THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A TRAINING PROGRAMME IN RAPE CRISIS INTERVENTION FOR LAY THERAPISTS: A COMMUNITY PSYCHOLOGY APPROACH

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This dissertation is

dedicated to

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ABSTRACT

A conceptual framework was developed in the context of community psychology for the development of a training programme in rape crisis intervention for lay therapists who were members of the Rape Crisis Organisation in Cape Town, South Africa. This framework was structured around the use of lay therapists, crisis intervention (including crisis intervention with rape victims) and consultation. The interrelationships of these three aspects were explored. The programme consisted of theoretical input and experiential exercises pertaining to rape crisis intervention and was held over two full days and one evening.

The programme was evaluated by means of a modification of the instrument reported by Carkhuff (1969) to assess the levels of facilitativeness (FAC) and action orientedness (ACT) that therapists were able to offer. This instrument consists of 16 client stimulus expressions to which the therapists are required to provide responses which are rated. Besides the experimental group which consisted of the members of Rape Crisis who attended the programme (N = 8), there were two control groups: control group A, consisting of members of Rape Crisis who did not attend the programme (N = 9) and control group B,

consisting of people who were neither members of Rape Crisis nor who attended the programme (N = 8). The data were analysed by means of a 3 way ANOVA with repeated measures on two of the factors (the stage of assessment and the client stimulus expressions) and no repeated measures on the other factor (the groups).

There were no differences in levels of FAC that subjects were able to offer within any of the groups for any of the client stimulus expressions. However, members of Rape Crisis offered significantly lower levels of FAC than subjects who were not members of Rape Crisis (overall the stage of assessment and the client stimulus expressions). The levels of ACT that subjects were able to offer increased in the case of the experimental group for all 16 client stimulus expressions, decreased in the case of control group A for 4 expressions and increased for one expression and decreased for one expression in the case of control group B.

The theoretical and practical implications of these results were explored. In addition, this data was used in conjunction with information gathered from experiential reports that the members

of the experimental group provided at the end of each component of the programme and from a questionnaire that they completed after the programme to yield a blueprint for future training programmes in rape crisis intervention. Finally, the training programme was discussed in relation to the conceptual framework that had been developed.

CHAPTER 1 : INTRODUCTION

1.1 DEFINITION AND SCOPE OF COMMUNITY PSYCHOLOGY

This project comprises an undertaking in the field of community psychology. It is therefore necessary to introduce the concept of community psychology so that it can be located in the appropriate historical and conceptual framework.

Several writers (including Mann, 1978) have drawn attention to the relative lack of adequate definitions of community psychology. One person who has provided such a definition is Bender (1976), who characterises community psychology as "attempts to make the fields of applied psychology more effective in the delivery of their services and more responsive to the needs and wants of the communities they are serving" (Bender, 1976, p.13). This definition is clearly inadequate on the grounds that this is surely the intention of all approaches to clinical practice, the difference between them lying in the means by which this is implemented. There is, however, an important and valid implication of Bender's (1976) definition, namely that community psychology arose in response to a dissatisfaction with the way in which psychological services are currently conceptualised and administered. This dissatisfaction has arisen as a reaction to forces both internal and external to psychology (Sarason, 1974); each of these sets of forces will now be discussed, drawing heavily on a previous paper of the author (Flisher, 1978).

One of the forces internal to psychology that is important in this regard is the increasing emphasis on the inter-personal (as opposed to intra-psychic) factors in the understanding and amelioration of psychological problems (Pearson, 1974). A logical consequence of this shift was the investigation of important others in the client's life - hence the emergence of family therapy, which inspired psychologists to take into account findings from other fields. A contribution from the field of sociology was a series of studies demonstrating certain anti-therapeutic effects of mental hospitals (Bender, 1976; Caudill, 1958; Goffman, 1968; Raush with Raush, 1968; Stanton and Schwartz, 1954 and Zax and Specter, 1974). Hence, attention was drawn to the community at large and its resources in combating emotional disorder (Cowen and Zax, 1967; Zax and Cowen, 1972). This trend was strengthened by the introduction of psychotropic medication since the proportion of clients needing to be in an institution on a full-time basis was decreased (Cowen, 1973; Turner and Cumming, 1967 and Zax and Cowen, 1972). A further contribution from the field of sociology was the explication of the inequitous distribution of psychological resources, which is related to the shortage of professional personnel (to be discussed in detail in 1.2.1 below). There were two other factors internal to psychology leading to dissatisfaction:

(a) a growing disillusionment with psychotherapy, even though the overall inference from the various efficacy studies that have been carried out (for example, Eysenck, 1952; Levitt, 1957) is equivocal

(De Wet, 1972; Lewis, 1976)

(b) questioning of the so-called "medical model" of psychological problems (Albee, 1968; Cowen, 1967, 1973; Sarason and Ganzer, 1968; Szasz, 1960, 1961, 1974; Weinstock, 1965 and Zax and Specter, 1974).

Crucial external forces leading to a dissatisfaction with the delivery of psychological services were World War II and various events in American politics that drew attention to the inapplicability - and the alleged irresponsibility attending this - of psychological knowledge and practice to urgent social and political problems. American politics are relevant because it is in America that community psychology has developed. Sarason (1974) has drawn attention to four of these events, the first of which was the Supreme Court's desegregation decision in 1954. Psychology found itself unable to contribute meaningfully in understanding or attempting to resolve the bitter animosities that this decision evoked on the whole issue of racism. A second event was the successful orbiting of the Russian Sputnik in 1957, which precipitated a frantic search for an explanation as to America's being defeated in the race to outer space. The educational system was identified as the cause of this national calamity, and attempts were made to reform it. In so doing, it was necessary that the nature and dynamics of a community be confronted, and it became clear that the problems of the schools could not be divorced from the social context in which they were embedded.

Again, psychology's contribution was not enormous. A third incident that had an important influence on the emergence of community psychology was President Kennedy's message to Congress in 1963 regarding the community mental health movement. Huge amounts of money were allocated for the establishment of community mental health centres, and there was thus a strong onus placed on psychologists to "develop views and services that would deal with the direct and indirect consequences of racial discrimination, poverty, ghetto schools, alcoholism, and so forth" (Sarason, 1974, p.22). The final pertinent set of circumstances was sparked off by President Johnson's "War on Poverty" programme, the central thrust of which was that the core problems in American society could be located in a system of values that were no longer appropriate and not in, for example, education or mental health. There ensued a national fervour to change the quality of American life, in which psychology was inevitably implicated.

One cumulative effect of these external forces was a substantial amount of agreement that the university could not remain an "ivory tower" in the face of urgent social and political problems. There was a strong feeling that the intellectual, material and personnel resources of the university should be mobilised in combating the problems of the communities in which it was embedded. It was this demand, in interaction with the forces internal to psychology that have been listed above, that prepared the ground for the emergence of community psychology (Sarason, 1974).

The question: "What is community psychology?" has still not been answered. As has been implied above, the focus of applied psychology prior to the establishment of community psychology tended to be on the contribution of intra-psychic factors to problems of living. Partly as a reaction to this, many definitions of community psychology emphasise a concern with the role of environmental factors in the causation of psychological distress, as Rappaport (1977) has pointed out. An example of this kind of definition is provided by Zax and Specter (1974):

> Community Psychology is regarded as an approach to human behavior problems that emphasizes contributions made to their development by environmental forces as well as the potential to be made toward their alleviation by the use of these forces (p.3).

Although it cannot be denied that this constitutes an important dimension to community psychology, definitions of this type are inadequate for two reasons: firstly, they are too limited as a description of the activities of community psychologists in that they are not concerned solely with "human behavior problems" and, secondly, they are too general because of their lack of specificity as regards the "environmental forces" (Rappaport, 1977).

Rappaport (1977) himself does not provide a definition of community psychology. However, he does provide a theme or perspective that underlies his approach to this issue, the defining aspects of which are cultural relativity,

diversity and ecology (Rappaport, 1977). By way of clarification, he draws attention to three important characteristics of ecology: firstly, its emphasis on relationships among people and their social and physical environments with the implication that "there are neither inadequate persons nor inadequate environments, but rather that the fit between persons and environments may be in relative accord or discord" (Rappaport, 1977, p.2); secondly, its philosophy of intervention does not focus on rectifying weaknesses of people or communities but rather on locating and developing existing resources and strengths and, thirdly, its implication in terms of value of the need for a culturally relativistic viewpoint which accepts the value of human diversity (viz. that differences between people are necessary and desirable). A consequence of this is that a fair share of society's resources - both material and psychological - should not be denied to people either because of the goals or life styles they have chosen for themselves or because a marginal, minority or oppressed status has been forced upon them by circumstances (Rappaport, 1977).

What activities are prescribed by or incorporated in this perspective, in other words, what do community psychologists actually do? Lewis and Lewis (1977) have provided a convenient schema in answer to this question. They draw two distinctions, one between experiential and environmental programmes and the other between extensive and intensive programmes.

Experiential programmes provide services directly to individuals; "they give community members the opportunity to learn new skills or develop fresh understandings that can help them to live more effectively and more independently" (Lewis and Lewis, 1977, p.16). The latter deal with the community setting; by intervening in the environment, changes are brought about that have a beneficial effect on the individuals that form part of that environment.

Extensive programmes are aimed at all the members of a community, although it is not intended that each person be affected very deeply. Intensive programmes on the other hand are aimed at specific individuals or groups who are identified either by themselves or by others as being in need of special assistance; the intervention is intended to have a more significant impact on their lives than is the case for extensive programmes.

We therefore obtain four facets to the activities of community psychologists:

(a) the extensive experiential facet: direct experiences available to the population as a whole are provided

(b) the intensive experiential facet: special experiences to individuals or groups that need them are organised

(c) the extensive environmental facet: the entire community is made more responsive to the needs of all its members

(d) the intensive environmental facet: the environments of specific individuals or groups are intervened in so that their special needs can be met (Lewis and Lewis, 1977).

These facets, with the kinds of activities that could be involved in each, are presented below.

Table 1

The Four Facets of Community Psychology

(from: Lewis and Lewis, 1977)

	EXTENSIVE	INTENSIVE
EXPERIENTIAL	Educational programmes Training in helping skills Assistance to self help groups and programmes	Creation of self help and volunteer programs for special populations Facing and preventing crises Accessible counselling services: volunteer, paraprofessional and professional
ENVIRONMENTAL	Community planning and development Community action for change	Linkage with a helping network Consultation with other helpers Advocacy on behalf of individuals and groups

These four facets complement each other and are not mutually exclusive.

Each facet of Lewis and Lewis' (1977) scheme will now be discussed separately, highlighting aspects that are relevant for the programme that forms the subject of this thesis. Since this programme involves training lay therapists from a community organisation (the Rape Crisis Organisation) in rape crisis intervention, the author will be focusing on:

(a) the use of lay therapists

(b) crisis intervention (including crisis intervention with victims of rape)

(c) consultation.

In addition, an attempt will be made to show how these aspects interrelate and inform each other.

1.2 THE EXTENSIVE EXPERIENTIAL FACET OF COMMUNITY PSYCHOLOGY

The extensive experiential facet of community psychology has as its aim to "give psychology away to the people" (Miller, 1969, quoted in Mann, 1978) by sharing psychological knowledge and skills; thus, the principle emphasis is on education. It is hoped to increase the independence of individuals and communities by developing existing strengths and discovering new ones. Clearly, this is compatible with the ecological perspective of Rappaport (1977) that has been discussed above. There are two dimensions to this facet. Firstly, individuals can be assisted to develop attributes and abilities that are needed for personal effectiveness; this could involve educational programmes in areas such as training parents of disturbed children to conduct play therapy sessions with their own children (Andronico, Fidler, Guerney and Guerney, 1969), assertion training and lessons in self modification techniques (Lewis and Lewis, 1977). Secondly, community resources can be enhanced in order that lay people can help other people; this could involve training in helping skills and assistance to self help groups and programmes. The training and utilisation of lay therapists will be focused on hereunder.

1.2.1 Lay therapists and the professional personnel shortage

Lay therapists have been referred to as paraprofessionals,

nonprofessionals and subprofessionals. The term "lay therapists" is preferred because it emphasises a potential strength and does not describe them by what they are not. For the purposes of this thesis, therapists are defined as people engaged in the delivery of psychological services; lay therapists are thus therapists who have not undergone professional training in any of the human service professions such as psychiatry, psychology or social work (Kalafat and Boroto, 1977; Rappaport, 1977). The term "therapist" is used interchangeably with "counsellor" and "psychotherapist". The range of people who have been involved as lay therapists is vast; they differ according to variables such as age, socioeconomic and educational background, motivation, occupation, prior life experiences and position in the social status hierarchy (Cowen, 1967; Zax and Cowen, 1972). They also vary (a) according to whether they are paid for their services or are volunteers, (b) whether they are indigenous to the communities in which they are working or are from outside (Rappaport, 1977), and (c) whether they are working for established social agencies or for fringe groups that have been formed to assist people who are experiencing a particular kind of problem (for example, Rape Crisis).

Notwithstanding the broad scope of the lay therapy movement, an attempt has been made by Sobey (1970) to identify the activities of lay therapists (Cowen, 1973; Zax and Cowen, 1972). Based on a survey of 185 programmes using nonprofessionals, he identified three major and five lesser activities. The major functions are therapeutic, special skill training and community adjustment (including providing access

to various community resources), while the lesser ones are case finding, reception and orientation to services, screening, caretaking and community improvement (Cowen, 1973; Zax and Cowen, 1972).

One of the most important factors giving rise to the use of non-professional personnel was the explication of the huge shortage of professional people required to staff hospitals, clinics and other agencies that have begun to provide psychological services (Cowen, 1967). In the U.S.A., Albee (1968) has written that "the mental health establishment has made so many promises to so many groups in our society that it is beyond the wildest manpower dream that it can begin to provide these services" (p.317), while in South Africa, Holdstock (1973) has calculated that "with the current mental health professional to patient ratio as it was.., if each professional saw eight clients per day, clients would have one hour with their therapists once in every eight months" (Zimbler and Barling, 1975, p.1). This kind of figure is particularly startling if one takes into account the distinction between the demand and the need for psychological services; demand refers to people who are actively seeking, or who are referred for, help (Arnhoff, 1968). Statistics about demand are therefore biased towards underestimation; this assertion is supported by (a) the consideration that many people take their problems to people other than helping professionals, and (b) the observation that the demand for services accelerates sharply just as a new psychological facility is opened (Zax and Cowen, 1972). Estimates of need, on the other hand,

refer to people with problems of living who do not see themselves as needing the services of helping professionals (Arnhoff, 1968).

Not only are there not sufficient psychologists and other human service professionals to meet existing requirements, but there is every indication that the demand and need will increase. Justification for this statement is provided by, inter alia,:

(a) the population growth

(b) increased attention to problems of learning in schools and to providing constructive therapeutic and rehabilitative programmes for the mentally retarded

(c) the acknowledgement of responsibility for helping with groups of people who are not the traditional targets of psychological help

(d) the growing awareness of the effects of cultural difference(Cowen, 1971) and of socio-cultural change, which are particularly prominent in the South African case (Manganyi, 1972).

Partly because of the shortage of professional resources, existing resources are not equitably distributed. Research in the U.S.A. has indicated that working class people are likely to receive inferior service, and there is no reason to suspect that this does not apply in South Africa. The term

"working class" is used to refer to the proletariat as opposed to the bourgeoise and petit-bourgeoise. Furthermore, since the vast majority of Blacks in South Africa are from the working class, most of the remarks to be made below about the working class apply to Black South Africans. This is particularly startling in the light of Manganyi's (1972) comment, in referring to the South African Black population, that "the conclusion is inescapable that our socio-cultural environment is possibly one of the most pathogenic in the world" (p.10).

Hollingshead and Redlich, in their comprehensive study Social Class and Mental Illness (1958), found that, as one goes down the social scale, the professional diagnoses (and hence prognoses) conferred tend to become less favourable; more specifically, the diagnosis of psychosis increases and that of neurosis decreases, and the severity of neurosis diagnosed increases. Although this can to some extent be accounted for by differences in the way in which people from different classes present their problems, Hollingshead and Redlich (1958) draw attention to the fact that biases or stereotypes on the part of professional workers could also be contributing to this state of affairs. Indeed, this hypothesis has been confirmed by subsequent research (for example, Haase, 1964; Lee and Temerlin, 1970; O'Dowd, 1980). This does not imply that diagnostic classification should be discarded; it merely points to inadequacies in the way it is used.

Furthermore, it is more difficult for working class clients

to find their way onto waiting lists and less likely for them to receive any assistance after diagnosis (Jacobson, 1965; Turner and Cumming, 1967). Cowen (1973) has gone so far as to refer to the "well recognised fact that mental health services have largely failed even to engage the poor" (pp.446, 447). Even if they do receive assistance, they are less likely to receive dynamic psychotherapy and more likely to receive custodial or somatic interventions (Hollingshead and Redlich, 1958) (which is partly a consequence of the less favourable diagnoses that they are likely to receive).

In the case of working class clients who do receive psychotherapy, it is likely to be administered by less experienced therapists (Goldstein, 1973), it is not likely to be as extensive (Cowen, 1973), the person is less likely to remain in therapy for the anticipated duration or at the anticipated frequency of sessions (Jacobson, 1965) and the client is likely to improve significantly less than a middle class client (whether this is judged from his own or his therapist's perspective) (Goldstein, 1973).

Several reasons have been suggested for the relative lack of success that psychotherapy seems to have enjoyed with working class people. Impossible to ignore in this regard are logistic factors; for example, facilities may not be used in the most effective manner due to transport difficulties or hours of opening, during which people may not be able to leave their place of employment. Also, the role expectations of the client may be different to those of the therapist

(Goldstein, 1973). This takes place on two dimensions. Firstly, there may be differences in time perspective in that a working class person may have difficulty accepting that the therapy may be delayed or protracted (Jacobson, 1965). Secondly, there may be different expectations of the means by which the presenting problems are to be solved; as O'Dowd (1980) has put it,

> Therapy requires that the client accept some responsibility for the problem, and undertake to change it through self disclosure and verbal exchange of feelings and insights with the therapist. Middle class people, ..., tend to see themselves as responsible for their futures and capable of influencing them, and are more introspective and verbal. Lower class people, by contrast, tend to see problems as external and unchangeable, restrict disclosure to strangers (and a middle class therapist can easily remain a stranger), and use more non verbal codes (p.4).

Jacobson (1965) has drawn attention to psychodynamic considerations in explanation of the relative lack of success that psychotherapy seems to have enjoyed with working class people. He invokes Erikson's concepts of identity, which involves "the ability to experience one's self as something which has continuity and sameness"(Erikson, 1950, p.381) and integrity, the attainment of which is the culmination of human development (Jacobson, 1965). Erikson himself does not present a clear definition of the term (Erikson, 1950), but Freedman, Kaplan and Sadock characterise it as "the sense of satisfaction one feels when reflecting on a life productively lived" (1976, p.272). The style of integrity that an

individual attains is partly determined by the socio-political milieu in which she developed, and this includes her relation to the class structure. How does this relate to psychotherapy with working class people? The answer to this question involves the notion that close contact with people from different socio-political backgrounds can only be established at some psychological cost. This obviously applies to both the client and the therapist in the therapeutic situation; both may experience a threat to their senses of identity and integrity (Jacobson, 1965), which would mitigate against the establishment of a deep, ongoing therapeutic relationship.

A further psychodynamic consideration stems from the transference that the working class person experiences possibly being magnified by, firstly, the strangeness of the situation giving more scope to unconscious projections and, secondly, the patient's being "below" the therapist in the social hierarchy being likely to reinforce his perception of the therapist as a parental figure. This is relevant in that many clients coming into therapy regard themselves as "bad" children as a consequence of anxiety and guilt connected to the material emerging from the unconscious. Thus, if (or when) the working class client and his therapist encounter some of the difficulties that have been discussed above, the phantasies of being a "bad" child are confirmed. The resultant feelings of rejection may be increased by the therapist's countertransference, which could be coloured by

prejudices and biases towards working class people (Bloch, 1968). A total breakdown in therapy could ensue, leading to termination (Jacobson, 1965).

In summary, discussion has emerged on how the shortage of professional personnel was one factor giving rise to the use of lay therapists. This shortage becomes particularly stark when considering that the professional resources that are available are not evenly distributed across social classes. In particular, focus was placed on the difficulties that working class people are liable to experience with psychotherapy; this will be followed through in relation to crisis intervention in 1.3.2.5 below.

Professional shortages and inadequacies are not the only rationale for the use of lay therapists. It is apparent that lay therapists have certain qualities that - in certain circumstances - render them more suitable as helpers than their professional counterparts. Among these qualities are their enthusiasm and positive expectations, their openness to innovative strategies, their lack of professional roles and techniques that can produce distancing effects between client and professional and the special knowledge that groups of lay therapists sometimes have of their target populations (for example, Rape Crisis) (Kalafat and Boroto, 1977). Finally, there is the "bridging function" whereby the lay therapist is able to open communication between the helping agency and certain social groups because of her social position (Meyer, 1971); this is particularly relevant in the light of the difficulties

of these approaches can be relatively easily imparted to and grasped by lay therapists (Guerney, 1969). Important here are behaviour therapy, the work of Rogers and Carkhuff and crisis intervention (to be discussed in detail in 1.3.2 below) (Schneidman, 1972).

In spite of the above arguments, there has been considerable opposition to the use of lay therapists by clients and professional people. Some of the objections or criticisms that have been put forward are: the quality of services would decline (Blau, 1971) because of the inability of the lay therapist to have a deep understanding of the client's total situation (Goldberg, 1971); the status and role of professionals would be adversely affected owing to their association and confusion with lay therapists (Goldberg, 1971); lay therapists would not grasp the significance and importance of confidentiality (Reiff, 1967) and would be "prone to such ineffectivenesses as excessive dependency, panicking, projecting one's problems onto others, lack of sophistication, etc." (Cowen, 1973, p.448). It would seem, however, that the deleterious effects of these factors would be less than the deleterious effects of service needs and demands not being met at all (Cowen, 1973). Nonetheless, professionals may give expression to their negative feelings about lay therapists by being condescending, having a lack of sympathy with the nonprofessional movement and being reluctant to supervise lay therapists (Mitchell, 1971).

Regardless of the validity or otherwise of the objections

mentioned above, the resistance and suspicion of certain professionals (Kalafat and Boroto, 1977) can be understood in the light of the realisation that some professionals are not motivated solely by a concern with the welfare of the psychologically distressed but also by a concern with their own welfare (Rioch, 1969). Thus, they would not be inclined to support the utilisation of lay therapists unless it could be demonstrated that their own interests would not suffer, which could account for some of their objections. However, it seems that their own interests would not necessarily suffer for two reasons, the first of which is that the magnitude of the professional resource shortage is so vast that there is enough work for everyone. The second reason is that, even if certain professionals were in a position where much of their day-to-day activities were being carried out by non-professionals, this would still not be against their interests because they would then be able to devote more time and energy to programme development and administration, education, training, consultation, supervision, research and evaluation (Lewis and Lewis, 1977; Rioch, 1969).

There are other difficulties that lay therapists have encountered. Applying particularly to those who are in remunerative employment for psychotherapeutic services are the lack of clear promotion prospects and career structures and role strains and ambiguities (notwithstanding the advantages of the "bridging function") (Kalafat and Boroto, 1977; Karno and Schwartz, 1974). The lay therapist is a marginal person in that she is not an ordinary citizen and yet is not a professional and thus lacks a clear

identity in the helping role (Reiff, 1967). This identity confusion is likely to be exacerbated by the lack of clear goals and established programmes in the organisations or groups in which lay therapists are likely to be involved. The role relations with professional people are also likely to be confused; on the one hand, the lay therapist is an agent in the helping process and, on the other hand, is a client to be helped by the professional (Meyer, 1971). Further difficulties could arise as a result of de jure barriers, by which necessary restrictions are placed on who may "treat" the "mentally ill". In South Africa, this is done by means of the Mental Health Act of 1973 and the Social Workers and Associated Professions Act of 1978.

Doubts have been raised as to the effectiveness of lay therapists. The efficacy of psychotherapy in general (stated in such a broad manner) is by its very nature difficult to research (Lewis, 1976) because of the variety of therapists, locations, clients and criteria for improvement (De Wet, 1972). Partly for this reason, professional services are simply assumed to be useful (Rappaport, 1977); contrarily, the utility of the services of lay therapists is required to be proved. A further factor to be born in mind when examining outcome studies for lay therapy is that the effect of the nonprofessional intervention should be related to what would have happened if the programme had not taken place. In other words, it is not necessarily appropriate to compare the effects of therapy by lay therapists to those of therapy by professionals. Lay therapy is often a substitude for no therapy at all, in which

case an appropriate control group would be a "no treatment" group (Rappaport, 1977).

The published reports of investigations into the efficacy of lay therapy are sparse and give an equivocal impression. Rappaport (1977) has drawn attention to the work of Cowen and Zax and their colleagues on the utilisation of volunteer therapists in the school setting (Cowen, 1968, 1969; Cowen, Izzo, Miles, Telschow, Trost and Zax, 1963; Cowen, Zax, Izzo and Trost, 1966; Cowen, Zax and Laird, 1966 and Zax and Cowen, 1967) and to the review by Gruver (1971) in which the use of college students with children is explored. Both sets of studies concluded that the students benefitted from the intervention but that the effects on the children were "inconclusive or impressionistic" (in the former case) and "suggestive at best" (in the latter case) (Rappaport, 1977, pp.380, 381). The contradictory findings in this area are exemplified if one compares this conclusion with that of Kalafat and Boroto (1977): "the consensus of those who have provided reviews is that nonprofessionals have been found to perform as well as, and in some cases better than, professionals in the delivery of mental health services" (p.5) (see, for example, Carkhuff, 1969, 1971 and Poser, 1969).

1.3 THE INTENSIVE EXPERIENTIAL FACET OF COMMUNITY PSYCHOLOGY

This dimension of community psychology is concerned with the "needs of people who are identified or who identify themselves as being in need of special assistance" (Lewis and Lewis, 1977, p.19). One means whereby this is achieved is by seeking out and intervening with sectors of the population that would benefit by their unrealised potential being actualised. Especially important here are so-called "socially devalued populations", or people who are downgraded or oppressed because of some past activity such as drug or alcohol abuse or having been an in-patient at a mental hospital. A further means whereby the intensive experiential facet could be implemented is by providing accessible therapy for those seeking it either for personal growth or in order to cope with a crisis (Lewis and Lewis, 1977).

There are three implications of this that need to be elucidated. Firstly, the activities that are subsumed under this facet are consistent with Rappaport's (1977) perspective that was presented in section 1.1 in which the concepts of cultural relativity, diversity and ecology are crucial. Secondly, in order to render therapy accessible the use of volunteer lay therapists as discussed in section 1.2.1 is indicated. Thirdly, there is an emphasis on preventive intervention (Lewis and Lewis, 1977), which will now be introduced.

1.3.1 Preventive Intervention

The rationale for preventive psychology is obvious; by reducing the number of people requiring assistance, many problems relating to personnel shortages, inability to reach large numbers of people in need and the dubious efficacy of various intervention procedures are obviated (Rappaport, 1977). Thus, proportionately more energy can be directed towards those who "slip through" the preventive net.

Prevention has often been falsely presented as an activity divorced from or even antithetical to what are regarded as "mainstream" or "traditional" approaches to clinical practice. However, Parad (1965b) quotes Mary Richmond in Colcord (1930) in refutation of this stand:

> Prevention is another one of those words which, as used in proverb and slogan, has been much abused. Who... can ever place "prevention" and "cure" in antithesis to each other again? The two processes interplay at every turn, and cure, in and of itself, is a form of prevention, for we learn how to prevent by honestly trying to cure. In other words, prevention is one of the end results of a series of processes which include research, individual treatment, public education, legislation, and then (by retraced steps) back to the administrative adaptations which make the intent of legislation real again in the individual case.
>
> The interplay of these wholesale and retail processes is an indispensable factor in any social progress which is to be permanent (p.284).

More recently, and not in contradiction of the above sentiments, Gerald Caplan (Caplan, 1961, 1964; Caplan and Grunebaum, 1967) provided a conceptual framework for preventive psychiatry, together with examples of how the ideology he was propounding could be translated into practice. He did this by adopting a public health approach to psychological problems (Broskowski and Baker, 1974) and by so doing popularised the notion of prevention among mental health professionals (Rappaport, 1977).

Caplan delineates three levels of prevention. Tertiary prevention "aims at reducing the community rate of residual defect which is often a sequel to acute mental illness" (Caplan and Grunebaum, 1967, p.331). At this level, the interplay between "curative" and "preventive" intervention is most obvious. Secondary prevention is aimed at the early identification of problems, closely followed by prompt intervention while there is a greater probability of success. Corollaries of this are that diagnostic tools should be sharpened in order that the presence of emotional disorder can be detected from fewer and milder indications and that early referral for further assessment and possibly therapy should be encouraged if a difficulty is suspected (Rappaport, 1977). Primary prevention "involves lowering the rate of new cases of mental disorder in a population over a certain period by counteracting harmful circumstances before they have had a chance to produce illness" (Caplan, 1964, p.26). Energies are devoted towards modifying the environment and strengthening individual abilities to cope with situations

(Caplan and Grunebaum, 1967). It is in this latter regard that crisis intervention is crucial

1.3.2 Crisis Intervention

There are various trends that have contributed to the emergence of crisis intervention as an independent approach to psychological management. The section on the definition of "crisis" will be begun by a brief discussion of some of these trends in order to convey some notion of the base of knowledge from which crisis theory and intervention is derived.

1.3.2.1 Definition of "crisis"

Golan (1978) has mentioned the following factors (amongst others) as being particularly important as contributions to the emergence of crisis intervention:

(a) Studies on coping and mastery patterns by experimental psychologists

(b) cognitive approaches to decision making in which information processing occupies a central position and sociological studies in which the reactions of families to stress and individuals' reactions to large scale disasters were examined.

A more direct precipitating factor to the emergence of crisis intervention was the influence of World War II and the Korea conflict; it was discovered by military psychiatrists that "persistent dysfunction could be reduced by treating the men as close to the front line as possible, focusing on the immediate situational crisis, and returning them to combat duty within a short time in order to reduce regression and restore self confidence" (Golan, 1978, p.26).

Within psychology/psychiatry itself, the work of the ego psychologists was significant in terms of the development of a theory of crisis intervention (Kahn, 1978). They focused their attention on the executive, conflict free areas of the ego (Golan, 1978), thus emphasising growth, adaptation and mastery (Kahn, 1978). For reasons that will become clear below, the work of Rado and Daniels (1956) is relevant for our purposes. He construed the dynamic principal of adaptation as being basic to human behaviour, the focus of therapy thus being on failure of adaptation in the daily life of the client. Understanding is utilised immediately to alter maladaptive patterns of behaviour, and it is this alteration that comprises the therapeutic change agent. The therapy is thus an active endeavour in that the client is constantly encouraged to confront her real life situation (Aguilera and Messick, 1974).

Erik Erikson (1950, 1956, 1968), also working in the general framework of ego psychology, introduced the concept of developmental crisis. He postulated that the individual passes

through eight stages of psychosocial development spanning the entire life span, each of which involves the working through of a crisis particular to that stage. The way in which a crisis is resolved is dependent on the way in which previous crises were negotiated. He defines crisis as "a necessary turning point, a crucial moment, when development must move one way or another, marshalling resources of growth, recovery, and further differentiation" (Erikson, 1968, p.16). Erikson's work provided a stimulus and foundation for other theorists who elaborated on the notion of maturational crisis and began to devote increasing attention to situational crises (Aguilera and Messick, 1974).

Lindemann (1944) had already studied the situational crisis of bereavement. In his classic paper Symptomatology and Management of Acute Grief (1944), he reported on his observations of 101 people who had recently experienced the death of a close relative. The points that he made in that paper are as follows:

(a) acute grief is a definite syndrome with psychological and somatic symptomatology

(b) this syndrome may appear immediately after a crisis; it may be delayed; it may be exaggerated or apparently absent

(c) in place of the typical syndrome there may appear distorted pictures, each of which represents one special aspect of the grief syndrome

> (d) by use of appropriate techniques these distorted pictures can be successfully transformed into a normal grief reaction with resolution
>
> (Lindemann, 1944, p.141).

A normal grief reaction is acute, has an identifiable onset, follows a predictable course involving specific stages and endures for a relatively brief period (Ewing, 1978).

Lindemann (1944) was one of the first people to draw attention to, firstly, the existence of generic patterns of response to situational crises (for example, bereavement) and, secondly, the preventive possibilities of the crisis concept. It was in order to develop these ideas that he suggested that a framework be constructed around the notion of an "emotional crisis" (Aguilera and Messick, 1974).

It was Lindemann's colleague Caplan (section 1.3.1 above) who developed such a framework. He defined a crisis as:

> A state provoked when a person faces an obstacle to important life goals that is for a time insurmountable through the utilisation of customary methods of problem solving. A period of disorganisation ensues, a period of upset, during which many abortive attempts at solution are made. Eventually some kind of adaptation is achieved which may or may not be in the best interests of that person and his fellows (Caplan, 1961, p.18).

Hirschowitz (1972) has provided a similar definition, but he has emphasised that the individual cannot use the customary

method of problem solving of escaping from the situation. For the purposes of this thesis, Caplan's (1961) definition will be used, taking into account the individual's not being able to escape from the situation.

By way of clarification, several implications or corollaries of the above definition will be listed.

(a) The period of disorganisation is temporary in that the adaptation is usually achieved within four to six weeks (Hirschowitz, 1972; Golan, 1978).

(b) The "obstacle to important life goals" in the definition by (Caplan, 1961, p.18) above invariably involves some loss or impending loss. This loss could be - amongst others - a loss of self control, loss of an important relationship, loss of self image, loss of virginity, loss of approval from significant others or loss or previous abilities to cope (Isaacs, 1979).

(c) A crisis per se is not an illness or a pathological entity (Kapla , 1968); indeed it is inevitable that each individual confronts crises in the course of her life, as Erikson (1950, 1956, 1968) and Lindemann (1944) have made clear.

(d) It is important to differentiate between "stress" and "crisis". Rapoport (1965) has pointed out that the term "stress" is used in three different manners:

firstly, it is equated with the stressful event or situation; secondly, it is used to denote the response of an individual to a stressful event or situation and, thirdly, stress can refer to the relation between the stressful set of circumstances, the person's response to it and the events to which it leads. Furthermore, the state of stress is not assumed to have growth promoting potential; on the contrary it has negative connotations in that the person in stress is usually assumed to have two options open to her, viz. to survive or to crack up (Rapoport, 1965). The state of crisis, on the other hand, does have growth promoting potential; this will be explored in greater detail in section 1.3.2.4 below.

1.3.2.2 Categories of crisis

Various attempts have been made to provide a classification of the various kinds of crisis, for example: Argles and Mackenzie (1970); Burgess and Lazare (1976); Caplan (1964); Golan (1978); Eliot (1955); Hill (1965); Hoff (1978); Morrice (1976); Pasewark and Albers (1972); Schneidman (1972); Schwartz (1971). In each of these categorisations, the different groups of crises are presented as separate entities; in actual practice however a specific crisis may not fall into one particular category in that it may have characteristics

pertaining to two or more categories. Furthermore, a state of crisis may be precipitated by several factors in interaction with each other, each of which falls into a separate category (Golan, 1978). For the present purposes, the schema provided by Golan (1978) is useful. She delineates the following three kinds of crisis.

(a) Natural and man-made disasters. Included would be:

- earthquakes (Blaufarb and Levine, 1972)
- hurricanes (Richard, 1974)
- train smashes (Grossman, 1973)

(b) Developmental and transitional life crises. Developmental life crises refer to the periods of disorganisation or upset occurring at the various stages of the normative life cycle of individuals (Erikson, 1950, 1956, 1968; see section 1.3.2.1 above) or families (Scherz, 1971). Transitional life crises, on the other hand, refer to the intellectual or emotional upset that can occur when a person is faced with an important change in her life situation, which can occur either during a developmental stage or when passing from one stage to another. Examples of transitional life crises are:

- a family on the threshold of parenthood (Cyr and Wattenberg, 1965)

- the birth of the first child for a married couple (Dyer, 1965; LeMasters, 1965)
- the maternal reaction to a premature birth (Kaplan, 1968; Kaplan and Mason, 1965)
- the effect on the family of a child's entrance into kindergarten (Klein and Ross, 1965)
- divorce (Bohannan, 1971)
- geographical relocation (Brown, Burditt and Liddell, 1965)
- sexual confusion (Isaacs, 1976, 1979)
- entry into an old age home (Joffe, 1980)
- imminent death (Kubler-Ross, 1969).

(c) Situational crises. These form the majority of cases in which crisis intervention occurs. The various situational crises have the following in common: firstly, they are set off by some accidental or anticipated event that causes a chain of reactions in an individual or system; secondly, the themes of threat and loss are prominent and, thirdly, a state of crisis is precipitated in some of the people involved (Golan, 1978). Some examples of situational crises are:

- bereavement (Lindemann, 1944 - see section 1.3.2.1

above; Parkes, 1975; Williams and Polak, 1979; Williams,Polak and Vollman, 1972)

- myocardial infarction (Sonnenberg, 1980)
- other medical emergencies (Hankoff, Mischorr, Tomlinson and Joyce, 1974)
- illness (Miller, 1975, in Golan, 1978)
- rape (to be discussed in 1.3.2.7 below).

1.3.2.3 The stages in the crisis sequence

Many attempts have been made to identify the stages in the crisis sequence (Caplan, 1964; Golan, 1978; Hill, 1965; Hirschowitz, 1972; Pasewark and Albers, 1972 and Tyhurst, 1957, in Rapoport, 1965). The author has integrated the work of some of these theorists to yield the following schema, which is represented diagrammatically in figure 1. The stages presented below are not separate entities and may overlap with each other.

(a) The hazardous event. Golan (1978) introduces the concept of hazardous event as follows:

> The hazardous event is a specific stressful occurrence, either an external blow or an internal change, which occurs to an individual in a state of relative stability with his biopsychosocial situation and which initiates

> a chain of reverberating actions and reactions. It is the starting point that marks a change in the ecological balance and can usually be found by probing the individual's relatively recent past. Such events can be classified as anticipated and predictable, or unanticipated and accidental (p.64).

The hazardous event could fall into any of the categories mentioned in 1.3.2.2 above.

(b) The vulnerable state. The vulnerable or upset state is the individual's subjective response to the hazardous event (Golan, 1969, 1978). Rapoport (1970) in Golan (1978) has observed that the individual may react to the hazardous event in one of three ways; he may perceive it as a threat his sense of integrity or autonomy or to his instinctual needs or he may perceive it as a loss of a person or ability or as a challenge to mastery, growth, survival or self expression. On the emotional level, threat is likely to be accompanied by anxiety, loss by depression and mourning and challenge by anxiety, hope, excitement and positive expectations. In addition, shame, guilt, anger, hostility and cognitive and perceptual confusion are found (Golan, 1969, 1978).

It is while in the vulnerable state that the individual in crisis can be expected to pass through the phases that Caplan (1964) has outlined. In the first phase, the person experiences the initial rise in tension from the hazardous event and utilises the usual problem solving techniques.

If these do not work, there is a further rise in tension accompanied by feelings of upset and ineffectivity; this is the second phase. In phase three, the continuing rise in tension provokes the activation of both internal and external resources and the person engages in emergency problem solving mechanisms. This may result in the situation being resolved, in which case the person returns to his previous level of functioning. Phase four is entered if the situation is not resolved; this involves an increase in tension and disorganisation of functioning culminating in some precipitating factor.

(c) The precipitating factor. "The precipitating factor or event is the link in the chain of stress-provoking events that converts the vulnerable state into the state of disequilibrium" (Golan, 1978, p.66). It may be of such significance to the person that it coincides with the hazardous event or it may have a relatively trivial significance but nonetheless tips the balance so that the person goes into a state of disequilibrium; to use an alternative metaphor, it is the "straw that breaks the camel's back" (Golan, 1969, 1978).

The precipitating factor is important in terms of the definition of a state of crisis. Bloom (1963) conducted a study the purpose of which was to determine when a client was considered to be in a state of crisis. Eight expert judges reacted to a series of case histories in order to study the differential effects of five variables upon judgements of the presence or absence of a crisis state. On the basis of this,

Bloom (1963) was able to conclude that "in practice, a crisis is defined primarily in terms of knowledge of a precipitating event" (p.502).

(d) The active crisis state

> The state of active or acute crisis describes the individual's subjective condition, once his homeostatic mechanisms have broken down, tension has topped, and disequilibrium has set in (Golan, 1978, p.68).

Hirschowitz (1972) has delineated three phases that the person in an active crisis state predictably negotiates. These are the impact phase, in which the person is dazed and experiences "fight-fright-flight" responses, the recoil-turmoil phase, in which feelings such as rage, anxiety, depression, guilt and shame are prominent, and the adjustment phase, in which the person starts to feel hopeful about the future. These phases are depicted in figure 1, together with their duration, time perspectives and cognitive patterns.

(e) Reintegration. The state of active crisis gradually merges into the reintegration phase; disorganisation, tension and anxiety subside and the individual regains her ability to function (Golan, 1978). Pasewark and Albers (1972) have divided the reintegration stage into three processes. Firstly, there is correct cognitive perception whereby the individual consciously attempts to gain knowledge and insight into his predicament. This is followed by the management

of affect; the feelings associated with the crisis are accepted and released. Finally, the person develops patterns for seeking and using help, which may persist long after the crisis has passed. This has implications for preventive psychology, which is discussed below.

1.3.2.4 Crisis intervention as prevention

It was mentioned in 1.3.2.1 above that Lindemann (1944) was one of the first theorists to draw attention to the preventive possibilities inherent in the crisis situation, a topic that has been mentioned by several other writers (Kaplan, 1968; Morris, 1968; Porter, 1966; Rosenthal, 1965). It would seem that these possibilities can be implemented on the levels of secondary and primary prevention, as defined in section 1.3.1.

In terms of secondary prevention, crisis intervenors and theorists have increasingly been devoting their attention to people who comprise the target populations of mental hospitals (Schwartz, 1971). One of the important factors leading to this development was the work of Birley and Brown (1970) who found that life events contribute as precipitants to the onset or relapse of acute schizophrenia. Efforts have been made to do crisis intervention early in the course of an episode of a psychiatric condition, whether it be a first presentation (Decker and Stubblebine, 1972; Hankoff, Mischorr, Tomlinson and Joyce, 1974) or a relapse or exacerbation of an

already existing condition (Rubinstein, 1972); by early intervention, it is hoped that hospitalisation will be averted (Langsley, 1972; Schwartz, 1971; Sifneos, 1960). The aim is to restore the person to his pre-crisis level of functioning or, if this is not possible, to reduce the amount of impairment (Schwartz, 1971). There is little attention devoted to the growth promoting possibilities of the crisis situation, which pertain more directly to primary prevention.

In Caplan's original (1964) formulation, crisis intervention was a crucial aspect of his "program for primary prevention" (p.56). He drew attention to the fact that a crisis was a turning point in life development, an idea that had previously been mooted by Erikson (1950, 1956). On the one hand, there is the danger that the individual's response to a crisis may be postponed or maladaptive; in this case, the individual will function at a lower level at the termination of the crisis than before the crisis. This is indicated by possibility (b) in the reintegration phase of figure 1. On the other hand, there is the opportunity to develop unrealised personal resources in response to the situation in which the "customary methods of problem solving" (Caplan, 1961, p.18) are not applicable (Halpern, 1973). In this case, which is indicated by possibility (a) in figure 1, the individual is functioning at a higher level at the termination of the crisis than before the crisis.

In the light of the above, it is noteworthy that the Chinese idiogram for crisis consists of two characters, one indicating

"danger" and the other "opportunity" (Watts, 1980). The implication of this for primary prevention is that a person who has grown through a crisis experience is less likely to manifest psychological problems at a later stage than a person who functions at a lower level at the termination of the crisis than before the crisis (Galdston and Hughes, 1972).

The danger and opportunity of the crisis situation are multiplied by the person possibly using the same coping mechanisms in future crises (Caplan and Grunebaum, 1967; Hirschowitz, 1972 and Pasewark and Albers, 1972).

The whole issue of prevention is inextricably bound up with the problems surrounding the shortage of professional personnel.

1.3.2.5 Crisis and the professional personnel shortage

The shortage of professional personnel and the use of lay therapists was discussed in section 1.2.1 above; specifically it was mentioned that crisis intervention is one of the approaches that is amenable to use by lay therapists because its basic concepts are relatively easily imparted to and grasped by people who do not have a background in a human service profession.

A further relation of crisis intervention to the professional personnel shortage involves the fact that crises are time limited (Golan, 1978; Hirschowitz, 1972); each intervention

will thus be shorter which implies that more people will be able to receive assistance.

Intervention offered to a person who is in a state of crisis can have an extremely large impact, and is thus economical in terms of the available resources. One of the reasons for this large impact is that the outcome of a crisis is not a function solely of the nature of the hazardous event or precipitating factor (Caplan, 1964) or the pre-crisis personality (Kaplan, 1968), although these can obviously have some impact on the resolution of the crisis. Far more important in affecting crisis outcome are the intra- and inter-personal circumstances during the actual crisis, hence the importance of external intervention.

There are three additional reasons that intervention while a person is in a state of crisis can have a larger effect than when the person is in a state of equilibrium. Firstly, people tend to be more motivated to accept help when in a crisis state (Argles and Mackenzie, 1970; Pasework and Albers, 1972). This is partly related to the individual's usual methods of coping being demonstrably inadequate which could force him to seek alternatives. Hirschowitz (1972) has suggested that, because a crisis situation can be "non-pathological", there is less "shame tax" to be paid for soliciting help from others. Secondly, the person is far more susceptible to outside influence when in a state of disequilibrium (Caplan, 1964; Hirschowitz, 1972; Parad and Parad, 1968; Pasewark and Albers, 1972; Rapoport, 1965).

The individual is temporarily more dependent (Hirschowitz, 1972) and resistance to the development of new behaviours is diminished because of the weakening of old defences (Pasewark and Albers, 1972). As Caplan (1964) puts it, "When the forces are, as it were, teetering in the balance, a relatively minor intervention may weigh them down to one side or the other. The resulting steady state will then be relatively stable" (p.54).

The third reason that intervention during a crisis can have a relatively large effect is more complex. Argles and Mackenzie (1970) and Rapoport (1965) have made the obvious observation that the precipitating factor or hazardous event can be linked to unresolved repressed conflicts. Harris, Kalis and Freeman (1963), Hoffman and Remmel (1975) and Kalis, Harris, Prestwood and Freeman (1961) have developed this idea further. Hoffman and Remmel (1975) refer to this "special meaning" as the precipitant while the other two groups of authors refer to it as the derivative conflict. In their therapies, they attempt to bring this repressed material into consciousness and work it through. They differ from other psychodynamic therapists in that the historical material is used only on condition that it arises spontaneously and relates directly to the current problems (Harris, Kalis and Freeman, 1963), and they differ from other crisis intervenors who believe that it is not necessary to explore anything other than the intellectual and effective components of the precipitating factor to restore the client to her pre-crisis level of functioning (Golan, 1978). The important aspect of exploring the precipitant or derivative

conflict for the shortage of professional personnel is that the energy that was needed to maintain the repression suddenly becomes available to forge a new and better resolution to the core conflict (Rapoport, 1965); the unconscious material is more easily accessible than under normal circumstances. The implication of the reactivation of unconscious conflict for primary prevention is that the new resolution reduces the probability of its causing a more serious psychological breakdown at a later stage.

Several writers have examined the contribution that crisis intervention has made to the problems posed by the iniquitous distribution of psychological resources (for example, Aguilera and Messick, 1974; Barling, 1975; Ewing, 1978; Jacobson, 1965) that was discussed in section 1.2.1 above. On a factual level, Jacobson (1965) has written that, at the Benjamin Rush Clinic in Los Angeles, California,

> few of the difficulties reported in other settings in regard to the involvement of so-called lower-class patients in treatment have been noted. Social and cultural variables do not seem, in fact, to alter therapeutic planning, process or outcome to any significant degree. Nor is race a factor, as both Negro and White therapists work with both kinds of patients with no particular difficulty. Analysis of our data indicates that 54 per cent of our patient population falls into social classes IV and V, the two lowest classes in the social classification system of Hollingshead and Redlich (1958). Preliminary analysis to date suggests no statistically significant relationship between social class and any of the variables relative to the therapeutic process, including number of

> visits, percentages treated and rating of improvement at termination (p.215).

Closer to home, Barling (1975) conducted a study in which statistics collected at the Johannesburg Crisis Clinic between 1 January 1973 and 31 August 1974 were examined. He found that the greatest number of clients (44,7 per cent) came from the lower middle class, closely followed by the lower class, which contributed 41,57 per cent. The socio-economic status of the remaining 13,71 per cent of clients was upper middle or upper class.

How are we to account for the conclusion that working class clients receiving crisis intervention do not seem to experience the same difficulties that they apparently experience with psychotherapy in general? Aguilera and Messick (1974) and Jacobson (1965) have suggested that some of the problems arising from the therapist and client coming from different socio-economic backgrounds are compensated for by the universality of the crisis experience and process, which could have a unifying effect. This effect is magnified if the crisis is maintained as the focus of therapy. Also feeding into this situation is the consideration mentioned above that people are more inclined to accept help when in a crisis state, which has the corollary that people in crisis are not so likely to be perturbed by the therapist having a different background. In attempting to account for the different experience that working class clients have in psychotherapy compared to middle

class clients in 1.2.1 above, three dimensions were considered: logistics, differing role expectations and psychodynamic factors. The relation of these three dimensions to crisis theory and practice will now be discussed, thus casting some light on the findings of Jacobson (1965) and Barling (1975) that have just been presented.

On the level of logistics, transport difficulties are often not experienced because crisis intervention centres are often deliberately situated in places that are readily accessible or the therapy takes place in the client's home or some neutral place. Also, hours of operating are more flexible than with most private practices or hospital out-patient departments.

In terms of role expectations, different expectations in terms of the delay before receiving therapy and its duration are circumvented by the fact that crisis intervention is, by its very definition, of brief duration and is commenced immediately. The action-oriented nature of crisis intervention (which will be discussed in 1.3.2.6 below) tends to be more congruent with working class clients perceiving their problems as external and being reluctant to share aspects of themselves with strangers.

Finally, on the psychodynamic level, it was mentioned that part of the reason that psychotherapy with working class clients could be problematical is that both therapist and client could perceive a threat to their sense of identity and integrity. Jacobson (1965) lists three factors that could reduce the

probability of this happening in the case of crisis intervention, viz. its brevity, circumscribed nature and focus on areas where the person's usual problem solving mechanisms have already been shown to be inadequate. The limits on the relationship implied by the first two factors are likely to reduce the perceived threat and the effect on the client of the third factor is likely to be reassurance that the areas of his life where he is coping adequately will not be affected by the therapist's interventions.

All of this reduces the chances of the therapy being unsuccessful and hence of the client perceiving himself as a "bad child", because he would not experience an actual or phantasied rejection. A positive transference is more likely to develop, which in turn makes it more likely that the therapy continue (Jacobson, 1965).

The above material has related mainly to crisis theory, and very little attention has been devoted to crisis intervention, This gap will now be filled.

1.3 2.6 Strategies of intervention

In 1.2.1 above we noted that crisis intervention is ahistorical in that it does not posit that it is always necessary to have deep affective and cognitive insight into the origin of the problems in order to resolve a crisis. The focus is

on what is happening in the present, although some writers have drawn attention to the advantages in exploring repressed material that is linked to the precipitating factor (see 1.3.2.5 above).

