

**IMAGERY AND THE TRANSFORMATION OF MEANING IN  
PSYCHOTHERAPY FOR POST-TRAUMATIC STRESS DISORDER:  
A HERMENEUTIC CASE STUDY**

**Belinda Jodi Karpelowsky**

**Supervisor: Prof. D.J.A Edwards**

**Submitted in partial fulfilment of the requirements for the degree of Master of Arts in Clinical  
Psychology. Rhodes University, Grahamstown, June, 2004.**

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## ACKNOWLEDGEMENTS

To: My mother, whose support and love is unprecedented. You are a woman of true magnificence who has blessed my life in every way.

My father, whose unique sensitivity to people has touched me in a manner, which is unbeknown even to him.

Tony and Jonty, my brothers, my soul mates, you are indeed the air I breathe and the inspiration I live on.

My grandmother and grandfather, whose love and wisdom has always been a profound part of my life.

Paul, my munter, you have been there in moments of tears and smiles. Your unconditional presence and your beautiful spirit have given me both love and strength.

Marina and Lisa, whose friendship gave me support, love and laughter. I will miss you both.

Margaret, you knew me in a way that no one has ever known me. Thank you for my space, for you and for me.

My supervisor, Prof. Dave Edwards, whose dedication and support in this process has been remarkable. Thank you for your guidance, your patience and your enthusiasm. You allowed me to celebrate in my successes and weep in my pain. I will be forever grateful for your faith in me, at a time when I had little faith in my self.

And finally, to Langu, who has touched me so deeply. Your courage, determination and creativity will continue to inspire me. I hold you even now, and pray that you will find your peace...

## ABSTRACT

This study discusses the assessment and treatment of a 21-year old male who had suffered multiple traumas, which had culminated in the death of his younger brother. He presented with Acute Stress Disorder. The literature review examines a diverse range of theorists and discourses, that have addressed the psychological consequences of trauma and highlights the complexity of the phenomena involved. The case study, located in the South African context, aims to sensitise the reader to the unique dilemmas facing each trauma survivor, and serves to highlight specifically those areas, which are pertinent and further more contribute significantly to the recovery process. The case narrative consists of a detailed synopsis of the therapy process, extracted from the session record notes documented at the time. Several other sources of information, including contributions from the participant, were used to verify and validate the accuracy of the data included. The narrative is written in a style that conveys the intensity of the nature of trauma work and the manner in which both patient and clinician are frequently confronted with very difficult emotional work. Finally the discussion examines the case narrative through the use of a set of carefully selected hermeneutic questions. These focused on (1) key concepts from the work of Robert Lifton who highlights the existential dimensions of the impact of trauma; (2) the role of the image in encapsulating the complex traumatic and post-traumatic experience of the survivor as well as facilitating the emotional processing of the trauma is examined; (3) the contribution to the process of therapy of aspects of the therapeutic relationship; and (4) the concept of recovery in relation to the question of what constitutes 'trauma work'. In conclusion, several meta-theoretical issues related to trauma, the strengths and weaknesses inherent to the research and relevant future areas of research are highlighted.

**“Survivors seem to possess a special sort of wisdom in acknowledging the worst and best of human existence. At the deepest levels of their psyche, they know we are all vulnerable; their vision has been stripped of illusions and they understand the essential meaninglessness of the world in relation to human outcomes. Survivors feel they know what the world is really like, yet they also are powerfully aware of what is important in their lives. Such is the terror, wonder, and ultimately the wisdom of surviving traumatic events. Against the backdrop of a meaningless world, survivors create a life of meaning” (Janoff-Bulman & Frantz, p. 103, 1997).**

## CHAPTER ONE

### AIMS AND RATIONALE

This research is located within the context of the treatment of a case of what started out as Acute Stress Disorder (ASD) and progressed to Post-Traumatic Stress Disorder (PTSD). As my first experience of working with trauma, I was struck by the vastness of the effects of trauma and the manner in which the trauma impacts on the individual on such a diversity of levels. In turn, I soon came to realise through experience, supervision and the current trauma literature that in order to address such a phenomenon, a multifaceted and integrative approach needed to be employed.

Eagle (1998, 136) describes traumatic stress as “a form of disturbance representing an interface of externally and internally based psychopathology”, that arising from a real external stressor and those more “primitive responses” linked to the unconscious. Eagle (1998) highlights the disparity between the numerous trauma theories as being indicative of the very complexity of the phenomenon of trauma. She stresses that the impact of the trauma affects the individual on every level. It is this characteristic of traumatic stress phenomena that suggests the need for an integrative psychotherapy approach. It is specifically the integration of the cognitive behavioural and psychodynamic interventions, which Eagle (1998) suggests provide the optimum focus for managing external behavioural and internal processes, and which she believes, accounts largely for the efficacy in the treatment of post-traumatic responses. Janoff-Bulman (1992) comments accordingly, that due to the overwhelming nature of the trauma, the effects are very difficult to assimilate and integrate, thus necessitating an eclectic approach in working through the thoughts, feelings and images associated to the trauma and ultimately the reconstruction of sense of self and world views.

The therapeutic process under investigation thus functioned on a multiplicity of levels in order to address the diverse needs of the patient. These included the utilisation of cognitive behavioural strategies in the normalisation, desensitisation, exposure and cognitive restructuring of the trauma, a psychodynamic or object relational framework in addressing the difficult relational elements contributing to the patient’s conflict,

and an existential approach to address the patient's very difficult confrontation with the meaning of life, death and his self concept.

Furthermore, within the therapy process, what became increasingly evident was the centrality of imagery in working with trauma. The various post-traumatic symptoms were largely located within the disturbing, horrific, very vivid, and fragmented image of the trauma. Within the therapy, the imagery portrayed functioned as a reflection of the impact the trauma had on the individual, became a symbolic representation of the patient's internal fragmented experience of self and his subsequent perception of his threatening world. The imagery therefore became a reflection of the various traumatic effects endured by the individual and the manner in which these shifted at each stage of therapy. The disintegration inherent to these images indicated the need for a re-integration, a building up of a new image related to the trauma and synonymously his sense of self. The use of imagery strategies became a key intervention in the therapeutic process and functioned on the variety of levels previously mentioned. It was the imagery work, however, which posed the biggest challenge, as it is here that the intensity of the emotion lay, often threatening to overwhelm the patient. In this process I held a constant fear that intense exposure sessions might be too much for him. Away from his family, in a context where he had few friends, I feared that he would be unable to cope with the aftermath of what these very intense sessions evoked. In addition I feared that in re-exposing him to the horror of his trauma, he would face a possible re-traumatisation of sorts. The daunting nature of this task was one, which at times appeared to overwhelm both the patient and myself, with the balance being fine and often volatile. The therapeutic relationship was integral to this process in the provision of containment, support and ultimately a force, which proved invaluable to the healing process. Through the use of dreams, drawings, exposure work and guided imagery, these images began to take on a new life, a more coherent one.

The aim of this study is thus the documentation and exploration of the manner in which the use of imagery facilitates the process of emotionally processing the trauma and reflects a phenomenon which itself is very much located within the image. The various decisions employed and the utilisation of these respective strategies in the manner and timing which they were, is further highlighted in this process. It attempts

to illustrate how from within an integrative approach, the individual is able to shift on a variety of levels from a place of virtual disintegration to integration as reflected in the image.

This study additionally attempts to link theory with practice and thus a further aim is to assess the manner in which this unique case, from within the imagery work, adheres to or contributes to the existing theory and intervention models. Thus the additional aim of this study is to understand and explore the function of the obsessive connection to the traumatic imagery both as the adaptive need to process the information and corresponding emotion whilst functioning simultaneously as a reflection of the person's existential crisis where existing schematic representations of self and world have been shattered. The role of the therapeutic relationship is further explored as a key contributor to the process, whilst the manner in which the work impacts on both patient and therapist and the effect this has on these management decisions is reviewed.

The final rationale in exploring this unique case is the sharing of an experience, which was so meaningful to both the patient and myself. The experience of trauma forces the person into a very lonely, solitary, existence where they feel isolated by the boundaries of this experience. This young man allowed me into his world, and in doing so, was able to relinquish the burden of much of the pain he held alone. In the further sharing of this story, I hope that one more step is taken in the direction of healing, as he continues his struggle to live his life, whilst integrating the enormity of his experience. This case, demonstrates the resilience people are able to find in the face of extreme adversity and in the midst of great pain and loss, the magnificence and creativity of their spirits. Specifically in the South African context, where trauma has become so rife in our everyday vocabulary and lives, it is important for us to stop, remember and re-sensitise ourselves to the unique pain, and experience endured by each individual. It is only with this compassion, that healing can truly begin. This story is a tribute to the magnitude of this young man's determination in spite of his adversity, the uniqueness of the creativity of his spirit and the depth of our connection. I once felt for him when he could not, I once spoke for him when he could not. In the telling of this story, we speak together.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 OVERVIEW

*'Traumatizein'* - the Greek word meaning 'to wound', was initially a medical concept signifying the shock or impact on the body, which caused significant disturbance. Psychologically the term trauma signifies the state of mind arising from the shock, horror and helplessness experienced from having been exposed to the prospect of death or a trauma of equivalent proportions (Leydesdorff, Dawson, Burchardt & Ashplant, 1999). This real or perceived threat to one's or another's life or physical integrity, manifests clinically in three core characteristic clusters of symptoms. These include the persistent re-experiencing of the trauma, avoidance behaviours aimed at avoiding all associations related to the trauma and hyperarousal symptoms manifesting from the lingering experience of vulnerability and experience of annihilation (American Psychiatric Association, 2000).

Despite this diagnostic entity, the notion of trauma has no simplistic definition. Trauma is deeply personal and a very intimate experience. It does not only include a list of events, but the idiosyncratic evaluations of these experiences (BenEzer, 1999). This diagnostic entity cannot capture the complexity of people's responses in the face of extreme trauma, nor the subtle interactions taking place on psychological, biological, social and existential levels. The effects of trauma are vast, pervasive and powerful, as encapsulated in the words of the sociologist Erikson, "Something alien breaks in on you, smashing through whatever barriers your mind has set up as a line of defence. It invades you, possesses you, takes you over, becomes a dominating feature of your interior landscape, and in the process threatens to drain you and leave you empty" (cited in Leydesdorff, Dawson, Burchardt & Ashplant, 1999, p. 2).

Trauma survivors live with the memories of their trauma, events so overwhelming, so removed from their 'normal' reality, that they did not and could not possibly attain closure or completion. It had no ending and thus its reality continues to haunt these individuals who are bombarded repeatedly by the intrusive re-experiencing of the event. The trauma survivor still in limbo from an experience he or she has yet to comprehend, is thus faced with the frightening return of the event in its fragments. The return of these images is a return of the trauma, the helplessness, and the fear. The seeming senselessness in both leaves the survivor further trapped in the endless experience of victimisation (Laub, 1992). This pre-occupation, the inability to move beyond the trauma, creates a further dislocation from the world the person once experienced, a disconnection from the self as previously known and an experience of isolation in a very frightening world (Laub, 1992).

According to Robert Lifton (1993), the core to understanding the post-traumatic response and assisting the individual in the quest of emotionally processing the event and the creation of meaning, is the psychology of the survivor. The confrontation with death, which is so close to the nature of the disturbance, is paramount to this understanding. He describes the survivor as a person whom has come into contact with death in a bodily or psychological manner and survived. He describes several characteristic themes, which emerge from the psychology of the survivor, and affects the person on an immediate, personal level and existential, deeply dynamic way. These themes (which will be subsequently addressed) include: '*The death imprint and it's impact on the self-structure*'; '*Bereavement, death guilt and self-condemnation*'; '*The Continuum of Psychic numbing*'; '*Problems of intimacy, nurturance, suspicion of counterfeit and the quest for meaning*' and finally the task of '*Reformulation, transformation and reanimation*'. He suggests that the previous resistance in trauma literature to addressing this issue of the death image, is indicative of a cultural resistance towards the concept, which greatly impacts on the understanding of the survivor and the traumatic syndrome.

The persistence of the intrusive re-experiencing, these fragmented images, thus represent not only a symptom of the unintegrated experience of the actual trauma, but is an

embodiment of the psychological and existential crisis arising therefrom. The post-traumatic response is embedded within these frightening images of the trauma, the perceptions of world and self. They need to be integrated, transformed and reconstructed. The variety of theorists investigated tended to agree that the central task in therapy with traumatised patients is the promotion of information and emotional processing (Bryant & Harvey, 2000; Eagle, 1998; Peterson, Prout & Schwartz, 1991). The use of imagery techniques has gained prominence amongst trauma theorists and reflects the need for a therapeutic approach incorporating a variety of strategies, intervention techniques, models and theories (Smucker & Dancu, 1999). The multifaceted and diverse nature of trauma therapies, are indicative of the manner in which the trauma impacts on the individual on a variety of levels, thus necessitating an approach suitable for such diversity (Eagle, 1998). This feat, however, is strenuous on both patient and therapist as the revisiting of the trauma takes its toll (Laub, 1992). This therapeutic relationship between patient and therapist, is truly unique in its mutual quest to confront, contain, process, integrate and transform the traumatic imagery, the distorted image of self, the threatening image of world and the isolation from other. From disintegration to integration and beyond, the survivor of trauma embarks on a journey. The therapist as navigator, accompanies the individual, and is required to facilitate this very volatile process. All going well, both members arrive at their destination, safely, yet forever changed by their experience.

## **2.2 THE NATURE OF TRAUMATIC MEMORIES**

According to Lifton (1993), the traumatic memory is persistently re-experienced and unable to be effectively integrated and assimilated due to '*The Death Imprint and its Impact on the Self-Structure*'. He defines the death imprint as the "radical intrusion of an image feeling of threat or end to life" (1993, p. 16). Most important, however, is the intense nature of the unacceptability, prematurity, grotesqueness and illogicality of death harboured in the image. The intense anxiety experienced in relation to the death imprint is associated to the extreme difficulty in assimilating it for these very reasons. An individual vulnerability or predisposition to the death imagery, in the form of prior

which are interpreted as dangerous and aversive, thus resulting in efforts to avoid confronting the memory and situations activating the trauma (Hembree & Foa, 2004).

### **2.2.2 Trauma, Meaning and the Idiosyncratic Distortions**

As indicated, the experience of trauma has no boundaries. Its impact is vast, deep and very complex. The traumatic experience exposes one's own fragility and vulnerability, and in so doing propels the individual into both a psychological and existential crisis. The image of the trauma forces its victims to confront questions around meaning, meaning related to the trauma itself, meaning in life and meaning in death (Janoff-Bulman, 1992).

Thus complicating the already maladaptive response to the trauma are the idiosyncratic and negative appraisals of the trauma and subsequent events, which function to maintain and exacerbate the PTSD symptoms (Ehlers & Clark, 2000). These cognitive appraisals, having been formed within the context of overwhelming events, are often exaggerated and exacerbate the survivor's experience of vulnerability by producing an experience of persistent threat. Consequently the individual is prone to intense hypervigilance and alertness of potential threat in a future, which is perceived as hazardous (Edwards, 2003; Ehlers & Clark, 2000). In the aftermath of the trauma the individual's self-concept is very volatile and such appraisals may include distorted thoughts and assumptions related to the world, the self, and the other. They demonstrate considerable sensitivity to the responses of others towards them as well as their own interpretations of their post-traumatic symptoms, which reinforce these assumptions and appraisals. The responses and reactions of other people subsequent to the trauma can exacerbate these individuals' sense of incompetence and danger. In the event that these survivors receive an unfavourable or seemingly unsupportive response from others, several misinterpretations can be made regarding people not caring about them, blaming them for the trauma or perceiving them as over-reacting to their traumatic experience. The survivor's interpretations of post-traumatic disturbances or symptoms further impact on this shaky sense of self. These individuals may perceive these symptoms as a sign of going mad or further losing control. Exacerbating the experience of incompetence may be the

perception of these disturbances as a sign of weakness for not having been able to process the trauma effectively (Foa & Riggs, 1993).

The assumptions once held within the core of the inner world, are thus thrown into disarray, forcing a re-assessment and re-evaluation in a desperate attempt to make sense of what can often only be perceived as illogical. The intensity with which these questions initially present following the trauma is reflective of the overwhelming manner in which the trauma impacts on meaning structures. "The survivor's crisis is an existential one about the meaninglessness of the universe" (Janoff-Bulman & Frantz, 1997, p. 91).

The conflict between meaning and meaninglessness which confronts the individual subsequent to the trauma is manifested in terms of comprehensibility and significance, i.e. the degree to which something makes sense and the question of the worth or value of it. Further this meaning is compounded by concerns related to the world, one's own life and the relationship between them. It is purported, however, that it is specifically those pretrauma schemas, which are extreme, or rigid, that impact on the successful emotional processing of the trauma. The impact of the trauma may violate previous schemas of the world as extremely safe and benevolent and the self as very competent and worthy or alternatively the trauma reiterates previous schemas of the world as very dangerous and the self as highly incompetent. The trauma may thus shatter or reinforce previously held beliefs (Foa & Riggs, 1993).

Two of the core cognitive distortions characteristic of people suffering from PTSD, are therefore the perception of the world as extremely dangerous and the self as significantly incompetent and worthy of blame (Foa & Riggs 1993). Further the interconnectedness of the appraisals formed prior, during and after the trauma tend to exacerbate the likelihood of developing PTSD as they act as a barrier in the emotional processing of the traumatic event (Foa & Riggs, 1993).

Janoff-Bulman (1992), however, proposes that the self is assumed worthy, the world benevolent and that a perception exists of a relationship between the self and the world

which is meaningful. This relationship assumes a logical connection between people and what happens to them. Within a just world therefore, negative events are not random, but directly related to the virtues of the individual. Good things are perceived as happening to good people and bad things to bad people. This view is embedded further in many religions, where expectations of reward and punishment are inextricably linked with 'morality' and 'character'. Additionally the assumption that we can control our own fate through our actions minimises the perception of the randomness of events. These assumptions allow the individual to account for the occurrence of selective incidences, whilst preserving a sense of meaning in the world. "Regardless of culture, people strive to maintain a belief in a meaningful world by making sense of the relationship between the people and their outcomes...Individuals are not harmed arbitrarily, bad events are not distributed randomly, and malevolence is not haphazard" (Janoff-Bulman & Frantz, 1997, p. 94).

It is thus either in the shattering or the reinforcement of these fundamental assumptions, that the individual feels enormously vulnerable. A dual assault has been experienced on both an internal and external worlds (Eagle, 1998). Internally the disintegration of these basic assumptions, which were vital for providing a form of psychological stability, leave the individual at a loss as how to continue living their lives (Janoff-Bulman, 1992). Externally the world has become frightening, very dangerous and the possibility of annihilation has become unbearably close. The trauma memory itself may further impact on the individual's heightened sense of vulnerability. If the trauma is perceived as an "uncontrollable aversive experience" then the ability to distinguish between danger and safety signals is reduced, resulting in fear being exhibited towards both dangerous and safe encounters (Foa & Riggs, 1993).

These individuals are no longer able to take comfort in their self worth and precautionary behaviours protecting them, the world is now perceived as random, arbitrary and unsafe. "They suddenly confront the world described by the existentialists, a world that appears absurd, with no end to suffering, no cure for anxiety, and no hope for universal safety" (Janoff-Bulman & Frantz, 1997, p. 95). Thus the prospect of perpetual threat arises, with

these individuals becoming increasingly hyper-vigilant. Initial attempts to restore meaning to the aftermath, often manifest in survivors' tendency to re-evaluate their role in the event, in order to establish their possible contribution to the outcome. In doing so they attempt to minimise the "threatening, meaningless implications of their traumatic experience" (Janoff-Bulman & Frantz, 1997, p.97). This involves questions related to one's own goodness or alternatively fallible actions or inaction.

### **2.2.3 Bereavement, Self-Blame and Meaning**

Lifton (1993) highlights the complex interrelationship between the themes of '*Bereavement, Death Guilt and Self-Condensation*'. He comments that paramount to the post-traumatic outcome is the extent of loss and grief invested in the trauma. Within a severe traumatic experience this loss is too sudden, too overwhelming in its relationship to unacceptable death for it to be resolved. It is thus impaired mourning which underlies many of the post-traumatic symptoms. Lifton (1993, p.17) proposes that it is the inability to "reconstruct shattered personal forms in ways that reassert vitality and integrity", due to actual death anxiety or equivalents reflecting the disintegration of the self, which are the most prominent feature in the image of the traumatic event. Additionally, it is the experience of guilt in relation to being unable to have prevented the trauma, which instils in this image, such portentous power. He refers to this as the "failed enactment", which subsequent to the trauma may manifest in a state of helplessness and perpetual self-condemnation. Lifton states that the psychic consequences resulting from an experience of inactivation at the time of the trauma, are severe and located within the death imprint, creating a significant disruption in "psychic flow".

Subsequent to the trauma the individual is plagued by this constantly recurring image, as it was never adequately enacted. "One could define the traumatic syndrome as the state of being haunted by images that can neither be enacted nor cast aside...Suffering is associated with being 'stuck' or 'trapped in the trauma'"(Wilson cited in Lifton, 1993, p.18). Complicating this guilt is the survivor's inner question pertaining to his or her own survival in the face of the others death. Following the sense of failed image actions or enactment is the feeling that "I killed him". This in turn reflects in part a psychic death

having been experienced by the survivor. Additionally the relief experienced in having survived results in further guilt. Death guilt thus arises from the feeling that until some enactment is activated, one has no right to live.

The indelible image is thus frequently deeply associated and invested in guilt and often takes the form of a single disturbing image encompassing the pinnacle of horror, trauma and destruction and evokes the most profound sense of self-condemnation. Lifton (1993) comments that this guilt will remain intense and the individual will experience a significant degree of psychological incapacitation, as long as the individual remains trapped within this image. Lifton further describes this guilt as “paradoxical” as in addition to having faced a severely traumatic external experience, the survivor continues to experience “additional internal trauma or blame”. Lifton comments (1993, p. 18) that “This guilt seems to subsume the individual victim-survivor rather harshly to the evolutionary function of guilt in rendering us accountable for our relationship to others’ physical and psychological existences”. The destructive capacity of this emotion, the necessity the individual feels in making moral judgements regarding the trauma, thus contributes enormously to the psychological pain of the individual, further exacerbating their internal trauma (Lifton, 1993).

Although self-blame is so characteristic a response initially in the aftermath of trauma, Janoff-Bulman (1992) proposes that it can be worked through via emotional and information processing and frequently diminishes over time. Many questions around meaning, however, still linger. For survivors of trauma, their experience is never far off and is readily accessible. Several years after the trauma, the world is still perceived as substantially less meaningful than before (Janoff-Bulman & Frantz, 1997).

The survivor at this stage is no longer as pre-occupied with the world as making sense, but rather whether their own life has meaning, significance and worth. Meaning can be manifested in a variety of realms, however, frequently close relationships and altruistic social causes provide some form of significance, in their ability to establish deep, meaningful connection with other people and to extend beyond oneself and impact on the

world (Janoff-Bulman & Frantz, 1997). A central concern of therapy is thus meaning making, with respect to minimising threat and maximising value in the individual life. They acknowledge that only once the fear and anxiety associated with the trauma is diminished through the processing of the trauma can this possibility be actualised. They concur that the therapy process is thus an eclectic one, in which the therapist functions largely as container, holding the very intense feelings, providing social support, creating a safe environment, facilitating various strategies for both coping with and processing the trauma and ultimately creating meaning (Janoff-Bulman & Frantz, 1997).

