Rape Survivors' Experiences of Helpful and Unhelpful Counselling Aspects.

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Declaration

I, Melissa Victoria Van Rooyen (216072309), hereby declare that the dissertation for Master of Social Science (Clinical Psychology) is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another University or for another qualification.

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Abstract

The purpose of this study was to explore the counselling aspects perceived to be helpful and unhelpful by rape survivors in South Africa. While there is some existing South African literature on rape and the efficacy of rape treatments, very few studies exist which focus on rape counselling from the survivor's perspective. Exploring the subjective experiences of counselling from a rape survivor's point of view allowed us to further our theoretical understanding of mediational processes in counselling, test our understanding of existing theories and to also contribute to improving counselling techniques. This study was conducted using a qualitative research approach. Semi-structured interviews with 5 adult participants who had survived a rape experience and who had sought and concluded counselling at a local rape crisis centre were conducted. Interview transcripts were analysed using an interpretative phenomenological approach (IPA) and relevant themes and sub-themes that emerged from these transcripts were interpreted and discussed. The majority of helpful counselling aspects centred on the quality of the therapeutic relationship between the counsellor and the rape survivor. Specific aspects relating to the counsellor's personality as well as the way in which certain techniques were implemented in counselling were described as facilitating the restoration of survivors' sense of dignity as well as contributing to an increased sense of connection and trust following the trauma. Important considerations for a South African context included the provision of practical and social support, follow up counselling and interventions that increase survivors sense of safety. This is likely to benefit South African survivors who may not have adequate access to resources, and therefore health services needed for recovery, as well as those who are at risk for coming into contact with the perpetrator. The inclusion of these aspects into future rape counselling programmes will likely contribute to a more holistic and meaningful counselling experience for rape survivors in South Africa.

Keywords: Rape, rape survivors, counselling experiences, interpretative phenomenological analysis.

Contents

List of Figures

List of Tables

Chapter 1: Orientation to the Study

Chapter Overview

This chapter introduces the contextual background for this dissertation, which explores and describes rape survivors' experiences of helpful and unhelpful counselling aspects and the meaning they attach to their counselling experience. The chapter delineates the significance of the study and gives relevant background information with regards to the incidence of rape in a South African context. The contextual information is used to frame the research problem and consequent research aim and objectives. The chapter concludes with a brief summary and chapter outline.

Introduction

Abuse and violence against women have been with us for the duration of recorded history and appears to be a universal phenomenon (Vogelman & Eagle, 1991). South Africa is considered to be one of the most violent countries in the world when it comes to sexual crimes against women (Dunkle et al., 2004; Payne & Edwards, 2009; Topper, Van Rooyen, Grobler, Van Rooyen, & Andersson, 2015; Vetten, 2014) with some researchers referring to its prevalence as widespread, deeply entrenched and endemic in nature (Vogelman & Eagle, 1991). This description seems fitting when one considers that 64,574 cases of sexual offenses had been reported to the South African Police Services in the year ending in March 2012. Of these cases, 38% of individuals were victimised by a known community member, 22% by an unknown community member and 15.8% by a relative (Seutlwadi, Matseke, & Peltzer, 2015). Reported rapes are, however, only the tip of the iceberg and largely underestimate the total number of females who are forced to have sex against their will (Payne & Edwards, 2009). With statistics such as these, one can begin to understand the extent and severity of sexual violence in South Africa and the likely long term psychological impact that this has on the mental well-being of the women that are affected.

The psychological impact following rape is an area of research that has been well documented and focuses largely on symptoms such as anxiety, intense fear, depression, sexual disorders, social adjustment problems, shock, confusion and withdrawal (Womersley & Maw, 2009). Furthermore, many survivors go on to receive psychiatric diagnoses including Major Depressive Disorder, Alcohol Dependence, Generalised Anxiety Disorder, Obsessive Compulsive Disorder and Post-Traumatic Stress Disorder (PTSD) (Payne & Edwards, 2009; van der Walt, Suliman, Martin, Lammers, & Seedat, 2014; Womersley & Maw, 2009). Given that many rape survivors are at risk of developing such symptoms, it would be important to consider possible treatments used to address the psychological issues often experienced by women following rape.

An international review has documented the efficacy of many treatments used to address the psychological symptoms following rape (Vickerman & Margolin, 2010). According to the review, several cognitive behavioural treatments have been shown to be effective in treating PTSD, depression and other common symptoms often experienced by rape survivors. Of these treatments, Cognitive Processing Therapy, Prolonged Exposure Therapy and Stress Inoculation Training are the ones most widely researched in terms of their efficacy at symptom reduction. Additionally, Cognitive Processing Therapy has been shown to be especially effective at reducing trauma-related guilt which often forms a significant aspect of the post-rape presentation (Vickerman & Margolin, 2010). Eye-Movement Desensitisation, Progressive Relaxation, Systematic Desensitisation, Cognitive Restructuring, Coping Skills Training and Assertion Training have also shown some treatment gains however the number of studies on these therapies are still limited and more research would need to be conducted in order to make a fair comparison. Overall, international studies seem to highlight Cognitive Behavioural Therapy (CBT) as the approach most associated with

quicker and higher rates of recovery, particularly for PTSD outcomes (Vickerman & Margolin, 2010).

Compared to international studies, there are very few South African studies that focus on the treatment of rape survivors. Those that exist seem to echo the findings of international studies in that they highlight CBT as being the most researched therapeutic approach and one that has been consistently associated with a reduction in rape related symptoms (Padmanabhanunni & Edwards, 2012, 2013, 2014, 2015a; Payne & Edwards, 2009; van der Linde & Edwards, 2013). Common elements of CBT such as psycho-education and the mobilisation of social support seemed to contribute to treatment progress (Payne & Edwards, 2009). Furthermore, the survivor's experience of addressing her symptoms head on while engaging in a triggering intervention as well as working with the trauma narrative through writing and reliving to enable integration of the rape into auto-biographical memory seemed to contribute towards favourable treatment outcomes (Payne & Edwards, 2009; van der Linde & Edwards, 2013). Similarly, other studies found that the use of Schema Therapy and imagery techniques contributed to rapid treatment gains for the survivor (Padmanabhanunni & Edwards, 2012, 2014) while others highlighted resource building as an essentially beneficial aspect of therapy for rape survivors (van der Linde & Edwards, 2013). These studies suggest that the use of CBT techniques help survivors reclaim their life, reduce their self-blame, alter their self-perception, improve their relationships with others and improve their overall quality of life (Padmanabhanunni & Edwards, 2012, 2013, 2014, 2015a; van der Linde & Edwards, 2013).

While these studies offer valuable qualitative insight into therapeutic treatment outcomes when working with rape survivors, it is worth noting that all of them are written from the counsellor's perspective. As such it is likely that the findings represent the ideas and perspective of the counsellor rather than the rape survivor. As counsellor and survivor

perspectives and experiences may differ and not necessarily match one another, it is likely that valuable insight into survivors' subjective experiences is lost. Additionally, the studies are all formulation-driven according to one specific treatment model. This approach has been questioned as not giving counsellors direct access to client experiences of therapy (Rodgers, 2003). Despite the qualitative nature of these studies, it is possible that the lens through which the author views the treatment of rape fails to encapsulate the entire experience of the survivor. This makes it difficult to determine what the survivor perceives as helpful and unhelpful about their counselling process, especially if these aspects lie outside the realm of the treatment approach being used. Therefore, the experience of counselling from a rape survivor's subjective perspective as well as the nuanced meanings they attach to their counselling process remains an under-researched area in South Africa. Listening closely to what clients have to say about their experience is important because it can act as a test of the therapeutic approach being used as well as lead to a greater understanding of particular clients and to more effective counselling (Elliott, 2008; McLeod, 2001). It is also suggested that it is the subjective evaluation of the counselling relationship that most affects outcome and since counsellors are often less astute judges of the level of alliance between themselves and their client, it would be important to consider this subjectivity in examining treatment for rape survivors (Henkelman & Paulson, 2006).

Interviewing rape survivors will allow us to gain a richer understanding of their perspective on their counselling experience. Additionally, it will provide us with an opportunity to begin to understand the complexities of a rape specific counselling process, given that this may differ from other types of trauma counselling due to unique elements of self-blame, stigma and re-victimisation. Through the survivor's perspective we can begin to understand how these complex and unique experiences are perceived. This knowledge could contribute to the growing field of rape treatment by adding information generated from a

different perspective. Using this in conjunction with other treatment studies could help improve the overall counselling process for future rape survivors in South Africa.

Summary and Outline of Dissertation

While the incidence of rape and its subsequent impact on women in South Africa is widely recognised, the treatment used to address the long term psychological effects on rape survivors is an area of on-going research. Some studies highlight the efficacy of some treatments at reducing psychological symptoms associated with rape however these are from the perspective of the counsellor and not the survivor (Padmanabhanunni & Edwards, 2012, 2013, 2015a; van der Linde & Edwards, 2013). As a result, it is difficult to determine which aspects of the process were perceived as helpful and unhelpful and what meanings the survivor attributed to their counselling process. In order to understand this as well as the meaning behind why survivors found them helpful or unhelpful, semi-structured interviews were conducted with women who have been raped and who had received counselling following their rape. The study made use of a qualitative descriptive method to investigate this phenomenon and the findings are analysed using an interpretative phenomenological approach. This chapter briefly explored the background and problem statement in order to frame the study. Additionally, the guiding aim and objectives as well as the methodological approach were described.

Chapter Outline

Chapter 2 presents existing literature that is relevant to the study as well as the major theoretical concepts that guided the study. A common factors approach is explored and discussed in order to contextualise clients' experiences of their counselling process. As PTSD is likely to be a significant feature of rape counselling, Ehlers and Clark's (2000) Cognitive Model is discussed as the theoretical framework through which PTSD can be understood. Lastly, a model combining the elements of both approaches is discussed (Edwards, 2009).

Chapter 3 focuses on the research methodology used for the study. The design elements, sampling, strategy used to ensure trustworthiness and ethical considerations for the study is described.

In Chapter 4, discussions on the obtained results from the study are presented. The chapter gives a detailed account on the themes and subthemes emerging from the data analysis. The findings in this chapter are discussed with reference to the reviewed literature.

Finally, Chapter 5 provides the conclusion on the study along with a discussion of limitations and recommendations for future studies.

