventually the records did - some records did turn up, which was useful. Am I going off the point?

I: No.

C: um - so rape counselling because there was a need - also, I am very interested in retaining my contact with Lifeline, and I have my ninety-four year old mother living with me, which makes it impossible for me to be away from home for four or five hours, which traveling time and counselling time need. So I do a lot of counselling from home. If the person on the desk doesn't feel adequate in counselling a raped person, they make an initial contact, then we'll if possible, get a phone number, and I will phone them from home. And so I keep on using my counselling skills, but I don't have to come in to Life Line. And I feel that I have filled a gap in that.

I: And face to face?

C: Face-to-face I do come in and do sometimes. I also go to court sometimes, if a counsellor has never been to court before, just to be there for her, to help her and so on, but I haven't actually been at a rape - I've done a lot of court work in the past, but I haven't done any rape - ah - court work as such. I haven't actually physically been into court with a rape victim.

I: But that is what Life Line will do?

C: Life line does that, and I'm hoping you will see [Subject 4] who did a rape case last week. This is the one who - she's a domestic, and pastor's wife, who does this in a voluntary capacity. Which extends her quite a lot, because she hasn't got the financial backing, really, to do it. But ah - we try to balance it out by paying her bus fare, but she - she's very good. And we need Xhosa-speaking people, desperately.

I: I don't know what your calls break down into - Xhosa-speaking or -

C: I don't know that we've actually done a breakdown, and of course, we're not the only rape group in the city, but - ah - we do need her. And of course rape cases come in splurges - you sort of have a very lean month, and then all of a sudden there's a tremendous amount - for no apparent reason.

I: And there have been some horrific cases.

C: Yes, there have. We always offer our support, and if there's a point I'd like to make, - `how do you perceive rape in all its different forms?' I wrote out - I wrote out a definition of rape which I thought was relevant. Because - the definition of rape does depend on who's defining it, and why they're defining it. And my definition of rape, the first one I've got here, I feel is from the socio-therapeutic point of view - in other words, if society is going to come to terms with rape as a problem, they need to look at the origins of rape. So my first definition is to define rape as "*an act which affects, harms or destroys a thing or a person - the effect of which is to alter the original quality of that single person.*" Okay. Then my second definition is "*the lack of respect by one person for another, shown by look, word, touch, or body invasion which is perceived by the victim to be offensive.*"

I: A nice broad definition there.

C: I don't think you will - it's not sufficiently tight for a legal definition - but I think that would be necessary - the first one, for me, is a society thing, in what are the - you know, what is the atmosphere in which rape takes place, and the second one, for me, is a - is an idea that - the counsellor would need to have this kind of definition in her mind when she's counselling. Because I might say, I might say, this is ridiculous, but a person who has been very protected might feel that they had been raped. Okay. So I would need to counsel according to their perception, not according to my own.

I: Very important.

C: "Do you see some forms of rape as more serious than others, and requiring different treatment" - I think the short answer to that is, every raped person needs different treatment. Because they are different people. Ah - having said that, - ah - treatment for rape as far as I am a counsellor am concerned, - my object in counselling the person who has been raped is to help them to take the next step. Now by that I mean - I consider a raped person may be someone who is like someone who is crossing a stream on stepping stones. And they've got themselves possibly stuck on one stepping stone. And they cannot see where the next one is, because the water, as far as their perception is concerned, is too high. And it's my object to help them to lower that water, and to go to the next step. Or, if they're going up some very steep steps, to - and they're stuck on one step and they can't go anywhere, to give them the courage and self-worth to go - to - to get the energy to go to the next step. That's how I perceive my role as a counsellor. But - they might - I might never ever get to that stage. I am at the moment trying to counsel someone who was raped thirty years ago, but has only just admitted that they were raped. And I am still at the stage of establishing a relationship with her over the telephone, whereby I think she is a person of worth. And she starts to perceive herself as a person of worth. She happens to be religious - which

can be good, depending on how they perceive this. And I'm trying to build her up in that way. So that she may come to the next step - obviously she needs professional help, but no way are we anywhere near getting her there.

I'd like to just go over other points of counselling rape survivors. As a Life Line counsellor, we often have - don't immediately get to the rape survivor. We get the concerned relative or friend phoning or coming in. Now my perception of this is to counsel the person who calls. Because if they are very close to the raped person, their emotions are - chances are of getting in the way of the whole thing. They feel guilty, or they may feel guilty because they feel this or that, and they have such strong feelings that it's very difficult for them to be there for the rape victim. Ah - I try to allow my - get them to allow me a few words with the rape victim - even if it's only to say, when you are ready, you must talk to a trained person, either professional, or call Life Line again and we will talk with you. And I have had feedback on that, that this incentive and direction for that to take place at their own time, was possibly the most useful thing that happened to them in that post-rape period. I find it very difficult, when you have a concerned friend, who says, this is my friend, I am helping her, and any help you would like to give is always through the friend because they're protecting. It's even worse with a friend - or in my experience, has been worse with a friend, than with a parent. It can also be very difficult with a husband, where the husband may - I don't know if [one of our counsellors] told you about a husband she had - she was dealing with, who actually came in concern for his wife, but actually what came out in all the interviews was his concern about his own feelings - that he couldn't handle it. And the counsellor was never allowed to see her. So this can happen - so - I think this would be a place where we would differ from professionals, in that the victim would probably come straight to you. Otherwise it wouldn't be a rape case - it would be anxiety or something.

I: Okay - but you're still fulfilling a need in terms of counselling those -

C: Sure. Sure. But in terms of your context of the rape victim - we have to deal with the society, the support system of the rape victim. - If we get to the rape victim immediately, then we often ask for the family or the person they've told - the sister is frequently the person they tell first - to come in, so that we can counsel them on how to help. Because they are the immediate environment of the rape victim. Within the organisation, my sources of support I have already mentioned. We support each other tremendously. ah - Also we have a very good reference system. ah - I find the press very helpful at times -particularly the information which I've gleaned over the years from the Weekly Mail - and used to glean from *Vrye Weekblad*. They had some extremely good articles. And they put you onto things like the report published by UCT on the problems they were having down there with their resident students and so on. That was - that was all very interesting, and helped us in our work at the university here, although they were then saying, this is not going to happen here, whereas - this is about two years ago - it is now happening here. Okay. So - it was interesting to use the newspaper to - to help us to get some of what's happening in other places, because [the city] is a small place. And a great deal more is happening in Johannesburg and Cape Town, although most of the information we get seems to come from Cape Town, and not from Johannesburg. Um - and at home, I have a very supportive husband who over the years has come to - reconcile himself with this wife who gets phoned up in the middle of the night. He - it used to happen to him, so he doesn't mind very much and - ah -

I: He was a counsellor?

C: No, he wasn't a counsellor, but he was on call with his job - so middle of the night phone calls are not all that - disastrous. So I have a supportive family, and ah - that is important. Very important, because one needs to - as one's perceptions grow,

they rub off on him, and I find it very useful to get the male's perspective on rape issues which appear in the paper or wherever, or on the television. And ah - we have great barneys about well - various - he sees a teenager, and says, well, I know I shouldn't say it, but she's asking for it, - you know - that sort of thing. Whereas before, it would have been, gosh, she's asking for it. He will perceive that this girl is, from the male point of view, possibly putting herself at risk. Whereas before he would have thought it was deliberate. So we have a little barney about it, and I think we've both grown through my being a rape counsellor. Now what? - um - I think my rape counselling has opened my eyes to a great many things. My Life Line counselling as a whole has done so. ah - I know I don't hesitate to confront - outright sexist remarks - and from my sons, I've got three sons, or from friends and so on. I'll just say, you know, hold it right there, sort of thing, as gently as I can, but I try not to let these things pass. And - I find it has rubbed off on my husband anyway, - he will do the same.

I: That's nice - a ripple effect.