### **2.3 THE QUEST FOR CONTINUAL ESCAPE**

The continual attempt to escape from the traumatic experience, in the confrontation of the reality of it as well as the remnants in the form of intrusive images, persistent experience of fear and self-defeatist appraisals, frequently manifest in conscious or unconscious avoidance strategies. A large number of coping mechanisms involving behavioural and cognitive strategies of avoidance or repression are utilised in efforts to escape such threat and misperceptions. Several examples include attempting to avoid thinking or talking of the trauma, avoiding the confrontation of any external reminder of the trauma, avoiding nightmares by going to bed very late and withdrawing socially (Edwards, 2003).

According to Horowitz (1986), the defensive strategies employed are not only adaptive in the warding off of the overloading of the traumatic information, which may result in overwhelming emotional distress, but function as a part of the path to the integration of the trauma into cognitive schemas. He explains that the denial, numbing or dissociative features, oscillate with that of the “completion tendency”, i.e. the return of the unintegrated material in the form of repetitive intrusive recollections, images, flashbacks and nightmares, in the attempt to integrate the information in a manageable way. (Marmar & Horowitz, 1988).

It is the persistent use of avoidant coping strategies, however, which are purported to be strongly associated with maladaptive post-traumatic responses as evidenced in their

prominence in the acute trauma phase and in the diagnosis of Acute Stress Disorder (Bryant, Moulds & Guthrie, 2001). The result of the attempt to suppress the trauma and intrusive re-experiencing, consequently reinforces them (Foa & Riggs, 1993).

One of the most prominent unconscious avoidance mechanisms which bears a strong relation to the inability to process the trauma affectively is that of dissociation or what Lifton (1993) terms the '*Continuum of Psychic Numbing*'. Psychic numbing refers to the intense state of dislocation from the self, ones emotions and experiences during the trauma and subsequent to its aftermath. This state, bearing a close relationship to the death image functions to create a state of denial, where in not being able to feel, the actual experience can be kept at bay and the reality of its impact denied. This inability to identify with the experience and thus its victims creates a protective shield from the impact of the horror and trauma. "The survivor undergoes a radical but temporary diminution in his or her sense of actuality in order to avoid losing this sense completely and permanently; he or she undergoes a reversible form of symbolic death in order to avoid a permanent physical or psychic death" (Lifton, 1993, p. 18). Within this experience lies a sense of stasis or paralysis, destruction or disintegration, and intense isolation or separation. The suspension of such psychic action, thus in turn prevents the "formative-symbolizing process", further impeding vital psychic processes and the ability to assimilate the trauma and its consequences. It is thus the rediscovery of basic human connectedness, which is vital in healing, and the restoration of the symbolic feeling self (Lifton, 1993).

#### **2.4 TRAUMATIC MEMORIES AND EMOTIONAL PROCESSING**

Thus whilst the development of PTSD is not in itself an unlikely response to overwhelming traumatic events, trauma theorists tend to concur that "perceptions of the traumatic event can contribute to the development of chronic PTSD, PTSD results not from the traumatic events alone but from inadequate emotional processing of the traumas, and PTSD symptoms significantly decrease once adequate or successful processing has occurred" (Smucker & Dancu, 1999, p.13).

The processing of the trauma and its idiosyncratic appraisals, however, is challenging and cannot be addressed solely through rational exploration. The individual's experience of trauma is very deeply embedded in a significantly primary form, i.e. a constellation of sensory stimuli, distortions, exaggerations and fragments (van der Kolk, 1987). It is proposed that the difficulty in processing the trauma lies in the manner in which it was thus initially encoded.

Teasdale's (1997) Interacting Cognitive Subsystems Model (ICS) proposes that the meaning invested in the traumatic event, is encoded in two different meaning systems. Meaning as manifested by discrete concepts, with specific meanings and conveyed directly through language, as evident in these appraisals, are stored in Propositional code. Meaning on this level can be relatively easily understood and conveyed, as a direct relationship exists between the language and the concept. The information represents certain "truth values" about the world, which can be objectively verified through evidence and challenged accordingly. Implicational code, in contrast, cannot be mapped directly onto language, and rather represents those more generic and holistic levels of meaning. "Meaning at this level represents deep regularities, themes, inter-relationships, and prototypical features extracted from the patterns of specific meanings and sensory features that recur across experiences that share deep similarities, even though they may be superficially different" (Teasdale, 1997, p. 145). Teasdale's model suggests that it is this level of meaning, which is directly linked to emotion, and its 'truth' cannot be simply verified like that of Propositional meaning. Patterns of Implicational code are further suggested to represent schematic mental models of experience, reflecting generic features of experience, bodily and mental, manifesting in implicit knowledge of this information (Teasdale, 1997). Attempts to convey such meaning verbally have been achieved through the devices of poetry, metaphor, parable and stories, which point beyond the scope of specific Propositional meaning. Within the ICS model, emotional response can only be elicited directly through affect-related Implicational schematic models (Teasdale, 1997).

The Data-driven processes, as defined by Ehlers and Clark (2000), however, assumes that the traumatic material has not been encoded coherently even at the implicational level.

Thus significant work is needed to integrate and encode the traumatic material on the implicational level, before encoding on the propositional level can take place (Edwards, personal communication, May 23, 2004).

The distinction of Smucker and Dancu (1999) between primary and secondary processes parallels Teasdale's distinction. These follow Freud's original concepts of primary processes as defined as the "earliest, most primitive and illogical form of mentation that is primarily iconic in nature, lacking in temporal dimension, and reflected in such activities as daydreams, fantasies, dreams, and slips of tongue phenomenon" and secondary processes as "governed by more reality-based, logical thought and exemplified by delayed gratification and problem solving activities" (Smucker & Dancu, 1999, p. 27). They comment that in order for successful emotional and information processing to occur both need to be addressed and integrated. They propose thus that both imagery and verbal strategies are necessitated to explore, facilitate and process the trauma.

#### **2.4.1 Constructing the Narrative – A Return to the Un- 'Imaginable'**

Thus the common denominator to the multitude of trauma theories and interventions available is that it is the confrontation of the traumatic memory, which is paramount to the processing of the trauma. In order to successfully resolve the trauma, individuals need to confront their fear, aversive memories and images, through the activation of the traumatic memory, whilst providing corrective information, which challenges the pathological elements of the memory (Hembree & Foa, 2004). Essential to the process is thus the emotional engagement with the traumatic memory (Eagle, 1998; Hembree & Foa, 2004).

The act of remembering, re-narrating or re-living, has been conceptualised as a cathartic function, whereby in the safety of the supportive therapeutic relationship, the individual can begin to relinquish their previously adaptive avoidant coping mechanisms and are able to share those feelings and fantasies previously unexpressed (Eagle, 1998; Hembree & Foa, 2004). It relies on the premise that the avoidance of trauma-related memories and

associations impedes the emotional and information processing of the trauma by maintaining the fear structure and distorted cognitions (Bryant, Moulds & Guthrie, 2001). The sharing of the fantasies related to the trauma prevents the repression of the material and the displacement into other symptoms (Eagle, 1998). The verbal mediation of these experiences is important in transforming what is largely primary sensory data, which is stored in episodic and sensory modalities, into secondary processed thought. The regressive impact of the trauma can thus be ameliorated through the higher functioning of the ego or more mature reality based structures (Eagle, 1998). Through this process the traumatic memories can be more effectively elaborated and integrated into the context of the traumatic experience, preceding, during and subsequent to the event, in order to reduce intrusive re-experiencing (Ehlers & Clark 2000). Through the verbalisation of the trauma, idiosyncratic and problematic appraisals related to the trauma may be identified and challenged.

Additionally those behavioural and cognitive strategies, which prevent the activation of the traumatic memories, reinforce symptoms or prevent the shifting of the appraisals, may be modified (Ehlers & Clark, 2000). Through this process, habituation to the traumatic memory or a reduction in anxiety associated to the event is facilitated. This exercise counters previously held beliefs that a re-confrontation of the trauma would lead to a catastrophic outcome and indicates to the individual that anxiety can be reduced without resorting to avoidance techniques (Hembree & Foa, 2004). Further, the focusing on the trauma as an isolated events or group of events, prevents the generalisation of fear to other situations. It is additionally the confrontation of the trauma, that encourages a sense of mastery over the symptoms, which are frequently perceived as signs of weakness or incompetence (Hembree & Foa, 2004). From an object relations perspective the act of psychologically accompanying the individual through the trauma and tolerating its magnitude, allows for the containment of the experience and thus its transformation (Eagle, 1998). "The sense of accompaniment acts to ameliorate the isolation of the experience of potential annihilation and symbolically provides the client with a 'positive introject' on which to draw when the memory is evoked in future" (Eagle, 1998, p. 139).

The act of narrating and re-living the traumatic event needs to be vivid, including a sequence of all events having occurred, thoughts, feelings, behaviours and sensations encountered. This may be achieved by encouraging the patient to “associate fully to the event, to employ imagery rather than words in recollection and fantasy, to explore emotional aspects of relationships and experiences of the self during the event, and to prime reconstruction of the event in an empathic and evocative resonance to the experience” (Marmar & Horowitz , 1988, p. 97). Within this process all possible fantasies or imagined aspects need to be elicited (Eagle, 1998). Various strategies for facilitating this process include narrating the event in present tense, envisaging the event as though it were a movie, and encouraging sensory associations.

Evidently the therapeutic process needs to address a variety of other factors impeding on the individual. These include the normalisation of the post-traumatic response through psycho-education, addressing self-blame, encouraging mastery and where appropriate facilitating the creation of meaning (Eagle, 1998). For those individuals who initially present with significant numbing and denial, the therapist aims to establish an environment where the patient can feel safe enough to begin to confront these powerful emotions, memories and appraisals related to the trauma (Horowitz, 1993). This is achieved initially through highlighting the patient’s insistent use of avoidance strategies and their tendency to exacerbate the traumatic symptoms. The patient is invited to share their fantasies of being overwhelmed by the emotional recollection of the trauma and transference fantasies around potential harm being caused to the therapist who functions to witness the evocative testimony of the traumatic event. The information and emotional processing of the trauma is therefore explored in manageable doses, so that support can be provided, the events, emotions and distorted appraisals can be examined and organised in sequence. Simultaneously suppression techniques, in the form of relaxation and desensitisation strategies are further used to assist the individual through periods of feeling emotionally flooded in order to proceed with daily functioning and interpersonal commitments (Horowitz, 1993). Within this process transferences occurring within the therapeutic relationship are prominent and often poignantly utilised in the working through of the trauma and associated loss (Marmar & Horowitz, 1988: see section 2.4).

The issue, however, of how the therapist goes about making decisions regarding the appropriate and timely selection of these interventions is still one poorly represented in the available literature. As evidenced, traumatic events impact powerfully on the person's self-concept. It is this, which Horowitz (1993) believes should act as an organizing principle for the therapy process. Initially thus the therapist needs to focus on the empathic acceptance and acknowledgment of the patient's conscious experience and concerns of defectiveness and weakness of the self. These include feelings of fear, vulnerability to the repetition of the trauma, anger, sadness over the losses experienced and feelings of weakness related to not being able to control one's post-trauma responses, emotions and life. On a more unconscious level, the person may also harbour warded-off feelings of blame related to the view of the self as dangerously powerful and being responsible for causing harm to people. The therapist needs to confront these feelings, at a later stage by managing strategically the person's avoidance of the fantasy of exaggerated responsibility for these events. Horowitz (1991) provides the general principle of using explorative interventions whilst a patient is located in what he describes as the 'denial-numbing' phase and the use of supportive interventions during 'the intrusive-repetitive phase'. Thus when the recounting of the fragmented experience is disrupted, the therapist needs to modulate their free expression, whilst when they become too overwhelming and too intense they need to be harnessed and contained (Laub, 1992). Peterson, Prout and Schwartz (1991, p. 146) comment that although not all theorists concur with Horowitz's phase model, they believe the goal is to keep an optimum balance between "excessive denial and excessive intrusive symptomology". They report, however, that Horowitz's work is predominantly theoretical, with few treatment outcomes being reported.

#### **2.4.2 The Talking Image**

Central to the emotional processing is thus the return to the traumatic experience, with an emphasis on the sensory components, specifically that of the traumatic imagery, which is so prevalent in traumatic recollections. The use of imagery within the therapeutic context has its roots in the late nineteenth century with the likes of Pierre Janet. Using 'imagery substitution' he worked with replacing images with more adaptive ones in hysterical

patients. Initially Freud too, utilised imagery in his work. This, however, was soon abolished as he began to consider imagery as a form of resistance, which prevented the patient from engaging in free association (Smucker & Dancu, 1999). Jung, however, conceived of imagery as the creative process of the psyche, which functioned to further the individual in the realms of self, interpersonally and on a spiritual level. “The psyche consists essentially of images. It is a series of images in the truest sense, not an accidental juxtaposition or sequence but a structure that is throughout full of meaning and purpose; it is a ‘picturing’ of vital activities” (Jung cited in Smucker & Dancu, 1999, p. 23). Jung frequently facilitated patients in the imagining of their images and encouraged them to utilise their creative imagination to resolve their conflicts. He believed that images had a life of their own and reflected symbolic events according to their own logic. This he labelled the “active imagination”. Jung observed in his work that “When you concentrate on a mental picture, it begins to stir, and the image becomes enriched by details. It moves and develops...and so when we concentrate on our inner pictures, our unconscious will produce a series of images which makes a complete story” (Jung cited in Smucker & Dancu, 1999, p. 24). Additionally Alfred Binet, encouraged his patients to utilise the strategy of conversing with their visual images in what he termed the “dialogue method” (Smucker & Dancu, 1999).

Several trauma theorists recommend the use of imagery as a primary strategy in the emotional processing of traumatic events. As previously mentioned the traumatic memory is poorly available to linguistic retrieval and is subject to a variety of sensations and images. In the absence of the activation of the traumatic imagery, these memories may linger despite all verbal efforts. If the nature of the trauma was experienced visually and subsequently reflected in the traumatic imagery itself, then it is only fitting that these memories be transformed, corrected and processed within the distressing imagery. In working with the image, the fragments and disorganised material resulting from the data-driven processes may begin to be coherently encoded on an implicational level, prior to being encoded on a verbal or prepositional level (Edwards, personal communication, May 23, 2004).

Smucker and Dancu (1999), further suggest that it is the meaning inherent to the traumatic experience, which is vital in the resolution of the trauma. They argue that in addition to the utilisation of imaginal exposure to the traumatic event, the intrusive imagery needs to be additionally modified as a means to provide corrective information and in order to challenge the traumatic schemas. According to Beck (cited in Edwards, 1989, p. 284), "a person's schematic representations of reality are not fundamentally verbal or visual but can be translated into and restructured through either modality". Thus like words, visual imagery is a powerful means of communication and thought, however, its potency is enhanced by its archaic and encompassing quality. Words enable the deconstruction of reality into units of meaning. Within verbal representation these various units, however, often remain isolated. Contrarily the holistic nature of visual imagery allows the intricate relationships between the reality of events, concepts, beliefs, assumptions, distortions and attributions to be accessed, explored and reconstructed. Human infants represent the world in the realm of imagery before verbal communication is introduced. The experience of trauma, as evidenced by the manner in which it is processed in a very primary form, is indicative of such a regressive state. The use of imagery provides an alternative form of communication and meaning, which enables the processing of issues in a less linear and rational form (Edwards, 1989). The images from dreams, drawings, intrusive images, flashbacks and the like, are reflective of individual's personal interpretations of their reality and the distortions inherent to them (Pynoos & Eth, 1986). A variety of techniques are thus used in trauma work to incorporate this powerful means of exploration, facilitation and emotional processing, such as imaginal exposure work, guided imagery, creative expression and dream analysis.

Pynoos and Eth (1986) in their work with traumatised children utilised drawing as a key strategy in the processing of traumatic memories. The drawings functioned not only as a projection of the inner worlds of the subjects, but provided a half-way point between the real and the symbolic, which enabled a degree of safety from the distressing and overwhelming content of the traumatic memory. The act of being involved in constructing the imagery in its various forms was further observed to counteract the passivity and helplessness the subjects experienced at the time of the trauma. The use of

guided imagery additionally has found prominence in its effectiveness in countering this sense of passivity and increasing a sense of mastery over the traumatic imagery. Guided imagery facilitates the process of cognitive restructuring through the active transformation and challenging of the imagery encountered, manifested and created (Edwards, 1989). These images convey implicitly the idiosyncratic beliefs and assumptions, which subsequent to their identification can be challenged through a dialogue with the images, whereby the individual can question, confront and create alternatives to their meaning systems (Edwards, 1989). These images are frequently projections of the individual, and thus through confronting and challenging the imagery, the transformation of these images impacts on the self. Furthermore these thoughts and beliefs identified implicitly through the imagery can then be subsequently made explicit and processed verbally. This strategy has been used effectively in confronting and unburdening the individual from the intense self-criticism as evidenced in the common post-traumatic response of self-blame. These strategies enhance ego functioning and provide a more realistic and less maladaptive appraisals regarding the evaluations of these experiences (Eagle, 1998). The guided imagery strategy thus provides an opportunity to re-internalise the event in a more reality based, less critical way. The confrontation and re-construction of these images has also been incorporated successfully in grief work involving persistent traumatic imagery of the deceased. This work emphasised replacing and repairing the distressing imagery, including disturbing parts of the deceased image, with imagery representative of the person as prior to their death. Through this process, the subject is able to control their images and thus recall previous memories of their loved ones and the traumatic event without fear. Through the decreased avoidance and rather the confrontation of these feared images, a sense of mastery and decreased vulnerability is experienced. Feeling less emotionally vulnerable, these individuals once again may experience feeling in control over their emotions. In the sharing of the imagery, themes related to unexpressed conflicts may arise, which, exacerbate the traumatic grief response. The conflicts resulting from these themes can then be processed (Fidaleo, Proano & Friedberg, 1999).

The transformation of this experience into the verbal realm is emphasised as vital in the adequate processing of the trauma. Well elaborated and developed accounts of the narrative allow the individual to organise the information more coherently, and provide a reality-based framework from which to gain insight, perspective, reflection and impetus for future investment and significance in life. The final act of narrating is one of the externalisation of the image into the shared realm. Research suggests that the ability to talk or write about the experience correlates significantly with greater resolution of the trauma and long-term adjustment (Smucker & Dancu, 1999).

## **2.5 RELATIONSHIPS REDEFINED...TOWARDS A NEW IMAGE OF OTHER**

The traumatic experience as evidenced, is an experience unlike any other. So removed from the course of 'normal life', individuals experience a dislocation from this reality, including those people in it. Haunted by the traumatic imagery, confronted by a re-evaluation of the images of life, death and self, they undergo an experience, a solitary quest of paramount proportions. Locked within these devastating images, these individuals may long to be able to share this pain with another, to free themselves from the burden of carrying the solitude of an experience that cannot easily be conceived of. They are, however, frequently unable to. Exacerbating the already intense experience of isolation is the very overt juxtaposition that exists between their inner and external world and that of other people. Whilst these victims struggle with the experience of their inner and external world having been shattered, others resume their seemingly mundane lives as before, unaware of this painful upheaval.

Lifton's fourth theme pertains to these '*Problems of Intimacy, Nurturance, Suspicion of the Counterfeit and the Quest for Meaning*', which he conceptualises as being intricately tied into the notion of the 'death imprint'. Core to the survivor's experience is the conflict between yearning deeply for human relationships and nurturance and the perception of this need as a further indication of weakness. Such offers are met with resentment as they are a reminder of perceived weakness and because prior experiences of relationships and dependency have proven themselves to be unreliable. The resistance towards

relationships is based on the experience of having been tainted by death, of “carrying... the psychic stigma of the annihilated” (Lifton, 1993, p.20). This experience of the death equivalent, of feeling ones self to be located in the realm of death and destruction, to be identified as such, prevents the experience of vitality found in relationships. Exacerbating this, are other peoples fear of the survivors “death taint” and their need to protect their own experience of integration and vitality. The experience of intense anger, is viewed as an attempt to hold onto some form of vitality in the face of such death images. Unfortunately this emotion further causes the individual to withdraw from others, thus increasing the sense of isolation (Lifton, 1993).

The role of social support in the aftermath of traumatic experiences is vital in the recovery of the individual (Janoff-Bulman, 1992; Lifton, 1993). The ability to share the experience of the trauma or the experience resulting thereafter is significantly associated to better post-trauma adjustment and the ability to re-invest in what is perceived as understanding, supportive relationships. Survivors or victims of trauma are in desperate need of responses from their families and intimate relationships indicating understanding, warmth, support and a desire to listen. These in turn validate the person’s experience of a loving environment, which restores their sense of self-worth and the world as being less threatening. Additionally within the safety of this caring environment, they are able to begin to process the overwhelming effects of the trauma (Janoff-Bulman, 1992). This is not an easy process, however, as both intrinsic and extraneous variables take their toll.

### **2.5.1 The Role of the Other in the Restoration of Self and World**

As indicated before, in the aftermath of trauma victims are very sensitive to their interactions with and the responses of others. The experience and perceptions of either unsupportive and uncaring or supportive and caring relationships can either play a role in exacerbating their view of the world as malevolent and the individual as worthless or alternatively the world as meaningful and the individual as worthy, respectively. Additionally they can function to provide the crucial holding environment for these individuals, to support them in the necessary cognitive-emotional work. People, however, are significantly invested in maintaining their own concepts of the world as meaningful

and self as worthy and experience the confrontation with victims of trauma as threatening. Their responses may thus be unsupportive and seemingly rejecting towards these individuals. Despite people's attempts to respond appropriately and in a caring manner, their interactions and subtle non-verbal responses suggest their personal discomfort. At a time when these individuals are at their most sensitive and vulnerable, these responses may have the effect of a "second injury" (Laub, 1992). It is suggested that culture at large demonstrates avoidance of tragedy, which is correspondingly echoed in their avoidance of victims (Janoff-Bulman, 1992).

### **2.5.2 The Impact of the Trauma on the Other**

Although family members and other close relationships are more often than not sincerely invested in supporting one another, the existence of stresses and strains within these families has its impact. Family members, close friends and partners are often deeply affected by the traumatic experience, either as direct victims of the trauma or the vicarious experiencing thereof. Their lives too are overwhelmed by the affects of these overwhelming events, and thus they are frequently unable to provide the support these individuals require as a result of their own emotional suffering. Instances of survivors' partners leaving them subsequent to traumatic episodes are frequent. Figley (cited in Janoff-Bulman, 1992) suggests that interventions subsequent to trauma should aim at addressing the family system, so that all their pain can be addressed and that in the future they will be able to deal with changes and challenges they confront as a unit. Alternatively these intimate relationships suffer the hardships of the aftermath of the effects of the trauma, leaving these individuals feeling further isolated and misunderstood.

A prominent impact of trauma on existing intimate relationships is that of role strain. Significant care taking of survivors of trauma may be required due to the intensity of the psychological stress they have endured. This role, however, may be experienced adversely or as overwhelming for the respective people involved. Role strain may develop when this task is experienced as too arduous, due to the degree of care needed, or alternatively because it represents a previously unfamiliar role, or a shifting of roles in

the context of this relationship. Further, the personalities of trauma victims may also impress as having changed subsequent to the trauma, owing to the intensity of their emotional state. This too may impact on intimate relationships, which are frequently unable to accept these apparent changes in the person (Janoff-Bulman, 1992).

Communication difficulties also impact on these relationships. Survivors of trauma have a desperate need to talk about the trauma. At the same time, however, they feel a need to protect both themselves from the pain incited by the discussion or alternatively to protect others from becoming distressed. Similarly, despite the members of these significant relationships being invested in helping and supporting the individual, they too frequently avoid talking of the trauma fearing that it might be too painful for the victim. Furthermore responses from others, which include criticism, pessimism and excessive paranoia, become particularly unhelpful. Specifically the minimising of the trauma and the insistence that they should move on with their lives has a counter-therapeutic effect, since they implicitly suggest a lack of support and understanding of the fragmented experience of the individual's inner world and the overwhelming need for a restoration process. Communication difficulties are therefore often encountered as a result of both family members and the survivor's need to protect one another from distress and being unaware as to the best means in which to assist. Communication difficulties are therefore often a product of misunderstandings or misdirected intentions. As a result, victims who are highly sensitive to the behaviours and responses of others, may be able to realise that other people respond better to them when they are more optimistic and cheerful. In efforts to connect to others a cheerful façade is chosen over the expression of emotional pain (Janoff-Bulman, 1992). Understanding, acknowledging, and appreciating the overwhelming experience of the victim, enables them to re-construct positive self-perceptions whilst experiencing their intense psychological distress. As a result of the difficulties experienced by both the family and the survivor in dealing with or confronting the traumatic event, professional therapeutic assistance is often required.