Chapter 2: Literature Review

Chapter overview

This chapter begins with a review of current literature pertinent to the study as well as the framing of the research problem. This is divided into two sections relating to the overall objective and aims of the study. The first section, titled 'Counselling of Rape Survivors' addresses rape survivors commonly experienced symptoms following rape trauma, the extent of the literature on treatments used for counselling rape survivors as well as the differences between rape and other kinds of traumatic events. The second section titled 'Client Experiences of Counselling' looks at literature on clients' unique experiences of the counselling process in terms of what they found helpful and unhelpful. It also details rape-specific experiences and how these may differ to other kinds of counselling experiences.

Counselling of Rape Survivors

Given the statistics mentioned in the previous chapter, one can begin to understand why sexual violence is seen as a public health topic of ongoing concern in South Africa (Dunkle et al., 2004; Payne & Edwards, 2009; Seutlwadi et al., 2015; van der Walt et al., 2014; Vetten, 2014; Vogelman & Eagle, 1991). These statistics also highlight the likely

extent of the long term psychological impact that being raped has on the mental well-being of women and why there is a realistic need for early intervention from health care professionals to address the psychological consequences experienced by rape survivors.

A traumatic event like rape is likely to produce a range of distressing symptoms for many survivors. These include depression, shock, confusion, anxiety, fear, self-blame, guilt, difficulties with social and work adjustment and difficulties with sexual functioning (Dunkle et al., 2004; Payne & Edwards, 2009; Regehr, 2013; Sutherland, Scherl & Scherl, 2014; van der Walt et al., 2014; Vickerman & Margolin, 2010; Womersley & Maw, 2009). Furthermore, both national and international literature indicate that rape, compared to other forms of trauma, is the most pathogenic trigger for PTSD in adolescents and adult females (van der Walt et al., 2014). This is further supported by the findings of a South African community study that found that 24% of rape victims developed PTSD (Seedat, Nyamai, Njenga, Vythilingum, & Stein, 2004). PTSD can be described as a severe response to a traumatic event during which exposure to actual or threatened death, serious injury or sexual violence is experienced. The disorder is characterised by intrusive (re-experiencing) symptoms, persistent avoidance of stimuli, negative alterations in cognitions and mood and marked alterations in arousal and reactivity associated with the traumatic event (American Psychiatric Association, 2013).

Several international studies have reviewed the efficacy of a range of therapeutic techniques used in treating PTSD (Bisson et al., 2007; Brewin, Gregory, Lipton, & Burgess, 2010; Leiner, Kearns, Jackson, Astin, & Rothbaum, 2012; Vickerman & Margolin, 2010). In their review of rape treatment outcomes, Vickerman and Margolin (2010) found that several CBT treatments including Cognitive Processing Therapy, Prolonged Exposure and Stress Inoculation Training are effective in treating PTSD. Furthermore, there is some evidence that suggest that Cognitive Processing Therapy is effective at improving trauma related guilt,

an important aspect to consider when it comes to rape (Vickerman & Margolin, 2010). Another international review found that trauma-focused CBT was also effective as a treatment approach as it showed benefits on all measures of PTSD symptoms (Bisson et al., 2007). Other kinds of CBT treatments such as Eye-Movement Desensitisation Reprocessing (EMDR) Cognitive Restructuring, Coping Skills Training, Progressive Relaxation, Systematic Desensitisation, Assertion Training and Imagery Re-scripting have shown some treatment gains however the number of studies on these treatments is still limited (Bisson et al., 2007; Brewin et al., 2010; Vickerman & Margolin, 2010). While there is some evidence that non-Cognitive Behavioural Treatments like supportive counselling, which is probably the most widely used treatment in international rape counselling centres, offers some treatment benefits, the general literary consensus from an international perspective is that CBT treatments appear to lead to faster and higher rates of recovery, particularly for PTSD outcomes (Bisson et al., 2007; Brewin et al., 2010; Leiner et al., 2012; Vickerman & Margolin, 2010).

This finding is consistent with South African research that identify CBT as the most effective treatment approach for targeting PTSD after rape (Davidow & Edwards, 2006; Edwards, 2009; Padmanabhanunni, 2015; Padmanabhanunni & Edwards, 2012, 2013, 2014, 2015b; Payne & Edwards, 2009; van der Linde & Edwards, 2013). Ehlers and Clark's Cognitive Model (2000) is the most widely researched model in South Africa and is seen by many as one of the most efficacious and comprehensive treatment approaches used for rape survivors (Davidow & Edwards, 2006; Padmanabhanunni & Edwards, 2013, 2014, 2015b; Payne & Edwards, 2009; van der Linde & Edwards, 2013). This model provides a psychologically coherent explanation for each of the symptoms of PTSD, a comprehensive understanding of the persistence of the disorder without treatment and a rationale for treatment which follows from established treatment protocols for other anxiety disorders, yet

is specific to the disorder (Ehlers & Clark, 2000). Furthermore, the model is also formulation driven, allowing practitioners to customise the treatment and session content to suit the needs of the client (Ehlers & Clark, 2000). This suggests that the model would be especially suited to a multi-cultural context and may explain why most South African treatment studies make use of it when treating rape survivors. A more detailed explanation of this model is provided in the following chapter.

While similarities of response do exist between individuals exposed to a range of traumatic events including rape and life threatening accidents and disasters, the consequences associated with rape are likely to differ from other forms of trauma because of the strong elements of self-blame, societal blame, stigma and re-victimisation (Regehr, 2013). This has led to the development of research aimed at understanding the specific consequences that are unique to the experience of rape survivors.

The Phenomenology of Rape

Existing literature suggests that there are eleven broad themes that capture the phenomenology of rape. These are; fear, helplessness and powerlessness, self-blame and feelings of guilt and shame, feelings of anger, disgust and contamination, loss of identity as a virgin, betrayal and loss of trust, loss of meaning, disconnection from others, impaired sexual functioning and PTSD (Padmanabhanunni, 2015). Each of these will now be briefly discussed.

Firstly, fear can be related to the act of the rape itself in that it involves forcing an intimate act on another person rendering them physically unable to protect their body from violation. There is also a very real threat of being severely physically injured or killed. This experience of overwhelming fear and helplessness can lead to the survivor questioning their capacity to protect themselves from harm, leading to chronic feelings of vulnerability and fear. Feelings of helplessness and powerlessness can arise as a result of three different

factors that can contribute to this experience. These are; physical incapacitation, negative reactions of significant others and negative expectations of the responses of the criminal justice system. A unique feature of rape trauma entails physical incapacitation of the survivor, leading to intense feelings of helplessness where the survivor feels unable to protect her body. These feelings can also arise when family or friends react to the rape in a negative way, for example, by not believing the survivor, by blaming her for what happened or by encouraging her to keep it a secret. Negative expectations of the responses of the criminal justice system can also leave a survivor feeing that legal action will be futile and can increase their sense of helplessness.

An additional rape-specific reaction is self-blame. There are two types of self-blame, characterological self-blame which is associated with feelings of shame and involves the survivor believing that the rape occurred because of her character or personality, and behavioural self-blame which is associated with feelings of guilt and involves the survivor blaming herself for having engaged/not engaged in a particular behaviour. Feelings of anger are often initially experienced internally and can lead to the survivor feeling despondent which can enhance self-blame and lead to self-destructive behaviours such as self-mutilation or risk taking behaviours. Furthermore, survivors may displace their anger onto others which can contribute to them feeling misunderstood and alienated. Anger can also be felt towards society for not punishing the perpetrators of rape more severely.

Some survivors report feelings of disgust and a sense of having been contaminated by the rape. These experiences are often associated with the experience of sexual arousal during rape and survivors may believe that this reaction makes them a ‘disgusting person’ or that their body has betrayed them. The loss of virginity due to rape can also be associated with significant stigma and can be seen as shameful in the context of some cultures. This can lead to a profound sense of loss related to the trauma having compromised the survivor’s

expectations for their first sexual encounter. Similarly, the survivor may also experience a profound sense of betrayal and loss of trust, since many rapes are perpetrated by people known to the survivor. These feelings can also arise when significant others fail to respond in ways that are supportive or reactive of the survivor. For many survivors, the experience of rape also shatters positive assumptions about the self, world and other people. This includes the belief that the self is invulnerable, the world is just and meaningful, and that other people are trustworthy and worth relating to. The shattering of these assumptions can lead to feelings of helplessness, anxiety and insecurity. This new perception of vulnerability can lead to a preoccupation with the possibility of the trauma re-occurring resulting in increased concerns about personal safety. Furthermore, the survivor may expect that people are dangerous, untrustworthy and exploitative. It also brings into question order and meaning in the world and can lead to the belief that the world is unjust, unpredictable and uncontrollable.

Disconnection and a sense of alienation from others is another common experience of rape survivors. This experience may arise because of negative social reactions or when the survivor assumes that others do not understand or cannot relate to their victimisation. These assumptions can lead to the survivor isolating themselves and spending more and more time alone. The impact of rape on sexual functioning is well documented and includes physical consequences like vaginal and perineal tears, menstrual irregularity and sexually transmitted diseases (Padmanabhanunni, 2015). Additionally, rape also creates sexual impairment in intimate relationships for many survivors. These difficulties include reduced interest in sexual intimacy and difficulties becoming aroused. Finally, since rape survivors are one of the most vulnerable population groups when it comes to the development of PTSD, one can assume that this is likely to form part of a survivor's post-rape experience. Presence of the disorder can chronically effect a survivor's ability to function as well as their relationships with others if left untreated (Padmanabhanunni, 2015).

These eleven phenomenological themes suggest that there are several unique differences that exist between rape trauma and other kinds of trauma. This may be due to the sexual nature of rape and the fact that rape represents the only trauma for which the survivor is often held partially or completely responsible (Padmanabhanunni, 2015). With this in mind, it is likely to assume that these unique rape experiences may lead to unique experiences for the survivor in the counselling context.

Client Experiences of Counselling

There are currently no studies that focus on unique counselling experiences of adult rape survivors. However, there are a number of international studies on client experiences in general counselling which indicate that the experience of the client is an important element to consider in the counselling process (Elliott, 2008; Henkelman & Paulson, 2006; Knox, 2008; Lambert, 2007; Manthei, 2007; McGregor, Thomas & Read, 2006; McLeod, 2001; Rodgers, 2003). According to Elliot (2008) the examination of client experiences is central to advancing theoretical understandings of mediational processes in therapy and this has important implications for predicting outcome. This is further supported by McLeod (2001) who suggests that all theories of therapy make some kind of assumption about the process that is experienced by the client. Listening closely to what clients have to say about their experience can act as a test of the theory. Additionally, understanding the potential range and forms of client experience is an important component of therapeutic skill and can be assumed to lead to greater understanding of particular clients and to more effective counselling (Elliott, 2008). Furthermore, it is often the client's subjective evaluation of the counselling relationship that most effects outcome and counsellors are often less astute judges of the level of alliance between themselves and their client (Henkelman & Paulson, 2006).