In section 1.3.2.1 we discussed the influence of the ego psychologists on the emergence of crisis intervention as an independent approach to clinical practice. Important emphases of ego psychology for the present purpose are, firstly, the activation of executive, conflict-free areas of the ego in times of difficulty; secondly, the focus on the immediate life situation and, thirdly, therapy being an active endeavour in which the immediate alteration of maladaptive patterns of behaviour is the therapeutic change agent.

ALso in section 1.3.2.1 we mentioned that crises are time limited; this would obviously impart a sense of urgency to any intervention while the person is in a state of crisis.

Finally, in the definition of crisis by Caplan (1961), it was implied that the individual in crisis is unable to motivate his own recovery because his usual methods of problem-solving have broken down (Kahn, 1978).

Rappoport (1970) has pointed out that "there is as yet no well developed treatment methodology in crisis-oriented brief treatment" (p.217) and Pasewark and Albers (1972) have referred to crisis intervention as a "theory in search of a program" (p.70). Since these comments were made, various techniques

and strategies of intervention have appeared in the literature. It was partly the influence of the factors that have just been listed that has resulted in approaches to crisis intervention being structured and action oriented (Baldwin, 1977; Ewing, 1978; Kahn, 1978; Pasewark and Albers, 1972). This is exemplified by the following quotations.

(a) The therapist must be willing to take an active and sometimes directive role in the intervention. The relatively slow paced approach of more traditional treatments is inappropriate to this kind of therapy (Aguilera and Messick, 1974, p.19).

(b) As a state of temporary dependency, a crisis requires the active intervention of the person in the helper role. Crisis training then must promote the natural desire of the non-professional to take an active role in the client's situation, ... (Dixon and Burns, 1974, p.122).

(c) Wolberg's (1965) statement that therapist passivity is the anathema of brief psychotherapy encompasses not only the therapist's behavior vis-à-vis the patient, but also the therapist's hesitancy to clearly hypothecate dynamics and then subject these hypotheses to test via appropriate therapeutic intervention techniques (Kardener, 1975, p.8)

(d) The golden rule for the therapist in crisis intervention is to do for others that which they cannot

do for themselves and no more! (Rusk, 1971, p.251, emphasis in the original).

(e) The crisis approach puts the crisis therapist in the role of taking an active, direct, and involved role.... The crisis therapist is there to reflect reality, and reality does not sit passively and mirror feelings back to the client.... The role of the crisis therapist is an active and aggressive one as he moves in for data, assesses the problem, situation and people, presents a picture to the client of what is going on, and offers ways of dealing with the problem.... The crisis therapist conveys an important message of being in command of the situation and thus able to offer direction out of the problem (Sebolt, 1972, p.69).

(f) (Referring to a psychiatry trainee:) she had gone beyond her training and had given the kind of response that was exactly called for in crisis intervention: activity, concern, action, involvement (Schneidman, 1972, p.14).

The structured and action-oriented perspective to intervention strategies is manifest on three levels: goals of intervention, models of intervention, and therapist attitudes. We shall deal with each separately.

(a) Goals of intervention. Rapoport (1970, quoted in Golan, 1978) has suggested that there are two levels of objectives.

The minimal goals that the client and therapist need to strive towards are:

(a) relief of symptoms

(b) restoration to precrisis level of functioning

(c) some understanding of the relevant precipitating events which led up to the state of disequilibrium

(d) identification of remedial measures which the client or family can take or that are available through community resources (Golan, 1978, p.71).

If the above goals have been achieved and if the client is motivated and the therapist is sufficiently trained, work can be directed towards attaining the following additional goals:

(e) connecting the current stresses with past life experiences and conflicts

(f) initiating new modes of perceiving, thinking and feeling and developing new adaptive and coping responses which can be useful beyond the immediate crisis situation (Golan, 1978, pp.71, 72).

An aspect of goal 5 is the uncovering of the precipitant (Hoffman and Remmel, 1975) or derivative conflict (Harris, Kalis and Freeman, 1963; Kalis, Harris, Prestwood and Freeman, 1961), which was discussed in 1.3.2.5 above.

The primary preventative possibilities in the crisis situation (see 1.3.2.4 above) can be realised through goal 6.

These structured goals are translated into equally structured models of intervention.

(b) Models of intervention. Jacobson, Strickler and Morley (1968) have delineated two levels of crisis intervention, the individual and the generic. The individual approach emphasises the specific attributes and context of the individual in crisis; it is suggested that this should be undertaken by a professional worker. The generic approach, on the other hand, emphasises the characteristics and course of particular kinds of situational and maturational crises (for example, rape); workers, especially lay workers, can be taught intervention measures that are applicable for all members of a particular group (Jacobson, Strickler and Morley, 1968). Clearly, these two levels are linked in that the reaction of an individual in crisis is partly determined by the precipitating factor or hazardous event (i.e., the kind of crisis).

The generic approach has spawned numerous strategies or models for crisis intervention, amongst which are those propounded by Dixon (1979); Dixon and Burns (1974); Golan (1978); Hoffman and Remmel (1975); Isaacs (1979); Kardener (1975); McGee (1974); McGee, Knickerbrocker, Fowler, Jennings, Ansel, Zelenka and Marcus (1972) and Rusk, (1971).
Common to all these models is that they are clearly formulated, prescriptive and action oriented.

Golan (1978) has developed a particularly sophisticated model, based on her stages in the crisis sequence that were discussed in section 1.3.2.3 above, which exemplifies the clearly formulated,prescriptive and action-oriented nature of crisis intervention models. Her model is presented in full in appendix A, and in summarised form below:

I. BEGINNING PHASE: FORMULATION (USUALLY COMPLETED IN FIRST INTERVIEW).

A. Immediate focus on crisis situation

B. Evaluation of current predicament

C. Development of contract for further activity

II. MIDDLE PHASE: IMPLEMENTATION (FROM FIRST TO FOURTH INTERVIEW).

A. Organising and working over data

B. Bringing about behaviour change

III. ENDING PHASE: TERMINATION (LAST ONE OR TWO INTERVIEWS).

A. Arriving at the decision to terminate

B. Reviewing progress in case

C. Planning future activity

(Golan, 1978).

(c) Therapist attitudes. Notwithstanding the work of Isaacs (1979), little direct attention is paid to therapist qualities

in crisis intervention (Kahn, 1978). In this regard, crisis theorists differ from Rogerians, who emphasise the importance of helper variables in affecting therapeutic outcome. However, it should be clear from the quotations above and the models of intervention that the therapist attitude of action orientedness is prescribed. This is a corollary of the major stress in crisis intervention being on the crisis events (especially on the generic level of intervention) (Kahn, 1978). The therapist's role is to guide the client through the various stages of the crisis sequence by means of clearly formulated, prescriptive and action oriented models so that certain structured goals can be achieved.

1.3.2.7 Rape as crisis

In South Africa, rape is legally defined as intentional unlawful sexual intercourse with a woman without her consent (Rape Crisis, 1980). "Sexual intercourse" in this definition refers to vaginal penetration; the male organ needs to be in the slightest degree inserted into the vagina, but it is not necessary that semen be emitted or that the hymen be ruptured in the case of a virgin. A woman may not charge her husband with rape unless she is judicially separated from him or he helped another man to rape her. Boys under the age of fourteen years are held to be incapable of sexual intercourse and hence can only be convicted of rape if they assist another male to rape a woman. A girl under the age of twelve

years is legally unable to consent to sexual intercourse, and sexual intercourse with a girl under that age is defined as statutory rape (Rape Crisis, 1980).

The author believes that this definition of rape is unsatisfactory because it is too restrictive. It overlooks, firstly, the fact that women may rape and that men may be raped (Notman and Nadelson, 1976); secondly, that instruments other than the penis (such as fingers and inanimate objects) may be used and, thirdly, that anal or oral intercourse may take place. Finally, it specifically precludes the fact that intentional sexual intercourse with a woman without her consent can - and does - occur within marriage.

In spite of these difficulties, it would be beyond the scope of this research to deal specifically with acts that are not covered by the legal definition, although much of what will be said is relevant to other contexts in which rape takes place. Therefore, for the purposes of this study, the legal definition of rape will be adhered to. The political (Brownmiller, 1977; Russell, 1975) and legal and medical (Barnes, 1967; Evrard, 1971; Halleck, 1962; Hayman and Lanza, 1971; Radzinowicz, 1957 and Toner, 1977) aspects of rape are mentioned but not explored fully, although a thorough knowledge of these dimensions is vital in counselling rape victims and their families.

Even if one keeps within the bounds of the legal definition of rape, it would be difficult to overestimate the magnitude of the problem - and challenge - that rape presents. In

the U.S.A., rape is the fastest growing crime (Ewing, 1978; Hardgrove, 1976; McCombie, Bassuk, Savitz and Pell, 1976), while in the Cape Peninsula there were 1 213 rapes reported in 1978. It is estimated that only one in twenty rapes is reported, which indicates that a more accurate figure for the number of rapes that were committed in the Cape Peninsula in 1978 is 24 260, which is one every 21 minutes of 66 per day (Cape Times, 5.2.1981). The figure for the whole of South Africa is one rape every two minutes (Rape Crisis, undated).

Both public and professional awareness have recently been growing that rape is primarily an act of violence, with sex being used as the weapon. It is the violation of another's self and Hardgrove (1976) has gone so far as to say that it is "the ultimate violation of self short of homicide" (p.246). Brownmiller (1977) has put it equally forcibly:

> A sexual invasion of the body by force, an incursion into the private, personal inner space without consent - in short, an internal assault from one of several avenues and by one of several methods - constitutes a deliberate violation of emotional, physical and rational integrity and is a hostile, degrading act of violence that deserves the name rape (p.376).

This being so, it is hardly surprising that the event of being raped almost invariably serves as a hazardous event or precipitating factor to a state of crisis (Golan, 1978).

An implication of this is that the discussion above on crisis

theory and intervention incorporates the event of being raped as a special case. More specifically, rape is a situational crisis (see 1.3.2.2 above) and thus shares with other situational crises prominence of themes of loss. In 1.3.2.1 above it was mentioned that this could be a loss of self control, loss of an important relationship, loss of self image, loss of virginity, loss of approval from significant others or loss of previous abilities to cope (Isaacs, 1979). As will become clear below, all of these could apply to the rape situation. In addition, there are other losses that apply particularly to rape. Metzger (1976) writing from the premise that rape is an enactment of broader societal and cultural attitudes, has referred to the loss of a sense of community and a sense of person:

> Rape is one manifestation of society's intent to depersonalise woman. It separates the woman from her humanity. Reduced instantly from person to object, property, flesh, vessel, the woman is immediately separated from anyone or anything that can comfort her. The basic experience of rape is isolation. Humanity depends on community, and the effect of rape is to destroy simultaneously the sense of community and the sense of person (p.406).

The isolation that frequently results from a rape experience can be exacerbated by the reactions of the people with whom the rape victim comes into contact. They may be influenced by prevalent attitudes or beliefs that cast negative reflections on the rape victim. Research has been devoted to isolating these aspects, and many of them have been demonstrated to be

grounded on inaccurate information. Among these "myths" are that:

(a) women invite the assault by behaving in a seductive way towards the assailant (Calhoun, Selby, Long and Laney, 1980; McCombie, Bassuk, Savitz and Pell, 1976), which is related to a perception of rape as being primarily sexual in motivation and experience (Amir, 1971; Selby, Calhoun and Cann, 1979)

(b) a woman cannot be raped if she does not want to be (Futeran, 1979; Rape Crisis, 1979; Selby, Calhoun and Cann, 1979)

(c) women "enjoy it" (Rape Crisis, 1979)

(d) women fabricate charges of rape in order to get back at a man or obtain a legal abortion or because they are ashamed or fear parental castigation or disapproval (Amir, 1971; Rape Crisis, 1979)

(e) rape occurs in inaccessible places or dark alleys (Amir, 1971).

Although some parts of these beliefs could be valid or applicable in a few instances of rape, as <u>stereotypes</u> they are not accurate. The effect that they have on the victim, when coupled with the consequences of attitudes about women in our society generally, have been labelled <u>secondary victimisation</u> (Rape Crisis, 1979). This term refers to interactions that the raped woman has with others after the rape that are experienced as

as humiliating and hurtful as the actual event (Futeran, 1980). The raped woman is often regarded with suspicion and, paradoxically, the agencies that exist to attend to her needs have been cited as being the most extreme in this regard (Hardgrove, 1976). In court, the victim frequently finds herself being on trial as defence lawyers probe her sexual history in attempting to prove that she implicitly gave her consent to sexual intercourse with the accused, and in doing so the lawyers often invoke some of the myths about rape that have been enumerated above (Evrard, 1971; Hardgrove, 1976; Toner, 1977). Doctors, (especially busy district surgeons) examining the victim have been known to give insufficient attention to the victim's needs for reassurance and comfort while gathering evidence and administering prophylactic treatment. The victim's unease is likely to be increased if the pelvic examination is experienced as yet another invasion, thus evoking painful memories of the actual rape (McCombie, Bassuk, Savitz and Pell, 1976; Notman and Nadelson, 1976). Fears about being damaged and feelings of helplessness that are often connected with the rape experience can be reinforced by the role position that the victim-as-patient assumes vis-à-vis the doctor (McCombie, Bassuk, Savitz and Pell, 1976).

While there are many references on the political, legal and medical aspects of rape, a review of the literature revealed that proportionately little attention has been devoted to the response of the woman who has been raped. However, because being raped can cause a crisis for the victim, the stages and characteristics of the crisis sequence that have

been discussed in 1.3.2.3 above pertain to the rape situation. In 1.3.2.6 the generic approach to crisis intervention was introduced, and it was pointed out that the course of particular kinds of crises is studied on this level. This direction will now be followed with regard to rape in the context of the stages of the general crisis sequence; in other words, the literature on women's responses to rape will be married to the literature on crisis theory in general. The emphasis will be on the feelings that the rape victim experiences and the attitudes that she holds; these are relevant for 3.3.1 below.

It was mentioned above that rape could serve as a hazardous event or precipitating factor to a state of crisis. Typically, the hazardous event can be regarded as that set of circumstances that leads to the cognitive, perceptual, affective or intuitive awareness that the woman has of impending danger (Burgess and Holmstrom, 1976). This is followed by the realisation of the certainty of danger, but it has not yet been pinpointed as an imminent rape; for example, she may fear robbery or assault. The person attempts to avoid or escape from the situation. The predominant reaction during the vulnerable state is one of threat, with the concomitant emotion of anxiety. Various problems solving techniques are invoked, as Caplan (1964) has outlined. These could include cognitive assessment, verbal tactics and/or physical action; alternatively, the person may be unable to use any strategies to avoid the attack owing to physical or psychological paralysis or being completely overpowered by the rapist (Burgess

and Holmstrom, 1976).

At some point the woman realises that sexual attack is inevitable. The actual rape could then comprise the precipitating event to a state of crisis. During the rape the principle affect is fear, with the victim's goal being to survive the experience. This is attempted through cognitive and verbal strategies, physical action and psychological defences, and is sometimes accompanied by physiological responses including choking, gagging, nausea, vomiting, pain, urinating, hyperventilating and losing consciousness (Burgess and Holmstrom, 1976).

The individual is then in a state of active crisis. In the impact phase of the crisis, feelings of shock, disbelief and dismay are prominent. They may be expressed verbally or through other behavioural means (the expressed style) or masked behind a calm, composed, or subdued facade (the controlled style) (Burgess and Holmstrom, 1973).

During the recoil-turmoil phase, fear of physical violence or death is the primary feeling reported (Burgess and Holmstrom, 1974). Also important are reactions of self-blame, shame or guilt at actual or imagined complicity; the myths that were mentioned above can contribute to the intensity of these feelings. Anger is apparently not overtly experienced to any large extent in this phase; Notman and Nadelson (1976) have suggested three possible reasons for this:

(a) it may be repressed because she may perceive herself as being punished owing to memories of childhood threats

(b) women are stereotypically expected to be passive and compliant (especially in relation to males) which is not compatible with the open expression of anger

(c) reducing the probability of counter-attacking by suppressing feelings of anger to the assailant may be adaptive as women are frequently less physically powerful than men.

Notwithstanding these factors, anger may be felt and expressed to the assailant, the examining doctor, the police involved, the court process or the counsellor. Partly because of the difficulty that victims may experience in expressing their anger, much displacement of anger can occur between its various targets. Other feelings that may be experienced are anxiety, humiliation, embarrassment and revenge.

Acute somatic manifestations are evident during the impact and recoil-turmoil phases - these could include physical trauma, skeletal muscle tension, gastro-intestinal irritability and genito-urinary disturbance (Burgess and Holmstrom, 1974).

Gradually, after a period of a few days or weeks, the woman regains her ability to function, starts to feel some measure of hope that she will get over the crisis of being raped, and

commences the reorganisation process which takes place during the adjustment and reintegration stages. Sutherland and Scherl (1970) have identified a stage of outward adjustment which would appear to precede the reorganisation process. This is a pseudo adjustment in which the woman returns to her normal activities and appears to have worked the rape through in a satisfactory manner; denial is the main defence mechanism operating, with feelings towards the rapist being rationalised. This phase ends either with a feeling of depression and a need to talk or with a specific incident that re-evokes repressed feelings about the rape. In the latter instance, this incident could be regarded as a precipitating factor to a second crisis state.

The two themes that need to be resolved by the victim in the adjustment and reintegration phases are, firstly, the attainment of a new perception of herself (including the acceptance or a realistic amount of responsibility for the incident) and, secondly, coming to terms with her feelings about the rapist. Feelings of anger towards the rapist may emerge with full force for the first time during these phases (Sutherland and Scherl, 1970). Alternative patterns of behaviour are implemented, including changing residence or telephone number (because of fear), or turning to family or close friends for support. Nightmares are reported, which can change from the victim wishing to do something but waking before this intention can be implemented to dreams in which the assailant is actually able to be warded off (Burgess and Holmstrom, 1974). Phobias can develop, possibly in relation to the context in which the

rape took place. The following are the most common phobias as reported by Burgess and Holmstrom (1974): fear of outdoors, indoors, being alone, crowds, people behind the victim and sex. Sexual fears can be increased by difficulties on resuming sexual relations with a husband, boyfriend, or other lover. A lack of support from male lovers can occur as a result of:

(a) their guilt at not being protective enough

(b) anger or revenge at the rapist for violating "his" woman

(c) difficulties with his own rape phantasies

(d) the breakdown of his own homosexual impulses and/or

(e) concerns about "used merchandise"

(Notman and Nadelson, 1976, p.411)

A feature of rape is that it can precipitate a woman's exploring her own sexuality more deeply; this could give rise to new areas of concern and issues of anxiety. Thus, a woman may come into contact with feelings about previous sexual activity or hostile feelings towards men in general, or she may re-examine losses in relation to previous involvements with people. Other possibilities are concern over future relationships with husbands, boyfriends or other lovers (Burgess and Holmstrom, 1973; Burgess and Lazare, 1976) and fears of the reactions of families, friends or colleagues (Hardgrove, 1976)

resulting in a determination to keep the incident secret.

In spite of the work with regard to the unpleasant consequences of rape that has just been discussed, there have been very few reports of intervention programmes that have been established to deal specifically with victims of rape. The few programmes that have been reported in the literature (for example, Abarbanel, 1976; Evans and Sperekas, 1976; Hardgrove, 1976 and McCombie, Bassuk, Savitz and Pell, 1976) all exist in the U.S.A. and were established in response to inadequacies in the mental health establishment. In South Africa, it is the author's observation that the facilities and personnel in mental health agencies and hospitals are not geared specifically towards the "specialised" phenomenon of rape. This implies that it is necessary to develop a blueprint for training people in rape crisis intervention, which is an aim of this research (see 2.1 below).

Why is it that the psychiatric authorities have not responded to the challange that the phenomenon of rape presents? Part of the answer to this question is undoubtedly that the myths that were listed above have mitigated against the respectful and empathetic handling of women who have been raped. A second factor is that people staffing hospital units are geared to regarding presenting problems within a medical perspective, which could predispose them to overlooking the emotional dimensions to the rape experience (McCombie, Bassuk, Savitz and Pell, 1976).

The lack of satisfactory helping facilities, combined with the increasing exploration and awareness of the political aspects of rape, have resulted in grass roots woman's organisations operating within a feminist framework coming into the limelight by providing assistance to women who have been raped. In South Africa, the Rape Crisis Organisation has been significant in this regard. Ironically, it is possible that organisations such as Rape Crisis could decrease the involvemental of mental health agencies and hospitals in rape since it could come to be regarded as the speciality of these organisations; clearly, this possibility needs to be guarded against.

Supporting and working with organisations such as Rape Crisis comprises an aspect of the extensive environmental facet of community psychology.

1.4 THE EXTENSIVE ENVIRONMENTAL FACET OF COMMUNITY PSYCHOLOGY

This is the third facet of Lewis and Lewis' (1977) schema that was described in 1.1 above. It developed in response to the recognition that conditions in the community may hinder the personal development or growth of its members. It therefore attempts to bring to the attention of the community as a whole the needs, rights and values of all community members (Lewis and Lewis, 1977) in accordance with the principles of cultural relativity, diversity and ecology that underlie Rappaport's (1977) definition of community psychology that was presented in 1.1 above. There are two means whereby this is achieved. Firstly, there is "community based planning", which has as its goal the involvement of community members in social planning; the assumption behind this is that people removed from the community will not have as much insight into and understanding of the characteristics and needs of the community as community members themselves. Community psychologists can assist in this process by cooperating with lay counsellors and community members in developing, implementing and evaluating facilities and programmes.

A second means whereby the extensive environmental facet of community psychology can be implemented is by community action for basic social change. This involves working with organisations or groups that have been formed in response to an awareness of oppression in some area and that are militating for a more

equal distribution of power and resources. The community psychologist can contribute *inter alia* by acting as a *consultant* for such an organisation or group, which will be discussed below.

1.5 THE INTENSIVE ENVIRONMENTAL FACET OF COMMUNITY PSYCHOLOGY

The intensive environmental facet of community psychology involves attempting to meet the special needs of individual or groups by active intervention in their surroundings. There are three principle methods whereby this facet of community psychology is implemented, viz

(a) linkage with a helping network

(b) advocacy on behalf of individuals or groups

(c) consultation.

Each of these will be discussed separately.

It can be extremely difficult for a person requiring psychological assistance to choose and then make contact with the agency that is best suited to meeting her needs. For reasons that were alluded to in 1.2.1 above, this process is even more problematical for people in the lower socio-economic brackets. It is in this light that arranging for the individual in need to obtain the most appropriate help by "linking" him with the resources in the community that are likely to be able to provide assistance (the "helping network") attains importance. This procedure differs from referral in that in the latter case responsibility for the client is surrendered whereas in the former case the worker continues her involvement with the client after the primary source of intervention has changed

(Lewis and Lewis, 1977).

Advocacy refers to "the act of speaking up on behalf of individuals or groups who lack the power to attend to their own rights" (Lewis and Lewis, 1977, p.184). This would only be carried out if the oppressed individuals or groups are not in a position to speak out themselves. "Here-and-now advocacy" takes place when a wrong has been identified whereas "preventative advocacy" attempts to influence attitudes and beliefs so that future wrongs are prevented.

The consultation process is particularly relevant for this thesis and will thus be explored in greater depth.

1.5.1 Consultation

Bindman (1959) has defined mental health consultation as follows:

> Mental health consultation is an interaction process or interpersonal relationship that takes place between two professional workers, the consultant and the consultee, in which one worker, the consultant, attempts to assist the other worker, the consultee, solve a mental health problem of a client or clients, within the framework of the consultee's usual professional functioning. The process of consultation depends upon the communication of knowledge, skills and attitudes through this relationship and therefore is dependent upon the degree of emotional and intellectual involvement of the two workers.

> A secondary goal of this process is one of education, so that the consultee can learn to handle similar cases in the future in a more effective fashion, and thus enhance his professional skills (p.473).

The author believes that, although this definition may have been appropriate at the time it was published, it has limitations for the present in that it does not incorporate several new directions that have emerged in the literature on consultation.

One of these new directions is group consultation, whereby one consultant works with a group of people as opposed to working in a one-to-one situation (Burgess and Lazare, 1976). Not only are there obvious advantages in group consultation from the point of view of the shortage of professional resources, but also consultees can benefit by identifying with the problems or issues that group members bring up. Further, group members can at times take on the role of consultant themselves, thus being of benefit not only to the other group members but also to themselves because rapidly altering roles can in itself be an enriching learning experience (Caplan, 1977).

A second new direction that Bindman's (1959) definition does not account for is that the consultee need not be a professional person. Related to this is Peck, Kaplan and Roman's (1966) plea for community consultation at the grass roots level (Rappaport, 1977) and Caplan's (1977) prediction that the

road ahead will involve the use of consultation in agencies other than long term stable institutions to an increasing extent. The consultee's not being a professional person does not imply that she would not have an area of competence and skill, nor does it imply that the relationship between the consultant and consultee would not be a co-equal one. Indeed, it has been mentioned as one of the "enduring principles" of mental health consultation that the relationship between consultant and consultee should be a non-hierarchical one (Caplan, 1977, p.10). An implication of this is that the consultant would not be personally responsible for the outcome of the consultee's interventions.

A third new direction is preventive consultation, which is particularly amenable to the group situation. This is mentioned as a secondary goal in Bindman's (1959) definition, but it is in fact often the primary goal. As the term "preventive consultation" implies, new skills, attitudes or insights are imparted which are anticipated to be useful for future interventions (Lewis and Lewis, 1977). The organising of a training programme is an example of an activity that could be subsumed under the heading of preventive consultation.

The present author has modified Bindman's (1959) definition taking into account, inter alia, the above new directions to yield the following definition of psychological consultation:

> Psychological consultation is an interaction process or interpersonal relationship that takes place between a

> professional worker, the consultant, and an individual or group of individuals who are engaged in the provision of psychological services (consultee or consultees) within the context of the framework of the latter's usual caregiving functioning. The primary goal of this process could be (a) to help the consultee or consultees solve a psychological problem of a client or clients, or (b) education, so that the consultee or consultees can learn to handle similar cases in the future in a more effective fashion, and thus enhance his, her of their helping skills. The process of consultation depends upon the communication of knowledge, skills and attitudes through relationships, and therefore is dependent upon the degree of emotional and intellectual involvement of the people concerned.

This definition will be used for the purposes of this thesis.

There are three other characteristics of consultation that are noteworthy. Firstly, the consultee asks for help with an identified actual or anticipated problem (Lewis and Lewis, 1977). Examples of situations that could lead to a request for consultation are difficulties with a particular client, anticipated problems with planned change in an agency, and staff development (whereby specific concepts and intervention techniques are imparted to workers) (Burgess and Lazare, 1976).

Secondly, the focus is on the consultee as a worker (Lewis and Lewis, 1977), which Caplan (1977) has referred to as the "displacement object of the case" (p.12). The focus is on the personality of the consultee only insofar as it is relevant for her work with her clients. If this is not adhered to,

there is the danger that the consultee will become defensive or that the session will become more akin to psychotherapy than to consultation (Porter, 1966).

Thirdly, the attention is always on the third individual or group that is the target of the consultee's interventions. Lewis and Lewis (1977) have elaborated on this point:

> Although the consultee may learn a great deal through participation in the process, what is learned is meant to be applied in relationships with others. Those others may be current clients or groups that might be helped in the future. In either case, come focus is placed on the nature of that invisible third person, who might not be present during consultation, but who is nevertheless an important part of its content (p.179).

1.6 SUMMARY

The purpose of the introduction was to place the intervention that forms the subject of this thesis in the appropriate historical and conceptual framework. By so doing, a theoretical rationale for the present research was offered; this aspect will be elaborated upon in chapter 2.

The introduction was an extremely broad one, in which many themes and issues were explored. In this summary, the highlights will be extracted, focusing on the way in which they interrelate and inform each other.

The perspective on community psychology that was chosen as being the most suitable for this study was the one offered by Rappaport (1977) in which the concepts of cultural relativity, diversity and ecology occupy central positions. The activities of community psychologists were organised using the schema that Lewis and Lewis (1977) developed, which is compatible with Rappaport's (1977) perspective. The bulk of the introduction was structured by the four facets obtained by intersecting the experiential/environmental and extensive/intensive dimensions.

The notion of lay therapy was presented, and it was pointed out that part of the rationale for the use of lay therapists is the shortage of professional personnel. The professional shortage partly causes, and is rendered more grave by, working

class people receiving an iniquitous share of psychological resources. Related to this is their tending not to benefit as much as middle class clients from psychotherapy for reasons based on logistic, role expectations and psychodynamic factors. Other advantages in using lay therapists were listed, including the "bridging function" which is relevant for psychotherapy for working class clients. Difficulties that the lay therapy movement has encountered were enumerated and some comments related to the efficacy of lay therapy were made. One of the factors directly precipitating the use of lay therapists was the development of psychotherapeutic approaches that do not require intensive training, for example, crisis intervention.

A definition of crisis was offered and the categories of crises listed. The work of various writers was integrated to yield a description of the crisis sequence. The concept of crisis was related to those of secondary and primary prevention and to the professional personnel shortage; in the latter regard, crisis intervention is pertinent because of the time-limited nature of the crisis situation and because of the relatively large impact that intervention during a crisis can have. Many of the difficulties that are encountered in psychotherapy with working class clients appear not to pertain in crisis intervention; explanations for this were offered in terms of the universality of the crisis situation and logistics, role expectations and psychodynamics.

The action oriented nature of crisis intervention was elucidated in relation to the goals and models of intervention and therapist attitudes. Rape is an acute situational crisis; by adopting a generic approach, the literature on rape (which is not necessarily in the framework of crisis intervention) was married to the literature on crisis intervention, resulting in a description of the stages that a rape victim experiences. Attention was drawn to the inadequate facilities for helping women who have been raped and to the response of grass roots feminist groups in this regard. Finally, the concept of consultation was introduced and a definition of it created (by modifying Bindman's (1959) definition) that takes into account recent developments.

CHAPTER 2 : AIMS AND RATIONALE

2.1 AIMS

The aims of the research were three-fold. On a general level, the aim was to respond to a request from the Rape Crisis Organisation that a training programme in crisis intervention be organised for its members. Rape Crisis will be discussed in detail in 3.2 below; for present purposes it will suffice to mention that it is a grassroots organisation that has as one of its aims to support women who have been raped. Almost all the Rape Crisis members who do counselling are lay therapists.

This articulated need in the community can be regarded as a request for consultation, which was explored in 1.5.1 above. More specifically, staff development was required, in which group, preventive intervention was indicated. Furthermore, the target group for the intervention was to be a grassroots organisation consisting primarily of lay therapists. Thus, all the new directions in consultation that were mentioned in 1.5.1. were followed.

A second aim of the project was to develop a blueprint for training programmes in rape crisis intervention that could be used by workers in the future. The need for such a blueprint was discussed in 1.3.2.7 above.

The second aim necessitated the development of meaningful

evaluation techniques or processes, which comprised the third aim of the present undertaking. This will be elaborated on below.

2.2 RATIONALE

The evaluation has three levels, viz. the quantitative evaluation, the qualitative evaluation and evaluation by means of a structured questionnaire. The rationale for each of these levels will be presented separately.

2.2.1 The quantitative evaluation

One of the prominent features of recent research in the field of psychotherapy has been an attempt to distil from the therapeutic process those factors which can account for positive change on the part of the client, independently of the theoretical position to which the therapist subscribes. Crucial to this task was a focus on the interpersonal relationship between client and therapist, which provides the matrix for psychotherapeutic change. In this context Rogers' 1957 paper The Necessary and Sufficient Conditions of Therapeutic Personality Change can be regarded as seminal.

Three of Rogers' (1957) conditions are relevant for our purposes. These are that the therapist be congruent in the relationship, that he has unconditional positive regard for the client and that he experiences an empathic understanding of the client's internal frame of reference.

By congruence, Rogers meant that the therapist should be

"freely and deeply himself, with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a facade, either knowingly or unknowingly" (1957, p.97). He emphasises that it is not necessary that the therapist be congruent all of the time when outside of the therapy situation; it is sufficient that he be congruent, genuine and integrated within therapy sessions. The therapist's awareness of himself includes being open to aspects of himself that are usually considered detrimental to the psychotherapeutic process, such as feelings of anxiety, fear or hostility.

Unconditional positive regard refers to a warm acceptance of all parts of the client's personality - "there are no conditions of acceptance, no feeling of 'I like you only if you are thus and so' " (Rogers, 1957, p.98). The concept of unconditional positive regard is approximated by the concepts of prizing and valuing; the client is cared for in a way that is free from judgements and evaluations (Holdstock, undated). Of course, the therapist does not need to approve of the attitudes of the client, but he does need to accept them as valid in the sense that they are a part of the client's experience.

Empathy is the assumption of the internal frame of reference of the client - to "stand in his shoes" or "get under his skin" are appropriate metaphors. When experiencing empathy, we feel and respond as if we were experiencing someone else's feelings as our own: "when the client's world is this clear to the therapist, and he moves about in it freely, then he can

both communicate his understanding of what is clearly known to the client and he can also voice meanings in the client's experience of which the client is scarcely aware" (Rogers, 1957, p.99).

Carkhuff (1969) has clustered these three concepts under the rubric of "facilitative conditions", which are necessary for therapeutic change. There has been extensive empirical investigation based on Rogers' (1957) formulation, from which overwhelming evidence has emerged supporting the importance of these facilitative conditions (Kahn, 1978).

On the other hand, it was mentioned in 1.3.2.6 above that crisis intervention pays relatively little direct attention to therapist qualities. Notwithstanding this, it was argued in detail that the therapist attitude of <u>action orientedness</u> is prescribed. This will be taken to refer to the therapist's ability to be concrete and specific in problem-solving activities, to invite confrontations and to interpret the immediacy of the relationship with the client (Carkhuff, 1969).

Carkhuff (1969) has postulated that both facilitative conditions and action-oriented conditions are necessary for optimum client change. He claims that the part played by these two dimensions becomes clearer if we conceive of the therapeutic process as having two phases, viz. the downward or inward phase and the upward phase or the period of emergent directionality. The former phase has as its goal the client's inward probing to explore and experience his innermost depths, and

the therapist's task is to aid this process by providing facilitative conditions. During the latter phase the client feels the need to come up and out of himself in a manner that is more effective and functional than his previous one; the client is ready to do something about the problems that have been explored and - hopefully - understood. He therefore needs to consider alternative courses of action, weigh up the short term and long term advantages and disadvantages of each and then take steps to operationalise the best mode of action available. It is in this stage that the action-oriented conditions are crucial, in conjunction with the facilitative ones.

A remarkably similar theoretical formulation to that of Carkhuff (1969) has been proposed by Zimbler and Barling (1975) and subsequently developed by Isaacs (1979). Their work related directly to the crisis situation, to which they have delineated two phases: the actual moment of crisis or the "propitious moment" (a term borrowed from Small, 1971) and the critical stage. Different styles of intervention are appropriate at each stage. Zimbler and Barling (1975) write:

> We would suggest that the moment of crisis requires a warm, empathic, supportive approach from the therapist while the critical stage which follows allows for the more directive, positive strategies usually associated with crisis intervention (p.6).

Parenthetically, it is worth noting that there is an aspect of

Zimbler and Barling's work that is important for primary prevention (see 1.3.1 above). The growth promoting potential of the crisis situation manifests itself at the critical stage, and hence intervention during this stage can have a primary preventative effect. Intervention at the propitious moment, on the other hand, does not have this effect; it "performs an essentially supportive function, supporting the person, as well as enabling the process of crisis to continue" (Zimbler and Barling, 1975, p.7).

It is clear that Carkhuff's (1969) exploratory or inward phase corresponds to Zimbler and Barling's (1975)propitious moment (during which facilitative conditions are required), and Carkhuff's (1969) phase of emergent directionality corresponds to Zimbler and Barling's (1975) critical stage (during which there is a need for action-oriented therapist behaviour).

Based on the work reviewed above, Kahn (1978) attempted to investigate the extent to which therapist facilitativeness and action-orientedness are crucial to successful crisis outcome. The conclusion was that, in order to be successful in crisis therapy, a therapist must be both highly facilitative and highly action oriented. Furthermore, neither variable could be identified as being more important.

This conclusion suggests a useful way of evaluating a training programme in crisis intervention, based on the assumption that a training programme has been successful if the ability

of the trainees to offer both facilitative and action oriented conditions to their potential clients has been increased.

Carkhuff (1969) has developed an instrument (hereafter referred to as Carkhuff's instrument) whereby levels of facilitativeness and action orientedness (hereafter referred to as FAC and ACT respectively) can be assessed. It consists of sixteen client expressions that might typically occur in a therapeutic interview, to which the trainee is required to respond as if in an actual interview. These responses are rated by qualified raters, a high score indicating a high level of FAC or ACT. A modification of Carkhuff's instrument was used for the present research in that most of Carkhuff's client expressions were replaced by expressions that might typically occur in a rape crisis interview. If the training programme had been successful, it would be expected that the trainee's ability to offer high levels of FAC and ACT would be increased on all sixteen expressions. This will be elaborated on in Chapter 3 below.

Two control groups were used in the present research. This was to control for the following two possibilities:

(a) Any improvement in the levels of FAC and ACT that the trainees were able to offer after the programme compared to before the programme could be ascribed to input received between the two assessments as a

consequence of being a member of Rape Crisis. This input could be from discussions with other Rape Crisis members, reading or general reflection about rape that would be concomitant with the high level of interest in rape that membership of Rape Crisis implies. It is also possible that members of Rape Crisis would be able to increase their scores by examining their responses at the first assessment in the light of their knowledge about rape.

(b) Any improvement in the levels of FAC and ACT that the trainees were able to offer after the programme compared to before the programme could be accounted for by the trainees being more familiar with the instrument on the second occasion it was administered than on the first occasion. It could be that their responses improved as a consequence of their thinking about their first responses in the interim between the two evaluations.

These two possibilities were controlled for by having control groups consisting of:

(a) a group of Rape Crisis members who did not participate in the programme (control group A)

(b) a group consisting of people who were neither in Rape Crisis nor participated in the programme (control group B).

2.2.1.1 Hypotheses

The following statistical hypotheses are generated by the above discussion:

Hypothesis 1

THERE IS NO STATISTICALLY SIGNIFICANT DIFFERENCE WITHIN ANY OF THE GROUPS BETWEEN THE SCORES OBTAINED FOR FAC ON THE FIRST AND SECOND ASSESSMENTS FOR ANY OF THE CLIENT STIMULUS EXPRESSIONS.

Hypothesis 2

THERE IS NO STATISTICALLY SIGNIFICANT DIFFERENCE WITHIN ANY OF THE GROUPS BETWEEN THE SCORES OBTAINED FOR ACT ON THE FIRST AND SECOND ASSESSMENTS FOR ANY OF THE CLIENT STIMULUS EXPRESSIONS.

2.2.2 The qualitative evaluation

The qualitative evaluation consisted of experiential reports written by each programme participant at the end of each morning, afternoon or evening session. The aim was to expand upon, supplement and account for the data obtained in the quantitative evaluation. The programme participants were provided with an opportunity to write unstructured comments on both specific and general aspects of the programme.

Not only would this information be useful to individuals planning and implementing future training programmes in rape crisis intervention, but also later aspects of the present training programme were modified in the light of this feedback.

2.2.3 The questionnaire

The questionnaire was posted to programme participants after the completion of the programme. The rationale for the questionnaire was essentially the same as for the qualitative evaluation, but it was hoped that the more structured format of the questionnaire would result in some of the gaps in the qualitative assessment being filled. The construction and content of the questionnaire will be discussed in greater detail in 3.3.3 below.

2.2.4 The conceptual rationale

The above rationale has all pertained to the evaluation of the training programme. It was mentioned in 1.6 above that a conceptual rationale for the training programme was offered in the introduction. The remainder of this chapter will comprise an elaboration of this statement.

In the introduction, a context was provided for the training programme by exploring various aspects of community psychology.

There is a correspondence between these aspects and various aspects of the training programme. An example of this is provided by the concept of lay therapy, which was discussed in the introduction and is relevant for the training programme in that the participants in the training programme were all lay therapists. The training programme can be construed as a special case of the approach advocated in the introduction, in the sense that it attempts to demonstrate the practical feasibility of the ideas formulated. It was endeavoured to create a forging or fit between the conceptual level and the practical level. This has the important implication that the rationale for each activity discussed on a general level in the introduction applies (on a more specific level) to the training programme. Thus, the rationale for the use of lay therapists as as presented in the introduction applies for the use of lay therapists in the context of this particular programme.

Not only is there a correspondence between the aspects of community psychology explored in the introduction and the various aspects of the training programme, but there is a homomorphic relationship between the two levels. A corollary of this is that the interrelationships of the various components of the introduction are also applicable to the interrelationships between the various components of the training programme. Thus, one aspect of the relationship between the notions of lay therapy and crisis intervention is that the concepts of crisis intervention are relatively easily imparted to and grasped by lay therapists. This relationship, which was

discussed on a general level in the introduction, is maintained (that is, is also applicable) on the specific level of the training programme under discussion.

The above discussion indicates that the efficacy of the programme as revealed by the three means of evaluation would not only reflect on the programme itself but also on the conceptual framework in which it is embedded. So, if it had transpired that the programme was not a success, this could be ascribed to one of three possibilities:

(a) this specific programme had flaws and inadequacies;

(b) the conceptual framework was not appropriate to the practical situation or

(c) the specific programme had flaws and inadequacies and the conceptual framework was not appropriate to the practical situation.

CHAPTER 3 : METHOD

3.1 DESIGN

This section applies only to the quantitative evaluation.

The three independent variables and their different levels are as follows.

Variable A : the groups.

Level 1: experimental group

Level 2: control group A

Level 3: control group B.

Variable B: the stage of assessment.

Level 1: before the programme (pre-test)

Level 2: after the programme (post-test).

Variable C: the client stimulus expressions in the modification of Carkhuff's instrument.

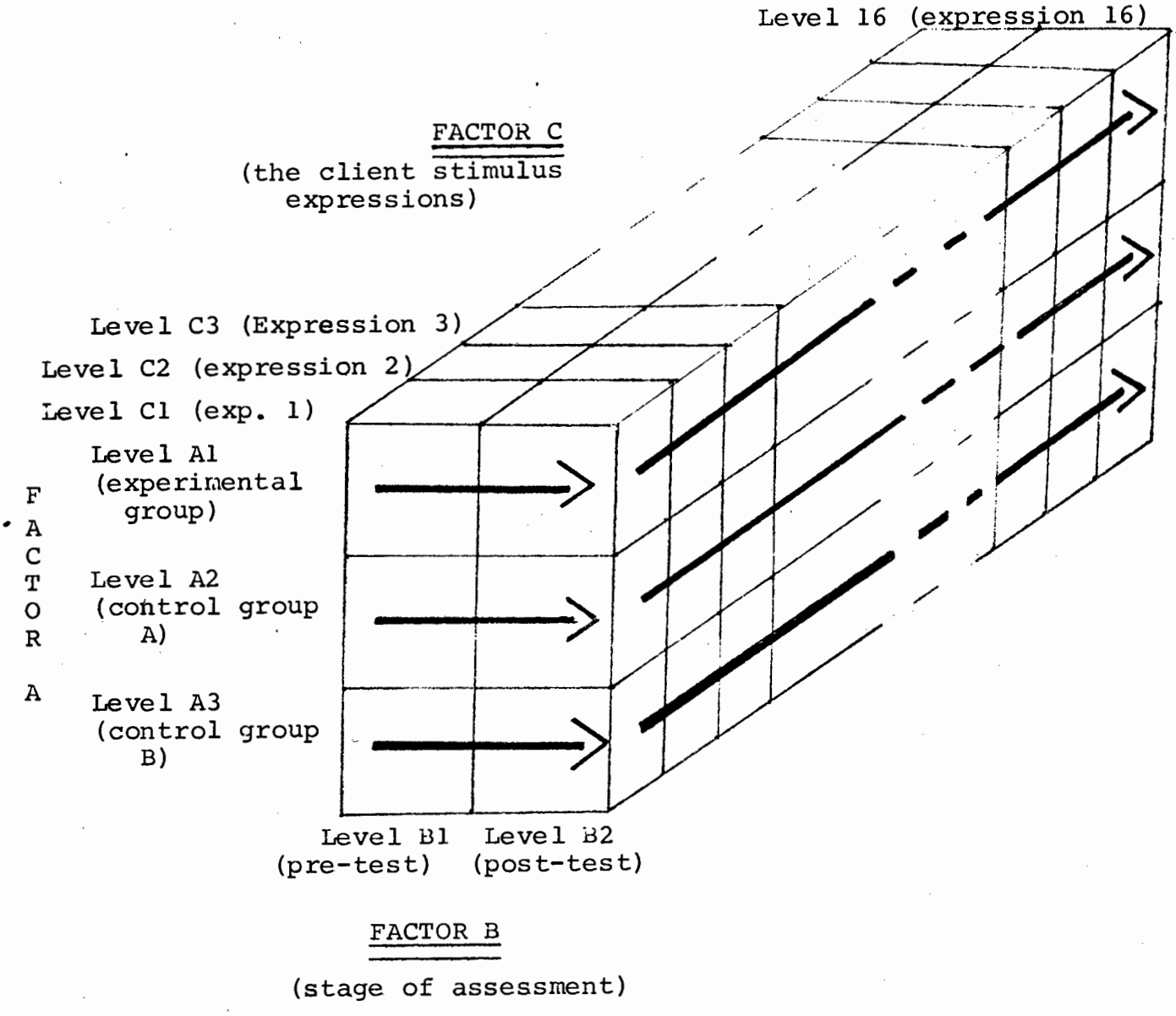
There are sixteen levels of this variable corresponding to the sixteen client stimulus expressions.

The two dependent variables are the levels of FAC and ACT as assessed by the modification of Carkhuff's instrument. These two dependent variables were analysed separately.

The fact that there are three independent variables for each dependent variable and that the same subjects are used for

FIGURE 2

Summary of the Design of the Quantitative Evaluation



both levels of factor B (the stage of assessment) and all the levels of factor C (the stimulus expressions) indicate that the most appropriate statistical test for the analysis of the data is a three-way (3 x 2 x 16) Analysis of Variance (ANOVA) test with repeated measures on factors B (the stage of assessment) and C (the stimulus expressions). Separate ANOVA tests were carried out on FAC and ACT.

members of her family, friends, etc.

(c) advising about treatment for venereal disease and pregnancy tests

(d) explaining medical, police and court procedures

(e) going with the victim to the doctor, police or court if she would like this

(f) speaking to groups of people in order to educate the public about rape

(Rape Crisis, undated).

Members join one or more interest groups according to their interests and aptitudes. The interest groups are: (a) counselling; (b) public speaking; (c) resources, and (d) research and media. Contact is made with Rape Crisis by means of the Medi-Call bleeper system. The telephone numbers of home addresses of members are never supplied. Medi-Call contacts the Rape Crisis member who is responsible for the bleeper, who then requests the relevant person within Rape Crisis to telephone the caller. In the event of a request for counselling, the counsellor and client may decide at the end of the telephone contact:

(a) that no further contact is necessary

(b) to have further telephonic communication, or

(c) to arrange a time and place for a meeting.

A full report is submitted at the end of each intervention, which

is used for evaluation purposes.

The members of Rape Crisis form a suitable population for this kind of intervention because:

(a) they are motivated and interested

(b) they are actively involved in crisis intervention and will thus be in a position to implement knowledge and experience gained in the programme

(c) they are from an established organisation, and there is thus less chance of their being "lost"

(d) they have their own areas of expertise in the field of rape itself and in this sense are on a co-equal footing with the consultants, which is a requirement for a consultant-consultee relationship (see 1.5.1 above).

Rape Crisis enlisted approximately twenty new members during 1980. They all attended a compulsory training programme organised internally by Rape Crisis. It consisted of seven sessions of approximately three hours each, and was comprised of the following components:

(a) introduction to Rape Crisis

(b) the bleeper system

(c) experiential exercises involving self-disclosure

(d) socialisation and myths about rape

(e) "little rapes"

(f) sexuality

(g) exploration of members' personal experiences with crises

(h) Crisis intervention: theory and method (presented by the programme leader - see 3.4.4 below).

(i) the social context of rape

(j) medical considerations

(k) legal role play and discussion

(l) public speaking

(m) brief introductions to aspects of the Rape Crisis organisation (including resources, training, fund-raising and counselling).

A context has been provided for a discussion of the selection of subjects.

Members of Rape Crisis who wished to attend the training programme that forms the subject of this thesis were required to complete an application form (see appendix B). Members of Rape Crisis who were not attending the current training programme organised internally by Rape Crisis had attended a similar programme in the past. These applicants formed the experimental group and control group A. People in control group A, as well as other Rape Crisis members who were interested, attended a similar training programme to that attended

by the experimental group once all the data for this project had been collected.

Applicants were required to indicate in the application form whether they would prefer to attend the training programme on 21, 25 and 28 September 1980 (in which case they would comprise the experimental group) or a programme to be held later in 1980 or at the beginning of 1981 (in which case they would comprise control group A). In addition, they were asked whether they would be prepared to attend the other programme if they were not able to be accommodated in the programme of their choice. Subjects were randomly allocated to the experimental group and control group A, except that their preference in terms of which programme they wanted to (or were able to) attend were taken into account. The members of the experimental group are referred to as participants, trainees, respondents and prospective therapists, depending on the role that they are fulfilling.

Control group B consisted of acquaintances of the author who were considered to be similar to the experimental group and control group A on the relevant dimensions. The limitations of this will be discussed in 5.6.1 below.

Characteristics of the members of the experimental group and control groups A and B are presented in tables 2, 3 and 4 respectively. The subjects are presented in a random order, and this order does not correspond to the labelling used in other sections of this dissertation. This is to prevent the

responses of the subjects being identified with particular people by means of their characteristics.