C: Yes, a ripple effect. Um - I think - ja, I've just got to know a tremendous more about - a lot more about people and relationships and so on, and I find that when we go to talk in schools or places of safety, ah - I'm not fazed by way-out questions that teenage boys will ask to shock. And they actually appreciate this tremendously. If you - you meet it straight on and you say, listen, this and this and this. And you're not fazed. And as a granny figure - this actually shakes them a bit and actually encourages them - because boys are frequently - ah - asked to be something that they really don't want to be - they're not always as macho as they try to pretend. And so ah - in schools we have dealt with male rape - and that sort of thing. And just looked at it - openly, and caught all the funny questions that come. And if I hadn't been a rape counsellor I would have possibly been shy or - thrown, thrown by the question. I still can be thrown, but not

quite so often! Um - I find that I get very angry with people I perceive as macho. Or very sorry for them, depending on - . Alright, this is probably the crux of what you want to know. The `feelings counselling evokes in you'. It depends on the person I'm counselling. If it's a very young person, then I'm - I feel maternal and protective. I try to be very real, if I'm doing a face to face, ah - but try not - also try not to stifle them, to overpower them. Because a raped person has been disempowered, and so I feel they must ah - be encouraged to take back the power which is there for everybody. So - in my counselling I use quite a lot of silence, but you have to handle it very delicately, otherwise it can be very threatening and you can lose them totally. - um - if I feel that I'm being led up the garden path, and that they're lying, I feel very angry. Ah - I would let it go on for a while, then I might confront it. But if I was to confront it, I would have to be *very* sure that they were actually lying. The type of rape victim who - irritates me - is one who has obviously been very protected and now has - got out - got out - literally got out and gone to do something that she knows her parents wouldn't like. Doesn't want to tell her parent - and um - just says she can't tell her parents. Depending on that - okay - I would divide these people into two - upper-class so-called coloured girls, and Moslems. And particularly Afrikaans girls. Ah - so it's a cultural thing. Because I find it a little difficult to counsel in Afrikaans, I would tend to be almost aggressive and - and ah - manipulative with an Afrikaans girl. I find it much easier to counsel coloured or Moslem girls - in Afrikaans or in English. Ah - because I feel the reason for their attitude - we're slightly different, from a different culture. um - In both cases I would encourage them to speak to their family, because again, that is their support system. And again, I would try to get the parents to come in so that we could counsel them.

I: Do you want to elaborate on that a bit more - in terms of being irritated with a sheltered person?

C: I think that what I find difficult is all counselling, rape or otherwise, - when I am perceived as an authority figure, - `*en jy moet 'n plan vir my maak.*' And that is not my role. My role is to enable you to make your own `*plan*'. And - ah - this - if a person has been very protected it's extremely difficult, because they've got no past experience of problem-solving to call upon. Mommy and Daddy have always done it for them. And then it's necessary to get mommy and daddy in, maybe to talk with them, and have a look at this. ah - there people frequently don't report - may only decide to come for counselling when they find they're pregnant. And this is - makes the problem much more difficult. One of our counsellors probably spoke to you about dealing with pregnancy -

I: No.

C: Well she has recently had to deal with two pregnancies, and ah - it is a traumatic business getting the permission and so on, as you well know.

I: In terms of legal abortions?

C: In terms of legal abortions, and in terms of magistrates' attitudes, and also the magistrate's attitude towards the counsellor may be that you are doing this - how often do you do this sort of thing? And ah - you know, is it something that you do regularly? So one has trouble in - one has problems in this area. And also - we are also having a great deal of feeling input from the medical staff. Not the doctors, but the nurses - who are being traumatized by late abortions - twenty-two weeks. There were a number of - there were twenty-one in two months at the provincial hospital - and some of which were twenty-two weeks, and the nurses had to go for counselling. Which is quite understandable. And the perception of the nursing staff - of the senior nursing staff - is that the doctors agree to do these abortions but the nurses have got to do the dirty

work. And ah - it's just very traumatic. Because in - the next thing they may be doing is battling to save the life of a - nearly - of - of a baby that is nearly as far formed as that, or - or - slightly more - larger than that. So it's dreadful for them. - ah - `feelings the counselling evoke in me'- Sometimes when I counsel girls who have had professional counselling, I have feelings that they are on a bit of a treadmill. And that they feel they are okay if they tell the story again - and they are very much focused internally. Which I'm quite sure is a necessary part of dealing with the whole process - but - they are still people in society. Because they have been raped, doesn't take them out of the world. So - one - as a lay counsellor - one tends - I have had um - girls who've just reiterated things. Also, one may find that when one is dealing with a rape victim, rape is not the `now' problem. The now problem might be that she can't concentrate on swotting for exams. Or the now problem might be the relationship with the husband. Whatever. And that's okay, as far as I'm concerned, and that's what we deal with now. um - sometimes counselling a person who comes in just on an ordinary counselling thing, ah - you may get a gut feeling that what they're saying is not - gosh, that it's not - not the truth, but it's not - not the problem. Ah - some time ago, I had a girl who came and she spoke - about - it wasn't - it was almost a satanic call, which I thought, gosh, I'm not qualified to cope with this at all, and something made me say to her, I think this is the symptom, it's not the problem. And I had - a gush of relief came over the phone, and she said, I was raped, such and such and such - and I was able to send the crisis team out to see this person at her home. And the crisis team consisted of a man and a woman. And I warned the man he might have to stay outside - if necessary, and was he prepared to do that - and he said yes. In point of fact, they both went in and he did most of the counselling, which was very interesting. Ah - for - again - problems can sometimes be dealt with by the team - and this is -this is tremendous comfort. Also, as our R.O. (referral officer) for the rape team, I often send the person whom I think is particularly qualified to have a perception of the needs of that person. [Subject 3] whom you're going to see now is a delightful counsellor on a

basic level because she's part of the community, and she will get across to children their self-worth by saying, "but you have a very nice pair of shoes on - who bought you those shoes?" - "My granny." - "Your granny must love you very much - you see there's somebody who loves you." And this is a - something I would never think of. So - and similarly with [Subject 4] whom I hope you see later on.

I: Ja, and in terms of difficulties - do you find that you sometimes take a call and then sit with it - that it haunts you?

C: Not so much any more. Not so much any more. The one that is haunting me at the moment is the girl who was raped thirty years ago. And - I would dearly love to see her leading a fulfilled life - she attempted suicide in, in January. I've never met her. And it's interesting for me, because I really dislike depressives - I - my perception is they're terribly self-indulgent, and they should just do something about it and I knew that she, that - the counsellor on duty told me that this woman was suicidal, referred by a friend, and I had permission to phone the person. And so it was very necessary for me to look at my feelings about depressives before I phoned her - and so I - I prayed about it, because I thought I am just going to go in there and be so antagonistic, it's not going to be true. And after counselling her for some time, I was able to say to her quite genuinely, you sound to be a lovely person. So - ah - I feel that one needs to be very genuine - and ah - the telephone is a very penetrating medium - um - instrument. It -

I: It gives away a great deal.

C: It gives away a great deal. A great deal. And ah - I mean - I will - a Lifeliner will ring up here, and say, `You sound very tired', you know, which is lovely. Okay.

I: um - I think we've covered most of those, haven't we?

C: ah - the training programme - I think - did you ask [Subject 1] about that, because she's much more involved in the training programme than I am. Okay. She is one of the trainers, I'm not a trainer any more. Because I can't again, have the time. But I do think that we have an ongoing training in our meetings once a month. But I think that it's necessary to have a rape workshop once a year, possibly.

APPENDIX 3

Interview with Subject 3

COUNSELLOR: What I'd like you to explain - `how do you define and perceive rape?' [citing from questionnaire]

INTERVIEWER: Well -

C: Isn't it supposed to be a violent act against women?

I: Yes.

C: Is that what you actually want?

I: Yes.

C: Oh - that's the answer - it's a violent act against women.

I: But I mean in terms of rape - some people might not define a date rape as rape, for example.

C: Yes - no I would - I definitely would - because I think that is where these men - they hope to come off. They have their desires satisfied at the girl's or the woman's expense, and they hope to get off. Because she always knew or she expected it or whatever. Because - just last week I had a girl like that. She's only in Standard nine. And she and her friend - I don't know how they met these two boys. But the one - with the car - who actually raped this one girl. He's a lifesaver. And I can just imagine, he was a very respectable person. And he - and he took them out for a drive. And they stopped at the beach and then they got out and walked a bit in the water. And he stayed up there by the trees and he called her up. He said he wanted to show her something. And the very next

thing he grabbed her - held her mouth closed, and she screamed and he did it. And then he still took them home. And he - I suppose he thought, well, he had his nice time - she didn't have a nice time - and ah - she - she didn't do it straightaway but her aunt - noticed the shorts she had on was soiled, and they knew it wasn't time for her period - and she said - her friend must come - her friend must tell her she must come home straightaway. And then she also came with the friend's mother, because she told the friend's mother - and then they made a case against him. But now I mean this is now the kind of thing that one wouldn't want in our society. Because they get away. That type of rape. [If] It's a violent rape we always think, well these are the people who might be locked up. But they also ought to be locked up. So I mean - that is now a coward. That's a coward.