Another way in which focusing on the experience of the client can be useful in expanding the knowledge base of counselling is to serve as a reminder to the counsellor of

what it is like to be in the other seat. Counsellors quickly become accustomed to the therapy situation, and even if they make use of personal therapy, are likely to interpret what happens from a professional perspective (McLeod, 2001). The experience of people who have never been in therapy before, and who have no theoretical framework or language with which to structure their account of what happens, are therefore useful as a way of decentering practitioners by helping them to be better at seeing the process the way their client sees it (McLeod, 2001).

Overall, the existing research literature shows that counsellors and clients make different judgements about what is of value in counselling and what is actually happening in counselling. These disparities may explain why some elements of the counselling process are perceived as helpful and others as unhelpful, by the client (Henkelman & Paulson, 2006).

Research on helpful client experiences suggest a number of elements which clients perceive as positive in general counselling. These can be grouped into relational climate, process aspects and specific counsellor interventions (Elliott, 2008; Henkelman & Paulson, 2006; Rodgers, 2003). The relationship between the counsellor and client appears to have received significantly more attention from researchers and findings suggest that the experience of a supportive therapeutic relationship and the feeling of having permission to talk openly about issues in a dedicated space and time was experienced as useful by clients (Elliott, 2008; Knox, 2008; Lambert, 2007; Manthei, 2007; McGregor et al., 2006; Rodgers, 2003). Additionally, having the experience of a non-judgemental counsellor who didn't impose their own views and opinions on the client was also seen as beneficial (Elliott, 2008; Rodgers, 2003).

The act of engaging with the counsellor and the counselling process as well as the experience of being valued and understood as a human being (through acts of empathy, validation and affirmation) were also indicated as valuable aspects of counselling by the

client (Elliott, 2008; Knox, 2008; Lambert, 2007; Manthei, 2007; McGregor et al., 2006; Rodgers, 2003). Furthermore, having a counsellor that actively explored issues with them contributed to many clients feeling more engaged in the counselling process (Rodgers, 2003). This finding is echoed in another study that found that clients felt empowered when counsellors consulted them about the meaning of certain concepts, the pace of the process and the focus of counselling (McGregor et al., 2006) This connection that is built during the counselling process seems to have more meaning for the client than for the counsellor (Henkelman & Paulson, 2006).

In terms of counsellor interventions, having a therapist that offered specific techniques and problem solving solutions was experienced positively (Elliott, 2008; Henkelman & Paulson, 2006; Rodgers, 2003). Some studies also indicated self-understanding as a positive aspect (Elliott, 2008). Other studies indicated that counsellors may place more value on cognitive and affective insight whereas clients value relief/reassurance and problem resolution (Henkelman & Paulson, 2006). The ability of the counsellor to provide a framework of understanding as well as the act of working through things with the counsellor, whether cognitively, emotionally or experientially, was seen as a key aspect of self-understanding and insight (Rodgers, 2003). Restructuring or being able to see things from a different perspective was also found to be experienced positively by clients as this seemed to allow them to feel more integrated, willing to let go of certain issues and feel more content and in control (Rodgers, 2003).

By contrast, some elements of the counselling process are shown to be experienced as unhelpful by clients. These were mainly focused on; feelings of vulnerability, barriers to feeling understood, lack of connection, lack of responsiveness and negative counsellor behaviours (Henkelman & Paulson, 2006). According to Elliot (2008) a lack of validation, a judgemental attitude and the feeling that a counsellor was imposing their views on the client

were also experienced as negative. While there are some studies that document unhelpful client experiences, it seems that there is a greater amount of information concerning helpful experiences. This may be due to the fact that clients may be reluctant to discuss negative aspects of counselling, often feeling more comfortable talking about what was helpful and allowing inferences regarding what is unhelpful to come from the researcher (Henkelman & Paulson, 2006).

How rape survivors experience counselling may be somewhat distinctive because of the phenomenology of rape. An extensive literary search revealed that no South African literature exists on client experiences in counselling after rape. However the same search resulted in finding all available rape specific treatment studies in South Africa (Davidow, 2006; Padmanabhanunni & Edwards, 2012, 2013, 2014, 2015; Payne & Edwards, 2009; van der Linde & Edwards, 2013). Of these there are a body of case studies with South African rape survivors which provide some useful insight into what these helpful and unhelpful experiences might be. All of these make use of a case-based methodological design which utilises mostly CBT treatment approaches (mostly Ehlers and Clark's Cognitive Therapy (2000) and, in some cases, Young's Schema Therapy (Young, Klosko, & Weishaar, 2003). The qualitative nature of these studies is useful for the current purpose as they allow for an in-depth discussion of the counselling process and the client's voice to be heard (Rodgers, 2003).

From these case studies, certain elements of the counselling process were perceived as helpful. Psycho-education, for example, was seen to be helpful for the client in terms of understanding rape behaviour and issues surrounding HIV and acquired immune deficiency syndrome (AIDS) (Padmanabhanunni & Edwards, 2012; van der Linde & Edwards, 2013). Psycho-education is also a natural part of Ehlers and Clark's Cognitive Model (2000) and is commonly used in early intervention for trauma.

Another natural part of Ehlers and Clark's Cognitive Model (2000) is the restructuring of the trauma. This was seen as helpful for the client in all of the case studies (Padmanabhanunni & Edwards, 2012, 2014; Payne & Edwards, 2009; van der Linde & Edwards, 2013) and is consistent with Rodgers (2006) finding that restructuring is perceived as helpful by the client. This is also consistent with the shared understanding among the common factors approach that providing a coherent framework of understanding for the client is often seen as beneficial (Messer, 2004; Messer & Wampold, 2002). In Ehlers and Clark's Cognitive Model (2000), the restructuring is done through re-living treatments. These treatments are naturally distressing because they require the client to re-live the trauma. While this was true in most of the case studies, genuine communication of caring for the client (engagement) (Padmanabhanunni & Edwards, 2012) and reassurance (van der Linde & Edwards, 2013) seemed to have a positive influence on the client's experience of this treatment. While it is clear then that while some survivors may experience the re-living treatments as negative, there are some who find them to be a helpful experience. In these cases, it would be useful to understand why such experiences were seen to be useful so that these principles can be applied to future counselling.

Validation and normalisation were reported as being helpful in terms of alleviating feelings of guilt and shame (Padmanabhanunni & Edwards, 2012, 2014). These feelings are often prominent with rape experiences and are therefore an important treatment consideration for rape survivors.

The above techniques are aimed at strengthening and enhancing the quality of the therapeutic relationship. It is clear that often a counsellor's communication of genuine care was what carried the process forward (Padmanabhanunni & Edwards, 2012, 2014; Payne & Edwards, 2009; van der Linde & Edwards, 2013). The quality of the relationship is similarly

mentioned in the literature on helpful client experiences and the common factors approach (Elliott, 2008; Henkelman & Paulson, 2006; Messer & Wampold, 2002; Rodgers, 2003).

Some acts by the therapist seemed to be experienced as threatening by the client. In one case, the counsellor thought that asking the client to engage in re-living would be experienced as the same kind of threatening invasion as what she experienced in her own rape (van der Linde & Edwards, 2013). In another case, the threatening act was related to the disclosure of the rape (Padmanabhanunni & Edwards, 2012). It would appear that acts of challenge or pushing the client in a certain therapeutic direction may be perceived differently by rape survivors because of the inherent nature of the rape experience.

While these case studies provide useful insight into client experiences, they are all from the counsellor's perspective. It must be remembered that significant differences exist between client and counsellor interpretations of the client's experience in counselling (Henkelman & Paulson, 2006). Counsellor intentions do not always match client reactions, even when the counsellors are experienced, possibly because they may not perceive client reactions accurately (Henkelman & Paulson, 2006). Furthermore, all of the case studies are formulation driven according to one specific model. This approach in the investigation of therapy from a counsellor or expert frame of reference has been questioned as not giving counsellors direct access to client experiences of therapy (Rodgers, 2003). In this sense it becomes difficult to determine what the client perceives to be useful in counselling, despite the qualitative nature that gives the client's voice more prominence than its quantitative counterparts.

The strength of interviewing clients allowed us to gain a more in-depth understanding of their perspective on their experience as well as to help us understand the complexities of a rape specific counselling process. This is valuable because it allowed for a greater understanding of how these complex experiences are perceived and can co-occur. An

example of these kinds of complexities is that some aspects of counselling, such as re-experiencing, may be perceived as helpful in certain kinds of contexts while in others it is perceived as distressing. Interviewing rape survivors using interpretative phenomenological analysis helped expose these complexities.

Chapter 3: Theoretical Framework

Chapter Overview

This chapter includes a detailed description of the theoretical frameworks chosen to contextualise the findings of the study. Firstly, a Common Factors approach will be discussed in order to contextualise client experiences of their counselling process. Secondly, Ehlers and Clark's Cognitive Model of PTSD (2000) is described, since PTSD is likely to be a significant feature of rape phenomenology. Finally, a Model for Evidence-Base Treatment for PTSD, which combines the elements of both approaches is discussed (Edwards, 2009).

The Common Factors Approach

A Common Factors approach to counselling is aimed at identifying, defining and assessing the common elements across all therapies (Frank, 1981; Lampropoulos, 2000; Messer, 2004; Messer & Wampold, 2002; Rosenzweig, 1936). This idea is based on the premise that all approaches to therapy are equal in effectiveness and that common therapeutic factors among are what accounts for positive therapeutic outcome, rather than the specific technique used (Defife & Hilsenroth, 2011; Frank, 1981; Laska, Gurman, & Wampold, 2014; Luborsky, McClellan, Diguer, Woody, & Seligman, 1997; Lundh, 2014; Messer, 2004; Messer & Wampold, 2002; Norcross, Grencavage, & Norcross, 1990; Reisner, 2005; Rosenzweig, 1936; Tracey, Tracey & Claiborn, 2003).

