The Continuous Traumatic Stress Syndrome – The Single Therapeutic Interview

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The term post-traumatic stress syndrome is a misnomer in the South African context. Individuals living in South Africa's black townships are subjected to continuous traumatic stress. This stress is occasioned by the high levels of violence in the townships, violence which is contributed to by confrontations between (a) the South African Defence Force and Police and various sectors of the community; (b) black anti-apartheid groups and black right wing vigilantes who are more supportive of the status quo; and (c) inter-group fighting among rival anti-apartheid groups e.g. UDF and Azapo. In an earlier paper by Straker (1986) the stresses to which an adolescent boy was exposed over a six week period were delineated. These included (a) being present at a community leader's murder; (b) having his own

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life threatened by being in a house that was petrol-bombed; (c) being exiled from his community; (d) being in a sanctuary centre which was invaded by armed police; (e) being arrested; (f) being beaten.

Most of these stresses singly would be termed catastrophic in the D.S.M. III classification. Nor has the traumatic stress of this adolescent come to an end. He is still in exile, on the run from the general level of violence in his community. His case is neither unique nor even exceptional. Offering therapeutic help to refugees from South Africa's black townships poses a challenge to concerned mental health workers. Of all the difficulties encountered the most serious one pertains to counsellors' inability to protect the individual from further trauma. Not only are counsellors unable to change the individuals' macro-environment so as to guarantee their safety but even the safety of the micro-environment of the counselling centre is at times threatened, (Straker, 1987). Centres have been invaded by the police and by black and white vigilantes alike. Yet the need for medical and counselling services for those brutalised and abused by apartheid and the chaos it has generated increases daily. Various groups have been formed in South Africa to meet this need. These include National Medical and Dental Association (NAMDA), Detainee Counselling Service (D.C.S.), the Organisation for

Appropriate Social Services in South Africa (OASSSA) and the Sanctuary Counselling Team (S.C.T.).

In generating models for counselling, all these groups have had to bear in mind that the trauma to which individuals are subjected in South Africa is continuous. This has had numerous implications for treatment, not least of which has been the stress on the single therapeutic interview. The return of a counsellee is never guaranteed and therefore it is vital that each session be complete within itself but still offer the potential for follow up. The following model for a single therapeutic interview was generated by a sub-group of the S.C.T. who between them worked with 60 - 70 children for a varying number of sessions over a one year period. Some of these children were seen in groups and others in individual sessions but in both instances the steps followed were similar.

The S.C.T. is a non-racial, multi-disciplinary team of mental health professionals. It was originally formed to meet the needs of a group of children and adolescents fleeing a township called Leandra. The S.C.T. has subsequently worked with children and adolescents from a number of different townships in a number of different settings. However the difficulties experienced by these refugees parallel those in the original Leandra group.

Background to Leandra

Leandra is a township near Secunda in the Eastern Transvaal. It is a township which until the end of 1984 had been united in its opposition to a government threat of forced removal. In 1985 this unity began to break down. The central cleavage in the community was between the "insiders" with legal rights of abode in the township and the "outsiders" who had no such rights. This division created a situation which facilitated intergroup violence within the black community. Not all the "insiders" reacted with hostility to the "outsiders". Some managed to retain a sense of perspective and one of these was a community leader called Chief Mayisa, a man who campaigned for lowered rents, improved housing and lower taxes for all. In so doing he antagonised a number of "insiders" and in January 1986 he was stabbed, hacked and burned to death by a group of right wing vigilantes. On the day of his funeral an individual suspected of being a member of this vigilante group was killed in revenge for Mayisa's death. Following this the vigilantes organised a campaign against Mayisa's sympathisers. Many of his sympathisers including a number of children and adolescents aged 12 - 22 were forced to flee the township. These individuals then sought refuge with a sympathetic church organisation which arranged for a community centre to harbour them.

The children had been at the community centre for approximately two weeks when it was invaded by the police. They arrived in helicopters with search beams and in cars with armed men. Some of the children attempted to flee and two were shot and wounded. A few escaped.