### **2.5.3 The Therapist- Caretaker, Teacher, Transference Object**

Within the therapeutic relationship, the therapist thus functions both in the processing of the trauma, as well as the provision of a new experience of a powerful relationship (Janoff-Bullman, 1992). This relationship is vital in the healing process. The therapist's role is to provide the experience of support, understanding, acceptance and acknowledgement of the overwhelming nature of the trauma and its consequences, as well as the assessment and management of the treatment according to the needs of the individual client.

Specifically, however, the therapist has a very distinct purpose. This involves being the recipient, the listener, the container of the individuals experience, so that it can be known as a shared reality, and in turn re-internalised as less threatening and more fully integrated. The therapeutic process requires the re-externalisation of the event, so that it can be transferred to another and then taken back again. According to Laub (1992) therapists through listening are actively involved in the process of constructing or reconstructing the narrative or image and in effect the 'birth' of the event takes place as a "known event and not simply as an overwhelming shock" (p. 57). Laub (1992) asserts that in order for the narrative to be wholly constructed, the therapist needs to be actively listening, attentive, invested in the process and able to provide an extensive measure of containment.

"The listener to the narrative of extreme human pain, of massive psychic trauma, faces a unique situation...In spite of the presence of ample documents...and fragmentary memories of anguish, he [sic] comes to look for something that is in fact non-existent; a record that has yet to be made...The trauma- as a known event and not simply as an overwhelming shock- has not truly been witnessed yet, not been taken cognisance of. The emergence of the narrative which is being listened to-and heard- is therefore, the process and the place wherein the cognisance, the 'knowing' of the event is given birth to" (Laub, 1992, p.57).

According to Laub (1992), the therapist's function is paramount in the testimony of the trauma. The therapist's attentive, accepting and caring presence, facilitates the beginning of the inscription of the traumatic event as though it were the first time ever truly recounted and experienced. The process of giving testimony to, is thus a partnership, requiring the therapists' participation, be it active or passive. In this process the therapist needs to remain cognisant that although necessary, it is this revisiting of the trauma that the victim profoundly fears and attempts to escape from, and, in the confrontation with it, can psychically shut down. Silence is frequently preferred over giving voice to the event, as it is here that the victim attempts to hide; it is both "a sanctuary and a place of bondage" (Laub, 1992).

Complicating this testimony, is that the act of narration has the potential to become traumatising if it is only reliving and not relief that is experienced. The therapist needs to listen and hear, so that the narration does not become a return of the trauma itself. The failure to do so can impact on the victim:

"The absence of an empathic listener, or more radically, the absence of an addressable other, an other, who can hear the anguish of one's memories and thus affirm and recognise their realness, annihilates the story. And it is, precisely, this ultimate annihilation of a narrative, that, fundamentally, cannot be heard and of a story that cannot be witnessed, which constitutes the mortal...blow" (Laub, p. 68, 1992).

For this process to take place effectively, an intimate, connection is necessitated and the complete presence of the therapist. This requires a significant amount of emotional investment from the therapist, who is to contain and hold the recounting of loss, pain and destruction at its most severe. It is in the listening and hearing of this narrative, that the victim can begin to listen to him or herself (Laub, 1992). Unlike many therapeutic interventions, which emphasise the need for the neutrality of the therapist, trauma intervention thus requires a therapist to be actively engaged with the client in an emotionally warm and engaging manner, whilst not violating therapeutic boundaries.

Within the safety of this environment, the client can begin to experience the emotions, thoughts and experiences related to the trauma, whilst the therapist acts as a 'container' for them. Through the "positive mirroring" manifested by the caring, empathic and soothing presence of the therapist, the client can experience being valued (Janoff-Bulman, 1992).

The development of this relationship, however, is often difficult in view of the recent trauma and associated loss. The victim of trauma may be reluctant to re-invest emotions in a relationship, due to expectations of potential repetition of the trauma. The prospect of termination of the therapy is thus an anticipated prospect of the trauma work (Horowitz, 1988). Those individuals stuck within the denial-numbing phase, carry the constant fear of the confrontation of their emotions on a magnitude that they could not bear or alternatively the fear that the therapist cannot or will not be able to tolerate the patients pent up expression of anger, guilt and anxiety. Transference, "the tendency to repeat role relationship models that have been internalised following interactions with important figures during sensitive developmental periods" is rife within this therapeutic relationship (Horowitz, 1988, p. 95). Due to the regressive impact of the trauma, these transference potentials are often intensified and impact largely on the processing of the traumatic material. The patient's initial hope and optimism regarding the prospect of healing and their subsequent realisation and anger at the reality of the very difficult and painful emotional processing of the trauma, is frequently a dynamic which impacts on this therapeutic relationship (Horowitz, 1988).

The prospect of termination specifically elicits transference potentials, as they reactivate the experience of the loss of a significant relationship. The patient at this stage may misperceive the therapy as ending due to their own undeserving attributes, or because their trauma and emotional expression was too intense for the therapist to tolerate. The patient may experience being too weak to tolerate this loss or too guilty to ask for further assistance. However, if addressed therapeutically, such unresolved issues related to problematic self-concept can be worked through. A sense of mastery can be attained through the linkage of this with the traumatic event and earlier developmental periods.

Disappointments with the therapy can be discussed openly, whilst sadness, mourning for the losses and anger can more readily be accessed and processed. At this stage the patient is able to share reflections on the process, explore progress made and attempt to further these post therapeutically in view of their extended support network and in the formation of new relationships (Horowitz, 1988).

The intimacy of this connection and the traumatic content of the therapy, may, however, impact on therapists, the therapeutic decisions made and the ability to work effectively with the patient (Eagle, 1998; Laub, 1992). The therapist, who facilitates this difficult process of confronting the traumatic memories, becomes vicariously exposed to the horrific events and thus may be subject to a secondary traumatisation (Eagle, 1998). It is thus vital that therapists address their own overwhelming emotions if they are able to function in role as listener, to facilitate the emergence of the trauma narrative and to contain the experience of the trauma victim (Laub, 1992). Therapists thus fulfil the dual role of playing witness both to the traumatic experience of the patient and that within themselves. According to Laub (1992), this feat “leaves no hiding place intact”. He states that “As one comes to know the survivor, one really comes to know oneself; and that is not a simple task” (p. 72).

## **2.6. THE CONCEPT OF ‘RECOVERY’**

The term “recovery” within the context of trauma is contentious, as it implies that individuals can return to their previous condition (Janoff-Bulman, 1992). Trauma survivors may return to a state of health, but can by no means return to where they began. Furthermore very little exists overtly in the trauma literature regarding what constitutes recovery in the context of trauma work. Implicitly, however, many theorists suggest that the focus of therapy should be the resolution of those characteristic PTSD symptoms, which ultimately denotes recovery (Foa & Kozak, 1986). This, however, represents a very narrow band of focus as the impact of the trauma as previously mentioned is extensive. Thus in addition to the presence of these characteristic PTSD symptoms, may lie further co-morbid effects pertaining to mood, adjustment, substance and anxiety

disorders, bereavement, pre-existing enduring dysfunctional personality traits and a host of psychodynamic variables. Existentially, the individual has experienced a profound, life-altering event, thus requiring a restructuring of the overall self-organisation (Horowitz, 1993). Janoff-Bulman (1992) suggests that the term recovery, when defined according to trauma survivors, reflects a state where the individual is able to function effectively in a variety of areas. Some of these include investing in their future, experiencing pleasure, free from distressing thoughts and feelings related to the trauma, and maintaining significant relationships. Janoff-Bulman (1992, p. 171) asserts that “from the perspective of their inner worlds, victims recover not when they return to their prior assumptive world but when they re-establish an integrated, comfortable, assumptive world that incorporates their traumatic experience”. The resolution of the ‘cognitive-emotional’ conflict is evidenced through the confrontation of the traumatic experience in a manner that enables the individual to process, integrate and manage associated feelings and images. Three factors have been identified as significantly associated with the process of recovery. Firstly survivors need to be able to confront and tolerate their distressing emotions and thoughts. Secondly they need to process the traumatic material so that it can be integrated and transformed. Lastly the provision of external support from family friends and partners is vital to the recovery process. (Janoff-Bulman, 1992).

Lifton (1993) conceptualises the issue of recovery in his final theme of ‘*reformulation, transformation and reanimation*’. He states that the experience of severe trauma can leave the individual in a life long pursuit of repair. The task is therefore to reformulate the trauma in a way that meaning can be derived, so that the remainder of ones life need not be devoid of significance. The reformulation of this “lifeline” needs to occur on both the proximate level, where the survivor struggles with issues of “connection and separation, of movement and stasis, and of integration versus disintegration” and the ultimate level, where the issue of greater meaning and larger human connectedness are core. Without this reformulation, the psychic processes required to produce vitality are prohibited, and the survivor remains locked in unresolved conflicts (Lifton, 1993).

Furthermore the survivor requires “ emancipation from bondage to the deceased” (Lifton, 1993, p. 20). This emancipation refers not only to the very real deaths of others that may have occurred, but additionally the survivors’ own experience of inner deadness. This emancipation involves the creation of imagery in which the traumatic experience and the resulting effects on the self can be remembered and integrated into the reconstruction of the self. Further, however, is the need to integrate those life-sustaining images, reflecting both those experiences prior to the trauma and the prospect for the creation of future images, ensuring the continuity of life. The experience of the trauma is thus according to Lifton an assault on and threat to the entire self. Recovery from the traumatic experience and the subsequent conflicts thus necessitates a process of shifting from the traumatised self into the reintegration of the self. Lifton (1993) suggests that in this light, we can view the post-traumatic stress reaction as an attempt to restore the self and therefore the symptoms as adaptive, i.e. “their presence implies their necessity” (p. 22).

## **2.7 IN SUMMARY**

The journey undertaken by the trauma survivor is thus difficult and complex. It is the frightening return of the traumatic fragments, which although distressing, suggests the need for integration through the confrontation rather than the avoidance of the trauma. The emotional processing of the trauma thus functions to both integrate the traumatic material coherently, whilst transforming it through accessing implicit meaning structures. The utilisation of imagery to confront and transform the trauma-related imagery can be a powerful means of processing the trauma and its effects on both implicational and propositional levels of meaning. Throughout this process it is both the confrontation of the psychological distress and the existential confrontation with meaning evoked by the trauma that underlies both the symptoms and the therapy. Ultimately the containment and support of the therapy relationship and the establishment of further external support structures enable the trauma survivor to begin to re-invest in a life that was thrown into turmoil.

## CHAPTER THREE

### METHODOLOGY

The nature of this particular case, lends itself to the in-depth investigation of the following key issues:

- 1.1 The patient's existential confrontation with the meaning of life and death as reflected in the image.
- 1.2 The manner in which emotional processing is aided by the utilisation of imagery strategies; this would also incorporate an investigation into how within the context of the therapeutic process the relevant management decisions were made regarding the suitability, selection and timing of specific interventions in terms of the proposed theoretical models, intervention strategies and the unique context of the individual patient so that the patient arrives at a place of integration rather than further disintegration.
- 1.3 The role of the therapeutic relationship in the therapy process, the manner in which the work impacts on both patient and therapist and the effect this has on management decisions.

The methodology utilised in addressing these research aims, is that of a theoretical-heristic case study. "A psychological case study is essentially a reconstruction and interpretation of a major episode in a person's life (Bromley, 1986, p. 3)." According to Edwards (1996, p.11) the use of case study methodology is advantageous in that it offers a thorough, in-depth investigation and understanding of an individual, based on extensive and psychologically rich" information. Furthermore Edwards (1998) asserts that the utilisation of the case study method allows for the researcher to remain close to the psychological phenomenon under investigation so that justice can be done to the complexity of human experience. The case study method is by its very nature phenomenological as the participant's experience is at the centre of the research. Rather than relying on 'objective' psychometric data, the researcher frequently invites the participant, to actively contribute to the research process in the description or analysis of the case. The case study account should integrate participants' points of view, since their perception of themselves and their world are key contributing factors

to their behaviour. The case is contextualised, and thus more meaningful relationships between situational and psychological factors can be investigated within the single case. This includes, contextual, temporal, interpersonal and intrapersonal dimensions, which can be incorporated and analysed as significant factors in the research (Bromley, 1986). According to Edwards (1998, p. 40) the “quality of our science depends on the quality of our data”. It is this quality which is located in the very rich, in depth exploration of the accounts and experiences of individual persons.

The therapist is uniquely placed to conduct such a research process as the therapy offers the very rich information established within the context of a deeply caring, trusting, supportive and long standing relationship, necessitated to understand intimately the phenomenon at hand (Edwards, 1996). Bromley (1986, p. 24) similarly states that “...the inquiry deals with episodes of deep emotional significance to the person...and can be carried out properly only by someone trained and equipped to establish and manage a close, fairly long, and possibly difficult personal relationship”. This relationship further decreases the risk of accidental errors or omissions and misrepresentation on part of the participant. The clinical skills utilised in therapy, are analogous to those employed in qualitative interview research. The clinician similarly makes informed clinical decisions by applying and incorporating existing theory and practice much like that done in formal research. Additionally the infrastructure of supervision, peer discussion and conferences supports an ongoing critical and reflective approach to the case material. The therapist thus becomes an integral part of a hermeneutic enquiry, whereby meaning is arrived at through the complex web of exploring, returning to and re-assessing the information (Edwards, 1996).

According to Edwards (1996, p. 10) in the field of psychotherapy, “careful and systematic observation and description of individual cases has been the cornerstone on which the development of scientific knowledge has been built”. The case study is naturalistic and follows a bottom-up, idiographic approach. Through detailed observation, description and analysis of an individual case, a deeper understanding of the material and its practical relevance to general theory may be acquired. Bromley (1986, p. 3) asserts that although no standard manner of conducting case-study research exists, this “does not exclude a measure of standardisation as regards content, organisation, procedure, presentation and so on.”

According to Edwards (1996) and Bromley (1986), because case-study research is based on the investigation of real life people and problems in real life situations, the distortions often occurring in experimental methods of inquiry are reduced considerably. As a result there is a high degree of external validity.

**3.1 PARTICIPANT:** The study involves the in-depth description and analysis of the therapy process of one individual suffering from Acute Stress Disorder (later Post Traumatic Stress Disorder), following multiple traumas. Langu was a 21-year-old Shangaan male, who came from an aristocratic rural family. Within this family he bore much of the responsibility for the welfare of his kin. At the time of therapy, he was studying in a town far from his family and basic support network. His traumas involved a series of separate motor vehicle accidents, with the pinnacle of these events being the death of his brother. Subsequently, he was made to identify his brother's severely mutilated and burnt corpse at the mortuary.

**3.2 DATA COLLECTION:** The assessment and therapy sessions, which took place from 7<sup>th</sup> August to 1<sup>st</sup> November 2002, constitute the chief source of data. The assessment interviews, which followed the Maudsley interview format, were conducted informally over the first four sessions. The therapeutic process comprised 22 sessions: These included three sessions weekly, until preparing for termination, where we began to taper off to two and then one session weekly. Five of these sessions were of 90-minutes duration and the remaining 17 were 60 minutes. The duration of sessions was determined by the nature of the work being undertaken. Emotional processing sessions (which included two exposure and two guided imagery sessions), were 90 minutes in length, as is standard procedure for this kind of work. The extended sessions were preplanned and Langu was informed beforehand about the nature of these sessions and an explanation was given him about the need for the time extension. Langu was approached, subsequent to the termination of therapy, regarding the prospect of using the therapeutic process as the basis for this research. He consented to participate in the research process, working as a co-researcher.

The data took the following forms:

1. The four assessment interviews followed the Maudsley interview format. Information gathered included the history of the presenting problem, a brief personal

and family history, case formulation and clinical diagnosis. Due to the nature of the psychological distress endured by Langu at this time, a comprehensive personal and family history was not obtained, but only those details directly relevant to his current state.

2. The session record notes, recorded after each therapy session, which were subject to the scrutiny of both the supervisor and peer supervision group each week, which Edwards (1996, p. 14) states “supports an ongoing critical approach and accountability”. Additionally several of these sessions were tape recorded and documented in detail in the session record notes.

3. The various drawings produced by the participant and interpreted collaboratively during the course of therapy.

4. Research interviews with the participant, held in November 2003 and March 2004, approximately one year and one year four months respectively, following the termination of therapy. In these one-hour interviews, the participant was invited to review the case narrative, comment on his experience in retrospect and provide information regarding the nature of his psychological status following the termination of therapy. In addition as part of the first of these interviews (11/2003), the participant opted to write a summary of his experience before, during and post therapy.

5. Two poems written by Langu for his brother’s unveiling (the ceremony where the tomb stone is erected), sent to me in May 2004. The poem, titled “Ni ta ku yimela” (I’ll wait for you”) was written in English and translated by Langu into Shangaan for the unveiling, whilst the poem titled “Ni ta khomelela” (“I will hold on”) was written in Shangaan for the unveiling and translated into English by Langu for the purpose of this research.

6. A tape recording sent by Langu in May 2004, of him expressing several thoughts about the process he had undergone and his traumatic and post-traumatic experiences. He explained that in our series of research interviews he had been unable to express his thoughts clearly and thus wished to do so through the tape. Although not incorporated as part of the case narrative, the content of the tape was used to cross-check and validate the interpretations made in the hermeneutic readings.

**3.3 DATA REDUCTION:** Edwards (1996) describes the next stage of any case-study research as that of data reduction. This involves the writing of an accurate in-

depth description called the case narrative. The construction of this narrative is, however, in itself a complex process.

In the present case, the data reduction was divided into two broad categories. The first involved the presentation of the information obtained via the assessment interview, which was extracted from the Maudsley case report. This included a history of the presenting problem, a brief personal and family history and clinical diagnosis. Secondly the construction of the therapy narrative followed a series of formal steps. The whole therapy process, in which I participated, was initially reviewed before the construction of the narrative took place. As a participant, I was aware of those areas which predominated in the process and which additionally were illuminated through the reviewing of the entire case database. Following this, the relevant themes were identified for further investigation and exploration. As part of this thematic review, my own reflections together with that of my supervisor played a fundamental role in establishing a set of hermeneutic questions of theoretical and practical relevance. From within this process I elected to focus on the three areas as outlined at the beginning of this chapter. On the basis of these areas, a thematically selective narrative was constructed, which focused on material most relevant to these themes. Bromley (1986) states that the boundaries in case-study research are flexible, and that the content addressed in the description and analysis should not be exhausted but selected by the researcher in keeping with the research aim. Despite the selectivity employed, all major therapeutic elements of the case were incorporated as to accurately capture the flow and form of the therapy. The material relevant to the themes under investigation, was, however, more fully elaborated. Finally, Langu's feedback regarding his experience prior, during and after therapy was incorporated. The narrative was thus constructed in a synthesised manner, designed to avoid redundancy and selectively highlight material related to the hermeneutic questions under investigation. The narrative was designed to be phenomenological in nature and thus to reflect explicitly the psychological dimensions of the process (Edwards, 1998).

As a literary device, the case narrative was fashioned in a vivid manner so as to convey in part the therapeutic ambience and intensity of the therapy process under investigation. Furthermore the evocative style employed in the writing of the narrative was intended to capture the emotional energy invested and elicited in trauma work, as

it impacted on both patient and clinician. Together with these devices, I chose to utilise both a first and a third person narrative in an attempt to encourage a stronger empathic response from the reader towards the plight of the participant and to facilitate greater access and insight into this unique case. Quoting Shapiro (cited in Edwards, 1996, p.15):

“As investigators we are embedded in our cultural and historical situation. We are both subject and object of and in this human realm...In this very involvement there is possible a direct access to understanding and to a form of verification inherent in the lived relation between the object of knowledge and its investigator”.

In order to ensure the validity of the portrayed narrative, the participant was involved in reviewing its accuracy. This was achieved through the series of research interviews held with Langu. First, he was presented with the narrative and given several days in which to read and review it. He was then invited to provide feedback to the researcher. In this time Langu only reported one minor factual inaccuracy. Furthermore the tape recording submitted, additionally provided a means to cross-validate the narrative and to verify the validity of any assumptions implicit to its construction.

**3.4 DATA INTERPRETATION:** A central focus in researching and writing this case study has been Langu’s experience of the traumas he suffered and of the therapy process itself. My aim was to research those theoretical areas of interest relevant to this case and by extension broader trauma theory, whilst preserving the integrity and uniqueness of Langu’s experience. In addressing the research aims of this study I have therefore endeavoured to construct the discussion in a manner, which does justice to both these requirements. Rather than deconstructing the case through addressing each research aim separately through the reading guide, the discussion has been constructed sequentially following the progression of the case narrative. The research questions have been incorporated as a means of filtering the information, so as to highlight material relevant to the research aims summarized at the beginning of Chapter 3. “Theory is conceived of as a lens through which the material can be

viewed and which can provide access to the deeper dimensions of the case” (Edwards, 1998, p.52).

Furthermore in remaining close to the experience of the client, the researcher was able to highlight the relationship between the material of the case and the various research questions, and to examine their implications for the various discourses and theories from the existing literature.

Lifton’s (1993) work has been selected as an overarching hermeneutic framework in which to highlight and structure the intricate conceptual issues inherent to the plight of the trauma survivor as evidenced in this particular case. Although not structured verbatim according to the various themes identified by Lifton, the fundamental ethos of the thematic headings used are rooted in his ideas. Lifton’s (1993) intricate and sophisticated conceptualisation of the psychology of the trauma survivor seemed to bring out with great clarity the psychological and phenomenological dimensions of the case of Langu. Embedded in this are the research aims, which have been elaborated into a series of research questions used to construct the reading guide. With the aid of Lifton’s work and in tackling the discussion so that the participant’s experience remains core to the research, I hope to do justice to the complexity of Langu’s experience, and, by implication, to the complexity of the human response to trauma.

The following reading guide was derived from the research aims summarized in the beginning of this chapter:

1. How is it that the trauma survivor comes to re-experience the trauma in its fragments repeatedly? What function does the trauma survivor’s obsessive connection to the traumatic imagery perform? What are the different levels of meaning implicit to the imagery? In what way is the therapeutic process mirrored in and facilitated by the imagery confronted and constructed?
2. Does exposing the individual to the traumatic imagery function to integrate traumatic memories and decrease intrusive re-experiencing of the event? Does guided imagery facilitate emotional processing? In what additional ways do these two levels of emotional processing facilitate integration? How does the clinician decide on the appropriate timing of the emotional processing intervention sessions?

3. How does the therapeutic relationship contribute to the emotional processing of the trauma? How do aspects of the client's problem get played out in the relationship? How does the role of the therapist impact on him or her emotionally? In what way does this impact effect therapeutic decisions?

Edwards (1998) comments that the clinical case study allows for more theoretical rigour and less poorly substantiated interpretative inferences to be made as the focus of study is more narrow and the researcher is in a position to return to the participant and clarify, verify, elaborate and gather more data to support or negate hypotheses and interpretations. The discussion and the interpretations made were thus based on the data supported by the case and Langu's contribution. Furthermore the supervision provided, functioned as an additional contribution in critically assessing the theoretically substantiated merits of the case narrative. The advantage of the utilisation of the case study method is that it acknowledges that psychotherapeutic interventions cannot be mechanically or simplistically applied to individuals, but rather that interventions are uniquely tailored to the complexity and needs of the individual (Edwards, 1996, p.18). Thus although immersed within a particular discourse, the unique characteristics of the case pre-dominate and are further used to illustrate and challenge the complex interwoven relationship between the therapy process and the relevant discourse.