Despite the abundance of research that has been done on this approach since the 1930's, common factors remain numerous and varied in both composition and characterisation. Different authors seem to focus on different domains or levels of

psychosocial treatment and, as a result, diverse and loosely defined conceptualisations of these commonalities have emerged (Frank, 1981; Leibert, Smith, & Agaskar, 2011; Lundh, 2014; Messer & Wampold, 2002; Norcross et al., 1990; Rosenzweig, 1936; Tracey et al., 2003). Despite this there does seem to be general literary consensus concerning several key therapeutic elements that are considered to be common across a range of therapeutic modalities and that are beneficial to therapeutic outcome. These include; the characteristics of the therapist's personality, a sound therapeutic relationship, collaborative goal formulation, the facilitation of positive expectancies, engagement with the client in the therapeutic process, fostering client self-efficacy, the provision of psycho-education and the persuasion of the client to adopt explanations that provide new perspectives and meaning. (Frank, 1981; Laska et al., 2014; Leibert et al., 2011; Luborsky et al., 1997; Lundh, 2014; Messer & Wampold, 2002; Norcross et al., 1990; Rosenzweig, 1936; Tracey et al., 2003). Each of these will now be briefly discussed.

Firstly, the personality of the therapist has been found to be a significant factor in therapy outcome, particularly when it comes to forming a strong therapeutic alliance with the client (Luborsky et al., 1997; Messer & Wampold, 2002; Norcross et al., 1990; Tracey et al., 2003). This relationship is a wide ranging factor that can include any and all motivations and activities of client and therapist including hostility, seductiveness, humour, ingratiation and guilt (Hatcher & Barends, 2006). It is further conceptualised by Bordin (1979) as the degree to which the therapy dyad is engaged in collaborative, purposive work. Overall, therapist characteristics and behaviours associated with the formation of a positive therapeutic alliance include being; flexible, warm, honest, experienced, respectful, trustworthy, confident, psychologically healthy, interested, alert, friendly and open. Additionally, interventions involving accurate interpretation, support and the facilitation of affective expression have

been shown to increase the quality of the therapeutic relationship (Ackerman & Hilsenroth, 2003; Luborsky et al., 1997).

Closely linked to the therapeutic relationship is the process of forming collaborative goals and positive expectancies (Defife & Hilsenroth, 2011; Frank, 1981; Norcross et al., 1990; Orlinsky, Grawe & Parks, 1994; Weinberger, 1995). According to Defife and Hilsenroth (2011), opening up a discussion of the main concerns leading someone to seek treatment and identifying what types of changes are desired paves the way toward a collaborative formulation of treatment goals. This level of engagement with the client is likely to contribute to the development of a positive therapeutic alliance (Bordin, 1979). Furthermore, collaborative goal formulation is likely to facilitate clarity and consensus, both of which have been shown to be important factors when assessed by means of an objective index as well as from the client's perspective (Orlinsky et al., 1994).

Similarly, the collaborative exploration of a client's expectations of the therapeutic process is considered important in the Common Factors approach (Frank, 1981; Laska et al., 2014; Leibert et al., 2011; Luborsky et al., 1997; Lundh, 2014; Messer & Wampold, 2002; Norcross et al., 1990; Rosenzweig, 1936; Tracey et al., 2003). Engaging with the client in a discussion about what they expect to happen in therapy, how they see their role and the therapist's role and the degree to which they believe the therapy will work to alleviate their distress, are all factors which have been shown to be causally involved in creating therapeutic change across multiple approaches (Defife & Hilsenroth, 2011; Frank, 1981; Lundh, 2009; Orlinsky et al., 1994; Tracey et al., 2003).

Some authors suggest that the efficacious common factors in psychotherapy also include helping a client to learn new ways to conceptualise and solve problems. (Parloff, 1986). Engaging clients in this kind of process allows them to actively participate in their treatment which is likely to increase their sense of self efficacy and mastery (Weinberger,

1995). Since self-efficacy is positively associated with measures of mental health, it makes sense that self-efficacy be considered an additional common factor across multiple approaches that results in positive therapeutic outcome (Frank, 1981; Weinberger, 1995). Other common factors aimed at increasing a client's sense of mastery involve helping clients to test reality and to expose themselves to situations, thoughts and feelings that they perceive to be threatening (Carey, 2011; Foa & Kozak, 1986; Frank, 1981; Norcross et al., 1990; Weinberger, 1995).

The common factor of exposure, while being related more to the content of therapy rather than the relationship, was originally used as a treatment for anxiety. However, over the years the use of this intervention has extended to any uncomfortable thought, feeling or situation that clients are faced with. This has meant that the principle of exposure has emerged as part of many therapeutic models over the years and, while they may go by different names, all highlight this technique as an active ingredient of change (Carey, 2011; Foa & Kozak, 1986; Frank, 1981; Weinberger, 1995). This body of knowledge presents an additional way of thinking in terms of common factors in that there may be methodological commonalities across therapeutic models and that these commonalities are not necessarily limited to relational aspects when it comes to therapeutic outcome (Foa & Kozak, 1986). One of these models which highlights the use of exposure techniques as being beneficial to therapeutic outcome when treating traumatic stress disorders like PTSD, is the Cognitive Model (Brewin et al., 2010; Clark & Beck, 2010; Ehlers & Clark, 2000; Ehlers & Wild, 2015; Foa & Rothbaum, 1998; Hembree & Foa, 2004). This model is discussed in more detail in a later section of this dissertation.

Another intervention which can also be considered somewhat methodological in nature, and that is often found across multiple therapeutic approaches, is the use of psycho-education. This factor is considered important in the Common Factors approach based on the

assumption that a client presents to therapy wanting an explanation for his or her disorder, problem or complaint and that the acceptance of this explanation is critical to the progress of therapy (Frank, 1981; Wampold, 2001; Weinberger, 1995). It therefore makes sense that an important common factor to consider in therapy is the provision of a logical rationale or conceptual scheme that provides the client with a framework to understand their symptoms (Frank, 1981). In addition to the actual content of this formulation, the degree to which the therapist is able to instil hope and confidence in the prescribed treatment is important in the Common Factors approach and has been shown to impact therapeutic outcome. (Frank, 1981; Greenberg, Constantino, & Bruce, 2006; Orlinsky et al., 1994).

Lastly, providing clients with opportunities to gain new perspectives and create meaning from their situations has been indicated in the research as being beneficial to therapeutic outcome (Frank, 1981; Frank & Frank, 1993; Lundh, 2014; Wampold, 2001). The Common Factors approach is conceptualised as a socially constructed, healing practice (Frank & Frank, 1993; Wampold, 2001) and it is therefore assumed that it is not the characteristics of the treatment method that makes therapy work but the explanatory system surrounding them and the meaning that is attributed to these procedures (Laska et al., 2014). This is further supported by Hubble, Duncan and Miller (1999) who suggest that successful treatment arises less from a therapist-driven model and more from adopting the client's frame of reference as a defining theory of psychotherapy. It has therefore become increasingly important to consider the perspectives of a client rather than focus solely on the perspective of the therapist or counsellor. As mentioned earlier, there are often disparities that exist between therapist and client perceptions (Henkelman & Paulson, 2006) resulting in difficulty when it comes to understanding this explanatory framework. A richer understanding of client experiences of counselling will enable us to gain further knowledge into the meanings they ascribe to their experiences.

Many of these common factors are consistent with the literature findings on clients perceived helpful and unhelpful aspects of counselling mentioned in the previous chapter (Elliott, 2008; Henkelman & Paulson, 2006; Rodgers, 2003; Swift & Callahan, 2010). This is further supported by Swan and Heesacker (2013) who found that adult clients displayed a marked preference for psychotherapy emphasising a Common Factors approach over psychotherapy emphasising specific evidence-based therapy ingredients. It is interesting to note that many of these individuals included members of groups especially underserved by psychotherapy such as the homeless, the elderly and working class people (Swan & Heesacker, 2013). This finding is especially relevant to studies conducted in a South African context where access to psychological services is considered limited. Furthering our understanding of client experiences of counselling could serve to act as a test of the above theory in a multi-cultural setting, which could have significant implications for the way in which future counselling is delivered in South Africa.

There are currently very few South African studies that address client perceptions of counselling in relation to the Common Factors approach. However, one study indicated that clients preferred therapists who; were culturally sensitive, took the time to build a relationship with them and clearly explained the goals and time frames of the intervention (Ruane, 2010). These preferences are consistent with the Common Factors approach and therefore echoes the finding mentioned above.

While much of the focus of the Common Factors approach is on the personal qualities of the therapist, the quality of the relationship between the therapist and the client and the fit between the therapist's and the client's world views, the approach does acknowledge the efficacy of specific types of interventions for specific presenting problems and disorders (Frank, 1981; Frank & Frank, 1993; Rosenzweig, 1936; Wampold, 2001). However it is the purpose of the specific techniques associated with the approach to construct a coherent

framework for the client to understand their experiences that is important (Frank, 1981; Frank & Frank, 1993; Rosenzweig, 1936; Wampold, 2001). In this sense, some approaches may explain specific disorders better than others and as such will contribute more meaningfully to factors like client engagement, the quality of the therapeutic relationship and finding new perspectives and meaning.

One such approach, often used when treating PTSD, is the cognitive model (Brewin et al., 2010; Clark & Beck, 2010; Ehlers & Clark, 2000; Ehlers & Wild, 2015; Foa & Rothbaum, 1998; Hembree & Foa, 2004; van Rooyen, 2015). This model is one of the most well established intervention systems for a range of traumatic stress experiences (van Rooyen, 2015) and this is why it has been chosen to present the theoretical framework for the understanding of how PTSD is presented and treated.

A Cognitive Model of PTSD

Several international researchers have made important advances on the development of a cognitive perspective on PTSD (Brewin et al., 2010; Clark & Beck, 2010; Ehlers & Clark, 2000; Ehlers & Wild, 2015; Foa & Rothbaum, 1998; Hembree & Foa, 2004; Meichenbaum, 1997; Resick & Schnicke, 1993). Much of this research highlights models that are well designed and use the principles of evidence-based practice to provide a coherent and convincing rationale to clients in relation to their traumatic experience. While these models share the common underlying assumption that PTSD symptoms are a result of faulty appraisals of trauma related threat and dysfunctional encoding and retrieval of trauma memory, each has proposed somewhat different critical constructs that have played an important role in our perspective of the disorder and its manifestation of symptoms.

Ehlers and Clark (2000) have proposed a cognitive framework designed to conceptualise PTSD and to explain the persistence of PTSD symptoms. This model appears to be the most extensively researched and widely used treatment model for understanding and

treating PTSD in South Africa (Davidow & Edwards, 2006; Edwards, 2009; Padmanabhanunni & Edwards, 2012, 2013, 2014, 2015a; van Rooyen, 2015). The model provides a psychologically coherent explanation for each of the symptoms of PTSD, a comprehensive understanding of the persistence of the disorder without treatment and a rationale for treatment which follows from established treatment protocols for other anxiety disorders, yet is specific to PTSD (Ehlers & Clark, 2000). While being formulation driven, the model is flexible enough to allow practitioners to customise the treatment and session content to suit the needs of the client (Padmanabhanunni & Edwards, 2012). This adaptability of the model would be especially useful in a multi-cultural context and may explain why most South African treatment studies make use of it when conceptualising and treating PTSD. The details of this model will now be discussed.