I: So is that a kind of rape that makes you particularly angry?

C: That is. Because they are very respectable people. And nobody would even expect something like that to come against their names. And yet they do it. And it's normally girls who wouldn't want to be known - that they take. And then these girls - well some of them keep quiet - but there are some who speak up. Well they are - they really are the big - big ones, I think.

I: In a way that's harder to deal with, because - it's more subtle, it's -

C: They get a confidence, ja. I saw somewhere - they get the confidence of the girls. And then - they, they still do a violent act against them.

I: So it's an act of betrayal, as well as of violence.

C: Yes. Absolutely, ja.

I: And the counselling - you've been doing that for a while?

C: I can't remember how long I've been doing rape counselling. But - on the telephone - I think this is my seventh year. That I'm now a counsellor on the telephone. But I think it can be four years that I'm doing rape counselling - it can easily be four years. And I didn't actually just offer myself. I was asked to join this team. Because they were short of counsellors. And then - I was very scared at first, I didn't know if I were really doing it good. You know, it was something altogether new. And of course face-to-face - I was a bit afraid of a face-to-face. And then I found out no, it's even better than doing the telephone counselling. Because you see the person, you see the expressions, and ah - when you reflect, then you can, just by looking at the person's expression, you can reflect. Then you can bring it to their notice. Then they realise the feelings that the are going through, because these people are hurt. They have such a - big, huge amount of feelings which they are unused to. And they cannot name the feelings. And when you reflect feelings to them, then they can actually put the name - and they can actually realise yes, that is how I am feeling. And you can help them work through those feelings. And also to accept them. Because ah - they sometimes think, if they keep quiet, some of these girls think if they keep quiet, they get over it. And it's not by keeping quiet, it's by speaking to somebody, in confidence. That helps them get over it.

I: So you find rape counselling particularly rewarding, then?

C: I think so for me, ja.

I: Face to face?

C: Face-to-face counselling. I have had other face-to-face, like in marital also. But - ah - a person can speak to anybody, any friend about your marital problems. But about rape, you're not going to. This is something you want to keep to yourself. It's very private. And ah - you are there with somebody who would otherwise be alone in their suffering. So you are really privileged to know that about a person, because they're not going to tell everybody. They're going to keep it to themselves.

I: So is that one of the things that you find rewarding, that it is so personal, and it's -

C: And sensitive, ja.

I: And in terms of doing your counselling, what do you find rewarding in the person's progress or growth?

C: Well, when, when you do - if you have ah - perhaps the first one, you see the person's trauma - you see the distress, and the pain - and if there is a second one, because not all of them come back for a second one, and ah - when you do find - when the person comes back, then ah - you feel well, my first one, you, you saw the difficult situation the person was in, and you're hoping there would have been improvement, but you're not sure there would have been - that there would be an improvement. So when the second one comes around - so now you can see that the person has grown away from the pain and they are coming to terms - and trying to get over it. So you can at least see some of the work you have done. Because I have had one girl and she - well she was molested by her brother again. And there was a lot of things unpleasant in the home and she walked away. And she had this dislike for her mother. And for her whole family. Because they didn't treat her properly. And then I said does your mother know why you're unhappy, why you left home? So I said write a letter to her - and I just - out of the blue I just thought well, this could help her. Although at that moment I had no idea she would do it. She didn't want the mother to know. She didn't want anybody to know. Also trying to conceal it. And she thought she could handle it on her own. And I said to her, write your mother a letter. I didn't know she was going to do it. When I had the second call, when I had the appointment, an appointment was made for me, I felt so happy. Because then she brought her mother with her. And then I could hear another side of the story, when her mother said, her mother always thought she disliked her. Her mother never knew what her son did - her brother did - to her - to her daughter. And so the family was broken up. But I was just hoping that they would come together again. And then with the second one I suggest to the mother that she invite the daughter for tea - just say, I'm going to bake, don't you want to come and have tea. Just to get them together again, with her. So I don't

know what happened after that. Just to heal the family relationship.

I: And ah - any particular problems - what do you find difficult about rape counselling?

C: You know, there are some girls who become very introvert. There's one girl - I - I'm not just imagining this, I really have a girl that's very close to my heart. She was - her rape - in fact she was sexually abused as a child. And her teacher asked them to write a - um, what do you call it now - not a story, what do you call it?

I: An autobiography?

C: - No, no no no. I don't know why I can't think of it now. Anyway it's something that happened to you - I think it's something bad that happened to you. And then she wrote - I don't know how she worded it but it's out of that, that the teacher discussed - he just had an idea this girl must have been abused. Sexually. And he called her aside. And then she said, yes, it did, it did happen to her. He asked her if she'd like to come for counselling. Now she did not come out of her own. Her teacher suggested it to her. And then the nanny brought her. But she - she had already - what - is the word correct she had regressed into herself?

I: Ja.

C: She had already - I don't know, cut people off from her. She wasn't happy at home, she wasn't happy at school. I asked her, what does she do, what hobbies does she have. She says no, she helps her mother with the housework. I said do you go visiting with your parents - as a family? She says no, they go out but she stays at home. I asked her, what do you do lunchtime? She say, 'I stand against the wall'. And she's a twin. And I asked her, does your brother come and play with you, when you stand alone? She said sometimes he comes and speaks to me. But she does not interact with people. And that was a sad case. Even now, when I think about it. I think it's very sad for a person to have

- something like that to have happened and you've never overcome it. And I asked her, would she like her mother to know. It would help her a lot because her relationship with her mother at least will grow. Then the mother will understand why there is this gulf between her and her daughter. She said no, her mother must never know. And I think that is sad. That is a difficult case. Very difficult.

I: And that leaves you feeling helpless as well -

C: That is - because I mean you are extending a hand to a person. And they don't want to take that hand. And they are not living their life to the full. - That is sad, for a young girl. When they're a young girl they must have sparkle in them, they must have friends, they must laugh, they must be jolly. And this poor girl wasn't having - having any of that. Because of something which happened to her as a little girl.

I: Do you have children the same age - do you have children?

C: No, my children are grown up already. I've got grandchildren.

I: I'm wondering - as a mother, the feelings that it must evoke when you hear about -

C: Yes. Especially when you are a mother. Because - I mean, any child of yours - you would like them to be happy. And whatever is in their lives which makes them unhappy, you would like to remove. Or at least help them to live with it. And share that part of them with them, so that they know they're not alone. But I left the door open, I said to her if ever she wants to come again, she must just phone.

I: Yes. So that really pulled at your heartstrings -

C: Yes. To help her - I said if ever she feels like speaking -she must just phone LifeLine and there will be somebody for her. Because I think counselling is about caring. And about helping people with their pain. If you can't remove it, at least you can lessen it

a bit. - Help them to live with it. I don't know if you are really agreeing with me or what.

I: I agree -

C: You do.

I: You can't take it away but -

C: You can't take it away. It is there. But you can try to lessen it to some degree.

I: Or help them cope with it better -

C: Help them, ja. So that is all -

I: And what other kind of calls do you find really hard to deal with?

C: I think it really revolves around people who can't open up. Because if people can't open up it means they can't trust you. And they are not really ready to be relieved - because if they really want to be relieved of a burden or whatever it is that's making them unhappy, they would want to speak about it and get it all out.

I: So what - do you find it hard when somebody's reserved or -?

C: If I find resistance and I know this person has a need to open up, and to unburden themselves, then I tell them that - you know about a washing machine. When the washing machine is too heavily loaded, it really can't work. It breaks down. Most of the time it breaks down. It's not going to last very long. So you just have enough washing that the machine can handle. And ah - and then things work smoothly, the machine works smoothly, and the person's mind is also like that. If it's too loaded with burdens, things that you really can't handle, that make you unhappy, then you are living with a load that you weren't made to handle. And there are people you can trust. And if you unload - tell

these people - you are relieving yourself. Because it's by speaking out that you can be helped. You are actually helping yourself.

I: Nice way of putting it.