The children were arrested and taken to a number of different jails. After some days many of the children were released following an urgent application to the Supreme Court. They were returned to the community centre and it was at this point that the S.C.T. first saw them.

The model for the single therapeutic interview which is presented here developed out of the S.C.T.'s clinical work with these children. However, it finds many parallels in the work of others concerned with the treatment of post-traumatic stress, e.g. Galante & Foa, (1986), Pynoos & Eth, (1986), Rigamer, (1986), Somnier & Genefke (1986). The work of Pynoos & Eth (1986) is particularly relevant as these authors developed a format for a single 90 minute interview with children who were traumatised by witnessing violence. The three stages outlined in their model, viz. opening, trauma, closure, parallel those which developed organically in the current work.

Opening

a) Establishing Trust

In the opening phases of their therapeutic session Pynoos & Eth (1986) speak of the establishment of a focus. The child is told that the interviewer has worked with many children like her/him and that s/he is not alone in the predicament. The interviewer offers ego support by expressing a willingness to look, together with the child, at what has happened. In this way the interviewer in the Pynoos & Eth model establishes herself/himself as a potentially helpful benign authority.

In the South African situation the establishment of the interviewer as a benign authority and as a potentially helpful person is more complicated. The political situation in South Africa lends itself to suspicion and distrust as authority is in reality often not benign and is frequently lacking in credibility. The counsellor as an authority figure is not exempt from this mistrust. The counsellor's professional role does not automatically lend her/him credibility as credibility in South Africa is linked not to professional counselling or psychotherapy licensing bodies but to political affiliation. Indeed for most black township dwellers the concepts of counselling, psychotherapy or the talking cure are unfamiliar. Thus in working with

this population, the interviewer has not only to establish herself/himself as politically and ideologically acceptable to the group but has also to explain the notion of the talking cure. This is further complicated because requiring a person to talk about their experiences may in itself arouse suspicion as informers are an ever present reality in the township dwellers' lives.

In order to overcome this difficulty the S.C.T. counsellors were introduced to the children by acknowledged community leaders, figures known and trusted by the group. Alternatively the S.C.T. counsellors worked in conjunction with members of the legal team who were preparing an interdict to be brought before the Supreme Court to secure the safety of the children. The idea of integrating psychological treatment programmes with other programmes including legal aid is not a new one and is highly recommended by other workers such as Allodi (1980) who has worked with Latin American political refugees.

Once the difficulty of establishing trust and credibility had been overcome, the next step was to explain the notion of the talking cure within the context of "woundedness". It was explained that just as people are physically wounded by township violence, so too they are wounded in their emotions and feelings. Failure to treat these wounds can lead to a diminishing ability to pursue self-appointed goals and to operate effectively in the world. Individuals were then

invited to discuss with the interviewer their own views concerning the damage township conditions wreak.

b) Establishing Ground Themes

During this phase the focus was not personalised. The children were invited to talk about their general observations. This was found to lead to a deepening of rapport. There were several reasons for this. From the literature it is clear that there are two common responses to trauma, viz. psychic numbing or hypervigilance. (Laufer, Brett & Gallops, 1985). There is some evidence that different kinds of trauma elicit different responses. Participation in abusive violence may predispose the individual towards a pattern of psychic numbing while hypervigilance is frequently associated with witnessing abusive violence. (Laufer, Brett & Gallops, 1985). However, pre-morbid personality also interacts with the form of the trauma to produce a specific response in a particular individual (Hendin, Pollinger, Singer & Ulman 1981). Furthermore hypervigilance and psychic numbing frequently manifest themselves in the same individual. However both hypervigilance and psychic numbing are responses to an overwhelming underlying anxiety in the personality which direct enquiry about the individual's own personal trauma may mobilise (Pynoos & Eth, 1986). This is especially true in the phase of psychic numbing when the individual's

defences of denial and dissociation are at their height. Indirect inquiry via a discussion of the trauma in more general terms is therefore recommended in the initial stages of the interview as this both conveys a respect for the individual's natural defences and also invites discussion of the trauma without immediately mobilising maximum anxiety.