Ehlers and Clark (2000) propose that PTSD is a disorder in which the problem concerns a poorly elaborated memory for an event that has already happened. Poor elaboration leads to a disruption in the coding of the memory into the individual's auto-biographical memory base, resulting in a range of intrusive symptoms. The persistence of PTSD occurs only if individuals process the traumatic event and/or it's sequelae in a way which produces a sense of serious current threat. According to this model, two key processes lead to a sense of current threat, 1) individual differences in the appraisal of the trauma and/or it's sequelae and 2) individual differences in the nature of the trauma memory for the event and it's link to other autobiographical memories. These two processes have a reciprocal relationship which further detracts from the individual's ability to see the trauma as a time-limited event that doesn't have global negative implications for their future. This reciprocal relationship is illustrated in figure 1 and highlights the way in which the processing of the trauma has a direct effect on both the trauma memory and the appraisals of the trauma and its sequelae. Each of these key processes will now be discussed.

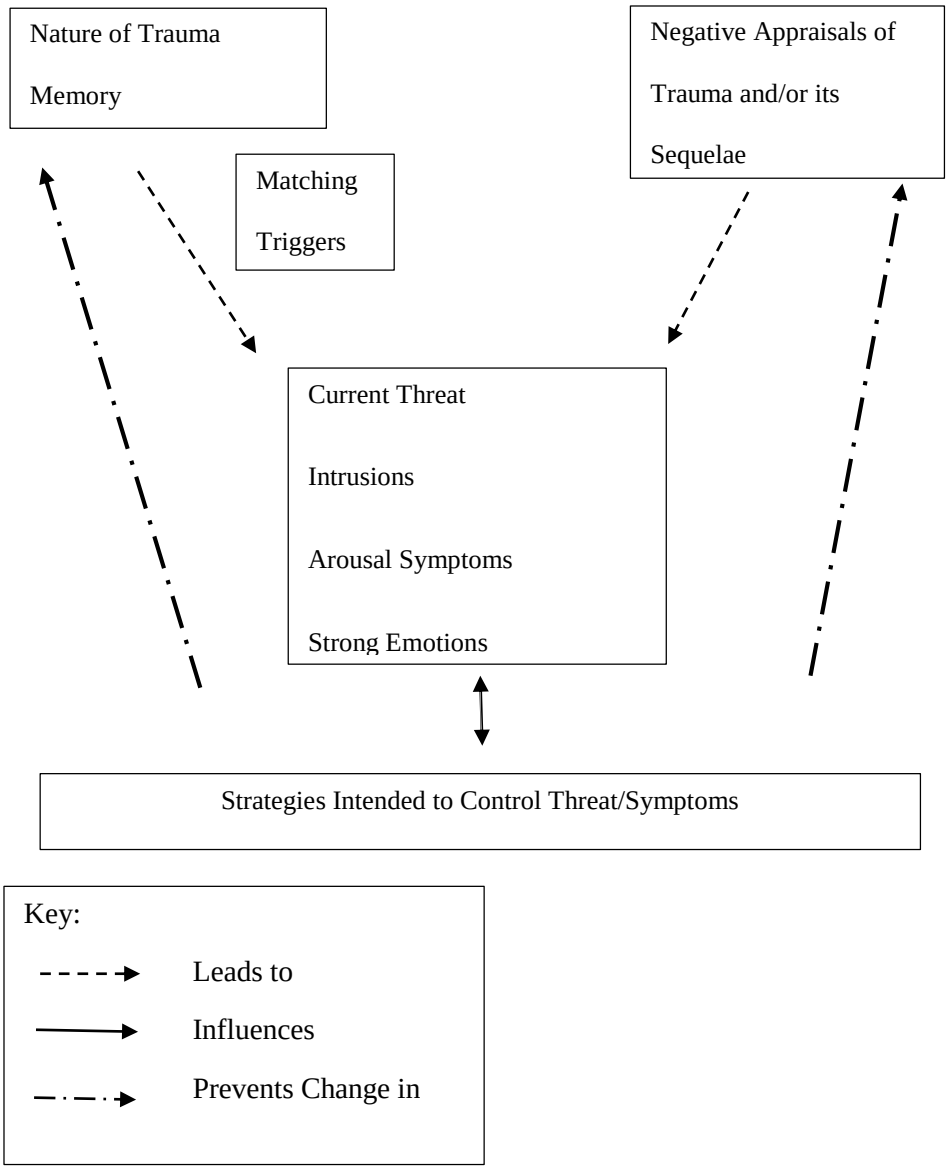

Figure 1: A Cognitive Model of PTSD adapted from Ehlers and Clark (2000)

Appraisal of the trauma and/or it's sequelae. This model proposes that individuals suffering with PTSD are characterised by idiosyncratic negative appraisals of the traumatic event and/or it's sequelae that have the common effect of creating a sense of serious threat. Several types of appraisal of the traumatic event may illicit this sense of threat. Firstly, individuals may overgeneralise from the event and, as a consequence, perceive a range of normal activities as more dangerous than they really are. They may exaggerate the probability of further catastrophic events in general or take the fact that the trauma happened to them as meaning that they attract danger. Such appraisals generate situational fear as well

as avoidance which perpetuate the overgeneralised fear. Secondly, appraisals of the way one felt or behaved during the event can have long term threatening implications. For example, in the context of rape some women may interpret the experience of sexual arousal as a sign of secret and repulsive desires.

Appraisals of the trauma sequelae can include the following; the interpretation of one's initial PTSD symptoms, the interpretation of others' reactions in the aftermath of the event and appraisal of the consequences that the trauma has in other life domains. Many individuals experience symptoms like intrusive recollections and flashbacks, irritability, mood swings, lack of concentration and numbing. According to this model, if the experience of these symptoms are not seen as a normal part of recovery, an individual may interpret them as indications that they have permanently changed or as indications of a threat to their physical or mental wellbeing. These kind of appraisals maintain PTSD by producing negative emotions and by encouraging individuals to engage in dysfunctional coping strategies that enhance their symptoms. The reactions of family and friends of the individual may also be appraised in a certain way. People who are close to the trauma survivor may avoid talking about the event to avoid causing the individual further distress. While well intended, this may be interpreted by the survivor as a sign that others don't care or that they believe the event was the survivor's fault. This is especially relevant in the context of rape where self-blame and stigma are often unique phenomenological aspects of post-rape experiences (Padmanabhanunni, 2015). This may result in symptoms of social withdrawal and estrangement which are common to PTSD. It also prevents the survivor from discussing the event with others and thereby reducing the likelihood for therapeutic reliving and for receiving feedback from others that has the potential to correct excessively negative views about the meaning of the event. Traumatic events can also have negative long-term effects

on many areas of life which may be interpreted by the survivor as a sign of permanent negative change for the worse or as a sign that worse is still to come.

Memory for the traumatic event. The second process which can lead to a sense of current threat concerns the nature of the trauma memory and it's link to other autobiographical memories. Ehlers and Clark (2000) propose that the intrusion characteristics and the pattern of retrieval that characterises persistent PTSD (poor intentional recall and vivid unintentional re-experiencing with 'here and now' quality) is due to the way the trauma is encoded and laid down in memory. One way in which this happens concerns elaboration and incorporation of the memory. With persistent PTSD, one of the common problems is that the trauma memory is poorly elaborated and thus inadequately integrated into its time, place and context. This explains problematic intentional recall, the 'here and now' quality, the absence of links to subsequent information and the easy triggering by physically similar cues. Furthermore, there is particularly strong perceptual priming (a form of implicit memory) for stimuli that were temporarily associated with the traumatic event. Since this kind of implicit memory is not well discriminated from other memories, vague physical similarity would be sufficient for the individual to perceive stimuli as similar to those occurring in the traumatic situation and thus trigger re-experiencing symptoms.

These two processes (the appraisals of the trauma and/or its sequelae and the nature of the trauma memory) are reciprocally related in that when the PTSD sufferer recalls the traumatic event, their recall is biased by their appraisals and they selectively retrieve information that is consistent with these appraisals. This prevents the individual from remembering aspects of the event which contradict their appraisal and thus prevents change in the appraisal. Additionally, the inability to remember details of the event may be appraised by the individual in a way that maintains the sense of current threat. For example, they may believe that the memory problem means something is seriously wrong with them.

Finally, the 'here and now' quality of the emotions that are associated with the trauma memory can contribute to problematic appraisals themselves.

When faced with a sense of current threat and the accompanying symptoms, Ehlers and Clark (2000) indicate that individuals will often try and control the threat using strategies that are meaningfully linked with their appraisal of the trauma. These strategies are often maladaptive and maintain PTSD by: 1) directly producing PTSD symptoms, 2) preventing change in negative appraisals and 3) preventing change in the nature of the trauma memory.

Cognitive strategies that increase PTSD symptoms include thought suppression and selective attention to threat cues which may increase the frequency of intrusions. Certain behaviours used to control PTSD symptoms may increase other symptoms. Strategies that prevent changes in the appraisals of the event or it's sequelae are referred to as safety behaviours by Ehlers and Clark (2000). These behaviours are carried out by the individual to prevent or minimise further catastrophe. However, they prevent disconfirmation of the belief that the feared catastrophe will occur if they don't engage in this preventative action.

A strategy that prevents a change in the nature of the trauma memory is trying not to think about the event, which prevents the trauma memory from being elaborated, linked and integrated with other autobiographical memories. Similarly, avoiding reminders of the trauma maintains PTSD by preventing both a change in the problematic appraisal and a change in the nature of the memory. Furthermore, avoidance of the site of the trauma often prevents corrections of appraisals about how the event could have been avoided. Similar to avoidance, rumination (about the trauma and its consequences) strengthens problematic appraisals by preventing the formation of a more complete trauma memory.

Other maladaptive coping strategies include using alcohol and medication to control anxiety which prevents changes in interpretations such as 'I'm going to lose control when I let my emotions come', and the avoidance of previously enjoyed activities which prevent a

change in the individual's appraisal. It also prevents the individual from re-organising their autobiographical memory knowledge base in a way that creates a continuous view of the self since the trauma.