TABLE 2

CHARACTERISTICS OF THE MEMBERS OF THE EXPERIMENTAL GROUP

AGE	OCCUPATION	HIGHEST EDUCAT. QUAL.	INVOLVEMENT IN R.C. PRIOR TO CURRENT TRAINING COURSE	TRAINING IN COUNS-ELLING OUTSIDE OF R.C.	EXPERIENCE IN COUNS-ELLING OUTSIDE OF R.C.
22	B.A. (Fine Art) Student	Matric.	-	-	-
22	Secretary	B.A.	1½ yrs. attended 1979 training programme. Counselled between 5 & 10 victims	Psychology III counselling	
23	H.E.D. student teacher	B.A.	-	-	-
23	Sales Assistant	B.A. (Hons.)	-	-	-
23	B.Sc. (Logopaedics	Matric.	-	Psychology III Counselling	Counselling patients & families during logopaedics training
20	B.A.(Fine Art) Student	Matric.	-	-	Group therapy discussion groups with anthroposophists.
18	B.Sc.(Nursing)student	Matric.	-	-	-
23	Display Artist/ Designer	Diploma in Graphic Design	-	-	-

TABLE 3

CHARACTERISTICS OF THE MEMBERS OF CONTROL GROUP A

AGE	OCCUPATION	HIGHEST EDUCATIONAL QUALIFICATION	INVOLVEMENT IN R.C PRIOR TO CURRENT TRAINING COURSE	TRAINING IN COUNSELLING OUTSIDE OF R.C.	EXPERIENCE IN COUNSELLING OUTSIDE OF R.C.
24	Librarian	B.A.(Hons) H.Lib.Dip.	-	-	-
35	B.Soc.Sc. (S.W.) student	Matric	-	Lifeline training course - Part 1 1 year training course in child care (London)	Child care worker 12 years
22	B.A.student	Matric	-	-	-
41	Housewife/ Research sister	Diploma in Midwifery	-	Training as a nursing sister	-
22	Teacher	B.A.	-	-	-
22	Display artist/designer	B.A., H.D.E.	-	-	-
	Art student	B.Soc.Sc.	2 years, attended 1978 training programmes, counselled 3 victims	-	-
21	H.D.E.student	B.A.	-	Family planning counselling course. H.D.E. counselling course	-
22	B.Sc/O.T student	Matric	1½yrs attended 1979 training course counselled 15 victims	training as an occupational therapist	-

TABLE 4

CHARACTERISTICS OF MEMBERS OF CONTROL GROUP B

AGE	OCCUPATION	HIGHEST EDUCATIONAL QUALIFICATION	TRAINING IN COUNSELLING	EXPERIENCE IN COUNSELLING
22	B.Arch. student	Matric.	-	-
23	Teacher	B.A.(Hons)	-	-
21	Information Officer at Careers Research & information centre	B.A.	1½ day counselling workshop organised by careers research & information centre	-
22	B.A.(Art) H.D.E. student	Matric.	Brief introduction to counselling in HDE course	-
24	B.A.(Art) H.D.E. student	Matric.	Brief introduction to counselling in H.D.E. course	-
18	B.A. student	Matric.	-	-
23	Secretary	B.A., H.D.E.	-	-
21	B.Sc. student	Matric.	-	-

3.3. APPARATUS

3.3.1 The modification of Carkhuff's instrument

The instrument that Carkhuff developed to assess the levels of FAC and ACT offered by a therapist was briefly discussed in 2.2.1 above. This instrument was not entirely suitable for the present research for two reasons:
(a) the client stimulus expressions were created for the American situation, and hence the syntax and vocabulary were not appropriate for South Africa, and (b) the instrument was designed to measure levels of FAC and ACT that therapists were able to offer in the general counselling situation. The focus of this study is however specifically on rape counselling. Hence, most of the expressions were replaced by new expressions that are relevant to rape. The only expressions that were not replaced were those involving therapist confrontation.

The instrument used in the present study is thus being used on the first occasion in its modified form. For this reason, all the expressions will be presented below. In addition, the source of the expression will be provided where the expression originally appeared in a publication. Even when a source is provided, the expression has been modified in the light of the present requirements. Finally, a rationale for the inclusion of each item is offered. In most cases, this takes the form of a feeling, attitude or issue that previous research has demonstrated to be applicable for a

woman who has been raped. The reader is referred to 1.3.2.7 above, in which the literature on rape was linked to the crisis sequence, for information regarding the context or stage of crisis pertinent to each expression.

The expressions, together with their sources and rationale are presented below. The expressions are provided in the order in which they were presented in the actual study, which is a random order.

Expression 1

> I don't think its fair that he should be running around and having a good time while I have to go through all this trauma. Why should I have to go through all of this?

Source: Burgess and Holmstrom (1973)

Rationale: anger towards the assailant.

Expression 2

> I felt terror. I was so scared I could think of nothing else but fear. There was no other feeling present. I don't know what I am going to do now. I can't even walk on the streets. I feel as if everybody is going to rape me. This is the worst experience I've ever had. Nothing so terrible has ever happened to me before.

Source: Burgess and Holmstrom (1973)

Rationale: phobia of being outdoors, fear.

Expression 3

My boyfriend thought it might give me a negative feeling towards sex and he wanted to be sure it didn't. That night as soon as we got back to the flat, he wanted to make love. I didn't want sex especially not that night. I felt unclean, dirty, diseased.... He also admitted he wanted to know if he could make love to me or if he would be repulsed by me and unable to do so.

Source: Burgess and Holmstrom (1974)

Rationale: sexual fears

difficulties on resuming sexual relations with a lover

lack of support from a male lover

shame

Expression 4

I suppose I'm disappointed. I thought that we could get along together and that you could help me. We just don't seem to be getting anywhere. You don't understand me. How can you counsel me - you've never been raped. You don't even seem to hear me when I talk. You don't seem to care. You don't even seem to be here I don't know what to do. I don't know where to turn. I don't think you can help me.

Source: Carkhuff (1969)

Rationale: confrontation by client of therapist - depression

distress

helplessness

Expression 5

I keep wondering if maybe I had done something different when I first met him it wouldn't have happened, then he wouldn't be in trouble. Maybe it was my fault. That's where I get when I think about it. My father always said that a woman got what she deserved.

Source: Burgess and Holmstrom (1974)

Rationale: self blame

shame and guilt at imagined or actual complicity

Expression 6

I was angry. If he hadn't had that bloody knife in his hand I would have torn him apart. How dare he fucking do something like that - he's a bastard , he's a bastard.

Source: This expression was composed by the author

Rationale: blind anger to assailant.

Expression 7

The session at the police station was awful, and then the examination at the doctor's was even more depressing. Having to get undressed and getting up on a table and having something stuck into you again... it was disgusting.

Source: Burgess and Holmstrom (1973)

Rationale: anger, disgust and humiliation with regard to

medical and legal procedures

Expression 8

I tried yelling but he put his hand over my throat. I've never been strangled... it hurt so much. I couldn't do anything.

Source: Burgess and Holmstrom (1973)

Rationale: fear
anxiety
panic
shock

Expression 9

It's like being unfaithful, but I couldn't help it. I'm afraid my boyfriend will think that I let him down. I had a religious upbringing; my family will think that sex outside marriage is something worse than death.

Source: Burgess and Holmstrom (1973)

Rationale: concern over future relationships with lovers
fears of the family's reaction
guilt at being unclean

Expression 10

It is very easy to be able to talk to you, a stranger. It is good that a place like Rape Crisis exists. You know, most people tend to blame the victim, but you don't and that's good.

Source: Burgess and Holmstrom (1973)

Rationale: confrontation by client of therapist - elation
relief

Expression 11

The whole business has reminded me of my first sexual experience. This guy just jumped on top of me - he didn't give a damn for my feelings. And anyway I've always hated men. This is the last straw. I never want to see another man again.

Source: Burgess and Holmstrom (1973)

Rationale: Feelings about previous sexual activity
anger and hate towards men in general

Expression 12

I don't know what my family or the people at work are going to think about this. They won't understand. I feel that I'm going to have to walk around with this for the rest of my life, and not tell anyone. I'm too embarrassed.

Source: This expression was composed by the author

Rationale: embarrassment
fear of the reaction of family and work colleagues
determination to keep the incident a secret

Expression 13

You know, sometimes I feel really sorry for the guy. I mean, he must have some real hang-ups if he has to do something like that. He should also be talking to someone about it.

Source: This expression was composed by the author

Rationale: pity for the rapist

Expression 14

I had a terrifying nightmare and it affected me for two days. I dreamt that I was at work and that there was this maniac killer in the store, and he killed two of the girls by slitting their throats. I'd gone to set the clock and, when I came back, they were dead. And then... O, ja, I thought I was next. And then I was walking home with these two girls I know and then we met the maniac killer again, and he was the man who attacked me, or he looked like the man. One of the girls said they were going to stay there with me, and I said I was going to fight him. At that point I woke up with terrible fear and just this feeling of impending doom. I knew the knife part was real because it was the same knife that that guy held up to my throat.

Source : Burgess and Holmstrom (1974)

Rationale: nightmare

Expression 15

Who do you think you are? You call yourself a

counsellor! Here I am spilling my guts and all you bloody do is look at your watch.. You don't even care about what I'm saying. You aren't even tuned to what I'm talking about. You're supposed to be helping me. You're so wrapped up in your own world that you don't even hear what I'm saying. You're not even interested in me. It makes me so goddamn mad!

Source: Carkhuff (1969)

Rationale: Anger and hostility towards therapist (which is possibly displaced from some other target).

Expression 16

(Silence. The "client" was relaxed at first and become more tense as the silence wore on. The silence lasted for about one and a half minutes).

Source: Carkhuff (1969)

Rationale: the probability of each counsellor being confronted with the client being silent at some point in a therapy session is very high indeed, and it is important that silence be used appropriately.

Carkhuff (1969) has addressed himself to the issues of the means by which the stimulus expressions should be presented and the responses recorded. With regard to the latter, he points out that material relating to, inter alia, affective expression is lost if written responses are utilized as opposed to audio-taped responses. For the same reason, both

these forms are inferior to video-taped responses. A further advantage of video-taped responses is that high level helpers receive lower ratings in the written form than in interaction with a client in the therapy situation; they appear to be able to use feedback from the client to improve their responses. However, for prospective helpers this does not apply; if a high rating is obtained in the written form, a similarly high rating tends to be obtained in interaction with a helpee. He concludes that, in general,

> the written format for prospective helper responses offers a satisfactory level of discrimination and an economic and efficient means of collecting data (Carkhuff, 1969, p.109).

Following this recommendation, written responses were used in this research.

With regard to the means by which the expressions are presented, he has written the following:

> The written form would seem to be the most appropriate when the taped procedure is not possible - for example, when groups cannot be brought together or when assessments are sought through the mail or at some distance. In general, then, under ordinary circumstances the presentation of recorded helpee stimulus expressions... is recommended as offering maximum efficiency (Carkhuff, 1969, pp.109, 110).

Using this quotation to support him, Kahn (1978) presented

the stimulus expressions by means of audio-tape. However, it would seem that using a video-tape for this purpose would have even more accuracy than using an audio-tape as the counselling situation is approximated more closely. Accordingly, this was the procedure followed in this study.

An actress was filmed role-playing each stimulus expression. An attempt was made to ensure that her physical appearance and clothes did not, as far as was possible, identify her with any subgroup or subculture. She was told which feelings or attitudes she was to attempt to convey, although it was left to her judgement and experience as to how these feelings or attitudes were to be conveyed. The seating and camera positions were decided upon by mutual discussion between the actress and the author, attempting to introduce as much variety as possible into the situation. No editing took place.

3.3.2 The instrument used for the selection of the raters

Carkhuff (1969) has provided four possible helper responses to each of the sixteen helpee stimulus expressions in his instrument. According to expert opinions, each of these responses is characterised in one of the following ways:

(a) high FAC and high ACT

(b) high FAC and low ACT

(c) low FAC and high ACT

(d) low FAC and low ACT.

No two responses to one expression were characterised in the same way. Carkhuff's (1969) stimulus expressions and the four possible helper responses to each one are provided in appendix C1, and the experts' assessment of each response in appendix C2.

This instrument was used for the selection of raters in this study in the same manner as it was used in Kahn's (1978) study. In this regard, he wrote:

> To test a person's ability to describe each response in terms of FAC and ACT is to test their discriminative ability of these variables. In order to qualify as a rater therefore, prospective raters were required to discriminate which of the four possible helper responses provided was high or low on both FAC and ACT dimensions. With four possible helper responses to each of the 16 helpee stimulus expressions, 64 discriminative ratings were required (p.53).

The form on which the prospective raters recorded their responses can be found in appendix C3.

3.3.3 The questionnaire

Each of the questionnaire's four sections will be discussed

separately. The questionnaire and the letter accompanying it are provided in appendix D.

3.3.3.1 General comments

Likert scales are used in sections A and B. It was necessary to have a "forced choice" situation in order that people would be prevented from continually scoring the middle value (Marshall, 1974). It was decided to use four points since it is difficult to discriminate between six points and since a two-point scale is not very meaningful (Guilford, 1936).

3.3.3.2 Section A

The purpose of this section was to obtain a very general impression of the trainees' level of satisfaction with the training programme. They were required to locate themselves by means of a Likert scale on the continuum fron STRONGLY DISAGREE to STRONGLY AGREE with regard to two statements:

1. My ability to function as a counsellor in the Rape Crisis organisation has increased.
2. I would recommend the programme to members of Rape Crisis who wish to do counselling.

3.3.3.3 Section B

The aim of this section was to assess how useful the trainees experienced various aspects or areas of the programme in terms of improving their ability to counsel effectively. They were required to locate themselves by means of a Likert scale on the continuum from ABSOLUTELY USELESS to EXTREMELY USEFUL with regard to the following items. The reader is referred to 3.4.5 for information regarding the context of the various items.

1. The slide presentation to elicit attitudes and feelings towards rape and related issues.
2. The discussion following the slide presentation mentioned above.
3. The comparison of the attitudes and feelings that the counsellor and client experience immediately before a counselling session by writing them on the board.
4. The formal lectures.
5. The verbal presentation of case material to illustrate relevant issues.
6. Role plays:
   (a) greeting the client and ushering her into the room
   (b) the telephone interview in which the programm leader and a trainee participated
   (c) the interviews with the policeman, detectives and district surgeon.

(d) the individual counselling sessions.

7. The handouts.

8. Writing feedback at the end of each segment of the programme.

9. The evaluation procedure in which you were required to evaluate the sixteen client expressions from a simulated counselling session that appeared on the video screen.

10. The fact that the programme was run by men.

The inclusion of item 9 was prompted by the comment made by several subjects in each of the three groups that the video segments had given them insight into what a counselling situation entailed. Item 10 was included because of feedback obtained in the qualitative evaluation.

3.3.3.4 Section C

In section C, respondents were required to mention any areas of the training programme that they thought could be improved and to state in which ways they could be improved. It was hoped that any glaring inadequacies in the programme would be detected by these means.

3.3.3.5 Section D

Subjects were provided with the opportunity to make any comments whatsoever in this section. It was hoped to obtain feedback about any aspects of the intervention that the trainees had not expressed previously.

3.4 PROCEDURE (see table 5)

3.4.1 The quantitative evaluation

The following steps took place in the process of gathering data for the quantitative aspect of the evaluation. It should be noted that this took place before and after the programme for all three groups of subjects.

(a) The response sheets (see appendix E) were handed out.

(b) The author read the instructions out aloud, elaborating and clarifying where necessary. In addition, subjects were asked, firstly, to respond as quickly as possible (in order to obviate planned responses) and, secondly, not to delete or change anything they had already written (in order to ensure uncensored responses). Thus, the counselling situation was approximated in that a therapist needs to respond without delay and is not able to change anything that has already been said.

(c) There was an opportunity to ask questions after the instructions had been given.

(d) Once the author was satisfied that everyone understood the procedure, the stimulus expressions were presented on the video screen. As soon as all of the subjects had completed their responses,

TABLE 5

Summary of the Procedure

	IMMEDIATELY BEFORE PROGRAMME	DURING PROGRAMME	IMMEDIATELY AFTER PROGRAMME	THREE WEEKS AFTER PROGRAMME
EXPERIMENTAL GROUP (MEMBERS OF RAPE CRISIS)	Responding to the modification of Carkhuff's Instrument	(1) Attending programme (2) Writing experiential reports at the end of each component of the programme	Responding to the modification of Carkhuff's Instrument	Replying to the Evaluation Questionnaire
CONTROL GROUP A (MEMBERS OF RAPE CRISIS)	Responding to the modification of Carkhuff's Instrument	Not attending programme	Responding to the modification of Carkhuff's Instrument	-
CONTROL GROUP B (NOT MEMBERS OF RAPE CRISIS)	Responding to the modification of Carkhuff's Instrument	Not attending programme	Responding to the modification of Carkhuff's Instrument	-

the following stimulus expression was presented. The need to respond rapidly was constantly emphasised.

(e) After all the stimulus expressions had been presented, a brief discussion was held in which the respondents' feelings about the quantitative evaluation procedure were explored. Part of the reason for this was to assess whether they were in any way affected by the procedure, which is a possibility in terms of the emotionally loaded nature of the stimulus expressions. After the pre-assessment, the author did not enter into any discussions regarding the quality either of responses in general or of particular responses as it was felt that this might influence the responses at the assessment carried out after the programme. Similarly, subjects were not informed of the research hypotheses until after the second assessment.

3.4.2 The selection of raters

The instrument used for the selection of the raters was discussed in 2.3.2 above. It was mentioned that prospective raters were required to discriminate which of four possible helper responses to each of sixteen stimulus expressions were high or low on both FAC and ACT dimensions. A similar procedure to that of Kahn (1978) was followed in the selection of the raters, which is outlined below.

(a) Seven prospective raters were chosen by the author, all of whom had at least an honours degree in psychology or social work and several of whom were employed as psychologists or social workers.

(b) The concepts of FAC and ACT were carefully explained to them individually or in pairs.

(c) They were given the form on which they were to respond (see appendix C3). The instructions on it were elaborated upon and clarified where necessary.

(d) They then attempted three practice examples, their responses to which were discussed with the author.

(e) Once they had a thorough grasp of what was required, they rated the helper responses. There was no time limit, and the author was at hand to answer questions.

(f) The scores for the potential raters are presented in table 6.

(g) Prospective raters scoring 80 per cent or above were used to rate the responses of the subjects. Relevant biographical data on these three raters are presented in table 7.

Table 6

Scores for potential raters

Potential rater number	Score out of 64	Percentage correlation with experts
1	62	97
2	55	86
3	51	80
4	46	72
5	45	70
6	35	55
7	18	28

Table 7

Relevant biographical data on the three raters

Rater Number	Age	Sex	Occupation	Relevant Qualification
1	22	F	Student	Honours degree in Psychology
2	23	F	Teacher	"
3	22	M	University lecturer	"

3.4.3 The rating

The following procedure was adopted for the rating of the subjects' responses.

(a) Each response was typed onto a separate sheet of paper and coded in order that the raters would be blind as to which subject, group or stage of the assessment a response belonged.

(b) The raters were reminded of the meanings of the concepts of FAC and ACT.

(c) Stimulus expression 1 was presented on the video machine twice.

(d) All fifty subjects' responses both before and after the programme (one hundred responses in total) were placed before the subjects in a random order. They then rated each response independently for both FAC and ACT.

(e) Steps (d) and (e) were repeated for the other fifteen stimulus expressions.

(f) A scale from 0 to 4 was used. A "0" indicated that the relevant dimension was not in evidence at all. If the rater perceived the relevant dimension to be present, he/she indicated on the scale from 1 to 4 the extent to which he/she thought it was present; a "1" indicated that the relevant dimension was was present only to a minimal degree while a "4"

indicated that it was not possible for the relevant dimension to be more in evidence. The rationale for the raters having to choose between four points if a dimension was in evidence is similar to that given for there being four points on the scales used in sections A and B of the evaluation questionnaire (see 3.3.3.1 above).

(g) There was discussion between the author and the raters at various stages of the rating procedure, which invariably involved further clarification of the concepts of FAC and ACT. At no stage did the raters discuss a response before making a rating.

(h) The score used in the analysis of the data was the mean of the three ratings for each subject for each expression on each dimension before and after the programme. Kahn (1978) quoted Sellitz, Jahoda, Deutsch and Cook (1965) in support of this method:

> Much research has demonstrated the superiority of the average, or consensus, of the judgements of several people over that of one individual... Poffenberger has written:
>
> > From the studies of judgement that are available, it would seem that three independent estimates of the traits commonly judged are the minimal requirements for satisfactory work.
> >
> > (p.354).

The procedure followed in this study differed from that of Kahn (1978) in that in his study raters made independent judgements and then compared their ratings and discussed discrepancies

before a final consensus rating was made. According to Sellitz, Jahoda, Deutsch and Cook (1965) this process enhances the reliability of the ratings. However, this could not be done in this research because of the vast number of ratings that needed to be made (1 600 by each rater).

3.4.4 Contact with Rape Crisis before the training programme commenced

The importance of the contact with an organisation before the intervention actually takes place has been stressed by Davids (1979). The aims of the contact with Rape Crisis before the training programme commenced were:

(a) to secure the cooperation and trust of Rape Crisis

(b) to make the formal arrangements for the training programme and

(c) to gain some insight into the internal politics of the organisation so as not to alienate any of the members.

The idea of organising a training programme in rape crisis intervention for members of the Rape Crisis Organisation was first mooted in March 1979. Subsequently, there has been regular contact with Rape Crisis members on an informal basis both individually and in groups. This contact became more frequent as the date for the commencement of the programme approached.

The author attended two formal Rape Crisis training programme "steering committee" meetings, one in November 1979 and the other in July 1980. At both these meetings the proposed programme was discussed in detail. In addition, the contractual nature of the relationship between the author and Rape Crisis was emphasised in terms of which Rape Crisis benefitted in that its members were given the opportunity to participate in the training programme and the author benefitted in that material for the research was gathered. This was thought to be particularly necessary because of the absence of any financial contract.

Once a preliminary outline for the training programme had been compiled, it was scrutinised by a representative of Rape Crisis to ensure that the needs of Rape Crisis in terms of training were fulfilled to as large an extent as possible. Particular care was taken to ensure that it blended with the training programme organised internally by Rape Crisis (which was described in 3.2 above).

The programme was introduced to potential participants at a session of the training programme organised internally by Rape Crisis (see 3.2 above). The nature and duration of the programme was outlined by the author and the requirements to be fulfilled by Rape Crisis members in terms of the evaluation were mentioned. Thereafter, the programme leader (see 3.4.5.1 below) delivered a one-hour lecture on crisis intervention. This was done for the following reasons:

(a) it assisted in the bonding process with the organisation

(b) it was considered necessary that Rape Crisis members not attending the training programme be offered a modicum of basic knowledge of crisis intervention

(c) it provided Rape Crisis members with a foretaste of the training programme; thus, they had a more accurate idea of what they were committing themselves to if they were to apply for admission to the programme and it was hoped that members would be indirectly persuaded to apply for admission to the programme.

The lecture covered the following aspects of crisis intervention (much of this material was discussed in 1.3.2 above, as the references in brackets indicate):

- factors contributing to the development of the crisis intervention technique (1.3.2.1)
- definition of crisis (1.3.2.1)
- categories of crisis (1.3.2.2)
- the stages of the crisis sequence (1.3.2.3)
- crisis intervention as prevention (1.3.2.4)
- the increased accessibility of unconscious material during a crisis (1.3.2.5).

In response to questions from the people attending the lecture,

the following material was briefly explored:

- the use of therapeutic contracting
- aspects of the intervention technique
- the characteristics of maladaptive coping in a crisis situation.

After the lecture, application forms for the training programme were distributed. Besides assisting with the planning and reporting of the programme, the application forms reflected a commitment on the part of the aspirant programme participants.

The final contact with Rape Crisis members before the training programme commenced was also at a session of the training programme organised internally by Rape Crisis. During this contact, the pre-test of the quantitative evaluation was carried out and a handout (see appendix F) was distributed, which contained:

(a) some notes pertaining to the lecture given on 18 August 1980

(b) three reprints: Golan (1969), Hirschowitz (1972) and Model for Treatment in Crisis Situations (from Golan, 1978) and

(c) two reading lists, one on crisis intervention in general and one on crisis intervention with special reference to rape.

The Rape Crisis members intending to participate in the training programme were requested to study the handout carefully before the commencement of the course. The necessity for lay therapists to possess a certain amount of basic knowledge has been emphasised by Delfin and Hartsough (1979) and Hartsough (1976). Hence, it was felt that supplementing the material presented in the training programme by additional reading would be appropriate. The reading lists were provided for those people who wished to obtain a deeper knowledge of any aspects of rape crisis intervention.

3.4.5 The training programme

3.4.5.1 General comments

(a) A handout (see appendix G) comprising a skeletal outline of the nature and content of the programme was distributed before the programme began. This was not intended to be a rigid schedule but rather to convey some idea of what the programme would comprise in order that the trainees would commence the programme with realistic and accurate expectations.

(b) The programme consisted of three sessions; two were on successive Sundays from 09h30 to 17h00 and the third was on the Thursday between these Sundays from 19h30 to 22h30. For the purposes of this discussion, a component of the programme is defined as a morning,

afternoon or evening meeting. The nature and content of each component of the programme will be discussed below. The venue was the University of Cape Town Child Guidance Clinic; a large well-lit seminar room with overhead and slide projector facilities was used.

(c) The programme leader has had extensive experience in crisis intervention both in South Africa and Overseas. In addition, he has conducted numerous training programmes in crisis intervention, both in his present capacity of Lecturer in a University School of Applied Sociology in Social Work and in his previous capacity of Head of Therapeutic Services and Senior Professional Officer at the Johannesburg Crisis Clinic.

(d) The author attended all the sessions. His role involved the following aspects, amongst others:

- tape recording the entire programme
- participating in the facilitating of the programme, albeit in a limited manner; this included preparing the venue and on occasions acting as a resource person
- observing the proceedings "objectively" for the purposes of reporting on the programme and providing feedback to be incorporated in later components.

(e) The programme was not geared specifically to increasing the participants' ability to offer high levels of FAC and ACT in the therapeutic situation in a <u>structured</u>

manner as has been described by, inter alia, Carkhuff (1969). Rather, it was hoped that the trainees' ability on these dimensions would be increased as a consequence of the experiences undergone and input received in the programme. Notwithstanding this, both the programme leader and the author were continually aware of the concepts of FAC and ACT and endeavoured to convey their nature and necessity without ever mentioning them explicitly.

(f) Throughout the programme, transference feelings (i.e., feelings brought into the counselling situation that do not pertain directly to this situation) on the part of the prospective therapists were focused upon. It was constantly emphasised that the process of therapy would be impeded if the therapists' own reactions to rape and to the client were not dealt with. Notwithstanding this, the focus was on the consultees as workers and attention was always on rape victims, in accordance with the characteristics of consultation mentioned in 1.5.1 above.

(g) Case material was presented and discussed frequently during the programme in order to clarify and illustrate pertinent issues as well as to bring in a "live" factor.

(h) Parallels were continually being drawn between the process of therapy and the process of training in helping skills. This was intended to provide an

experiential basis to many of the concepts discussed on a theoretical level in the programme.

(i) Psychosocial learning principles were invoked throughout the programme. Thus, there was a strong experiential aspect (Hartsough, 1976) to the programme, which had the following characteristics:

- active or participatory learning was encouraged whereby the learners engaged in a dialogue and did not passively sit back and absorb information
- there was constant simulation by means of role plays of situations in which the prospective therapists were likely to find themselves
- opportunity was given for the process of modelling to take place whereby the trainees could emulate the behaviour of the programme leader
- the shaping of behaviour indicating high levels of FAC and ACT took place by means of reinforcement using immediate feedback (Dixon and Burns, 1974).

The nature and content of each component of the programme will now be discussed in detail. It is necessary that this description be detailed for two reasons:

(a) this programme could then serve as a possible blueprint or training manual for future programmes, and

(b) the results of the evaluation would be meaningless if it were not completely clear what is being evaluated.

It is suggested that this section be read in conjunction with 4.2 below where the trainees' experience of the programme is presented.

3.4.5.2 Component 1 (Sunday 21.9.1980; 09h30 to 12h30)

This component began with introductions; thereafter, a brief exposition of the nature of the course was provided. It was mentioned that it would be informal and spontaneous and that this, combined with the nature of the subject matter and the emphasis on experiential learning, would result in much anxiety. They were reassured that (as in the therapy situation) this was "normal" and necessary for personal growth. Thus, the participants were given permission to expose themselves.

The importance of attitudes in therapy was pointed out, and the necessity for developing a well-defined and flexible set of attitudes emphasised. Attitudes were defined as a "learnt set of feelings, ideals, expectations, etc. which are acquired via parental and societal instruction" (Isaacs, 1976, p.63). The programme leader then told them that, in order to facilitate an exploration of their attitudes towards rape and sexuality, they were to be shown a set of slides. He asked them to write down, in as uncensored a form as possible, the feelings or

experiences that each slide evoked. He told them the slides consisted of scenes that were acted and that certain of the faces were blacked out in order to protect the privacy of the actors. The slides were then shown, and the feelings and experiences that were evoked were discussed after each one. A description of the slides (with the comments in parentheses) is provided below. Some of the slides are reproduced in appendix H.

1. A "neutral" family scene (to orient the participants and to enable them to obtain a baseline with regard to their feelings).

2. Four slides of a woman ("W")
   - 2a. Sitting relaxed, reading a book;
   - 2b. Standing in her bathing costume;
   - 2c. Standing with no clothes on;
   - 2d. Close-up of her genitals.

3. Four slides, each containing one of two men ("M_1" or "M_2")
   - 3a. M_1 sitting in a chair, as if in conversation with somebody;
   - 3b. M_2 standing in a bathing costume;
   - 3c. M_2 lying naked on a couch;
   - 3d. Close-up of M_2's genitals.

(Their feelings towards men and women, which are crucial in rape crisis counselling, were contrasted and the changes in these feelings with the various slides were elicited).

4. Fourteen slides depicting a rape incident:

4a A suburban residence

4b W in the process of opening the door

4c M_1 and M_2 entering the house

4d .. ditto ..

4e M_1 and M_2 in the process of raping W with knife

4f .. ditto ..

4g .. ditto ..

4h .. ditto ..

4i W lying on the staircase alone

4j M_1 and M_2 leaving the house

4k .. ditto ..

4l W sitting on the stairs with her head in her arms

4m W making a telephone call

4n M_2 drinking alcohol looking at ease and relaxed.

(The participants were confronted with a vivid and explicit display of a rape taking place. It was hoped that this would give them an experiential understanding of what a rape involves, which is essential to being able to counsel rape victims).

These slides and the trainees' reactions to them were continually referred to throughout the programme. As the programme is described, the rationale for the inclusion of the slide presentation will become more clear.

After the slide presentation and a tea break, the participants were asked to imagine that there was a woman in the next room

who had been raped. The feelings that emerged when they were imagining this event were elicited, examples of these being sympathy, bewilderment, pain, intense sorrow, anger, frustration, and maternal feelings. They were then asked what they would like to get from a counsellor if they had been raped, which produced qualities such as warmth, acceptance without threat or conditions, understanding, emotional and practical support and a listening attitude. The important factor resulting from this task was the incongruity between what they would feel if they were in close proximity to a rape victim and what they would want from a therapist if they had been raped. This led to a discussion of how attitudes and feelings on the part of the therapist could result in inappropriate responses being generated. An example was offered from the slide presentation in which the participants tended to perceive the woman as vulnerable and tense while they were detached from, disinterested in, and angry towards the male. A dialogue was held on how these attitudes or feelings towards men and women could impede the therapeutic process.

Related to this discussion is the consideration that rape and its consequences are partly a manifestation of human sexuality in that this comprises the means whereby power is violently asserted. The programme leader emphasised that it is necessary to be comfortable with one's own sexuality and to be familiar with the sexuality both of one's own and the opposite sex in order to counsel effectively, (this view has been endorsed by Holmes, 1981). This includes being able to refer to the male and female sexual organs without discomfort; the difficulty

that this could entail was demonstrated by the slide presentation, in which one person had difficulty in mentioning the word "vagina". It was mentioned that the importance of this is partly related to the notion that it is sometimes necessary to question the client closely about what happened in order to evoke repressed feelings.

A further reason for the necessity of therapists working through their feelings about rape and sexuality was stated. This involves the consideration that the client may have similar feelings as the therapist in that they may have been exposed to equivalent socialisation processes. Thus, the therapist would be in no position to account for the client's feelings if she is not able to account for her own feelings.

The nature and purposes of certain defence mechanisms were expounded. Examples were given of the processes of (a) projection and (b) denial from the slide presentation. With regard to (a), many participants perceived the naked woman as tense, which could have more accurately reflected their feelings at the time. With regard to (b), many trainees commented on the couch upon which the naked man was lying, thus denying feelings evoked by the possibly anxiety producing stimulus of the naked man.

3.4.5.3 Component 2 (Sunday 21.9.1980; 13h30 to 17h00)

This component begain, unpredictably, with various trainees

confronting the programme leader and the author. One person said that she thought that the programme leader was being unsympathetic in using the example of the participant who was not able to say the word "vagina" comfortably. However, the woman concerned reassured the group that she felt O.K. about this being used as an example. When the first woman was asked why she had not brought up her point earlier, she replied that she doubted that it was important enough. This opportunity was used to make the point that all feelings are important (both in the training programme and in counselling sessions) and that they need to be worked through as soon as possible.

Several participants felt that the group was not as open or close as during the training programme organised internally by Rape Crisis. This they related to the programme leader and the author:

(a) not being more involved (for example, the author was continually on the periphery of the group)

(b) being separatist by discussing certain issues alone during the tea and lunch breaks - one person said that she felt like an intruder when she entered the room in which the programme leader and the author were conferring in order to offer tea, and

(c) being authority figures by virtue of having professional qualifications, and thus being difficult to accept as people.

The situation was dealt with by:

(a) clarifying the role of the author and the need for the author and the programme leader to spend a certain amount of time alone

(b) observing that testing behaviour was taking place, which occurs in therapy situations as well, and

(c) pointing out the similarities between the roles that therapists and people in training positions have thrust upon them, which are based on phantasies on the part of the clients and trainees. Thus, both therapists and trainers acquire the role of expert which has an inevitable connotation of power. Transference feelings enter the picture, and the therapist or trainer become the objects of projections (including anger), which in this case seemed to increase the distance between the trainers and trainees thus giving rise to a vicious circle.

The confrontation was thus used to demonstrate several important therapeutic principles within the context of the rape crisis counselling framework.

After the interpersonal issues had been explored and partly resolved, the lecture given on 28.8.1980 to all the people attending the training programme organised internally by Rape Crisis (see 3.4.4 above) was summarised, with special reference to rape. The concept of loss was focused upon, and the need to uncover

the associated gains was emphasised. In this regard, phantasies are important. They were defined as controlled or censored daydreams satisfying certain needs that have either an appealing or unpleasant quality to them, or both. The relation of phantasies to myths about rape (see 1.3.2.7 above) and the feelings and attitudes evoked by the slide presentation were explored.

The stages of the rape sequence were then examined in the light of the stages of the general crisis sequence, in a similar manner as in 1.3.2.7 above.

3.4.5.4 Component 3 (Thursday, 25.9.1980; 19h30 to 22h30)

In order to ensure continuity with component 2, participants were asked to describe their feelings on leaving after component 2 and to mention the areas of content that they thought were important. They expressed the feeling that they were too exhausted to incorporate all the material from the previous session and that they were concerned at the gap that existed between theory and practice.

The remainder of this component was focused specifically on the therapeutic process. Two important points about therapy were made: firstly, that it is usually carried out in the context of an interview (which thus becomes the medium or tool of therapy) and, secondly, that we conduct ourselves by means of a relationship in the interview, which involves the use of techniques and the ability to use one's personal resources (such as the ability to risk oneself in the relationship).

In order to highlight the material at the level of practice, brief role plays were conducted of the first two or three minutes of an initial interview. Everybody (including the programme leader) was divided into pairs, with one partner playing the client and the other playing the therapist. The "clients" were then consecutively greeted and ushered into the room by their respective "therapists". The participants' deelings of, inter alia, insecurity, apprehension and anxiety were explored and the programme leader made the following three points:

(a) the feelings that the participants experienced are quite possibly experienced by clients as well

(b) the anxiety can be utilised therapeutically; in this regard, three different kinds of anxiety were listed:

- anxiety specifically related to the crisis event (for example, the rape);
- "therapeutic anxiety", which is composed of the anxiety acting as a drive to seek help, the anxiety accompanying the help-seeking process and the anxiety which is directed towards the therapist, and
- "true anxiety" which is experienced in the re-integration process when the client and therapist explore how the client is to adjust to the crisis situation.

(c) even the most experienced therapists have a certain amount of anxiety before a therapeutic interview. The participants were thus reassured of the validity and necessity of their feelings. This led to a discussion of the advantages of using lay therapists (see 1.2.1 above) provided they are aware of their limitations. This discussion was felt to be necessary in order that they did not regard themselves as "second best" and to ensure that they will not attempt to deal with problems beyond their scope.

Golan's (1978) model for crisis intervention that was mentioned in 1.3.2.6 above and that is presented in detail in appendix A was discussed fully. The following aspects were focused on.

(a) Therapeutic contracting. The points made in the paper of Nelson and Mowry (1976) which are summarised in appendix F were dealt with. Important here are that contracting

- involves a decision to do something specific about the problem
- allows a clear and simple goal statement
- defines the possibility of the goals being fulfilled.

(b) Diagnosis. The programme leader remarked that rape

may be used as a way into therapy so that other more pressing problems could receive attention. To illustrate this point, the programme leader took part in a telephone role play with a trainee in which he played client and she played therapist. During the telephone interview it became apparent that the "client" really wanted to talk about "her" loneliness and was using the rape incident as a way of making contact.

(c) Referral and linking with other helping resources in the community (see 1.5 above). The following aspects were explored:

- the need to be aware of community resources
- referral as part of the intervention, and thus not a failure
- indications for referral
- possible contact sources or agencies (for example, clinical psychologists, doctors, lawyers)
- the necessity of motivating the client for referral and explaining precisely what contact with the agency or person concerned would entail
- how to refer a person (letter, telephone conversation or accompanying the person)
- the necessity of working with the person or agency to whom the client is referred and to remain involved with the person after the referral

(Flomenhaft and Langsley, 1971)

- explaining the consequences of a client's action if she is resistant to referral.

(d) Termination. Two aspects received particular attention, viz. the need to prepare for termination from the beginning of the intervention (which is an important aspect of the crisis intervention method) and the importance of the therapist being aware of her own feelings with regard to the termination process partly in order that the therapy ends at the appropriate time.

3.4.5.5 Component 4 (Sunday 28.9.1980; 09h30 to 12h30)

This component began with a synopsis of previous material covered. Thereafter, there was a broad-ranging discussion in which certain issues were re-explored or emphasised and new ones introduced. The discussion was centered around an overhead projector transparency in which the following important aspects of crisis intervention were listed:

- no waiting list
- a "what hurts now" approach - focus on present problem with emphasis on the here and now
- engage clients where possible as adult, fully participating members of the problem-solving process

- acceptance of limited abbreviated goals
- therapist is active in a positive helping relationship
- select from a range of techniques, flexibility
- quickly make some movement or change
- open door termination
- impart a sense of calm and ability to help
- make use of outside resources
- involve significant others
- enhance self esteem by relating to client
- manipulate if necessary
- allow client to define goals.

This prepared the ground for a long and elaborate role play in which the participants became very involved. This consisted of a "client" being interviewed consecutively by a "policeman", "C.I.D. officer" and "doctor", all in the presence of a Rape Crisis "counsellor".

The discussion after the role play focused on:

(a) the actors' feelings

(b) the facilitative role of the Rape Crisis counsellor in the various situations, and

(c) the necessity for the counsellors to work through their anger towards policemen and examining doctors in such a way that the client is not adversely affected.

A format for the first interview was then presented by means of the overhead projector and distributed as a handout. In discussing the first interview, the role play carried out in component 3 was continually referred to. The format for the first interview, which is consistent with Golan's (1978) model for intervention, is presented below.

1. Greet and usher the person into the room.
2. Introduction: aims at creating rapport.
3. First leading question: aims at eliciting the precipitating factor.
4. Elicit the subjective reaction to the precipitating factor by focusing on the here and now.
5. Establish the hazardous event (i.e., put the person in the context of the crisis situation)
6. Assertain the nature and duration of the vulnerable state.
7. Assess the state of active crisis.
8. Partialise the problems and focus on a specific area.
9. Clarify alternatives.
10. Ascertain movement.
11. Contract for future activity.
12. Terminate.

3.4.5.6 Component 5 (Sunday 28.9.1980; 13h30 to 17h00)

This component was commenced by conducting an overview of techniques that are commonly used in crisis intervention. A

list of the important techniques is presented below:

- helping the individual to gain an intellectual understanding of her crisis situation
- helping the individual to bring into the open those feelings to which she may not have access
- exploration of coping mechanisms
- re-opening her social world
- future/anticipatory guidance/planning
- confrontation - at a reflective level
- explanation of treatment to client
- giving information in a didactic manner
- realistic support and honesty
- make her aware of her responsibility for herself.

Finally, in summary and conclusion, a broad-ranging discussion was held that was structured by an overhead projector transparency. This transparency consisted of a list of general factors which are important in helping the individual confront and overcome the crisis, which are:

- help her confront the crisis by realizing the pain and danger
- help her confront the crisis in manageable doses - without artificial mechanisms, she must be given time to cope

- help her to find the true facts - facts about crises are more reassuring than awesome speculations
- do not give her false reassurance - she needs to know that she has the capabilities to maintain ego functioning by finding her strength
- do not encourage the client to blame others - blaming is a denial of responsibility and avoids the truth
- help the client to accept help - denial of the need for help is an avoidance of the crisis
- help her with everyday tasks - in an unassuming manner.

The quality of flexibility was continually emphasised in discussing these factors; for example, a therapist would need to deal differently with a child that had been raped compared to a mature adult.

The finale to the programme was a comprehensive role play. Trainees were randomly paired off, and one partner played therapist for half an hour while the other played client before the roles were reversed for a second half hour.

After the role play, the participants' feelings and experiences were shared. Where appropriate, these feelings and experiences were placed in the context of material that had been discussed previously.

Finally, the programme leader, author and trainees spent a short amount of time discussing their feelings and attitudes

about the course as a whole; this was done to avoid unfinished business, thus ensuring an adequate termination.

CHAPTER 4 : RESULTS

The results for the quantitative and qualitative evaluations and for the questionnaire will be presented separately.

4.1 THE QUANTITATIVE EVALUATION

The responses that each subject gave at each stage of the assessment for each stimulus expression are provided in appendix I.

The ratings that each response received from each rater, as well as the means of the three ratings for each response, are reported in appendix J.

Only selected results will be reported and examined, most of which pertain directly to the two research hypotheses that were stated in 2.2.1.1 above. There were two reasons for this.

(a) It would be meaningless to analyse data that were produced incidentally from the statistical procedures used to investigate the research hypotheses since this data would not have an adequate theoretical context.

(b) Literally millions of hypotheses are generated by the data, and it would clearly be impossible to investigate all of these hypotheses. Hence, for purely practical reasons, it is necessary to limit the number of results that are reported and examined.

4.1.1 The inter-rater reliability coefficient

The Pearson Product-Moment Correlation Coefficient was used to calculate the inter-rater reliability coefficients since we are dealing with ratio data. Separate coefficients were calculated for FAC and ACT. The correlation matrices for FAC and ACT are presented in table 8 and 9 respectively.

Table 8

Inter-Rater Reliability Correlation Matrix for FAC

Raters	A	B	C
A	1,00		
B	0,41+	1,00	
C	0,43+	0,46+	1,00

+ $p < 0,01$

Table 9

Inter-Rater Reliability Correlation Matric for ACT

Raters	A	B	C
A	1,00		
B	0,35+	1,00	
C	0,27+	0,27+	1,00

+ $p < 0,01$

Tables 8 and 9 indicate that there is a definite relationship between the ratings that any two raters made on either dimension (FAC or ACT).

4.1.2 Facilitativeness

The table of cell means (with the relevant standard deviations) for FAC is provided in table 10, and the ANOVA summary table is provided in table 11.

Table 11 indicates that the only significant effects were the main effects due to factors A (the groups) and C (the client expressions). Hence, hypothesis 1 (which stated that there is no statistically significant difference within any of the groups between the scores obtained for FAC on the first and second assessments for any of the client stimulus expressions) is accepted.

It was decided to investigate the differences between the means for the three levels of factor A (the group) overall factors B (the stage of assessment) and C (the client stimulus expressions) as this could have important implications for the sampling procedures. Accordingly, Tukey comparisons were conducted on these means in order to determine where the significant difference(s) between them lie(s). The relevant means are provided in table 12 and the results of the Tukey comparisons in table 13.

Table 10

Cell Means for FAC (with the Relevant Standard Deviations in Brackets

FACTOR A (The Groups)	A1 (Experimental Group)		A2 (Control Group A)		A3 (Control Group B)	
FACTOR B (Stage of Assessment)	B1 (Pre-Test)	B2 (Post-Test)	B1	B2	B1	B2
FACTOR C (Client Expressions)						
1	0,96 (1,10)	1,29 (1,09)	1,15 (1,04)	1,11 (0,90)	1,00 (1,04)	0,71 (1,15)
2	0,96 (0,70)	0,67 (0,71)	1,15 (1,00)	1,37 (0,96)	1,21 (0,85)	1,92 (0,73)
3	0,54 (0,47)	0,46 (0,56)	0,85 (0,63)	0,74 (0,68)	1,21 (1,04)	1,42 (1,11)
4	0,33 (0,50)	0,38 (0,38)	0,52 (0,38)	0,96 (0,75)	0,79 (0,82)	0,46 (0,43)
5	0,33 (0,25)	0,25 (0,24)	0,30 (0,42)	0,44 (0,41)	0,33 (0,36)	0,62 (0,90)
6	0,96 (0,55)	1,04 (0,65)	1,11 (0,33)	1,04 (0,72)	1,37 (0,55)	1,25 (0,30)
7	0,50 (0,31)	0,67 (0,36)	0,81 (0,44)	1,11 (0,73)	1,50 (0,73)	1,46 (0,73)
8	0,21 (0,25)	0,58 (0,50)	0,70 (0,65)	0,56 (0,50)	1,35 (0,85)	1,17 (0,91)
9	0,29 (0,28)	0,21 (0,31)	0,22 (0,24)	0,26 (0,22)	0,50 (0,56)	0,29 (0,45)
10	0,50 (0,64)	0,13 (0,25)	0,74 (0,49)	0,78 (0,50)	1,00 (0,53)	0,75 (0,61)
11	0,33 (0,31)	0,21 (0,31)	0,52 (0,56)	0,52 (0,58)	0,71 (0,81)	0,75 (0,92)
12	0,12 (0,17)	0,25 (0,35)	0,48 (0,38)	0,30 (0,45)	0,54 (0,62)	0,67 (0,62)
13	0,54 (0,73)	0,46 (0,53)	0,48 (0,38)	0,74 (0,32)	0,62 (0,33)	0,75 (0,43)
14	0,29 (0,28)	0,33 (0,36)	0,59 (0,55)	0,33 (0,33)	0,58 (0,53)	0,75 (0,58)
15	0,13 (0,25)	0,08 (0,15)	0,19 (0,34)	0,22 (0,24)	0,21 (0,35)	0,38 (0,45)
16	0,37 (0,42)	0,33 (0,47)	0,63 (0,63)	0,52 (0,67)	0,83 (0,78)	0,46 (0,47)

Table 11

ANOVA Summary Table for FAC

SOURCE	SS	DF	MS	F RATIO
BETWEEN SUBJECTS				
A (The Groups)	21,12	2	10,56	4,63^{+}
SUBJ. W. G.	50,13	22	2,28	
WITHIN SUBJECTS				
B (Stage of Assessment)	0,04	1	0,04	0,07
AB	0,05	2	0,02	0,05
B x SWG	10,83	22	0,49	
C (Client Expressions)	70,64	15	4,71	12,82^{++}
AC	13,85	30	0,46	1,26
C x SWG	121,24	330	0,37	
BC	2,17	15	0,14	0,62
ABC	7,50	30	0,25	1,07
BC x SWG	77,33	330	0,23	

$^{+}p < 0,05$

$^{++}p < 0,01$

Table 12

Means of the Three Levels of Factor A

overall Factors B and C for FAC

LEVEL	A1 (the experi-mental group	A2 (Control group A)	A3 (Control group B)
MEAN	0,465	0,675	0,855

Table 13

Tukey Comparisons for Factor A

overall Factors B and C for FAC

Groups Compared	DF	Tukey H.S.D. Statistic
Experimental Group/ Control Group A	3;44	2,94
Experimental Group/ Control Group B	3;44	5,30^{+}
Control Group A/ Control Group B	3;44	2,52

$^{+}p < 0,01$

Table 13 indicates that there is a significant difference between the level of FAC that the members of the experimental group and control group B were able to offer overall the other two factors.

This suggests that it would be meaningful to investigate whether there is a difference in levels of FAC between subjects who were members of Rape Crisis and those who were not (control group B), overall factors B and C. Accordingly, a Scheffe comparison was carried out since a comparison of one mean with two means considered together is required, the results of which are presented in table 14.

Table 14

A Selected Scheffe Comparison for Factor A overall Factors B and C for FAC

Groups Compared	DF	Scheffe F Ratio
Experimental Group and Control Group A/Control Group B	2;44	5,10^{+}

$^{+}p < 0,05$

Table 14 indicates that there is a significant difference between the level of FAC that subjects who were members of Rape Crisis and subjects who were not members of Rape Crisis

were able to offer, overall factors B and C. Inspection of table 12 reveals that subjects who were not members of Rape Crisis were able to offer significantly higher levels of FAC than subjects who were members of Rape Crisis.

4.1.3 Action-orientedness.

The table of cell means (with the relevant standard deviations) for ACT is provided in table 15, and the ANOVA summary table is provided in table 16.

Table 16 indicates that there was a significant ABC interaction, which implies that the factors A (the groups), B (the stage of assessment) and C (the client expressions) each act in different ways on the dependent variable ACT, depending on the levels of the other two factors. Hence, neither main effects nor two-factor interaction effects can be interpreted. In order to examine relevant first order interactions at various levels of the third factor, an analysis of selected simple interaction effects was carried out, the results of which are provided in table 17.

Table 17 indicates that the simple interaction effects for ACT were insignificant for BC at A1 (the experimental group) and significant for BC at A2 (control group A) and BC at A3 (control group B). Each of these results will be examined separately.

Table 15

Cell Means for ACT (with the Relevant Standard Deviations in Brackets)

FACTOR A (The Groups)	A1 (Experimental Group)		A2 (Control Group A)		A3 Control Group B)	
FACTOR B (Stage of Assessment)	B1 (Pre-Test	B2 (Post-Test)	B1	B2	B1	B2
FACTOR C (Client Expressions)						
1	1,00 (0,91)	1,79 (0,99)	1,93 (0,64)	1,41 (1,13)	1,08 (0,83)	0,58 (0,58)
2	1,25 (0,83)	1,17 (0,76)	1,33 (0,90)	1,19 (0,88)	0,58 (0,68)	0,38 (0,42)
3	0,79 (0,47)	0,67 (0,84)	1,63 (0,87)	0,89 (0,69)	0,75 (0,50)	0,79 (0,67)
4	0,75 (0,56)	0,79 (0,47)	1,22 (0,69)	0,67 (0,47)	0,71 (0,42)	0,54 (0,35)
5	0,54 (0,31)	0,50 (0,31)	0,63 (0,51)	0,81 (0,53)	0,75 (0,53)	0,67 (0,53)
6	0,83 (0,47)	0,92 (0,85)	0,85 (0,50)	0,93 (0,36)	0,71 (0,65)	0,42 (0,68)
7	0,67 (0,50)	0,71 (0,55)	0,81 (0,44)	0,63 (0,48)	0,29 (0,45)	0,87 (0,71)
8	0,33 (0,40)	0,50 (0,53)	0,37 (0,31)	0,67 (0,58)	0,46 (0,53)	0,75 (0,61)
9	0,87 (0,53)	0,79 (0,53)	1,11 (0,58)	1,04 (0,45)	0,79 (0,40)	0,71 (0,28)
10	0,42 (0,30)	0,42 (0,35)	0,56 (0,33)	0,63 (0,39)	0,79 (0,47)	0,42 (0,30)
11	0,71 (0,55)	0,71 (0,55)	1,52 (0,44)	1,15 (0,38)	0,54 (0,59)	0,92 (0,39)
12	0,83 (0,56)	1,13 (0,40)	1,04 (0,35)	1,15 (0,44)	1,25 (1,02)	1,13 (0,53)
13	0,79 (0,75)	1,25 (0,68)	0,63 (0,48)	0,70 (0,70)	1,13 (0,67)	0,83 (0,56)
14	0,88 (0,80)	0,92 (0,58)	0,70 (0,51)	0,78 (0,44)	0,42 (0,15)	0,75 (0,43)
15	0,04 (0,12)	0,83 (0,62)	0,26 (0,28)	0,19 (0,29)	0,17 (0,25)	0,42 (0,46)
16	0,82 (0,40)	0,96 (0,38)	0,93 (0,32)	1,00 (0,29)	0,92 (0,64)	1,29 (0,68)

Table 16

ANOVA Summary Table for ACT

SOURCE	SS	DF	MS	F RATIO
BETWEEN SUBJECTS				
A (The Groups)	5,59	2	2,80	$3,17^{+}$
SUBJ. W. G.	19,39	22	0,88	
WITHIN SUBJECTS				
B (Stage of Assessment)	0,07	1	0,07	0,22
AB	2,31	2	1,15	$3,48^{+}$
B x SWG	7,28	22	0,33	
C (Client Expressions)	43,48	15	2,90	$7,91^{++}$
AC	21,19	30	0,71	$1,93^{+}$
C x SWG	120,93	330	0,37	
BC	5,36	15	0,36	1,48
ABC	11,66	30	0,39	$1,61^{+}$
BC x SWG	79,91	330	0,24	

$^{+}p < 0,05$

$^{++}p < 0,01$

Table 17

Analysis of Selected Simple Interaction Effects for ACT

SOURCE	SS	DF	MS	F RATIO
BC at A1	5,17	15	0,34	1,42
BC at A2	16,72	15	1,11	4,60^{++}
BC at A3	6,41	15	0,43	1,76^{+}
Error	79,91	330	0,24	

$^{+}p < 0,05$

$^{++}p < 0,01$

Because the simple interaction effect of BC at A1 (the experimental group) was insignificant, it is legitimate to examine the simple main effects of B (the stage of assessment) and C (the client expressions) at A1. The simple main effects of B only at A1 will be examined below as this is the only simple main effect that is relevant for the present purposes. The table of means for the two levels of factor B for the experimental group (overall C) is provided in table 18, and the ANOVA summary table for the simple main effect of B at A1 is provided in table 19.