C: um, and even like these girls that feel so bad about being raped. Then I - I - my heart goes out to her - I said to her, like - she, she looks like one who's mourning - you can see the grief. I said to her, you haven't - you're not the same girl as Monday morning - it happened last Monday - and you'll never be the same girl again - and I said to her that a diamond of great worth - even if it falls in the mud - it can be still - it still has the same value it had before it fell in the mud. So I said it's for you to live above the circumstances and help yourself to feel good - even though it will for the time being, be difficult to feel good but you must work on this feeling to get rid of it. So that you can feel good again - but not to get caught in the same trap. Like she was - caught in this trap with this man. And to be careful, so that you can feel good about yourself with friends, with whoever you mix with. And also, whenever you don't feel good about it, to speak - because she has a loving family. To speak to your aunt, speak to your cousin about it, and they can help you. Otherwise if you still feel you need counselling, you must just phone Life Line. Then you'll find there are people who can speak to you. So that you can come out of your miserable, painful feelings - because the longer you hold onto it, the longer it takes to heal.

I: And someone was speaking about how people always blame themselves - that the victim will say, `It's my fault.'

C: Yes, they sometimes do feel that they should have known, and that they should have been more careful, but then at the time they didn't think it could happen. Because this person looked so honest, a confidence rape is different to a rape where you are grabbed and pulled into the bushes and beaten up half dead - it's a different thing altogether because you know that was complete violence. But this person also trust - how were you to know he would do a thing like that - so it's very hard, because there's lots of

blame, lots of guilt in. But then they have to work through it. They have to - when they feel like that, they must sort of counter, but I didn't expect it from him. You can help them - just give them ideas how to counter those feelings. Or to speak to somebody you know who's kind enough to help you over it - which helps a lot. Another person -

I: Ja. So you would challenge that feeling of well, it's my fault.

C: Yes. I think - I think it - you shouldn't believe it. Inside yourself. Any person. If something like that happens you - you couldn't - I mean afterwards you can think a lot of things - why didn't I notice that, why didn't I notice it - a lot of feelings come out for you. There I could have seen, there I could have seen. But now, before this thing happened, I mean how were you to know? It's very hard. But now after that you will know definitely not to judge people - another man, in any circumstances.

I: So how do you deal with that? Do you find that somebody can just become anti-men -

C: Well, not anti-men. I mean allowing - I'm speaking about confidence rape. Not being dragged into the bushes. Because it can happen to anybody. But when you - when somebody gains your confidence and takes you on a drive or - it happens to girls at parties. It happens in so many situations where you know the person and ah - I mean then after that has happened now - you can know that - with a crowd I'm okay with these people, a man. But when this person calls me aside and asks me to go for a walk or for a drive, then I must think, no, he mustn't rape me. I mustn't allow that to happen. And that's where that has happened to you before, then you should know better the second time. But now when it hasn't happened to you ever, it's a different thing then, you know beforehand, to avoid it.

I: So then again it's a motherly sort of thing, isn't it ?

C: Grown up person -

I: No, I was thinking of your response. You feel like a mother, telling them that you must know better, that -

C: Well I - maybe the mother do come out. In the counselling. How should I have handled it?

I: I'm not saying that it's wrong.

C: Oh.

I: You seem to be a very warm, motherly person.

C: I think lots of people need mothers. People need mothers. People need nurturing and caring. And then I think that's what makes life for lots of people - because they know there's somebody warm towards them.

I: Ja well it's very hard. I think you must get very emotionally involved with your counsellees as well.

C: I think counselling is just caring. If you're not going to get emotionally involved how are you going to get it across to this person that you care? I don't think caring - can - can - you can care without emotions around your care.

I: Do you find that it sometimes leaves you in a bad place - that you go home at the end of the day - that you can't sleep or you feel down -

C: No, I don't think it has happened to me - that - I do feel concerned. I definitely do feel concerned for many people and ah - not just concerned because it has happened to them, but concerned because they haven't - they didn't see the need to be more careful. To read into a situation - you do feel concerned about that for people, because it has happened to people more than once already.

I: Ja. So it's a kind of protective thing - that you -

C: Ja, you would - if you could - could be everybody's guardian angel, if it was possible, - I mean, you would go out there and protect lots of girls. If for a human being, like myself, if I could be a guardian angel, I would do that. But you - you can only be here where you are now. So one do feel concerned about the young girls out there. Because I can't be there to prevent it from happening to them - especially when you read it's happening every minute of the day. It's sad.

I: And the impact it has on their lives.

C: That's it. That's it - it breaks people's lives. And humiliates and embarrasses them. And society - some people look down on them - and I know of some people where the community -another girl, where the community has stood by her so well - that has helped in the healing. Her family, her friends, the community, those people who knew this young girl, were all there for her. They didn't look down on her. Now that is completely - it's almost one in a million cases where a girl will have that much love and respect from a community. And that can help her become herself again. Very - I mean - one can never put a time onto it - it can help her feel better. Just know people care for her, and they know she's a good girl - and it should not have happened to her - and they always show her that they still respect her.

I: But as you say it doesn't happen enough.

C: No. This is now one case really - they were Malays - where -where they - the mother still couldn't come, the aunt came with her. Where they said, she had so much support from her community. Family, friends and the whole community stood by her. Which - which helped her in her - in that ah - the need she had to feel good, that she was respected, and she was loved and she was cared for. By a lot of people. And they didn't keep it really it a secret - like some people hide it. You know, I think they were just the type of people - they opened up to people, they were warm towards other people, and so

people were warm to them. It depends on the personality I think.

I: Do you find that more in the Malay community?

C: Well I haven't - I haven't encountered many Malays - I think that was - that must have been the only Malay that I can remember now. You know because it happened, it was during this year. I can't remember - Oh - there was another girl too. No, but that was in the family again, and I never - she didn't turn up - I only counselled her with the telephone and she didn't turn up, and that was a different situation - completely different. So I think this is one in a million, this situation. With that girl.

I: Because there's often a lot of stigma and prejudice -

C: The stigma makes it also very painful for the girls. Because now they must overcome that and I don't know how, it is such a problem.

I: Do you find there's a lot of prejudice out there, I mean in the courts and in the police and - how do you -

C: I don't know. I think the police has changed a lot in their attitude. Because I know now the police also will tell the girls to come to Life Line. They are more sympathetic now, especially when it's a lady policeman - a policewoman. So the police has changed a lot towards rape victims. But I still think - it lay in the courts. The problem lay there. Because they're not - the punishment, we don't know if it's true - that people shouldn't be punished too hard - you don't know if it's leniency that will change them - or what. We don't know. But well, most of us still believe they must be punished severely. According to the crime that they've committed. So I don't know who's wrong.

I: Unfortunately these people often get away with it.

C: Yeah.

I: Like the lifesaver you were talking about.

C: Yes. And sometimes you wonder if he's not used to doing it, being a confidence rapist. You wonder. Because I mean being a lifesaver, he sees lots of girls in bikinis and all sorts of different swimwear. And you just wonder - what goes on in his lifesaver's head - when they look at these girls. Is that not what turns him on, and now they choose a girl. Unsuspecting girls. You don't know where is the start. - Is there any more.

I: um - anything you'd like to see added to the course - or -

C: Well this one question - what are your sources of support, both formal and informal, within your own life and within the organisation. Well within the organisation, we have a lot of support. Especially the lady you just talked to before me - if there's any difficulty, - or sometimes you can open up an area you overlooked, and it can help you in your next - whenever you have another rape victim - and you know, she's very helpful, [Subject 2] Very helpful. And besides [Subject 2], there's the other - of course, we have a monthly meeting also. Where we can discuss cases, if there's any difficulty. It always - you get a lot of help, and you get a lot of added insights, also. From the group. So for me, it's very rewarding. You know, you're never going to be in a situation where you wonder - what could I have done, because you can always speak it over to somebody, and they can say, well, there you overlooked, or they can just help you with some insights, something -

I: It does sound like you get a lot of support.

C: Very much. A lot of support. And it's always - like you're growing in it. You're learning more in your counselling, you're always improving. And I also try to say that - and I remember -and sometimes just myself also - you see a situation where you could have maybe probed, maybe reflected more - or - or something comes out, that you could have done better. And then you can try and remember -

I: And at home - do you have the support of a husband or -

C: No. I don't really talk about it at home. There was one girl - I talk a little with my husband, and it just happened like that because - she's - she was from our church. This girl with the - where the brother was molesting her as a child. And then ah -just out of the blue, we were talking and I - I brought it out, bit by bit, I said, I'm not supposed to tell you, but ah - then he - he knew them, because he gave them confirmation, which is how I spoke about it, because I said to him, you know Zac, one of the girls told me that you were - her godfather. Because she was talking - she was only baptized when she became confirmed. And so my husband was the trainer so he was also godfather for her. And then it came out bit by bit - and then I told him it was her brother - who was involved. And he said you can expect it - you could expect it from him, from her brother. Because he was also in confirmation, and he was refused confirmation because he was difficult. And I didn't feel good about it, discussing it with him - although he knew the people better than what I knew them. But I don't make a habit of speaking to him. Or to anybody. If I do, it will be in general - I will never use names. I never use names - and it will only be my eldest daughter. If I do - it will only be my eldest daughter. Either something I see distressing about a situation that somebody got into - then I will speak it over - and she will never tell anybody.