Treatment implications and process. As part of their model, Ehlers and Clark (2000) have included a comprehensive treatment protocol. This protocol has been implemented in the treatment of PTSD in South Africa and the efficacy of this approach with a South African population has been well established in recent years (Davidow & Edwards, 2006; Padmanabhanunni & Edwards, 2012, 2013, 2014, 2015a; van der Linde & Edwards, 2013). The details of this treatment protocol will now be discussed.

According to Ehlers and Clark (2000), in order to successfully treat PTSD there needs to be changes in three areas. These are; 1) the trauma memory needs to be elaborated and integrated into the context of the individual's preceding and subsequent experiences, 2) problematic appraisals of the trauma and/or it's sequelae that maintain the sense of current threat need to be modified and 3) dysfunctional behavioural and cognitive strategies need to be discontinued.

While a wide range of cognitive-behavioural interventions could be used to achieve these changes (Brewin et al., 2010; Clark & Beck, 2010; Foa & Rothbaum, 1998; Hembree & Foa, 2004; Meichenbaum, 1997; Resick & Schnicke, 1993), Ehlers and Clark (2000) have devised a treatment protocol that places emphasis not only on the intervention but also on how the techniques should be implemented. There are eight main techniques used as part of this model. These are; assessment of cognitive themes, providing a rationale for treatment, education, helping the individual to reclaim their life, reliving with cognitive restructuring, in-vivo exposure the identification of triggers and imagery techniques. Each of these will now be briefly discussed.

An assessment of the main cognitive themes forms the first stage of treatment. It is here where parts of the memory that currently illicit particularly strong distress are explored to identify meanings that the individual ascribes to them. Additionally, the assessment phase allows the practitioner to start to characterise the nature of the trauma memory and the spontaneous intrusions.

The next phase, providing a rationale for treatment, is made up of three discussions to be held with the client. The first one would be to explain to the individual that their symptoms are a common reaction to an abnormal event (normalising), the second one would be to explain that many of their coping strategies may have had the paradoxical effect of maintaining their symptoms and lastly, that treatment involves fully processing the trauma and reversing the maintaining factors. Providing the individual with this rationale, as well as offering them additional psycho-education on their symptoms and mechanisms of the disorder can be one way of beginning to correct problematic appraisals.

To help contextualise the memory and provide the client with the feeling of 'moving forward' they are encouraged to reclaim their former selves in the next phase of treatment. This can be done by encouraging them to re-instate activities that they gave up after the event. Doing this can reduce the feeling of being stuck in time and allows the client to begin to feel that progression is possible.

In many cognitive-behavioural programs used to treat PTSD, there is often some form of re-living with cognitive restructuring. These procedures have been shown to be effective in reducing PTSD symptoms (Brewin et al., 2010; Clark & Beck, 2010; Foa & Rothbaum, 1998; Hembree & Foa, 2004; Meichenbaum, 1997; Resick & Schnicke, 1993). In their model, Ehlers and Clark (2000) suggest that re-living with cognitive restructuring promotes the elaboration and contextualisation of the trauma memory as well as facilitating a process where idiosyncratic appraisals of the trauma can be identified and discussed. Re-living with

cognitive restructuring also serves as a powerful behavioural experiment where the client can test his or her interpretations. Following this, Ehlers and Clark (2000) suggest discussions between therapist and client on identifying problematic thoughts and beliefs that are associated with key moments of the trauma. Using the relevant cognitive restructuring techniques during this time will allow alternative perspectives to be identified and the opportunity for the client to incorporate this information into the next re-living exercise. Ehlers and Clark (2000) emphasise the importance of the timing of this intervention. Since re-living can be emotionally draining, extra care should be taken to ensure that restructuring is not conducted when the client is too exhausted to benefit. Interestingly, clients likely to require extensive cognitive restructuring as part of their treatment are those who experience anger, guilt or shame as a predominant emotion. This is important to consider for the present study since these are considered unique emotional aspects of rape phenomenology.

Follow on interventions may include in-vivo exposure to reminders of the trauma that have been avoided. This is a powerful way of helping the client to emotionally accept that the traumatic event is in the past. Furthermore, in-vivo exposure can also serve to challenge appraisals of trauma sequelae that have become problematic.

Finally, to facilitate further elaboration of the trauma memory, Ehlers and Clark (2000) recommend identifying triggers of intrusive memories and emotions as well as the use of imagery techniques. By promoting a better discrimination between those stimuli that occurred around the time of the trauma and those encountered currently will help reduce the probability of re-experiencing symptoms. This stimulus discrimination is achieved by encouraging clients to identify their triggers followed by a detailed discussion on the similarities and differences between the present and the past context of the triggers. Imagery techniques are also useful in helping to change the meaning of the trauma memory by

allowing clients to explore the possible consequences of actions that were or were not taken at the time of the event.

For the present study, a Common Factors approach was used to contextualise the findings associated with the process elements of counselling that were experienced as helpful and unhelpful by rape survivors while the Ehlers and Clark Model of PTSD (2000) provided the cognitive framework for understanding the survivors' PTSD reactions. In an attempt to combine the two approaches, Edwards' Model of Evidence-based Responsive Treatment for PTSD (2009) was used to integrate the two approaches in order to provide a holistic framework which aimed to capture both the process and theoretical aspects of the survivors' counselling processes.

This model is based on Ehlers and Clark (2000) in that it makes use of many of the same treatment techniques as well as the way in which it emphasises the importance of the timing of the interventions. What makes this model especially relevant to this study is the inclusion of therapist responsiveness and the quality of the therapeutic relationship. These aspects echo the process elements associated with a Common Factors approach. Edwards (2009) recognises the reciprocal relationship between the technical and relational aspects of therapy and his model places significant emphasis on the integration of clinical expertise, evidence-based practices and the context of client characteristics, culture and preferences.

According to Edwards (2009), effective treatment for PTSD requires more than competences (the therapist's ability to form a relationship, negotiate a therapy contract and provide accurate empathy and reflection). A truly integrative model should also include meta-competences which he defines as the capacity to adapt interventions in response to client feedback. This responsiveness forms the basis of this model.

Furthermore, the model is grounded in case-based research specifically used in the context of rape treatment in South Africa. It is therefore a useful way of conceptualising the

findings of this study given the qualitative nature of both methodological procedures. The details of this model will now be discussed.

The Model of Evidence-based Treatment Plan for PTSD (Edwards, 2009) consists of a stage-based approach which is similar to the Cognitive Model by Ehlers and Clark (2000). These stages are divided into levels consisting of several important treatment goals or areas of clinical focus (CF). The model is based on the assumption that goals of lower levels be achieved before progression to the next level. A diagrammatic representation of the model is presented in figure 2 followed by a brief description of the levels.

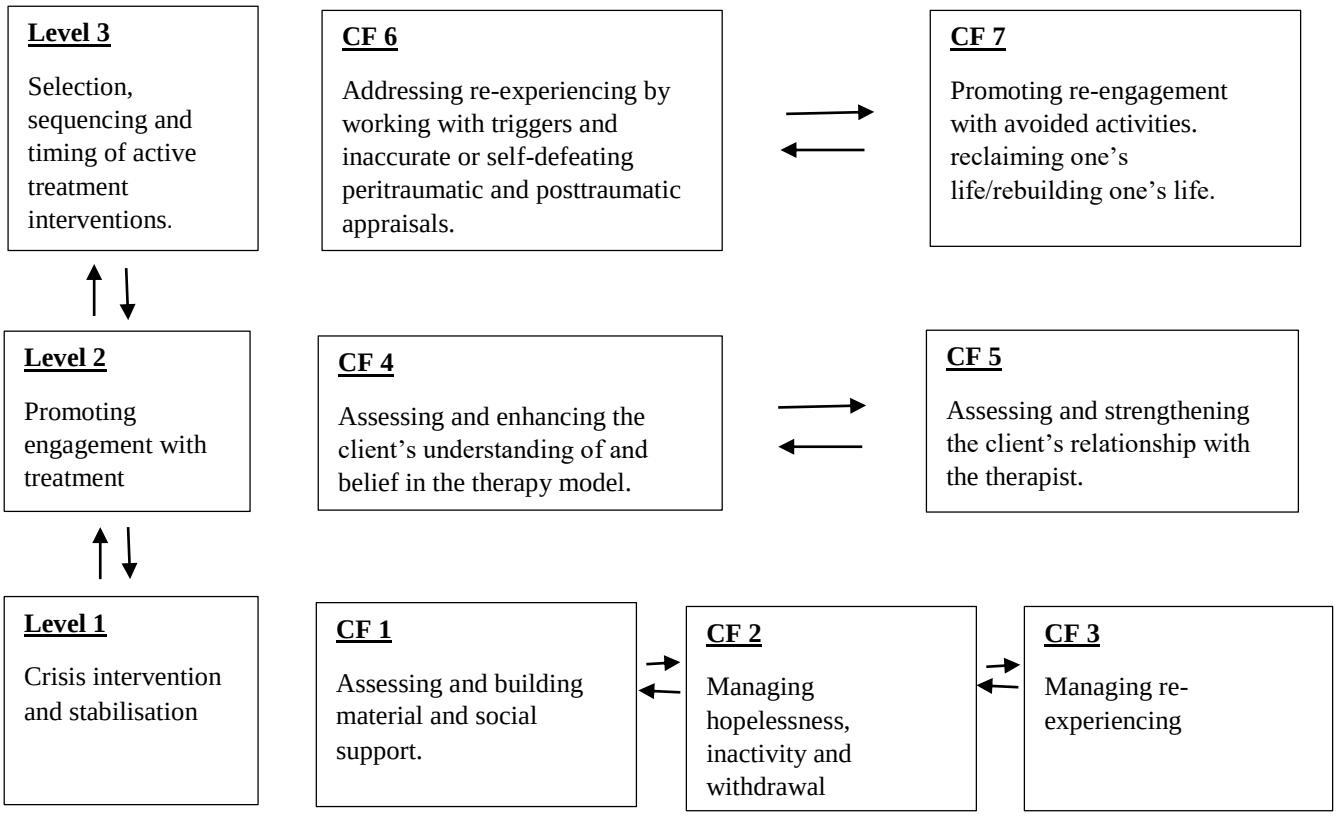

Figure 2: A Model for Evidence-base Responsiveness Treatment Planning for PTSD adapted from Edwards (2009)

Level one focuses mainly on the need for stabilisation and crisis management before the treatment can begin. Since the active elements of treatment (CF6 and CF7) call for understanding, systematic committed work and the tolerance of painful emotional states, they

cannot be implemented while a client is in crisis, at risk for suicide, behaviourally unstable, severely depressed or abusing substances (Edwards, 2009). The goals of this level include assessing and building material and social support, managing hopelessness, inactivity and withdrawal and providing psycho-education to normalise the triggering of re-experiencing and the origin of associated symptoms. Much of the work required at later levels begins at level one, for example, resuming avoided activities is a pre-requisite for re-building one's life at CF7.