On a final note, it needs to be acknowledged that despite the support provided for the dual role of the clinician as researcher, I was an integral part to the process under investigation, thus in turn inevitably influencing both the description and interpretation of the case material. I have made every effort, however, with the help of both my supervisor and Langu to ensure that his experience was captured fully and independently from my own. In acknowledging, however, that my experience was intricately linked to that of his and the therapeutic process, I have endeavoured to make my experience of the process, where appropriate, explicit and opted to make this dual experience an integral part of my research aim and question. The therapy process is a dual process and from this I cannot wholly redeem myself. Essentially this is in part our story.

## CHAPTER FOUR

### CASE NARRATIVE

For the purpose of confidentiality, the participant has elected to use a pseudonym. The name, Langu, short for *mlanguteri*, was chosen specifically by the participant, who wanted the name to remain meaningful to him.

#### 4.1 THE PATIENT

Langu, age 21, came from an aristocratic rural family. His father, by virtue of polygamous marriages, had conceived 17 children, of which three were born from the participant's mother. Functioning as second to his father in their household, the participant felt compelled to live up to his sense of familial responsibility. Additionally he reported that within what he described as his "happy and supportive family" men needed to be strong. As a key figure in his family, he believed that his strength was vital for the containment of his family. He explained that in his father's absence all major responsibilities were bestowed upon him, which included bearing the blame for all mis-happenings endured. He additionally would be the first child in his nuclear family to obtain a university degree. He expressed that he was a very "easy-going" person who adopted a very passive role in relationships. This he explained was evidenced in both his familial relationships and that with his girlfriend, whereby he frequently succumbed to their needs. He impressed accordingly, with his sensitive and caring demeanor and his very conscious need to take responsibility for people around him (including the clinician) was clearly evident. This dynamic was an integral part of his identity and contributed to his difficulty in processing the relevant sequence of traumatic events.

## 4.2 PRESENTING PROBLEM

Langu presented to me for therapy following a series of multiple traumas. As a precursor to these events it is important to note that several months prior, Langu's father and subsequently Langu had been involved in two motor vehicle accidents.

Towards the end of 2001, Langu's father was involved in a motor vehicle accident, resulting in him being in a coma for several hours. Langu was away at university during this time and feared that his father would die. His father, however, survived the accident sustaining several injuries. Subsequent to this accident, Langu described his father as having become more aggressive. Two months following this accident, Langu and his father were involved in an additional motor vehicle accident, when their back tyre exploded. No significant injuries were sustained in this accident.

In July 2002 Langu was involved in another motor vehicle accident with several other people. His cousin was driving, with Langu in the front passenger seat. He recalled travelling at a dangerous speed and his cousin driving recklessly as he played along side his friend's car. Whilst overtaking another vehicle, their tyre burst, resulting in the car overturning, rolling repeatedly and eventually skidding into a barrier. Langu lost consciousness momentarily and subsequently found himself trapped at the bottom of the car, which was resting on its side. The weight of the two other passengers was pressing down upon him and he reports being unable to escape. Only one of the passengers was reported to have sustained any serious injuries, with Langu sustaining only superficial wounds. Despite not having sustained any major injuries, the accident was a traumatic one, leaving Langu feeling vulnerable. He experienced confusion and felt scared for up to two days after his accident. No further cognitive difficulties were noted subsequently.

One week later, his younger brother, age 16 years, was killed in a motor vehicle accident whilst returning home with his uncle and friend. They were involved in a head-on-collision, resulting in the car bursting into flames. His uncle escaped the fire, however, his uncle's friend and Langu's younger brother died in the flames. Langu was supposed

to have driven his brother home, however had returned home early on his mother's request. As a result he felt an enormous sense of responsibility for the death of his brother. Langu's greatest fear was that his brother had burnt to death in the car and thus suffered enormously.

Langu's father had subsequently made Langu accompany him to the mortuary to identify his brother's body. His father, however, was unable to identify the body due to the extent of the mutilation and his emotional state and thus Langu was unexpectedly required to do so. He was presented with two burnt corpses on a stretcher, of which neither had a head, arms, legs or skin. He was only able to differentiate the two bodies by the penis, which Langu was able to identify from past experience with his brother, and from a bracelet worn by his brother. His brother's remains, which took the form of small pieces of bones, were presented to him in a bag.

Langu reported having only cried once on hearing of his brother's death. He recalled his initial reaction to be that of shock and intense pain. He then described, how a numbness replaced these feelings and he experienced himself as floating. He described his experience of his brothers' death to be as though it were that of a stranger. Langu was responsible for organizing the funeral arrangements and seeing to the emotional welfare of his family. He felt compelled to be strong for his family, so as to not contribute to their pain. A week following his brothers funeral, Langu's father decided that Langu was to return to university as they did not want him to miss any work. He encouraged him to forget his pain and move on with his life. Despite feeling unprepared to return to university, Langu agreed as he felt his presence at home would remind his family of their loss.

On returning to his residence at university, Langu experienced a sense of emptiness, hopelessness and purposelessness. Despite being unable to connect to the emotional pain of his trauma and loss, he carried a constant awareness of the order, structure and world he knew having been destroyed. Life no longer held any meaning for him, and he described being unable to envisage any future. His suicidal thoughts were soon replaced

by apathy, and Langu succumbed to what he perceived as inevitable doom. He felt that like his brother, he to, would be unable to escape the unavoidable danger that he perceived as stalking him. As a result of disturbing nightmares, which occurred up to six times nightly, his sleep was reduced to 4-5 hours. His waking hours were experienced as though he was in a movie, whilst his nightmares were experienced as his reality. At these times he was able to feel every sensation as though it was real, and on awaking was unable to distinguish his nightmares from his reality, with the confusion and emotion of the dream still lingering. His nightmares revolved around both his and his brother's accidents, the identification of his brother's body and themes of guilt, danger and helplessness. As a result of his lack of sleep, he experienced fatigue during the day, frequently falling asleep during lectures. His appetite increased, whilst his level of energy decreased. However, when alone he became restless and needing to keep himself busy so as to avoid thinking. Both his memory and concentration were impaired, which impacted significantly on his ability to take down notes during lectures and complete his assignments. At these times he became distracted by thoughts and images related to his traumas. Langu experienced countless intrusive images daily around his accident and his brother's mutilated body. In addition he described experiences of derealisation. He explained that when people spoke, he saw them, but could not really hear them. When they moved, he experienced it in slowed motion.

According to the DSM-IV-TR (American Psychiatric Association, 2000), Langu fulfilled the criteria for the diagnosis of Acute Stress Disorder (ASD) and subsequently Post-traumatic Stress Disorder (PTSD), with his dissociative symptoms initially being prominent and posing a significant challenge to management decisions. Exacerbating and complicating this diagnosis was that of his bereavement. The additional diagnosis of Major Depressive Disorder (Single Episode) was difficult to distinguish from that of a traumatic grief reaction. Several sessions into the therapy, however, the lifting of several dissociative features, revealed a prominent mood component. This exceeded that of a normal bereavement response, warranting the additional diagnosis.

## **4.3 THE THERAPY**

The therapeutic process was intense, intricate, and very emotional. By no means can I do justice to the extent of the hardship and pain endured by the patient during this time nor accurately convey the complexity of the issues, therapeutic relationship and shifts made during the therapy. It is with humility that I have selected elements of the therapy process, and with the aid of Langu described them in a manner, which is most befitting in light of these limitations in a way that honours this time we spent together.

### **4.3.1 Initial Phase (Session 1- 7):**

Langu's initial presentation was one which appeared fairly dissociated. With blunted affect, and a monotone voice, he stated his story factually, as though he was solely the narrator of events and not the participant. Much of this time was spent psycho-educating Langu around the effects of trauma, possible symptoms and the normalization thereof.

Prominent to his presentation was his sense of derealisation. He expressed that his waking hours were experienced as though he were dreaming, devoid of sensation, whilst his nightmares had become his reality. Struck by the fear evoked by his nightmares and his inability to distinguish them from his reality, Langu spontaneously began to draw his dreams in an effort to ground himself. The introduction of these dreams into the therapy served as a less threatening medium in which to explore and begin to share his trauma, which up to that point Langu had deliberately attempted to avoid thinking or talking about. His experience of these dreams was one of confusion, overwhelming fear and a sense of helplessness resulting from his lack of control over their form and flow. Further compounding his distress was the seemingly mystifying images, which he could not understand. I thought it would therefore be valuable to explore their content and significance in the context of his trauma. He felt victim to a seemingly endless stream of repetitive traumas and profoundly alone in a frightening world of images where he felt unable to reach out, and where others were unable to connect to, understand or share with him.

Langu's need to take responsibility for others initially prevented him from sharing his pain, for fear of overwhelming the clinician with the enormity of his trauma and distress. This issue was confronted in the following session (2), when he began describing the identification of his brother's body. He had expected that his brother's corpse would appear as though he was peacefully sleeping. He felt shock and horror as he was presented with a mutilated corpse, which resembled that depicted in an anatomy dissection book. At this point he began to cry, however, immediately apologised for his emotional state and attempted to regain composure. Despite my assurance that he need not apologise and that his tears were appropriate, Langu ceased crying and continued with his factual account of his experience. He was however, able to acknowledge that he felt responsible for bringing me into his despair, and a need to protect me from his distress. Langu was still unwilling to share his burden and pain with his family, friends or girlfriend due to his belief that he needed to be strong, his fear of being "weak", and his belief that this in turn would exacerbate their pain. His loneliness was apparent as he expressed his desperate need to be at home with his family, however, these beliefs prevented him from doing so. Towards the end of the session I presented Langu with a little stone to keep in his room and to hold when he felt alone. I felt concerned for him in his isolation and wanted to give him part of the therapy space to take with him, something to hold when alone, a soothing presence.

Langu returned the following session (3) overwhelmed with anguish, grief and guilt, having spent the time between our sessions sitting alone in his room. His calm, detached presence was replaced with immense pain and sadness. He wept intensely. It was the first time he had cried wholly since the day of the accident and for me it felt as though it was the first time he was truly experiencing the enormity of his trauma and loss. He was able to share the impact of the horror the image of his brother had on him and his desperate need to see him as whole again. Additionally he expressed profound guilt in the belief that he was responsible for his brother's death. He felt that his role as big brother was to protect his younger brother, which he had 'failed' to do. He felt that he should have seen the signs of what was to happen and thus should have known not to let his brother drive with his uncle. His sense of responsibility was further located in his belief that now he

must assume his brother's role in his family, something that he felt ill equipped to do. Langu was overwhelmed by his pain. He felt it was too much to bear and expressed his need to escape it. At this point I feared for Langu in the enormity of what he was experiencing and the possibility that he may harm himself and thus made a verbal no-suicide contract with him.

During these initial sessions, Langu's nightmares and intrusive imagery endured and intensified, whilst his emotional state was significantly depressed and largely uncontained. The following is a summary of several of Langu's dreams and drawings described during sessions 1-6, which illustrate some of the intensity and mixed emotions he was experiencing:

**Dream 1:** Langu sees a series of headless corpses, covered in white sheets, set out along the length of the road in front of the mortuary.

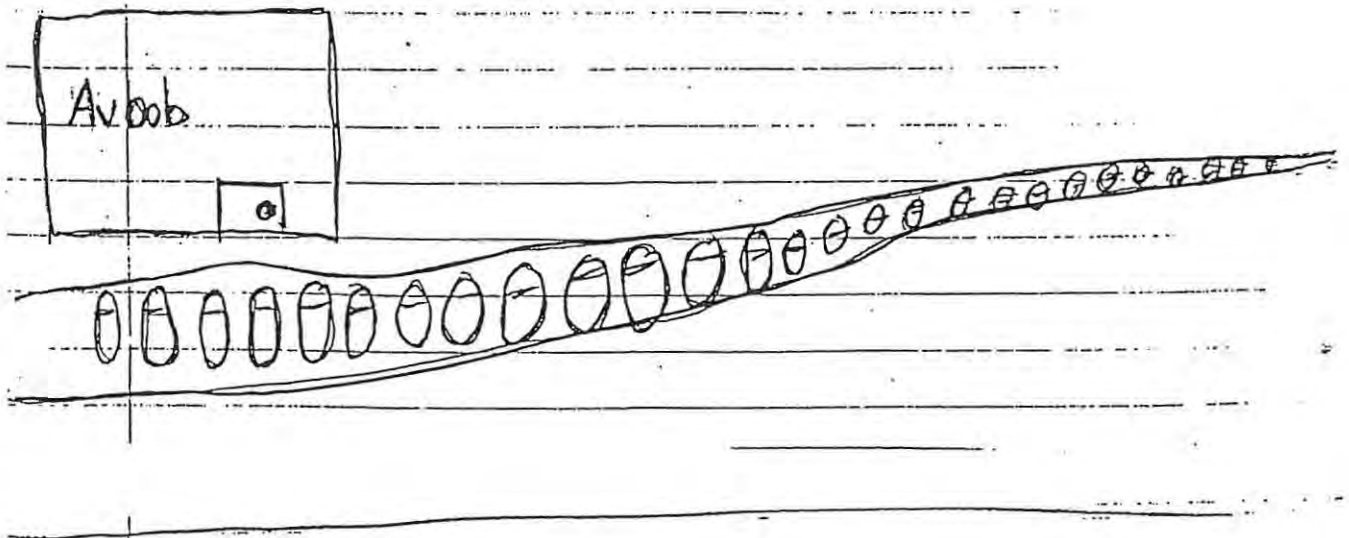


Figure 1

**Dream 2:** This mixed up series of events depicts Langu's uncle driving into a fence, and Langu insisting that it is he that should drive. Shortly after he finds himself buying alcohol, and on returning to the car is placed in the passenger seat, whilst his cousin drives. Feeling out of control over the situation, he insists on driving, however, soon after is faced with traffic officers, policemen and their revolving red vehicle lights. The police

are surrounding a man, holding a gun and despite trying to shoot no bullets are coming out. Langu quickly returns to the car, yet feels as though he is running away from the police, but does not know why. He is overcome by confusion, and mistakes the colours of the traffic light, proceeding through a red light and stopping at a green one. Suddenly it is dark, and Langu demands that he, his uncle and brother walk home. He exits the car, and turns to find that his uncle, brother and cousin still remain there. Langu finds himself being followed by a group of people telling him that he will be hijacked and that home is still 3000 miles away. He then tries to approach two policeman for help, but is continuously drawn back to the car.

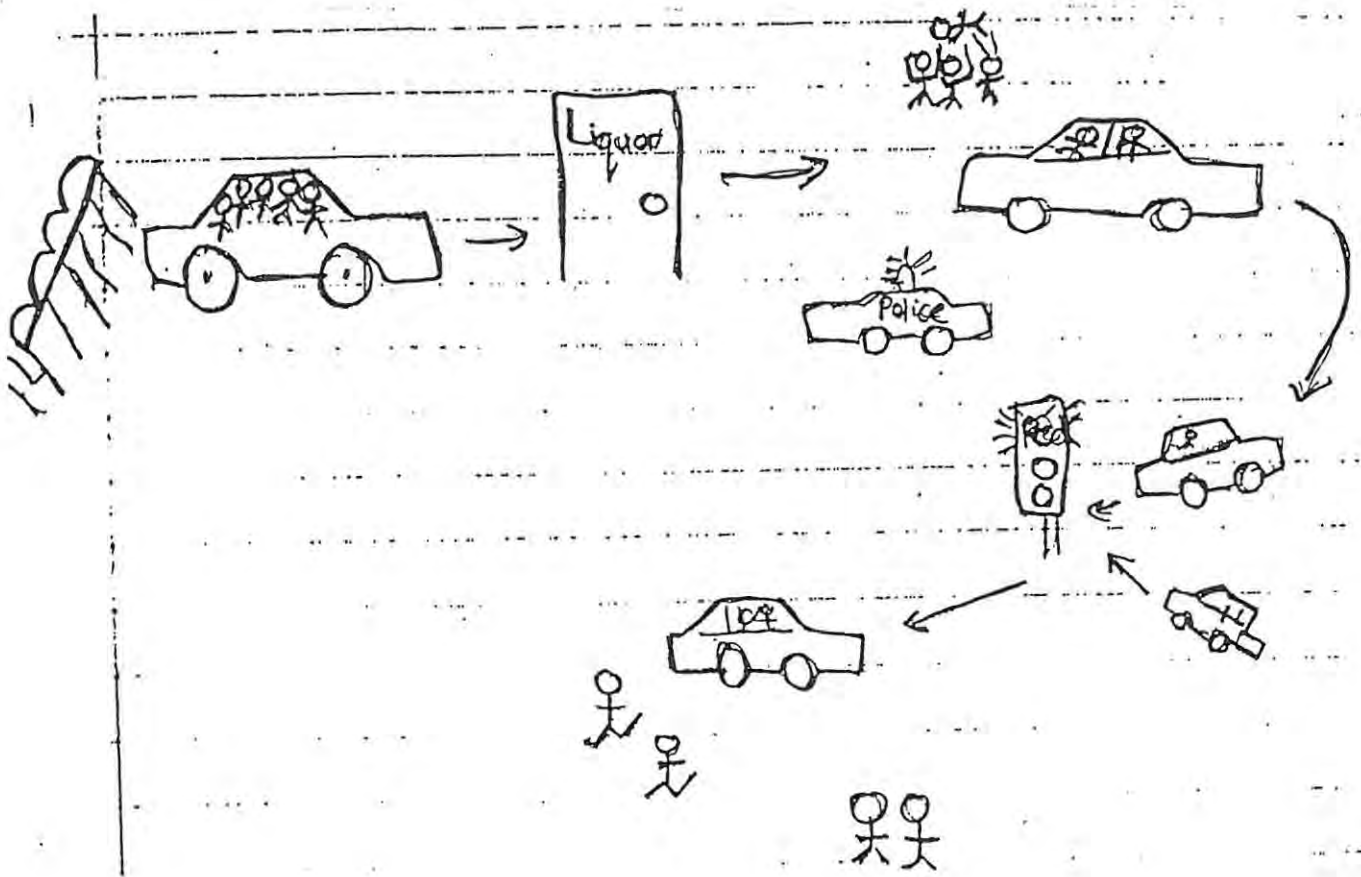


Figure 2

Dream 3 and 4: Langu describes walking home with the family's cattle, passing their kraal by the river. A big snake with massive teeth shaped like a crocodile emerges and

grabs one of the cattle, attempting to eat it. The snake is unable to swallow it. The people from his village begin to hit the snake's head with a club, until they believe it's dead. It begins, however, to move again. Later in the dream Langu stands in the scorching sun with a boy. They are surrounded by dead cattle that have died of starvation and dehydration as a result of a drought. Langu and the other boy, however, are standing in a gushing river, and have difficulty in the face of the rough waters, which overwhelm them. They do not understand why the water they long for is so dangerous, and why none can reach their home and the cattle. Similarly later in the dream, Langu and the boy stand helpless amidst the powerful water, which is unable to reach their home to sustain their family.

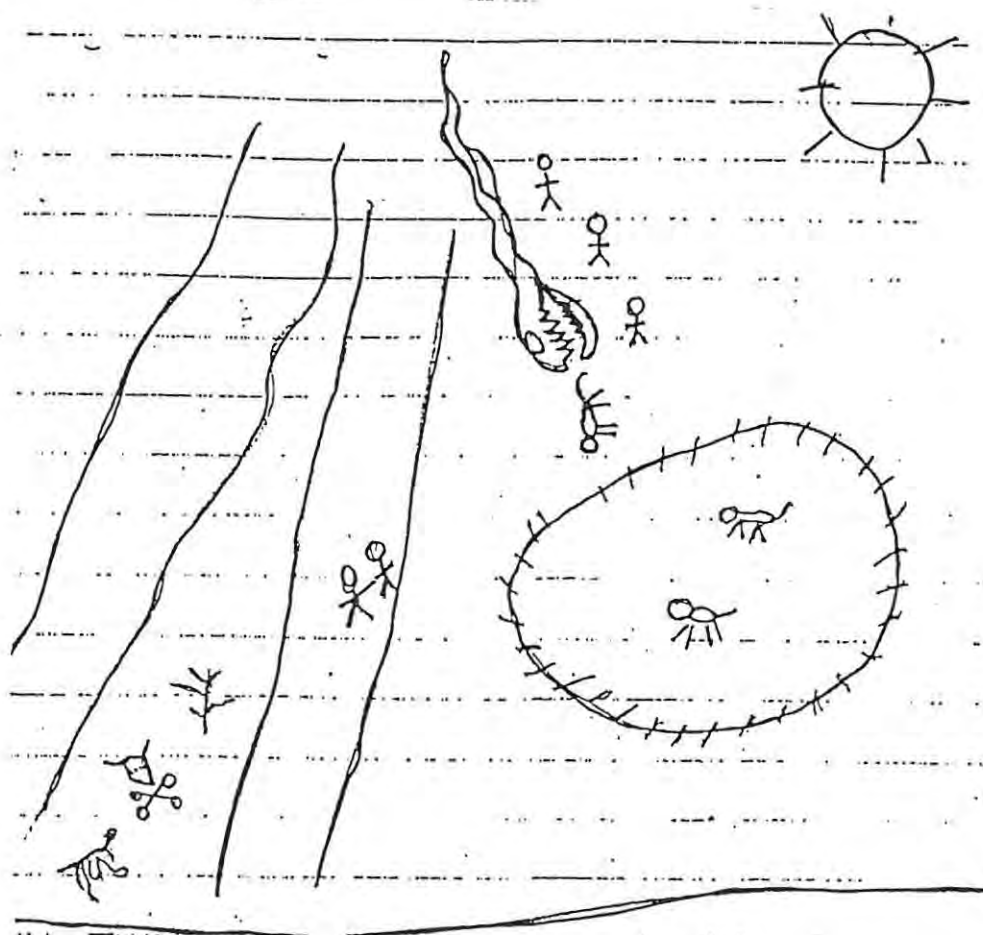


Figure 3 and 4

**Dream 5 and 6:** In this series of dreams, Langu's mother gives birth to a new baby. Langu, who desperately wants to hold the baby, is forbidden to as his family fear he will

kill it. In the second dream, Langu is asked to cut the umbilical cord from the baby. He proceeds to do so, only to find that there is no baby at the end of the cord.

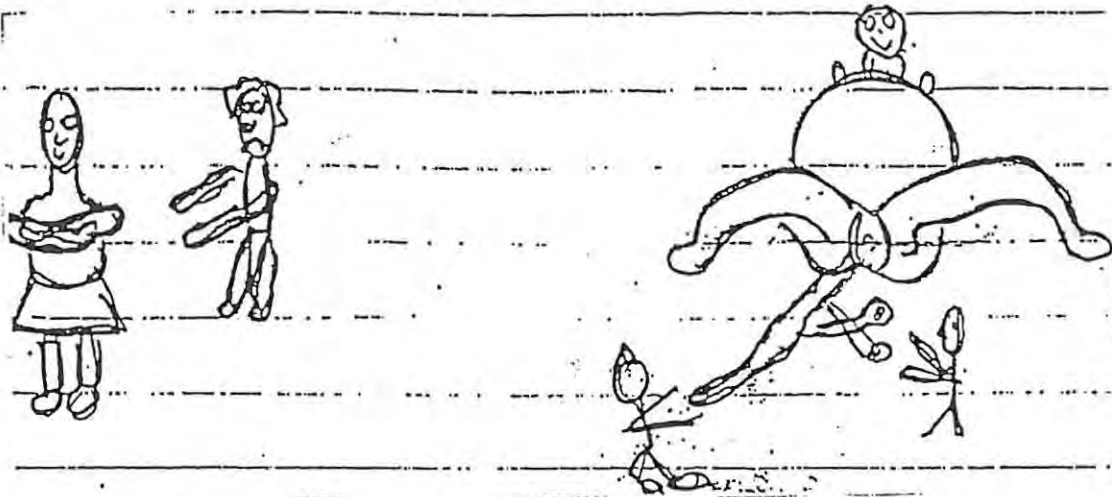


Figure 5

Figure 6

**Dream 7 and 8:** These two dreams involve Langu firstly having sex with an unknown, faceless woman, wearing a leather condom and subsequently having sexual intercourse and dismembering the woman's vagina.