An invitation to discuss the impact of trauma on others and not only on the self has the further advantage of making the experience a shared one. The experience is not simply shared with the therapist but the individual realises that the symptoms s/he is experiencing are common. This recognition in itself may alleviate stress (Caplan 1981). Under stressful circumstances individuals frequently interpret their own discomfort as idiosyncratic or deviant and this may lead to a deterioration in psychological functioning. The individual, simply by focusing attention on what s/he has observed in other often realises that her/his experiences are not unique or deviant. This brings relief and a deepening of rapport with the interviewer. Further reasons why asking the adolescents in this particular group to focus on others may have been useful, pertain both to the age level of this group and to certain unique circumstances which surround black adolescents in South Africa.

In discussing reactions to severe stress and treatment the need for differentiating between different age groups has been stressed (Anthony, 1986; Rigamer, 1986). There is evidence that in times of disaster separation anxiety is the primary anxiety stimulated in the younger child, in the older child concerns with bodily integrity may predominate, while in the adolescent questions concerning human accountability and their own responses in the time of the crises may be preoccupations (Anthony, 1986; Rigamer, 1986). In the treatment of adolescents it is vital to recognise both their level of sophistication and their developmental concerns. In the present model the request that the adolescent interviewees share their observations not only provided a lead into an explication of individuals' more personalised trauma but also recognised their age appropriate concerns by inviting an active participation in the development of the treatment programme.

This involvement of adolescents as active participants in their own treatment programmes is especially important in the South African context. In 1976 thousands of black children and adolescents took to the streets to protest Bantu Education. This school children's revolt moved quickly from a protest linked to schooling to one linked to the whole system of apartheid (Chikane 1986). On the whole the students were not supported in these demands by their parents. This exacerbated the generation gap as parents were perceived by their children as having been bullied into

submission by the oppression of the 1960's and by the general system of apartheid (Chikane 1986).

In contrast the adolescents perceived themselves as active and defiant and as being at the forefront of resistance. There was a great crisis of confidence in authority at this time and while in the 1980's the generation gap has been partially bridged the idea of authority dictating anything to the adolescent including a treatment programme is an anathema. They demand full participation in decision making processes and demand to be seen as adult and responsible. Therefore requesting this group to participate in generating their own treatment programme by sharing their perceptions of township conditions and their consequences was an important prelude to a discussion of more personal issues.

Trauma

a) Facilitation of Catharsis

In their work with traumatised children Pynoos & Eth (1986) move from the general to the specific. Before focusing on personal trauma in detail, these workers request that the children first express the impact of the trauma in fantasy and play and through the use of metaphor. Similarly Galante & Foa (1986), while working with children who were victims of an earthquake, used the first session of treatment to engage the children in free drawing while

listening to stories about San Francisco's recovery from earthquakes. These workers used the second session to establish that fear was a common shared reaction. The third session was used to discuss beliefs about the earthquake, i.e. it was geared to cognitive input. It was only in the fourth session that an active discharge of emotion was encouraged.

Unlike Galante & Foa (1986) neither Pynoos & Eth (1986) nor the present writers could guarantee more than a single session. However in this single session the steps followed paralleled those of Galante & Foa (1986). These steps are as follows. After a general discussion of disaster the individual is encouraged to talk about their own specific trauma and their personal reactions to it. They are then given cognitive input which places their reaction in a context and only after this are they invited to share their own story more fully. In the present study as in others with victims of political oppression the interviewee in telling this story usually begins with a narration of traumatic events (Allodi, 1981; Somnier & Genefke 1986). The defence of isolation i.e. the removal of feelings from the attendant perception is usually in the ascendence in the initial stages of the story telling (Caplan, 1981). During this time it is vital that the interviewer be totally psychologically available to the interviewee, i.e. the interviewer must have fully worked through her/his feelings concerning the trauma the individual has sustained. The

difficulties in doing this should not be underestimated but will not be elaborated upon here as they form the subject matter of a future paper.