I: But she would be understanding and supportive?

C: Ja. She - and of course - it's the way we look at people and people's lives. Which - which - you can say there's a similarity. The way we look at people and people's lives and trying to help them. Just being there for people. So it's - she's the only other person outside LifeLine - and it doesn't happen often. Very seldom. Because then I feel that I've let my own self down.

I: What, by talking about it?

C: By talking about it. Because I know I'm not supposed to. It's almost like you're

breaking a contract you've made.

I: I was thinking more if you're feeling depressed or anxious or whatever -

C: Well, I find [Subject 2] very helpful. Very. So I don't have to feel depressed. I don't have to feel depressed. I feel very deeply concerned for people - very deeply. I don't think it will depress me. I would just like to be somebody - somebody's guardian angel, perhaps, - and prevent things from happening to them.

I: Okay. What about your relationships with men and women?

C: I don't think counselling - I think counselling improves your relationships with other people. For me. You - you - you learn some things about other people, and you tend to connect some - some things that have happened to others that you've spoken to, and then you tend to (inaudible) people you know. You can - you can almost be there for them, just in the conversation. Just having a conversation. And for me, it deepened my relationships with other people. There are a few who I've become very close to - because I've learned - connecting certain feelings which I've known - being there for somebody, reflected, shown concern, empathized on the telephone, and now when you speak to your friends, you can empathise with them. And this is a friendly conversation. You can reflect with them, and I think this - you warm up to - they warm up to you also, get closer to people. It helps. It helps, really.

I: It hasn't - the rape counselling itself hasn't had any negative effects?

C: Well I don't like the films that I watch. That is why I - I just feel uncomfortable, and I can feel something is bound to happen in this film. And I'm not gonna like it - and I would rather get up. And I would go and take a book and read it. Because I think they stir up men's feelings, in these films. And then I feel I am maar also watching these things and it's almost like I am a party to this whole thing. Then it's going to happen to some unfortunate person out there. And I don't like these films.

I: Violence and lots of sex?

C: Violence and bedroom films. I don't like that. And I don't think - well, maybe I'm very old fashioned, the parts that women are given to play in the films. I don't think women should be given those parts. I feel - I dislike it. To be there for a man. That I don't like. To be there to please a man - and to build up a man's ego and all that. And I don't think the parts that women are given is good.

I: Because -?

C: I don't think women are meant to be that way. There's a different type of woman that I think should be on the films - in the films.

I: What's that?

C: There's some women who - who make good examples. They may be difficult to follow, to try and to be like - they may set a difficult standard - but I still think they should have good films on the TV. Women are not for pleasure - to give pleasure to men. That's what I don't like about films.

I: Ja. So I suppose it makes you aware of the men who watch those films?

C: That's it, ja. The men who feel they are now being catered for - the things that work them up, the things that make them feel happy. That's all in those films - those parts are given to the women. And then the men feel good about it. Because they can only see women as good for the bedroom. And I don't like that.

I: What - okay. I think we've answered most of these. Last question - is there anything you would like to see added to the training course?

C: I do sometimes wish I was a better counsellor. I wonder now, what is it that I don't know, what skills haven't I learnt. Then I mean - you can't - I can't say what - what should I be taught to improve my counselling. I don't know. Somebody better than me should know that. Not a person at my level. Somebody who is a trained person, that is a psychologist or whatever, higher - a better educated person than myself. That person would know what skills - or what gaps are there in our programme.

I: Okay. But you find the organisation works - and that you support each other -

C: I - what I've learnt, and I use it, and it works - when you reflect - when you empathise - it works. So you know - if you remember your skills, and then sometimes you wonder if it's going to work. It's all I know - and you use it - you surprise yourself. So it does work.

I: I suppose - was it you who said that every call is different?

C: On the telephone, ja.

I: So in a way you're learning on the -

C: You learn by using your skills - you learn, ja. Because it does work. But I do sometimes wish I could improve. Like when I think of _____ - I wish I knew what - what I should have said to make her -

I: Was that the one with the surfer?

C: No, that was the one who was sexually molested as a child -who doesn't mix - with people. Even her own family. That girl. I would just like to know what should I do - what could I have done. There were lots of silences too.

I: Sometimes it's not what you say, it's where that person is, that they're doing the best they can - it doesn't matter how good a counsellor you are -

C: Is it. Oh, it happens to most counsellors - even the best counsellors.

I: I think so. I don't know - you should ask [Subject 2] about that. If somebody is shut off, then they're shut off. I mean sometimes somebody has to be in therapy for years before they can -

C: No, that girl definitely - if you can't interact with your own family, then there's something very wrong with you.

I: But that really left you feeling helpless?

C: I was helpless. I wasn't really - I had no responses from her that satisfied me - and I tried my best. Everything I tried. Lots of silences. And she didn't budge.

I: But it sounds like it doesn't happen to you often -

C: It doesn't. No, it doesn't happen often. I really get people talking - I really do - and I feel happy when I get them because I like them to respond so that they can be helped - so that they can unburden themselves. Even if people don't know what's wrong with them, like this one man - he didn't know why the doctor said he must phone Life Line. And I didn't know why the doctor said he must phone Life Line. But I could just hear on this man's voice, he was down, he was depressed, he was down, down, down. And bit by bit I had to probe - I didn't know what to ask, and then the answers - by the answers he gave me, I could put the story together. And then I told him what he told me - in a - the little bits he told me, over a long period. And I could put the story together, and I said to him, you are disappointed because you worked for twenty-five years for your father, and you expected him to give you a good inheritance. But instead of that he paid

you off. And then he only what was - - when I told him that was how he was feeling, then he only knew, and then he started telling me about all the hurts, and all the insults - and than the process went better after I told him that. I've had difficult people already but - that one child, I still worry about her. I talk a lot hey?

I: No it's great. [Laughter].

APPENDIX 4

Interview with Subject 4

COUNSELLOR: First of all, how - rape is very different in the form of it - because when a person is raped, she always takes the guilt to herself, as if this was my fault in all this. And as you comfort her, she puts most of the blame to herself, of which as a I counsellor, I don't see - no-one has got right to rape anybody. At any hour of the morning, the night or the evening. But the most difficult one is the children, because they've been threatened not to tell the parents, not to tell anybody. It's still rape, not child abuse, rape, because my last one, the girl was thirteen when the uncle started with her. She has been raped - she couldn't tell anybody, she was afraid, she was beyond herself, she couldn't continue with her studies, - when I counselled her, I put myself in the stance of her mother, now. And if she was my child, could I cope. And as a counsellor, you cannot cry in front of a victim. But still, deep down inside, you are very sore. So it's something for me, very much expressing my feelings, deep. And I feel sometimes angry - very angry with the raper, but what can I do. I have to counsel that particular person. And what is worse, most of the things that makes me more worried about rape these days, when it comes to court, it seems it's just as if - a minor thing. No-one seems to look at it very seriously. Because they will act and say what they like in front of the girl - poor soul, she's sitting there shivering, when (s)he comes to the magistrate - what time was it, what were you doing at that time of the night, and so forth. I don't blame them much, because they've got no - they didn't learn to be counsellors and how to cope with a person who is in such a trouble. And when you are raped you feel so dirty. Not yourself. And all that comes to you after counselling a rapist's victim - you become sick. I become sick. I get very upset - and I don't want to talk to anybody straight after the call. So I think rape is something now in our days - it's a regular day thing, but it's not everybody who's reporting it. If men will come to us, I don't know how many we'll have in a day. And mostly, what I'm finding out in