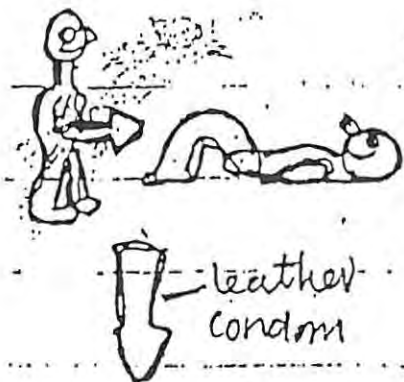


Figure 7



Figure 8

**Dream 9:** Langu is driving a school bus, and subsequently loses control over the vehicle. The result is the death of all the children.



Figure 9

**Dream 10:** Lost in the mist and fog, Langu is unable to find his way or see anyone to assist him.

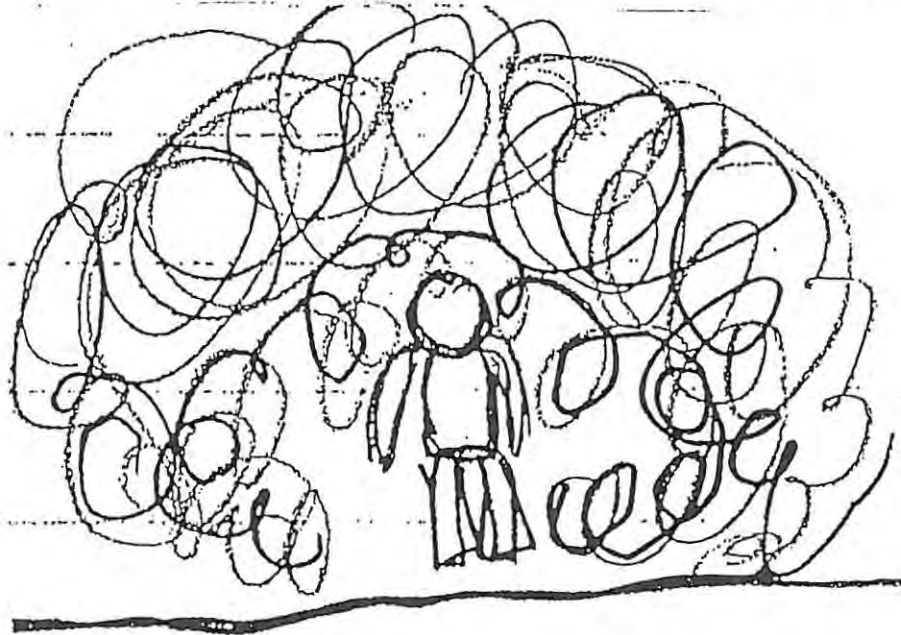


Figure 10

**Dream 11:** Langu dreamt of committing suicide with a string and in the dream witnessed himself hanging. He woke up clutching his neck and ran to see if there was a rope.

The content of Langu's dreams suggested a preoccupation with the image of his brother's body and a profound sense of responsibility and guilt associated to the trauma. Additionally the multiple traumas presented a complex web of events, which easily flowed into one another, complicating the experience of the trauma. Langu's dreams portrayed a very lost, confused and fragmented experience of self, whilst his sense of isolation and distance from his family was evident. The exploration of these dreams

enabled Langu and I to identify his various emotions, conflicts and appraisals related to the trauma. In turn this lent itself to an appreciation of the adaptive value of his nightmares, which although frightening, suggested a need to return to the trauma in order to reprocess fully the nature of events and his experience of them. Langu began to understand that the continual replay of his trauma in his dreams and intrusive imagery, was a reaction in part to his attempt to avoid and suppress this very experience. This exploration appeared to give Langu a greater sense of control over the previously mystifying images.

The following session (6) Langu was asked to do two drawings, with the provision that he could tell a story about them. The first drawing could be that of his choice:

Langu drew a sports day event at school. One of the students, whom he described as 'not mentally right in the head', had heard the starting gun go off and was so scared of it, that he ran faster than all the other children and won the race. His fear, however, was so enormous that he continued past the finish line and ran all the way home. Langu's perception of the boy as 'not mentally right in the head' was discussed in reference to Langu feeling as though there were something wrong with him based on his post-traumatic symptoms and experiences. Additionally we explored how Langu felt he was running away from his experience, his fear, and that home felt like the safe destination. At the same time, however, home no longer represented a safe destination and he felt as though he needed to keep on running.

Langu's second drawing was an illustration of his current experience of self:

The illustration conveys two experiences simultaneously. He represented a man balancing precariously on a branch with a crack in it. He felt that standing on the branch was comforting, as there was something supporting him, however simultaneously dangerous, as it was about to break. Along side him, however, lay an additional branch, which had already broken and thus the man was already falling. Below him lay a crashed car. Although wanting to land, he felt that his falling would lead him to further danger

below, where the motor vehicle lay destroyed. However, despite the knowledge of his fate, he continued to fall. He likened his experience to being constantly between these two positions, never in either place but constantly falling. He described the falling as a man who has jumped from an aeroplane without a parachute. He is unable to return to the aeroplane, however never reaches the ground. He only continues to fall.

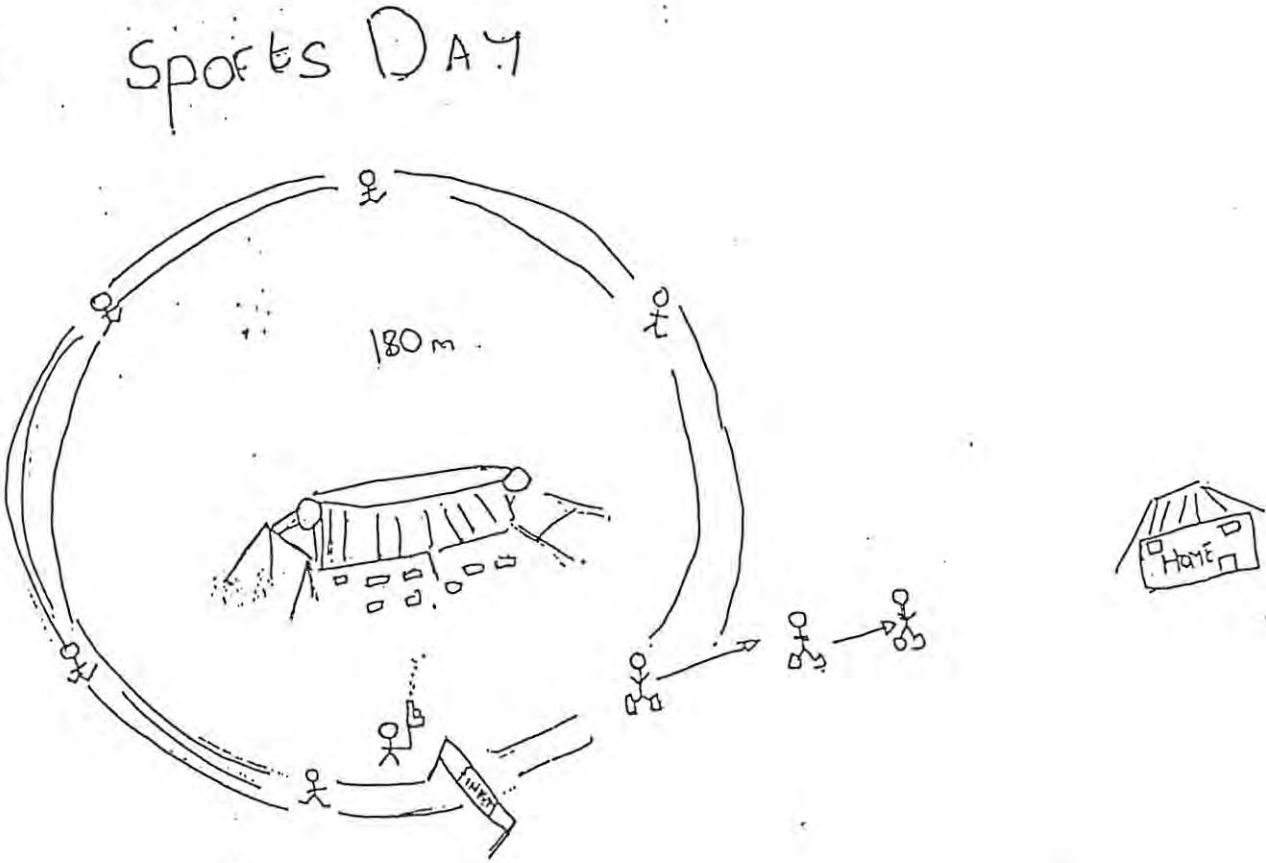


Figure 11

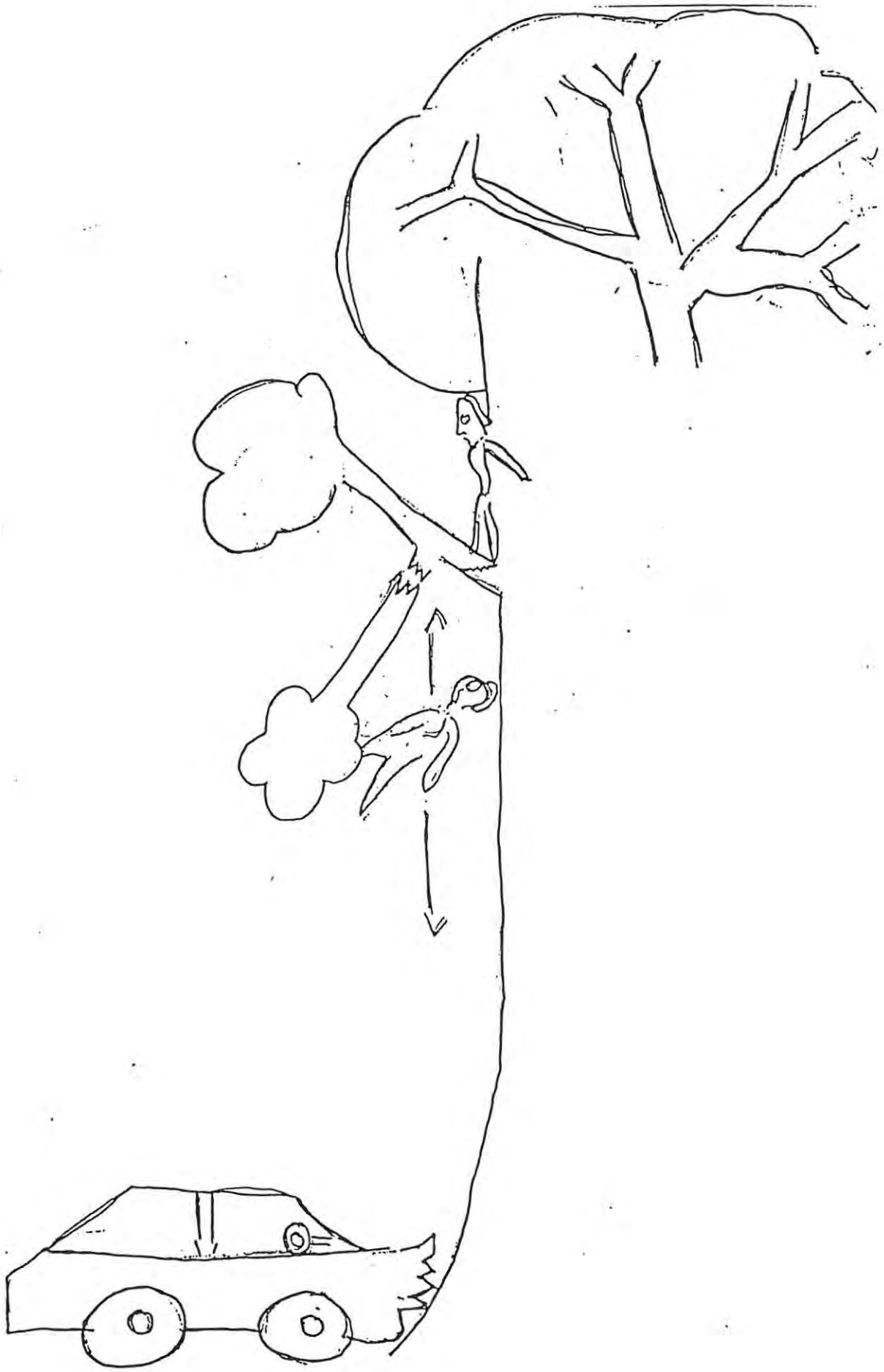


Figure 12

In the exploration of this in-between space, this sense of falling but never landing, lay several conflicts. These conflicts included those things that were unfinished, that needed to be finished but could not be. He longed for a safe space that he identified as home, his 'landing space', yet which could no longer be that, as it now spoke of his fear related to the multiple accidents that occurred on its route home. It also was no longer the home he remembered as it now represented his family's loss and grief. Despite his desire to return, he was afraid to do so as it would confirm the reality of his brother's death, a reality which he had been able to avoid confronting in being away at university. University had become the precarious branch, a place he felt safe, yet was still unable to protect him from the danger he foresaw occurring. Further this in-between space alluded to Langu's confusion in terms of his brother's place in the after life. On the one hand Langu believed that his brother, whom he loved, had gone to heaven. On the other hand he recalled his father saying, "what did my son do in the eyes of the Lord, to be punished so horribly?" and if G-d had punished him this way, then he may have gone to hell. Unable to accept this possibility and caught between these two alternatives, Langu elected to believe that that his brother must still be here on earth. A further contributing factor in Langu's difficulty in processing his grief was his conflict between the last image he held of his brother and his desperate need to see him as whole again. He commented that he had not buried his brother, but a 'piece of black meat'. This image of charred meat repeatedly intruded on his waking memories and nightmares. Additionally Langu felt that he was unable to put his brother's death to rest until he knew the truth of the events leading up to his death. In fear of exacerbating his family's pain, however, he was unable to inquire and thus had resorted to blaming himself. All these unresolved experiences had left Langu in a limbo. This limbo prevented him from confronting his reality, however, was in itself very frightening as expressed in his experience of falling and never landing.

These conflicts in processing his traumatic loss were expressed further in a dream he described in the following session (7):

He dreamt that he was sitting in his room, when a fierce dog entered. He attempted to chase the dog out, however was unable to as his brother stood in the way. Eventually he was able to chase the dog out, however, found himself beating a person, hitting his head

against the door. He then realized that it was the dog's head he was holding. Langu awoke, terrified at the aggressive behaviour he had demonstrated.

An exploration of the dream suggested that the dog represented Langu's own intensely dangerous emotions, towards which he directed his own aggression in attempt to rid himself of them. It was the unresolved relationship with his brother, however, which stood in his way and prevented him from doing so. Despite Langu's alien experience of these emotions, in attacking them, he was in turn attacking a part of himself. The dream suggested that in aggressively attempting to remove his emotions and experience of the trauma, he was further preventing himself from working through the emotional and informational processing required to integrate it.

#### **4.3.2 Middle Phase (Session 7- 9):**

Langu's dreams and drawings enabled him to reconnect with an emotional component of his trauma, and highlighted those emotionally charged areas, which were causing significant conflict. Additionally Langu was able to begin to appreciate that any attempt at suppressing his emotions or experience resulted in an exacerbation of his symptoms and a further barrier in the resolution of his trauma. We explored the way in which the traumatic experience, by virtue of its overwhelming emotional impact, suddenness and horror value, is unable to be effectively processed and integrated into ones experience and that a re-processing of the event was necessitated. The basis for the treatment protocol and the emotional processing work was then explored. The emotional processing work was divided into two key types of sessions, the exposure sessions and the guided imagery sessions.

Our first major exposure session (7) was introduced in which Langu subsequent to undergoing a relaxation exercise was encouraged to re-visualise and retell his story in the present tense from wherever he felt the beginning was, whilst focusing on the sensory components of the narrative. It was emphasised that Langu remain cognisant of the fact that although vividly describing the events, he still remained separate from them, in time and space. Langu chose to begin at the point preceding his own accident. He included

details that he had never expressed to me before and was able to identify at each point the sensory elements experienced at each stage. Despite his description of the fear, confusion and sense of unreality experienced immediately after his accident, his account indicated that it was the emotional impact of his brother's accident which reverberated and re-evoked the shock and horror of his own, which had not been fully processed. This exacerbated his experience of vulnerability. He felt that just as his brother had been unable to escape his fate, he too was destined to follow next.

He continued to experience vividly and describe the events that followed and was able to identify the points at which he 'became' numb and why. He described the worst moment to be the identification of his brother's body. This moment was recalled vividly, as he described walking up to the stretcher and seeing two burnt corpses, whilst thinking "hell no, that can't be my brother". He recalled the smell of the mortuary, the smell of burnt meat, the burnt black colour and the pounding of his head. He was able to recall afterwards being in his room at home, feeling empty, sad, and angry at his brother's death. He expressed wanting someone to blame, knowing that there was no one to blame and ultimately resorting to blaming himself.

After almost an hour of re-visualising and recounting his experience in detail, Langu was told to open his eyes when he felt ready and I encouraged him to focus on how he was feeling. He did not want to open his eyes, however, as it felt too real when he did. Eventually when he did, he was very tense and could still smell the meat-like odour of his brother's burnt body and feel his head pounding. We ended off with a relaxation technique. Although this relaxed him substantially, it did not rid him of his headache and very heavy heart. It appeared as though Langu had for the first time experienced the entirety of his trauma, with its emotional impact. Langu's expression was one of disbelief, horror, and a stillness, which stunned the room. He was still very much with the imagery he had recounted. My experience at this point was one of fear. I feared that I had re-traumatised him and that he would not be able to cope with the intensity of the emotion. And it was with this that he left the session.

I was surprised, amazed and very relieved when Langu returned the following session (8), with shifts that I had not possibly anticipated. He expressed experiencing a lightness and greater sense of peace than he had experienced since the trauma. He explained that before the exposure session he had told his story repeatedly but had never made any real emotional connection to it. He felt that in having experienced the event with me, he had been able to share the horror of what he had seen, and subsequently attempted to suppress. Until that point he had kept it to himself. He described the exposure session as “difficult and painful”, and said he had spent the remainder of the day feeling “terrible, disorientated and emotionally in pain”. The following day, however, he described waking up to a lightness and sense of peace. He commented that he had “made peace with G-d”. He experienced himself as a bird, soaring, with its feet out to land, not having landed yet, but knowing that it will. He commented that he was like the parachutist previously described, however now he has a parachute and can see where he is going to land. This he represented by drawing a smiling man with a parachute, hovering over a platform, with steps leading to the ground surrounded by trees. He explained that he believed that he was going to land on the platform at some point and then work his way towards the stairs, which would finally lead him to the ground. He felt that the platform would be home. It was no longer dangerous. He explained that despite the pain he was still experiencing, he was able to hold a sense of peace and hope that he would be able to heal.



Figure 13



Subsequent to this session Langu ceased having nightmares and experienced a decrease in intrusive imagery. He reported that his ability to connect with his experience instilled in him a greater sense of control over it. Langu, however, was now struggling with the emotional pain of having reconnected to his trauma and loss. Furthermore despite the decrease in intrusive imagery, this re-experiencing was still prominent and distressing. Therapy up to this point had dealt with his avoidance of the imagery and the aggressive pushing away of his emotions. Now that he was able to confront these very difficult experiences, it was necessary to begin to process and integrate the trauma, his conflicts related to it and the distressing image of his brother's body.

In order to address this, a decision was made to use a guided imagery intervention (session 9). This process involved Langu closing his eyes and subsequent to a relaxation induction, visualising his brother coming to visit him from wherever he resided. He visualised his brother coming from heaven to visit in Langu's bedroom, a place his brother often slept when he was afraid. He was asked in detail to describe how his brother looked, the clothes he was wearing and the expressions on his face, in order to attempt to connect with the image emotionally and internalise a more integrated image of his brother as he wished to remember him. Langu was also encouraged to constantly speak of his own emotions and reactions during the exercise.

Initially the exercise began with Langu taking his cues from me in terms of what to say to his brother, how to focus on the responses, to express how he was feeling and when appropriate to challenge these responses. Langu spoke to him of the intense pain he had been and was experiencing, how difficult it was not to have him with him anymore, the guilt he was experiencing for not having driven him home and the responsibility he felt towards him. Langu's brother was then able to respond and in doing so address many of the conflicts Langu was struggling with, whilst indicating the areas, which he still experienced as problematic. Langu was encouraged to challenge these responses and express his discomfort with responses that he found unsettling. He was assured by his brother that he was at peace, and that he had not suffered. He also commented that he would live on through Langu, who would take his place. Langu was able to state to his

brother that he was not able to live his brother's life for him, and he was able to resolve this by understanding that his life would be lived with the memory of him. In response to Langu's questions, his brother was able to tell Langu that the reason he had to die in such a tragic way was that in life he had always been full of drama and he needed to die accordingly. He told Langu that he had received the flower he had kissed and thrown in his grave and gave one to him in return.

Langu was able to reconnect with the image of his brother as whole, and on a very intimate level. As he had prior to his brother's death, Langu was able to laugh and joke with him. I asked Langu to say anything he felt he needed to before he was ready to say goodbye. Langu asked his brother to hug him and on doing so, his brother insisted that they rather dance together to his favourite music. Langu was able to laugh with this image, which so aptly conveyed the essence of his brother as he had been in his life. Although it was difficult for Langu to say goodbye, when he opened his eyes, he was filled with the joy of having visualised and experienced his brother in this manner. He had been able momentarily to replace his intrusive image with the image of his brother he had longed to see and release some of the burden of the guilt he experienced towards his death. He commented that although he realised that his brother was gone, he would always carry him within him. For the remainder of the session, we were able to talk about his experience, laughing about his brother and sharing and appreciating his memories of him.

#### **4.3.3 Third Phase (Session 10-23):**

Although addressed consistently throughout most of Langu's therapy process, the time between this session (9) and the next exposure session (15) was focused predominately on Langu's need to be responsible for those around him, to the detriment of himself. Despite his immense loneliness, he was able to appreciate that in being separated from his family he was able to allow himself the space in which to focus on himself and process his trauma. He reflected that his family's insistence that he should be 'strong' had interfered significantly with his ability to process what had happened. He had now redefined the concept of being strong as being able to confront, experience and process

his pain. He was further able to identify his girlfriend's (with whom he was having a long-distance relationship) expectations of him as unfair. In response to her commenting to him on the telephone that she was missing the boy that she had fallen in love with, Langu was able to respond that he did not have himself either, and therefore was unable to be there for her. This process was difficult, however, as Langu's family's persistent need for him to be strong impacted negatively with his anger building up and his loneliness becoming more apparent. He expressed frustration with the constant telephone calls from his family, girlfriend and friends who kept on telling him to have "faith in the Lord" and that everything would be all right. When he is not, however, they commented that his faith is slipping. Langu mentioned that Jesus had cried when he was suffering, and he felt that if the son of G-d could cry, then he could to, without disrespecting G-d. He expressed his need to have his pain acknowledged by those around him and given permission to feel it. Despite support offered by friends, Langu felt that they did not want to share in what he had experienced, did not know how to relate to his painful experience and in ignorance of how to support him, often withdrew, leaving him feeling even lonelier. Langu had felt supported by only one friend whom he had met at university. This girl had been unconditionally prepared to accept him, despite the oscillation of his difficult emotional state and was willing to listen to anything that Langu had needed to talk about. Despite Langu's significant gratitude, he still experienced difficulty in embracing her support, frequently succumbing to his belief that he may be too demanding on her.