Table 18

Means for Factor B (Overall Factor C) for the Experimental Group for ACT

LEVEL B1 (Pre-Test)	LEVEL B2 (Post-Test)
0,72	0,88

Table 19

ANOVA Summary Table for the Simple Main Effect of B at A1 for ACT

SOURCE	SS	DF	MS	F RATIO
B at A1	1,62	1	1,62	
Error	7,28	22	0,33	$4,90^{+}$

$^{+}p < 0,05$

Table 19 indicates that there is a significant simple main effect of B at A1, which implies that there is a significant difference in the dependent variable (level of ACT) between the two stages of the assessment for the experimental group (overall C). Inspection of table 18 reveals that members

of the experimental group were able to offer significantly higher levels of ACT after the training programme than before the training programme, overall the client stimulus expressions.

As has been mentioned above, table 17 indicates that the simple interaction effect of BC at A2 (control group B) is significant. Hence, the simple simple main effects of factor B (the stage of assessment) and factor C (the client stimulus expressions) at each level of the other factor at A2 can be examined. The only simple simple main effect that will be investigated is that of factor B at each level of factor C at A2 since this is the only one that is relevant for the present purposes. The results of this investigation are presented in table 20.

Table 20 indicates that there were significant differences in levels of ACT between the two stages of the assessment for control group A for stimulus expressions 1, 3, 4 and 15. An inspection of the table of cell means for ACT (table 15) reveals that the levels of ACT that the members of control group A were able to offer after the training programme compared to before the training programme decreased in the case of all four of these stimulus expressions, i.e. for stimulus expressions 1 (from 1,93 to 1,41), 3 (from 1,63 to 0,89) 4 (from 1,22 to 0,67) and 15 (from 0,26 to 0,19).

TABLE 20

ANOVA Summary Table for Selected Simple

Simple Main Effects

For Control Group A for ACT

SOURCE	SS	DF	MS	F RATIO
B at A2 C1	1,12	1	1,12	4,51+
B at A2 C2	0,09	1	0,09	0,37
B at A2 C3	2,28	1	2,28	9,20++
B at A2 C4	1,28	1	1,28	5,18+
B at A2 C5	0,14	1	0,14	0,57
B at A2 C6	0,02	1	0,02	0,09
B at A2 C7	0,14	1	0,14	0,58
B at A2 C8	0,37	1	0,37	1,47
B at A2 C9	0,02	1	0,02	0,09
B at A2 C10	0,02	1	0,02	0,09
B at A2 C11	0,57	1	0,57	2,30
B at A2 C12	0,05	1	0,05	0,21
B at A2 C13	0,02	1	0,02	0,09
B at A2 C14	0,02	1	0,02	0,09
B at A2 C15	10,54	1	10,54	42,56++
B at A2 C16	0,02	1	0,02	0,09
error	15,60	63	0,25	

$^{+}p < 0,05$

$^{++}p < 0,01$

Finally, it was mentioned above that the simple interaction effect of BC at A3 (control group B) is significant. Hence, the simple simple main effects of factor B (the stage of assessment) and factor C (the client stimulus expressions) at each level of the other factor at A3 can be examined. Again, the only simple simple main effect that will be investigated is that of factor B at each level of factor C at A3 since this is the only one that is relevant for the present purposes. The results of this investigation are presented in table 21.

Table 21 indicates that there were significant differences in levels of ACT between the two stages of the assessment for control group B for stimulus expressions 1 and 7. An inspection of the table of cell means for ACT (table 15) reveals that the levels of ACT that the members of control group B were able to offer after the training programme compared to before the training programme decreased in the case of stimulus expression 1 (from 1,08 to 0,58) and increased in the case of stimulus expression 7 (from 0,29 to 0,87).

The above discussion indicates that Hypothesis 2 (which stated that there is no significant difference within any of the groups between the scores obtained for FAC on the first and second assessments for any of the client stimulus expressions) is rejected.

Table 21

ANOVA Summary table for Selected Simple

Simple Main Effects

For Control Group B for ACT

SOURCE	SS	DF	MS	F RATIO
B at A3 C1	1,04	1	1,04	4,19+
B at A3 C2	0,18	1	0,18	0,73
B at A3 C3	0,01	1	0,01	0,03
B at A3 C4	0,12	1	0,12	0,47
B at A3 C5	0,03	1	0,03	0,12
B at A3 C6	0,35	1	0,35	1,43
B at A3 C7	1,41	1	1,41	5,70+
B at A3 C8	0,35	1	0,35	1,43
B at A3 C9	0,03	1	0,03	0,12
B at A3 C10	0,58	1	0,58	2,36
B at A3 C11	0,58	1	0,58	2,36
B at A3 C12	0,06	1	0,06	0,26
B at A3 C13	0,35	1	0,35	1,43
B at A3 C14	0,46	1	0,46	1,87
B at A3 C15	0,26	1	0,26	1,05
B at A3 C16	0,58	1	0,58	2,36
error	15,60	63	0,25	

+ $p < 0,05$

4.2 The qualitative evaluation

The experiential reports that the programme participants wrote at the end of each component of the training programme are provided below in full. It was felt that it would not be possible to do justice to the experience of the subjects if their reports were summarised or abbreviated in this chapter. As attempt is made in 5.2 below to analyse the results of the qualitative evaluation. It is suggested that the experiential reports be read in conjunction with the description of the training programme in 3.4.5 above.

The experiential reports are grouped according to the component in which they were written, and the subject who wrote each report is indicated.

4.2.1 Component 1

Subject 1 - I feel that the exercises this morning were useful in that rape is now becoming an "emotional" issue and that the intellectual, analystic approach has been left behind. I liked locating myself by means of a specific response/emotion and find that rape is now perhaps more relatable.

Subject 2 - I have felt throughout this morning that it has been a very valuable experience. I found it exciting and stimulating. It has made me think a lot and made me want to investigate particular

areas which were important to me. Although I felt there was a fairly open atmosphere, I didn't feel, for me, it was open enough. I felt people were holding back. Generally, I thoroughly enjoyed it. I didn't feel uncomfortable in it but did not like the programme leader referring to the person who couldn't talk about vagina as I felt this was not taking into account her feelings and inhibitions but was rather exposing her too much, too often. I felt quite angry about it. It also made me realise how much there is in counselling rape victims. How much is indeed in it.

Subject 3 - I feel it has been very interesting, absorbing and that I have learnt about the subject. The way the morning's structure went did help me realise what my uncouncilled views/attitudes, not only towards myself personally, but on a wider human relating outwards scale. It also is a beginning of a learning process and understanding not only of rape; now I feel quite pleased that the course is being led by men. My initial desire to have it more isolated (i.e., run by women) has since been replaced by a keenness to actually absorb responses from you both as men and thereby perhaps absorb views, attitudes of men.

Subject 4 - I feel incredibly stimulated, intellectually,

really turned on by the ideas and different perspectives that have been flowing.
The first session (slides) I was aware of wanting to be open and giving. I also thought that in writing down what I feel, experience and see about the slides that my first impression would be the most true and valuable - that is, the first impression that flashed into my mind, because whatever feeling followed after that would be tempered by socialization - i.e. what I should have been feeling, projected feelings and analysis of that initial feeling. I found myself fascinated and sometimes pleased with my own reactions to the slides - but not smugness in that what I feel is normal.
On sexuality, I feel challenged and realize how much more of my own feelings I still have to sort out in terms of my female role (in sex) and what my expectations are of the male role.

Subject 5 - I felt confronted by the slides - but with a conviction that confrontation is neccessary.
I can identify the examples of projection with my everyday responses to things, situations, people.
The significance for the client of the way in which one deals with his/her crisis and the importance of knowing how to deal with it, overwhelms me somewhat, but the realization of the importance of containing emotive responses and

sorting out the attitudes implicit in those responses has hit me quite forcefully.

Subject 6 - I found the attitude 'test' an interesting, stimulating, and at times an anxiety creating experience. I often find it difficult to actually get in touch with what I feel and its during times like this when I'm forced/have to that I can get nearer to what I feel.

Subject 7 - This morning was very enlightening - it showed up discrepancies that I would rather have left unexposed because I couldn't explain them rationally + something emotional can't be rationalised. It was very interesting to see the differences between how you would feel when you are about to counsell + how you would feel when needing counselling. Although I do feel that by having practical knowledge + experience having felt the empathy for rape victims before you might on an intellectual level, be able to understand your feelings differently, although being able to feel the empathy when you actually are confronted with the client.

Am I making sense? About the slides. If women do feel that they are more vulnerable, I wonder how we can alter our perspective, without actually experiencing being a man. Or is the awareness sufficient? The slides were really great in

bringing this out. The actual rape scene I found unacceptable, maybe it was posed and seemed unreal.
The discussion afterwards was very good.

Subject 8 - I feel that I have been mentally bombarded this morning. I've had new concepts and attitudes hurled at me that have evoked new awarenesses in me. I find this sort of stimulation extremely tiring and time consuming in that I now need time on my own to sort things out. I also believe that while I may have been "disturbed" by certain concepts, I've been given an opportunity for growth and maturation. Very worthwhile.

4.2.2 Component 2

Subject 1 I found my concentration slack, so I found things became less "meaningfull". Still usefull, but less emotionally prodding.

Subject 2 I found that I learnt this afternoon in a traditional lecture room situation so it is quite difficult to actually know exactly what I have learnt. But one thing that did occur to me was that crisis intervention for rape is very varied and specialised. I found it enjoyable and tiring.

Subject 3 Exhausted. A so terribly aware of how little I actually know. How much intuitive knowledge as well as clinical theory is need to council a person successfully. Must begin to tend more to become more relaxed in relation to doing crisis intervention.

Subject 4 (No experiential report provided)

Subject 5 Although my energy had waned by this afternoon and I had reservations about the general interaction after the confrontation between the group and both of you I reacted to what was being said - Golan's method, etc. in a far more objective manner than the morning's session. Perhaps the fact that I had read the handout gave me confidence in dealing with the situation - although there were points where I wasn't consciously 'handling' it at all - seemed quite natural.
Overall - I found the afternoon 'instructive'.

Subject 6 (No experiential report provided)

Subject 7 Very tired because very intensive amount of knowledge given. I hope to retain some of it but lots must have slipped off.

Subject 8 I found the initial period of "levelling" with one another extremely beneficial and the

exploration of attitudes seemed to lessen any tension on both sides.

The introduction to counselling was well-handled although I suspect I was too exhausted to retain much!

Comments on the day in general: very stimulating but at the same time quite tiring and I feel a very long time to be discussing one topic with the same group of people.

4.2.3 Concept 3

Subject 1 Not so demanding, getting into the approach/teaching more. Don't feel togetherness as a group yet or that we've grown together. I retreated into silence tonight and enjoyed observing more.

Subject 2 I feel comfortable. Everyone is much better - more at ease. But I also felt a bit out because of my day I think. I feel as though a lot was said that will benefit counselling situations a lot. I found it interesting and learnt a lot of new information. Also don't feel as exhausted as Sunday. Enjoyed it on reflection although at times wished I wasn't here.

Subject 3 I feel comfortable. Okay, More relaxed and susceptable to what you've said. Found role-playing useful and we have an idea of varieties

of responses. Of particular use too, were the case-histories that were shared with us. Somehow things regarding crisis intervention are beginning to fit into overall courses altho' perhaps too short.

Subject 4 I feel relaxed, more positive, more open about this session. Last Sunday was a "feely" session, whereas this one I seem more 'in control' of what I'm hearing and assimilating. In other words, somewhere there seems to be a kind of structure filtering through. I am yet again aware of the fact that the course is limiting (time-wise) and depth wise and I feel it's a pity. I also feel anxious that I'm going to forget or not retain what I've learnt these sessions, because they've been incredibly stimulating, thought provoking etc. I'm also aware of a much more relaxed atmosphere in the group. Someone said it was you two who were different, but I think it's US.

Subject 5 I'm feeling far more comfortable with the group situation and more receptive to the way in which and what we are learning. Am still fearing that large leap between theory and practice but feel role plays (spontaneous) to be very valuable.

Subject 6 Today was easier than Sunday - we all seemed more open to each other. I enjoyed and was stimulated by the material. The role playing caused less

anxiety than I thought it would. Thinking on the actual content there seems to be many lists etc. and I'm not sure where they overlapp and fit in.

Subject 7 A good session: As someone said, a thread was drawn and something concrete was evolving. I ended up feeling very "comfortable" because issues can be raised and explored. It is good that a structure in the interview was shown so that it can be used in a real situation. Role plays are very beneficial - to see your and others points and dis-points (weaknesses!) They also help to relax the group - especially as both of you participated in this also provided a good model. I am leaving feeling positive - it even aleviated anxieties that arose during the day: i.e. I will go to bed feeling better than I might have had I not come here!

Subject 8 I retained more this evening than I did on Sunday p.m. Feeling stimulated but not as "mind boggled" as last session. I feel more comfortable in the group situation and even believe I might be able to cope better as a counsellor now (those video victims destroyed my confidence).

4.2.4 Component 4

Subject 1 The role-play formed the highlight of this morning with regard to different counselling techniques. I would feel better if I were given a chance to actually practice them soon after, say, in pairs, just to get the feel and then move on to the next one. I found it quite "de-sensitising" to have everything poured out before you without time for reflection/absorption and more importantly, active participation/practice.

Subject 2 I feel as though I have ingested a lot of information. I have a desire to read about what has been said to understand it more, also to put it into practise in various ways, to try to apply the techniques.

Role playing has been very useful - actually visualizing the situation as well as experiencing the various parts. Actually seeing how one can get into the part.

The group is much more together, comfortable and open, although people are very quiet but I think that is because it is mostly input.

It seems as though so much has been said and I want to refresh it all. Things - session have followed in from one another and I find generally it is linking together in my mind.

Subject 3 Of particular benefit was the role playing. Although done before, the end results were different. That, together with actual experiences/ stories makes us aware that we too are going to sometime attempt to apply this crisis intervention technique. Theory can be of benefit up to a certain point only, and the knowledge that you are both as experienced councillers are sharing your experiences with us, does make the whole course that much more useful. Perhaps by the termination session later today, we will actually be that much more ready to deal with rape clients.

Subject 4 After this session I feel much clearer about my role as possible counsellor. I feel more at ease. I feel safer in that I can now see that the counsellors feelings (esp. of inadequacy) are 'normal' and can be dealt with. It's okay to feel you don't know if you really don't know and that you can consult other resources if the need arises - that you're not just carrying the whole crisis on your shoulders.
I felt very involved and vulnerable during the role play and glad that I could give feedback afterwards and feel that I'd been honest with what I'd experienced. Also, I felt good about the positive response afterwards. It was a very valuable experience for me from a counsellor

point of view and from a victim point of view because of the feelings experienced - how small and vulnerable I felt, how I didn't feel like talking about the actual rape event, how I felt intimidated by the police and district surgeon and the isolating environment.
The group feels together and more open. And so do you.
I feel as if I could be giving you better feedback but I'm not sure what more to say.

Subject 5 I feel far better equipped and able to visualize actual situations than over the previous sessions. The format of an interview seems to have provided a very secure base and it is easier to envisage and cope with the various directions that could spring from that structure. Watching the role plays is very real and I can see myself in that situation with far greater ease than before. Retaining the immediate importance of each step in the process will probably be difficult until the initial contact happens - but I guess discipline in doing extra reading in the interim is important.

Subject 6 Given useful steps and techniques to use in an interview situation which seem to be commonsense with a bit of extra knowledge added gained from the experience of counselling (others) and our own we will gain. Role plays were useful.

It's also reassuring to know that one cannot expect to be 'successful' every time for whatever reasons they may be.

Subject 7 Very interesting. Having handouts helps - can look down at it and also know that you have it for future reference.
Role plays are excellent - see how well/badly you have absorbed information and also see how you cope in the situations is the only measure we have at this stage.
Sometimes it worries me that the programme leader does not have experience in Rape Crisis itself where discrepancies might arise. I have tried not to intervene too often because that's not why I'm here. But I hope that all this will be more beneficial even though it might be different in the Rape Crisis reality.
Another thing - not connected - is there going to be any assessment or evaluation by you as to our suitability as counsellors? Maybe another session with more R.C. members is needed because during other Training Courses people were evaluated as to whether they were able to counsel or not. What do you feel?

Subject 8 Sessions appear to be getting more and more relevant to rape counseling situations. Am finding myself more relaxed and not as isolated as initially.

I feel that there's been a lot of input this morning covering a wide range of matters related to intervention. I wonder how much has "sunk in"?

4.2.5 Component 5

Subject 1 An "enjoyable" afternoon with rape becoming a direct issue. Very rewarding experience to actually be a client and therapist in turn and gain insight into feelings and situations/experiences. A so very satisfying to apply different techniques and help a person in distress.

Subject 2 I found it interesting, stimulating and exhausting. I enjoy the role play - to have an experience of the situation. There was a lot to ingest. I feel far more adequate now about counselling but would also like to review my experiences I have counselled.

Subject 3 I found the role-playing useful in revealing my development from the 1st session to now. I felt I was in control as a counciller, And was learning from her. I felt I could probably deal with the client to the best of my ability without becoming too emotionally involved and was therefore of value and importance to her. I felt relief as a client.

Subject 4 I feel absolutely exhausted but also have a slight feeling of elation.

The counselling situation was a very real one in which I found myself responding the way I felt at ease in.

I was outwardly calm, I found myself speaking slowly, softly and clearly and giving the client time to express her feelings. This allowed her feel legitimately. I also experienced a kind of catharsis - from the tension of before she physically expressed her anger to the feeling of fulfillment and calm that happened after. I didn't feel in control all the time, but I was vaguely aware of the direction I was following in that I wanted her to express her anger somehow and I (we) succeeded.

There was a feeling of give and take/ altogether a good feeling to go home with!

Subject 5 I initially didn't feel that the role-play was so successful and that as a counsellor I wasn't feeling the gravity of the situation sufficiently. But, in retrospect it did bring out a lot of things I hadn't been conscious of absorbing. As a client I felt more vulnerable to the situation and a lot of anxiety but eventual relief and a definite gain. Overall I felt quite tired by the end of this afternoon.

Subject 6 Again there was another list of points for crisis

intervention and although broken down the points make sense I'm not sure how the list fit together or overlap - hopefully if I read the notes I can clarify this. I found it quite difficult to get into the role play as the client - perhaps I should have chosen to be someone other than myself. The role of counseller was easier as I knew the questions to ask.

Subject 7 Role plays are very useful in finding out how you would respond. It is a very real situation because one does get very involved in one's roles. I took up all the qualities of the role - things I don't feel and things that I didn't know she felt. But maybe there always lurks the feeling that it is an exercize and that the other person knows me and it is therefore more safe. However, getting involved is a very good thing and very cathartic. A very good course indeed!

Subject 8 Role play extremely revealing/beneficial/exhausting /enlightening. Objectively it was good to get some idea of what victims must go through at counselling sessions - I was surprised at how relieving it was to "offload" on a stranger.

I feel fairly well equipped theoretically to cope but wonder if, without further stimulation, the knowledge will be enhanced sufficiently by experience to grow.

4.3 THE QUESTIONNAIRE

Only seven questionnaires were returned, and it was not possible to contact the person who had not returned a questionnaire.

The results of each section of the questionnaire will be presented separately.

4.3.1 Section A

The distribution of the responses for section A and their means and standard errors are presented in table 22 .

Table 22

Distribution, Means and Standard Deviations of the Responses to Section A of the Questionnaire

Item Number	Item	N	Number of subjects scoring each possibility				Mean	Standard deviation
			1	2	3	4		
1	My ability to function as a counsellor in the Rape Crisis Organisation has increased	7	0	1	2	4	3,43	0,79
2	I would recommend the programme to members of Rape Crisis who wish to do counselling	7	0	0	1	6	3,86	0,38

+ "1" strongly disagree; "4" strongly agree

4.3.2 Section B

The distribution of the responses for section B and their means and standard errors are presented in table 23.

Table 23

Distribution, Means and Standard Deviations of the Responses to Section B of the Questionnaire

Item Number	Item	N	Number of subjects scoring each possibility				Mean	Standard Deviation
			1	2	3	4		
1	The slide presentation to elicit attitudes & feelings towards rape and related issues	7	0	0	6	1	3,14	0,38
2	The discussion following the slide presentation mentioned above	7	0	0	6	1	3,14	0,38
3	The comparison of the attitudes & feelings that the counsellor & client experience immediately before a counselling session by writing them on the board	7	0	0	3	4	3,57	0,53

4	The formal lectures	7	0	0	4	3	3,43	0,53
5	The verbal presentation of case material to illustrate relevant issues	7	0	0	2	5	3,71	0,49
6a	Greeting the client & ushering her into the room	7	0	1	3	3	3,29	0,76
6b	The telephone interview in which Gordon & Claire participated	7	0	3	2	2	2,86	0,90
6c	The interviews with the policeman, detective and district surgeon	7	0	0	6	1	3,14	0,38
6d	The individual counselling sessions	7	0	0	2	5	3,71	0,49
7	The handouts	7	0	0	4	3	3,43	0,53
8	Writing feedback at the end of each segment of the programme	7	0	4	3	0	2,43	0,53
9	The evaluation procedure in which you were required to respond to the sixteen client expressions from a simulated counselling session that appeared on the video screen	7	0	0	5	2	3,29	0,49

10	The fact that the pro-gramme was run by men	7	0	3	3	1	2,71	0,76

"1" Absolutely useless

"4" Extremely useful

4.3.3 Section C

Six of the respondents took the opportunity to suggest areas of the course that could be improved and provide ways that these areas could be improved. Their comments are provided in full in table 24 below. As the subjects' responses to the questionnaire were anonymous, it is not possible to state which subjects provided responses. The six respondents to this section have thus been labelled U, V, W, X, Y, Z.

Table 24

Responses to section C of the Questionnaire

Subject	Area that could be improved	Ways in which it could be improved
U	More connection between counselling programme and Rape Crisis	Knowledge by "organisers" of Rape Crisis's function
	If possible more feed-back on the attitudes that were evoked by the slides	More discussion and per haps interpretation by Programme Leader

V	Presentation by men, not members	Could be run with closer connection to Rape Crisis - policies etc. were slightly uncertain because the organisers weren't members
	Role play	More role-plays, dealing with family members and different languages and backgrounds
W	Immediate application of counselling techniques	I found the feedback system to be very one-sided and perhaps if those running the programme also gave an indication of their observations etc., we participants might not find writing the comments such a "drag".
X	The simulated client and secondary victimisation scene (i.e., the interviews with the policeman, detective and district surgeon).	Although useful it has been dealt with in original prog-ram and therefore slightly repetitive. A closer connection with actual Rape Crisis attitudes would have helped.
	2 men dealing with the crisis course	Perhaps antagonism would have been minimised if one woman counsellor trainer could also have led the group
Z	Perhaps more role playing especially like the ½hour session one playing counsellor, the other client and swop roles. Perhaps because it took place towards the end of the session I found it <u>extremely useful</u> (felt I had more to offer).	

4.3.4 Section D

Three participants provided comments in this section. Their comments are reproduced in full below. The subjects have been labelled Q, R and S.

Subject Q

> Very good course, but more practical stuff should be included, i.e., more emphasis on roleplay.
> Also, we were mainly dealing with very expressive people in the video, which is not what one is usually confronted with.
> Language problems and the inability to express feelings and to talk on an in-depth level are often encountered.
> Occasionally there was "tension" about the fact that the course was co-ordinated by men, although they were switched on.
> Thanks!

Subject R

> All in all a thoroughly useful course which I highly recommend!! Proof is that acquired skills have been "successfully" put to the test.
> Thanks.

Subject S

> Perhaps if people had been told before the programme

CHAPTER 5 : DISCUSSION

started the roles of the programme coordinators the 'friction' which did arise may have been avoided.
I found the experience very valuable and feel I benefitted a lot from the programme. I feel that I did 'improve' as a counsellor as a result of it and feel more competent as a counsellor.

This Chapter consists of a discussion and interpretation of the results of all three levels of the evaluation. Thereafter, the evaluation is put into perspective. Throughout the discussion, implications for future training programmes are extracted; these are integrated in the blueprint for future training programmes that is provided. The training programme is then discussed in the context of the conceptual framework that was presented in the introduction. Finally, limitations of the study and suggestions for future research are mentioned, although material relevant to these two sections can be found throughout the chapter.

5.1 THE QUANTITATIVE EVALUATION

5.1.1 The inter-rater reliabilities

Even though the inter-rater reliability coefficients are all significant at the 0,01 level of probability, they are low by the usual standards for inter-rater reliability coefficients. This is surprising in terms of

(a) the fact that the raters were all carefully briefed on the concepts of FAC and ACT and seemed to have a thorough grasp of them (see 3.4.2 above)

(b) the raters all having obtained at least an 80 per cent correlation with experts on the instrument used to select them (see 3.4.2 above).

There are two possible explanations for the relatively low inte-rater reliability coefficients, each of which will be discussed separately.

Firstly, the Pearson Product-Moment Correlation Coefficient does not take into account the range of possible responses Inspection of appendix J reveals that the vast majority of the responses received ratings of 0 or 1 from the raters. The correlation coefficient does not take into account that the highest rating a response could have received is 4; seen in this light, the discrepancies between the ratings that each response received are not as large as the relatively low inter-rater reliability coefficients imply.

A second possible explanation for the relatively low inter-rater reliability coefficients is that different processes are involved in the instrument used to select the raters (see 3.3.2 above) compared to the rating of the actual responses (see 3.4.3 above), each of which requires different skills. In the former case, the prospective raters were required to determine which of four possible helper responses to each of sixteen client stimulus expressions were high or low on both the FAC and ACT dimensions. In the latter case, on the other hand, raters were required to decide whether a dimension was in evidence, and, if it was in evidence, to indicate on a scale from 1 to 4 the extent to which it was present. Hence, the ratings of the actual responses was a more complicated process.

This has an important implication for future research in which Carkhuff's instrument is used. It is not sufficient that the prospective raters obtain high percentage correlations with experts in the rater selection procedure as this does not imply that the inter-rater reliability coefficients will be satisfactory. It is therefore suggested that inter-rater reliability coefficients be calculated even if the prospective raters obtain high percentage correlations with experts in the rater selection procedure.

5.1.2 Facilitativeness

Hypothesis 1 stated that there is no statistically significant difference within any of the groups between the scores obtained for FAC on the first and second assessments for any of the client stimulus expressions. The statistical analysis reported in 4.1.2 above led to an acceptance of this hypothesis. Hence, the training programme did not improve the level of FAC that the trainees were able to offer.

This finding is consistent with the inference from the crisis theory literature mentioned in 1.3.2.6 above that, although little direct attention is paid to therapist qualities in crisis intervention, the therapist attitude of action orientedness (as opposed to facilitativeness) is prescribed. This result is nonetheless surprising in the light of the following two factors.

(a) The programme leader and the author were continually

aware of the concept of FAC and endeavoured to convey its importance and nature throughout the training programme (see 3.4.5 above).

(b) Although FAC is not emphasised in the crisis intervention literature, it is possible that it is operative in practice. With regard to this point, Kahn (1978) was able to conclude that high levels of FAC were prevalent in the therapists working at the Johannesburg Crisis Clinic between October 1976 and June 1977.

The possible causes and implications of this result will be explored more fully in 5.4 below. As mentioned in 4.1.2 above, a further result to emerge from the statistical analysis was that subjects who were not members of Rape Crisis were able to offer significantly higher levels of FAC than subjects who were members of Rape Crisis (overall the stage of assessment and the client stimulus expressions). How is this finding to be accounted for? It would seem that there are two possible explanations:

(a) the groups were not adequately matched, and

(b) the differences under discussion can be ascribed to input received or experiences undergone in the Rape Crisis Organisation.

Each of these explanations will be dealt with separately below.

In order to investigate explanation (a), the data presented

in tables 2, 3 and 4 were examined. Although the groups were not perfectly matched with regard to age, occupation and highest educational qualification, there is no theoretical reason to suspect that this could account for the differences in levels of FAC under discussion. Furthermore, the members of control group B appear to have had less training and experience in counselling than the members of the other two groups; hence, the higher levels of FAC that they were able to offer cannot be ascribed to their having had a greater amount of relevant training and experience (the arguments presented below with respect to possible explanation (b) notwithstanding).

This discussion has the implication that the differences in levels of FAC for which an attempt is being made to find an explanation cannot be accounted for by inadequate matching in terms of the information presented in tables 2, 3 and 4. However, it is possible that they were not adequately matched with regard to other more subtle, though no less important, dimensions. One possibility that suggests itself in this regard is that of psychological sophistication or knowledge: it seems likely that a high level of psychological sophistication or knowledge could result in higher levels of FAC being offered.

Possible explanation (b) for the differences in levels of FAC under discussion was suggested by frequent comments of the raters that it was easy to determine whether a response had been provided by a Rape Crisis member because their responses

tended to have a larger didactic component that the responses of the members of control group B. This didactic component often revolved around the various myths about rape that were listed in 1.3.2.7 above. Although there are occasions when it is appropriate to respond in a didactic manner, there is the danger that this could impede an exploration of the client's feelings which would result in a low rating for FAC. An example of this is provided by subject A6's response to stimulus expression 9 at the post-test:

> You let your boyfriend down?!!! How can you expect to have any say in the matter when you see what happened. It was nothing to do with anything you might have done - it was imposed on you by someone else. Have you spoken to, maybe, your mother about it?

This subject, in her enthusiasm to convey to the "victim" that it is an unfounded stereotype that women invite rape by their appearance or behaviour, blocked any exploration of her feelings regarding any aspect of her statement.

The training programme that forms the subject of this research took place very soon after the training programme organised internally by Rape Crisis. It is possible that the subjects would not have responded in as didactic a manner if they had had a longer period of time in which to integrate the material presented in the training programme organised internally by Rape Crisis.

Part of the reason for Rape Crisis members tending to respond in a didactic manner could be related to a need to prove to themselves, the client, other Rape Crisis members or the author that they can be helpful. Salzberger-Wittenberg (1970) (writing in the context of social casework) has pointed out that, especially for beginning therapists, the need

> to reassure herself that she is doing something of value may drive the caseworker to give advice when she is not yet fully in possession of the facts, nor able to judge what receiving advice may mean to the client. Or she may intervene very actively in his life without defining the limits of her role and in this way mislead the client into believing that she will take on a full and active parental role rather than a professional one (p.4).

Clearly, a subject who responds in this manner to a client stimulus expression would receive a low rating for FAC. Subjects in control group B, on the other hand, would perhaps be more inclined to respond on an intuitive level and would not have as pronounced an intention to be helpful.

One of the consequences of the wish to be a helpful parent is that the therapist may expect herself to be tolerant. This attribute is certainly commendable in certain circumstances, but it may be confused with an attitude of colluding with the client's uncomfortable feelings such as hostility and disappointment. This could result in their being glossed over and hence not responded to in a facilitative manner. The therapist may not be able to contain the client's

uncomfortable feelings, which could lead the client to conclude that there are parts of herself that the therapist cannot tolerate (Salzberger-Wittenberg, 1970). An example of this is provided by Subject A3's response to stimulus expression 4 at the post-test:

> I am listening to you and of course I want to help. Not only me, there are other people who want to help as much as they can. Please talk about everything you feel - I'll try to understand. We need a lot of time.

In this case, the subject was attempting to be tolerant of the "client's" disappointment at the progress of the counselling. By colluding with this feeling any deeper exploration of it was prevented.

There is a further possible reason that being a member of Rape Crisis could reduce the level of FAC that the subjects were able to offer. There was a prominent experiential aspect to the training programme organised internally by Rape Crisis; this could have evoked various feelings on the part of Rape Crisis members, which were possibly not adequately integrated at the time of the quantitative evaluation. If the subject herself was experiencing something of a crisis in terms of her attitude or feelings towards rape, material that the "client" produced could have been experienced as threatening to her psychic equilibrium. This would mitigate against the "client's" feelings being contained, which would result in a low level of facilitativeness being offered.

Even if the above points are not valid with regard to the training programme organised internally by Rape Crisis, they certainly need to be considered by the organisers of any training programme in an area such as this one. What can be done to alleviate their possible deleterious effects? The first step is to be aware of these processes operating. Thereafter, the programme participants need to be helped to identify their manifestations in the clinical situation. Parenthetically, considerations of this nature comprised part of the justification for the strong emphasis on transference feelings on the part of the trainees in the training programme that forms the subject of this dissertation.

5.1.3 Action orientedness

Hypothesis 2 stated that there is no statistically significant difference within any of the groups between the scores obtained for ACT on the first and second assessments for any of the client stimulus expressions. The results reported in 5.1.3 below indicate that this hypothesis should be rejected. Members of the experimental group were able to offer higher levels of ACT after the programme than before the programme for all sixteen client stimulus expressions.

This finding is in contrast to the findings for the two control groups. With regard to control group A, the only significant difference in levels of ACT that its members were able to offer after the programme compared to before the

programme was a decrease for stimulus expressions 1, 3, 4 and 15. Thus, the results for the experimental group cannot be ascribed to input received between the two assessments as a consequence of being a member of Rape Crisis.

With regard to control group B, the only significant differences in levels of ACT that its members were able to offer after the programme compared to before the programme was a decrease for stimulus expression 1 and an increase for stimulus expression 7. This indicates that the results for the experimental group are not a result of increasing familiarity with the modification of Carkhuff's instrument.

If the results for the experimental group cannot be accounted for by input received through being members of Rape Crisis or through increasing familiarity with the instrument used for the evaluation, the conclusion is evident that it was the training programme that was responsible for the increase in levels of ACT that the participants were able to offer. This is what would be anticipated in the light of the emphasis that the literature on crisis intervention places on the therapist attitude of action orientedness (see 1.3.2.6 above).

An unexpected finding was the the level of ACT that the members of control group B were able to offer would decrease in the case of four stimulus expressions. How is this to be accounted for? The post-test took place some time after the training programme organised internally by Rape Crisis, whereas the pre-test took place towards the end of that

programme. Thus at the post-test level, the subjects may have been less aware of and in touch with the attitudes and information imparted in the training programme organised internally by Rape Crisis, which could have affected the level of ACT that they were able to offer.

5.2 THE QUALITATIVE EVALUATION

The experiential reports that the programme participants wrote at the end of each component of the programme will be analysed by inspection, attempting to extract the central themes. In addition, implications for future training programmes are suggested in the light of these themes.

It should be noted that the reports are subjective and that the trainees may have responded in such a manner as to be consistent with the perceived demand of the author or programme leader (Orne, 1962). Furthermore, the analysis of the reports is partly based on the judgement of the author, and not on scientific criteria. Notwithstanding these factors, it was thought that an analysis of the experiential reports would be a valid procedure as it could provide data that would be relevant to the blueprint for future training programmes in rape crisis intervention that will be presented in 5.4.1 below (Shyne, 1958).

It is recommended that this section be read in conjunction with 3.4.5 (in which the programme was described) and 4.2 (in which the experiential reports were provided in full).

There are two general impressions that emerge from the reports:

(a) the participants experienced the training programme to be worthwhile and useful, and

(b) there is a substantial amount of agreement between

the subjects at each component of the programme.

Note: In the discussion below, the figures in brackets refer to the subject that provided the relevant report.

5.2.1 Component 1

All the subjects reported that they experienced participating in this component to be valuable; this was conveyed by the use of words such as "useful" (1), "exciting (2), "stimulating" (2,4,6), "interesting" (3,6), "absorbing" (3), "intellectually turned on" (4), "confronted" (5), "enlightening" (7), and "very worthwhile" (8). More specifically, most of the subjects reported that they had been put in touch with aspects of themselves of which they were not previously aware (3,4,5,6,7) or had new areas opened for exploration (1,2).

Only three subjects mentioned uncomfortable feelings that they had experienced: Subject 2 felt that the group was not open enough and was angry at the way in which the programme leader was continually referring to a particular person; Subject 6 referred to the slide presentation as "anxiety provoking" and Subject 8 wrote that she had been "intellectually bombarded" and "disturbed".

Finally, it is noteworthy that there were very few comments about aspects of this component besides the slide presentation. This could reflect the relatively large impact that the slide presentation had compared to the other aspects of this component.

Implications for future training programmes 1 : the presentation of slides to evoke feelings and attitudes with regard to rape is worthwhile and should be included in future training programmes of this nature.

5.2.2 Component 2

The subjects appeared to be fatigued during this component; they communicated this by writing that they were tired (2,7,8), exhausted (3,8) concentration had slacked (1) or energy had waned (5). Three of the subjects implied that they had found it difficult to retain the information that had been imparted, which could relate to their being tired.

The fact that two participants did not provide any feedback to this component is interesting. Besides exhaustion, this could reflect other feelings about the programme such as boredom, fear or apprehension.

The above feelings could be ascribed to:

(a) the amount of time that the training programme had absorbed and/or

(b) the emotionally draining nature of the morning session.

With regard to point (b), the fatigue may have been a means of defending against the feelings evoked by the slide presentation

or it may have been an indication that they had been working hard at their feelings. It is noteworthy that either possibility could apply to fatigue experienced at the end of a therapy session.

Implication for future training programmes 2 : the amount of material and experiences that the subjects were able to absorb on the first day of the training programme was over-estimated. This suggests that the component during which the slide presentation took place should not have been followed by a further component as the subjects were not sufficiently alert to profit maximally from it.

5.2.3 Component 3

Several participants reported that they felt comfortable (2,3,5,7,8) or relaxed (3,4) or that they experienced this component to be not so demanding (1) or easier (6). These comments were made either in general (2,3,4,7) or with regard to the group specifically (4,5,6,8).

Other comments indicating satisfaction with this component were recorded; some participants (2,7,8) made remarks reflecting optimism regarding their ability to counsel effectively while others were becoming aware of a structure emerging from the material (3,4,7). Three comments were made about the role plays, all of which were positive (3,5,7).

The reportedly more relaxed atmosphere in this component compared to the previous two components can be accounted for by the following two factors.

(a) The group were more familiar with each other and with the programme leader and author; in addition, a certain amount of trust may have been established as a result of the experiences that were shared in the first two components.

(b) This component was less threatening to the subjects; they were not expected to expose themselves to the same extent as previously and there was a larger amount of theoretical material imparted.

Implications for future training programmes 3 : there is a need for a large amount of non-threatening material or activities after experiential exercises in which the participants are expected to expose themselves. This could take the form of theoretical input, acknowledgement of group dynamics or informal teas and lunches.

5.2.4 Component 4

Three subjects (1,2,8) mentioned that there was a large amount of material to absorb and implied that it was difficult for them to retain it all. This could indicate that the amount of material that the subjects were able to absorb was

was again over-estimated, as happened in component 2 (see 5.2.2 above).

The outstanding feature of the feedback provided for this component was the favourable response that the role play received; only one subject (8) did not make an explicitly positive comment about it.

Implication for future training programmes 4 : role plays comprise as essential part of the programme and are appreciated by the participants. They should thus be included in future programmes.

The above implication is supported by the feedback for component 3.

5.2.5 Component 5

The importance of role plays is again supported by the feedback for this component since all but two (4,6) of the subjects implied that they had profitted from the role play.

Only three of the participants reported that they were exhausted (2,4,8). This should be seen in relief to the feedback from component 2 (which was also written at the end of a full day of the training programme), when all of the subjects implied that they were fatigued. Thus, the fatigue at the end of the first day of the programme was probably more a function of the emotionally demanding nature of the slide presentation than the amount of time that the programme absorbed.

5.3 THE QUESTIONNAIRE

Each section of the questionnaire will be discussed separately. The results for sections A and B have not been subjected to a statistical analysis since it was felt that a less formal approach would be more appropriate. As was implied in 2.2.3 above, the questionnaire is not a major aspect of the research; its purpose was to colour the results obtained in the other evaluations.

5.3.1 Section A

The results from this section indicate that the participants experienced the programme to be beneficial. This is congruent with the feedback received in the qualitative evaluation.

The consideration that the subjects tended to believe that their abilities to function as counsellors in the Rape Crisis Organisation had increased (item 1) is important for the following two reasons.

(a) This could encourage them to seek further training. If, on the other hand, they had believed that their counselling abilities had not improved, this would prejudice their expectations of similar training programmes in the future and reduce the probability of their participating in them.

(b) Their confidence would have been lower if they had

felt that they had not benefitted from the programme. Hence, their responses in therapy sessions would be less likely to be deleteriously affected by the harmful consequences of the tendency to be didactic and the need to be helpful that were explored in 5.1.2 above.

The fact that six of the seven respondents strongly agree that they would recommend the training programme to members of Rape Crisis who wish to do counselling (item 2) is significant because it could increase the number of Rape Crisis members who undergo training in counselling in the future.

5.3.2 Section B

In this section, participants were required to indicate how useful they experienced various areas or aspects of the course in terms of improving their ability to counsel effectively. In general, the results obtained in this section tend to confirm the feedback received in the qualitative evaluation. The fact that none of the subjects perceived any of the aspects of the programme mentioned to be absolutely useless indicates that none of the aspects should be precluded from future training programmes, perceived demand characteristics notwithstanding (Orne, 1962).

5.3.3 Section C

In this section, subjects were requested to suggest areas

of the programme that could be improved and to put forward ideas as to how these areas could be improved. Three of the participants (U,V,Y) implied that there should have been closer contact between, on the one hand, the programme leader and the author and, on the other hand, the Rape Crisis Organisation. This feedback is surprising in the light of the relatively extensive contact that was had with Rape Crisis before the programme commenced. However, much of this contact was by the author and not the programme leader; perhaps the comments made in this section would not have applied if the programme leader had as much contact with Rape Crisis as the author had. Furthermore, the subjects intimated that the programme leader and the author were not familiar enough with the function (U), policies (V) and attitudes (Y) of Rape Crisis. However, the aims of the contact with Rape Crisis before the training programme commenced did not include these aspects (see 3.4.4 above).

Implication for future training programmes 5 : the programme leader should have an extensive knowledge of the function, policies and attitudes of the organisation with which he is working.

It is noteworthy that, even though the programme was planned with the intention of having a large number of role plays, some subjects (V,Z) considered this to be insufficient.

Subject X's feeling regarding the one-sided nature of the feedback processes deserves comment. The programme leader

and the author refrained as far as possible from sharing their observations of the programme with the participants; this was done in order that their experiential reports would not be influenced by these observations.

5.3.4 Section D

In this section, subjects were given the opportunity to make any comments they wished. It is of note that two of the participants felt that their level of competency regarding skills had increased.

5.4 THE EVALUATION IN PERSPECTIVE

It was reported above that the level of ACT that the trainees were able to offer increased significantly as a result of the training programme, while there was no significant difference between the two assessments in the level of FAC that the programme participants were able to offer.

It has been mentioned that the literature on crisis intervention emphasises the therapist attitude of ACT as opposed to FAC. Hence, it is possible that the programme leader and author were manifesting this attitude because of their working within the crisis intervention framework. Thus, the programme participants may have incorporated or borrowed an action oriented approach through the psychosocial learning principles of role plays, modelling and shaping that were mentioned in 3.4.5.1 above.

There is a further process that could account for the level of ACT that the participants were able to offer having increased. It was pointed out in 1.3.2.6 above that the models and goals of crisis intervention tend to be structured and prescriptive. This implies that the behaviour of the therapist would be action oriented as she attempts to implement the strategies that the models prescribe in an attempt to attain the structured goals. This in turn would be reflected in an increase in the level of ACT being offered. Hence, although neither the programme leader nor the author mentioned the concept of

ACT explicitly, it was conveyed inevitably as the crises intervention theory and method were expounded. It was therefore relatively easy for programme participants to incorporate the quality of ACT in their therapeutic responses.

Conversely, the notion of FAC is not imparted with the same ease as that of ACT within the crisis intervention framework. It would thus appear that it is necessary that the concept of FAC be conveyed in a more structured and explicit manner than was done in the training programme under discussion. This is necessary because it is not an inevitable and built in aspect of the crisis intervention approach and hence needs to be imparted in a more self conscious and disciplined manner.

This discussion leads to another implication for future training programmes.

Implication for future programmes 6 : The concept of FAC needs to be imparted in a structured and explicit manner.

In 5.1.2 above an attempt was made to account for the finding that there was a significant difference between the level of FAC that subjects who were members of Rape Crisis and subjects who were not members of Rape Crisis were able to offer (overall the groups and the client stimulus expressions). It was mentioned that this could be a result of input received or experiences undergone in the Rape Crisis Organisation. It was argued that this could give rise to

(a) inappropriately didactic responses,

(b) the need to prove that they could be useful and

(c) the inability to contain the client's feelings owing to their own feelings that were evoked in the experiential aspect of the training programme organised internally by Rape Crisis.

This is relevant for the present purposes because it is possible that the same processes were operating in the case of the training programme that forms the subject of this research. This would mitigate against the level of FAC that the participants were able to offer increasing.

There is little doubt that both the therapist qualities of FAC and ACT are necessary for efficacious counselling. Kahn (1978) investigated this empirically, concluding that neither variable could be identified as being more important. Carkhuff (1969) has written

> facilitative dimensions are the necessary but not sufficient conditions of constructive helpee change or gain. Nothing can happen without empathic understanding and the other facilitative dimensions and something can happen when these dimensions are present.... Without high levels of understanding, then, directionality is meaningless.
>
> (p.125, emphasis in the original)

Does this imply that the training programme did not improve the ability of the trainees to counsel effectively? No, it does not; the results merely indicate that the level of FAC

that the participants were able to offer was not affected by the programme whereas the level of ACT that they were capable of offering increased as a result of the programme. This does not mean that the level of FAC that the participants were able to offer was so low as to render the action orientedness meaningless. The question of whether the levels of FAC and ACT offered were high enough to result in positive change on the part of the client was not addressed in this research.

It was stated in 2.1 above that the development of meaningful evaluation techniques or process was necessitated by the aim of developing a blueprint for training programmes in rape crisis intervention. This issue will be explored hereunder.

5.5 A BLUEPRINT FOR FUTURE TRAINING PROGRAMMES IN RAPE CRISIS INTERVENTION

The results of all three aspects of the evaluation indicate that the training programme as described in 3.4.5 above can indeed be used as a blueprint for future training programmes in rape crisis intervention. However, it would seem that some modifications would be appropriate in the light of the implications for future programmes that have been stated intermittently throughout this chapter. These modifications are provided below, with the number of the implication for future training programmes from which it is derived given in brackets.

(a) Care should be taken to ensure that the amount of material and experiences that the subjects are able to absorb after the slide presentation is not overestimated (2).

(b) The programme leader should have an extensive knowledge of the function, policies and attitudes of the organisation with which he is working (5).

(c) The concept of FAC needs to be imparted in a structured and explicit manner (6).

Aspects of the programme that the participants seemed to experience as particularly valuable are listed below, with the number of the implication for future training programmes from which it is derived given in brackets.

It is suggested that these aspects be emphasised in future training programmes.

(a) The presentation of slides and other relevant visual material (e.g. films)to evoke feelings and attitudes with regard to rape and related issues (1).

(b) The large amount of relatively non-threatening material after experiential exercises in which the subjects are expected to expose themselves (3). This could have the effect of "neutralising" the experiential exercises and providing a platform for safe discussion.

(c) The role plays (4). The importance of this dimension is indicated by role plays having been used in programmes described or proposed by Adleman (1977), Dixon and Burns (1974), Getz, Altman, Berleman and Allen (1977), Hartsough (1976) and Sinnett (1976).

There are two other aspects of the programme that have implications for the blueprint under discussion. The first of these is that the programme was of extremely short duration; it seems reasonable to suppose that the programme would have been more efficacious if it had been held over a period of several weeks, as in the programme described by Reid (1976). However, the fact that such a positive result was received for the training programme that forms the subject of this dissertation even though it was of such short

duration is further evidence of its effectiveness. The reeason that this training programme was not of longer duration was that it was held immediately after the training programme organised internally by Rape Crisis, and Rape Crisis representatives indicated that the participants were not motivated for yet another long training programme. To this extent the programme was structured by the needs of the Rape Crisis Organisation.

The second additional aspect of the training programme that has implications for the blueprint is that it was not ongoing in the sense that the participants' experiences when counselling rape victims were not explored or supervised. This could be done by means of individual supervision, group supervision and case conferences (Baldwin, 1977). It is only by considering the material of the training programme in the light of their practical experience that programme participants would be able to internalise the material on an experiential level. This was not possible in the training programme that was presented in this dissertation because a confounding variable would have been introduced into the quantitative evaluation.

5.6 THE TRAINING PROGRAMME IN THE CONTEXT OF THE CONCEPTUAL FRAMEWORK

A conceptual framework for the training programme was provided in the Introduction. Furthermore, it was pointed out in 2.2.4 that the training programme can be regarded as a special case of the approach advocated in the introduction in that it attempts to implement the conceptual framework on a practical level; thus, a forging of the practical and conceptual levels was aimed at.

Finally, the homomorphic nature of the relationship between the practical and conceptual levels was observed (see 2.2.4 above).

There is no evidence from the programme evaluation that the theoretical context provided in the introduction was inappropriate to the training programme.

In order to make explicit the relationship between the theoretical material presented in the introduction and the training programme, some dimensions of the intervention with Rape Crisis will be placed in the framework of Lewis and Lewis' (1977) schema. By so doing, the compatibility of this intervention with the perspective on community psychology of Rappaport (1977) that was presented in 1.1 above, and that was frequently alluded to throughout the entire introduction, will hopefully become obvious since Lewis and Lewis' (1977) schema has already been demonstrated to be compatible with

this perspective.

The extensive experiential facet of community psychology is present in the training programme since psychological knowledge and skills have been shared by providing training in helping skills to a self help group consisting of lay therapists.