The phase of narration represents a transitional phase in the therapy and is usually the prelude to emotional release. The interviewer, however, has to facilitate this process. Pynoos & Eth (1986) speak of the traumatic reference which emerges in the early stages of the interview. Central to this concept is the idea that despite the individual's attempts to defend against them, particularly traumatic events remain intrusive and will be referred to in the narrative. These references may be obscure or obvious but it is the interviewer's task to identify them and to use them to help the individual to begin to reconstruct her/his story in a way which allows access to repressed emotions. In identifying traumatic referents note should be taken of special detailing because particular details are frequently imbued with a special traumatic meaning (Freud, 1965). Requesting that the individual tell her/his story with emphasis on details, e.g. size of the cell, noises heard while in solitary confinement, the furniture in the room which was petrol bombed, etc. is helpful in facilitating access to emotion, especially in individuals with strong repressive mechanisms (Somnier & Genefke, 1986). One technique found by the present author to be particularly useful in overcoming repression is to ask for a description

of the worst moment. This description is almost invariably accompanied by powerful affect.

By the time the individual expresses this intense emotion the interviewer should have established a therapeutic ambience which can provide a shield against the individual being completely overwhelmed by emotion. There is a high degree of agreement in the literature that catharsis with victims of oppression is not therapeutic in itself. As Allodi (1981) points out, catharsis by telling one's story with its emotional load is only the beginning of overcoming suffering. Pain must be actively transformed in the social space of the therapy setting. Oppression occurs in the context of distorted personal relationships and may only be corrected there. The interviewer cannot remain aloof and cool but must be prepared to share in the victim's grief and horror and be prepared to actively offer comfort and support.

The therapist, by being supportive and available, provides a buffer against the interviewee being overwhelmed by painful affect. As Pynoos & Eth (1986) point out, before the child relives an experience it is vital that s/he achieve an emotional state where there is some hope of not being totally devastated. The aim of catharsis is not simply emotional release but mastery. The resolution of exposure to extreme trauma is neither total repression nor "forgetting" nor an excessive preoccupation with the events

(Somnier & Genefke, 1986). The resolution involves a restoration of the belief that while one may have been helpless in the face of the events which elicited the traumatic affect it is now possible to face these emotions without being totally immobilised by anxiety or being provoked into a loss of impulse control (Krystal, 1968).

b) Facilitation of Mastery

Once the individual is confident that s/he can confront traumatic emotions the path is cleared towards a more adaptive appraisal of what has happened (Meichenbaum, 1985). As Caplan (1981) points out, stress severely interferes with cognitive processes and the ability to realistically appraise what has happened and what is happening. A common distortion under stress and particularly the stress of political repression, detention and/or torture has to do with self image and the attribution of blame (Caplan, 1981).

Victims frequently blame themselves for symptoms which are the result of the cruelty they have suffered. In a study on methods of torture Genefke & Somnier (1981) concluded that torture techniques were systematic and had specific purposes in mind including exhaustion as well as the induction of fear, guilt and loss of self esteem. The victim, however, usually does not directly perceive this and instead holds her/himself as responsible for breaking down under detention

torture and other forms of political harassment. In the treatment of individuals damaged in this way it is vital that a direct link between their symptoms and the cruelty they have been subjected to is made. This is possible once overwhelming emotions have been confronted and a path cleared for reappraisal. Genefke & Somnier (1986) have classified common torture methods and detention procedures according to their primary intent, e.g. those geared specifically to create cognitive disorientation vs. those geared to induce the individual to behave in a way which is incongruent with her/his self image and so on. Somnier & Genefke (1986) recommend that these techniques and their intent be explained in some detail to counsellees.