Level two focuses on the client's readiness and motivation to engage with the therapy, echoing Prochaska and DiClemente's (1984) classic analysis into the stages of pre-contemplation, contemplation, preparation, action and maintenance. CF4 is initiated by the therapist's sharing of the case formulation at the end of the assessment as an invitation for the client to enter into the action phase. Since some clients may be cautious about engaging with the treatment model, therapists must sensitively monitor the situation and engage in further psycho-education or motivational work to address this. Clients may also be fearful of the painful and overwhelming nature of their emotions, especially in the case of rape where many survivors face additional, unique emotions of shame, guilt and self-blame which are often associated with acts of sexual violence (Padmanabhanunni, 2015). This is illustrated in a case study compiled by van der Linde and Edwards (2013) for which the model was used to treat a rape survivor in South Africa. The survivor refused to engage with the intervention of imaginal re-living because of her fear of facing overwhelming emotions. Through the provision of a logical rationale and by enhancing the client's belief in the model, this was overcome and, while experienced as difficult by the client, resulted in a subsequent reduction in PTSD symptoms.

Therapists must also monitor clients' degree of engagement with and trust in the therapist. This is especially important in relation to the present study since ruptures in trust

are often experienced by rape survivors. Clients may require assistance with re-building trusting relationships as well as with articulating their fears and emotions.

Level three is where the active treatment occurs. It is the interventions at this level that tackle the material that has not been integrated into autobiographical memory and promote post-traumatic growth. CF6 covers the interventions that will; 1) increase awareness of how flashbacks and other re-experiencing episodes are triggered and interrupt the triggering process, 2) bring the details of the trauma memory with the associated emotions and beliefs to light, 3) support the client in re-processing the memory and addressing distressing emotions and 4) address trauma-related beliefs that have overgeneralised. Finally, CF7 covers interventions that enable clients to rebuild their lives by way of promoting the restoration of avoided activities and supporting the client in finding positive meaning in what has happened to them.

The theoretical frameworks discussed in this chapter will allow for the contextualisation of rape survivors experiences of counselling in terms of the process elements of counselling (a Common Factors approach) and the specific theoretical content related to the treatment of PTSD in rape survivors (Cognitive model). The Model of Evidence-based Treatment Plan for PTSD (Edwards, 2009) will attempt to combine both approaches in order to integrate these elements. The research methodology that was used to achieve them is discussed in the following chapter.

Chapter 4: Research Methodology

Chapter Overview

This chapter highlights the research methodology used in the study. The primary aims of the study were to explore and describe rape survivors' perceptions of helpful and unhelpful counselling aspects and the meaning they attach to the counselling experience. This information was obtained through one-on-one, in-depth, semi-structured interviews with

rape survivors who had participated in a minimum of three counselling sessions at a rape crisis centre in the Eastern Cape, South Africa. A qualitative, exploratory-descriptive approach was used as a broad methodological approach with Interpretative Phenomenology being the specific approach used to explore and describe the aims of the study. Details on this approach as well as on the sampling method, data collection method, procedure and data analysis is discussed. Ethical procedures that were followed before the study commenced are also detailed. Finally, the trustworthiness of the study is discussed in terms of credibility, transferability, dependability and confirmability. While these have been included in the relevant sections, a summary and further explanation of each of these terms and their application to the study is provided at the end of the chapter.

Research Approach

A qualitative research approach was chosen for the purpose of the study. This approach was seen as appropriate as it allowed me to examine how rape survivors perceived and experienced counselling following rape. In doing so, I was able to gain further understanding of individuals' thoughts, feelings and interpretations of aspects associated with their lived experience of counselling. According to Given (2008) these aspects form the cornerstones of a qualitative research approach in that they enable us to truly understand an individual's experience of a specific phenomenon.

As there is limited South African literature on the helpful and unhelpful aspects of counselling for adult rape survivors, an exploratory-descriptive framework was seen as appropriate for this study. This approach is especially useful for when there is little or no scientific knowledge available about a group or situation and it involves intentional systematic data collection (Stebbins, 2008). This data collection method is designed to maximise discovery of generalisations based on description and direct understanding of a particular area (Stebbins, 2008).

While many different approaches can be utilised within an exploratory-descriptive framework, an Interpretative Phenomenological Approach (IPA) was seen as appropriate for this study. Phenomenological in nature, this approach is concerned with exploring experience in its own terms, specifically when the everyday flow of lived experiences takes on a particular significance for people (Smith, Flower, & Larkin, 2009). Given the traumatic nature of rape and its effect on a survivor's psychological functioning, it is likely that the counselling that follows will be a significant part of the survivor's experience and it therefore made sense to use an approach that placed emphasis on this. As an approach, Interpretative Phenomenology has been informed by concepts and debates from three key areas of philosophy of knowledge which are; phenomenology, hermeneutics and ideology. Each of these will be briefly discussed.

Firstly, phenomenology is a philosophical approach to the study of experience. It is concerned with lived experiences of human beings, especially in terms of things that are meaningful to us and that constitute our lived world. Additionally, phenomenology also emphasises how we might come to understand what our experiences of the world are like (Smith et al., 2009). In the field of Psychology, phenomenological philosophy provides the researcher with a rich source of ideas about how to examine and comprehend lived experience, in the way that it occurs and in its own terms. This complex understanding of experience results in an unfolding of perspectives and meanings which are unique to the person's embodied and situated relationship to the world (Smith et al., 2009). In IPA, attempts to understand other peoples relationships to the world are necessarily iterative and will focus upon their attempts to make meanings out of their experiences (Smith et al., 2009). For the purpose of this study I wanted to explore and describe rape survivors' experiences of helpful and unhelpful counselling aspects and the meaning they attached to their counselling process. To do this would require an approach that was aimed at exploring an individual's

counselling process as a lived experience and one that looks at what this experience meant for the individual. This interpretation of meaning forms the basis of the next body of knowledge which is the theory of hermeneutics.

Hermeneutics focuses on the methods and the purpose of interpretation, the intentions or meanings of one's experience and the relationship between the context of one's lived experience and the context of its interpretation (Smith et al., 2009). An important feature of the theory of hermeneutics is the hermeneutic circle which is concerned with the dynamic relationship between the part and the whole, at a series of levels. To understand any given part, you look to the whole, to understand the whole, you look to the parts. This circular nature describes the process of interpretation as a dynamic, non-linear style of thinking (Smith et al., 2009). The hermeneutic circle relates to IPA because of its iterative analysis process. In IPA, the analysis of data moves back and forth throughout the process and the researcher's relationship with the data shifts according to the hermeneutic circle. This means that analysis is done at a number of different levels, all of which relate to one another and many of which will offer different perspectives on the part-whole coherence of the text (Smith et al., 2009). Interpretation forms an important aspect of this study when looking at how rape survivors understand their counselling process in terms of the helpful and unhelpful aspects. It is through this interpretation that one can begin to look at how and why these aspects were perceived as such.

Finally, ideography is concerned with the particular at two different levels. Firstly, IPA is committed in the sense of detail and therefore the depth of analysis. As a consequence, analysis must be thorough and systematic. Secondly, IPA is committed to understanding how specific experiential phenomena have been understood from the perspective of particular people, in a particular context (Smith et al., 2009). As a consequence, IPA utilises small, purposively-selected and carefully situated samples. For

this study, the experiences of counselling in terms of helpful and unhelpful aspects was explored specifically with female, adult rape survivors who are all based in the Eastern Cape, South Africa. This sample was chosen because of their specific context and experience with the phenomena of rape and counselling. Further details of these participants and the sampling procedure is discussed in the following section.

Participants and Sampling

In keeping with IPA, purposive sampling was utilised for the study to ensure that the participants selected could offer insight into a particular experience. Participants were contacted through a referral system by the counselling co-ordinator at a rape crisis centre based in the Eastern Cape, South Africa. Participants were selected based on predetermined criteria that was relevant in addressing the research aims. For this study I was specifically interested in adult, female rape survivors who had had a minimum of three counselling sessions at the centre and who had terminated counselling by the time I interviewed them. These participants were selected because they represent a perspective, rather than a population. The participants had all received counselling following their rape trauma and all were able to provide a recount of their counselling process in terms of their experience. Participants were also selected based on the similarities they share with one another. As IPA places emphasis on homogenous samples for which the research questions will be meaningful (Smith et al., 2009), the participants for the study were chosen based on gender and age. Making the sample as uniform as possible allowed me to examine the ways in which these survivors' experiences were similar or different from each other. This is in line with the approach's focus on patterns of divergence and convergence as an integral feature (Smith et al., 2009).

As the primary aim of IPA is to gather detailed accounts of an individual's experience, it is commonly accepted that sample sizes remain small and concentrated,

especially given the complexity of most human phenomena (Smith et al., 2009). With this in mind, I chose to interview 5 participants for the study. This sample size provided me with enough meaningful points of similarity and difference in terms of individuals' experiences of counselling while being small enough to prevent feeling overwhelmed by data. A sample of this size also allowed me to conduct a detailed analysis of each participant's counselling experience as well as to allow for the development of micro-analysis across cases, both of which form important aspects of interpretative phenomenology (Smith et al., 2009).

Participants for the individual interviews consisted of female adults who had experienced at least one rape. None of the individual participants were receiving treatment at the time of the research interviews. Their treatment had been concluded at least six months prior to the interviews. A total number of 5 participants took part in initial interviews about their personal experiences while only 4 of the 5 returned for a follow up interview. Table 1 highlights the participants' demographic information.

Table 1: Participant demographic information

	Age	Race	Home Language	Date of Counselling	No. of counselling sessions received
Participant 1	36	African	isiXhosa	July/Aug 2013	6
Participant 2	35	African	isiXhosa	October 2013	3
Participant 3	20	African	isiXhosa	2016 (month unknown)	3
Participant 4	50	Indian	English	November 2016	6
Participant 5	39	Coloured	English	2014 – 2016	15

Data Collection

In order to obtain rich, detailed and first person accounts of the participants' experiences, I carried out in-depth semi-structured interviews which formed the basis of my data collection for the study. According to Smith, Flower and Larkin (2009), in-depth interviews facilitate the elicitation of stories, thoughts and feelings about the chosen phenomenon as well as allowing one to focus on the participant's experience of that

phenomenon. In-depth interviews allowed me to gather rich data from each participant in the sense that they were offered an opportunity to tell the story of their counselling process, to speak freely and reflectively about their counselling experience and to express their ideas at length in an engaged and purposeful conversation. For this study, one-on-one interviews were conducted with each participant. This allowed sufficient rapport to be established as well a space where the participants could think, speak and be heard.