The intensive experiential facet of community psychology is particularly prominent in this study in that assistance was provided to individuals who are attempting to provide accessible therapy for people who are in a state of crisis. Crisis intervention was mentioned as being relevant to the iniquitous distribution of psychological resources in that working class people appear to respond more satisfactorily to crisis intervention than to other forms of psychotherapy. Furthermore, it is noteworthy that the majority of the Counselling clients that Rape Crisis assists are from the working class (Rape Crisis files, undated) which supports the conclusions of Jacobson (1965) and Barling (1975) that were cited in 1.3.2.5 above. This does not imply that rape crisis intervention is not applicable to classes other than the working class.

Although the extensive environmental facet of community psychology was not discussed very deeply in the introduction (despite its obvious relevance to the South African situation), it does have a role in the present project. Rape Crisis is an organisation that is striving for basic social change in that its members are attempting to raise the level of awareness

of the community in regard to rape by showing how rape related to the oppression of women in society. Supporting Rape Crisis is thus compatible with the extensive environmental aspect of community psychology.

At the beginning of Chapter 2, it was pointed out that developing and implementing the training programme was a response to an articulated need in the community that could be translated into a request for consultation. This is one aspect of the intensive environmental facet of community psychology in that the special needs of individuals are being met by active intervention in their surroundings.

The discussion above is summarised in Table

TABLE 25

The Four Facets of the Training Programme

	EXTENSIVE	INTENSIVE
EXPERIENTIAL	Training in helping skills to a self help group consisting of lay therapists	Assisting in the provision of accessible counselling services in the form of crisis intervention
ENVIRONMENTAL	Supporting a group engaged in community action for basic social change	Consultation with other therapists

It was mentioned in 1.1 that the four facets of community psychology complement each other and are not mutually

exclusive. It is possible to go further than this and state that in practice the four facets combine into a unified whole (Lewis and Lewis, 1977). A consequence of this is that there is no need to make an anguished choice between being a helper of individuals (which would involve the experiential dimension of community psychology) and an agent of social change (which would involve the environmental dimension of community psychology). Lewis and Lewis (1977) quote Lerner (1972) in support of this assertion:

> ...the conflict over individual versus group methods in community mental health rests on a false dichotomy because the essential nature of constructive psychotherapy and social action is the same. So too are the goals of both: to promote effective action in one's own behalf, in the former case by removing internal psychological obstacles to such action and, in the latter, by removing external social obstacles to it... the only real dichotomy is between those who work on and those who work for their clients.

It is hoped that the latter possibility was realised in this undertaking.

5.7 LIMITATIONS OF THE STUDY

This research has the following limitations.

5.7.1 The selection of subjects for control group B

It was mentioned in 3.2 above that control group B consisted of acquaintances of the author who were considered to be similar to the experimental group and control group A on the relevant dimensions. Clearly, this sample is not randomly selected. It was, however, considered to be a more suitable control group than any other possible group.

5.7.2 The matching of the experimental group and control group A

Subjects were randomly allocated to the experimental group and control group A, except that their preferences in terms of which programme they wanted to or were able to attend were taken into account. Although there is no a priori reason to think so, it is possible that taking the preferences of the subjects into account could have introduced an element of bias in the samples. It was obviously necessary to place people according to which programme they were able to attend. The programme that they wanted to attend was taken into account despite the possible bias that this could introduce in order to reduce the amount of dissatisfaction amongst the subjects as it was felt that this could be inimical to a successful programme.

5.7.3 The specificity of the results

The data reported and discussed apply specifically to this particular training programme. It is unclear as to the extent to which these findings can be extrapolated to other training programmes. An attempt was made to reduce the consequences of this limitation by describing the programme is much detail. This points to the need for a replication of this study in other contexts (Goldman, 1976).

5.7.4 The absence of a follow-up evaluation

Follow-up evaluations are necessary in order to assess the extent to which results obtained on the post-test are still applicable at a later stage. Notwithstanding this consideration, a follow-up evaluation was not conducted in the present research for the following reasons:

(a) the difficulty or impossibility of contacting all the subjects as several have left Cape Town

(b) different subjects would have had different amounts of exposure to counselling rape victims, and it would thus not have been possible to determine the extent to which any results obtained could be ascribed to this practical experience.

5.8 SUGGESTIONS FOR FUTURE RESEARCH

Of the various possibilities for future research, two are highlighted.

Firstly, there is clearly a need to develop instruments that can be used to evaluate training programmes for lay therapists. Although the instrument used in this research was rather crude, it was sufficient for the present purposes in that it provided useful data in the assessment of the programme. Nonetheless, it is suggested that it be refined in order to render it more sensitive in assessing levels of FAC and ACT.

A second major line of research is suggested by the consideration that the training programme was evaluated as a package so far as the quantitative evaluation was concerned. It was thus not possible to determine which aspects of the programme resulted in changes or lack of changes in FAC or ACT since these changes were assessed for the programme as a whole. Future research could be directed towards identifying the relative contributions of various aspects of the programme to changes in levels of FAC or ACT.

5.9 SUMMARY AND CONCLUSION

The focus of this dissertation has been on the development, implementation and evaluation of a training programme in in rape crisis intervention for eight members of a community organisation. This programme consisted of theoretical input and experiential exercises and was held over two full days and one evening. The programme was placed in the context of community psychology, with particular emphasis on the notions of lay therapy, crisis intervention (especially crisis intervention with victims of rape) and consultation.

Results indicated that the training programme had no demonstrable effect on the level of facilitativeness that the participants were able to offer. However, the level of action orientedness that they were able to offer seemed to increase as a result of the programme. In addition, the participants provided experiential reports at the end of each component of the programme and replied to a questionnaire after the programme was completed. The theoretical and practical implications of the results were explored, and a blueprint for future training programme in rape crisis intervention provided.

In conclusion, it would appear that programmes such as the one discussed above comprise one means whereby the community psychology approach can be implemented. It is suggested that clinical psychologists consider modifying their usual helping roles in order to take into account developments in this approach.

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APPENDICES

APPENDIX A

GOLAN'S (1978) MODEL FOR TREATMENT IN CRISIS SITUATIONS

Note:

The material comprising this appendix is taken directly from Golan, 1978, pp.85-94.

1. BEGINNING PHASE: FORMULATION (USUALLY COMPLETED IN FIRST INTERVIEW).

Worker's Activity	Guidelines
A. Immediate Focus on Crisis Situation	
1. Start with the "here and now". Focus on the pre cipitating factor, the incident or event that prompted the client's referral or appearance. scope, persons involved, outcome, severity of effect, time event occurred. "What happened, what brings you in here now?" "I understand you were in an accident last night; can you tell me about it?"	By making the client focus on what happened in the recent past, try to help him gain cognitive awareness of the immediate situation through verbalization and ordering of all the aspects, including bringing into full consciousness those elements which may have been repressed or denied. Try to get as many facts as possible; make him tell you rather than rely on others who accompany him and may be trying to shield him. Exact accuracy is not needed at this stage; the telling is the important feature.
2. Elicit subjective reactions to the event" try to get his affective responses to what happened and to the part he and others played in it. "You must have felt terrible about it!" "No wonder you sound so upset."	The client may engage in a good deal of ventilation with crying, anger, blaming, expressions of guilt feelings. It is important to listen attentively and quietly but to pay close attention to any discrepancies, particularly between what is being said and how it is being told. Note the appropriateness of affect, amount of anxiety, degree of tension, and lability of emotions. The aim here is to free and bring out reactions to the current situation.
3. As the emotional pitch is lowered, try to place the client within the context of the crisis situation: find out the original hazardous event, and subsequent blows that started off and aggravated change. If unable to pinpoint, at least try to	Here we get a weaving back and forth between the objective and subjective aspects of the situation. Be aware of recent losses, threats, challenges, even if not consciously tied to the present situation. Look for connecting themes, repetitive patterns, actual or symbolic links to earlier

Worker's Activity	Guidelines
find out when things began to go wrong. "Sounds as if, after your father died, everything began to go badly." "Can you put your finger on what started this off?" "Things really began to change after you came to college."	crises and conflictual events. Do not attempt interpretations or confrontations at this point. Also avoid getting caught up in chronic pathology or in long-standing situation problems.
4. Ascertain the nature and duration of the <u>vulnerable state</u>, including changes in ability to manage, earlier sttampts to cope with problems raised by initial and subsequent events, and previous efforts to obtain help. "I suppose in the beginning you were in a state of shock." "How were you able to handle all this with your husband in hospital?" "I guess, of the whole family, you took it the hardest."	Try to build up an orderly sequence of events. Keep the client focused on "So what happened then?" Try to bring out what worked and what didn't and other persons influencing the situation. Be alert to contributing factors behind differences between the client's responses and those of others involved. Begin to build up your diagnostic assessment of what is going on: client's anxiety and discomfort levels; extent of guilt, fear, anger, depression, despair, hope; his appropriateness of affect and realistic appraisal of elements in the situation; his motivation to invest himself in change; his capacities in the thinking, feeling, behavioral, and physiological areas; his ability to function at an acceptable level and to engage in a working relationship; his defense structure and previous problem-solving patterns.
5. Assess the present situation, the <u>state of active crisis</u>: is he completely disequilibrated or is the area of dysfunction limited to specific areas?	Do a horizontal scan of the client's current functioning in vital role networks, the extent to which his coping mechanisms are operating adaptively, the support systems

Worker's Activity	Guidelines
Has the situation stabilized, or are changes still taking place?	and resources which can be called upon.
"I know you had a terrible time, but how are you getting along now?"	Formulate within your own mind the dynamics of the situation and decide whether to use the crisis approach or to try another form of intervention.
"What's happened right now between you and your wife?"	

B. Evaluation of Current Predicament

1. Make a "decision statement" as to what you think is currently going on and what you see as the most pressing problem and the area on which to concentrate.

   "It sounds to me as if you feel at the end of your rope and don't know where to turn."

   "Let's see first that you get the proper medical attention."

   "You're in a real dilemma; I guess the most important thing is to come to a decision as to whether or not to leave your husband."

   Here an attempt is made to partialize the "tangled ball" of problems and complexities and to decide at which level you are going to direct your intervention: generic or individual, material-arrangement or psychosocial, etc.

   Sometimes the problem as you see it can be phrased in terms of the "core dilemma" or quandary with which you see the client is struggling.

2. Ask the client how he sees the situation and what he regards as the most pressing problem, or the one he wants to work on first.

3. Together with the client, settle on one target problem upon which to focus. Occasionally two allied problems can be worked on simultaneously.

   At this point, the client may be too emotionally drained to respond actively with a problem-for-work. In this case you may have to take the initiative, postpone active intervention, or else work out plans with some significant other in picture. On the other hand, this "cutting the problem down to size" may give him hope and strength to bounce back with very definite

Worker's Activity	Guidelines
"We've agreed then, that the most pressing problem is your feeling of loneliness, of emptiness now that your husband is gone."	views on what he wants to do.
C. Development of Contract for Further Activity	
1. Work out a tentative agreement on joint activity: specific goals at which to aim, tasks on which to focus. Set up a working plan of what the client will do, what you will do, and what others involved will contribute. Be as specific and concrete as possible. "In view of this, I'd say that the most important thing is to get you a proper place to live so that you can be on your own. Now, you'll get in touch with your mother and I'll speak to this landlord I know. And I'll see you here in the office at two o'clock tomorrow afternoon so that we can compare notes and decide what to do next." "Let's concentrate on helping you and Jim decide whether or not you want to get married. Will you talk to him and have him call me at this number? I want to speak with him alone and then we'll meet together for, say, six sessions to see how you can work things out between you. Please call me after he sees me."	Coming to an explicit agreement on mutual goals and expectations is an integral part of the crisis approach, whether expressly put in the terms of a contractual arrangement or not. Its main purpose is to treat the client as a mature, functioning adult who is expected to carry out his part in the agreement. This is definitely an egosyntonic approach that evokes a positive response. (See Nelson and Mowry for further views on this)

II MIDDLE PHASE: IMPLEMENTATION (FROM FIRST TO FOURTH INTERVIEW)

Worker's Activity	Guidelines
A. Organizing and Working over Data	
1. Obtain missing background and face sheet data, particularly around the current life situation and recent past since the hazardous event. Try to get a clearer, more coherent picture of what has been going on and is still happening.	This is aimed at further cognitive awareness, started in I-A1. Now, however, the tone is different. Once the decision to become involved has been made and the promise of help given, the client's reaction and level of participation often change dramatically. He begins to talk more rationally and connectedly; he becomes more informative and less guarded, more willing to cooperate actively so that greater detail and accuracy can now be achieved.
"Before we go any further, can you tell me something more about your family?"	
"Did I understand that you have a law degree but you've always worked as a shoe salesman?"	Be particularly aware of gaps and discrepancies and either bring them up or file them away for future reference.
"Do you mean to say that, since the accident, your mother-in-law hasn't come to visit you once?"	The order of steps here is a matter of worker style. Some find it helpful to reverse A1 and A2.
2. Select from what you have heard several themes which have come out, e.g., losses or assaults to self-esteem. Ask about them, both in the present and - if appropriate or the client has brought it up - in the past.	This can be the heart of the intervention. As you "hit a nerve," you often may get a flood of emotions, with all sorts of ties and associations.
"Seems as though, whenever you get close to someone, they desert you."	Much of the material brought out in I.A3 comes up again. This time, however, do go into it, offer interpretations, bring up connections and recurring motifs.
"I don't know how much is the Lord's fault, but it sounds as though the Housing Authority also had a hand in the matter. You ought to be angry at them."	If the client's affect is appropriate, you can share his indignation and anger or empathize with his grief and sorrow. If the feeling is appropriate but the object is not, point that out and help channel anger or guilt into more reality-oriented

Worker's Activity	Guidelines
"You remind me of a little girl who hides her head under the pillow during a thunderstorm. Were you always afraid of storms at home?"	directions. If the feeling is appropriate, but the client's time sense is wrong, be the "voice of reality" and point out the discrepancy and try to get an unlinking. And if the feeling is not appropriate, that too should be questioned.
"I don't understand, your wife makes a reasonable request and you hit the roof. You know, you're not a kid anymore and your wife isn't your mother. Aren't you confusing the two?"	Keep interpretations relatively close to the surface and emphasize reality factors and ego functioning. Sometimes the focus can be put on role change and the difference between "what is" and "what ought to be", on role discrepancies and differences in role expectations.

B. Bringing about Behavior Change

1. Go back to I.C1, to the area for action agreed upon. Identify how the client has coped with the situation in the past, what was the outcome, how effective or ineffective it was in dealing with the crisis situation and restoring balance.

   "I gather that every time Bonnie asked about her daddy, you went into the bedroom and began to cry. Didn't this upset her?"

   "Well, going to the corner bar was one way to get your wife off your back. Did it work?"

   This is your primary area of intervention during this period: helping the client identify what worked, didn't work; what are his alternative ways of action; qhat are the resources, in himself, out in the community, and in his life networks, which can be utilized in his learning to cope effectively; and how to get him started in making changes.

   The client's high anxiety and discomfort may become vital forces here in speeding up the tempo of action. However, anxiety can reach the point where it may become paralyzing.

2. Set up some overall task areas or intermediate goals which can be aimed at and realistically achieved in a short period of time.

   It should be kept in mind that the client is the primary

Worker's Activity	Guidelines
"The important thing seems to be to get you started on doing something to fill up those empty hours during the day until your husband comes home."	executor of tasks to be set. If you participate, your purpose is to act on his behalf or jointly with him until he is able to carry on alone.
"I understand the first priority is to have you pass your final exams so you can stay on at college.	
3. Work out a series of specific <u>tasks</u> together, designed to help client reach the goals set. These tasks can be <u>action</u> oriented and geared to bring about change in performance.	Giving the client "homework assignments" is a useful device to get him started; it also gives you a good starting point at which to open the next interview.
	Interspaced between task arrangements, give the client support and encouragement, particularly around a new activity in which he has not engaged before or one that recalls old memories and unhappy associations. If obstacles arise or if he becomes upset or discouraged, discuss alternate ways to carry out tasks and arrive at goals.
"If you want to do something about Joey's being kicked out of school, the first thing to do is to speak with his home-room teacher. Then you can talk to the principal, and after that, I can a arrange for some tutoring."	
"If this happened to me, I'd find out exactly what my rights are under the law."	
	Act as a role model to indicate positive ways of handling the problem situation.
4. Tasks can also be <u>thinking</u> oriented, to help the client decide on a course of action or ways to implement it.	A difficult problem for practitioners during this phase of crisis treatment is what to do when clients begin to regain their independence of action. While we see this as the end goal, it often results in a rapid change in plans and a shift in direction that make it hard for the worker
"I'd like you to think about what you really value in your relationship with your daughter.	

Worker's Activity	Guidelines
Then we can talk about how you can help her come home." "Why don't you try to figure out what you can do to attract firls more? Let's start out with this next time."	to "keep on top" of what is going on. It involves a shift in worker role from engaging in a good deal of direction and activity at the start of the case to vecoming more passive and retiring to the sidelines as the client regains his autonomy and fills up his lifespace with new relationships.

III ENDING PHASE: TERMINATION (LAST ONE OR TWO INTERVIEWS

A. Arriving at the Decision to Terminate

1. Keep track of passage of time, remind the client how much time or how many interviews are left, according to the original agreement. "Remember, next week is our last meeting, according to the plan we set up."	The time factor assumes particular importance in the last phase of treatment. Since crisis situations are often transitory and provide their own solutions, termination in some cases is predetermined. If tasks have been carried out successfully, the client may begin to feel restless and want to be on his own by now. Frequently a client will call after several sessions to say, "I've been thinking about what you said and I've decided to ..."
2. If no overt agreement was made, suggest a spacing out of contacts, with a view toward termination. "You sound as though you're doing pretty well on your own. "Why don't we skip a week and see how things go by then? Maybe you' ll feel ready to manage by yourself."	
3. Deal with resistance to terminate, on both your and the client's part. "We went through a lot	In intensive crisis treatment, three kinds of termination reactions can be found: clients who realistically wish to terminate upon completion

Worker's Activity	Guidelines
together and it's hard to break it up. I feel the same way."	of the contract; those who request ongoing therapy as a defense against termination; and those for whom ongoing treatment is both wanted and appropriate. These must be dealt with individually in each situation; if the worker is uncertain or feels too involved, it helps to consult with other professionals at this point. A key factor is the client's current level of functioning.
B Reviewing Progress in Case	
1. In the last or next-to-last interview, suggest summarizing the progress in the case since the start of intervention. "Since this is our last time together, why don't we take a look at all that has happened since you first came to see me. Remember how you felt that first evening?"	While evaluation of progress is an important aspect in any case, in crisis situations it becomes an integral part which servies to tie together loose ends and make the treatment experience a positive one, stressing and building of feelings of efficacy and competence. Because clients come in originally at moments of high tension and upset, they are often unable, or too embarrassed to recall now how things were then. The emphasis here should be on recognizing the difficulty imposed by the initial event, the extent of the client's early disequilibrium, and the rapidity of his reintegration - the distance traveled.
2. Review progress in terms of key themes, basic affective issues. "Loneliness has always been a hardship for you, hasn't it? But at least this time you were able to do something about it." "Remember you told me how difficult it was for you to handle authority? Is it coming any easier for you by now?"	This can be a very moving mutual experience and requires a good deal of skill to handle the transference elements in the situation, ranging from excessive gratitude to anger at being deserted. A frequent reaction is "You didn't do do anything for me; I would have gotten over it by myself!"
3. Go over tasks covered, goals reached, changes in direction taken, and	

Worker's Activity	Guidelines
work not completed.	
"We had set out to improve communication between the two of you. Well at least you're talking things over as far as handling the checkbook and where to go on weekends. Now how about the problem of who puts the children to bed?"	A helpful device here i to refer back to your own notes and written record of how the tasks have progressed and review them together.
C. Planning Future Activity	
1. Discuss current status and what are the client's plans for the future, when he will be on his own.	Here the emotional tone is lowered and you resort to working out practical reality-oriented details and specific arrangements regarding persons to contact in the community and what the client can expect to happen. Writing down names, addresses and directions is helpful for anxious clients who are apprehensive of going out on their own.
"I understand the doctor has signed your discharge and you're going to the nursing home this afternoon. Here is the name of the woman in charge. I told her about your coming."	
"Now, let's see if I have it straight. The plan is for you to move in with your sister and have her take care of the children during the day, while you go back to finish your secretarial course."	
2. Close the door, but leave a crack open; set the tone for the client's feeling that treatment inthe crisis situation was a complete experience in itself.	This is a very delicate line that in crisis treatment requires skill in handling: on the one hand, you want to emphasize the client's independence; on the other you want him to feel free to return in case of need.
"Good-be and good luck; you're all set to manage on your own. Remember, if you need help again, I'm always	In the event that further treatment on a more extended

Worker's Activity	Guidelines
here and you can call at any time. But I hope you try it on your own for a while."	basis is planned, it may be advisable that it <u>not</u> be with the same worker or at least that a time gap be inserted so that it becomes a "different ball game".

APPENDIX B

THE APPLICATION FORM FOR THE TRAINING PROGRAMME

RAPE CRISIS

TRAINING PROGRAMME IN RAPE CRISIS INTERVENTION

Application Form

The purpose of this form is to give me an accurate impression of the number of people wanting to attend the above programme and their experience and needs.

1. Name: .....

2. Age: .....

3. Occupation (if you are a student, please state what you are studying):
   .....

4. Highest Educational Qualification: .....

   .....

5. Have you been involved in Rape Crisis prior to the present training Course? If yes,

   a) How long have you been involved? .....

   .....

   b) Which training programme(s) have you attended?

   .....

   .....

   .....

   c) Please give details of counselling experience you have had in Rape Crisis:

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6. Have you had any training in counselling or any of the human services outside of Rape Crisis? If so, please elaborate:

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7. Have you had any experience in counselling outside of Rape Crisis? If yes, please elaborate:

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8. If you have any suggestions for the training programme or if there are any other comments that you wish to make, please make use of the following space:

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9) Which programme would you prefer to attend? (please place an 'X' between the appropriate brackets):

( ) 21st, 25th and 28th September, 1980.

( ) The programme to be held later in the year or the beginning of next year.

Would you be willing to attend the other one if it is not possible for you to be accommodated in the programme of your choice?

YES ☐

NO ☐

Thank you

ALLAN FLISHER

Telephone: 55 1700 (H)
47 3126 (B)

APPENDIX C

CARKHUFF'S INSTRUMENT

CLIENT EXPRESSIONS AND THERAPIST RESPONSES

Expression 1

CLIENT: I don't know if I am right or wrong feeling the way I do. But I find myself withdrawing from people. I don't seem to socialize and play their stupid little games any more. I get upset and come home depressed and have headaches. It all seems so superficial. There was a time when I used to get along with everybody. Everybody said, "Isn't she wonderful. She gets along with everybody. Everybody likes her." I used to think that was something to be really proud of, but that was who I was at that time. I had no depth. I was what the crowd wanted me to be - the particular group I was with.

THERAPIST RESPONSES:

(1) You know you have changed a lot. There are a lot of things you want to do but no longer can.
(2) You are damned sure who you can't be any longer but you are not sure who you are. Still hesitant as to who you are yet.
(3) Who are these people that make you so angry? Why don't you tell them where to get off! They can't control your existence. You have to be your own person.
(4) So you have a social problem involving interpersonal difficulties with others.

Expression 2

CLIENT: I love my children and my husband and I like doing most household things. They get boring at times but on the whole I think it can be a very rewarding thing at times. I don't miss working, going to the office every day. Most women complain of being just a housewife and just a mother. But, then, again, I wonder if there is more for me. Others say there has to be. I really don't know.

THERAPIST RESPONSES:

(1) Hmm. Who are these other people?
(2) So you find yourself raising a lot of questions about yourself - educationally, vocationally.
(3) Why are you dominated by what others see for you? If you are comfortable and enjoy being a housewife, then continue in this job. The role of mother, home-maker can be a full-time, self-satisfying job.
(4) While others raise these questions, these questions

are real for you. You don't know if there is more out there for you. You don't know if you can find more fulfillment than you have.

Expression 3

CLIENT: Sometimes I question my adequacy of raising three boys, especially the baby. I call him the baby - well he is the last. I can't have any more. So I know I kept him a baby longer than the others. He won't let anyone else do things for him. If someone else opens the door, he says he wants Mommy to do it. If he closes the door, I have to open it. I encourage this. I do it. I don't know if this is right or wrong. He insists on sleeping with me every night and I allow it. And he says when he grows up he won't do it any more. Right now he is my baby and I don't discourage this much. I don't know if this comes out of my needs or if I'm making too much out of the situation or if this will handicap him when he goes to school - breaking away from Mamma. Is it going to be traumatic experience for him? Is it something I'm creating for him? I do worry more about my children than I think most mothers do.

THERAPIST RESPONSES:

(1) So you find yourself raising a lot of questions as to if what you are doing is right for your child.
(2) Is it perhaps possible for you to have the child become involved in a situation such as some experiences in a public park where the child could play and perhaps at a distance you could supervise - where the child can gain some independence?
(3) Could you tell me - have you talked to your husband about this?
(4) While you are raising a lot of questions for yourself about yourself in relation to your youngest child, you are raising some more basic questions about yourself in relation to you. In lots of ways you're not certain where you are going - not sure who you are.

Expression 4

CLIENT: It's not an easy thing to talk about. I guess the heart of the problem is sort of a sexual problem. I never thought I would have this sort of problem. But I find myself not getting the fulfillment I used to. It's not as enjoyable - for my husband either, although we don't discuss it. I used to enjoy and look forward to making love.
I used to have an orgasm but I don't anymore.

I can't remember the last time I was satisfied. I find myself being attracted to other men and wondering what it would be like to go to bed with them. I don't know what this means. Is this symptomatic of our whole relationship as a marriage? Is something wrong with me or us?

THERAPIST RESPONSES:

(1) Perhaps you feel your marriage and role of mother is holding you back and preventing you from being something else you want to be. Your resentment here against your husband is manifested in your frigidity. Perhaps it is your way of paying him back for keeping you down in this role, for confining you, for restricting you.
(2) What about your relationship with your husband, his role of father and companion?
(3) You don't quite know what to make of all this but you know something is dreadfully wrong and you are determined to find out for yourself, for your marriage.
(4) What's happened between you and your husband has raised a lot of questions about you, about him, about your marriage.

Expression 5

CLIENT: Gee, those people! Who do they think they are? I just can't stand interacting with them anymore. Just a bunch of phonies. They leave me so frustrated. They make me so anxious. I get angry at myself. I don't even want to be bothered with them anymore. I just wish I could be honest with them and tell them all to go to hell! But I guess I just can't do it.

THERAPIST RESPONSES:

(1) They really make you very angry. You wish you could handle them more effectively than you do.
(2) Damn, they make you furious! But it's just not them. it's with yourself, too, because you don't act on how you feel.
(3) Why do you feel these people are phony? What do they say to you?
(4) Maybe society itself is at fault here - making you feel inadequate, giving you this negative view of yourself, leading you to be unable to successfully interact with others.

Expression 6

CLIENT: They wave that degree up like it's a pot of gold at the end of the rainbow. I used to think that, too, until I tried it. I'm happy being a housewife; I don't care to get a degree. But the people I associate with, the first thing they ask is, "Where did you get your degree?" I answer, "I don't have a degree." Christ, they look at you like you are some sort of a freak, some backwoodsman your husband picked up along the way. They actually believe that people with degrees are better. In fact, I think they are worse. I've found a lot of people without degrees that are a hell of a lot smarter than these people. They think that just because they have degrees they are something special. These poor kids that think they have to go to college or they are ruined. It seems that we are trying to perpetrate a fraud on these kids. If no degree, they think they will end up digging ditches the rest of their lives. They are looked down upon. That makes me sick.

THERAPIST RESPONSES:

(1) You really resent having to meet the goals other people set for you.
(2) What do you mean by "it makes me sick?"
(3) Do you honestly feel a degree makes a person worse or better? And not having a degree makes you better? Do you realize society perpetrates many frauds and sets many prerequisites such as a degree. You must realize how doors are closed unless you have a degree, while the ditches are certainly open.
(4) A lot of these expectations make you furious. Yet, they do tap in on something in yourself you are not sure of - something about yourself in relation to these other people.

Expression 7

CLIENT: I get so frustrated and furious with my daughter. I just don't know what to do with her. She is bright and sensitive, but damn, she has some characteristics that make me so on edge. I can't handle it sometimes. She just - I feel myself getting more and more angry! She won't do what you tell her to. She tests limits like mad. I scream and yell and lose control and think there is something wrong with me - I'm not an understanding mother or something. Damn! What potential! What she could do with what she has. There are

times she doesn't use what she's got. She gets by too cheaply. I just don't know what to do with her. Then she can be so nice and then, boy, she can be as onery as she can be. And then I scream and yell and I'm about ready to slam her across the room. I don't like to feel this way. I don't know what to do with it.

THERAPIST RESPONSES:

(1) So you find yourself screaming and yelling at your daughter more frequently during the past three months.
(2) Why don't you try giving your daughter some very precise limitations. Tell her what you expect from her and what you don't expect from her. No excuses.
(3) While she frustrates the hell out of you, what you are really asking is, "How can I help her? How can I help myself, particularly in relation to this kid?"
(4) While she makes you very angry, you really care what happens to her.

Expression 8

CLIENT: He is ridiculous! Everything has to be done when he wants to do it, the way he wants it done. It's as if nobody else exists. It's everything he wants to do. There is a range of things I have to do - not just be a housewife and take care of the kids. Oh no, I have to do his typing for him, errands for him. If I don't do it right away, I'm stupid - I'm not a good wife or something stupid like that. I have an identity of my own, and I'm not going to have it wrapped up in him. It makes me - it infuriates me! I want to punch him right in the mouth. What am I going to do? Who does he think he is anyway?

THERAPIST RESPONSES:

(1) It really angers you when you realise in how many ways he has taken advantage of you.
(2) Tell me, what is your concept of a good marriage?
(3) Your husband makes you feel inferior in your own eyes. You feel incompetent. In many ways you make him sound a very cruel and destructive man.
(4) It makes you furious when you think of the one-sidedness of this relationship. He imposes upon you everywhere, particularly in your own struggle for your own identity. And you don't know where this relationship is going.

Expression 9

CLIENT: I finally found somebody I can really get along with. There is no pretentiousness about them at all. They are real and they understand me. I can be myself with them. I don't have to worry about what I say and that they might take me wrong, because I do sometimes say things that don't come out they way I want them to. I don't have to worry that they are going to criticize me. They are just marvelous people! I just can't wait to be with them! For once I actually enjoy going out and interacting. I didn't think I could ever find people like this again. I can really be myself. It's such a wonderful feeling not to have people criticizing you for everything you say that doesn't agree with them. They are warm and understanding, and I just love them! It's just marvellous!

THERAPIST RESPONSES:

(1) Sounds like you found someone who really matters to you.
(2) Why do these kind of people accept you?
(3) That's a real good feeling to have someone to trust and share with. "Finally, I can be myself."
(4) Now that you have found these people who enjoy you and and whom you enjoy, spend your time with these people. Forget about the other types who make you anxious. Spend your time with the people who can understand and be warm with you.

Expression 10

CLIENT: I'm really excited! We are going to California. I'm going to have a second lease on life. I found a marvellous job! It's great! I have a secretarial job. I can be a mother and can have a part-time job which I think I will enjoy very much. I can be home when the kids get home from school. It's too good to be true. It's so exciting. New horizons are unfolding. I just can't wait to get started. It's great!

THERAPIST RESPONSES:

(1) Don't you think you are biting off a litte bit more than you can chew? Don't you think that working and taking care of the children will be a little bit too much? How does your husband feel about this?
(2) Hey, that's a mighty good feeling. You are on your way now. Even though there are some things you don't know along the way, it's just exciting to be gone.

(3) Let me caution you to be cautious in your judgment. Don't be too hasty. Try to get settled first.
(4) It's a good feeling to contemplate doing these things.

Expression 11

CLIENT: I'm so pleased with the kids. They are doing just marvellously. They have done so well at school and at home; they get along together. It's amazing. I never thought they would. They seem a little older. They play together better and they enjoy each other, and I enjoy them. Life has become so much easier. It's really a joy to raise three boys. I didn't think it would be. I'm just so pleased and hopeful for the future. For them and for us. It's just great! I can't believe it. It's marvellous!

THERAPIST RESPONSES:

(1) It's a good feeling to have your kids settled once again.
(2) Is it possible your kids were happy before but you never noticed it before? You mentioned your boys. How about your husband? Is he happy?
(3) Do you feel this is a permanent change?
(4) Hey, that's great! Whatever the problem, and you know there will be problems, it's great to have experienced the positive side of it.

Expression 12

CLIENT: I'm really excited the way things are going at home with my husband, It's just amazing! We get along great together now. Sexually, I didn't know anyone could be that happy. It's just marvellous! I'm just so pleased. I don't know what else to say.

THERAPIST RESPONSES:

(1) It's a wonderful feeling when things are going well maritally.
(2) It's really exciting to be alive again, to feel your body again, to be in love again.
(3) Is your husband aware of these changes?
(4) Now don't go overboard on this right now. There will be problems that lie ahead and during these periods that you have these problems I want you to remember well the bliss you experienced in this moment in time.

Expression 13

CLIENT: I'm so thrilled to have found a counselor like you. I didn't know any existed. You seem to understand me so well. It's just great! I feel like I'm coming alive again. I have not felt like this in so long.

THERAPIST RESPONSES:

(1) Gratitude is a natural emotion.
(2) This is quite nice but remember, unless extreme caution is exercised, you may find yourself moving in the other direction.
(3) That's a good feeling.
(4) Hey, I'm as thrilled to hear you talk this way as you are! I'm pleased that I have been helpful. I do think we still have some work to do yet, though.

Expression 14

CLIENT: No response.

THERAPIST RESPONSES:

(1) You can't really say all that you feel at this moment.
(2) A penny for your thoughts.
(3) Are you nervous? Maybe you haven't made the progress we hoped for.
(4) You just don't know what to say at this moment.

Expression 15

CLIENT: Gee, I'm so disappointed. I thought we could get along together and you could help me. We don't seem to be getting anywhere. You don't know I'm here. I don't even think you care for me. You don't hear me when I talk. You seem to be somewhere else. Your responses are independent of anything I have to say. I don't know where to turn. I'm just so - doggone it - I don't know what I'm going to do, but I know you can't help me. There just is no hope.

THERAPIST RESPONSES:

(1) I have no reason to try and not to help you. I have every reason to want to help you.
(2) Only when we establish mutual understanding and trust and only then can we proceed to work on your problem effectively.
(3) It's disappointing and disillusioning to think you

have made so little progress.

(4) I feel badly that you feel that way. I do want to help. I'm wondering, "Is it me? Is it both of us?" Can we work something out?

Expression 16

CLIENT: Who do you think you are? You call yourself a therapist! Damn, here I am spilling my guts out and all you do is look at the clock. You don't hear what I say. Your responses are not attuned to what I'm saying. I never heard of such therapy. You are supposed to be helping me. You are so wrapped up in your world you don't hear a thing I'm saying. You don't give me the time. The minute the hour is up you push me out the door whether I have something important to say or not. I - uh - it makes me so goddamn mad!

THERAPIST RESPONSES:

(1) You are suggesting I'm wrapped up in myself. Do you think that perhaps, in fact, this is your problem?

(2) I'm only trying to listen to you. Really, I think we are making a whole lot of progress here.

(3) You are pretty displeased with what has been going on here.

(4) All right, you are furious, but I wonder if it's all mine or is there something else eating you?

Experts' Assessment of Each Response

Expression	Therapist Responses	Assessment of : FAC	ACT
1	1	High	Low
	2	H	H
	3	L	H
	4	L	L
2	1	L	L
	2	H	L
	3	L	H
	4	H	H
3	1	H	L
	2	L	H
	3	L	L
	4	H	H
	1	L	H
	2	L	L
	3	H	H
	4	H	L
5	1	H	L
	2	H	H
	3	L	L
	4	L	H
6	1	H	L
	2	L	L
	3	L	H
	4	H	H
7	1	L	L
	2	L	H
	3	H	H
	4	H	L
8	1	H	L
	2	L	L
	3	L	H
	4	H	H
9	1	H	L
	2	L	L
	3	H	H
	4	L	H
10	1	L	H
	2	H	H
	3	L	L
	4	H	L

11	1	H	L
	2	L	H
	3	L	L
	4	H	H
12	1	H	L
	2	H	H
	3	L	L
	4	L	H
13	1	L	L
	2	L	H
	3	H	L
	4	H	H
14	1	H	H
	2	L	L
	3	L	H
	4	H	L
15	1	L	L
	2	L	H
	3	H	L
	4	H	H
16	1	L	H
	2	L	L
	3	H	L
	4	H	H

RATER SELECTION PROCEDURE.

Attached are 16 expressions by clients in a hypothetical counselling situation. Each expression is accompanied by 4 possible therapist responses. You are required to characterise each response in one of the following ways:

(a) High facilitativeness and high action-orientedness.

(b) High facilitativeness and low action-orientedness.

(c) Low facilitativeness and high action-orientedness.

(d) Low facilitativeness and low action-orientedness.

You may not characterise two therapist responses to one expression in the same way.

Please place an 'X' on that letter corresponding to your choice.

Thank you.

Expression 1

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 2

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 3

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 4

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 5

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 6

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 7

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 8

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 9

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 10

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 11

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 12

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 13

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 14

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 15

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

Expression 16

(1)	a	b	c	d
(2)	a	b	c	d
(3)	a	b	c	d
(4)	a	b	c	d

ooOoo

Name:

APPENDIX D

The QUESTIONNAIRE AND THE LETTER ACCOMPANYING THE QUESTIONNAIRE

RAPE CRISIS

TRAINING PROGRAMME IN RAPE CRISIS INTERVENTION

FEEDBACK QUESTIONNAIRE

Section A

Please put a circle around the appropriate number.

1. My ability to function as a counsellor in the Rape Crisis Organisation has increased.

   STRONGLY DISAGREE 1 2 3 4 STRONGLY AGREE

2. I would recommend the programme to members of Rape Crisis who wish to do counselling.

   STRONGLY DISAGREE 1 2 3 4 STRONGLY AGREE

Section B

Please indicate by putting a circle around the appropriate number how useful you experienced each of the following areas or aspects of the programme in terms of improving your ability to counsel effectively.

1. The slide presentation to elicit attitudes and feelings towards rape and related issues.

   ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

2. The discussion following the slide presentation mentioned above.

   ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL.

3. The comparison of the attitudes and feelings that the counsellor and client experience immediately before a counselling session by writing them on the board.

   ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

4. The formal lectures.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

5. The verbal presentation of case material to illustrate relevant issues.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

6. Role plays:

a) Greeting the client and ushering her into the room

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

b) The telephone interview in which the programme leader and a trainee participated.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

c) The interviews with the policeman, detective and district surgeon.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

d) The individual counselling sessions.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

7. The handouts.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

8. Writing feedback at the end of each segment of the programme.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

9. The evaluation procedure in which you were required to respond to the sixteen client expressions from a simulated counselling session that appeared on the video screen.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

10. The fact that the programme was run by men.

ABSOLUTELY USELESS 1 2 3 4 EXTREMELY USEFUL

Section C

If there are any aspects of the programme that you think could be improved, please mention them below and state in which ways they could be improved.

Area that could be improved	Ways in which it could be improved

Section D

If there are any other comments that you wish to make, please make use of the space below:

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Department of Clinical Psychology
Valkenberg Mental Hospital,
OBSERVATORY
7925

17 October 1980

Dear

As you are aware, the training programme in rape crisis intervention that you recently attended comprised one aspect of a research project. It is therefore vitally important for me to obtain feedback about the programme. You have already provided some feedback in the programme, but I would nonetheless be grateful if you would supplement it by completing the enclosed questionnaire and returning it to me in the stamped and addressed envelope. Although the questionnaire looks fairly lengthy, I can assure you that it will take a surprisingly short amount of time to complete.

Thank you very much

Alan Flisher

APPENDIX E

THE RESPONSE SHEET FOR THE QUANTITATIVE EVALUATION

RAPE CRISIS

TRAINING PROGRAMME IN RAPE CRISIS INTERVENTION

EVALUATION

Sixteen client expressions from a simulated counselling session will appear on the video screen. I should like you to write down in the appropriate space below what you would say to the client if she had come to you for assistance having been raped. Do not try to relate any one expression to a previous expression; simply try to formulate a meaningful response to the client's immediate expression.

Expression 1

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Expression 2

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Expression 3

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Expression 13

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Expression 14

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Expression 15

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Expression 16

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NAME:.....

Thank you.

ALAN FLISHER

APPENDIX F

HANDOUT DISTRIBUTED BEFORE THE TRAINING PROGRAMME COMMENCED

Note: Item (4) of the handout is not included in this appendix because it is included in appendix A.

Item (2) is not included because the core of this article can be found in 1.3.2.3 above.

RAPE CRISIS

TRAINING PROGRAMME IN RAPE CRISIS INTERVENTION

HANDOUT

This handout contains:

1) Some notes relating to the lecture given on 28 August 1980.

2) Reprint: Golan, N. When is a client in crisis? Social Casework, 1969, 50, 389-394.

3) Reprint: Hirschowitz, R. Crisis Theory. Unpublished paper based upon a lecture given to the National Multi-Professional Conference: Psychopathology and Mental Health of the Family, Johannesburg, June 1972.

4) Reprint: Golan, N. Model for Treatment in Crisis Situations. From: Golan, N. Treatment in Crisis Situations. New York: Free Press, 1978.

5) Reading List: Crisis Intervention in general.

6) Reading List: Crisis Intervention with special reference to Rape.

Alan Flisher
Department of Psychology,
University of Cape Town.

05 September 1980.

RAPE CRISIS

TRAINING PROGRAMME IN RAPE CRISIS INTERVENTION

Some notes relating to the lecture given on 28 August 1980

Note: The references are from the reading list.

"The crisis situation is equal to a relatively short period of psychosocial disequilibrium in a person who confronts a hazardous situation that for him constitutes an important problem which he can for the time being neither escape nor solve with his customary problem-solving resources."

(Caplan, 1968)

The aim of crisis intervention is the resolution of the immediate crisis, and the restoration of the client to a level of psychological functioning at least that which existed prior to the onset of the crisis. The intervention makes use of the client's greater susceptibility to external influence in order to actualise the growth potentialities of the crisis state.

Crisis is an emotional state, or the reaction of the individual or family group to a hazardous event and not the event itself.

The Oxford English Dictionary defines CRISIS as a: "vitally important or decisive stage in the process of anything, a turning point."

GENERAL PROFILE OF CRISIS:

1. Sense of bewilderment.
2. Sense of danger.
3. Sense of confusion.
4. Sense of impasse.
5. Sense of desperation.
6. Sense of apathy.
7. Sense of helplessness.
8. Sense of urgency.
9. Sense of despair.

"By listening through and looking beyond the verbalised complaint, it is possible to apprehend the client's unverbalised anxiety or pain. The ability of the therapist to find the hidden pain is what gives the client the feeling of being truly understood."

(Hoffman and Remmel, 1975)

FACTORS CONTRIBUTING TO THE DEVELOPMENT OF THE CRISIS INTERVENTION TECHNIQUE:

1. Experience gained from treating combat crises in World War I.
2. The discovery of certain 'generic' patterns of response to various crisis situations confronting 'normal' people.
3. The demand for a range of mental health services, appropriate to the needs of all socio-economic classes.
4. Increased understanding of the detrimental effects of longer-term psychiatric hospitalisation.
5. The evolution of brief or emergency psychotherapeutic techniques, both on an inpatient and outpatient basis.
6. The development of theoretical models of the psychodynamics of life crises and their resolution.

The non-verbal message is the fulfillment of the withheld or uncommunicated verbal message on a level which operates nonconsciously.

THE USE OF THERAPEUTIC CONTRACTING

- is a decision to do something specific about the problem.
- allows a clear and simple goal statement.
- defines the possibility of the goals being fulfilled.

1. Defines role relationships, providing a model of future relations.
2. Defines problems, responsibilities, alternatives and decisions facing client and counsellor.
3. Limits the time relationship and helps avoid dependency formation.
4. Controls some of the symptomatologies which disrupt problem-solving behaviour.
5. Avoids the use of stigmatising labels.

ASPECTS OF THE INTERVENTION TECHNIQUE

1. Helping the individual to gain an intellectual understanding of his crisis situation.
2. Helping the invidual to bring into the open those feelings to which she may not have access.
3. Exploration of coping mechanisms.
4. Reopening her social world.
5. Future/anticipatory guidance/planning.
6. Confrontation - at a reflective level.
7. Evoke his use of resources by using a double-bind technique.

8. Explanation of treatment to client.
9. Giving information in a didactic manner.
10. Realistic support and honesty.
11. Makes her aware of her responsibility for herself.

In crisis intervention the treatment structure is not based primarily on the relationship with the therapist but rather on the unique readiness of the client to risk herself in order to gain a sense of mastery. There is a constant alertness on the part of the therapist to forestall or minimize dependent or regressive phantasies on the client's part towards the therapist.

MALADAPTIVE COPING HAS THESE CHARACTERISTICS:

1. Avoidance or denial of problems with judgements based on wish-fulfillment or fantasy rather than reality.
2. Avoidance and denial of negative feelings, dealing with them by projection or blaming when they do break through.
3. When denial and avoidance break down, massive and generalised disorganisation of functioning involving most areas of living.
4. Inability to pace oneself, either overactivity or underactivity.
5. Inability to seek or accept help from others.
6. Reacting globally or stereotypically to problems; feeling easily overwhelmed.

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CRISIS THEORY[+]

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Crisis theory, like general systems theory, represents a core conceptual tool in preventive mental health work. Crisis concepts have advanced our understanding of problems of personality development and change. Models derived from crisis theory have been applied to issues of growth and change in organizations of larger complexity such as the family.

Definition

In mental health work, crisis is regarded as a state of temporary disequilibrium, precipitated by life change events which are inescapable and for which the system's existing coping repertoire is inadequate.

In our definition, temporary refers to the time span of crisis. Personality systems are regarded as self-sealing, tending to correct for crisis-induced imbalance in a few weeks.

Disequilibrium refers to disruption of habitual "steady state" patterns when the organism is challenged to respond to internal or external environmental change. Pattern disruption is general and is illustrated by cognitive uncertainty, psychophysiological symptoms, and emotional distress.

Life Change Events

Crises occur in response to life change demands. These demands may be easily identified or quite elusive. Sometimes apparently insignificant precipitating events are symbolically linked to unresolved conflicts from past similar crises; the response to present events is then amplified and distorted. The state of crisis may also occur prior to the change event, in anticipation of impending change. Past, present

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[+] This paper is based upon a lecture given to the National Multi-Professional Conference: Psychopathology and Mental Health of the Family, Johannesburg, South Africa, June 1972.

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and future may thus blur in precipitating, perpetuating, or predisposing to, the crisis state.

Life change events which produce crisis are illustrated in Table 1.

TABLE 1[+]

RATING LIFE CHANGES

Life Event	Value
Death of spouse	100
Divorce	73
Marital separation	65
Jail term	63
Death of close family member	63
Personal injury or illness	53
Marriage	50
Fired at work	47
Marital reconciliation	45
Retirement	45
Changein health of family member	44
Pregnancy	40
Sex difficulties	39
Gain of new family member	39
Change in financial state	38
Death of a close friend	37
Change to different line of work	36
Change in number of arguments with spouse	35
Mortgage over $10 000	31
Foreclosure of mortgage or loan.	30

Table 1 illustrates that life change events usually occur in relationships with significant other human beings.

For crisis to occur, a "no exit" situation is required -- the change demands must, by definition, be <u>inescapable</u>. The situation cannot be changed and removal from the situation is impractical.

Our definition emphasizes the relative inadequacy of existing coping skills to master the life change demands. The more adequate the coping capacity, the fewer are the signs of crisis which will occur.

An adequate coping repertoire is both general and specific.

[+] This table is from the work of Holmes and Rahe. They have shown that life change events of significant number and weight, frequently produce psychophysiological disruption of such degree that the individual becomes emotionally or physically "ill".

"Low vulnerable" individuals have a capacity (akin to "ego strength") to orient themselves rapidly and plan decisive action in response to uniquely changed situations. They can mobilize emergency problem-solving mechanisms and can use external resources for assistance. "High vulnerable" individuals become rapidly disoriented when confronted with change, may experience paralysis of thought or will, cannot plan action and are unable to seek assistance.

Specific coping skills derive from previous experience with similar problems; unfortunately, situation-specific skills do not generalize well to dissimilar situations.

Crisis Types

Crisis states occur in times of immediate or anticipated transition. The concept encompasses the developmental crises described by Erikson and the accidental or situational crises described by Caplan and Lindemann. It also includes Rapoport's "critical role transitions" and the "transition states" described by Tyhurst.

Crises theory applies to states which are frequent and predictable as well as states of uncertain frequency and predictability.

Description of the Crisis State

Crisis affects many dimensions of human function. Cognitive, emotional, volitional and interactional patterns are all disrupted. Psychophysiological and appetite patterns alter, while habitual defense patterns may be exaggerated to the point of parody.

Cognitively, there is uncertainty, impaired concentration, and preoccupation with the past. Perception may be fragmented and illusory distortion is common. Slips of the tongue and cognitive slippage are not infrequent. Emotionally, responses are labile and include fear, nervousness, tension, fatigue, hostility and depression. Anxiety will be indicated overtly or covertly by use of habitual defenses or tension-reducing behaviour. Ambivalence may paralyse the will to the point of total indecision. There may be pressures towards impulsive and atypical behaviour.

In action, behaviour lacks habitual balance and perspective. Interaction with others is influenced by increased dependency needs. Counterdependent behaviour may be exhibited as withdrawal-avoidance while dependence may be displayed to such an extent that it is mislabelled "regressive" - particularly when it is expressed by demanding or clinging behaviour.

Loss and Change

Any change process involves the promise of gain - and the certainty of loss. Habitual attachments and orientations are lost while new attachments are sought. In mastering the change process, understanding the dynamics of loss is therefore helpful. Loss may be experienced in relationship to people, objects, physical health, social status, or values.

In understanding the loss process, a paradigm is provided by Kubler-Ross' studies of "death and dying".[+] She describes a predictable behavioural sequence in response to news of fatal illness. The sequence proceeds through overlapping phases of: shock, denial, anger, bargaining, depression, and acceptance. In studying sudden deaths, Lindemann[++] has described the dazed state, physiological disruption, preoccupation with the image of the deceased, emotional distress and guilt of the mourner.

Crisis effectively consists of two overlapping processes which have been captured by the Chinese idiogram which depicts crisis as danger-plus-opportunity. Danger refers to the discomfort attending detachment from what is lost, or about to be lost. Opportunity refers to the process of reconstructing a new world of activities and relationships. The processes are inextricably wed since there is evidence to suggest that the construction of a new universe of objects and attachments cannot be successfully achieved until the detachment-mourning process has been substantially completed.[+++]

The Crisis Sequence

Phases of crisis have been described by many workers including Caplan, Bowlby, and Tyhurst. We have synthesized their descriptions to suggest a sequence consisting of: impact, recoil-turmoil, adjustment, and reconstruction. Each of these phases has specific characteristics, illustrated in Table 2 and discussed further below.