In the present study explanations of the intent of the oppressors were given to interviewees, but these explanations were less detailed than those given by Somnier & Genefke (1986). The time constraints of the single session did not allow for detailed discussion. This was seen as a limitation as most of the work on mastery indicates that the more understanding the individual has of the internal and external events surrounding the trauma the better the subsequent adjustment (Galante & Foa, 1986; Meichenbaum, 1985; Rigamer, 1986). The provision of factual information is stressed by all these authors. For this reason in the present study when individuals were able to return for more than one session great stress was placed on providing factual information. However, in the initial

session interviewers feel that they have achieved a great deal if they are successful in promoting in the victims a transfer of the burden of responsibility for symptoms from the self to the oppressors.

c) Factors affecting Recovery from Stress

In recovering from stress occasioned by torture the attribution of blame to factors outside of the self is particularly helpful (Allodi 1980). However, in the authors' experience, the degree to which individuals blame themselves in the first place was variable and depended to a large degree on their broader relationship to the South African political context. Those individuals who saw themselves as political activists, for example, responded differently to the detention experience to those who, for example, were detained because they happened to be in an area that was raided. Activists tended to see their imprisonment as a confirmation of their status of freedom fighters. Those on the periphery often saw their detention as an affirmation of their helplessness and vulnerability in the face of overwhelming and arbitrary forces of authority beyond their control. On release activists expressed more anger and more revenge fantasies than those on the periphery who experienced more signs of depression, apathy and hopelessness. In both groups there were, of course, individual differences in response. Within the activist

group there were differences in response according to how well individuals felt they had acquitted themselves in detention. On the whole however, they seemed to see more meaning in the detention experience than those on the periphery and this in itself ameliorated the experience of stress. The degree to which meaning and its interaction with appraisals of the controllability of events serves to ameliorate stress has been well documented by Folkman (1981). In the present study these two variables were found not only to affect the experience of the stress of detention but also the stress of witnessing violence.

In the authors' experience the witnessing of violence against a colleague was one of the traumas self defined activists experienced as the most stressful. The phenomenon of survivor guilt was at its peak in these instances and activists berated and blamed themselves for not gaining control of the situation and intervening to save their colleague.

In treatment it is vital to explore this survivor guilt fully and in detail. Premature reassurance that the individual could have done nothing has not been found to be helpful as it may block a realistic appraisal of the alternatives that may have existed. As conflict is continuous in the South African context and the individual is likely to confront similar situations again this exploration is particularly important. The individual's

feelings of guilt need to be explored fully and premature reassurance may create the impression that the events and feelings generated by them are too horrific for the interviewer to handle. This would serve to increase feelings of guilt and alienation rather than reduce them.

In helping the individual reappraise what happened attention should be directed to what Lifton (1979) has termed inner plans of action. Inner plans of action refer to the individual's immediate attempts after a catastrophe to reverse helplessness by formulating a plan of action which would have averted the catastrophe and ameliorated its impact. Lifton maintains that the function of these inner plans of action is to counteract the death imprint, i.e. the image of death and dying which is burnt into the individual's consciousness by exposure to the traumatic events. Given the likelihood in South Africa that township dwellers will repeatedly be exposed to traumatic events, it is imperative to fully explore these inner plans of action to assess how realistic they are and what the consequences of them may have been in reality. It is vital at this point that the interviewer lead the interviewee to her/his own conclusions and not become didactic. It is vital that the subject fully identify with the conclusions drawn so that future plans of action, if they are activated, are in reality his/her own, for it is the interviewee and not the interviewer who will bear the cost of these actions.

Apart from exploring inner plans of action, it is useful to pay attention to the role of unconscious impulses and wishes in the generation of guilt. Normal survivor guilt may well be exacerbated by these. For example, one individual was continuously plagued by guilt about a friend who was killed and whom he had not stopped from embarking on a mission he knew at the time was an impossible one. On probing it emerged that the subject felt some excitement at the thought of his friend taking on the authorities and expressing their collective defiance and anger. It was this excitement which was exacerbating his guilt and an acknowledgement of it and a linking of it to his own anger against the authorities brought relief.

While witnessing violence against a colleague was experienced as extremely stressful by the self defined activist group, witnessing violence against the enemy was reported to be less stressful. Violence against those defined as the enemy was seen as legitimate. For some this was especially so when the individual was white. Some interviewees expressed an identification with the violated individual based on colour and expressed greater distress about violence between subgroups of black people, even when the individual was clearly defined as an enemy, as they saw the promotion of such divisive violence as part of government strategy. However, overall the experience of stress seemed very much less where violence was directed against any individual defined as part of the system.