In session 12 and 13, Langu described how his return home to his family for his three-week university vacation, although initially comforting, had left him feeling even more lost and exacerbated his loneliness. He explained that he had desperately longed to return home so as to share his feelings and traumatic experience with his family. He felt that his family were the only people who could truly comprehend his emotional pain. His family were unable, however, to share his experiences due to their own pain. Furthermore his parents and friends often confused him with his brother, thus perpetuating his sense of vulnerability. Langu's frustration between his deep need to be understood, to grieve with his family and his inability to do so, was clearly evident. He subsequently developed a

need to talk to strangers about his experience. Furthermore he became more aggressive towards people, frequently 'snapping' at them for no apparent reason. On his return Langu felt as though he was a fragmented puzzle, with one core piece missing. His relationship with his brother had been the one relationship in his life he felt was guaranteed and it had been taken away from him. Langu began to appreciate the therapy space increasingly. His need to be contained and to have his pain acknowledged became more apparent. He expressed that the room represented a very powerful space for him, in which lay the sharing of powerful emotions. He felt that even if he was at a loss for what to say the space allowed him to focus on himself and what he was experiencing.

Langu had maintained his nightmare-free presentation, however he still experienced intrusive images of his brother's body 3-4 times daily. This suggested a need for another exposure session focused solely on the day of the identification of his brother's body, as it was this event that was the theme of Langu's intrusive images. Additionally the utilisation of exposure work in addressing the remainder of the intrusive post-traumatic symptoms was empirically supported by the current trauma literature.

Our second major exposure session thus took place in the 15<sup>th</sup> session. The justification for needing to return to these images was explored with Langu, and although reluctant, he agreed to do the exposure work to attempt to work through his intrusive imagery. After a brief relaxation induction, Langu was instructed to close his eyes and view the scene as though he were watching a movie, so that he was witness to, but simultaneously removed from the events. He was encouraged to raise his hand to stop at any time that the emotions evoked became too overwhelming. The exercise was visibly troubling for Langu, however he chose not to stop. He provided vivid descriptions of the details of the identification of his brother's body, explaining the colour, texture and appearance of the torso, its muscles and bones. This exercise was immensely powerful, with the very horror of these images awakening through Langu's words. Such words, such horror, bore its weight on Langu who struggled through the session. I too was overcome by the enormity of the image he was exposed to and carried with him continuously. At some point I experienced a need for him to stop, as the graphic quality of the images bordered on

nauseating. Langu managed to complete the exercise, whilst I accompanied him through his memoir of horror. After the exposure exercise Langu experienced great difficulty removing himself from his trauma. After undergoing a relaxation exercise, we focused on the detail and textures of his present surroundings, in an attempt to ground him in his present. The session was intense and immensely difficult. Langu's emotional response yet again appeared overwhelming. He was enormously angry and appeared stunned by the effects of the imagery he had visualized. His anger was directed at what happened to his brother, the fact that he was made to identify the body and that I had made him recall the event again. We sat for 20 minutes, at times talking of his anger, but mostly in silence. This was the most difficult session for me as a clinician. Although I understood and had discussed with Langu the rationale for doing this exercise, I experienced the excruciating nature of this task with its effects being visible on Langu's expression. It was very difficult for me caught between the conflict of understanding the therapeutic value of what we were doing, yet knowing the anger, horror and disappointment experienced by Langu towards what he had visualized and towards myself. I felt uneasy with him leaving the session and returning to 'the outside world' alone in this state, without any support. Langu had previously described the loneliness, alienation and difficulty experienced when in campus life, surrounded by people living their mundane lives, laughing trivially and talking casually, whilst he carried with him the heaviness and darkness of his experience and internal world. The stark contrast that the therapy room now presented in relation to the outside world felt too vast. In a desperate attempt to bridge these two worlds, I walked him a block outside the therapy room. Additionally I gave way to this fear by phoning him later that day to find out how he was feeling. He responded casually that he was all right, yet my concern regarding his emotional state remained.

The consequences of my actions were made very apparent on Langu's return the following session (16). He informed me that in having called him I had assumed the position of his family and girlfriend. He explained that he had been able to experience his emotions with me, including his anger as I had been willing to unconditionally receive it, and that he had need not worry what its effects were on me. In having called him, he

suggested that I was not able to handle or contain it and instead needed him to reassure and make it better for me. Langu commented, however, that in telling me of my mistake I became both like his family and different, as he was able to “hit the ball back again into my court”. This moment was profound and a very different experience for Langu as he had been able to express his disapproval at my perceived inability to neither handle nor contain his pain effectively. Further in me being able to receive it, he was able to return the responsibility of containing his emotions and experience.

Despite the intensity of this session and the difficulties experienced within the therapy relationship, Langu’s intrusive imagery decreased substantially. Shortly after he dreamt of his brother in the manner in which he had longed to picture him since the beginning of therapy. He dreamt that his brother was laughing and talking to his friends in his classroom. His mother was his teacher. Langu had gone to visit his brother at school and his brother delighted at seeing Langu, excitedly began introducing him to all his friends. This was sustained in Langu’s waking hours, as he was able to conjure pleasant thoughts and memories of his brother.

The last guided imagery intervention was introduced in the fourth last session (19) in attempt to reinforce and consolidate the integrated image of Langu’s brother, in turn reducing the intrusive imagery experienced and further process any remaining conflicts. Langu was encouraged this time, however, to take more control over the process, by taking himself through the relaxation exercise and pacing the form and content of the imagery envisaged. Langu had great difficulty picturing his brother, needing my assistance in constructing the image. Using his previous dream of his brother, we were able to form an image. Langu’s description of his brother’s image was shortly after disrupted by an intrusive image of his brothers dismembered body. He asked to stop the exercise and we spoke about the image he had envisaged, the intrusive imagery and the lack of control he felt he had over this. After Langu felt more relaxed, I asked him when he was ready to return to the imagery, however, this time encouraging him to actively change the traumatic image of his brother’s body into that which he wanted to see. I assured him that being in the imaginary, he had the ability to manipulate any aspects of

the image, including dismembered parts of the body. Langu found this difficult as he pictured the intrusive images, however, after some time was able to achieve the reconstruction of the image. I invited Langu to speak to his brother about his experience, the intense loneliness, how he missed his brother walking in his footsteps and how difficult it was holding the image of his mutilated body. Langu visualised his brother assuring him that in time he would be able to manage this image as he remembered him as he was in life, and that Langu would always have him. During this conversation Langu's focus shifted from that of processing the traumatic imagery to that of processing his grief. The imagery and accident no longer held precedence in the conversation, but rather the intensity of the loss experienced. Langu experienced the sadness of his loss and was able to express to his brother his difficulty in dealing with it. Following the exercise Langu informed me that he had experienced the control over the process and imagery as empowering. Although feeling as though there was still so much more he wanted to say to his brother, he felt that it would need to be a part of a gradual process as he integrated the loss of his brother. The effect of this session was the ceasing of all intrusive imagery.

Langu reflected in a subsequent session (21) how the impact of the traumatic death of his brother had effected his own identity, and that in having restored the image of his brother's body, he had begun to process the effects it had on his sense of self. He explained that since he was a child, he and his brother had shared clothes, their choice of music and his brother had attempted to walk in his shoes. He had lived his life in a sense for both of them and it was this relationship he felt assured of. The death of his brother left him feeling fragmented, alone and a constant reminder to his family of the son that died. Langu had been able to reframe this as him being a reminder of his brother's life and not death. He assured me though, that this would not be to the detriment of his own life.

The termination of the therapy was brought on by the closure of the university academic year and Langu's return home to his family. Despite the preparation for termination, I assured Langu that the option of returning to therapy if he needed to, would be open to him the following year. In our last session together (22), Langu reviewed the process we

had undergone over the past three months. He was able to highlight his shifts and the way in which they had affected himself and his relating to those around him. He spoke further of the memories he was able to recall of his brother. During the course of the week, he had taken himself through the process of guided imagery, forcing himself to see his brother's mutilated body and then actively changing it to what he wanted to see. In doing so he had felt as though he had mastered the previously intrusive images, by taking control over what he allowed himself to see. In addition by making himself see the images, he had accepted the fact that he could not change what he had witnessed, but nevertheless he could come to terms with it, by dis-investing the power the images had on him. By doing this he was able to hold more of the positive images and memories he had of his brother. Additionally he had come to terms with the fact that his previous image of himself, his family and largely his world had changed and that a new picture needed to be created, one without the physical presence of his brother, but not without his memory. Langu expressed his appreciation for our time together in therapy and concluded our session by citing a story highlighting for him the most profound part of the journey we had embarked on together and his appreciation of my having been with him in all that he had experienced over the past weeks:

Once upon a time there was a prince. He had a servant who worked for him for many years. The prince treated her very well, paying her a large wage, helping her with the feeding, clothing and schooling of her children. One day, the servant's child died. She was deeply overcome by her grief. At this time the prince called her in to his home and asked that she sit with him. They sat in silence as they both cried for her loss. Sometime later, when the woman had mourned for her lost child, she approached the prince. She told him that in all her years of working for him, in all that he had done for and given her, nothing had been more meaningful and had been more profound than his sitting with her in the depths of her pain.

This session was very moving and I experienced the intensity of our relationship that had developed over the past several difficult weeks. In his description of his process and then

in our parting, I had to resist my tears, which had been brought on by the profundity and sacredness of the time we had spent together. I realised that Langu's trauma had taken him to a very vulnerable place, a place that I experienced as his very core left unprotected by the defences torn away by his trauma. I also realised that in connecting to Langu it was necessary for me to find this place within me as well. In having done so, I had embarked on a journey, which had also left a profound impact on me. I was sad to say goodbye to this truly special being, who had also influenced my life not only as a future clinician but on a very personal level. As Langu left the room, I clumsily uttered the words goodbye, as I did not know what words such a parting calls for. He responded stating "my mother always said, don't say goodbye unless you mean it. I'll just say, see you later".

#### **4.4 POST-THERAPY**

In the following year, I had only little contact with Langu. He called me on one occasion late at night, asking for a session. At this session it was clear that he was struggling with the adjustments that had occurred in his life and especially in his family. Further his girlfriend had ended their relationship as she felt she could not relate to Langu anymore and he was unable to be there for her in the way that he had prior to his traumas. He had also been drinking alcohol more, which previously he had only done socially. I was concerned about him, yet he declined my offer to return to therapy, stating that he needed to have this time alone to cope with his struggle without my assistance. Several months later I contacted him telephonically to ask for his consent to present our work at a conference. I felt that this experience was worth sharing both as a profound and deeply personal human story and therapeutic reflection on working with trauma. The deep and empathic response elicited from the presentation at the conference indicated the very sacred quality of Langu's story and the way in which working with trauma impacts on people. It is for some of these reasons that I decided to write this story up as a thesis. At this time Langu and I met to discuss this possibility. He gave me his consent and further wished to be part of the process. I asked Langu to write anything that he wished about his experience, as I did not want to impact on his account. A year since the termination of

our therapy, Langu sent me a letter summarising the events occurring before, during and subsequent to therapy:

*Dear Lindy*

*I thought of just giving you a short beginning of how I felt after the incident, the changes that I have experienced through the processes of my so called recovery and my present stage, and the present state. Some of these things we have talked about in our sessions, however repeating wouldn't do any harm. Feel free to ask more. There is still lot more....*

### ***After the funeral***

*After the whole thing, though there was some pain and confusion, this I felt it was just an external pain that was just for a moment. I felt I had to take responsibility for those who were crying. In so doing I had removed my self from all the intense emotion and feeling the pain. Furthermore I felt I had to get away from home as quick as possible and get back to school. In this way I would isolate myself from everybody who I saw was going through some ordeal which I myself never understood why he/ she was suffering from it.*

### ***At the sessions***

*I would like to start with the fact that, I never would have liked or thought of going for psychology, until my sister recommended that I do so. I went for psychology with the hope that I would find reasons for what happened to my little brother. Further more I would never ever feel the pain. However it was very hard for me and I felt like quitting because, there I was talking to a stranger about what I am experiencing and not even sure if they are really feeling what I was feeling or they were just doing their job of listening. However all this was erased when my psychologist gave me a little blue stone. This stone represented the closeness that my psychologist wanted to have with me, and more the fact that she had picked the right spot of my love for beautiful natural things, I felt so touched thus set free. This to me was a token of love since at the time I never felt loved by my family as they were showing signs of pain and also by God, whom I trusted always protects and takes care of every thing.*

*I was very disappointed however by the fact that my psychologist had a fear that I might have thoughts of hurting myself. At this time I was very emotionally vulnerable that what ever promised to rid off all my pain, I would do it. Thus because she had mentioned it, I truly thought it was a good idea therefore I had a good reason for doing it. Due to the closeness that you have built with your psychologist, its like everything they say sounds like it's a good idea worth trying. This I would describe as falling in love with them, in that everything they say you want to do because you entrust them so much with your emotions. This was the reason that I had agreed the second time to do that exercise of hypnosis. The second hypnoses made me so angry for reminding me and having to recall everything at the time when I thought I was ok. This realization that I was not ok put me*

*off psychology and furthermore when the psychologist walked me half way home, this I realized the pain will follow me everywhere.*

#### ***After the sessions and presently***

*It is amazing that after I had learned to live with myself, through the help of psychology I thought I was stronger and everything was ok. Actually I would say, this is the time when I felt pain and more lonely in life. Psychology for me was like a mother who helps a child to cross a road full of traffic, only to leave him half way across the road at the mid-line. This I term as the stabilizing stage. At this stage I felt so deserted since there was nobody very close to be with me in this stage. At this stage even a psychologist/stranger can't help you. The only people who can help you here are your own family.*

*However at this time I realized that even my family became strangers in that the interaction that we had was not there anymore. Furthermore they are still basing their daily living according to what had happened. Thus they still live in fear, of which I did not fear anything in life, even death. My only fear was loneliness and that if I shared anything I was feeling it would bring back the pain in them. This I did not want to see happen again. At this time I realized that even my family could not play the role that the psychologist played, and the distancing increased more.*

*This became the loneliest time of my life, furthermore the distancing also took place with other relatives and friends. I lost people that were close to me, even the girl from Oriel. I could not relate to them as me, and if I tried I felt that I had been too demanding on them and that it was unfair on them. So the best thing was to leave them alone.*

*This is where most of the changes in my life happened. I was living my brothers' life in order to try to replace him in my life, even in my families' life, especially my parents. I found myself engaging in his mischievous ways. Everything of him that he used to do: things that made me happy or things that made me angry with him I did. I also would demand the things he would demand from parents. This went hand in hand with the blame that my mother had on herself. In order to deal with this she would give anything and become also submissive to anything I would suggest.*

*Exactly a year later after the availing, which I felt I was not ready for, I still feel the distancing from my parents. This is because they are still living in the fear that I do not base my life on, though I understand why they do this I find that it irritates me from time to time. After all this changes in my life, sometimes I live life not even feeling my brother in my heart nor that he even existed. However sometimes I find myself thinking of him and missing him all night and day, feeling how it was so unfair what had happened to him. These thoughts make me fear less of death that my parents always fear lots for.*

My reaction to this letter was one of sadness. I realised that what Langu had experienced subsequent to his trauma, was only one aspect of the manner in which the trauma had impacted on his life. The symptoms of Post-Traumatic Stress Disorder had been resolved,

but what I read was the account of a very lonely young man coming to terms with a life that only vaguely resembled that which he remembered and the continual struggle with the experience and resulting consequences he held deep within him. These sentiments were further expressed in the two poems (refer to pp. 72-73) I received from Langu several months later, which he had written the previous year (2003) for his brother's unveiling.

*“In typing these poems, I realised words are not enough to describe what...? I still don't know how to define the past two years. Maybe when I do then a bright light will shine upon my life and the picture puzzle shall be complete. Right now my heart is aching with pain. But please trust me I'm ok, I'm actually glad I can still feel this way.”*

## I'LL WAIT FOR YOU

Disturbed in my sleep again I woke up  
The truth had been close at hand  
In tears my head shook with despair  
It was hard to understand

I would turn to call your name  
But then I had to weep  
I looked around for a shoulder  
But the pillow was there, just the same  
As when I went to sleep

I longed to touch you again  
My hand began to slide  
But then the aching pain  
The emptiness inside defeated the darkness of  
night

I custed a wish upon the stars to see you day  
time  
But another day came just like before  
so empty cold and bare  
I raised my eyes towards the door  
where last my love was there

They told me to be strong  
They told me to be patient for the healing  
They told me your soul is free  
But how can mine be so entrapped  
Sunshine brings chills down my spine  
as I drift into memories, missing you,  
aching to see you again

You are beyond my reach,  
but yet sometimes I feel you

All I can do is let it be  
walk the so-called miles before I can meet you  
Wipe the teardrops and wait until the day  
All I can do is wait for you.

## NITA KU YIMELA

Mpfilunganyo nakambe wu ni pfuxa  
evurhongweni  
Ntiyiso a wu ri mavokweni  
Hi mihloti nhloko ya mina yi pandza hi gome  
A swi tika ku amukela

Ni hundzuluka ku vita vito ra wena  
Kambe ni tela hi rito ra ku rila  
Ni langutalanguta ni lava katla ra nseketelo  
Kambe ni vona xikhigelo  
tana hi lexi a xi ri xiswona loko ni etlela

ni tela hi rilaveta ra ku khumba na kambe  
hi ripfumelo voko ra mina ri tshumbunyuka  
Kambe ni khumba mabibi ya mbilu  
Ku lahlekeriwa endzeni ka mina swi hlula  
xinyami xa navusiku

Ni langutela eka tinyeleti ku ni komba wena  
loko dyambu rixa  
Kambe dyambu rixa tani hi masiku  
ri ta na mpfumawulo, xirhami na vusweti  
Ni tlakusa matihlo ni languta rivanti  
laha rirhandzu ra mina a riri kona

Kambe va ni byela kuri ni tiyisela  
Vani byela kuri ni lehisa mbilu ku rhula ka ta  
Va ni byela kuri moya wa wena wu kumile ku  
rhula  
Kambe xana wa mina wu nga va wu phasiwile  
hi yini  
Loko rixa masana ya titimeta longo ra mina  
loko ni orhela ni ri karhi ku ku ehleketa, ni ku  
navela  
mbilu yi vavela kuku vona

U le kule na mina,  
kambe mbilu ya mina ya ku vona hi minkarhi

Leswi ni nga swi endlaku iku yimelela  
ni famba rendzo leri va ri vulaka ku kondza hi  
hlangana  
Ni sula mihloti ni yimela siku nene  
Ntsena mina nita ku yimela.

## NI TA KHOMELELA

U wa ngati na nyama ya hina  
U ta va timbilwini ta hina hi laha ku nga heriki  
A wu ri xifanisonyana lexi hetiseke xifaniso xa vutomi bya mina  
Leswi xifaniso xa mina xi kayivelaka xifanisonyana xa wena  
Xana xifaniso xa vutomi bya mina xi nga hetiseka njhani  
Xana ni nga vumba njhani xifaniso xintshwa lexi kombisaka vukona bya wena

Tani hi tuva ro basa u tile evuton'wini bya mina  
Ni ku fumbarhela hi makumu ya xandla xa mbilu ya mina  
Tani hi rimoyana leri hungaka, khwatsi na hi ku nyamalala  
Ri ku tekile hiku copeta ka tihlo  
U ni siyile eka nkarhi lowu a na ha mpfampfarhuta xifaniso xa vutomi bya mina  
Swi tikile ku mpfampfarhuta xifaniso lexi u nga ri kona  
Kambe tinsiva leti u ti siyeke, ni ta fumbarhela hi mbile ya mina  
Lexi i xikombiso xa kurhula na rirhandzu ra lendzeni ka mina hi laha ku nga heriki

## I WILL HOLD ON

Born of our own flesh and blood  
You will forever be in my heart  
You were a puzzle piece that completed the picture of my life.  
Now that my picture has a missing piece,  
How can the picture of my life be complete  
How can I form a new picture that forever represents your existence

Like a white dove you came into my life  
Close, I kept you within the fingertips of my heart  
For a gentle wind does move, silently and invisibly  
It took you at the nick of time  
You left me at the time when I still drew the picture of my life  
Its been tough to draw a picture in your absence  
But the feathers you left, I shall hold close to my heart  
This is the only sign that your love, piece and comfort will forever be within

## **CHAPTER FIVE**

### **DISCUSSION**

#### **5.1 INTRODUCTION**

The following discussion will focus on the intricacy of the images confronted and constructed by the trauma survivor. The intrusive re-experiencing of the imagery is identified as encapsulating the survivor's complex idiosyncratic experience of the trauma and the existential confrontation with the meaning of life and death, whilst indicating the urgent need to integrate the traumatic event. The use of imagery strategies is further investigated as a powerful means of facilitating the emotional processing of the traumatic material. The relevant management decisions confronted in the course of this process are addressed, in order to investigate how the survivor arrives at a place of integration rather than further disintegration. The discussion will further focus on the significant role of the therapeutic relationship within the therapy process, the manner in which the trauma work impacts on both patient and therapist and the effect this has on management decisions. Finally, the concept of recovery is explored in reference to both the psychological consequences and existential confrontation with meaning resulting from the traumatic experience.

#### **5.2 THE POST-TRAUMATIC RESPONSE: INTEGRATION AND ADAPTATION**

When Langu first arrived at therapy, he commented that he was there in hope that he could heal, but that just talking of what had happened to him had not and could not help. He stated further that when he spoke to others about his experience, they responded with such horror and sadness and he did not know what to make of this. He was aware that he was not happy, that something in his life felt wrong and that he was struggling to live his life as before, however, he could not relate to their response and believed that they were over-reacting. When I looked at this young man, I wondered how it was that he simultaneously bore the signs of a person struggling deeply with his life, yet was unable to connect to the horror that had brought him to this place. How was it that he had experienced and made sense of his trauma and loss? It became increasingly clear, however, that in fact he had not experienced properly nor made

sense of his trauma or loss, and in many ways was yet to experience it. It was as though he was locked in a time warp, frozen in an image, unable to feel or make sense of it, yet unable to escape. As an inexperienced clinician, having been trained in the WITS trauma model, my expectations of this process was of facilitating the gradual integration of the traumatic experience, so that the patient connects more fully to his experience, which enables the intrusive re-experiencing of the trauma to be reduced and finally eliminated. This working model was indeed a very important part of the trauma work, however, what I had yet to appreciate was that the post-traumatic symptoms themselves as argued by Lifton (1993), were adaptive and necessary, both as a reflection of the need to integrate the trauma and as indicators of the conflicts inherent to the difficulty in doing so. In a time when Langu had great difficulty connecting to and expressing his conflicts, his symptoms as frequently reflected and encapsulated in his intrusive images became his voice of distress. It was particularly the return of one image that haunted Langu and in itself conceptualised much of the effects and idiosyncratic evaluation of his experience.

### **5.3 THE OMNIPOTENT IMAGE**

As described by Lifton (1993), there is often the return of one image, which represents the pinnacle of the horror of the trauma, and is very closely tied into the concept of death. For Langu this image was the image of his brother's burnt and mutilated corpse.