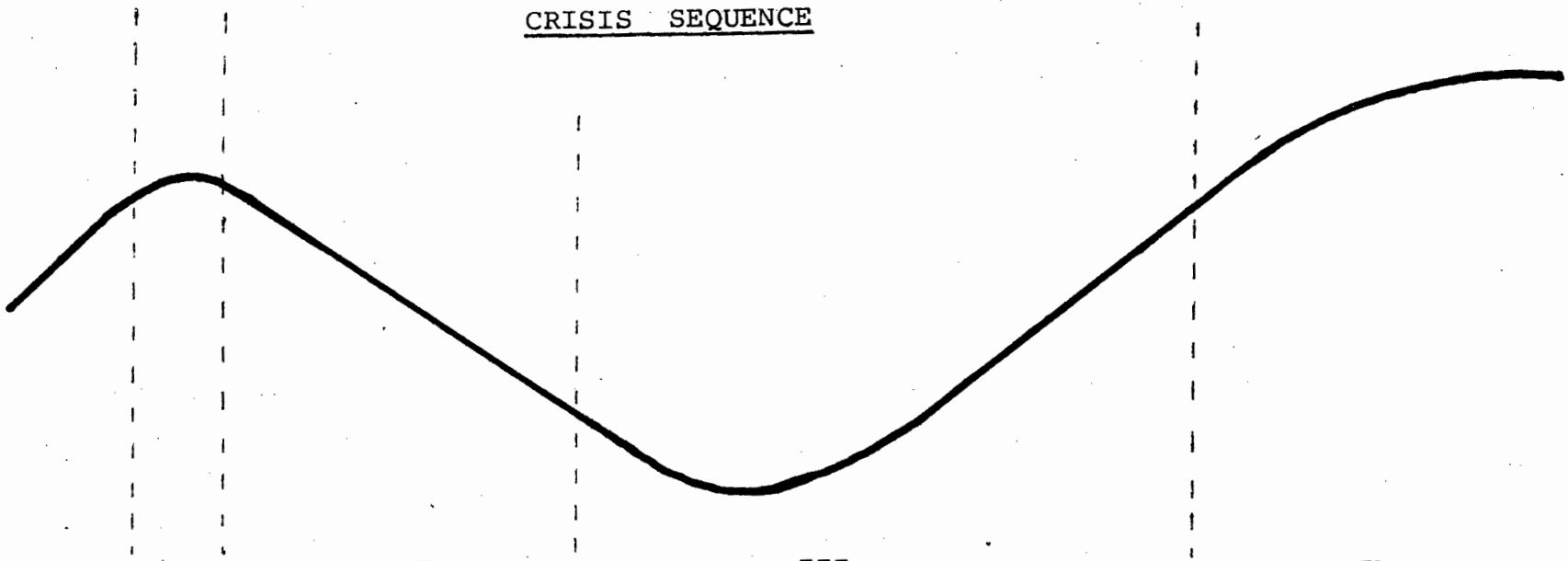
+ Kubler-Ross, E. On Death and Dying. New York: MacMillan, 1969

++ Lindemann, E. Symptomatology and Management of Acute Grief, American Journal of Psychiatry, 101: 141-148, 1944.

+++ Our approach to crisis intervention thus amphasizes a need to focus upon detachment work in the early phases of crisis, and upon reconstruction and re-attachment behaviour (Kubler-Ross' "acceptance") in the later phases.

TABLE 2

CRISIS SEQUENCE



Phases:	I IMPACT	II RECOIL-TURMOIL	III ADJUSTMENT	IV RECONSTRUCTION
Time Period:	hours	days	weeks	months
Time Perspective:	present	past	future	
Emotions:	fight-flight	rage-anxiety-guilt depression	hope	
Thought:	disorientation distractibility	ambiguity uncertainty	problem-solving	
Direction:	search for lost object	detachment	search for new object	Re-attachment
Search Behavior:	reminiscence	perplexed scanning	exploration	testing

Duration of Phases

Impact is a state of "daze-shock" accompanying the assimilation of "bad news". The phase is most intense in response to a change event which is undesired and unexpected. The duration of this phase varies from a few hours to a few days.

Impact is followed by a phase of recoil-turmoil which continues for one to three weeks; subsequent adjustment takes two to four weeks; the task of eventual reconstruction may require many months for completion.+

Looking Back and Looking Forward

During the phase of impact, the individual is numbed. He is in Time Present. As he absorbs the "news" of change, he is preoccupied with "what has been", mourning for a world now irretrievably modified. In relinquishing this world, he "remembers", and recalls Time Past. As detachment tasks are completed, he begins to explore new relationships and test solutions to the problems that confront him. The perspective then moves towards Time Future.

The Emotional State

Certain emotions occur with predictable regularity. In the impact phase, the individual is propelled by emergency "fight-fright-flight" responses; caught between these, he may show "frozen" behaviour. In the phase of recoil-turmoil, emotions include rage, anxiety, depression, guilt and shame. These may be openly expressed as in weeping, or concealed behind facades of over-control and detachment. When the individual moves towards adjustment and reconstruction, his painful feelings become muted, and are gradually tempered with some hope about the future. Optimism about a navigable future become evident in phrases like, "All is not lost" and "life must go on".

Cognitive Patterns

During impact, the individual is disoriented and distractable. The level of apparent consciousness fluctuates; dysmnesia, disorientation, perplexity and impaired perception may all occur. In severe crises, an acute brain syndrome may be mimicked. As the individual moves through recoil-turmoil

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+ Time periods are approximate and subject to considerable variation. The specific duration of all phases in any individual case is influenced by multiple determinants which include: forces within the personality, including ego strengths and coping resources; the subjective meaning of the life-change event; and the availability of external assistance.

mental activity becomes more focused, "remembrance of things past" intensifies and normal cognitive functions return.

Opportunity for Development: Crisis as the Lever

Caplan has emphasized that crisis is a state of disintegration and de-differentiation in which habitual patterns merge and blur. When reintegration and re-differentiation occur, it may be at a higher level of personality expansion or a lower level of personality restriction. Healthy outcomes depend upon active confrontation and mastery of the crisis.

Crises, developmental or situational, thus provide leverage points to promote personality expansion. External leverage can be applied more readily in crisis states for a number of reasons. These include the following:

- In crisis, personality and family systems become more open. System boundaries become more permeable.
- The individual becomes temporarily more dependent upon others for understanding, emotional support and problem guidance.
- There are clear, "real" problems to surmount. Levers can be applied to effect problem resolution.
- The pressure of inescapable life change demands compels search for innovative, adaptive solutions.
- Helping agencies are disposed to provide timely interventions, because significant outcomes can be achieved without major resource investments. This payoff is maximized because of the short duration of crisis.
- The experience of successful coping builds self-esteem and confidence about dealing with future crisis situations. Ego strength is enhanced.
- Unless crises are subjectively demoralizing (because they are socially censured), there is little or no "shame tax" to be paid for seeking help from others. It is a social "mitzvah"+ to ask for, receive and give help.
- When in crisis, people are more open to influence and psychologically more available to intervention.

+ In Jewish custom, giving help to individualsin crisis is regarded as a "mitzvah" or blessing. It is particularly blessed to give help without the individual being compelled to ask for it.

- Skills in crisis intervention are not restricted to professional specialists. The requisite skills appear to include sensibility, sensitivity, "cool" and confidence. Mature individuals, professional or amateur, can also draw upon their own experience, or the conventional social wisdom, to provide help in crisis.

Healthy Crisis Coping

It has become possible to identify individual coping styles which promote growth. The individual who copes well has some of the following characteristics:

- He is able to deal simultaneously with the effective dimensions of his experience, and the instrumental tasks with which he is confronted. He is aware of his painful emotions and gives appropriate expression to them. However, he does not engage in interminable "catharsis" or "ventilation"; as he expresses his painful emotions and communicates his suffering, he frees energy for mastery of his environmental challenges. Crisis mastery proceeds by the conversion of environmental uncertainty into manageable risk. We consider this process of situational mastery to be crucial and think of it as "intelligent worry work".

  Where crisis is precipitated in response to an anticipated life change event, "worry work" can begin in advance. The eventual intensity of crisis is then significantly diminished. Programs of "anticipatory guidance" or "emotional prophylaxis" incorporate these principles of anticipatory planning and action rehearsal.

- Healthy crisis coping is further characterized by an ability to acknowledge and communicate increased dependency needs. Assistance can be sought, received and used.

- The healthy coper can tolerate environmental uncertainty without resort to impulsive action.

- He values the active mastery of environmental challenges. Attendant value is placed upon understanding, personal growth and discovery learning.

- In coping with anxieties, the individual resorts to defenses and patterns of tension release which are not destructive in their consequences.

Malcoping

Malcoping patterns have some of the following characteristics:

- There is excessive denial, withdrawal, retreat and

avoidance. Fantasy may overlay, replace or merge with reality.

- Impulsive behaviour is common. Rage is often ventilated upon vulnerable, relatively powerless family members who lend themselves to scapegoat roles.
- Dependency needs may be dealt with by excessive clinging or by counter-dependent avoidance of possible sources of assistance. These patterns resemble the behaviour described by Bowlby with separated infants as "protest-despair" or "detachment". Such patterns do not usually evoke ministration responses from others.
- Emotions are often denied and over-controlled, with eventual eruptive discharge.
- Sometimes, malcoping may assume the form of the "hopelessness-helplessness-giving-up" syndrome described by Engel and his co-workers.
- Some malcopers resort to hyper-ritualistic, routinized behaviour which serves little or no purpose.
- With the inevitable fatigue of the crisis state, the rest-work cycle is poorly regulated.
- There may be excessive reliance upon "magic by mouth" with recourse to magical pain-reducing substances such as drugs or alcohol. "Food addiction" may occur.
- The individual cannot invoke help or cannot use it when it is offered.

Crisis Intervention

This paper is an introduction to crisis theory; we have not emphasized its application to crisis counseling practice. However, theory serves practice and our ongoing ventures in crisis counseling modify and advance theory. We therefore conclude by sharing what we have learned about intervention"

- The goal of crisis intervention is the promotion of cognitive mastery. This should lead to action addressing the tasks generated by environmental change. For the intervenor, this requires sequential technical steps described by Hansell as "decision counselling".+

+ See Hansell, Norris; M. Wodarczyk; and B. Handlon-Lathrop: Decision Counseling Method: Expanding Coping at Crisis in Transit, Archives of General Psychiatry, 22: 5, 462-467, May, 1970

The steps involve: identification of the problems generated by change demands; listing of action alternatives; building of a decision model: application of the model to choice of alternative; and design of action plans. The decision counselor remains involved when plans are acted upon so that responses can be evaluated and action errors corrected.

- Maximum leverage is achieved by intervention in the immediate heat of crisis - as close as possible to the crisis-precipitating event in both space and time.
- Dependency needs should be legitimated and met. Professionals should have no fear of "increasing dependency". The individual in crisis is temporarily more dependent and should be encouraged to maintain proximity to a helping agent.
- The decision counselor should help the individual actively to examine his changed situation. Guidance is task-focused and the temptation to take over the problem or "prescribe" solutions is rigorously avoided. As change demands are illuminated, the intervenor's stance should communicate hope, concern, and confidence about an eventual successful outcome.
- All family resources should be mobilized, so that household responsibilities are fairly distributed and a decent balance of rest and work is maintained by all members.
- Where indicated, the crisis intervenor should use his influence to link members of the extended family network to the individual or family in crisis.
- The intervenor should help keep a family together when it is dismembered by crisis. He should mobilize needed outside resources, like homemakers, to maintain the integrity of the family.
- He facilitates the expression and understanding of the painful emotions accompanying the state of crisis.
- The effective crisis intervenor functions as a role model. His concern and confidence about eventual problem mastery is supportive and sustaining. He maintains hope.

Conclusion

Crisis theory illuminates our understanding of the processes by which living systems simultaneously maintain stability and adapt to the demands of environmental change. Crisis theory helps us to comprehend and facilitate the process of adaptive change. Crisis models are particularly relevant for organizations struggling in turbulent task environments; crisis intervention principles can be applied to help such systems adapt with the minimum of pain and strain.

With adequate understanding of transitional states, needless human casualties can be prevented. We have chronicled elsewhere+ the dreary consequences of failure to understand the crises of organization in transition. Organizational leaders can master problems of environmental uncertainty by using crisis concepts. In achieving the mastery of change, crisis theory has a significant contribution to offer.

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+ Hirschowitz, R.G.: Two Psychiatric Hospitals in Transition: Studies of Staff Behaviour, mimeo, Laboratory of Community Psychiatry, Harvard Medical School, Septemver, 1972.

RAPE CRISIS

TRAINING PROGRAMME IN RAPE CRISIS INTERVENTION

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RAPE CRISIS

TRAINING PROGRAMME IN RAPE CRISIS INTERVENTION

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Alan Flisher.

APPENDIX G

SKELETAL OUTLINE OF THE NATURE AND CONTENT OF THE PROGRAMME

RAPE CRISIS

Training Programme in Rape Crisis Intervention.

Venue: University of Cape Town Child Guidance Clinic, Rosebank

This handout comprises a skeletal outline of the nature and content of the programme. There will be 3 seminars/workshops covering crisis theory, crisis methodology and intervention with a specific focus on rape.

The outline is a guideline for the sessions and may be changed according to the needs and expectations of the group. At various stages opportunities for self-reflection and feedback will be provided.

Session 1 21.9.1980 9.30 a.m. - 5.00 p.m.

1. Slide presentation to elicit attitudes and feelings towards rape and related issues.
2. Specific theoretical guidelines:
   (i) anxiety, stress and crisis.
   (ii) critical stage theory.
   (iii) theory of loss and the mourning/grief process.
3. The stages of crisis intervention as mainly expounded by N. Golan.

The above points will be explored in the light of the rape phenomenon.

Session 25.9.1980 7.30 - 10.30 p.m.

The therapeutic steps in intervention with special reference to rape.

1. A model for an intake (first) interview (Role Play) - comment.
2. Aspects of assessment in general including stages and levels of assessment:

(i) assessment with specific reference to rape.
(ii) planning of intervention.
(iii) intervention techniques, e.g., contracting.
(iv) termination.
(v) referral.

Session III 28.9.1980 9.30 a.m. - 5.00 p.m.

The specific application of crisis theory and techniques to rape.

1. Crisis technology and rape.
2. General issues pertinent to the rape crisis intevention sequence, e.g.,
   (i) contact or bonding.
   (ii) aspects of the relationship between intervenor and client.
   (iii) physical contact.
   (iv) termination.
3. Role play exercises.

COMMENT:

Other possible areas for exploration are:

- telephone counselling.
- reaching out, e.g., home visiting.
- the use and discussion of dream material.
- fantasy.
- medication.
- rape trauma including aspects of shock and disorientation.
- hospital vs. community care.
- counselling of friends, relatives, and spouse.
- male vs. female counsellor.
- recording - note taking - psycho-social history.
- one or two therapists?

Gordon Isaacs
Alan Flisher

APPENDIX H

A SELECTION FROM THE SLIDES USED
TO ELICIT FEELINGS AND ATTITUDES
WITH REGARD TO RAPE AND RELATED ISSUES
IN COMPONENT 1 OF THE TRAINING PROGRAMME

Note : The labels under the slides refer to the list of all the slides in 3.4.5.2 above.

Slide 2(b)

Slide 3(b)

Slide 4(f)

Slide 4 (m)

APPENDIX I

THE RESPONSES FOR THE QUANTITATIVE EVALUATION THAT EACH SUBJECT PROVIDED AT EACH STAGE OF THE ASSESSMENT FOR EACH STIMULUS EXPRESSION

EXPERIMENTAL GROUP

SUBJECT 1 - PRE-TEST

Response to stimulus expression 1

What exactly are you feeling and why do you think he's run running around enjoying himself?

..2
What about trying to see it as an experience and trying to do things again, like walking down the street.

..3
I think that you should try talking it over with your boyfriend and work through these feelings together.

..4
I am here to help you and I think it's just quite a slow thing to work through.

..5
I don't think that your father's right at all. You don't really have to feel such guilt.

..6
Okay, let it all come out.

..7
Look it was necessary but it's over with now.

..8
Maybe it felt worse because you were physically helpless/ weaker.

..9
Do your parents and boyfriend show any support/concern for you now? Surely they can't condemn and see it as your fault.

..10
It's the victim that usually sees it as her own fault.

..11
Perhaps it's the men you've met, but I can understand how you feel.

..12
Perhaps if you tried telling people who are close to you, it might help.

..13
Sure, he should also be talking to someone, but let's concentrate rather on you and what you're feeling.

..14
Let's go through those feelings in your dream again and relate them.

..15
Of course, I'm listening to you.

..16
Come, try telling me what you're here for and what's on your mind.

SUBJECT 1 - POST-TEST

..1
Let's concentrate exactly on your feelings; what he's going through is not important now at all.

..2
You must come to terms with your fear. It is an appropriate feeling so try to express it more.

..3
Do you think your boyfriend was right in trying to make love to you even though you weren't interested? Does he share your feeling about being unclean and dirty - he may not you know.

..4
I don't have to have been raped to understand how you feel. I'm with you - I care that you feel disappointed - perhaps you think that working through this will be very quick.

..5
Is your father right? What do you think? There's no need at all for you to feel guilty - it was an act of violence against you as a person.

..6
It's good that you can express your outrage and anger freely - carry on. Tell me more.

..7
It must have been an awful experience. It's over now and you won't have to go through it again - just see it as necessary at the time.

..8
It must have been very frightening - especially because you felt to helpless.

..9
Look, it wasn't your own doing - you had no part in wishing it upon yourself. Your family should be caring about you as a person now and giving you support. Religious beliefs should be "suspended" - and no judgement.

..10
I'm here to counsel the victim - that means helping and supporting, so any kind of blame and judgement is right out.

..11
This incident reinforces your impressions of men. It may be heavy but your experiences were unfortunate - men shouldn't be condemned entirely as a sex.

..12
You will get over it - and get back to enjoying life again. If there are some people you feel you can talk to, try telling them and trust them. Not all people, and especially those who care for you, will condemn you.

..13
Look, do you really think it is necessary to go into the guy's feelings and hang-ups. Let's rather talk about yours.

..14
How do you think your nightmares relate to your feelings about the rape - fear, and the rest. What about the sense of impending doom - do you think it will happen again.

..15
I <u>am</u> listening to you - you have to do the telling. I wasn't raped, you were, so I can't tell you what to feel.

..16
Come, try telling me why you are here. It must be important if you decided to come to me. I'm ready to listen and understand.

<u>SUBJECT 2 - PRE-TEST</u>

..1
It does seem to be very unfair that he should be running around but it is something that is part of us, being women, and you need to be able to handle it and carry on with your life.

..2
It has been a terrible experience and a very painful one but you will once again be able to walk on the streets. By talking about it and your feelings we together can make sure that the fear is lessened and you can cope with life again.

..3
One of the commonest feelings of a woman who has been through an experience such as yours is that of feeling unclean. But it isn't true, you aren't, but perhaps we need to talk more about that.

..4
I do care and would like to help you. Obviously the fact that I haven't been raped means that I don't know exactly what it is like but I do want to try to help you. I am listening and am here. I believe and want you to believe that we can work together and that I can help you.

..5
That isn't true, you are not to blame. What your father said isn't true, you didn't deserve to get raped. Many people think that women cause the rape, have done something, but this isn't true. This attitude is part of what we have been taught and part of

..6
You have every right to feel angry and he was a bastard. You must feel that you are able to freely express your feelings and it is better to let them out and feel what you feel so that we can talk about them.

..7
I am sorry that the whole experience has to be so horrible. I am sure that you would prefer to forget all about it but you need to go to the police and doctor so that the man can be tried if he is caught and also in the case of pregnancy.

..8
It must have been a very unpleasant experience, especially feeling unable to do anything. Fortunately you were not strangled.

..9
This experience of sex wasn't something you consented to, so you were definitely not unfaithful to your boyfriend. By talking to your parents and explaining what happened they will be able to see that it was something that happened to you but was in on way your fault.

..10
We (I) don't blame the victim because it isn't her fault. We also exist to help her because we believe in her and in some way understand what has happened and the attitudes of so many others to that victim. We want to help her.

..11
In many ways that does seem to be a natural response to the experience you have just gone through plus the bad sexual experiences and me saying your feelings towards men will change must sound naive but I think they will but only if we talk about it and

..12
Not everyone has to know about it but that doesn't mean to say it has to be hidden or is something you need to be ashamed of or embarrassed about. People may react badly but if you do in some way understand why this is happenning .....

..13
It would help him to talk to someone and for you to be able to think of him in this way means that you are beginning (?) to handle the whole experience more.

..14
The experience has obviously left some very vivid memories and you are in some way reliving them but that is not an indication of doom of it is all going to happen again. It has happened and is over. The dream is a way of letting out your emotions.

..15
I am interested in you and the fact that I was looking at my watch doesn't mean that I was not interested.

..16
I can see that you are nervous and perhaps unsure of what to say. Perhaps we can start by you telling me your name, and start explaining in whatever way you like what happened and why you called me.

SUBJECT 2 - POST-TEST

..1
I can understand how you feel. You have feelings of anger towards him and resentment. Perhaps you want him to be having a lousy time like you. Are these feelings of yours? What other things do you feel towards him? Are you finding it difficult to go out?

..2
Those are perfectly normal feelings to have. You have got through a terrible thing and it is going to take some time for you to be able to feel O.K. about it all. But you will, it has been a terrible thing but like all other shocks you can work through it and be fine again. I am here to help you do it.

..3
Your feelings of uncleanliness, dirtiness are normal feelings of any woman who has been raped. We are brought up to think of rape as doing that to a woman. But you aren't unclean. The fact that you didn't want sex is also normal. You had just had a horrible sexual experience and you didn't need to have sex with your boyfriend if you didn't want to. Perhaps it would benefit if I spoke to him and explained it to him.

..4
I can help you in some ways. I haven't been raped but I feel I can to a certain degree feel a little of what you are feeling. I do want to help and I do care. Perhaps, if you want to, we can talk about why you don't think there is any help?

..5
It isn't your fault and you are in no way to blame for what happened. In a way it could have been anyone. You mustn't think you caused it to happen or deserved it. Your father was wrong about that. Women don't deserve rape.

..6
It is really good that you can express those emotions of anger. What other feelings do you have towards him? Try to speak about them as it is good to let them come out and not keep them in.

..7
It is all unpleasant and I am sorry that you had to go through it all. The experience that you have just described must have been awful. But it is necessary so that you can prosecute if the men are found.

..8
How do you feel about it all?
What happened after that?

..9
How do you feel about the whole thing? Do you see the experience of rape as being worse than death? What feelings do you have with regard to this?

..10
That is why we exist to try to help the "victim" and I am very pleased you have found it a good experience.

..11
Those feelings of hatred towards men are normal after an experience of rape and especially as your first sexual experience was unpleasant. But we can work through it and your feelings of hatred will dissipate. This may sound trite but it is true.

..12
It is not something you need to feel embarrassed about although that feeling is normal because of a lot of people's attitudes to rape. It is also not very important to tell everyone, you wouldn't tell everyone about a boil on your toe, and the people you love will understand.

..13
It is very lekker that you feel that way. He most probably does have some hang-ups and does need to speak about it. What other feelings do you have in regard to him?

..14
It is good that you are having dreams. Dreams are one way that we let our feelings out and experience things. You are freeing yourself from these fears by dreaming. Have you had other dreams? Tell me about them if so.

..15
I am sorry, I was listening and I do care. Perhaps we can talk more about how you are feeling towards me. Perhaps you have feelings of anger and resentment. Please share them with me.

..16
You seem to be nervous and a bit unsure. Share your feelings with me so we can talk about how you are feeling.

SUBJECT 3 - PRE-TEST

..1
No response

..2
You must know that is a completely understandable reaction. You will need time to adjust yourself to what happened - it is not irreversible, you won't always be feeling like that. You will regain your former self over time while we work on it. Don't be afraid of feeling how terrible it was.

..3
Your reaction would not be unreasonable based on what you have experienced. Clearly too, it was a fair desire to not want to have sex since you seemed concerned. But it may be that your boyfriend was attempting to help you over come your experience by relating sex with someone you loved and so that you didn't feel dirty.

..4
Just being a woman makes us susceptible to being raped, and although we've not been raped, we too have been subjected repeatedly to the humiliation etc. that you experience in our dealings with men. We cannot help you; we are a support group, a group of people who believe in you, and we are trying to get you to help yourself; in that way you will become self sufficient and our roles will no longer be necessary.

..5
Don't feel guilty or responsible for your experience. We tend to disagree with your father's attitude, since we feel women should be allowed to continue their daily life without fear of rape etc. Unfortunately, the media does emphasise the view that only bad girls get raped and hence "you got what you deserved". But we believe not.

..6
You have a legitimate right to be angry, as it was clear he was using fear to control and hurt you. Perhaps you would be interested in starting self defence classes to enable to perhaps respond/react in future.

..7
I'm sure though that you see the necessity of reporting the rape - and your examination was an unpleasant experience. But now that the worst is over, would you not like to perhaps have a bath and change into other clothes.

..8
It must have been very unpleasant and I'm sure you did try and prevent it.

..9
Although you justifiably are worried about your family and boyfriend's views, can you really call your experience sex outside marriage with legitimate consent. No, it was not a situation that you wanted and therefore your family should be supportive.

..10
I'm pleased that you accept us, and don't see us as interfering with you. We after all want to help, assist as many rape victims as possible.

..11
What you have been through is traumatic, and we understand that you feel resentful now towards men. But not all men are to blame. Can you honestly say that you don't know any sympathetic men? Probably with time your antagonism will diminish and you will be able to see them as isolated incidents.

..12
Do you know a woman gets raped every 2 minutes in S.A.? - that's quite a few women. None of you need feel embarrassed and perhaps if you spoke about it to your family/friends and asked them would they shun you if you were in a car accident and were injured would they still make <u>you</u> feel uncomfortable?

..13
Yes we agree. But it is still an unnecessary violent, assertive outpouring of his hang-ups. Perhaps his feelings of inadequacy responsible.

..14
Your anxiety is reoccurring in dreams. Although it is difficult to get over it so quickly, do realise it is merely a dream and not a re-occurring rape.

..15
Look, I was looking at my watch but that doesn't mean I'm not interested in you and your story. Do you realise that I was not responsible for your experience and you are angry at the rapist, not me.

..16
I know that it may be difficult to talk about it with us now, but we'll sit here and should you want to ask or discuss anything we're here to help. Also we can give you a number to contact us, should you perhaps want to do so in the future.

SUBJECT 3 - POST-TEST

..1
He probably is somewhere also having to face issues about the rape, but being different people, everyone will have different responses.

..2
Listen X, I know that you've had a very rough experience and that you probably feel afraid now. But hopefully with time you'll accept that not all men will rape you and you must continue your activities as before. Perhaps a self-defence course will help you to gain more self-confidence.

..3
Perhaps your boyfriend was a bit hasty in trying to encourage a sexual relationship so soon. How well do you know your boyfriend? Did he blame you in any way? Have you seen a district surgeon?

..4
X, the frustration that you feel towards me must be recognised. I too, similarly feel frustrated. Because I haven't been raped doesn't mean that I haven't felt abused and therefore could understand some of what you've experienced. Also, you must try to become free from me - not me trying to help you but you yourself.

..5
There is no reason at all to feel guilt since no person has the right to intrude on you and violate your privacy therefore you need not feel you were wrong.

..6
You did the right thing in the circumstances. There was no way that you could avoid him with his weapons. You are correct/justified in feeling angry.

..7
I feel for you. The last thing that you needed after your experience was another exposure. But, X, they had to do that at the police, to find out about him, to apprehend him and at the doctor about the internal damage you may have incurred.

..8
I'm sure it must have been a terrible experience to have gone through.

..9
At this time after what you have gone through, your family will hopefully be supportive rather than moralistic. I'm sure too, that your boyfriend realised you were not responsible and therefore not to blame.

..10
Yes, but our position is not a victim vs. rapist situation so much as actually talking to you, to go through the experience with you, to somehow make it easier to face your friends/ family etc.

..11
Yes, but was your first sexual experience a rape or a voluntary experience? Because men can be rough, but I don't think rape should be too closely with other sexual experiences since rape is a violent act.

..12
Yes, X, it is understandable that you now feel different and exposed. But although there are social taboos regarding sex and rape, you hopefully will eventually realise that there is no need to be embarrassed.

..13
Without sounding moralistic, this attitude is both mature and human. Yes, he too should get to the core to understand his need to violate other people.

..14
Your fantasies although violent and making you feel terror at least were controlled by you vs. the actual experience which you underwent.

..15
I was looking at my watch and I do have another life but truly, X, I am concerned and would like to be as involved as possible. Would you like to tell me how you think I should behave? What you expect from me and perhaps we can discuss your anger.

..16
X, would you like to talk about why you came to see us, why did you call rape crisis?

SUBJECT 4 - PRE-TEST

..1
I would murmur encouragingly "yes, yes"! The client seems 'distressed' and agitated and seems to simply want to verbalise her agitation, so I would listen attentitively at first and not respond with any leading questions as yet. It seems important at the moment that she varbalises her anger and frustration.

..2
I would encourage her to describe her feelings of fear - get in touch with that fear and if she can, to say how she feels about it. The client seems articulate enough, which is why I would encourage her to express those feelings. "Would you like to tell me more about that fear".

..3
I think it was perfectly natural of you to have those feelings. Did you try to communicate these to your boyfriend? Why/ Why not? Would it have helped if you had? Then he would have known how you were feeling. Do you think he was insensitive towards your needs? Remember he could also probably have been feeling insecure about how it could affect your sex life and he needed reassurance that you were still 'normal'.

..4
I do understand how you are feeling, towards me and towards the whole situation. I would like to think that I am of use to you and that I do care about you and what you're going through. I sense in you a feeling of frustration and helplessness, and anger against not only me, but yourself and the world that such a thing could happen. Would you like to be more specific about these feelings ... am I right in what I perceive?

..5
It's not really much use in hypothesising about what would have happened if ... It's happened and I think we must deal with the reality of the situation. You're probably feeling confused - not sure if maybe it was your fault that you did get what you deserved.

..6
You are feeling a lot of anger and outrage at what he did to you and your frustration at how helpless you were feeling in the actual situation.
How did you feel helpless?
What would you like to have done?

..7
Yes, I would imagine it was. Was there anybody there who was sympathetic to you? How? What were you feeling then - can you remember? Was the doctor sympathetic - was the policeman? What did you do afterwards?

..8
What is the worst, do you imagine, he could have done? You say you felt helpless - what would you have liked to have done? How?

..9
Why would your boyfriend feel that you've let him down? Do you feel that you have? How do you feel about sex outside of marriage? How does it affect you knowing that your family doesn't approve.

..10
I feel good that you can say that. We seem to have gone through a lot together. You've shared a lot with me and I'm pleased that you feel that I've been a help.

..11
Why do you never want to see another man again? Would you like to tell me more about - share with me what happened with your first sexual experience? No? What do you think brought about these anti-male feelings? Have you always hated men? Have you got a father? Dow do you feel about him? Brothers?

..12
The people at work need <u>never know</u> about your experience. Ever, remember? Do you think it would be easier if you did tell someone? Is there someone at work you feel you could trust? Remember that you're not the only woman walking around with such a "closely guarded secret"!!

..13
You would be absolutely surprised to know that not only men with 'hang-ups! rape a woman. I agree with you though he should be talking about it to someone - that is if he has any feelings about it.

..14
You have very real fears. I think anyone who has been held up at knifepoint would have nightmares for weeks afterwards.

..15
I <u>am</u> interested in you. I do care about you and I wasn't looking at my watch, I was scratching my hand.
We seem to be rambling though, let's get more specific.

..16
Would you like to tell me something about yourself? What is your name? How old are you? What about your family? Tell me about them. What are you feeling? Why are you here? My name is Gaby.

<u>SUBJECT 4 - POST-TEST</u>

..1
You must be feeling very angry towards him. Would you like to tell me what you'd like to say to him if you saw him?

..2
When did you feel this fear? Are you still feeling it? When? How? <u>What</u> do/did you fear? What was the worse you would imagine he would do?

..3
I understand your feelings about sex very well. Could you not communicate to him how you felt/are feeling now? Have you told him? Communication in matters like this is very important. You should never feel you have to do something just because it is expected of you.

..4
How would you like me to help?
Is there anything you expect of me?
In what ways did you imagine I could help you?
What do you need now?

..5
What would you have liked to have done when you first met him ? Is there anything you would like to say to him?

..6
Is there anything you'd like to say to him? Go with your feelings. How do you feel now, after you've expressed your anger?

..7
How do you feel about it now?
Do you see that the doctor had to do it?
What was the doctor like? What was his attitude?
I'm sure you felt disgusted, so would I have felt.

..8
What would you have liked to have done - to not make you feel so helpless.

..9
What do <u>you</u> feel about sex outside of marriage? - that it's worse than death?
In what way would you feel unfaithful?

..10
I'm glad you feel that way about us. That's why we exist - to offer support. Often people find it easier to talk to strangers about experiences such as rape.

..11
Could you share with me how you felt about your first sexual experience? What happened to make you feel you hate men - why this passivity, helplessness?

..12
I understand that's the way you're feeling now, because it's still very fresh in your mind. I don't think the people at work need every know about it if <u>you</u> don't want them to know.

..13
I do think he must have had hang-ups to do something like that. What do you think he must be feeling now? What are you sorry for him?

..14
What do you imagine he would have done to you? Would this girl have saved you?
Share with me about the knife? What actually happened in the <u>real</u> experience?

..15
How do you feel mad at me?
Why do you feel I am not interested in what you say?

..16
Tell me about yourself.
How are you feeling?
How did you first come to hear about Rape Crisis?

SUBJECT 5 - PRE-TEST

..1
This part is unfortunately necessary. But in addition to us trying to make it easier for you to endure we try to make people aware in the hope that less men rape girls with the small amount of conscience that allows them to run around and enjoy themselves.

..2
It'a quite natural that you should feel fear and terror. A very essential part of you has been used but it's something you have to and will come through. You must try hard to remember that not all men hold sex as a violent act.

..3
I personally would have reacted to that with histility. It is obvious that your being raped was a horrifying sexual act and naturally you should feel hesitancy in having sex so soon after being raped.

..4
I'm listening and absorbing. Without being arrogant I realise the importance of letting you talk out what you're feeling. Had I been raped and were now commiserating with you we would both be deepening our depression. There is space for help.

..5
I wouldn't like to feel that your father was right. Do you really think that you deserved to be raped. No matter what went wrong or happened initially the most inconsiderate thing doesn't deserve rape - rape is the violation of you and you are the only person with the right to yourself.

..6
For sure he's a bastard. Anger is an amazing thing to be able to feel but it is only temporarily therapeutic - you must remember that it is he who is the bastard and not all men.

..7
Most horribly necessary things are awful but one must remember that the guy couldn't have been carrying any disease and the only way to rectify it is to examine the same area.

..8
At least you weren't strangled. It sounds as if he really wanted to scare you and force was the only way he could exercise power over you.

..9
Do you choose to be raped. How can your boyfriend feel that you're being unfaithful. Religion needs to be contextralised and naturally your parents religion was the way they were brought up and they must have difficulty relating it to today's people's needs.

..10
Of course we don't see rape as the victim's fault, but neither do we see it as utterly and purely the rapist's fault - he is part of a society that allows men that freedom and right to use sex on other people forcibly.

..11
Do you really feel that not once has any sexual experience of yours been satisfying - have you never had your own feelings taken into account? If so I would sympathise with you but I know that there is space for feeling and meaning between people of the opposite sex.

..12
You must remember that there are many many taboos attached to sex but that we recognise (and try to make others) that that is a lot of the reason why people get away with raping women.

..13
We realise for sure, that the guy is just as much a victim as you. He probably subconsciously realises that that is his only tool of power - perhaps he is very scared, very insecure.

..14
It seems that your dream broke at the point where you were going to fight back. We need that fight in you if we are going to go into a court case - you mustn't let it elude you - no matter how terrifying the situation is.

..15
I do care - I am interested but reiterating that won't help you. I am here to listen. It's only once I've listened that I can help in any way.

..16
Try and ignore who I am, that I come from an organisation and that I'm here to try and 'help' - try and say how you're feeling or if you were cross with the district surgeon - angry with me - whatever.

SUBJECT 5 - POST-TEST

..1
It's awful to have to go through it all - I sympathise with those feelings but it is unfortunately necessary. I'm here to share it with you.

..2
Tell me more about the fear. What specifically makes you feel so terrified? Do you feel that way with all men or only men you do not know? What did he do to terrify you?

..3
There's no reason to feel dirty. Rape is/means having sex without your consent. Perhaps you could point that out to him - that rape isn't only something strangers do to girls violently.

..4
Is it only me that makes you feel alone? Tell me why you feel alone, or what it is about me/people that makes you feel as though you're on your own?

..5
I think that you're trying to blame yourself. Women are made to feel guilty in these situations - but tell me about your father's attitude. How did he respond?

..6
I want to know what else he did to you. Did he threaten to kill you?

..7
Did you relive the experience of having a penis thrust into you when the doctor did that. How exactly did you feel about the doctor and the feel of something inside you after having been raped?

..8
Share with me how you felt with his hands on your neck - can you remember what he smelt like - did his nails dig into you?

..9
We'll have to share it with your boyfriend and family in such a way that they realise that you didn't choose to be raped at all. Would you like me to talk to your parents with you?

..10
Tell me how you felt about other people's reactions - did your parents blame you - how have your friends behaved towards you?

..11
Share that first sexual experience. Did you understand then what sex was? What is your father's way of seeing sex?

..12
Are the people at work older than you - do you see them outside work - what are their attitudes towards sex. Do you get on well with any of them - perhaps one in particular.

..13
Do you feel sorry for him - or just pity-contempt. Tell me how you felt about him straight afterwards?

..14
Can you remember exactly what he looked like - how did he compare with the man in the dream - was he tall/short/dark what did he smell like - did he talk at all?

..15
Tell me what the feelings at home have been like - are your parents prepared to listen - your friends? Who has talked to you about it already?

..16
Share with me what you're feeling right now - inside - forget that I'm a stranger and counsellor. I really want to know how you feel.

SUBJECT 6 - PRE-TEST

..1
It was like an accident (motor) it just happened and unfortunately to you and of course it seems unfair but at least you aren't hurt.

..2
It was a frightening situation but you got away and if it were to happen again I'm sure you would be even more able to get away - so although you feel scared now and when you walk down the street, if you are aware and careful you

..3
That was quite unthoughtful and uncaring of him, but was probably partly due to the myths of rape that are in our society and perhaps his own insecurity.

..4
What areas are you feeling you need most help in - let's go over it again surely even talking about it to someone and getting it out of your system will help a bit. I'm willing to listen to whatever you want to tell me and discuss things you feel you can't discuss with your family or friends.

..5
It wasn't your fault it was an accident - he would have found someone else if you hadn't walked by then. You didn't invite it and no woman "deserves" to be raped just as no woman deserves to be robbed or murdured.

..6
Your anger was good and helped spur you on to escape, but w th the knife you were right not to take chances and go through with what he wanted so you could wait for your chance to escape.

..7
The police and the district surgeons are not always as sympathetic as they should be, but that's mostly over now and

..8
(No response)

..9
You did not choose of your own free will and therefore it's got nothing to do with being unfaithful. It was assault on you and I'm sure your family will understand.

..10
That's what we exist for and are trying to change in society and hopefully one day everyone will realise it's not the victim's fault.

..11
The way men and women are brought up and socialised has made us want and expect such different things from each other but

..12
Tell as many people as you feel comfortable telling because the more people realise that it's happened, but wasn't your fault or any woman's fault, the more it should help change people's attitudes.

..13
He was acting the way he was brought up to act, i.e., in an aggressive and dominating way and probably doesn't see that he has done much wrong and this is there we need to fight and change.

..14
(No response)

..15
I am interested and I'm trying to listen and hear what you're saying, and I understand your anger it's

..16
Don't you want to say anything or tell me anything about what happened - I can only help if you tell the story, I won't be shocked by the details and it will help you to get it out of your system.

SUBJECT 6 - POST-TEST

..1
Yes, it isn't fair that he is free, but let's concentrate on you at this moment.

..2
It was terrible, but you escaped and aren't too badly hurt, you were able to get away and you could again.

..3
I think it was unthoughtful and selfish of him to think of himself at the time and not think more of you, but he was probably acting out of his own insecurities. You are not unclean or dirty.

..4
I am here and I want to hear what you want to tell me, is there any particular aspect that worries you most that we could work on and try to iron out.

..5
Most rapes are planned and you just happened to be the victim who came along. You are in no way to blame - can a woman not be free to move around as she has to without feeling she is inviting rape, or being accused of this.

..6
You were right to be angry. He had an advantage over you and there was nothing you could do to prevent it - but you coped and escaped with your life. Use your anger now.

..7
Yes some people feel that the events and treatment one gets after rape are worse than the rape itself - that is because of the way society views rape, but

..8
Realising one's vulnerability is a frightening thing, but you coped and are fine now and will be even better as time goes by.

..9
Rape is more an act of violence and aggression than a sexual one and you didn't choose it or have a choice.

..10
If society could realise that it's not the victim's fault and give her the support she needs we would hardly be necessary.

..11
Not all men are as aggressive as that although they are brought up to be aggressive and get what they want, but you can stand up for yourself too.

..5
No-one ever deserves to be raped. Only afterwards can you see "I should have done something else". But you weren't to know what was to happen. You can't blame yourself. We go into all situations with our eyes open and if someone misplaces your trust it isn't your fault. No-one invites rape. You did everything you could in those circumstances to protect yourself.

..6
It's good to see you get so angry. He had a knife and could make you do anything he wanted. You had no control over the situation. Now you must do something constructive with your anger. Tell others what happened so that they can protect themselves, - take up karate so that no-one will be able to abuse you again in the same violent manner.

..7
Yes Rape Crisis is trying to reform the medical procedure, so that the victim gets more sympathy and dignity. The police and D.S's have no experience in handling rape victims and this also is a factor why women don't report rape. They fear all the treatment they still have to go through.

..8
You got away with your life. And that's most important. Nothing that you might have done would have changed the incident. You did everything you could to get away with your life.

..9
You just happened to fall victim to some man's aggression. Why should people blame you? It is the rapist that must get all the blame. We can speak to your boyfriend and family and try to explain this to them. You have absolutely no need to feel at all guilty.

..10
I'm glad you feel like that. We actually started R.C. so that victims would feel that somebody supported them and that things could be done to change the system so that everyone might change their attitudes to rape.

..11
It will take time for you to change your feelings. You know that there are nice, trustworthy men. Now you are feeling very hurt. Women often have disturbing sexual experiences which they never talk about, but which build up inside them until another incident occurs and they just explode. Now you must start putting yourself together again.

..12
It's sad that rape is so hidden. Every year 1 in 40 women get raped, but most people hide it so it is never exposed. And people feel more guilty about it when it happens again. You have nothing to be embarrassed about - you were victim to another person's violence, which happened to be of a sexual nature.

..13
In America they do have lines so that men who feel they might do this, can phone. But so many types of rape are socially accepted and men don't see how they are exploiting the woman. She is left to feel guilty, ashamed and angry without support from anyone.

..14
The fear of that man was transferred to your dream. But you feel anger towards him, which means that you are not so scared anymore and you want to punish him for what he did to you.

..15
Just by having come here means that I care about what happens to you. Are you angry about what happened? Why must I take the anger onto me? Are you really angry at me, or at him?

..16
I hope that my just being here is helpful. We don't have to say anything, but please do whatever you feel you must. Cry or shout or just sit. Just do what you want to and what will make you feel better.

SUBJECT 7 - POST-TEST

..1
It's not fair. But tell me how you are feeling. By talking about it, it will be easier to go through.

..2
You got a terrible shock. It is a terrible thing to go through. But you must try to understand that eventually you won't fear every man. It was just a chance or bad luck that you were attacked by him.

..3
I think he was very shocked by what had happened. He seems to have been very insensitive to your feelings at that stage. How has your relationship been since that stage? You know, if you are physically clean, then the only dirtiness is in your mind and of those around you.

..4
How have other people been towards you? I am very caring. I too have been through crises and I understand how you are feeling. Please don't think that because others might be uncaring I am too. I am here because I want to help you.

..5
Don't think that other actions might have changed the situation. You did everything you could. You never asked to be raped. If a person is too trusting, that is not a fault. You can't feel any blame for that.

..6
It's so good to hear you being angry. He abused you and you have every right to be so angry. You are still able to feel strong emotions so use them to grow. Use it all up until you feel better.

..7
Yes. We are trying to change the laws so that women don't have to feel this added humiliation of re-examination. If more empathy and tact were used more women would report rapes and everyone's attitudes might be changed.

..8
The pain will be over soon. You will soon get over the shock. But how did the actual penetration make you feel?

..9
If they love you they will see that it was all an accident and unavoidable. If there had been no sex, but physical violence - if your face had been burnt - how do you think your boyfriend and family would feel?

..10
Rape Crisis arose because women felt there was a need for someone outside to be there so that you are able to speak freely, where others understand what you are feeling and don't place valued judgements on your innermost feelings, which those you know might not respond to as you'd like.

..11
It's a pity that your experiences with men have always left you feeling angry. Does it often end up that way? There are many men capable of making a woman feel warmth and love. But often it is the bad experience that one retains.

..12
Many people do have the wrong impression, but do they count? As long as you become happier with uour feelings and that those who care for you accept you, there is no need for embarrassment. You have absolutely nothing to be embarrassed about.

..13
Yes. In America there is a place for men to speak about their problems. It's good that you can feel some kind of 'sympathy' for a man who behaves like that. It seems that you feel better about your position in the rape.

..14
The dream was a way of working through the experience. You were feeling angry at the man, but still felt incredibly frightened. Do you feel that anger? Is your fear still there or is it getting less?

..15
Do you feel such anger towards everyone? Don't you feel you might be feeling angry with yourself? I am here to help you get yourself together, but I can't do it alone. You must help. I am not able to know how you feel unless you talk and tell me.

..16
I'm glad you came. It must have been very upsetting. Try to share it with me. I understand how hard it must be for you. People find it very hard to speak about rape and all the feelings and emotions it conjures up. But take your time. I'm listening. There is no hurry whatsoever.

SUBJECT 8 - PRE-TEST

..1
Explain that response is natural, situation is unfair (attacker did take advantage of her) but not hopeless. Victim can be helped - it is better to air her feelings and resentments than to smother them. If case is reported all attempts will be made to find the attacker and have him reprimanded.

..2
Victim needs reassurance - she has had a frightening experience but with determination will be able to overcome her fears. Her fear felt at the time was natural, to be expected, but a continual suspicion of others is unwarranted. By discussing the situation and realising potentially dangerous circumstances, she will be able to prevent another similar occurrence.

..3
Why does the victim feel diseased? Was it the boyfriend or the act or the fact that he had taken advantage of her that repulsed her? Victim appears to have a strong enough character and seems that she may be sufficiently objective to review the situation as a means of resolving it. Encourage more release of emotions as a release of tension.

..4
Of course I care, but although I feel extremely for victim's situation I cannot understand fully what she is going through. If she continues to share her feelings, she will both be able to discuss them. The fact that she is sitting there is progress, Rape Crisis has contacts for getting more help should she need it. Situation is not helpless, I, as a counsellor, am most definitely there, in friendship and love.

..5
A woman never asks to be raped. If one was to go about guarding one's actions and reactions, we'd never form any sincere bonds. Victim is not guilty of "asking" or "looking" for rape, she should also try not to doubt her own behaviour. She did not know when she first met the man that he would rape her.

..6
Allow victim to feel angry - it's her right. She was violated so anger is a natural response and not to be repressed. There would be no merit in trying to calm victim before she has "worked through" her anger. I would empathise with her emotions but try not to refer to the attacker in the same way as she did.

..7
Physical examination may not have been pleasant, but is essential for her own wellbeing. The fact that she reported the rape was a sign of common sense - position is not easy for police officers and

..8
Victim's attempt at self defence was the most she could do no one would have been able to struggle much against strangulation.

..9
Rape does not mean unfaithfulness. The entire act was <u>against</u> her will - a fact that her family and boyfriend must be reminded of. How does she herself feel about the religious aspects?

..10
Good to hear that victim feels that she has done the right thing. I, as a counsellor, am there to listen to her story and her problems, has she any to share?

..11
Not all men are rapists. What is it about men she detests? Has she had a series of unfortunate experiences? Feeling of resentment will diminish with time although may not disappear entirely.

..12
Victim is not alone in the world, there are many other victims. Attitude of close ones is bound to be sympathy and one's disgust/shame will be that the act was so despicable, she is not to feel shame.

..13
Attacker may be emotionally unbalanced, but could also be quite "normal" as is the victim. If this is the case, he would not really be deserving of sympathy.

..14
Dream is obviously a continuation of the fear she felt at the attack, a fear that will inevitably be released somehow. Does victim feel any better equipped to cope with the situation now?

..15
Reassure that interest is there. Silence on my part could well be to give the victim a chance to talk or perhaps to gather my thoughts.

..16
There's no need to talk if she really doesn't want to, I'm not there to try to extract anything the victim doesn't want to share. Presumably there is some desire to get assistance otherwise she wouldn't be there. Would she mind if I asked some questions?

SUBJECT 8 - POST-TEST

..1
Is he actually having a "good time"? Is your trauma such that it cannot be overcome? By working together on the problem we can alleviate the trauma, and if you go to the police they might be able to find the guy.

..2
Sure, it's terrible, but no one else need know of it - the words Rape Victim aren't stamped on you for life.

..3
How do you feel now about a sexual relationship? On that specific occasion you may have felt unclean and abused, but that feeling will diminish.

..4
O.K., maybe we have got a problem. I am genuinely concerned about you, for you, and am prepared to do what I can to help you. What is it I am doing or that I've said that makes you feel we've made no progress?

..5
You weren't asking for abuse. No matter how your relationship began, it wasn't as if you engineered it to end in a rape. Sometimes relationships do go wrong and it's for us to review them and grow from the experience.

..6
No verbal response until she finishes with her anger etc. Allow her to release her tension.

..7
Examinations like that are never pleasant, but that's over now. You did the right thing in going to the police and to the doctor. Now it's a case of starting again.

..8
There might not have been much you could have done - you were scared and he was violent - it was only natural to be afraid.

..9
You've let no-one down. It's not a case of being unfaithful or disobedient to your religion - once you have overcome the experience we must work on your family and boyfriend - once they understand they are sure not to condemn.

..10
We try not to blame anyone - our function is to support the victim as best we can, in as many ways we can. Do you want to tell me what happened?

..11
Do you really mean that? At present they may seem pretty repulsive creatures - have you perhaps had other unfortunate experiences which have been crystallised in this one incident?

..12
A lot of people may not understand, but many will. You must realise that rape is not a subject generally discussed and it can be upsetting to certain people. You will find that if you select your friends carefully, they should be able to sympathise with you and give you some support.

..13
Perhaps he is. It is a pity that adult men are unable to control themselves or have such peculiar tendencies. Do you not feel any anger towards the guy at all?

..14
Your mind is working through the rape again and again and this is being manifested in your dreams. Your desire to fight the "maniac killer" is what you wanted to do to your attacker - in your dreams do you actually fight him off?

..15
I am interested in you, more than that I am deeply concerned about you. What are you expecting me to do or say, and how am I disappointing you?

..16
If I make you a cup of coffee will you try to tell me what's bugging you? I'm here to listen to you, and I've got the time, but sitting here in silence isn't going to solve any problems.

CONTROL GROUP A

SUBJECT A1 - PRE-TEST

Response to stimulus expression 1

You are not being singled out and should realise that rape is very prevalent in our society today. It could happen to any one of us, so don't feel you are the only one victimised in this way. I can appreciate your feelings.