rape now, the older men are using the very small children. - Who cannot stand for them in court, so they become their victims now. But apart from that - why I become a rape counsellor - my granddaughter was seven when she was raped in Johannesburg. And the rapist was out - on bail or something like that. And he throw her from a big building, higher than this one, because it was open at the top, and he threw the child over and then he climbed over. By the mercy of God, the municipality people were working around there, they could see the child screaming. What is my problem, now is that the child is still now not herself. She's nine now, but that thing is still running on her shoulders. And the rape now, it completely changed the life of everybody. The counsellee, the one who has been raped, and the parents, and all that. And in many cases I find out the parents, they don't understand, they always blame their own kids. When the child or a woman is raped, you have to take her as a little baby and bring her back to life. Step by step, slowly, and whether there are cases, you can say, this one it was her fault, but at the same time, you cannot show that. You have to show sympathy. And walk with her, and take her place. Now the skills of counselling now, you reflect whatever the person tells you, and in many cases you could see - you could see - here I don't find the truth. It's something that's a made-up story. And as a result it goes to court and same way. Some cases you find out this is serious. As I said in the beginning, my last one it hurt myself more than the parents. Because the child has been raped from thirteen years until this year. Until she run herself to the police. But if I can tell you the truth the man is outside the jail - it's all that. In a month's time he rape her nine times. One month. The mother used to go in the morning to work - once she's gone, he rape her. The stepfather. She was promised - if ever you tell your mother, I will kill you both. So - she had a fear - she couldn't cope at school, she's out of school this year, because of that. Now rape is such a crime that we should consider it that in the next future when we have to counsel - I mean a counselling here for rape or whatever, we must invite the people of the law. Like the magistrate, the police and all those, to understand what rape is. To really understand what it is. To myself, rape is more than murder. Because sometimes it's not even one man. Things that even dogs

they don't do. Human beings sleeping with one woman - besides your will - and do it in not the manner - in the right manner. May I say now a child who's never have a boyfriend - does not know about rape or sex - now (s)he's been raped by about five guys. When she grows, maybe someone decent will come and ask for marriage. A man will be just a man - he will be a criminal in front of that particular person. That is what happens. Last year - early last year - I counselled a girl of thirteen - she was raped about five men. What was the result - at the end of the day - she was HIV positive. And she never had a boyfriend. Just think of it. And those guys never been punished by the magistrate - I was present in court.

INTERVIEWER: And they weren't jailed?

C: No. They were not put to jail. They said the jail - their age is too young, and all this and that. And the girl was thirteen - they were from fifteen, sixteen. And when I look at them - they were not that age. But because they know the age works in court - if you say you're sixteen, you're unfit to go to jail. You understand what I mean? So they're doing it - daily there where I stay. And what I can also say in the rape - and I wish I could have time to go and talk in an open space. Because you can save yourself from rape. You can. You can see that you don't go with a stranger, whether it's daytime or nighttime, to a corner or somewhere. Once a stranger approach you, you've got nothing to do until he drags you. And I can call it now, what could she do, because she's powerless. But in many cases they go with them to the beer halls. They drink together, they walk out, they follow them, they rape them, in such cases. But still, the rape is a very bad thing. And it wounds you as a counsellor too. Because each time you talk to one rape victim you get more cruel things. One girl was full of stab wounds, and she has been raped and throwed in a hole. And her mother was - and she couldn't crawl out of that hole. Someone heard her crying there and helped - it was a man, a standard man, who was trying to help, but she didn't even trust him. Because now every man is just the same. But through that man she was helped, so that she could

come to hospital to be treated. But when I went to counsel her, that was the most, most terrible rape I ever come across. That woman. Because she was taken from her home. By knifepoint. And raped outside in the veld. Because the parents were not there. It was the neighbour's child who knew everything about it. So can you run away from rape? Not at all. Many small children are raped by their own fathers. So now what it's I'm trying to say - when I heard of all these things, I started, I started to think, now, I must take a course to be a helper in my community. To be somebody who can speak to women and say, mothers, please, look after your children. Don't trust your husband, don't trust your uncle, don't trust your own son. Because it's happening. So - I'm grateful for that course I did, because most of the people at least now they know. Before they never knew. They usually thought when a girl is raped it's her fault. Why was she on the street that time. Why did she go to a stranger. But she (was) never taught anything at home. So in raping crisis I've learnt so much that I call sometimes my neighbours and I lecture them - look after your children. Your child must never be away from your sight. For such a time. And if possible you should have a closed up yard so the children can play around here. If you are working, your child must go to a pre-school. If she's under age. From school, you organise that other women should look after the children which mothers are working. And lecture them and give them something to do, activities, boys and girls. They will never have that mind of doing these things. - I don't know if -

I: Education.

C: Ya. That education, it helps most of the mothers. But still, there are parents who are - the father is a drunkard, the mother is drinking, they do things in front of the children. As they grow, they think it's something to be done. So they practice it to the next door children. Most of the things that is the cause of the raping. Nowadays.

I: What they've witnessed in the home - they go out and -

C: Ya. Ya ya ya. You know the decent parents would never have sex in front of their children, not true. But now, undecent parents, they do it anywhere, anyhow. They don't even think the children are still not sleeping, they are awake, like e.g. we live in a small little house, two room bedrooms, we've got more kids, the others you have to put them on the - in your room, in the floor, others in the next room - it's a two bedroomed house. Now, if you are a decent parent, you will know what to do. But if the people are drunk, both of them, they don't even see you. They can even do it like dogs in the street. So - in other case I find, that the kids, the more children, the child will rape now, he learn these things from home. It's how their parents behave in front of them. I don't know if I just express my feelings or tell you what you really want to know from me.

I: Oh, no, I want whatever -

C: Okay. Now - more - to add more to that - what is happening now. Between the men and women. Men are also raped. Maybe it's something strange. But they never always go and report it. They're just afraid to tell anybody. Now like I could say - my son is sixteen. There comes a girl of twenty-five. And (s)he will flirt with the child and show her (him) what to do. And the child, against his will, he will do it. And if he doesn't want to do it anymore, the woman will run and say that one have raped me. I also come across such cases. So it is an experience that I have also learned. So both - it's not - but mostly it's women. But it's not only women which are raped. Even both sexes, they get into trouble.

I: You mean men raped by men, or by women?

C: By women. Because if the woman will try to do something which is wrong to her fellow - it's a rape. Because he's doing it against that child's will. He doesn't know

what is it. But (s)he will sort of soften him to do it, and promise her (him) everything, maybe saying she is working, she will give that young man money and all this, or maybe give him a beer to drink and when he's drunk start to handle him to do these things. After that the child feels guilty, but who must he turn to? to nobody. Then that feeling will let him hate maybe women and that is why today we've got groups that are called gays. They're coming from there. A man doesn't trust a woman, a woman doesn't trust a man. Just have the same sex. Then it will be much better. Things that God have never created. So it's what I say - rape is in two ways. But it's more difficult for women to face, because women are the victims of men, more than men are the victims of women. Ya. So - I think - I once went to the University, talking about rape. I think we need more rape counsellors in our township and more workshops - because there are still people who are ignorant to this thing. They don't know about it. And what I also think will also be something to be - help to prevent this - like mothers they say our houses are too small, they've built shack outside for their young boys to live there. They walk with other guys in the street at night and they smoke dagga. Their minds are being changed - they grab everybody they come across. Maybe a girl is going off work at six. I'm so afraid now, my child is working at Shoprite Checkers, she goes out at six, there she is walking home, now they will grab her and put her in that shack. Maybe the parents are in the house, they don't even know what's happening. Because when they put that knife and say, you scream - end of your life. What must you do? Keep quiet. So in many cases I would like to say, in the rape crisis counselling, I have learnt a lot of things that the community needs to be helped. And more counsellors should come in, especially in my nation. People who speak our language, who can sort of help them - understand what rape means. Like go to schools sometimes, and lecture boys and girls together. Maybe become a better nation in the near future, if they know about those things. They can't hide them away, they are happening daily. Now it is time that we should go out and preach about it. More than keeping quiet we'll wait for someone who is raped to come to us and then we start to counsel that particular person in his home - and it's the end of my raping. So wherever,

even in the buses, I usually say, mothers, these are things that are going on now, so be very careful. If you are working your child must be in a pre-school. You must make means that your child is protected until you come home. So - so far, it's all I can say. I've learned a lot from this skill and I've helped most of my people. I'm grateful to God for that. Because I'm not a learned somebody. But because what I've learned from counselling, I could share with the others. Thank you so much.