These clinical impressions are in line with the findings of researchers into Vietnam war veterans. Yager, Laufer and Gallops (1984), for example, found a lower level of adjustment problems in those individuals who had been involved in simple combat against the enemy than those involved in hostilities against civilians and/or in the use of unnecessarily cruel weapons or cruel treatment of P.O.W.'s. It seems that combat is seen as a legitimate form of violence against a clearly defined enemy and that this reduces stress. On the other hand, gratuitous violence or violence against those less clearly defined as the enemy provokes greater stress.

The present authors' clinical findings confirm this. However, the conflict in South Africa is current and one wonders whether, as with the Vietnam veterans, many individuals will not suffer from delayed post-traumatic stress when they have time to reflect upon events involving even those clearly defined as the enemy. The method of execution commonly used in the township is a violent one. A tyre soaked in petrol is placed around the individual's neck, and set alight, (the so-called "necklace" method). During and after the burning there is often a great deal of violence as the person is frequently hacked and stabbed and the body mutilated as individuals give vent to their seething anger and resentment. It is hard to know whether this form of execution would be chosen if these individuals

had other weapons. As it is, their arms largely consist of stones, sticks, knives and petrol bombs.

Be this as it may, the necklace remains a particularly violent form of death and it is hard to say what the effects of this death imprint will be in the long term. It is important to note that necklacing has not been encouraged by black leaders either in the UDF or Azapo but it is used as a method of control by some township dwellers. A recent newspaper article reporting on the widespread school boycotts quoted youths as threatening those who wished to attend school by saying "Go back to school and tell us what size tyre you wear". From this statement the objective level of threat and violence customary in many children's township lives is clear. There are, however, many who suspect that not all necklacings have been perpetrated by those against the system. There is a feeling that in some instances the system itself is using and exploiting necklacing. This once again underlines how the subjective meanings ascribed to events modify their impact (Folkman, 1984).

d) Recapitulation

Returning now to a summary of the steps in the middle phase of the therapeutic endeavour they are as follows. The middle phase of therapy begins when an individual is

encouraged to move from a general account of trauma to a more personal account. The person usually begins with a factual, journalistic narrative. The interviewer listens to this account taking note of special detailing and remaining alert for the traumatic reference. Using the traumatic reference and techniques such as asking for the worst moment the interviewer facilitates a more emotive retelling of the individual's story. This usually leads to a catharsis which clears the way for a cognitive reappraisal of what in reality happened and what its impact was. During this phase the interviewer facilitates reappraisal by the provision of factual information, e.g. the intent of torture methods, the known impact of various forms of trauma, etc. In other words, the interviewer helps the individual to place their own responses in a broader perspective and to make broad cognitive connections as well as helps the individual to realise that s/he is not alone but part of a broader social context. The individual is helped to explore and evaluate inner plans of action and where unconscious wishes or impulses may be exacerbating the symptoms these are examined.

Closure

a) Discussion of Current Concerns

Having addressed on a personal level the trauma the individual has suffered, s/he is now invited to discuss current concerns. Pynoos & Eth (1986) and Galante & Foa (1986) assert that a willingness and an ability to discuss current concerns and to enter into planning a future in itself indicates that the interview has been successful in removing some of the burden of trauma.

In the South African context the future the individual begins to contemplate is often bleak and current concerns extremely pressing. The township population seen by the S.C.T. are usually in exile from their own communities. They are often unable to return to their homes because they have been targetted for aggression. They are therefore currently facing not only threats to their physical safety but the feelings of alienation, dislocation and lack of familiarity which characterise the exile (Anthony 1986).

One of the overriding stresses which this group reports is fear for the safety of their families. There is often extreme anxiety that those who wish to harm them, when they find them absent, will harass, intimidate and possibly harm other family members. This anxiety is often well founded. Coupled with this fear are feelings of guilt about not

supporting their families and possibly bringing them into danger. These feelings are particularly strong when the parental subsystem does not support the adolescents' activities.

In dealing with the individual's current concerns it is important to give the person practical help. S/he may be put in touch with agencies which could be helpful in making contact with the family or investigating and reporting back on their circumstances. The individual should be helped to mobilise whatever resources or support systems s/he can.