..2

Yes, I know that this must be the worst thing that has ever happened to you and I can appreciate your fears about the future. I also understand your feelings of horror at the time of the rape. Somehow we are going to have to talk and work together so that you can work through those fears about being in public.

..3

Sometimes sex is not what one wants or needs in particular circumstances or at particular times. I don't think you need feel ashamed of your feelings or those of your boyfriend who wanted to experiment. Understanding between the two of you re your needs and feelings needs to be communicated.

..4

No, I haven't ever been raped and I am sorry you have found me disinterested, and non-caring and that you feel we have not got anywhere in our discussions. I do want to help you, perhaps we could start again. I feel we need to spend a lot of time talking and listening to each other and I want to hear what you have to share. I know it will be painful for you to do so but let's try.

..5

Your guilt feelings are very real to you and regrets about what happened are inevitable as one closely examines the whole incident. We must though move on from here and not dwell on what should have or could have been. Let's see what we do now from here.

..6

I can see that you are extremely angry and I can understand that and it is O.K. Sure, he's a bastard and you feel and felt like attacking him. This is because your very 'person' has been violated and through this act of violence your sense of worth degraded. But now let's move on from this point.

..7

Yes, I know the police station and District Surgeon's office are not particularly reassuring places and it is not nice to feel like another impersonal object for examination. I know too how traumatic it all must have been for you, particularly the Dr's examination.

..8
Did you not try to ward him off by kicking perhaps? I can appreciate the gripping fear you experienced and yes it must have been very painful.
Have you had sexual relations before this experience.

..9
What do you feel yourself about sex outside marriage? If you feel you did the right thing because of your own feelings or standards you must stand by these not for the sake of your parents but because you feel it to be right. Conflict will result for a while and it is natural and it is natural that you would feel that you were being unfaithful.

..10
I'm glad you have found it easy to talk and share. I really do appreciate your openness and honesty. Yes, we don't blame the victim but try to help people like yourself to work through and cope with the whole experience.

..11
I can appreciate your present feelings about men. Could we perhaps talk about your first sexual experience as well and let's see if we can help you gain deeper and clearer insight into your feelings and attitudes as they have arisen through these events. I am sure having do so, ...

..12
Yes, it does seem an unsurmountable and intolerable burden to you at the moment and your feelings of embarrassment are understandable, but remember this is how you feel now - I can assure you that once we have worked through this together the outlook fo rthe future will be less negative.

..13
Yes, perhaps he should be talking to someone about it but he will probably not do this until he himself is aware of his own need for help, and then seeks it voluntarily.

..14
You have had a very frightening experience which has made a very deep impression on your mind, hence your equally frightening dream. You feel very stronglythat you could have prevented the act by overpowering the man.

..15
I am sorry you feel this way. Perhaps if we could begin again.

..16
I can see that you are distressed and feel that you are wanting to share and you are probably wondering what and how much to share and also if I can be trusted and if it is any use doing so anyway. Won't you tell me what happened?

SUBJECT A1 - POST-TEST

..1
You have been through a very traumatic experience and I can see that you are very angry. You are though, one of the many victims and we are all potential victimsof rape.

..2
Your feeling of fear is very real to you and also very understandable. You have had a tremendous shock and your wanting to withdraw from the world is quite understnadable at this stage. Let's talk a little more about the incident and see if we can help you over this stage of fear.

..3
Your feelings seem very real to you and it is quite natural for a girl not to want sex as you expressed on that occasion. Perhaps your boyfriend need to come to an understanding of your feelings. Did you share these with him at all?

..4
You feel that because I have not experienced rape I am unable to understand how you are feeling, don't care about you and am unable to help you in any way? I'm sorry you feel like that. Perhaps it would be a good thing to start again.

..5
It seems to me that you are feeling very bad and guilty about what happened. This is natural at this point but you need not remain in this state. I want to help you through and past this. Could you tell me what happened?

..6
You are very, very angry, aren't you? I know this is hard for you to understand your anger and just indignation. Don't be afraid to just carry on expressing how you feel at the moment.

..7
Yes, that couldn't have been a pleasant experience for you and I know such places are cold and impersonal. I'm sorry you were treated in this way. It is important though for you to have this examination straight away without delay.

..8
You were completely helpless in the situation weren't you? It must have been very frustrating. What happened next?

..9
Your upbringing seems to have made a great impression on you. Do you feel the same as them about sex outside marriage? You say your boyfriend thinks you have been unfaithful? .. Could you not have talked this out with him?

..10
I'm glad you feel Rape Crisis is providing a valuable service. No we don't blame the victim for we are all potential victims. We exist to help rape victims over this kind of crisis.

..11
Your first sexual experience was not, from what I gather from you, a mutually satisfying and pleasant one and it seems that all your relationships with men have been not very successful. I can therefore understand now about rape being the final straw.

..12
You seem very embarrassed and afraid of the opinions of others. Yes, I can understand that, but there is no need to blame yourself - it is not your fault. You have been unfortunate.

..13
Rape is an assault of hostility - the crime of seeking to injure the whole personhood of another. It is not a sexually directed act only. Yes, perhaps the rapist does need help. We are here to help you.

..14
Your dream seems to have been very realistic to you to remind you of that other occasion you spoke of. Would you tell me about that occasion when the man held you by the throat.

..15
You seem very angry and feel I have not been giving you my full attention. I'm sorry you feel like that. I do want to help you and would appreciate it if we would go back a little. Would you please tell me what happened?

..16
You seem a little nervous and very uncertain. Are you wondering how and where to begin. I expect you are also weighing up how much you should share with me and whether I am to be trusted. I want to help you. Please tell me what happened.

SUBJECT A2 - PRE-TEST

..1
Unfortunately you're the person this happened to - I know the police are looking for him and with luck will find him. You've been managing so well.

..2
I can understand your fear, my dear, it must have been terrifying - with time you will sort this out and understand that this was an isolated incident and that you need not be afraid of everything and every situation.

..3
I think it was probably the wrong time for him to want to make love to you - but he obviously cares about you and wanted to do what he thought best, though perhaps he should have talked about it to you more. Men feel very inadequate in this sort of situation.

..4
No I haven't been raped but I can most certainly appreciate what you've been through - I'm sorry I've been unable to convey my feelings to you because I'm really most interested and caring - shall we try again. Perhaps we're going about this the wrong way.

..5
You know when you're dealing with someone sick like a rapist. There is no right way of dealing with them. You were behaving in a perfectly normal way - in fact under the circumstances I think you were fantastic.

..6
Sure - it's good that you can feel anger, go ahead - scream if you want to.

..7
You know these guys are doing what they have to - they have to find the proof that you had been raped though I can imagine that at this sort of time it's the last thing you feel like - you handled it very well though.

..8
It must have been terrifying - thank heavens you didn't struggle - I think just by lying there you did the wisest thing.

..9
I'm sure you're boyfriend won't think that - for him too it's been a dreadful shock - but I know he cares about you - your family too will need to get used to the idea but basically they love you and believe in you.

..10
I'm glad you feel like that, that's why we're here.

..11
You know a lot of guys know nothing about sex and sexual responses - if you had any sort of feeling for him he was probably a reasonable chap with a lot to learn. You've got a boyfriend who cares for you and you for him - just give yourself a break and see what happens.

..12
Clearly you can decide who you want to tell - if you decide no-one need know - on the other hand its sometimes a great relief to talk - perhaps even to just a parent or good girl friend.

..13
Yes I'm sure you're right - perhaps if they catch him he could get some help.

..14
I think you may find you will have these sorts of dreams for a while - you've been through a very frightening experience and will need a while to settle down.

..15
I am interested in you - I've been sitting here with you for a couple of hours now - I looked at my watch only to check the time.

..16
You obviously don't feel like talking at the moment, you know you may feel a whole lot better talking to someone, but if you're not ready - I'll wait or I'll come again tomorrow

SUBJECT A2 - POST-TEST

..1
Unfortunately it happened to you - perhaps they'll catch him and then he'll have his problems.

..2
That's perfectly understandable, but you'll find as time (and I'm talking about days or weeks) goes by you will come to terms with this - no-one need know about it unless you want to tell them.

..3
I think that was probably a bit thoughtless upon his part - did you explain your feelings to him?

..4
No, I haven't been raped but I think I understand how you're feeling - I want very much to help you, but finally the help is going to have to come from you.

..5
I believe that there was nothing that you could do - that you didn't - in fact you behaved fantastically - you were dealing with someone who may have killed you.

..6
Sure he was a bastard - there was nothing you could do against someone with a knife.

..7
That examination was so that the District Surgeon could have some evidence - I'm sure it was distasteful at the time, but you can understand why.

..8
You certainly couldn't have done anything - you were wise not to try.

..9
This experience of yours can't be related to sex - it was a violent attack on your body - something you could do nothing to prevent. Your family and boyfriend will see that.

..10
I'm glad you feel like that, because we are on your side.

..11
Your sexual experience was obviously with a very inexperienced guy. That and this experience needn't colour your views. You obviously have a better relationship with your present boyfriend.

..12
You certainly don't have to tell anyone and no-one need know, but you may find it a relief to tell a close friend - anyway you don't need to decide that now.

..13
I agree - there should be help for the rapist too.

..14
You know you will probably have a number of these dreams - all related to your traumatic experience.

..15
We've been sitting here talking for several hours now, surely that indicates how interested I am - I'm afraid I must go now, but I'll ring tomorrow and we can arrange to meet again if you like.

..16
If you've said all you want to that's fine - I'll ring you tomorrow, but first I'll take you to your mother/boyfriend/friend if that's what you want.

SUBJECT A3 - PRE-TEST

..1
He will probably need quite a bit of time to come to terms with it himself. In the meantime we must concentrate on you, on your handling of the trauma - that is the most important thing. It is up to you to resolve things before we really bring him into it if he's reacting like this.

..2
You must know that is a completely understandable reaction. You will need time to adjust yourself to what happened - it is not irreversible, you won't always be feeling that. You will regain your former self over a time while we work on it. Don't be afraid of feeling how terrible it was.

..3
First of all the two of you should try to talk as much about it as you can. Because it is such a traumatic thing, neither you nor he can always act in the most rational way. Try not to be too upset with him, but to discuss exactly how you feel about it - both of you can reach more understanding for the other's feelings that way. You could appeal to him for warmth and support so that he is drawn into your situation.

..4
No, there is help. You must try to be positive about that because I want to help you, and there are other people who want to help you. We've tried to find out as much as we can, and we care very much about you. We certainly can't do everything for you and offer you an instant solution - you must draw on yourself to understand the situation, present the things inside you, and we will respond in every way we can.

..5
You must realise that there are a lot of attitudes connected with rape and sexuality which are not true. As a person you do not deserve such a thing ever - you are not to blame in any way for a crime of violence against you. It was not a personally-directed act; it could have been done to anybody by him, and was not a consequence of your actions in any way. It could have happened to anybody else, and it could have happened to you if you had acted completely differently, in the same way.

..6
You must be able to feel angry about it. It was a violation but it wasn't against you personally. You must work through this personal anger against him and it will be okay.

..7
Yes, it is the worst part of fixing things up afterwards. Try to see that people are now wanting to help you in every way possible and to see that all aspects are covered for the legal side afterwards. It's all for your safety.

..8
I think everyone will understand that you were helpless in that situation. There isn't anything you could have done at that stage.

..9
Your boyfriend will come to understand that you didn't let him down at all - you know it wasn't your fault, it wasn't something you chose or wanted. It can't be classed as sex outside of marriage; it was a violent act you had nothing to do with.

..10
I'm glad you feel positive about it. We'll be here all the time to support you, especially if you have difficulty with other people accepting the situation.

..11
It is unfortunate that you relate this to any sexual experience you've had; try to understand that men are also subject to a lot of actions imposed on them by our society; they may be as much victims as women in a situation like this. We must talk about it.

..12
Not everyone has to know about it. You know that you can talk to us, and maybe a few other people, about what happened. Don't be embarrassed with us because you are a victim of the situation, not in any way to blame for it, and we want to help you.

..13
Yes, you could say that what happened is the result of many hang-ups. If you feel that about the situation and realise that about the man, we will be able to work through it soon.

..14
It's awful to have these nightmares after the trauma - they do show what you feel about it, and the fear that has been a shock to your system. You will get over it.

..15
I know that you've very emotional about it now - that's O.K.; you know I'm here to help you, I wouldn't be here with you otherwise. The world hasn't stopped - everything is still functioning. I am listening to you; I want to help you to get calmer.

..16
Would you like to talk about some of the things you feel; I know you must be feeling pretty bad. Maybe I can help you feel a bit better.

SUBJECT A3 - POST-TEST

..1
He probably needs time to come to terms with it in a different way to you. We can both speak to him about it if it makes you feel better. The main thing is that you must resolve it for yourself first.

..2
The way you feel is quite natural after such an experience. You must know that you will get over this feeling of terror - you will be able to become your old self again. We just need some time.

..3
This was part of his reaction to the situation. I think we must talk to him about it - tell him how you feel, and discuss it with him. That will help both of you to come to terms with your immediate feelings.

..4
I am listening to you and of course I want to help. Not only me, there are other people who want to help as much as they can. Please talk about everything you feel - I'll try to understand. We need a lot of time.

..5
No-one deserves such a violation against them - it was not something directed against you or the way you acted at all. It would have happened between you whatever you had done.

..6
It's okay to feel so angry - it will help you to come to terms with it. Try to get rid of everything you feel.

..7
I wish I had been with you - we must go through these examinations to make sure you're out of danger medically. None of these things are directed at you personally. They are routine and will be over soon.

..8
No, you couldn't have done anything in that situation. We must work on your getting over the experience. The main thing is that you are physically okay now.

..9
We will try to help them understand that what happened had nothing to do with you at all. It wan't "sex outside marriage", it was an act of violence influcted by this man. Try to speak to your boyfriend about it - I will help where I can.

..10
I'm glad you feel so positive about it. We'll help as much as we can - we support you all the way and you'll be fine. Feel free to talk to us about anything.

..11
It's unfortunate that you relate this to your first sexual experience. We must talk about it; what happened didn't have a sexual motive. It can't be generally applied to all men. You feel that way exactly because your feelings weren't taken into consideration.

..12
We can talk about it now as much as you want to. Things will change over time; there is no cause for your embarrassment - it wasn't to do with you. I would like to see your family if you think it would help. I'm sure we can work through this.

..13
It's good for you to see it in this light - most people don't. I agree that he needs a lot of talking done. I'm sure you'll feel okay about it soon and we'll support you as much as we can.

..14
Your dreams are naturally part of your reactions to what happened. We can talk about them - perhaps they can help to clarify some things and help you to work out, or get over, this suffocating fear. Over a little time we can see how things change.

..15
Of course I care about what you're saying - I do. I'm sorry if you've misread my attitude. I can understand that you feel angry about a lot of things right now. If it makes you feel better we can talk about it some more, or maybe another time. I'm only here because I want to help.

..16
Do you want to tell me something about it - I' d like to help. Maybe some of the things you feel. We don't have to rush; I'be got lots of time. Maybe you want some tea first?

SUBJECT A4 - PRE-TEST

..1
I would say that I agree with what she's feeling and I would ask her what she wants todo about it. From there I would tell her what she can do about it - legally etc. Whatever she chose to do, even if I don't agree, I would support her.

..2
I would ask her why she feels she can't walk on the street. I would ask her why she thinks every man is a potential rapist. After she has delved into her reasons and articulated herself I would work from there. Basically, though, I would tell her I understand how she feels and I would ask her, again, what she wants to do about it and then tell her what I feel she can do about it.

..3
I would ask her why she felt dirty, diseased etc. (this I would do so as to try to work through her feelings and then direct them against the rapist and not herself). I would also ask her about her boyfriend and their relationship. I would try and establish from her responses how understanding (though I think he's not very understanding) her boyfriend is and I would tell her to bring her boyfriend in for counselling.

..4
I would say, Are you telling me that you feel that I am not understanding what you are saying and that I can not understand your experience because I haven't experienced it (by saying or repeating what she's said I feel I would be showing her indirectly that I am HEARING/LISTENING to what she's saying). When she answers in the affirmative - I would agree with her but I would add that I haven't been raped but I would like to help her, help herself, by listening to her and offering what advice I can offer her.

..13
I would ask her why she feels sorry for him? Why she feels he has hang-ups: Does a person who has hang-ups have the right to rape somebody because of them: This girl is trying to intellectualise it instead of coming to terms with her own true feelings - I would try to bring these feelings out..

..14
This girl is working through her crisis - she had a real life threatening experience and the best thing I feel to do here is to prompt her to carry on talking about it. Her dream I feel is what she would like to have done - 'fight back' - I would try to show her how she couldn't have, try to make her come to terms with it.

..15
She is directing her anger over the rape at me. I would ask her how she felt the rapist felt about her and in that way maybe she could channel that anger in the right direction. I would <u>not</u> try to justify myself. I would let her be angry.

..16
I would ask her how she's feeling? I would ask her how she feels about me. I would ask her how she feels about rape crisis. I would ask her how she feels about rape. I would ask her how she feels about rape crisis. This way I would get her to speak and vocalise her feelings.

<u>SUBJECT A4 - POST-TEST</u>

..1
Yes, it is unfair! What would you like to do about it? (Try and get her to talk it out).

..2
You feel frightened and scared. Do you think the rapist was like any well adjusted man? Etc. etc. (Try and get her to rationalise her own fears).

..3
I would try to get her to talk about her relationship with her boyfriend, and her ideas about an intimate relationship. I feel that I can not give her the answers. I can merely make her rationalise them for herself.

..4
You're angry and you feel helpless and hopeless. You also feel that because I haven't had the experience of being raped I can't help you. You are correct I haven't had the experience but I can help you help yourself (then I would latch onto the feelings of helplessness she has and try and get her to talk).

..5
I would ask her to tell me about the experience in detail. Then I would ask her how she feels about a woman as a consenting person - an individual with rights. From there I would try to make her see that what has happened is an act of intrusion on her rights as a person - I would again here try to direct her anger at the rapist and not herself.

..6
I strongly feel that anger is a very positive reaction (taking into account the individual) and I would agree with her all along. But I would not allow anger to be directed at herself. I would try to get her to see that she could not have done anything because of the knife. I would also direct her as to the actions she could take.

..7
My reaction would be sympathetic - I would tell her I understand her feelings. I would ask her to tell me how she thinks things could have been less depressing - in this way she would continue to vent her emotion and hopefully come to

..8
I think that this woman feels that she was totally inadequate to the situation - I would try to show her that in the face of physical pressure there was nothing more she could have done. I would also sympathise.

..9
I would ask her about her relationship with her boyfriend and whether she feels he has the right to consent to sexual intercourse. I would try to show her that she has had an act of violence done to her, NOT a sexual act, it was done without her consent and now what would she want to do about it. In a situation like this I would try to get the boyfriend and family in.

..10
I would ask her why it's good we don't blame the victim - hence she would articulate her feelings. I would try and direct her negative feelings towards the rapist.

..11
I would ask her about her sex life - this lady has obviously had a really unfeeling sex life up to now! I would ask her if she feels all men are unfeeling towards women etc. I would try to work it out, - what she specifically is angry about in men generally. I would try and show her that some men are kind and loving and how wrong and bad the rapist was.

..12
I would ask her why she is embarrassed. I would explain to her she's done nothing wrong. I would explain her rights as a person to consent etc. etc.

..5
I would ask her to talk about her relationship with this man and I would try to show her that she did nothing - something was done to her. I would also stress the point that a woman does not ask to be raped.

..6
I would not try and calm her down. I think the anger is essential. I would let her carry on and then I would talk to her and show her that I could have done nothing in such a life-threatening situation and I would try to work out with her what she was going to do next.

..7
I would be empathetic and tell her that she feels dirty and revolted by the affair and then I would tell her how necessary the examination was though it was obviously carried out so inhumanly. I would try to get her to come to terms with it.

..8
I would tell her that I realise and understand that she couldn't do anything. I would try to show her that whatever she did do was right for her and she could do no more.

..9
I would immediately start her talking about her relationship with her boyfriend and her families outlook on life. I would stress to her that sex is between two consenting parties, rape is not. This situation obviously needs some sex education.

..10
I would ask her to tell me why she thinks we don't blame the victim and slowly I would try to get her round to talking about the rape itself. I think she wants to.

..11
I would start talking to her about sex and how it should be a gratifying experience between two consenting parties. I would ask her if she's ever discussed her own needs and ideas etc. Again, this situation needs sex education as the victim has a:

a) unhappy view of sex
b) confusing sex/rape.

..12
I would ask her why she feels embarrassed. I would stress that she has had an act of violence committed against her, against her free choice.
(I feel that she must first come to terms with what has happened before one can cope with the attitudes of her friends, family, acquaintances - she must learn to cope and handle it).

..13
I'd ask her what sort of hangups she thinks the guy has. I would try to sway her emotions towards how she feels about herself. I think by talking about the rapist she is putting off talking about her own feelings.

..14
I would ask her if she felt she could have fought the rapist in real life. Obviously her dream depicts how she sees the rapist and what she would have liked to do. I would try to show her that the way she behaved was the best way and that she could do no more than she did.

..15
I would not stop her from getting angry but when she calmed down I would say to her "You're angry and you think I don't understand you. I am interested and I want to understand you!" Then I would try to get her to transfer that anger from me to the rapist

..16
I would say, "You're feeling uncomfortable and unhappy". From this point she could go on to say 'yes' or 'no' and elaborate only from there, - could I get her to talk about her experience.

SUBJECT A5 - PRE-TEST

..1
Your fear is really understandable - it'll take a while before you feel more at ease and ready to go out. It happens if one is assaulted in any way - theft, housebreak etc. I guess you can feel lucky that no real permanent damage was done.

..2
You're right - it is traumatic but right now there's little that we can do about putting him in jail if we can't find him. I know that you feel victimised t remember that I accept your story even if it appears that everyone else questions your account.

..3
Your feeling unclean is understandable but not really a true reflection of your physical state. Once you've bathed, had a V.D. prophylaxis shot you are not unclean. However, you're boyfriend should have waited a while before wanting to have sex with you because that's probably the last thing you want right now. I think I'd like to speak to him if I could. He probably needs some support as well.

..4
I might not have been raped myself, but I really feel with you and understand how you feel. I'm sorry if it seems that I don't care, but I do care and thought that maybe if you talk things over to someone who knows about rape, you might find some comfort in yourself. I accept that you feel bewildered and angry and feel no-one can help you.

..5
Rape occurs when a person does not consent to sexual intercourse. You did not consent and the fault lies with the rapist, not you. He probably planned it ahead of time and was manipulating you into the situation. You did not ask for it.

..6
He really is a bastard! Thank goodness you didn't hit him back otherwise you would probably be badly injured now.

..7
I know - you probably felt like a victim all over again. Try not to feel your disgust all over again. It makes me so angry when the police or district surgeon are so insensitive and unsupportive.

..8
Of course you couldn't do anything - I mean being raped is at least better than getting killed.

..9
You must remember that you did not have anything to do with rape - you were the victim. Tru to see it as physical assault with sexual intercourse as the means of attack.

..10
I'm happy that you do not blame yourself for the rape. Obviously one must be careful and aware of rape, and Rape Crisis tries to educate people about rape.

..11
It sounds like you've had many bad experiences with sex and men. There <u>are</u> some good experiences possible although right now you can't imagine it. Maybe if you become more aware of what behaviour and situations bring about such bad experiences, you could avoid these and have more satisfactory experiences.

..12
You don't have to tell anyone if you don't want to but it's probably better if you tell one or 2 close friends so that you can give vent to your feelings at times. If you have a boyfriend you should probably tell him so that he can understand when you feel down.

..13
Most rapists are not mentally ill but have certain attitudes towards women which society reinforces. His way of expressing his anger is to use his sexual power to victimise the woman. Most men have little understanding of this and it would be really good if they could change or understand their motives.

..14
You are probably reliving the fear that you felt when the rapist was threatening your life and raped you. It's not easy to forget such a physical threat but it does not mean it will happen again.

..15
I glanced at my watch to see what the time was. I am listening to you and really do care. Maybe you feel angry with me because you really can't feel angry with the rapist or police or doctor or family.

..16
(I took this as being the beginning of an interview)
Would you like to tell me what happened?

SUBJECT A5 - POST-TEST

..1
It's really unfortunate/shit - but I guess the police have their hands tied until the court case. Meanwhile - try to keep yourself together and try not to feel threatened by his being 'lose'.

..2
It's understandable how you feel - it'll take a while for you to feel relaxed about moving around. I suppose you're relatively luckly that you weren't killed.

..3
Your boyfriend is absolutely unaware of the effect the rape has had on you. Obviously at first you will feel unable to have sex - as far as being unclearn etc. - its one of those myths that people believe. How do you feel?

..4
I really do feel with you - even though I might not have been raped. I understand that you feel alone, helpless and desperate, but try talking about what you have experienced, what you are feeling.

..5
You did not ask to be raped - he manipulated you into a situation, used you - had you been less friendly he would have used more force and still got his way.

..6
What else could you have done? Had you done anything he would have injured you. What would you like to do to him now?

..7
The police are incredibly unsympathetic mostly - I guess they made you feel a victim all over again. It's really shit/ unfortunate to have to go through all these emotionally and physically painful experiences again.

..8
You really did what you could! He really used his physical power in order to gain control. It must have been frightening and frustrating for you.

..9
Do you feel sex is worth than death? Share your feelings about sex before marriage with me? Remember that you had no choice - if you had something stolen from you, no-one would blame you for its loss.

..10
I'm pleased you do not feel guilt about your rape and that you feel positively about what Rape Crisis has done. We do not only counsel victims but are also involved in public education. Interested?

..11
I guess you've had mostly pretty bad experiences with men. It's understandable that you feel that way at the moment. As time passes, this repulsion may fade. Perhaps you should share with me some of your relationships/attitudes about men and women in society.

..12
It's probably unwise and unnecessary to tell everyone you know about the rape. However - it might be beneficial/ easier if you tell one or two close friends. How do you feel others will see you now?

..13
Most rapists do not have anything organically wrong with them. It's more a process of socialisation that has caused attitudes towards women/rape to evolve. It would be amazing if men could have people to speak to about this.
What kind of facility would you like for them?

..14
How would you like to fight him? Do you feel he will come again? You will probably have nightmares for some time.

..15
I'm sorry if I seem aloof and uninvolved - you must feel I don't care. Your anger is probably directed at me instead of the real person you're angry at. Who else are you angry with? Express your anger.

..16
Would you like to tell me what happened?

Who were you with?
Where was it? etc.

SUBJECT A6 - PRE-TEST

..1
I know - it does seem like that - and it is horrible, but try to fight that and concentrate on getting over it, otherwise I know it just becomes worse. You have to fight against it.

..2
(I cannot really think what to say in this situation, because I would feel like saying that, I know, I can understand this feeling of terror, and it makes me so angry to know of that - to know that she is one of so many women who feel fear to walk alone or go out places - my reaction would be an angry one and I do not think that it would be appropriate - therefore I would not really know what to say).

..3
Firstly, you must really try to get rid of this feeling of being unclean or diseased - I know why you feel this, but try to understand that it has nothing to do with what sort of person you are (and it does not affect what type of person you are now) (acceptable or repulsive) and that you were raped - except that you as a woman are vulnerable and it is understandable that you did not feel like making love to your boyfriend, then or now, this is a perfectly natural reaction. Have you spoken to him about this since that evening?

..4
I too have felt that we are not communicating very well, I really do want to help you, I feel angry at what has happened to you, I feel sad at being inadequate to you - for this must make things worse. I don't really like this atmosphere either, I don't think it helps either of us much. Maybe we could go somewhere else together, ...

(actually I really wouldn't know what to say - would feel completely inadequate and with very good reason).

..5
Would you feel that it was your fault and someone came up to you on the street and beat you up? No, it's not your fault if someone imposes himself on you violently - is it a dead person's fault that they got murdered - would you say about a murdered person that they got what they deserved? I don't think so, so you must try not to remotely think of it as having anything to do with "your fault".

..6
For sure he's a bastard.
(I would respond with a very angry response, fully agreeing with her - fuelling her anger - I feel it is far better for her to feel her anger than self guilt, depression or whatever).

..7
I know - it is horrible and disgusting - you know that these things have to be gone through for your own protection in terms of pregnancy etc. And you will come across more of the same things that you experienced in the police station - but the physical intrusion of the surgeon is finished with.

..8
Mmm, it is a very horrible experience you have had ..

..9
How can your boyfriend feel you have let him down, you must talk to him about it, explain things to him as you are beginning to understand them. About your family, do you think you will be able to talk to them about it? Your mother for example?

..10
I'm happy if we are able to help you - and of course we don't blame the victim - it is nothing in you which prompts being raped except that you are a woman.

..11
You will have to see men no doubt, every day really - but I can understand your not wanting to be with them, sexually or otherwise. Could you maybe tell me more about your first sexual experience? How did you feel about it, about the man?

..12
What do you feel embarrassed about? Try to tell me <u>what</u> it is that you feel would embarrass you, and why it would?

..13
Did you know that there is approximately one rape per 2 minutes in this country. That is an incredible amount of men who must have hang-ups, or be disturbed? Don't you think? ... ? ...

..14
Have you had many nightmares previous to this incident? Have they been vivid ones? (pathetic way of avoiding answering immediately ...)

..15
(Hopefully I would never be in a situation like that - what can one possible say - I'm sorry I'm not interested, I didn't mean to look at my watch ...)

..16
What are you feeling - what do you want to say? Do you want to say anything? Do you want to shout at me? or what - do you want - I'm here for that.

SUBJECT A6 - POST-TEST

..1
This is what we, you and I, will have to talk about.
It isn't fair, I also feel that, and it doesn't matter to feel that, so we will try to work it out ...

..2
I can understand that - it is a terrible thing that has happened to you and I can understand your fears now. Do you feel angry that you have to feel this fear?

..3
You mustn't feel unclearn or diseased - it is not you who should feel so. It is natural for you to want to be rid of that man. It is also natural for you to feel you don't want to make love to your boyfriend for a while - it is not necessary to do so. Have you spoken to him about what he thinks?

..4
I can see you are feeling that, and I'm very sorry that it has happened. I am finding it difficult to communicate with you for the same reasons - I am trying, and I know I may be inadequate as I haven't been raped - but the reason I am talking to you is because of how I feel about rape.

..5
You must never, never feel guilty about it. Who was raped? It was you - it wasn't him. If you were murdered do you think anyone (your father?) would say, 'she got what she deserved?'
(Maybe a little violent?)

..6
He is a fucking bastard - who did he think he was. I feel angry also just hearing about it. You were right to want to punch him.

..7
I know it is disgusting and most of these policemen and doctors are not the pleasantest of people. However, it is a good thing that you went through that, because at least you, now, have a case, and maybe something will get done.

..8
You must try not to think about what you could or could not have done. You reacted as best you could, and were unprepared for what happened.

..9
You let your boyfriend down?!!! How can you expect to have any say in the matter when you see what happened. It was nothing to do with anything you might have done - it was imposed on you by someone else. Have you spoken to, maybe, your mother about it?

..10
The reason that we don't blame the victim is because it is COMPLETELY impossible to do so. People don't blame victims of muggings/murder etc. How can you possibly blame the victim of a rape?

..11
Have you always hated men? What is it in them that you feel you hate - maybe it is just since your experience that you feel this - maybe you could tell me.

..12
You must not feel embarrassed. Why will you feel embarrassed? - it happened to you not because of you. Do you feel you would like to talk and explain about it to your family and friends? There is nothing to be embarrassed about at all - do you think there is?

..13
I can understand you feeling that for him, and maybe he has got hang-ups. Did you know that there is one rape every 2 minutes in S.A.? That's a lot of hang-ups.

..14
It is natural for your fear, and the fear you have felt, to express itself in this way. Hopefully when we have talked about it more, you will get rid of these fears and nightmares. Have you had any other vivid dreams lately?

..15
(Hopefully I would not even attempt to counsel someone if that was the way I appeared to them).

..16
I would start talking - recount an experience of mine - in some way connected - and attempt in this way to get a verbal response from her - Maybe completely wrong, but -?

SUBJECT A7 - PRE-TEST

..1
O.K. he's out there. You're here - you'be a RIGHT to be angry, to feel as you are ....

..2
Well, listen - it's happened. You just can't afford to feel that you can't go out. It's your world just as much as anyone else's - and you are O.K. ... See it perhaps like it was a bad moment and now you've got to stand up to it.

..3
I think you should actually really talk to your boyfriend about your feelings about relating to him sexually after the rape - be as open about it as you can. Don't be afraid to

..3 (continued)

show your feelings - anger, hurt.
As for feeling "unclean" - ja, we all feel something of us has been trampled/taken away when our own private space has been invaded.

..4
If you really feel that you are getting nothing out of us being here please feel free to move but we will be here and in any way we can, we want to help.

..5
First of all, please, in no way has it been your fault. It was a situation where you have been taken advantage of - it should be any woman's prerogative to have a relationship with who she wants and when - just as it is a man's - its just that society is so screwed up to always put the blame on the woman - we are people. You are a person and in no way should you feel to blame for what has happened.

..6
Ja, from what you say, he is one for sure! It makes me angry too ... you've a right to feel angry ... its just sick isn't it that someone can just suddenly pull out a knife and intimidate you like that.

..7
I have to say this - but these steps in our present law are necessary and whatever happens, unfortunately proof - medical and physical must be got together. It is for your own livelihood too, infections, etc.

..8
Well, if that happened to me I wouldn't know what to do - it must be the most terrifying thing to happen - you must be brave.

..9
Well, it was in no way your fault. You didn't bring about it yourself so it shouldn't affect whether your faithful or not .. talk to your boyfriend about it.

..10
And that's how it should be in the whole of society. We're a group of people who feel we need to change these people's weird ideas and that's why we're here. We're women, you're a woman.

..11
It's not really men who are the monsters but the way they're brought up - from when they're very young, they're brought up separately from women ... they get some strange ideas about women and relating to them and having sex.

..12
What they think isn't important. You'll find a lot of people will be embarrassed about it themselves. They've been brought up never to handle it .. its you thats important.

..13
It is a problem you know but a problem that's just so huge .. he probably doesn't feel he has any problems but ... ja, it is just weird.

..14
What do you think it means?
Have you had any further dreams? Tell me.

..15
Please listen ... I am interested. I do want to be of all the help I can. I am sorry if I don't appear to be but I am.

..16
Would you like to say anything about what happened? How are you feeling about it? (if no answer): You know .. I know it can be very difficult to talk just off the cuff like that. Its happened to me too.

SUBJECT A7 - POST-TEST

..1
It's really hard on you, I know it must be terrible for you but try to forget about him for the moment - you're the important one.

..2
It is terrible, no-one will deny that but at least you're O.K., you haven't been bodily injured or anything. Perhaps try to see it as an attack, a mugging ... and try to forget it.

..3
Your boyfriend evidently didn't really understand what its really meant to you - or actually what rape is ....

..4
(Well, I'd try not to answer too glibly with expressions like "I AM trying" ... "I'm sorry" but with something to reassure/reaffirm e.g. ...)

..5
First of all, it wasn't really your fault - do you think you really deserved something like this? Would you deserve being attacked unjustifiably by another person? There're many myths going around about rape.

..6
(I'd keep silent - let her express her anger and then say something like: Let yourself be angry - its justified.

..7
Ja, they don't help at all, do they? Unfortunately in our society our legal system you have to go through all that so that they can get the necessary evidence but I think, its just too heavy they way they do it ...

..8
It must've been terrifying .. really awful but it sounds as though you did you acted the only way you could have.

..9
Don't feel any blame ... just think what happened to you was it anything near to what you may feel is sex, making love .. what you had was probably closer to a violent attack ...

..10
Well ... thanks - its great to hear that you're feeling we are helping you - but really we shouldn't be here - it should be everyone's attitude ...

..11
Hmmm .. just try to see its not all men that are out there to hurt you ... there are men who are sensitive. Its just that society, the way they're brought up, stereotypes etc. that stamp that sensitivity right out of them.

..12
You don't have to tell anybody if you don't want to but it'll help to discuss it with people who understand rape and for you to understand why it happened to you ... and why you're not to blame.

..13
Absolutely! I couldn't agree with you more ... and there are plenty of people who need help concerning their problems of relating to people.

..14
What do you think it means?
(Wait for her to answer ... prompt, try to guide her, help her to articulate her feelings about it).
What fear?

..15
(I'd wait till she finished - then try and reaffirm interest but not glibly ... i.e. be silent and then say something, e.g. "I'm sorry if I gave the impression just now that I wasn't involved ... I am sorry.

..16
(Perhaps I'd smile in a reassuring way and ask:) "Would you like to tell me what happened? Is there anything that you may want to ask me that I could perhaps help you with?"

SUBJECT A8 - PRE-TEST

..1
Perhaps the trauma is necessary to you at the moment. Its important to realise firstly that you would like a better time; that firstly you have to sort out what is preventing or blocking you from enjoying yourself.

..2
I can understand fear. You're feeling frightened of being out of control; perhaps you feel vulnerable and exposed and this is affecting your everyday life, that which is usually ordinary becomes sinister and threatening. What do you think is the base of your fear? Is the outside world threatening or are there shadows lurking in your own mind?

..3
Did you tell him you didn't feel like sex? It is possible that he felt unsure of himself. He needed to reassert his own feelings of sexuality to know if you still were the same. His own impotence perhaps was worrying him; he didn't know where he stood in relation to you. Perhaps your attitude has changed towards sex.

..4
Ultimately all the decisions you make to get out of the helplessness you feel must come from you. I will listen and will try to understand. I do think that you must try to help yourself. It's the best way to regain a sense of self worth then you'll have the inner strength to carry on. I want to help you get yourself feeling better towards yourself then you might realise I care if you care for yourself.

..5
You should not blame yourself - you'll realise how you've coped so far and where you do need help. There are many outside forces over which we have no control and cannot help being bogged down and overwhelmed. We don't deserve these pressures they mount up because we can't cope with reality all at once.

..6
Yes I agree. Violence is ugly and when your life was threatened you could not show your anger. Instead you feel humiliated and helpless but I think you could only cope with that life threatening situation as you did. You could not have done otherwise you were in great danger of being violently attacked.

..7
Its almost as if your inner sense of worth is being violated either physically or psychologically. However you did have to go through with police formality and perhaps you know now how to handle yourself later when you have to deal with a court case.

..8
Your hurt should be looked into because the physical hurt you felt may not be so bad as the psychological hurt.

..9
You had little control over the rape. You were not being unfaithful. Your boyfriend should be supportive perhaps his reaction is still worrying you. He felt he needed reassurance instead of giving it to you.

..10
Many of us at Rape Crisis have been through similar experiences which we share. Guilt and shame have got us nowhere Rather we show support and encourage each other, especially to counsel without prejudice and learning to listen.

..11
You probably are not sure of your feelings of trust towards other people. Trust is so important in relationships and a relationship with a man need not imply having sex with him.

..12
You must not think of rape as being dirty. You must regain control over your life and relationships and I'm sure you'll find that close friends will understand what trauma you are going through. Perhaps in time talking will feel more appropriate.

..13
Rape occurs too often. I believe that men rape women for different reasons but power and anger are the main reasons. Socialization must change rapidly within our patriarchal society.

..14
Perhaps your subconscious is dealing with the assault better than you realise. You are reliving a similar situation when others are attacked and you approach your own attacker but this time in control of yourself and the situation.

..15
You will learn to stand on your own feet. I am not you and life does carry on by. I am really concerned and think perhaps that you're taking your aggression out on me.

..16
The immediate way of coping with the here and now needs much courage. You have expressed many fears and anxieties and by letting it out of your system you are starting to make

..16 - continued
a clean break and will learn how to get back into normal life.

SUBJECT A8 - POST-TEST

..1
You learn from all the experiences you haveWhen you can objectify the trauma you'll have gained more insight into yourself. Life is not fun all the time.

..2
Fear can be very immobilising. Suspicions make one feel paranoid and distrustful. Your fear is very real and you must learn to control the emotion before it will subside. Perhaps you could make a point of stopping yourself and just relaxing for a few moments.

..3
It was rather egocentric of your boyfriend to put his own inadequacies before your own feelings about sex. You could have been more assertive about refusing but your negative feelings about yourself would have perhaps worstened.

..4
You're here because you were raped, not I. I do care about how you feel but you must accept responsibility for yourselfand then you'll eventually be able to get yourself through this trauma. I can help clarify disturbing fears and offer explanations or ways of helping yourself.

..5
What else would you have done? You can't blame yourself for what has already happened. No matter how unfortunate Your father has also not been raped! You shouldn't bring youtself down over 'if onlys'. They only make you feel more frustrated and helpless.

..6
How can we make your anger positive to share with others who also feel they face traumas. It I had to fight a man with a knife I'm sure fear would have blunted all anger and left me frustrated.

..7
Yes they certainly leave one feeling even more helpless, alone and angry. Many people have to go through similar ordeals when it comes to the police.

..8
You did what was best for you in that dangerous situation. By keeping still you saved your life and that is doing something.

..9
I'm sure your father will understand. Some ideas about sex before marriage are very stern and some very antiquated. As long as you have worked out your own moral stand you shouldn't worry.

..10
The victim often doesn't have any control over her life when she is raped. Many of us have been through similar experiences and we have wanted to share out anger and fears and help each other. That's why we have organised ourselves.

..11
I can understand your feelings and distrust but you will have to face men often in your work and social life. Ignoring their existence doesn't mean rape occurs any less often either. Rather learn to cope with the fears you feel now and understand them. Then try to work through them.

..12
People can be very sensitive and understanding. If you do feel a need to speak to someone do so. Don't ever feel ashamed that you were raped. You saved your life and now will face reality again without feeling embarrassed.

..13
I quite agree. Men often feel that they have to prove their worth; have to gain power over someone else to better their own egos. Surely that is no way to gain self development as a person.

..14
Your unconscious probably still needs to be expressed in many ways. Your fear and anger is probably being suppressed and dreaming is the way of telling the mind that these emotions are still existing.

..15
I'm trying to listen to you. Thats why I'm here and am pleased with your honesty and perhaps I cannot tune in to what you are saying without my own interpretations. I really can help if you think you can help by telling me how you feel.

..16
I hope that I will see you soon to find out how you do feel. You have expressed your fear, and anger and have also been quite objective about your trauma. Perhaps over the next few days you can remember more dreams and tell me about the situations where you dealt with your terror and overcame it perhaps by expressing your anger.

SUBJECT A9 - PRE-TEST

..1
Yes, I know you must feel its unfair to be the victim of this situation, particularly as you have been badly frightened and upset by the whole experience. I understand how terrible you must be feeling right now, would you like to share some of these feelings, or don't you want to talk about it right now?

..2
It's very understandable that you are feeling scared to go out into the street, or do anything alone after such a threatening and frightening experience. But I do feel that once we have worked through this together, you will be able to regain your former confidence. Of course, it takes time to work it out and regain your confidence, and trust in men in particular, but it will have if you feel you want it to.

..3
It's very natural to feel unclean after you have been so personally infringed upon, especially when you can still feel the physical effects of the attack - sperm and so on. I completely understand how you didn't want to be touched by anyone, especially someone like your boyfriend with whom you do have sex, under very different circumstances. I don't blame you for feeling angry at his attitude towards you, but I think that you can see him as a victim too in this regard - a victim of societies ideas about rape and women (who may be seen as men's possessions in a way) who get raped. He must feel that in some way he too has been violated, and he wants to see if he can still relate to you in some way - unfortunately not the best way for you in these circumstances.

..4
I'm sorry if I don't seem to be coming across all that well, there seems to be a barrier that I am unable to break down here. I realise that you feel that I am not "qualified" in a sense, because I haven't personally been raped, but I do feel that it is not absolutely necessary to have had exactly the same experiences to empathise with someone like you. Perhaps you would feel more comfortable talking to someone else; just because we don't seem to be able to talk about it all that well doesn't mean that nobody will be able to help you. I don't feel /think you should feel so desperate and alone just because I haven't been able to be of much help, I can get someone else for you to talk to, with whom you will probably feel a greater bond. Its understandable that you don't feel able to reach other people right now - it will happen with time and talking about it.

..5
I don't think that you need blame yourself for anything that has happened to you - you don't <u>deserve</u> to be raped, no-one does. I dont think that you should feel guilty for doing

..5 - continued
what you did, you have just as much a right to live and do things as you please as anyone else. 'Society' still seems to have this idea that people who don't conform and confine themselves to <u>its</u> limits deserve to be punished. Your father, however much you must love him, probably subscribes to this idea, as a great many men and women do ... These old attitudes die hard, and you'll hear it a lot, but whatever it said, you don't need to take the blame or feel guilty.

..6
You are right to be angry - of course he had no right to do what he did. I think that it is very good that you are expressing your anger, getting it all out. You probably feel much better for it. No-one has the right to make you go through something like this, rape is a terrible experience and you should be extremely angry at this man.

..7
Many women feel that the police and doctors are not nearly sympathetic enough to the victim - again, I feel, due to ignorance about women and rape. Many women also feel that the examination is like being raped all over again, but one has to realise that if this examination wasn't done, you wouldn't be able to substantiate your claim in court, without this evidence.

..8
God, that must have been terrible, you must have been terrified - and of course have felt absolutely helpless. I think that you have handled it all very well.

..9
I think it's a pity that your family thinks like this, because you need as much support as you can get right now. But as long as you can remember that you are not responsible for what happened, that it is not your fault, and that you are a victim of all this, not the cause, it will help.

..10
Yes, it does sometimes help to talk to someone you don't know, especially if that person isn't going to blame you or judge you badly. I'm very pleased that you feel that you can talk to me, and that I (and Rape Crisis) have been of some help to you. Talking about this is the best way to work it through.

..11
Many women have had bad first sexual experiences - men are usually just as ignorant about it all as women. And, of course, men are encouraged to get as much as they can, and feelings about the woman are often secondary to it all. I can understand your anger towards men, especially as this seems to have confirmed any bad feelings and experiences

..11 - continued
you've ever had with men. But I don't think you should let this colour your attitude completely. ... It'll be hard, but you can work through it, and maybe change your mind once you allow better experiences to happen.

..12
Yes, people often have very ignorant ideas about rape, and they will perhaps tend to blame you. But, you mustn't feel guilty or ashamed even if this is the encouraged attitude around you. It will take a while, but people will accept you again, and it all dies down.

..13
Of course he should, rapists rape out of a variety of reasons - low self esteem, a need to avenge 'womanhood' that has perhaps rejected him in the past, the need to build up his ego by degrading and making another human being victim - all this is a definite case for therapy for the rapist.

..14
It's natural to dream about this experience, in different forms and content - one can see it very simply as your unconscious working things out. One can't expect to forget such a frightening experience just like that, and you will probably dream about it again - but it is a dream.

..15
I'm sure you feel mad at me for seeming to not be interested in you. I would also be angry in your position. Unfortunately, even though I <u>am</u> interested and have been listening, I do have other interests, other people to help - that's why I was looking at my watch. But we can meet again, and I will continue to listen to you, and try to help you as best I can.

..16
You don't seem to be feeling very comfortable, or able to talk right now. Do you think you could share what you are feeling with me - or would you rather not speak about it right now. I know you must be feeling a bit strange here, but Ill do my best to talk to you about anything you want to talk about. Or not talk, of course.

<u>SUBJECT A9 - POST-TEST</u>

..1
Yes, it is unfair that you have to be doubly victimised - first your terrible experience, and now society's prejudices against rape victims.

..2
It's only natural to feel frightened, having gone through such a devastating experience. But I can assure you that

..2 - continued

with time, you'll be able to conquer that fear - and begin to live a normal life again. It will take time, but things will slowly come right - you will 'live' again.

..3

It's perfectly understandable to feel 'dirty' in the way you describe it. You have been subjected to a very intimate form of assault, you would naturally feel violated. One can also understand your boyfriend's insecurity and feelings in general, although they may seem totally unreasonable right now.

..4

I'm sorry if I have appeared to be uninvolved or unable to share your experience. It's natural to feel alone and unable to be touched by anyone. I do feel I can understand and empathise with you even though I haven't been through this myself. Perhaps someone else can help you better than me.

..5

You mustn't blame yourself for what happened. Nobody, but nobody, no matter what anyone says, deserves to be raped, to be degraded and humiliated just because you happened to be in a particular place at a particular time. You did the right thing in the circumstances, and you have no need to feel guilty.

..6

You are right to be angry, nobody has any right to rape someone - to degrade and humiliate another person in this way. You should be angry.

..7

Yes, many people feel that the reporting of the rape and the doctor's examination is like being raped again. But it is to your advantage, however unpleasant, for without all this you will not be able to get an abortion if pregnant. And the examination safeguards against V.D.

..8

There must be a lot of pain involved - and it will take a while to forget this experience, but things will eventually return to normal.

..9

I don't think you should think of yourself as being unfaithful. I think your boyfriend will be able to understand what happened and how you feel - even if not initially. I think your parents religious beliefs may be a problem, but only if they don't use their religion to help you through this experience.

..10
Yes, it is often easier to talk to a stranger, particularly one who is part of an organisation specifically geared to helping the victim, understanding what rape is and so on. I'm glad you feel that we are able to be of some help.

..11
It's natural to feel very anti- men and to reject them as a whole. But I feel that after a while you will be able to form relationships with men, to see that they're not all bad, and to enjoy sex again. It takes time, and also work on your feelings.

..12
People can be very ignorant and therefore not understanding, particularly about rape since there are so many myths and taboos surrounding the subject. But I'm sure there will be able to be some people you will be able to talk to who won't judge and will help you.

..13
Of course he should; rapists are emotionally disturbed people, though not necessarily insane or otherwise socially inacceptable.

..14
It's natural to dream about a terrible experience, its part of your unconscious, the fears and feelings you experienced won't just vanish. It's probably better to 'dream it out of your system' in a way - work through the issue.

..15
I understand that you feel hurt by my looking at my watch. But this action don't mean that I'm not interested or not listening. I have other people, like yourself, and one has to accept that this is a limited session. I can of course speak to you on other occasions.

..16
Do you feel like speaking about anything right now? You don't seem to be feeling very comfortable right now. If you don't want to say anything, that's fine with me. I'll be here, just tell me when or if you're ready. I know how hard it must be for you to speak to me about this terrible experience, but go ahead if you feel ready.

CONTROL GROUP B

SUBJECT B1 - PRE-TEST

..1
Yes ... (preferably I would be silent)
Can you describe the 'trauma' - how you feel? What you feel?

..2
Can you remember having experienced any terror or such fear of being attacked which approximates to this, before? Any vaguely similar situation at any time?

..3
Yes, I understand. You needed touching and holding and to be told that you were still whole, not contaminated, or to feel trusted.

..4
Perhaps you are afraid of feeling that I am here, listening and feeling what you say. So, the world seems empty and bleak, without warmth?

..5
Can you describe how you first met him? How did you feel yourself responding to him? Just try and think yourself back, as you felt, to the start of your relationship with him. What did he mean to you?

..6
(Silence) Of course you are angry; you felt unacknowledged, unknown, dumb? Helpless?

..7
You must have felt very frightened or sick, again unacknowledged as a person with responses, feelings. 'Having something stuck into you again'makes one feel your experience.

..8
You felt very powerless, and very angry and powerless to express your anger, and to stop him?

..9
Yes. How did you feel or think about sex when you were a child? What was it to you? Did your parents have each other sexually in their marriage, before (in front) of you?

..10
So you feel more whole, stronger, coming here to see me. Cleansed? I'm glad.

..11
What is the first thing you associate with the word "men"? Can you just try to think of that word "men" or "man" - and the picture it evokes?