The actual experience of identifying the body was reported by Langu to have been experienced very much like that suggested by the data-driven processing of Ehlers and Clark (2000). He describes the overwhelming shock, the confusion and the intense experience of disbelief and horror following the trauma. The traumatic image he experienced portrayed a grotesqueness of paramount proportions. Langu reports feeling confused by the report of his brother's death, yet, continuously bearing the expectation that his brother's corpse would appear as an image of his brother sleeping peacefully. The very horror, suddenness and grotesqueness, however, experienced in relation to the juxtaposition of the image he was presented with, were encapsulated aptly in his comment "Hell no that can't be my brother". Rather than the confrontation of the very intimate and human image of his little brother sleeping, the

charred corpse was suggestive of the coldness of a removed anatomy book dissection image. How is it that one can begin to make sense of such an image? This was reflected in Langu's comment that he came to therapy to find out why this had happened to his brother. This is in line with Janoff-Bulman's and Frantz's (1997) concept of the survivor's crisis being an existential one about meaninglessness. Langu commented that his brother was mischievous, but a good child. How do you begin to comprehend the death of a child, your little brother, in a manner where he is severely mutilated beyond all recognition? How does one make sense of a meaningful world in the face of such blatant arbitrary destruction and suffering of a child? It is fair thus to deduce that the poor integration and comprehension of this event was not only driven by the overwhelming and confusing experience of the trauma, but the apparent meaningless underlying it. The return of this image in its symptomatic form was symbolic of far more than a traumatic event having not been successfully integrated. Inherent to this image was the conflict, guilt, loss and its powerful impact on Langu's self-structure.

### **5.3.1 The Frozen Image: A Portrayal of Loss, Conflict, Meaninglessness, Guilt, and the Impact on Self-structure**

Langu initially presented with two overt groups of appraisals regarding his trauma, as indicated by Foa and Riggs (1993). The world no longer represented a safe place, as there was no meaning, purpose or logic in it. He felt constantly vulnerable and subject to threat of future doom. Reinforcing this belief were the three accidents having occurred prior to the death of his brother. Simultaneously he elected to believe that he was responsible for the death of his brother. These thoughts included: "I was supposed to have protected him", "I should have been driving that car", "I am to blame", "I did not take care of my responsibilities", "This happened because of me", "I should have seen it coming", "I saw the signs", "I knew he would have wanted to drive".

In a world, which was perceived as hazardous and purposeless, and his experience of an ineffective self, which was ridden with guilt, Langu had become stuck, unable to move in any direction. Lifton (1993) conceptualises this eloquently in his contention that suffering is associated to being stuck in the image, trapped within the trauma, which is primarily motivated by guilt. This trauma is continually re-experienced as

the individual feels as though it was never adequately enacted. This conflict is represented in this single image, which represents the height of the destruction exacerbating this guilt, with the thought that 'he died, I should have, and therefore I have no right to live my life'.

Furthermore the impact of the actual death encapsulated in this image, very much reflected what Lifton (1993) terms the psychic death of the survivor. As documented in section 2.6, Lifton (1993) describes the experience of trauma as an assault and threat to the entire self. It was as though in the confrontation with this dismembered image, Langu had experienced a disintegration of self. Langu had described the symbiotic relationship experienced between him and his brother throughout their lives. They dressed alike, shared clothes, listened to the same music and Langu felt he lived his life for both of them. His future was his brother's future as he felt that his brother walked in his footsteps. The accidents that took place also represented an interwoven complex series of events. Langu's accident preceded that of his brothers by only a few days, and he was furthermore supposed to have driven his brother home and thus been in the car. In effect it could have been Langu that had died. At his brother's funeral people confused him with his brother, and his family often called him by his brother's name, thus exacerbating this enmeshment. Lastly Langu felt that his role as big brother was to take care of his younger brother. He had 'failed' to do so and thus could no longer define himself accordingly. The mutilated image of his brother encapsulated thus the actual sudden death of his brother, the very real prospect of Langu's own potential annihilation, the death of a very integral part of his life and the failure of his role to protect his brother, which was inherent to his self-definition.

The reality of the grotesqueness of the death of his brother in addition to the implications this had on his experience of self and heightened vulnerability was too overwhelming and threatening to be effectively integrated into his existing framework. In one image he had experienced both the impact of the apparent meaninglessness of his world and a confrontation with his own inescapable mortality. He had in effect experienced a dislocation from his self. In not being able to feel, he could keep this experience at a distance. This is what Lifton (1993) refers to as undergoing a symbolic death in order to avoid a permanent physical or psychological death. The consequences, however, were that Langu became more firmly entrenched

in the traumatic space, which, although emotionally kept at bay, prevented him from re-asserting himself in his life, and effectively shut him out from experiencing his world, connecting to other people and mourning for his brother.

On a conscious level, Langu had also withdrawn from his family, as he could not comprehend their pain, thus leaving him feeling even more lonely and dislocated from his reality. He did hold, however, an intense need to share the image of what he had seen with his family, but he also bore the responsibility of taking care of them in their suffering and was strongly motivated by the thought that he needed to be 'strong'. Langu held onto his sense of responsibility as traditionally this was his role in his family, but also as a means to protect what sense of self he had left. His inability to protect his brother from harm way had already impacted significantly on his self-concept. The perceived failure to protect the rest of his family from further pain would in effect amount to an additional blow on his already volatile sense of self. Thus his need to be strong was a reflection of both the familial pressure exerted on him to move on with his life, his own need to hold onto this role to protect his sense of self and because the experience of the emotional impact of the trauma was perceived as too overwhelming to bear. Langu's efforts to avoid his trauma and protect others from inevitable emotional pain, however, had resulted in him being more intensely locked within this image, which could not be processed, transformed or integrated and thus manifested in the persistent intrusive re-experiencing of the traumatic imagery.

According to Lifton (1993), however, the return of this image was in effect an attempt to restore the traumatised self into the re-integration of the self, and thus adaptive. It was not possible for Langu, however, at this point to re-assert himself in a vital way in the life from which he had both consciously and unconsciously withdrawn. This intense dislocation necessitated the restoration of what Lifton (1993) describes as the 'feeling self', which required the full experience of the horror invested in the frightening image of the trauma.

#### 5.4 THE MIRROR IMAGE: A REFLECTION OF PROCESS AND SELF

In Langu's final research interview, he commented that the entire process he had undergone had functioned according to a 'U' shape. Initially when entering therapy, he had been unable to conceive of his brother in his death and thus was only able to conjure images of his brother as living. Although less distressing, these images were indicative of his experience of being stuck, due to his failure to have integrated the experience of the trauma or the reality of his brother's death. During the course of therapy, the reality of his brother's death and the associated trauma had impacted largely on him, with the result that he was no longer able to envisage his brother other than in his mutilated state. He had experienced the enormity of his trauma, which, although liberating him from the confines of his 'psychic numbing', overwhelmed him in its severity. The result of therapy was Langu's ability to re-envisage his brother as he was in life, with the reality of his traumatic death having been integrated. This analogy summarises the course of the therapy process. Furthermore it echoes his initial experience of the trauma in that both experiences were very much located in the experience of imagery and all that these images encapsulated. The imagery thus functioned throughout Langu's process as a reflection of his experience of the trauma and his psychological state. By no means, however, did these images only function symbolically or metaphorically. As a clinician I understood this image to represent a variety of levels, but for Langu this was his reality. Although through the course of therapy, imagery was used in a variety of different ways, his experience still remained largely one located within the confrontation and transformation of a particular image. The choice to utilise many of the imagery strategies arose from the current trauma literature. Most importantly, however, the dominance of the imagery strategies within the process also developed spontaneously in response to the unique needs of Langu, which navigated the process. Prior to the start of therapy and during the course of therapy, he had demonstrated a natural tendency to express himself in this medium, as evidenced in the drawing of his dreams. It was a medium, in which he felt safe, and able to express his experience more coherently than in words. Any attempt to have merely rid him of these images, would have been a gross negligence on my part regarding the very core of his experience.

#### **5.4.1 The Functional Image: Friend and Foe**

Thus in the context of Langu's experience of his trauma, his comment regarding talking about his trauma not helping is appropriate and is captured in much of the trauma theory described by the emotional processing theorists (See section 2.4). The embodiment of his experience was in the imagery visualised and thus dominated primarily by sensory impressions, overwhelming shock and bodily responses (Ehlers & Clark, 2000: see section 2.2.1). He had not experienced or made sense of it in an organised coherent fashion. His words at this stage were devoid of meaning. It was thus necessary to first construct a more integrated coherent experience of the traumatic event from within the imagery, and subsequently to transform the meaning embedded in these images in the implicational level (Teasdale, 1997: see section 2.4).

It was clear in the opening sessions that Langu needed to be liberated from the confines of the traumatic image, yet this necessitated connecting him to the emotion inherent to it. In order to achieve this he needed to re-connect to the sensory and emotional elements of his experience in a more controlled manner so as not to overwhelm him. In effect, he had to return to the images and re-experience them as to integrate and transform them. The challenge, however, was in the facilitation of the emotional processing so that Langu would come to a place of integration and not further disintegration.

#### **5.4.2 The Opening Sessions**

Langu's presentation of the drawings of his dreams thus initially played several key functions. Firstly in externalising these images, he was able to create a safe space, which although painful, enabled him to explore the trauma and its effect through referring to something outside him self. As a result the anxiety associated with the trauma could be ameliorated to a degree. Secondly the ability to begin to externalise these images into what Laub (1992) terms the shared realm, enabled him to begin to unburden him self from the solitude of carrying these frightening images. In sharing these images, he had allowed me a glimpse of the horror of his experience and the distressing effects it had on him. Thirdly, these images facilitated the restoration of a sense of control as they provided a means to voice his distress, conflicts and symptoms, thus enabling the normalisation of his experiences through psychoeducation. This was vital as in the face of his trauma and its consequences,

helplessness and a lack of control predominated. This was evidenced in his inability to control what had happened to his brother, his lack of control over his subsequent intrusive re-experiencing of the trauma and his lack of control over his life. This process instilled meaning to his seemingly bizarre images and distress and demonstrated that although frightening, his symptoms were normal responses to an abnormal event. Additionally he was able to appreciate the manner in which his avoidance strategies had functioned to exacerbate his post-traumatic response. This was vital as his belief that he needed to be strong was in essence his most destructive cognitive avoidance strategy. A significant amount of reframing and exploration was necessitated to understand the maladaptive psychological consequences of holding onto this belief. Effectively this belief functioned as a means to attempt to protect both his family and him self from his pain. Further more, however, his family context, which was that of an African, aristocratic rural origin, had encouraged this distorted belief throughout his life. Men were expected to contain the family, and in fact the village and thus could not afford to allow the emotional expression of their distress. A significant amount of work was done in re-educating Langu regarding the concept of 'strength' being in the ability to confront ones frightening emotions and take responsibility for the processing of them. Finally these images had spoken for him and pointed to the conflicts inherent in his experience of his trauma, the enmeshed identities between him and his brother in both their life and death and the significant responsibility he was experiencing in relation to his brothers death. In effect this beginning stage facilitated the process of voicing his distress, normalising and psychoeducating him around his experience, and systematically desensitising him to the trauma in a controlled and safe environment.

The drawings, which became a symbolic expression of his actual experience, thus provided a very safe and powerful means of communication and functioned as a very rich reflection of the complex phenomenology of his experience. Following the work of Pynoos and Eth (1986: see section 2.4.2), I thus encouraged Langu to embark on the two semi-structured drawings. These drawings indicated the very important cognitive-emotional, existential and relational work necessitated to address his experience of being stuck in this very frightening in between space. From a cognitive-emotional perspective Langu's significant need to see his brother as he was in his life, was core to his experience. This was compounded exponentially by his existential

confrontation with the meaninglessness of the trauma, which was tied intricately into the notion of G-d being just, reward for the good and punishment for the bad (Janoff-Bulman, 1992: see section. 2.2.2). The inability to make sense of this conflict, contributed greatly to his ability to accept the reality of his brother's death. The need to process emotionally what he had experienced and his existential crisis, which impacted on his ability to do so, were thus intricately bound in reciprocal processes throughout therapy. This reciprocal relationship was complicated further by the fact that it was not only the traumatic death of his brother that required processing, but the effect this also had on his self-structure. Identity is intricately bound to meaning. Identity gives us meaning. As suggested by Janoff-Bulman (1992), people are constantly in search of some kind of meaning in order to provide purpose to their lives and inform them how to operate. Accordingly Lifton (1993: see section 2.2) asserts that the individual develops an obsessive attachment to the traumatic imagery in an effort to integrate it, and in a perpetual search for personal meaning. Three core levels of processing were thus identified: the trauma itself, the existential crisis resulting from the meaningless inherent to it and his inability to have protected his brother which impacted on Langu's self structure.

This complex inter-relationship was vividly conveyed in session 7 in Langu's dog dream. This dream alluded to the urgent need to process his brother's death, yet his inability to do so due to the destructive energy invested in aggressively warding off his emotions, which simultaneously became a significant attack on a part of himself. This destructiveness further alluded to his fear of his own aggressive impulses and the belief in his role in the death of his brother. He needed to make meaning out of what had happened. His resolution was implicating himself and assuming the responsibility for the events. Effectively this became debilitating to his sense of self and led his inability to live his life.

#### **5.4.3 Confrontation and Transformation- The Dynamic Image**

Langu needed to be thus exposed to his traumatic imagery, but further more it needed to be transformed in a way that promoted vitality and created meaning. Truthfully, however, I was at a loss as to how this transformation of meaning would occur, as I too was struck by the unfairness and meaninglessness of what had transpired. Initially it was his desperate need to remember his brother as he was in life, which provided a

starting point from which to initiate the emotional processing. This required both the integration of the traumatic imagery he held of his brother through intense exposure work, whilst promoting the replacement of this image gradually through guided imagery. I had not yet anticipated the power of the integration and manipulation of these images and the manner in which the image itself was able to facilitate this transformation of meaning. As documented in section 2.4.2, images are not thoughts. They do, however, encompass several meanings, ideas, messages, which exceed that conveyed through words, language or expressed thought. They thus have the ability to create and transform our reality. The transformation of the image was thus not only corrective and restorative on a visual level, but implicitly involved the powerful transformation of the meaning inherent to the image.

Through the process of psycho-educating Langu around the effects of trauma and the need to integrate the traumatic material, he had come to appreciate the need to return to these awful images. The introduction of the exposure sessions was thus preceded by ongoing preparation and ultimately initiated at a time when Langu felt comfortable with this process, supported in the therapeutic relationship and had been systematically desensitised to his experience in a manageable way through drawing and discussion. This, however, could not buffer the horror of these difficult experiences.

The exposure sessions felt continuously like a balancing act. The exposure sessions were aimed at confronting the trauma in a contained space, and as Horowitz (1991) describes trying to 'rein' him in when the emotion became too unbearable through relaxation and support. This was extremely difficult. The moment the exposure sessions had begun, it was as though a whirlpool had opened, into which Langu went tumbling down. This was frightening as the aim was to confront the trauma as to facilitate the individual arriving at a place of greater integration rather than further disintegration resulting from a possible re-traumatisation. Even at times when I contemplated stopping the exercise, Langu's incredible determination made him continue. This process was frighteningly vivid as he re-constructed the traumatic events in detail. Theoretically I had understood the premise of the exercise, however, in the midst of the narration, I remained extremely cautious and anxious regarding the effects of this difficult task.

The results of these two exposure sessions were profound. Despite the agony endured during and subsequent to these sessions, Langu had experienced a number of reparative processes. As indicated by Ehlers and Clark (2000: section 2.4.1), Langu had for the first time made sense of his trauma in a linear, sequential fashion, whilst connecting to it on a very deep emotional level. The ability to talk about it and to feel the emotional impact simultaneously enabled a greater integration of the experience. Despite the intensity of the emotion, he had re-experienced these horrific events in the presence of another person, with whom he felt safe and supported. Unlike before when he was witness alone to these images and subsequently made to deal with them in solitude, the supportive presence of an attentive other throughout his recounting of his traumatic experience, acted very powerfully in buffering the experience of annihilation described by Eagle (1998). This process followed true to the description of Laub (1992), who suggested that by externalising the trauma into the shared realm, the trauma can be re-internalised in a less threatening form. The act of narrating and experiencing these traumatic events enabled the emotional processing of the traumatic event to take place. Langu experienced an enormous sense of relief in response to this process, as he had invested so much energy in keeping this experience emotionally at bay, and in effect frozen in the distressing form originally experienced. He had experienced significant empowerment in having confronted these feared events and 'survived'. This is not to undermine the extent of the emotional agony experienced in relation to this process or subsequently. Langu, however, had been able to return to his 'feeling self', and although terribly difficult, had in effect been able to break out of the 'frozen image', which had incapacitated him. There was without doubt an enormous shift in Langu subsequent to these sessions, as witnessed by myself and expressed by Langu in session 8. What struck me most, however, is that this process was aimed directly at attempting to integrate the trauma so as to reduce the intrusive re-experiencing, yet the results had far greater implications. Not only had Langu experienced a reduction in intrusive re-experiencing of his images, but he had also poignantly described subsequent to the first exposure session (session 8) having "made peace with G-d". Similarly in session 15, a second exposure session was introduced in order to address the remainder of Langu's intrusive images. Subsequently (session 16), in response to this session, however, Langu had expressed enormous anger, including that directed at me, which had significant impacts on a relational level (see sect. 5.5.2). Both these sessions were incredibly graphic, and did

highlight those 'hot spots' where several of Langu's idiosyncratic appraisals arose. This was evidenced in session (7), where Langu was able to recall the moment that he had chosen to blame himself for the accident. These appraisals, however, were not directly challenged in the exposure sessions. It was purely an exercise of confrontation and visualisation. In having begun confronting and integrating the trauma, there appeared to be parallel processes occurring, which impacted on his existential confrontation with G-d and his intra- and inter-personal struggle with his self and family respectively. These reciprocal processes reflect the intricate relationships described by Edwards (1989, section 2.4.2), between these various levels of processing and meaning, which are harboured in and ultimately transformed within the imagery.

The urgency, however, with which Langu longed to see his brother, was overtly apparent subsequent to these sessions and compounded by having been able to experience emotionally his trauma and loss. The decision to introduce the guided imagery sessions was thus made, firstly in attempt to restore the intact image of his brother as he had been in his life and secondly to attempt confront the conflicts Langu was experiencing in relation to the traumatic images he had of his brother, his substantial guilt and his desperate quest for answers. His recent ability to cease avoiding the trauma and confront these very difficult issues enabled the introduction of this process.

The guided imagery sessions functioned powerfully in the counteracting of several of the features of Langu's traumatic experience. The concept of control was central to all these features. Contrary to the intense helplessness and passivity experienced in relation to the trauma, the guided imagery sessions enabled Langu to begin to attain mastery over his images, to create the interaction he desired with his brother, and to control when he ended this interaction. Although initially facilitated by myself through interview techniques, prompted dialogue and description (Edwards, 1989), it was Langu who controlled what he saw, where he chose to see it and for how long. In juxtaposition to the suddenness of the traumatic events previously encountered, the guided imagery was slowly and carefully paced. Langu ultimately controlled what needed to be said or challenged and when he was to say goodbye to his brother. At each stage Langu's experience and emotions were assessed and processed, and when

he became stuck, together we attempted to overcome the obstacle, which provided the much needed support he had required at the time of his trauma. This process although in the imaginary, enabled Langu to attain some closure in terms of his trauma, which stood in stark contrast to the overwhelming shock that initially had dominated his experience. Furthermore, Langu's need to share the burden of his experience with his family was partly addressed in his ability to converse with his brother. Laub (1992: section 2.5.3) comments that it is in the witnessing of the testimony that survivors of trauma can begin to listen to themselves. Effectively, Langu's ability to express these conflicts, emotions and experiences to the image of his brother, created a dynamic where Langu could witness, listen and engage in the resolution of them. His guilt had been ameliorated to a degree and the effect was his ability to experience joy in response to the past and his present imagined interactions with his brother. This is what Lifton (1993) refers to as being liberated from bondage to the deceased. He had managed to transform this image and thus the meaning inherent to it, and in doing so had freed himself from his experience of being trapped. In session 9, Langu had seen his brother come to him from heaven. This image is powerful in relation to his previous conflict regarding his brother's place in the after life and interestingly follows the exposure session (session 7) where he commented that he had made peace with G-d. Implicitly he had challenged his dysfunctional appraisals through interacting with these images. In the imagining of his brother intimately and as whole, he had been able to establish a relationship to these images, which became meaningful for him. The ecstasy, in which Langu was able to rejoice in these memories, was so incredibly powerful. In removing himself from this frozen image, he had not only been able to confront his very painful emotions, but had now been able to connect to his beautiful ones.

In session 9, Langu had been able to envisage the long awaited image of his brother whilst confronting the reality of his death simultaneously. This was powerful in the face of his previous inability to either conceive of his brother as dead or subsequently only to be able to envisage the mutilated images of his brother. The decision to incorporate an additional guided imagery session (19) was informed by Langu's continual struggle with a degree of intrusive re-experiencing of the corpse image in spite of his ability to hold the 'life' images of his brother. This struggle was clearly evidenced in this session (19) when the corpse image intruded on his envisaging of his

brother. Langu was encouraged, however, to return and to confront this disturbing image and bridge it slowly with the one he wanted to see by reconstructing it in the imaginary. This was incredibly powerful as he experienced an enormous sense of empowerment in being able to assume control over an image, which had previously been very much beyond his control and in control over him. It was at this point that Langu had been able to release himself from the burden and pre-occupation of the trauma and embark on the expression of the pain of his loss. As explored in section 2.4.2, it was as though in having resumed control over these images, that they had released him from their shackles, enabling him to begin to confront his bereavement and grief. He ceased all intrusive re-experiencing subsequent to this session.

## **5.5 THE THERAPEUTIC RELATIONSHIP**

### **5.5.1 The Supportive Relationship**

Fundamental to Langu's psychological state was his loneliness. He had experienced a sudden dismembering from one of the most important people in his life, a person he felt intricately bound to. Subsequently he experienced an increased distancing from his family, his girlfriend and his friends. He could not connect to their pain, they did not want to connect to his and his girlfriend was unable to appreciate him in his vulnerable state. In a short space, he had experienced the loss of the most intimate relationships in his life at a time where he needed them the most. Langu's insistence that he need to be strong, his difficulty sharing his pain with these people and his subsequent withdrawal from them, only exacerbated this loneliness. The therapy space in effect was the only relationship in which he felt contained and supported. It is thus vital to note that his initial display of intense emotional expression occurred not only subsequent to the sharing of his frightening dreams, but immediately subsequent to the session in which I had given him a little blue stone. In the context of what he had experienced, the horror of the coldness of the envisaged image, the stone became a sign of an intimate human gesture. The impact of this gesture was only made overtly apparent to me in Langu's letter when he describes this moment as a turning point:

*“ This to me was a token of love since at the time I never felt loved by my family as they were showing signs of pain and by G-d, whom I trusted always protects as takes care of everything ”.* Langu's words suggest that he no longer had faith in those figures that previously symbolised protection and strength. In the context of what he

had experienced, he did not feel that any person could support him and thus was unable to entrust his very deep emotions with anyone. This token had become symbolic of a willingness of someone to reach out, to understand him and care for him in a space where he felt so desperately abandoned. This moment represents the beginning of the turning point of what Lifton (1993) described as a return to the feeling self. Langu felt safe enough in the containment of the therapy space and our relationship to begin to feel.

### **5.5.2 The Transference Relationship**

As highlighted by Horowitz (1988: section 2.5.3), there did appear to be a significant transference dynamic, which was introduced into the therapeutic relationship. Just as happened in his relationships with his family, girlfriend and friends, Langu in the opening sessions of therapy had been unable to share his experience with me. He felt that like his other relationships he needed to take care of me and protect me from the distress of what he had experienced. Furthermore, however, alongside his need to protect me, was a further fear that the expression of this traumatic event would be too overwhelming for him. The establishment of the supportive therapeutic relationship, the encouragement of the expression of his emotional experience and the challenging of his belief that he needed to take responsibility for other people, enabled him to begin to feel safe enough to begin to share this experience with me. This was also the beginning of his sharing the experience with himself, for as Laub (1992) describes, he had effectively yet to experience it.