I: So you must do a lot of calls on your own. You say you need more people in the community -

C: I do. I do. Yes, I do. Because the location is so big - you can't reach every corner. And maybe when you go and speak with other women, the other women are at work. So even each place maybe there could be a counsellor there. She would make herself a day there and just stay there. I would like to see mothers near here. That both parents must be there in the first place. Because it - it touches the both parents - and like the mother is the one who takes the pain, who's got the pain. You know a woman - is more painful for the child. Because you carry that child. The man doesn't know - he only makes child. That's why it's easy for them even to abuse their own children - to rape their own children. It's easy - because they don't know how painful to bring a child to this earth. How to carry that child for nine months and all this. Both parents must be there - they must understand - these things they're doing, it's very bad.

I: So you're saying there's still a lot of - well obviously you are saying, because there is - a lot of ignorance - that men are unenlightened?

C: They are unenlightened, yes. They are really unenlightened. And what is worse, the law itself, is no more in his standard. We have lowered the standard. Because if people - they should be punished for what they did. Okay - lastly, that case didn't come to me, but two weeks ago another young man they were sitting in the shopping with a

girl. So when she was walking out, he fall on her and he raped her. That girl didn't scream, didn't do anything, didn't go to the police. (S)he went to his (her) brothers and uncles too - and they went back. He was still in the shopping. When she say, there is he, they took him out, they kill him in front of everybody. So now - if he knew that when he rape her, and if they see you get a punishment like that, they'll come a little bit slower from what they're doing. And next to that, those people now, I'm sure they're going to be punished by God because - because they took the law to their hands. But they had cause - for what he did to their child. Because most of the rape crisis cases today in the law - six months, nine months, a year, they become HIV positive. And they're not bad girls. But the rapers are carry all those diseases.

I: And that must be heartbreaking - when you know that it's a death sentence for somebody -

C: He cannot go to jail - but you're still going to die.

I: How does it make you feel, to watch all these things - does it make you feel that you don't trust men, or - you see so much bad things.

C: It's not that I don't trust men. Because among those people there are good people. It's not that - but a rapist - a rape victim - she trust no man, whether he's good or bad. To him (her) people are all the same. - A man is a man. Now it creates a hating - hatred - between these two - two sexes. Ya. Maybe a young gentleman would like to speak to you, and make love, that girl - when (s)he look at that man, it's just the same as that rapist. He just wants me to do the same thing that the other man has done. But now when you talk to a rape victim, you tell her, that this thing that happen to you, you are not the only one. Apart from that, there might become a decent man. This thing is never being said to every friend. Like now, a young girl of thirteen has been raped, go to school and say, you know what have happened to me - so and so have

raped me. Others they laugh at her, others they get sorry for her, she grow, she grow, there comes a man, he wants to make now a girlfriend. What they will say, or speak about her. What are you going to do with her - she was once raped, she was once this and that. That is the other thing in counselling now - who I thought of. Rape is very secretive thing. A doctor must know - a policeman must know -your mother must know - a counsellor must know. But it doesn't go as far as other places. Like now when I talk to people I know that in such and such a place I've been counselling someone. So that is a secretive thing because actually the rape - the rape victim must not be known. But (s)he must have people that supports her. To get that thing out of her. I read so many magazines - other women were raped when they were small - they never take that man to jail, whatever happen. And they got married - but now each time the husband wants to make sex with her, she's got that ill feeling. So the marriage doesn't cope. In the end, they break. Or maybe in the end she start to talk about it. Too late. And now she's wounded for so many years. But when she talk about it, slowly but surely, gradually, it will wash you out - it will go out of you. Take other activities and make yourself - just when it comes to your mind, say I've never been raped. Just have that in your mind. I mean it's hard to tell now the rape - the rape victim. Or go to your friend if you see it's coming now. You start to think of it. Or take a magazine and read, or a Bible - something like that. Just to - or kneel down and say God do you know why it's happened to me. Because in the end some of them become mentally disturbed. Others they become angry - you can't talk anything with a man. Other mothers they're just hard mothers. Now something like that it makes a child when she comes across a bad thing - hard to come to the mother as a friend and say, mommy this has happened to me - because the mother is hard. Why! why did it happen - it's not her fault. She must have all that love. She is a little baby. Cry with her - do everything. Whether you are such a mother - when you say, why did you do this like that, now after raping - you shouldn't do that like that. Because her mother is no more the same. Her ways are no more the same. Many a times when I've finished counselling a rape victim, I will say to her, excuse me, I'm just passing water. I cry in the toilet because I reflect into

myself and I think if it was me, how will I cope. Because I have to be counselled too. Never mind I'm a counsellor - I have to be counselled when it happens to me. But it looks so dirty because in other cases, the victim will tell you, these people were drunk, these people were smelling. They never wash, and there was a queue, there were many of them, you understand sweetheart? I mean just think for yourself - the things that are done with the knife on your neck - you can't move, you can't do anything, and once you - they also promise that if one of them knows you, let's kill her. Let's kill her. Because she will identify us. Among themselves, one will say, no, leave her. And they just go. Then such victims now you tell them, you see, God always intervenes, He help your life. They did the dirty work with you. But at least they save your life. You're still yourself. You're *still* yourself. Just went for a checkup and see that your blood is clean. Say now it happens that you've got AIDS - or HIV positive - you know before God you've never been a bad person. You just tell God, if this is the way you want me to die, I'm at peace with it. Praise the Lord for that - and forget about those people, because it's not going to heal it. When you think and hate them, it's not going to heal it. Because they did it with others now, they don't stop. They go on. Now I mean, I try to say now, the person that I always, - the people I always comfort, I usually do the second go. I go for the second time and find out - because some others they're emotional - they can't speak when you start. You sit with them, they wouldn't tell you a thing, they just cry. Leave them - because the curtains are still closed - they can't take it out. Others they just talk - and sometimes you find out no, she's not right. The way she talks. And you must put questions in between, so that you can get down a little bit. Because she's too angry inside. - So you get all kinds of people - people are not the same. And others are difficult to counsel them. Others are very easy to counsel - others they make your heart so sore - but still you have to be there as counsellor.

I: Well what kinds of call do you find hardest? - children you said -

C: Yes, because in court they can't stand for themselves - the guy will stand there and talk and talk and talk - a child will talk like a child. And that man will be found unguilty. You see. Like a parent now, a father, will deny it and say, my wife and myself we've had so many quarrels, now she's trying to brought the children to say such things about my name, so that - and the magistrate will believe it. And it's not true. How can a child say daddy have done this to me? Because he loved me - he's my father. But like those cases - like mothers wouldn't believe her own child, because (s)he loved her husband. Look at that poor victim now. - To whom must she turn to - to no one. It's hard - it's very hard. It's better for a child who's been raped that the mother support her - to have a mother who's supporting her, who will do everything to stand with the child. In any circumstances. It's where I say some cases are difficult, some case are good, some cases it take time for them to forget.

I: And to forgive - if somebody doesn't have faith it must be very hard -

C: It's hard, it's very hard. Like Heather tried to make a group of victims - rape victims - to come and talk together about it, so that you can see I'm not the only one. Maybe we discuss how it happened to you my friend - then the friend tells you and you think, oh mine was much better. And in between that you must always put God and say please look - those people would have killed you. They would do everything they like. But God didn't leave them to do this but saved your life. So whatever happens, it's in the hands of the Lord. So praise the Lord for that - if your life is still in you. What will follow - God knows. Just have that in mind. Other child was just like that - her mother is a teacher, she had a stepfather - she was raped, the mother was blaming the child, because stepfather, wah! you children walk the street at night and all that - because (s)he loved this man, (s)he was hundred percent with the man. So when she come in she cry more than an hour, she couldn't say what was wrong. In such cases now I need to take the patience - and find out how can I make it better. You cannot take the pain out of them. You can just give a hand and say. And the other thing, the

child you must never counsel before the mother. Because there are things she hides. She's afraid of her. And when you come to a victim now like a baby, young girl, you must first tell her, I'm your friend now, I'm not a mother, I'm like your young friend. Say everything how it happened. I just want to help you - I'm no more an old lady as you see me now. And be on her stage now -then she's free to talk. And after that you must talk to the mother - and counsel the mother. And counsel the mother. And then try to put them together now. Mother and daughter - so she must know that my child has got something that now happened. And corrupt her life is no more the same. It's not like before. I don't know.

I: You do very valuable work.

C: So what I find rape is - the most important thing is for us to know - and to help the other women. Because they are the most victims, more than men. You find that rape in the two sexes is the same, but not like women.