..12
I hear you telling me

..13
Would you feel able to talk to him (hypothetically) or do you think it should be in the kind of relationship we have? What do you think are his hang-ups? Why rape?

..14
How did you feel about the fight you were going to have with him? That he would slit your throat? Perhaps the knife is also his penis which cut you open, brutally, without thought.

..15
Have you ever had this feeling of impotence before? That you are trying and trying to make someone feel what you are saying and they are only pretending to be interested? or not even pretending? You are unreal?

..16
I think that you are angry with me. You are trying to tell me something but find it difficult, you want me to "read" your movements. What are you thinking of now, wanting?

SUBJECT B1 - POST-TEST

..1
Maybe he's going through one as well although you can't possibly know about it.

..2
Yes, it has given you a new feeling of vulnerability and powerlessness.

..3
You must have felt very alone that night, and as if things couldn't be resolved and had taken a new turn. How is it now? Did that feeling of contamination go away?

..4
I feel I can help you. It takes a long time to make it real, me real, you real. It's painful to do that - make yourself real - as well, It's painful for me also to be real.

..5
(Silence) It's painful to feel you do deserve such abuse. Your father didn't understand.

..6
Yes, he had no right to - yet he did - make you powerless for his own ends.

..7
I can imagine how you felt and how painful it was to be with strangers who thought of you as a 'case' but that is also a necessary procedure.

..8
You felt how powerless and fragile you were - and were afraid of death?

..9
But rape is not a choosen sex - the issue of your relationship with your boyfriend and your family is different from that of rape.

..10
I am glad that you feel I trust you. Rape Crisis has also trained people to 'counsel' and people you know might be invited to accept it.

..11
I think that you should try to separate that boy and your rape from your other experiences of other men.

..12
We must try and see what you were ashamed of, perhaps you feel that is was your fault?

..13
So he's becoming more real to you now? or have you always felt a part of you - like that towards him. I feel that you are finding this useful and that you feel you too have hang ups.

..14
That was a very real expression of how the rape felt to you, I think.

..15
(Silence) I think you are angry with me because you feel I cannot relate to and basically don't care about what you went through. You must make the choice also of whether - to go on believing that or to have some hope/faith.

..16
Why don't we try and sort out what you are feeling now towards me.

SUBJECT B2 PRE-TEST

..1
Have you told him about your feelings yet?
You seem to have a gap in

..2
Do you think your feelings will change over time, can you see them changing? Can you separate, or distinguish between your feelings of anger and fear?

..3
I think it must have been a terrible realisation to understand how much it was his need to see if he could "make love" to you - how much at the mercy of "his need" you were, and that perhaps you were only the

..4
I understand your feelings, I know I have never been raped, but I do think that there are many things that I can understand - just through the fact of being a woman. I cannot actively help you do anything other than help you straighten out your thoughts about the experience.

..5
Now, the first thing I think is to try to forget what your father said, that's important to this issue, although I sympathise with the appearance of that "kind of saying" in your thoughts. Perhaps, also you will not find the answer to those questions, you acted as you felt right, I presume, in the beginning.

..6
- Quietness - for a long time.
Have you felt able to express this kind of anger up to now? To me it is a good thing to simply feel your rage, and impotence against

..7
Yes I can imagine how awful it must have been, that sudden re-experiencing of men, probably, and officialdom, that kind of relegation of your experience.

..8
Was your immediate feeling fear - <u>all</u> the time or could you have felt anger mixed with fear?

..9
I think that you should try not to worry about whether you could be seen as being unfaithful - that is the kind of ambivalence that is always been <u>put</u> <u>onto</u> women. This was an immediate and brutal act.

..10
I'm so glad you feel that, and that you do not, or you have no ambivalent feelings about who is to blame, I think it's good to speak to someone neutral, who will not judge you - because the last thing you need to concern yourself with is blame -

..11
- Quietness after those statements for a while.

..12
There is really nothing to be embarrassed about. I think you should try not to allow your families to enter your experience from now on. The important thing is your experiences and -

..13
Of course, but Christ! You needn't concern yourself with his well-being. I'm wondering whether you're negating your own feelings of bottling them by talking about his.

..14
O, I think it must have been awful ....
I think that a part of the experience of being raped is just how broadly it affects the whole of your life, this might carry on for a long time, and be revealed in many ways.

..15
The fact is, that at the present time in society nobody can help you in any <u>active</u> way, I am here to help you sort out your own feelings, and, of course, that is only for 40 minutes a time, or whatever.

..16
It seems as if you want me to say something. But your behaviour. All I can say - is that I want you to say something; you are giving me a message which says all sorts of things - hostility, resentment, anxiety.

<u>SUBJECT B2 - POST-TEST</u>

..1
You talk about trauma, but you speak with resentment and anger, I want you to talk a bit more about your experience of '<u>trauma</u>' in relation to your feeling of <u>anger</u>.

..2
Silence for a while.
I <u>do</u> think that it's about the worst thing that can happen to a person. Does this feeling generalise itself towards woman as well as towards people you know, or is it a sort of nameless fear in everyone?

..3
Did you tell him you didn't want to make love that night, that you just wanted to talk or be held, touched. I think at this stage you must be very clear in making your needs known to him. All the same it must have been terrible.

..4
Yes, I imagine you feeling that way and I know I've never

..4 - continued

been raped, but really I'm only here to help you clarify your feelings I cannot tell you what to do, but my feeling is that it's good to talk about the experience to feel it again.

..5
I think, firstly that what your father says is unimportant, do try to forget those kinds of judgements, because they will prevent you from looking clearly at your own actions. How do you think you might have been different. I think though that anyone experiences those feelings of doubt at times.

..6
Yes, he is. (Silence) Did you talk at all, what did you show?

..7
Yes, it must have been, the whole thing seems to have so clinical and so degrading. But it is a crime, like any other physical crime in some aspects, only worse in so mant, how could it have been better done?

..8
Does that feeling of fear, of physical vulnerability come up often, the memory the sudden realisation of one's body - or has that fear become anger now?
Will you talk some more about that fear;

..9
I think it is essential to look at rape as a crime not as a sexual experience. It's comparable to murder different in so many ways - something that can only be done to women I think this would become clearer as we discuss what rape actually is in society.

..10
I'm so glad that you feel that. But I think that rape is only beginning to be understood in a rightful way, as a crime against women entirely.

..11
(Silence for a while)
What other kinds of experiences have you had with men?
(Silence) I think that it is necessary to separate them out, to look at each incident, to examine your behavior.

..12
Yes, I can imagine it will be difficult I think that it is important to separate your perception of it a sexual experience from it as a serious crime. And everybody needs to be educated.

..13
Yes it would perhaps have been a good thing, he should be probably more than you should. But unfortunately you're the victim and you shouldn't be worrying about him.

..14
Silence ... maybe that was a good dream in a way ... I think, perhaps, just in the fact that you wanted to stay to fight him. I can only say that because I know it's different in a dream, but just to feel that anger now, instead of only fear, seems positive.

..15
(Silences silence for a long time) I can understand your anger, do you think that it could be anger about other things besides me though?

..16
You know, I am sitting here watching you, watching you, it must be for quite a long time now - you're fidgeting the chair makes a noise, you cast flashing angry looks at me. I sit here and think what you are trying to say - because I'm not going to say anything, I think though that you want to say something - I'd like it if you did.

SUBJECT B3 - PRE-TEST

..1
What actually are you going through that could be different from this man, then? I can see you're angry - why? Why isn't it fair for this man to walk around?

..2
You say this is the worst experience you've ever had - what other sexual experiences, no, not sexual but aggressive experiences have you experienced before?

..3
You use words like dirt/repulsed/disease - can you continue talking about these words - just associations or experiences that could be attached to them - mental images etc.

..4
Help - why don't you think I can help you - you say "I'm not here" - why am I not here? I have been raped too - maybe that changes things a bit with you - maybe we can chat about our rapes.

..5
Your father - and that it's your fault ... tell me about your father - do you like him, does he like you, what do you think of your father?

..6
Don't stop - I like your anger - carry on about how angry you felt - don't repress your anger - BE ANGRY you're allowed to be.

..7
Tell me more about the "thing stuck into you". Was it a man who did it - how did you feel towards him?

..8
I think possibly - you have more to say - carry on - what hurt/why did it hurt/how did it hurt - what were you thinking about when it was hurting.

..9
What do you think about sex outside marriage - I think it's O.K. perfectly O.K. - not rape of course - it's not sex, so it's not being unfaithful at all.

..10
Thank you. Why do you think we don't blame the victim? Why do you think we don't blame you? Why do you think victims are blamed in this society - it's very sad and disgusting that victims are blamed.

..11
You hate men - that's quite heavy - what reasons -

..12
Why are you feeling GUILT - I really feel that you are not guilty in the slightest, and therefore don't have to carry it around with you. That's why you're coming here - to get rid of the this bloody guilt and shame.

..13
Mmm - what kind of hangups do you think he could have possibly had - it's really compassionate of you to think like that.

..14
Did you ever feel during your rape that you might die at any stage - that you're rapist wasn't actually interested in sex but something else, like power for example?

..15
I am interested in you/I really do care. I really do - maybe if we are not working out we can talk about why - why you don't think I care etc. or maybe you should try another counsellor - as what is really NB is what helps you --

..16
What are you thinking? I hope that you see me as a friend - I would like to help you. What are you thinking about?

SUBJECT B3 - POST-TEST

..1
Can you explain more about what you call 'your trauma' You say it quite generally.

..2
Yes, I can only begin to understand how you feel - but I am not you, you must be feeling very scared and lonely. How do you feel when you look at yourself in the mirror?

..3
How do you feel about your boyfriend your relationship now? - not just sexually but physically and mentally as well?

..4
Maybe you would like another councillor - you must not feel obliged to stay wtih me. We all want to help you - how do you feel about that?

..5
I want to pick up two things here - Firstly why do you think it's your fault?, and secondly, can you tell me about more about your father?

..6
Carry on - like that - I'm with you ....

..7
Tell me more about this -

..8
How did you feel while he was actually doing it?

..9
But do you think that rape is sex?

..10
Mmm! I think it is a matter of really understanding rape - don't you think? I mean you know as well as I know that you the victim certainly aren't at fault.

..11
Carry on - I think you've said quite a brave thing.

..12
<u>Why</u> are you embarrassed?

..13
Mmmm! You've got a point there - I wonder what kind of hang-ups he might have (said conversationally).

..14
Do you fear that you might see this guy again and you would not know what to do?

..15
Why do I make you so angry?

..16
If you don't feel like talking today, I can come tomorrow, if you want.

SUBJECT B4 - PRE-TEST

..1
There's no reason of course why you specifically should go through it, it could have happened to any woman, it's no reflection on you.

..2
Your fear is a natural reaction - you have had a terrible and very frightening thing happen to you, you can't make that your fear disappear overnight, so perhaps you should try and channel it into some positive way, so that you can face people again.

..3
Well, you're none of those things - diseased or unclean, its understandable why you should go off sex but this should only be for a while. Explain to your boyfriend how you feel - be angry with him if says again perhaps he would feel repulsed.

..4
There is help, that's what I'm trying to do, I do listen to you. I, perhaps don't understand you as a person, but I understand the problem. You're very upset and feeling rejected anyway; I think you're being oversensitive - I do care. Give it a chance.

..5
It wasn't your fault, no matter what you'd done or said he would have raped you anyway. I certainly don't think that you should think of what your father said - thats absolute rubbish. People have a way of saying that women ask for rape and that its their fault. This is absolutely not so. It's not your fault.

..6
Walk over and touch - say nothing - perhaps after outburst - "You must be angry - you're entitled to".

..7
It is disgusting - the police and hospital officials treat rape very lightly and usually disbelievingly. They're often quite callous towards it.

..8
Don't worry about it - there's not much you could have done anyway unless you'd been an expert in self defence.

..9
Explain to your boyfriend that it wasn't your fault - get him to understand - you haven't let him down - its not a (illegible) of unfaithfulness at all - a crime has been committed against you.

..10
I'm glad that you feel that way - Rape Crisis exists to help people like yourself to understand why you were raped and to get rid of that hurt and self hurt - a lot of women suffer under societies myths about rape such as it's the victim's fault.

..11
You can't hate men for it - (illegible) - to the individuals who have affected you like this and the society in which we live.

..12
Don't be embarrassed and hide it, it'll be worse for you in the long run. You'll obviously always remember it, but it's something that you have to get over. Be as open as possible under the circumstances, try and make people understand you're the victim of a crime.

..13
Yes, he should, you should feel sorry for him - he's a product of our sick society - you'll probably handle it far better than he does.

..14
Your dream is probably the expression of a fear you had - that he would kill you, or that he could easily have killed you. I think you should try and ignore the impending feeling.

..15
I'm trying to help you and I think you realise that, but you're very angry and it's no use taking your anger out on me. I do care and I am interested - otherwise I wouldn't be counselling you.

..16
You've been raped ... you're feeling hurt, ashamed, angry and more no doubt .. I think you'd like to talk, but you're probably embarrassed and uneasy. Maybe we should start by you telling me how you feel now, and why you think you feel like that.

SUBJECT B4 - POST-TEST

..1
It could have happened to anyone - you were just a victim - one of many and it just unluckily happened to you.

..2
It's natural that you're frightened, it was a terrible experience, but you shouldn't let it (illegible) your day to day experience if possible.

..3
You're not unclean or diseased - your boyfriend has no reason or right to think that he may be repulsed by you - he wouldn't feel like that if you'd been stabbed and there's no difference - they're both violent crimes. You probably won't feel like sex until you get over the trauma.

..4
There is help. That's what I'm trying to do. We can work at it together.

..5
It would have happened no matter what you'd done. It wasn't your fault and as for that little saying of father's - I've never heard such rubbish.

..6
Say nothing - walk over and touch her reassuringly. Say when one's calmer "You must be angry - he had no right to do that and to h-miliate and hurt you so.

..7
It is disgusting - the police and hospital authorities aren't very sympathetic to rape victims - half the time they don't believe that the woman concerned was raped and they insinuate that she prompted it and rubbish like that.

..8
It's just as well you did nothing, because you would probably be a lot worse off than you are now - possibly even dead. Does it worry you that you could do nothing?

..9
The rape wasn't your fault - its got no more to do with you or is no more a reflection on you - other than that you were the victim. Your family and boyfriend wouldn't feel that way if you'd been attacked and robbed for example - and there's no difference, they're both violent crimes.

..10
Yes it is good - hopefully we can help more and more people, there're a lot of women who suffer under myths such as its the victims fault.

..11
Well you're going to have to see men every day of your life unless you go into a convent and that's no solution. I don't know if you can put men down as a sex though - you've just been unfortunate in that all your experiences with men have been bummers.

..12
Why are you so embarrassed?
It's not your fault.

..13
Yes, he should, although funnily enough most rapists are perfectly 'normal' men.

..14
It's likely that you will dream about it - don't let your dreams worry you. You sau in your dream that you were going to fight him - did you actually try to fight?

..15
I am trying to help you and understand, but you're very angry and hurt, but it's no good taking it out on me.

..16
Would you like to go and have a cup of coffee? There's a cafe down the road.

SUBJECT B5 - PRE-TEST

..1
No, it's not fair - you are right, he should not be going free. But although you are suffering you can't let him ruin your life forever, because that's his victory. You have to overcome your feeling of hurt and pain.

..2
It is natural that you should feel so shocked and that you can't stop thinking about it - it's a very extreme and shocking experience.

..3
Rape is a very ugly thing and people often react to it in a very irrational and ugly way. Your boyfriend was probably feeling the same disgust that you felt about this act, but wanted to make it right, in a sense, by making love, to try and get over the incident. At the same time, selfishness on his part does come into it.

..4
I'm sorry that you feel frustrated about our talking together. Maybe it will help you if I tell you that I have been raped, abd because I had trouble coming to terms with it, that's why I want to be available to other people in the same situation who don't have any friend they feel they can talk to.

..5
There's no excuse for any man violently forcing a woman to have sex. You mustn't blame yourself - this makes it seem right and allowable for men to commit rape under some circumstances. There is no doubt that a crime was committed against you.

..6
You are right, he is a bastard. It is natural to be angry - you have been violated. But you can't live inside that anger forever.

..7
Authorities are often very callous about this kind of thing - they see rape as a fact of life. The examination has to be done I suppose - but it could be done in a more sensitive way, you're right.

..8
Recalling that helplessness is often the most difficult after-effect - it reminds you again and again of the horror of being at someone's mercy. As women we are open to being forced upon and often we don't know what to do or are too frightened to defend outselves.

..9
The thing that happened to you had very little to do with sex - it was a violent crime, and assault, in which you had no choice. That you were sexually assaulted had nothing to do with your fidelity or morality - someone used you violently as a woman.

..10
That's what we stress all along - how can the victim be blamed when she was helpless and could do nothing to prevent being violently assaulted? This view by most people that the victim is to blame is about as sick as the act itself.

..11
Your first sexual experience really amounted to rape also - if the man had no consideration for you and forced himself on you. Your hatred for men is pretty natural after that, and this latest experience. But it is possible that some men are as concerned as you about these kinds of crimes against women.

..12
It's very sad that so many people regard being raped as a shameful thing, and don't feel more concern for the victim. But if that's the way you feel some people will respond if you tell them, maybe you should tell only those you know will ve sympathetic. It will take a long time to change people's attitudes about rape and in the meantime you may find yourself hurt again and again.

..13
Yes, you're right - I'm sure he has great hangups, and I'm sure he needs to work things out, maybe by talking to someone

..14
Of course you are still very shocked about the rape and bad dreams show that you are worrying about it unconsciously or consciously. I'm not surprised that you are still frightened.

..15
I'm sorry you feel I'm not listening - I really do want to help you, but maybe you think I'm not ficing you my best attention.

..16
Do you want to talk some more, or do you feel we're not getting anywhere?

SUBJECT B5 - POST-TEST

..1
No, it's not fair, you're quite right.

..2
It's not surprising that you feel so shocked and upset - it will take a long time before you come to terms with it completely.

..3
That's very hurtful - I can imagine how upset you must have been.

..4
I'm sorry you feel that way about us - maybe it will help if I tell you I have been raped, and I know the feeling of being alone, of no-one really wanting to help. It's because I experienced it that I do want to help you.

..5
It was not your fault. A crime was committed against you, and it's common practise to try to make women feel that it's not really a crime, that they asked for it. This is non-sense. YOu were defenceless, and violence was committed against you.

..6
Yes, he is a bastard. No wonder you are angry.

..7
I know what you mean - it's the last thing you want, all that public entry into the whole business makes you feel even more violated. But I suppose it is necessary - I'm sure it could be done more sensitively though.

..8
It's very difficult to keep remembering that helpless feeling.

..9
Rape is not sex - it is violence, and it is no reflection on you at all. Unfortunately people often have distorted views on this - we must make people realise that the rape victim needs sympathy not condemnation - she is the victim of a terrible crime.

..10
Thank goodness there are some people who do not blame the victim. Rape Crisis needs to persuade more people of this. I'm really glad you are finding it helpful.

..11
I can understand how you feel - but there are plenty of men who hate rape and violence and who regard women not as sex objects. These men also need to know about rape from women. Not all men are rapists!

..12
It's very difficult when people regard the rape victim as shameful. Maybe you shouldn't talk about it to these people - they may make you depressed. But there will always be someone who will listen and understand - you can come here if you can't find someone else at first.

..13
You're right - I'm sure he has a lot of hang-ups. I'm sure he could also benefit from talking about them to someone - it should be made easier for people to be able to do this.

..14
It must be really terrible to have dreams like that - it's like living through it again. I can only say that with time the fear and shock will become less intense.

..15
I'm sorry - I really do want to help if I can. Maybe we both need a break. Do you want to carry on or should we leave it for another time?

..16
Are you feeling unhappy about talking to me? Would you like to just talk about something else for a while?

SUBJECT B6 - PRE-TEST

..1
What do you mean by trauma. You seem very angry - you don't seem as though you're undergoing emotional trauma, just very very angry.

..2
I think the fear you experienced was understandable - you didn't know what was going to happen - what he was going to do to you. You must have felt very terrified! Don't you think that in everyday life there are more things

..3
Rape is a violation of your person - sex is personal and therefore anyone forcing it is doing so against your will - I think that is why you are feeling dirty.

..4
You don't think I hear you because I haven't been raped - O want to listen to you. I feel that you are communicating with me. Maybe your feeling that nobody cares in an indication of your protection of yourself.

..5
Why do you think that you instigated that kind of act from him. How were you responding to him that you are apart guilty.

..6
(I would let her carry on - I wouldn't interfere with that kind of intense pouring out of emotion).

..7
I can understand your feeling of a further violation of your body. It is probably the worst time to undergo that kind of medical examination. But I think

..8
You must have been terrified - it must have been terrible to feel so utterly defenceless.

..9
You are expressing a lot of guilt about something you had no control over. I don't think that you need to feel guilty, to your boyfriend or to your family.

..10
I am glad that you feel you can talk to me - I think in times like yours it is absolutely vital that you can talk to someone. It might be easier to talk because of the fact that I am a "stranger".

..11
You are feeling very angry towards men. Do you really believe yourself when you say you don't want to see another man again - why?

..12
Why do you think you feel embarrassed to face people - you didn't ask for someone to rape you - it happened. Why do you think people are going to judge <u>you</u> negatively.

..13
I think you are right - I think your rapist definitely does need some kind of assistance. The fact that you feel sorry for him indicates that you can cope - he can't.

..14
You seem to be re-living the incident - your subconscious is bringing up the fear you felt at the time. I think it will reoccur until you accept that

..15
I am sorry that I am giving you the impression that I don't care. I think your anger is cutting me off - you are cutting me off to protect something in you.

..16
I can't really do anything to help you relax a bit - don't you know where to begin.

SUBJECT B6 - POST-TEST

..1
What kind of trauma do you think you are going through? What do you mean by trauma?

..2
It must have been very terrifying thing to have happened. What specifically were you afraid of.

..3
(No response)

..4
I am really sorry that you are getting such a negative feedback from me. I am not quite sure how to show you that I am listening and trying to understand and that's how I am expressing my caring.

..5
How could you have acted differently when you first met him?

..6
(I do not think I would do anything at this stage).

..7
It does seem the wrong time to have an examination like that - but as the law system demands it has to be done then I think it is wrong too.

..8
Were you afraid of the pain or were you afraid of dying?

..9
Why are you so scared of what other people will think? You didn't ask to be raped!

..10
It's very flattering to hear you say that! We really do try to help the victims, there is so much that they have against themm.

..11
That's quite a strong feeling about men, why else are you so negative?

..12
Why are you embarrassed? Why are you so worried about others reactions. It's something that happened to you.

..13
I think you're right! You are feeling objective about him.
.
..14
I think that the feeling that you were going to die when you were raped is still lurking about in your subconscious, something I think will reoccur until the event becomes less remindful.

..15
I am trying to listen to what you are saying.

..16
I am not quite sure that you really want to speak to me. Would you rather go away for a while or maybe you want to speak to someone else.

SUBJECT B7 - PRE-TEST

..1
You seem quite angry and feel as if you're not being treated fairly ... Do you want to tell me more about it?

..2
Sjoe! You've had a very, very traumatic experience and seem very vulnerable.

..3
Are you saying you felt misunderstood? That your boyfriend didn't <u>really</u> understand <u>your</u> feelings about not wanting sex?

..4
You seem to be feeling very alone and insecure and helpless and you can't trust anybody - including me?

..5
Are you saying that you are confused about your role in what happened especially since your father said that about women?

..6
Sjoe! You're really very, very angry with him and seem to feel frustrated about having been so helpless - about not having been able to <u>do</u> anything.

..7
Yes, it sounds absolutely horrible and humiliating - especially after what you had been through.

..8
Yes - I understand - it must have been terrifying - feeling so helpless and being hurt - violated - like that.

..9
You seem worried about what your family may think. Would you like to tell me more about it?

..10
I'm glad to hear you say that! and that you feel that you can trust us because we understand - and do not blame you, the victim.

..11
You seem very upset by what happened - would you like to tell me about other traumatic experiences with men? - I mean - to tell me <u>why</u> you hate men so much?

..12
How do you feel telling <u>me</u> about it?

..13
Maybe you're right - but how do <u>you</u> feel about what he did to you?

..14
Sjoe! What a terrible dream - are you frightened that this may happen again?

..15
I can see that my looking at my watch really upset you - made you feel as if I wasn't really interested - I'm sorry, but I didn't want to give that impression at all - I <u>do</u> care - that's why I'm here.

..16
You don't seem to know <u>how</u> to start telling me what happened - it's very difficult - I understand.

<u>SUBJECT B7 - POST-TEST</u>

..1
You seem to be feeling quite alone in this and angry about it.

..2
Yes it is terrible to feel so vulnerable and afraid.

..3
His insensitivity has upset you very much, his misunderstanding of your needs at the time?

..4
I'm sorry if your given the impression of not caring - but I really do - that is why I'm here to help you if I possibly can.

..5
Do you really feel that it was your fault? That being raped was getting what you deserved?

..6
So you are really angry and justifiably so.

..7
Yes - it sounds bloody humiliating and depersonalizing.

..8
Yes, I understand - you were absolutely defenceless - helpless.

..9
Are you worried about how your parents will react? I mean you seem to be quite worried about it?

..10
I am glad you feel we're on your side!

..11
So, I can see you feel very strongly about it - and that your past experiences with highly insensitive men have much affected your reaction.

..12
Hmmmm - it's difficult - but tell me more about this embarrassment you feel.

..13
I agree- but what do <u>you</u> feel about what he did to you.

..14
Sjoe - what a terrifying experience! Are you afraid of this happening again? I mean in real life?

..15
I'm sorry I didn't mean to make you angry looking at my watch - I am listening and I want to help you - really.

..16
I know it is difficult and awkward to talk to a stranger about what has happened to you - maybe you would just tell to tell me how you're feeling right now?

<u>SUBJECT B8 - PRE-TEST</u>

..1
What trauma? How do you feel when he is running around? What would you like to do to him if you had the chance?

..2
Give physical support - hold her or something. Say nothing .. maybe just nodding. Show that what she is saying is affecting me.

..3
Do you still feel that way? "You must have been feeling

..3 - continued

very vulnerable because you were not able to explain to him why you didn't want sex, is that right?"

..4
I would have shown some kind of hurt, possibly through facial expression, then I would have moved closer - some kind of physical +ve response of support, although I was being hurt.

..5
What do you think you could have done under the circumstances that could have made it turn out any different? Did you expect this to happen? I think you were pretty vulnerable myself when I hear about it.

..6
Said nothing, just listened. Said, "Yes, yes" - maybe "O, you must be angry!"

..7
said nothing - stroked her hair or something.
"You must have felt very alone".

..8
Again, just offer some kind of physical support - like moving closer.
Listening closely, "How terrible".

..9
"How do you feel about that?"
Do you believe what they believe, your boyfriend and family, I mean?

..10
"Yes, thank you - I do care a lot and I am very pleased that I have been able to help you". That is why the organisation is here, and it is very worthwhile when we can actually be of assistance".

..11
"You must be very angry and hurt, I can see that". You are certainly

..12
You've managed to tell me about it, that is an amazing start. Perhaps it is important for others who are close to you to know one day but that is up to you.

..13
Yes, I think so too.

..14
It really sounds frightening - it sounds like you were reliving one rape scene in a way ....

..15
I would have been hurt, upset - possibly even apologised if I had looked at my watch - then moved closer or something to show that I hadn't given up - wasn't going to withdraw completely.

..16
Moved closer - or looked at her - gave her my full attention - "How are you feeling now?"

SUBJECT B8 - POST-TEST

..1
Say nothing just look at her attractively.

..2
"You sound so sore to me" - move closer or something maybe even touch her.

..3
Wow! that sounds a very hard thing to do at that point. How did you feel after he said that? It sounds like you could easily have been rejected.

..4
I feel hurt even though I haven't been raped. I really do want to be with you, that's why I am here - I feel disappointed in myself because I obviously haven't been able to communicate my care for you - but I do care and I am with you.

..5
What do you think you could have done, or did you encourage him, because to me, as another person, you sound so vulnerable - I don't know if you did anything to provoke him from the sound of things - I don't think that you deserved that - no one deserves that.

..6
O he has really hurt you! Maybe come closer

..7
Maybe just touch her or something - You sound like you were so alone.

..8
You sound like you were so alone, vulnerable, powerless.

..9
You certainly could not help it - from my listening to you that's clear to me - I hope that they can begin to understand that for your sake - do you think that it is worse than death?

..10
I am so pleased that I (and Rape Crisis) have been able to help

..10 - continued

you, because it is not always like that - it certainly is very important to me that I have been able to help you.

..11
Maybe that first sexual experience was like rape too - you sound very wary of men - and it is easy to see why because of your experiences - you really have been hurt a lot by these men.

..12
Look at her, move closer or something - 'You managed to tell me and that's a very big start' - maybe you can't tell everyone but that's okay or isn't it?

..13
Yes I think so too - I hope he can - cos maybe things could change - and then he possibly couldn't do something similar again. Look at what he's done to you.

..14
It sounds so similar to the rape - how terrible for you to have to live through that again - it sounds like you really wanted to defend yourself if you could have.

..15
Wow I never realised that I was coming across as so unmoved - that's bad - I really do care for you and what you've said - it's just such a pity I haven't been able to communicate that to you - do you believe me?

..16
"Jane - (or whatever her name is) why did you come here, it must have been quite difficult for you to come - because you're here means you must have been hurt and raped sometime - tell me about it, I want to help you"

APPENDIX J

THE RATINGS THAT EACH RESPONSE RECEIVED FROM EACH RATER AND THE MEANS OF THE THREE RATINGS FOR EACH RESPONSE

Note: There are four figures for each response. The first three figures correspond to the ratings that raters 1, 2 and 3 gave that response. The fourth figure is the mean of these three ratings.

EXPERIMENTAL GROUP

Subject 1

Stimulus Expression	Pre-Test FAC	Pre-Test ACT	Post-Test FAC	Post-Test ACT
1	000 0	111 1	200 0,67	330 2
2	000 0	011 .67	012 1	122 1.67
3	000 0	122 1.67	000 0	010 .33
4	000 0	010 .33	100 .33	010 .33
5	100 .33	000 0	000 0	011 .67
6	120 1	012 1	111 1	112 1.33
7	000 0	121 1.33	101 .67	110 .67
8	001 .33	010 .33	122 1.67	000 0
9	001 .33	110 .67	000 0	101 .67
10	000 0	000 0	100 .33	100 .33
11	011 0,67	010 .33	010 .33	102 1
12	000 0	111 1	000 0	111 1
13	000 0	120 1	000 0	021 1
14	000 0	124 2.33	100 .33	212 1.67
15	000 0	000 0	000 0	000 0
16	000 0	001 .33	000 0	111 1

EXPERIMENTAL GROUP

Subject 2

Stimulus Expression	Pre-Test				Post-Test			
	FAC		ACT		FAC		ACT	
1	111	1	221	1.67	324	3	222	2
2	221	1.67	341	2.67	221	1.67	230	1.67
3	101	.67	110	.67	211	1.33	321	2
4	200	.67	101	.67	210	1	121	1.33
5	100	.33	010	.33	100	.33	010	.33
6	111	1	201	1	202	1.33	212	1.67
7	111	1	120	1	201	1	200	.67
8	002	.67	000	0	001	.33	010	.33
9	000	0	112	1.33	011	.67	110	.67
10	000	0	101	.67	000	0	000	0
11	002	.67	011	.67	000	0	100	.33
12	100	.33	211	1.33	000	0	011	.67
13	113	1.67	232	2.67	100	.33	113	1.67
14	100	.33	110	.67	200	.67	111	1
15	000	0	000	0	100	.33	221	1.67
16	102	1	111	1	112	1.33	212	1.67

EXPERIMENTAL GROUP

Subject 3

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	000	0	000	0	000	0	000	0
2	000	0	000	0	100	.33	121	1.33
3	011	.67	100	.33	000	0	000	0
4	000	0	000	0	000	0	011	.67
5	100	.33	120	1	100	.33	010	.33
6	001	.33	031	1.33	001	.33	000	0
7	001	.33	013	1.33	121	1.33	220	1.33
8	001	1.33	000	0	011	.67	000	0
9	001	.33	112	1.33	000	0	010	.33
10	112	1.33	010	.33	000	0	010	.33
11	110	.67	211	1.33	000	0	001	1.33
12	000	0	010	.33	110	.67	111	1
13	001	.33	000	0	101	.67	010	.33
14	000	0	101	.67	100	.33	100	.33
15	000	0	000	0	000	0	122	1.67
16	100	.33	011	.67	000	0	111	1

EXPERIMENTAL GROUP

Subject 4

Stimulus Expression	Pre-Test FAC	Pre-Test ACT	Post-Test FAC	Post-Test ACT
1	342 3	100 .33	222 2	234 3
2	210 1	021 1	000 0	102 1
3	111 1	121 1.33	121 1.33	231 2
4	112 1.33	221 1.67	000 0	012 1
5	101 .67	110 .67	001 .33	002 .67
6	123 2	011 .67	111 1	213 2
7	011 .67	100 .33	001 .33	001 .33
8	000 0	012 1	001 .33	111 1
9	020 .67	010 .33	020 .67	000 0
10	112 1.67	020 .67	110 .67	010 .33
11	000 0	011 .67	110 .67	221 1.67
12	100 .33	111 1	110 .67	011 .67
13	000 0	010 .33	100 .33	122 1.67
14	101 .67	000 0	000 0	112 1.33
15	000 0	000 0	010 .33	021 1
16	001 .33	022 1.33	000 0	011 .67

EXPERIMENTAL GROUP

Subject 5

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	001	.33	200	.67	322	2.67	002	.67
2	212	1.67	221	1.67	000	0	223	2.67
3	202	1.33	200	.67	100	.33	010	.33
4	000	0	100	.33	000	0	101	.67
5	000	0	010	.33	000	0	021	1
6	201	1	201	1	000	0	000	0
7	101	.67	110	.67	002	.67	002	.67
8	001	.33	020	.67	001	.33	012	1
9	000	0	000	0	000	0	140	1.67
10	000	0	020	.67	000	0	012	1
11	100	.33	110	.67	000	0	111	1
12	000	0	010	.33	000	0	013	1.33
13	203	1.67	120	1	000	0	103	1.33
14	101	.67	113	1.67	000	0	001	.33
15	100	.33	000	0	000	0	021	1
16	000	0	011	.67	000	0	012	1

EXPERIMENTAL GROUP

Subject 6

Stimulus Expression	Pre-Test FAC	Pre-Test ACT	Post-Test FAC	Post-Test ACT
1	000 0	000 0	111 1	330 2
2	011 .67	012 1	000 0	000 0
3	100 .33	010 .33	100 .33	000 0
4	000 0	121 1.33	110 .67	021 1
5	000 0	110 .67	000 0	010 .33
6	001 .33	010 .33	122 1.67	011 .67
7	001 .33	010 .33	001 .33	000 0
8	000 0	000 0	101 .67	220 1.33
9	000 0	110 .67	000 0	110 .67
10	100 .33	110 .67	000 0	020 .67
11	000 0	000 0	000 0	000 0
12	000 0	001 .33	000 0	111 1
13	000 0	110 .67	001 .33	010 .33
14	000 0	000 0	100 .33	001 .33
15	000 0	000 0	000 0	100 .33
16	000 0	100 .33	100 .33	010 .33

EXPERIMENTAL GROUP

Subject 7

Stimulus Expression	Pre-Test				Post-Test			
	FAC		ACT		FAC		ACT	
1	310	1.33	322	2.67	121	1.33	242	2.67
2	111	1	222	2	221	1.67	120	1
3	100	.33	110	.67	100	.33	100	.33
4	110	.67	111	1	100	.33	000	0
5	110	.67	110	.67	100	.33	011	.67
6	101	.67	022	1.33	312	2	212	1.67
7	101	.67	000	0	001	.33	100	.33
8	000	0	020	.67	000	0	000	0
9	101	.67	112	1.33	000	0	120	1
10	100	.33	000	0	000	0	000	0
11	100	.33	113	1.67	101	.67	120	1
12	100	.33	221	1.67	200	.67	212	1.67
13	101	.67	120	1	212	1.67	232	2.67
14	100	.33	110	.67	012	1	122	1.67
15	000	0	010	.33	000	0	010	.33
16	100	.33	021	1	101	.67	111	1

EXPERIMENTAL GROUP

Subject 8

Stimulus Expression	Pre-Test FAC	Pre-Test ACT	Post-Test FAC	Post-Test ACT
1	321 2	312 2	000 0	312 2
2	221 1.67	120 1	101 .67	001 .33
3	000 0	110 .67	000 0	100 .33
4	000 0	110 .67	101 .67	112 1.33
5	100 .33	110 .67	200 .67	000 0
6	121 1.33	000 0	030 1	00 0
7	001 .33	010 .33	101 .67	221 1.67
8	000 0	000 0	011 .67	010 .33
9	100 .33	220 1.33	100 .33	211 1.33
10	010 .33	010 .33	000 0	011 .67
11	000 0	010 .33	000 0	100 .33
12	000 0	011 .67	000 0	113 1.67
13	000 0	000 0	001 .33	013 1.33
14	100 .33	120 1	000 0	101 .67
15	110 .67	000 0	000 0	110 .67
16	210 1	220 1.33	001 .33	012 1

CONTROL GROUP A

Subject A2

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	110	.67	010	1.33	000	0	000	0
2	121	1.33	120	1	101	.67	010	.33
3	001	.33	010	.33	011	.67	010	.33
4	200	.67	101	.67	101	.67	211	1.33
5	010	.33	000	0	110	.67	020	.67
6	211	1.33	212	1.67	222	2	010	.33
7	100	.33	220	1.33	000	0	010	.33
8	011	.67	010	.33	001	.33	110	.67
9	000	0	010	.33	100	.33	101	.67
10	111	1	010	.33	211	1.33	100	.33
11	000	0	113	1.67	100	.33	112	1.33
12	100	.33	111	1	001	.33	112	1.33
13	111	1	010	.33	001	.33	010	.33
14	100	.33	010	.33	000	0	000	0
15	000	0	010	.33	000	0	000	0
16	210	1	121	1.33	000	0	011	.67

CONTROL GROUP A

Subject A3

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	100	.33	432	3	000	0	242	2.67
2	121	1.33	220	1.33	111	1	210	1
3	000	0	243	3	000	0	122	1.67
4	200	.67	221	1.67	000	0	021	1
5	000	0	011	.67	100	.33	110	.67
6	101	.67	101	.67	102	1	112	1.33
7	001	.33	020	.67	100	.33	010	.33
8	011	.67	010	.33	000	0	132	2
9	100	.33	110	.67	100	.33	222	2
10	111	1	110	.67	210	1	120	1
11	000	0	102	1	001	.33	011	.67
12	101	.67	102	1	100	.33	131	1.67
13	102	1	211	1.33	101	.67	010	.33
14	102	1	010	.33	110	.67	110	.67
15	000	0	000	0	100	.33	000	0
16	201	1	210	1	000	0	121	1.33

CONTROL GROUP A

Subject A4

Stimulus Expression	Pre-Test				Post-Test			
	FAC		ACT		FAC		ACT	
1	111	1	122	1.67	312	2	322	2.33
2	100	.33	122	1.67	211	1.33	002	.67
3	200	.67	322	2.67	000	0	221	1.67
4	102	1	010	.33	123	2	120	1
5	000	0	110	.67	001	.33	113	1.67
6	102	1	112	1.33	221	1.67	121	1.33
7	112	1.33	020	.67	113	1.67	112	1.33
8	010	.33	010	.33	010	.33	110	.67
9	000	0	122	1.67	000	0	110	.67
10	010	.33	020	.67	020	.67	020	.67
11	100	.33	111	1	100	.33	210	1
12	110	.67	110	.67	110	.67	121	1.33
13	200	.67	202	1.33	210	1	312	2
14	221	1.67	212	1.67	000	0	111	1
15	000	0	011	.67	001	.33	000	0
16	000	0	011	.67	111	1	220	1.33

CONTROL GROUP A

Subject A5

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	121	1.33	140	1.67	321	2	342	3
2	101	.67	010	.33	111	1	000	0
3	121	1.33	130	1.33	001	.33	110	.67
4	201	1	111	1	110	.67	020	.67
5	000	0	010	.33	000	0	100	.33
6	201	1	010	.33	000	0	112	1.33
7	210	1	000	0	221	1.67	000	0
8	000	0	010	.33	101	.67	010	.33
9	000	0	222	2	001	.33	012	1
10	011	.67	000	0	100	.33	020	.67
11	102	1	222	2	112	1.33	221	1.67
12	001	.33	112	1.33	000	0	032	1.67
13	001	.33	100	.33	102	1	122	1.67
14	002	.67	000	0	000	0	002	.67
15	000	0	001	.33	000	0	011	.67
16	000	0	110	.67	000	0	011	.67

CONTROL GROUP A

Subject A6

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	221	1.67	332	2.67	111	1	121	1.33
2	000	0	000	0	143	2.67	221	1.67
3	210	1	120	1	211	1.33	220	1.33
4	100	.33	010	.33	211	1.33	120	1
5	100	.33	011	.67	200	.67	120	1
6	202	1.33	010	.33	301	1.33	200	.67
7	101	.67	121	1.33	111	1	110	.67
8	021	1	000	0	100	.33	101	.67
9	000	0	110	.67	100	.33	202	1.33
10	101	.67	110	.67	100	.33	100	.33
11	111	1	211	1.33	000	0	111	1
12	010	.33	021	1	000	0	010	.33
13	000	0	010	.33	101	.67	010	.33
14	000	0	011	.67	100	.33	100	.33
15	000	0	000	0	010	.33	000	0
16	000	0	012	1	101	.67	201	1

CONTROL GROUP A

Subject A7

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	422	2.67	131	1.67	321	2	230	1.67
2	000	0	122	1.67	101	.67	120	1
3	122	1.67	123	2	011	.67	010	.33
4	000	0	032	1.67	011	.67	000	0
5	100	.33	011	.67	000	0	020	.67
6	302	1.67	110	.67	032	1.67	021	1
7	100	.33	210	1	201	1	210	1
8	202	1.33	102	1	112	1.33	010	.33
9	002	.67	112	1.33	010	.33	011	.67
10	100	.33	010	.33	101	.67	020	.67
11	000	0	121	1.33	100	.33	112	1.33
12	001	.33	011	.67	000	0	111	1
13	000	0	000	0	202	1.33	120	1
14	010	.33	012	1	010	.33	022	1.33
15	100	.33	000	0	010	.33	000	0
16	100	.33	111	1	000	0	111	1

CONTROL GROUP A

Subject A8

Stimulus Expression	Pre-Test				Post-Test			
	FAC		ACT		FAC		ACT	
1	101	.67	313	2.67	000	0	112	1.33
2	324	3	333	3	101	.67	232	2.67
3	000	0	110	.67	001	.33	000	0
4	000	0	223	2.67	000	0	020	.67
5	000	0	102	1	000	0	010	.33
6	101	.67	010	.33	000	0	101	.67
7	112	1.33	012	1	223	2.67	000	0
8	001	.33	010	.33	000	0	120	1
9	100	.33	110	.67	000	0	110	.67
10	000	0	020	1	000	0	000	0
11	000	0	112	1.33	000	0	023	1.67
12	000	0.	122	1.67	000	0	013	1.33
13	100	.33	200	.67	002	.67	010	.33
14	000	0	201	1	001	.33	111	1
15	000	0	011	.67	000	0	010	.33
16	001	.33	001	.33	000	0	011	.67

CONTROL GROUP A

Subject A9

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	342	3	231	2	311	1.67	010	.33
2	311	1.67	300	1	111	1	120	1
3	202	1.33	311	1.67	231	2	010	.33
4	001	.33	131	1.67	222	2	000	0
5	100	.33	000	0	210	1	010	.33
6	202	1.33	022	1.33	111	1	101	.67
7	101	.67	210	1	110	.67	120	1
8	222	2	110	.67	011	.67	010	.33
9	100	.33	032	1.67	000	0	112	1.33
10	212	1.67	210	1	202	1.33	110	.67
11	210	1	322	2.67	010	.33	111	1
12	100	.33	211	1.33	000	0	110	.67
13	101	.67	210	1	101	.67	100	.33
14	010	.33	120	1	100	.33	110	.67
15	012	1	010	.33	000	0	000	0
16	221	1.67	121	1.33	221	1.67	211	1.33

CONTROL GROUP B

Subject B1

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	021	1	120	1	000	0	021	1
2	000	0	010	.33	122	1.67	000	0
3	343	3.33	030	1	232	2.67	130	1.33
4	021	1	020	.67	100	.33	010	.33
5	000	0	103	1.33	143	2.67	000	0
6	022	1.33	130	1.33	103	1.33	000	0
7	233	2.67	010	.33	223	2.67	211	1.33
8	103	1.33	012	1	124	2.67	121	1.33
9	000	0	001	1.33	000	0	100	.33
10	131	1.33	021	1	111	1	020	.67
11	000	0	101	.67	000	0	012	1
12	111	1	000	0	041	1.67	131	1.67
13	001	.33	002	.67	022	1.33	022	1.33
14	000	0	001	.33	211	1.33	110	.67
15	000	0	000	0	102	1	011	.67
16	331	2.67	222	2	000	0	111	1

CONTROL GORUP B

Subject B2

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	000	0	001	.33	001	.33	121	1.33
2	101	.67	311	1.67	312	2	300	1
3	123	2	020	.67	021	1	020	.67
4	200	.67	210	1	001	.33	100	.33
5	001	.33	033	1.33	011	.67	112	1.33
6	121	1.33	011	.67	011	.67	000	0
7	113	1.67	000	0	222	2	123	2
8	001	.33	002	.67	103	1.33	212	1.67
9	000	0	011	.67	000	0	111	1
10	101	.67	121	1.33	110	.67	010	1.33
11	010	.33	000	0	020	.67	121	1.33
12	000	0	001	.33	001	.33	002	.67
13	100	.33	122	1.67	101	.67	000	0
14	111	1	010	.33	220	1.33	221	1.67
15	000	0	010	.33	011	.67	121	1.33
16	031	1.33	011	.67	022	1.33	023	1.67

CONTROL GROUP B

Subject B3

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	000	0	300	1	000	0	121	1.33
2	001	.33	010	.33	332	2.67	110	.67
3	010	.33	110	.67	000	0	011	.67
4	000	0	110	.67	000	0	031	1.33
5	001	.33	002	.67	000	0	112	1.33
6	312	2	212	1.67	212	1.67	222	2
7	001	1.33	012	1	010	.33	121	1.33
8	011	.67	220	1.33	000	0	110	.67
9	000	0	010	.33	000	0	210	1
10	000	0	000	0	021	1	101	.67
11	000	0	000	0	010	.33	112	1.33
12	200	.67	122	1.67	010	.33	120	1
13	111	1	222	2	002	.67	112	1.33
14	000	0	100	.33	000	0	011	.67
15	000	0	011	.67	000	0	010	.33
16	001	.33	011	.67	000	0	011	.67

CONTROL GROUP B

Subject B4

Stimulus Expression	Pre-Test				Post-Test			
	FAC		ACT		FAC		ACT	
1	100	.33	011	.67	010	.33	010	.33
2	102	1	221	1.67	111	1	110	.67
3	201	1	212	1.67	201	1	200	.67
4	100	.33	100	.33	000	0	110	.67
5	200	.67	001	.33	100	.33	000	0
6	111	1	010	.33	202	1.33	010	.33
7	101	.67	000	0	101	.67	000	0
8	000	0	000	0	001	.33	021	1
9	100	.33	112	1.33	100	.33	110	.67
10	211	1.33	220	1.33	001	.33	110	.67
11	000	0	001	.33	000	0	012	1
12	000	0	012	1	001	.33	010	.33
13	102	1	211	1.33	001	.33	010	.33
14	000	0	101	.67	100	.33	002	.67
15	000	0	000	0	000	0	000	0
16	111	1	221	1.67	002	.67	044	2.67

CONTROL GROUP B

Subject B5

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	412	2.33	432	3	231	2	000	0
2	211	1.33	010	.33	221	1.67	000	0
3	100	.33	200	.67	131	1.67	000	0
4	101	.67	110	.67	200	.67	010	.33
5	100	.33	010	.33	100	.33	210	1
6	002	.67	100	.33	112	1.33	010	.33
7	211	1.33	210	1	222	2	220	1.33
8	204	2	101	.67	012	1	010	.33
9	100	.33	210	1	100	.33	210	1
10	101	.67	210	1	010	.33	010	.33
11	203	1.67	111	1	000	0	111	1
12	202	1.33	213	2	011	.67	112	1.33
13	002	.67	110	.67	102	1	110	.67
14	110	.67	010	.33	110	.67	010	.33
15	100	.33	100	.33	000	0	011	.67
16	000	0	120	1	110	.67	021	1

CONTROL GROUP B

Subject B6

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	103	1.33	101	.67	000	0	110	.67
2	213	2	001	.33	111	1	101	.67
3	100	.33	000	0	000	0	000	0
4	011	.67	121	1.33	112	1.33	010	.33
5	000	0	002	.67	000	0	002	.67
6	130	1.33	000	0	120	1	000	0
7	122	1.67	000	0	111	1	010	.33
8	123	2	000	0	001	.33	111	1
9	112	1.33	013	1.33	000	0	010	.33
10	112	1.33	013	1.33	000	0	010	.33
11	001	.33	020	.67	011	.67	001	.33
12	000	0	001	.33	000	0	001	.33
13	102	1	221	1.67	111	1	221	1.67
14	101	.67	110	.67	000	0	110	.67
15	001	.33	000	0	000	0	000	0
16	000	0	000	0	000	0	131	1.67

CONTROL GROUP B

Subject B7

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	332	2.67	121	1.33	243	3	000	0
2	232	2.33	000	0	232	2.33	000	0
3	912	1	199	.33	232	2.33	021	1
4	242	2.67	120	1	100	.33	010	.33
5	102	1	000	0	000	0	100	.33
6	223	2.33	220	1.33	121	1.33	020	.67
7	222	2	000	0	222	2	010	.33
8	223	2.33	000	0	113	1.67	000	0
9	022	1.33	011	.67	010	.33	110	.67
10	203	1.67	020	.67	222	2	020	.67
11	122	1.67	131	1.67	132	2	010	.33
12	000	0	122	1.67	021	1	021	1
13	001	.33	111	1	000	0	110	.67
14	121	1.33	010	.33	210	1	111	1
15	012	1	000	0	100	.33	000	0
16	012	1	110	.67	101	.67	111	1

CONTROL GROUP B

Subject B8

Stimulus Expression	Pre-Test FAC		Pre-Test ACT		Post-Test FAC		Post-Test ACT	
1	100	.33	200	.67	000	0	000	0
2	141	2	000	0	243	3	000	0
3	121	1.33	120	1	333	3	321	2
4	010	.33	000	0	200	.67	020	.67
5	000	0	013	1.33	201	1	002	.67
6	030	1	000	0	031	1.33	000	0
7	122	1.67	000	0	121	1.33	010	.33
8	031	1.33	000	0	223	2.33	000	0
9	011	.67	110	.67	004	1.33	011	.67
10	111	1	010	.33	110	.67	000	0
11	032	1.67	000	0	214	2.67	120	1
12	211	1.33	234	3	211	1.33	132	2
13	001	.33	000	0	102	1	020	.67
14	111	1	010	.33	112	1.33	010	.33
15	000	0	010	.33	201	1	100	.33
16	011	.67	011	.67	001	.33	011	.67