In evaluating the future it is helpful to assist the person review the events and circumstances which have led to the present. Many individuals find the strength during this review to recommit themselves to their ideals. Others may be helped to move beyond seeing themselves as helpless victims of circumstance and to take a more active role in deciding their own future action. The aim of this phase is to empower individuals in even small ways and to return to them a sense of choice. The encouragement of this even in circumstances in which the individual choices are in reality severely limited was based both on clinical experience and on the work of Eitinger (1976). Eitinger, on the basis of interviews with more than 2 600 concentration camp survivors, concluded that one of the most important coping mechanisms was the conservation of the ability to make at least a few of one's own decisions. The retention of a firm

system of values and ideals also served as a buffer. Thus a re-exploration of individuals' commitments as well as attempts to involve them in planning their own future even on a short term basis seemed important.

b) Termination

Following this and having checked whether there were any further issues the interviewee wishes to discuss the session is brought to closure. This is done by including the individual in a review and evaluation of the therapeutic session. The focus is moved once more from the particular to the general. The interviewee is asked whether s/he found the interview helpful and if so what aspect of the interview was most useful. The interviewee is then reminded of the general observations made at the beginning of the session and asked to comment of the usefulness of the interview for others. Through this the individual is brought full circle back to the starting point.

In a situation where not only psychological survival but physical survival may be dependent on defences remaining intact it is vital that the individual not be allowed to leave the session in a state of greatly heightened emotionality or anxiety. Asking the individual to comment on the usefulness of the interview for others also ends the session by once more underlining that the individual is not

alone and her/his personal suffering has a meaning in a broader context. The interviewer concludes by expressing appreciation that the individual has shared her/his pain and by doing so has contributed to the well-being of others. The individual is invited to return at any time and the practicalities of making contact with the interviewer are discussed and the interview is concluded.

General Issues

In reviewing this interview technique in toto several general points need mentioning. The first of these has to do with the length of the interview. While this interview can generally be completed in 1 1/2 - 2 hrs it is vital that the interviewer have as much time available as the interviewee needs. The interviewer cannot work effectively and be psychologically available in the way demanded by this work if s/he is preoccupied with the next appointment.

As Haley (1974) who worked with Vietnam war veterans points out, the establishment of a therapeutic alliance for this group of patients is not the facilitator of the treatment but rather the treatment itself. It is crucial for the therapist to be totally available and to be a real person in every sense of the word and not to attempt to create conditions conducive to transference by, for example, maintaining strict boundaries.

The need for the therapist to be actively supportive is stressed. Pynoos & Eth (1986) go so far as to advocate physical comfort for the child in grief and the provision of snacks and refreshment at critical points in the interview. The current workers' experiences confirm that of Pynoos & Eth (1986). The provision of refreshments was found to be particularly useful once a tide of emotion had passed and the individual seemed ready to move onto a cognitive appraisal of events. It was also useful to mark the break between the discussion of past trauma and the move toward the consideration of current stresses and future plans of action. Not only does the provision of food and refreshment have a symbolic value but individuals are often physically exhausted by the therapeutic process and in fact in need of sustenance.

The activity of the therapist and the length of the interview are two factors which distinguish this work from more psychodynamically oriented work. A third distinguishing factor concerns the type of material in the sessions. Analytic work is based on the premise that it is repressed memories that are troublesome; in this work it is often not repressed memories but conscious ones that are problematic. Resolution comes not from either forgetting or obsessive remembering but in being able to live with what cannot be forgotten. Somnier & Genefke (1986) state that the rehabilitation of a victim cannot be considered to be complete until the term victim no longer signifies that the

subject has adapted to this role but instead signifies only a historical event. Would that this were possible in South Africa's black township refugees, but it is not. Persecution and victimisation continue. They are in reality not historical events but continuing common everyday practices. Mental health workers in this country have an obligation not only to deal with those who are casualties of the evils of apartheid but to actively campaign for the elimination of this system. The damage it has wrought is already inestimable. Should it continue it may well become irreparable.

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