The extent of his vulnerability and the intensity of this relationship, however, is suggested in the manner in which Langu describes this closeness in his letter as “*falling in love*” with your therapist. His description here does not refer to a sexual transference, but rather alludes to the intimacy of a connection one may share with family or a partner. This is further evidenced in his description of entrusting his emotions to the clinician and his description of the exposure sessions as “*hypnosis*”. These descriptions allude to the vulnerability experienced by Langu in the face of what he had experienced, and his need for someone to take on a parental role in terms of managing and containing his emotional life. The process of exposing Langu to his trauma was aimed at empowering him to integrate and transform the traumatic imagery. It is evident, however, that significant ‘holding’, is necessitated in the

process, before the individual is able to manage their emotions alone. Although a feature of many therapies, Horowitz (1988: section 2.5.3) emphasises that the transference potentials are intensified in the face of extreme trauma.

It is fitting thus that in the context of the second exposure session (15), Langu would experience such intense disappointment and anger with me. Langu had been very angry about his brother's traumatic death, however, had held the hope that he would be able to heal. The process, however, was difficult and necessitated him returning to the scenes he so desperately did not want to see. Horowitz (1988: see section 2.5.3) describes, that the realisation of and confrontation with the very difficult and painful emotional processing of the trauma itself, invites a strong response, which often manifests in anger and impacts directly on the therapeutic relationship. This was supported by Langu's comment in his letter: "*The second hypnoses made me so angry for reminding me and having to recall everything at the time when I thought I was ok. This realization that I was not ok put me off psychology*".

Furthermore, Langu had entrusted his emotions to me and I had disappointed him by exposing him to the significantly disturbing memories, which had caused him initially so much distress. Just as his father had been unable to protect him from what he had experienced, I had made him identify that which he did not want to see. By entrusting his emotions to me, he had also felt that I would be able to contain them, without him needing to be concerned about their effects it had on me. In having walked him down the street and called him subsequent to the session, Langu had felt that like his family and his girlfriend subsequent to his trauma, I was unable to cope with the emotions he had entrusted to me. As with these people, he felt compelled to make me feel better. He was angry with me. He was angry with them. He had previously been made to hold the horror of what he had seen alone, the horror that he had been unwillingly made to face.

I wondered whether the aggressive emotions he experienced in the dog dream, were in part the significant anger he felt towards these people, which similarly stood in the way of his processing his brother's traumatic death. In his dream it was his brother standing in his way, however, Langu was still terrified at the aggressiveness he had demonstrated by beating the head of the dog against the wall. Expressing his anger

towards his family would have been too threatening in the face of the enormity of the loss he had already experienced. The safety of our relationship, however, enabled him to express these warded off feelings. As indicated by Horowitz (1988), subsequent to these sessions Langu was able in therapy to explore his disappointments with the various significant people in his life more openly, whilst exploring his various emotions, reflecting on his process and acknowledging the progress he had made.

The impact of his experience of this relationship was articulated in the final story he cited. It conveyed his deep need and appreciation for someone to have been with him in his experience. In retrospect his comment “ *My mother always said, don't say goodbye unless you mean it. I'll just say see you later*”, alludes to the premature termination of the therapy. Possibly in fear of being too demanding, he had chosen to terminate the therapy and manage on his own. It seems however, that, although he was unable to voice it, he was not ready to relinquish this relationship (refer to Horowitz, 1988, section. 2.5.3) As before, he had repeated the dynamic of withdrawing from a relationship he so desperately sought, in fear of being too much, too needy (See Horowitz, 1988, section 2.5.3.) The termination of this relationship became an additional loss. This appeared to be the first relationship in which he had been able to make his needs known and have them responded to. Having experienced such a relationship and then losing it, became a dual assault. His loss was of both an intimate, supportive relationship and an authentic one. The immense difficulty he experienced subsequent to the termination of therapy was in part a response to this dual loss and the enormous adjustment difficulties his family had and was undergoing. Langu's description of his experience of therapy in his letter as “ *a mother who helps a child to cross a road full of traffic, only to leave him half way across the road at the mid-line*” is a poignant expression of his post-therapy experience. He had experienced the mother, the caregiver, which at this stage had become me, as abandoning him. Furthermore his choice to use the road in his analogy alludes to the context where his multiple traumas, the motor vehicle accidents, had occurred. In effect he had experienced me as having left him alone in the midst of his trauma. Once again those people whom functioned in the perceived role of protector had disappointed him at the time when he needed them most. Inherent to this analogy, however, was an additional allusion to the fact the child had never learnt to cross the road by himself. It was as though the mother had only been present in the child's life

up to a certain age, whereby she ceased her responsibilities over him, leaving him to take care of himself. As a hypothesis, I wondered whether Langu's experience was not a recapitulation of an early developmental crisis, perhaps a too sudden transition from the early childhood ambience of the mother to a middle childhood life away from her.

Langu loneliness thus became even stronger, culminating in his efforts to become his brother in attempt to regain him for himself and his family. Despite my offers for him to return to therapy, Langu had experienced too many losses and significant disappointments in his intimate relationships to be able to re-establish connection. At this point he wished only to be self-sufficient, not to depend on other people, to be able to cope alone. This response might perhaps also have re-enacted an earlier decision, in response to perceived abandonment by his mother, to go it alone and deal with his emotions by himself.

In the final research interview, Langu reported that despite the difficulties encountered after the termination of therapy, he had managed to re-establish himself in his life. As indicated by Janoff-Bulman (1992), his task at this stage was in finding significance in his life, a significance that he longed to find in the re-establishment of an intimate human relationship. Langu stressed his deep longing to 'have' in his life. As a result of the trauma he had experienced directly and indirectly the loss of multiple relationships. His brother had died, his family no longer represented the one he had known before, he no longer maintained his relationships with his friends and his girlfriend had ended their relationship. As a result he desperately wanted something to call his own. He had attempted to invest himself fully into his work so as to fill this gap, but was still unable to reduce his longing for the intimacy of a human relationship. He stated that within our therapeutic relationship, he had experienced a comfort and support unlike any he had ever experienced. He felt as though he had known me his whole life. He then too, had 'lost' me. He was still yearning deeply for the creation of such a connection in his life.

### **5.5.3 Therapist as Container: Personal and Professional Hazard**

#### **The Impact on Clinician and Management Decisions**

The therapy process was largely dictated by Langu's needs, his varying emotional states and what he brought to the therapy. As indicated even the dominant use of imagery was initiated by his core experience of the trauma, the post-traumatic symptoms and his natural inclination to express himself in this form. I was acutely aware, however, that the task necessitated exposing him to those scenes that he had worked so hard at keeping at bay. Inherent to his condition, however, was his vulnerability, significant isolation and deliberate withdrawal from his friends and family, who were also geographically separated from him. The therapy space was the only space where he spoke of and experienced his feelings. This only constituted three sessions weekly, and the remainder of his time was spent alone. I had to remain cognisant of the fact that the residue of whatever we opened in therapy, would accompany Langu into his solitude, where he would bear this pain alone. This prospect was frightening, as I feared that it might be too much to cope with alone in his very fragile state. This fear would therefore frequently impact on my ability to make decisions regarding the very intense emotional work

The initial stages of therapy thus followed that proposed by Horowitz (1991) in the denial-numbing phase. The creation of a safe space was paramount to this stage, so that Langu could begin to discuss the trauma in manageable doses, whilst connecting emotionally to it. Furthermore in the safe space, he could begin to discuss his fantasies around the trauma being too much for me and effectively his fear of it being too much for him. The emotion of the trauma, however, was unleashed sooner than I had anticipated in a form, which mimicked the strength of water having just been released from the floodgates. As an inexperienced clinician I realised that this was part of the process, however, nothing could have prepared me for the intensity of what was unleashed. Within our sessions, I would bear witness to what was often the excruciating account of details from his traumas. Despite the overwhelming horror of these sessions, I was surprisingly well composed and did not cry in any of Langu's sessions. This composure came not from a deliberate effort to contain my experience, but automatically in response to being in tune with Langu's process and a need to contain his experience. Subsequent to each session, however, as Langu left the room, I would experience what felt like a tidal wave of emotion of an extraordinary intensity

seep into me and I would weep intensely. I believe this is what therapists term being the container of the patients' emotional experience until they are ready to hold it themselves.

After having reviewed the case narrative and many of my own responses to his case, Langu had commented that he had so desperately needed me to cry for him in his presence. He explained that he had longed deeply for someone to cry with and for him, so that he could feel the understanding that the person had of his pain. He further commented, however, that this would have needed to happen at the end of therapy, so that it would not have interfered with his ability to express himself without fearing for its effects on me. Prior to our meeting he had spoken briefly to a clinician who had cried in his presence. He expressed, however, that at this time he had been unable to connect to her tears, which served only to prohibit his own emotional expression.

I believe that it was the authenticity of our relationship and the very deep care I had for Langu that enabled him to work in the therapy. I am also cognisant of the fact that both his and my own responses impacted at times on my ability to make appropriate decisions. In the context of trauma work, Laub (1992) and Eagle (1998) comment that the intensity of the therapeutic relationship and the traumatic content of therapy may impact on the clinician and therapeutic decisions. Laub (1992) further emphasises that in the face of this experience, it is essential that clinicians become aware of their own emotional experiences so that that are able to work with the patient more effectively. The effects of these dynamics were noted in several sessions.

In session 3, Langu presented with an emotional pain that could only be described as raw. By raw, I mean that it felt as though he were responding to the immediate news of his loss. To a large degree, he was responding in a manner befitting the immediate response of someone hearing such news, as he had not permitted himself to feel anything at the time of his trauma. My fear in response to his emotional implosion was two fold. Firstly in the light of the intensity of his emotional response, I felt that he should not be alone as the overwhelming nature of his psychological state was overtly apparent and may be too overbearing for him to manage. Secondly his urgency to escape this pain left me fearful of the prospect that he would harm himself. In effect he had experienced a temporary symbolic death of sorts, and together with

his apathy towards life, this prospect was not unfounded. Both these fears left me struggling with the concept of him returning alone to his residence. My attempt to make a no-suicide contract with him was in reaction to this urgency. In retrospect it is clear that the vulnerability, which I perceived in Langu, was very real, however, I had not anticipated that my attempt to protect him from himself would in effect encourage this self-destructive behaviour. As a Clinical Masters student, I had learnt that inquiring about suicidal ideation or intent and contracting around it, would not encourage that behaviour, but contrarily promote understanding of the distress and provide assistance. Langu's letter, however, indicates that in the context of this vulnerability, inquiring of suicidal ideation, had in fact promoted the idea.

It was this vulnerability and the intensity of his emotions, which thus often caused me to hesitate in proceeding with the exposure sessions. I was aware that the lingering of his intrusive images, indicated the need for further exposure work, but I was aware how difficult this would be for Langu. I realised, however, that my avoidance of his pain was similar to his initial avoidance, which exacerbated his post-traumatic response. Thus I proceeded with the necessary exposure sessions, which both resulted in an enormity of emotion, which at time felt as though it were too much for him. It was thus due to my concern for his emotional state that I called him subsequent to each exposure session (7; 15) and walked him half way down the road to his residence. I was aware of the dilemma in making these decisions and the possible impact they may have on Langu. I could not predict how he would respond to these decisions. I was also aware, however, that in the context of his solitude and overwhelming emotional pain, that it was the human dimension in the relationship that was necessitated. In retrospect I can see how these decisions impacted on his ability to process his trauma, but it was also from these decisions that some of the most powerful work in the therapy space was achieved, specifically from a relational element. In session 2 (see section 4.3.1) I had spontaneously given him a precious blue stone. Although one might question the value of it, intuitively I had a sense that it was the correct decision. Therapists are often guided by theory, however, many decisions made are also often subject to intuition.

It could be argued that in fact it was not only my fear for his own emotional state being too much for him that initiated these decisions, but rather my experience of

these emotions being too much that did. I can unashamedly admit that at times this intensity was overwhelming and as a person I do not have great difficulty with this. As indicated by Janoff-Bulman (1992: see section 2.5.3) trauma work requires the establishment of an intimate, engaging relationship and as suggested by Laub(1992: see section 2.5.3), often bears the consequence of impacting significantly on the therapist. Despite the impact of my own experience on the therapeutic decisions made, I did not respond by avoiding the trauma, but by confronting it, which is a pattern of response, which few if any people had taken with Langu. To undermine the enormity of his experience would have been far worse, and to dismiss its effects, would have been uncaring. In order to relate to the core of his emotions, I needed to be honest with my own. Following the words of Laub (1992, p. 72), the experience of working with trauma “leaves no hiding place intact. As one comes to know the survivor, one really comes to know oneself; and that is not a simple task”.

## **5.6 A NOTE ON RECOVERY**

Langu had left therapy symptom free. My initial task, and that followed by many information and emotional processing theorists, was to accomplish just this - to re-connect him to the experience of his trauma, to integrate and transform these memories and ultimately unburden him from the distress of his post-traumatic symptoms. In retrospect, it is both my own and quite evidently Langu's opinion that this represents a significantly narrow band of focus of the impact of and thus recovery from trauma. As indicated by Leydesdorf et al. (1999), the effects of trauma are not restricted to the confines of a clinical diagnosis and thus neither is the concept of recovery. Effectively Langu had undergone a life event of horrific proportions. The effect this had on his life, symptoms aside, was catastrophic. The elimination of these symptoms, thus only cleared the way for Langu to begin to experience this gross impact on his life and to begin to deal with the enormity of its effects. Lifton (1993) stated appropriately that the impact of trauma can leave the individual in a life long state of repair. Langu had left therapy, yet his path of recovery had in a sense only just begun. At the end of our time together, although Langu and I had established a very strong bond in which his trauma was thoroughly explored and integrated, he had still failed to establish a significant support network outside therapy and had been unable to speak to his family about the trauma. The therapy had failed to connect him to

those networks, which trauma theorists such as Janoff-Bulman (1992) and Lifton (1993) stress and being essential for the long-term recovery from his experience. As a result, subsequent to the therapy he returned to the same initial relational pattern, which forced him to withdraw, and his loneliness to exacerbate. Langu's analogy of the mother leaving the child in the middle of the road, speaks clearly of a journey which had only started and one in which I had left him very much alone. As suggested by Janoff-Bulman (1992), recovery functions on a variety of levels and Langu and I had succeeded only in part.

This continual struggle in his life, the incompleteness experienced and his implicit quest for more, was expressed in the last words he mailed me, when he sent me two poems he had written for his brother's unveiling (Refer to poems in section 4.4).

*"In typing these poems, I realised words are not enough to describe what...? I still don't know how to define the past two years. Maybe when I do then a bright light will shine upon my life and the picture puzzle shall be complete. Right now my heart is aching with pain. But please trust me I'm ok, I'm actually glad I can still feel this way."*

Whether this reflects what Janoff-Bulman (1992) refers to as a continual quest for meaning or Lifton (1993) further conceptualises as the striving for larger human connectedness, I am not sure. As suggested by Lifton (1993), I believe Langu had experienced "emancipation from bondage to the deceased" and had in fact been liberated from his experience of inner deadness through the integration and transformation of the image. As expressed, he felt relief in being able to feel. It was evident, however, that the significant loss experienced in his life and his inability to have re-established these intimate relationships, had left a deep void. His picture, the image of his life has yet to be completed.

## CHAPTER SIX

### CONCLUSION

#### 6.1 TRAUMA AT A GLANCE

In reflecting on the research and the emotional processing of trauma, several broader issues were highlighted:

The trauma literature and the major theories, which influence much of the trauma work, provide a concise theory of well established and empirically supported guidelines for managing the post-traumatic stress response. The variety of theories includes the relevant stages, processes, strategies, and techniques required to address the complexity of the traumatic phenomenon, including the possible timing of these interventions. Several of these include psycho education, normalising the symptoms, addressing self-blame, re-narrating the traumatic event, encouraging mastery and facilitating the creation of meaning (Eagle, 1998). Certain theorists furthermore provide a step-by-step manual in which the treatment protocol for each session is formally set out (Smucker & Dancu, 1999).

In working with trauma, however, a conflict arises between the need to incorporate these various interventions whilst remaining sensitive to the unique nature of the case and the unique needs of the individual. In the process, the practitioner needs to find a way of drawing on the evidence provided by research with respect to what interventions are best supported empirically, whilst exercising clinical judgement with respect to what is most appropriate for the individual trauma survivor at any particular time. The blind application of a treatment manual aimed at addressing the post-traumatic response would fail to address the unique experience and needs of the particular individual. Similarly if clinical judgment failed to incorporate the well-substantiated theory and interventions stipulated by the trauma literature, the post-traumatic symptoms may be limitedly addressed.

Sackett, one of the significant contributors to the development of the concept, defined it as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients, [which] means integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett et al., 1996, p. 71). Thus, in respect of each case they treat, practitioners have the responsibility of evaluating the current research evidence from multivariate experimental and outcome studies on the one hand and case-based research on the other.

A second issue requiring reflection is the relational element inherent to working with trauma. Although partly addressed in the discussion section, the question remains whether the relationship established between therapist and client in trauma work is qualitatively different from the therapeutic relationship established in work with other clinical problems. Laub (1992) and Janoff-Bulman (1992) argue that, in contrast to many other forms of psychotherapy, trauma work requires a more engaging presence from the clinician. By engaging they refer to the need for the clinician to be deeply emotionally engaged with the traumatic experience, an experience that has ultimately impacted on the trauma survivor to such an extent, that most of the psychological defences had been stripped away. Like the trauma survivor, the clinician may come to bear vicarious witness to horrors of paramount proportions, thus impacting on their own existential confrontation with the world. In working with trauma in this case, it was my experience that the relationship established was indeed different. There was an immediate intensity, a connection different to any I had experienced with other individuals in therapy. This connection was experienced as very raw, almost as though one were connecting to the very core of the individual, which had been left exposed. It was as though this task required me to find an equally vulnerable place in myself, while maintaining a stance of balance and containment. Perhaps it is for this reason that the clinician remains so susceptible to the traumatic experience, and why it is particularly important for mental health workers working with trauma to require their own emotional support if they are to effectively manage these cases (Ortlepp & Friedman, 2001).

The last point pertains to the therapeutic qualities of imagery. Images (in dreams, drawings, reliving and guided imagery) provided a very direct connection to the latent

meanings that needed to be accessed and restructured and were clearly of major value in the therapeutic process. In addition to the accessing and transformation of the complex personal meaning structures, as illustrated in these various forms, the images pointed to the work necessitated in the therapy process at the various stages of the process. The image enabled the accessing and processing of the traumatic material on both implicational and propositional levels, and thus in doing so enabled a greater degree of processing to be achieved. This holistic approach to trauma work is invaluable in a phenomenon, which is so intricate, complex and emotionally demanding.

## **6.2 STRENGTHS AND WEAKNESSES**

In reviewing the research, it became evident that the strengths of the research were often conversely its weaknesses as well:

The use of a case study, the documentation of the in-depth and detailed experience of a single participant, allowed the construction of a text, which was both rich and comprehensive. This detailed text enabled an investigation into a variety of phenomena, often not accessed by other research methods. This was evident for example in the investigation into the idiosyncratic meaning inherent in the intrusive images. From broader trauma theory and a variety of trauma cases, it is well documented that the intrusive re-experiencing of the traumatic event is a common post-traumatic experience. It is argued that these fragmented images point to the need for an integrated experience of the trauma. The in-depth investigation of one individual's experience of these images, however, enabled me to show how images do not solely represent a post-traumatic symptom, but are a powerful means of communication of the idiosyncratic evaluation and experience of the trauma and thus indicate the obstacles that stand in way of integration and resolution. The case narrative provided repeated examples, of how, as the therapy proceeded, these images became more meaningful and pointed constantly in the direction of the particular work necessary to integrate the unique traumatic experience.

The experience of trauma is incredibly sensitive. The dual role of clinician and researcher thus placed me in a position where access could be obtained appropriately

and with sensitivity to Langu's experience. As a participant I was intricately involved in the process, and thus was able to further the in-depth quality of the information obtained. This was evidenced specifically in the discussion around the impact of the trauma work on the clinician and the impact this has on therapeutic decisions made. Furthermore this role provided me the opportunity to assess the intricate relationship between the therapeutic relationship, the traumatic experience and the processing of the trauma.

The dual position of both clinician and researcher may be criticised, however, as impeding on my ability to confront the case material with the neutrality necessary for such research. The experience of working with trauma, does evoke a significantly emotional response from those involved, which as evidenced was intricate to the research presented. Despite my emphasis of the need for such a response in light of this horrific experience, it also necessary from a research and theoretical perspective to be able to confront the case material in a manner which is free from emotional bias. In fairness to the material presented, however, the interpretations made were not just based on intuitive response, but by the data supported by the case and Langu's feedback. Methodologically, however, this does present a weakness. In order to achieve increased validity, an independent party would need to have listened to all the tape recorded sessions and checked its accuracy against the session record notes. This, however, is a laborious task, one outside the scope of research of this scale.

The dual role assumed by Langu as both participant and co-researcher further enabled the quality of this data to be extended. Langu's contribution to the research enabled several hypotheses and interpretations to be independently verified and validated. Specifically with regard to the relational work, Langu's independent contribution in the form of letters and the tape-recording enabled my analysis of the impact of this work to be verified by his experience. It may be argued, however, that the temporary re-introduction of the therapeutic relationship into Langu's life impacted on his already significant experience of loss and loneliness, as he no longer had or had been able to create such a relationship. The feedback from Langu, however, suggests the contrary. In our final research interview, Langu had commented that he experienced the research process as therapeutic as it enabled him to reconnect and to express many of his experiences and emotions, which had lain dormant. Furthermore he felt that in

having participated in the research process, he had been able to experience the shifts he had made since the termination of therapy and was able to identify those points in his life still requiring work. Effectively, the research process, which had been constructed so as to preserve the integrity and uniqueness of Langu's process, had enabled him to further his healing process. Frequently, clinicians terminate therapy with the client and then subsequently utilise the case for research. In being excluded from this process, the client may be deprived of this potentially therapeutic experience.

Finally, a prominent criticism often launched against single case-study research, is that the capacity to generalise to other cases and broader trauma theory is significantly diminished. A hermeneutic inquiry, however, by its very nature utilises the in-depth investigation of a single case in order to test existing theory derived from other cases. As such, the investigation of one case does indeed have the ability to extend to broader trauma theory in that the data may serve to support, refute or refine existing formulations (Edwards, Dattilio, & Bromley 2004).

### **6.3 FUTURE RESEARCH**

This research was based on a South African case study, located within a particular culture. The participant came from an aristocratic rural Shangaan tradition and spoke Shangaan as his first language. The body of literature in which both the therapy and research was located, however, was predominantly internationally based. This raises the issue of the relevance a body of literature researched and developed within a significantly different cultural context has in relation to South African cases and the particular cultural contexts we are confronted with.

On the one hand, Langu's experience points to the universality of psychological responses to trauma and the difficulties involved in achieving resolution, since much of the case material can be understood within the framework of theories developed overseas. However, there are areas where cultural factors played a significant role. Langu's strong identification with his brother, his role as protector and his expectations as a male in his family may have been very strongly located in a specific cultural context. It is necessary thus to assess the extent to which the South African

context is unique and thus the extent to which the literature from a predominately American or British context can be utilised to guide our therapy. Furthermore these questions have implications for the degree of cultural sensitivity required for working within this context. Although there is some documentation of this in the existing literature (Straker, 1994), these questions represent significant areas of future research in the South African context, where trauma has become such a significant part of our every day lives. Research aimed at developing a body of literature and specifically case-study research would be of great value in bridging this gap and directing culturally relevant therapy.

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