I: And it happens so often.

C: So often. It's not only the girl that is raped - the whole family is involved. The mother of the boy. - (s)he's so upset because (s)he brought that child right. And the father. The parents of that girl - they are so angry for those parents - because their son have done this to their child. So it creates a lot of hatred. Between the parents, between the nations, between the community - it creates a lot - lots of trouble through this thing. Like if someone kills your child, they might be fighting and kill your child - who will be more cross? The one whose child is dead. But both parents have got the same thing, because their child is going to be called a killer. And that one's child is dead. And the rape is the same. No mother would like to hear that your child is a rapist. It's very painful for the parents - they cannot change it - because they will all deny to the parents, but they will continue doing it. So that's why I say, rape crisis needs more

people. To go and talk about it. To go and talk about it so that it cannot be ignored. It's something that the people they don't really - they think it's just one of those things. You know people, most of the people, they say today the girls are bad, they're wearing dresses like that, they wear trousers, tight things, that the man - look back now to the African nation, our people used to wear nothing, just something here, no panties, but it was naked, this part was outside, titties were outside, - never rape them. They never did anything. So you cannot judge a person by her dressing and say her rape was because she was attractive. No such a thing - that is just rape - finish and *klaar*. No matter if she wear a mini dress like this the panty was outside - what he did to her, it was rape. It was not the way she wear. So in many cases now you get a rape victim said, "oh, I'm so sorry, why did I wear that short skirt, if I didn't wear that they would maybe didn't do it, I'm sorry I wear that trouser, I'm sorry I went with my friend, because if I didn't go with my friend, stay at home, it wouldn't happen to me. My mother used to tell me not to go around the streets at night." So it happen now - she start to blame herself. But who've got right to your body - no-one. The fact remains it's still rape. It won't be excuse for that. So now you have to tell the patient or the victim, you are not the cause of it. The one that did it, he have got no right in your body. You can even go without - naked - no-one have to touch you. Because no-one's got the right to touch anybody in his private parts and do what - thing without your will. Rape goes up to the marriage - in your own house. If you don't feel like having sex, your husband do it by force, it's rape. So how must a stranger outside - it's bad. So I'm trying to conclude my speech by saying, rape is the most terrible thing that is happening in this life. But I would say, please, when you go home, try and read in your Bible if you've got it, in Matthew 37 Lord said, as the days of Lot, in the days of Noah, people are doing horrible things, they will be the same as the days of the man, the son of man coming. So as we look at things, you can do me how good things seem to be --- I can turn out your bitter enemy. No-one is immune to anything that is happening. But still, we are here, God is putting us here as counsellors, to help, to

make people right. To make people understand, to give the other people their dignity and give them their dignity.

Rape in South Africa is of epidemic proportions. Based on the estimate put forward by the National Institute of Crime Prevention and the Rehabilitation of Offenders (NICRO) that only one in twenty rapes is reported, it is conservatively estimated that one thousand women are raped each day (Vogelman, 1990). Rape is thus something which profoundly affects women's lives, and is a highly emotive issue.

There are three significant kinds of definition of rape, namely legal definitions, professional/expert definitions and those definitions given by women who have been raped (Maynard, 1993). The former are usually the narrowest and tend to omit acts which many women would regard as violent. While the legal definition of rape in most countries is limited to `unlawful sexual intercourse', the feminist perspective on male violence is that it is both a reflection of unequal power relationships in society and serves to maintain those unequal power relationships (Maynard, 1993).

The term `sexual violence' is used to describe rape on the grounds that it is an act directed at women because their bodies are socially regarded as sexual. Kelly (in Maynard, 1993) defines sexual violence to include "any physical, visual or sexual act that is experienced by the woman or girl, at the time or later, as a threat, invasion or assault, that has the effect of hurting her or degrading her and/or takes away her ability to control intimate contact."

This definition encompasses a wide spectrum of behaviours which are linked by virtue of the fact that they are overwhelmingly male acts of aggression against women and girls, use sex as a means of exercising power and domination, and their effect is to intrude upon and curtail women's activities. These behaviours are thus mechanisms through which women are socially controlled.

The repercussions of different levels of rape may vary and may require different approaches in treatment. Bowie et al (1990) draw a distinction between `blitz' rape (a sudden surprise

attack by an unknown assailant) and `confidence' rape (an assault following an apparently benign interaction between victim and attacker). The incidence of post-traumatic stress disorder is higher amongst survivors where the perpetrator is a stranger, force or weapons are used, and physical injuries are sustained (Bownes et al, 1991). Confidence rape victims' main concerns are guilt and self-blame, and may require active and sustained involvement on the part of clinicians.

According to Hirsch (1993) rape survivors assume the guilt feelings of the perpetrator. They do so through introjective and identificatory processes, in which, at least temporarily, the borders between self and object disappear. Feminist approaches aim at removing the woman's false sense of guilt, validating her experience of sexual violence, and enabling her to develop an understanding of the social structural context in which the sexual assault occurred (Hutchinson & McDaniel, 1986).

The nature of the after-effects of rape may pose special challenges for the counsellor in terms of establishing a therapeutic relationship with the victim. Psychological defence mechanisms such as repression, emotional insulation, and rationalisation (Ward, 1988), and the impact of rape on the survivor's sense of self, loss of self-esteem, creation of guilt and shame, mistrust in interpersonal relationships, and distorted perceptions of self-worth (McArthur, 1990) are some of the barriers to be overcome.

Countertransference, as an unconscious process involving a counsellor's unresolved conflicts in relation to his or her client, was first identified by Freud in 1910. He viewed countertransference, the `result of the patient's influence on [the analyst's] unconscious feelings' (in Casement, 1985), as an impediment to the treatment process, requiring ongoing self-analysis since `no psychoanalyst goes further than his own complexes and internal resistances permit' (in Roth, 1987).

Heimann (1950) later reinterpreted countertransference to include all feelings experienced by the counsellor towards the client. Counter-transference can be defined as those conscious, preconscious and unconscious responses and feelings of the counsellor that can be both a problem with respect to establishing an empathic relationship, and a valuable therapeutic and diagnostic tool (Dunkel & Hatfield, 1986).

The concept of countertransference and the pursuit and clarification of its meaning and use as a vehicle of treatment `led the way out of a narrow one-body, intrapsychic psychology to an extraordinarily complex two-body psychology, which explores the effects of two psyches in mutual interaction' (Roth, 1987).

Countertransference phenomena experienced by the counsellor, such as blaming the survivor, distancing from her in order to maintain equanimity, or the experiencing of unbearable levels of identification, are some of the challenges presented. Counselling of rape victims may also be reparative for the counsellor, in terms of fulfilling a desire to heal and assist in a crisis which has touched the personal life of the counsellor in some way. Countertransference is thus a double-edged sword, as it both allows for extraordinary levels of empathy and insight, and presents particular difficulties for the counsellor.

III. GOALS OF THE STUDY

The goal of the study is to explore countertransference issues experienced by rape counsellors with a view to assessing and improving rape crisis counselling.

The attitudes of counsellors towards rape in its different forms, and the possible existence of rape myths, will be investigated. In order to provide support to the counsellor in her support of the rape survivor, the problems and difficulties posed by rape counselling, and countertransference in rape counsellors will be explored. Information gathered will be made

available to Life Line for the improvement of their training programme.

IV. METHODOLOGY

The research will be qualitative in nature and will take the form of semi-structured, in-depth interviews with four rape crisis counsellors at Life Line.

Questions to be asked will include:

- How do you define and perceive rape, in all its different forms?
- why do you counsel and what drew you to rape crisis counselling?
- What type of calls/face to face interviews do you find most difficult, and what feelings do they evoke in you? How do you deal with these feelings?
- Do you regard some forms of rape as more serious than others, and requiring different treatment?
- what problems and difficulties do you experience in this type of counselling?
- what situations do you find the most difficult, on both a personal and counselling level?
- what do you find rewarding about counselling rape survivors?
- what are your sources of support, both formal and informal, in your own life and within the organisation?
- how does the counselling affect your relationships with both men and women?
- where do you perceive gaps in the training programme, and what would you like to see added to it?

Transcribed data will be read hermeneutically, according to the method suggested by Brown *et al.*, (1989), with a reading guide extracted from the literature review. Themes pertaining to countertransference experiences among the counsellors will be explicated. Commonalities and differences in the helpfulness or challenges presented by experiences of countertransference will be identifed and explored.

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