During the interviews, a semi-structured interview schedule was followed. This allowed me to prepare for the likely content of the interview and was constructed of open-ended questions followed by possible probing questions. Preparing an interview schedule is an important aspect of IPA because it requires one to think explicitly about what can be expected to be covered in the interview as well as to plan for any difficulties that might be encountered, for example, the introduction of potentially sensitive topics (Smith et al., 2009). As the aims of the study are associated with information related to a traumatic event, an interview schedule allowed me to carefully phrase questions and to consider referral mechanisms for those participants who required them. The interview schedule is included as Appendix D.

To ensure a bolder methodological design, I arranged to interview each participant on two separate occasions. Follow up interviews were conducted with four of the five participants, with the fifth being unavailable to return for a second interview. The process of conducting a subsequent interview is useful for creating opportunities for further discussion (Smith et al., 2009). By doing this I was able to address any areas requiring additional clarification post-data analysis, thereby ensuring veracity of my initial interpretations. Conducting interviews using questions which return to matters previously raised by the participant to extract related data through re-phrased questions also contributed to the credibility of the study (Shenton, 2004).

Procedure

A rape crisis centre based in the Eastern Cape, South Africa, was approached for assistance with the research study. The centre works closely with individuals that have been raped and they offer services in the form of counselling, workshops and outreach programs. The centre makes use of fourth year trainees (Registered Counsellor's and Social Workers) and, while the centre does not dictate a specific modality of counselling, the trainees use mostly an eclectic approach utilising elements of Person-Centred and Cognitive-Behavioural counselling techniques.

When approaching the centre after the rape has occurred, survivors are not required to wait for counselling and are seen by a counsellor as soon as possible and is convenient. Once contact has been made with a counsellor, the process is contracted between the counsellor and the rape survivor and counselling begins. The counselling continues for as long as the process is seen as collaboratively useful although the centre is mostly aimed at providing short term counselling, often immediately after the rape has occurred. Survivors interviewed for this study had between 3 and 15 counselling sessions at the centre subsequent to being raped. Referral is made when necessary for more advanced mental health care when indicated. Trainee counsellors are supervised as per professional regulations.

Once permission to work with rape survivors as part of the research study had been granted by the Director of the organisation, the process of data collection began. When utilising IPA, participants can be contacted through a referral system through relevant gatekeepers (Smith et al., 2009). This method was utilised for the study in the following way; once counselling has been terminated, the centre has a process in place by which rape survivors are contacted for a follow-up conversation by the counselling co-ordinator. Telephonic contact is made approximately two months after counselling has been terminated. Once initial contact was made with a potential research participant, the counselling co-

ordinator relayed verbal information regarding the study to the survivor and verbal permission to take part in the study was obtained. Once initial permission was granted, the counselling co-ordinator arranged a confidential interview with myself and the participant to take place in the counselling room at the centre, at a time convenient for the participant.

At the start of the interview, each participant was provided with an information letter regarding the study (see Appendix A) as well as a detailed consent form (see Appendix B). Each point on the letter and consent form was thoroughly explained to the participant and an opportunity to clarify issues and to ask questions was offered. Once these were completed and signed, the interview commenced. Interviews with participants lasted between 30 and 90 minutes and they were audio recorded with explicit permission from the participant. Permission to audio record the interviews was granted by four of the five participants. For the interview with the non-consenting participant, detailed notes were written throughout the interview with extra time to allow for clarification from the participant. Once the interviews were complete, the recordings were transcribed verbatim. Follow up interviews were scheduled for 2-3 weeks after the first interview to allow time for transcription and analysis. The above procedure and details of how data was gathered aimed at increasing the dependability of the study.

Data Analysis

Interpretative Phenomenological Analysis has been described as an iterative and inductive cycle which proceeds by drawing upon the following strategies: 1) Close, line-by-line analysis of the experiential claims, concerns and understandings of the participant, 2) the identification of emergent patterns within this experiential material, 3) the development of a dialogue between the researcher, their coded data and their psychological knowledge about what it might mean for the participant to have these concerns in this context, 4) the development of a structure, frame or gestalt which illustrates the relationships between

themes, 5) the organisation of this material in a format which allows for analysed data to be traced right through the process, 6) the use of supervision, collaboration or audit to help test and develop the coherence and plausibility of interpretation, 7) the development of a full narrative which takes the reader through this interpretation, and 8) reflection on one's own perceptions, conceptions and processes (Smith & Osborn, 2007).

Given the ideographic nature of IPA, each interview was analysed in detailed isolation before moving onto the second. The following steps were utilised when analysing each interview (Smith et al., 2009): The first step involved reading and re-reading the data. During this stage of analysis, I actively engaged with the transcript to facilitate a process of entering the participant's world. Additional reflective notes were made and put aside to allow complete focus on the data. Re-reading the interview also gave me the opportunity to note how rapport and trust developed throughout the interview, which was useful in highlighting richer, and more detailed areas of data. This holistic view of the interview helped me to differentiate the broad events of the interview from the micro-details of these events.

The second step of analysis consisted of making initial notes involving the examination of semantic content and language use. Through this process I became familiar with the transcript and I began noting how the participant talked about, understood and thought about the content of what they were saying. Notes were made on descriptive, linguistic and conceptual aspects of the interview. Descriptive notes related to the participant's primary thoughts of their counselling process and how they experienced their counsellor. These included feelings, emotions and ideas that centred on their entire experience. Linguistic noting centred on how these emotions, ideas and experiences were expressed in the interview through the use of pauses, laughter, repetition, fluency and tone. Additionally, difficulty with language was also noted for some participants. Finally,

conceptual comments detailed more interpretive aspects of the transcript. This involved noting the participant's overarching understanding of the matters discussed. For the participant, this often meant looking at their overall feeling of their counselling process and the underlying themes informing their content. While engaging in the process of conceptual noting, it was important for me to remain mindful of personal reflections and biases and how these may impact interpretation. These notes were recorded separately and this aspect of reflexivity added to the dependability of the study.

Developing emergent themes characterised the third step of analysis. This involved mapping inter-relationships, connections and patterns between transcript notes. To do this I shifted my focus from viewing the transcript notes as a whole to viewing the notes as chunks or sections. For each section, notes were made on what appeared most important in the comments. This theme was expressed as a phrase which highlights the psychological essence of the section. It was important that each section combined enough abstraction to be conceptual with enough original data to remain grounded (Smith et al., 2009).

Once themes were identified for each transcript, step four focused on making connections across them. This involved piecing the themes together in a logical way. For the purpose of this study, emergent themes were grouped in the following ways;

1. Abstraction which involved identifying patterns between emergent themes and developing a super-ordinate theme. This meant grouping similar themes together and developing a new name for the cluster.
2. Contextualisation involved identifying the contextual or narrative elements that connected themes. Attending to cultural themes was considered to be especially useful for this study given the limited South African literature on rape treatment and counselling.

3. Numeration involved taking note of the frequency with which a theme is supported. This was useful in highlighting the relative importance of some themes.

Step five of data analysis concerned moving onto the next interview and repeating the previous steps. In keeping with IPA, this ensured that emphasis was placed on treating each case in isolation.

The final step of data analysis involved looking for patterns across cases. This consisted of identifying the themes which were the most potent, which themes helped illuminate a different case and how themes unique to a case may also share higher order qualities with other cases.

In developing the themes for the study it must be noted that a fifth theme which focused on rape symptoms, was removed due to the risk of repeating content very similar to other themes. It was also decided that much of what was going to be included in this theme had already been documented in other themes and therefore its inclusion would not be warranted.

Trustworthiness

Trustworthiness is a framework for ensuring rigour in qualitative research (Shenton, 2004). The four criteria of credibility, transferability, dependability and confirmability were carefully considered to confirm trustworthiness in obtaining information from participants.

1. Credibility refers to whether a true picture of the phenomenon under study is being presented and how congruent the findings are with reality (Shenton, 2004). To do this one must ensure that correct operational procedures for the concepts being studied are employed. The specific procedures such as the line of questioning pursued in data gathering and the method of data analysis should be derived from methods that are well established in a qualitative investigation (Yin, 1994). The present study made use of IPA as its primary

research approach which is a well-established qualitative design suited specifically to studies aimed at describing and exploring particular phenomena such as rape counselling. Another way that one can ensure credibility is to help ensure honesty in participants when contributing data (Shenton, 2004). For this study, each participant was given the opportunity to refuse to participate in the project so as to ensure that the data collection sessions involved only those who were genuinely willing to take part and prepared to offer data freely. It was also made clear to the participants that they could withdraw from the study without any consequences. The use of probing questions and iterative questioning (in which the researcher returns to matters previously raised by a participant and extracts related data through rephrased questions) can also contribute to the credibility of the study (Shenton, 2004). This was applied to the study through the use of relevant probing questions as part of the interview structure as well as follow up interviews which presented the opportunity for questions to be rephrased and repeated for clarification. Follow up interviews also served as a measure of accuracy of the data which Lincoln and Guba (1985) consider an important provision to bolster a study's credibility. Another strategy that was utilised in the study is a reflective commentary. The purpose of this is to evaluate the project as it develops This would include reflective notes on the effectiveness of techniques used and the researcher's impressions of data collection sessions and emerging patterns in the data (Shenton, 2004). Since reflective commentary forms a natural part of data analysis when utilising IPA, I engaged in reflective note taking as part of the analysis process and therefore contributed to the credibility of the study. Finally, detailed and thick descriptions of the phenomenon under scrutiny can help promote credibility as it helps to convey the actual situations that have been investigated and the contexts that surround them (Shenton, 2004). For this study, the phenomenology of rape survivors' experiences of helpful and unhelpful counselling aspects (including related contextual factors) were documented using detailed and rich narratives. To further ensure

credibility, the research supervisor had insight into both the reflexive process as well as the thematic content of the study. Reflexive insight served to reduce potential biases that may have existed while the checking of thematic content served as an audit of sample quotes against themes. Theme discrepancies were also noted and discussed as part of the write up of the results of the study. The fact that both major themes and discrepancies were highlighted increases the study's credibility because it constitutes the most unbiased and credible presentation of the data.

2. Transferability refers to whether the results of the study can be applied to a wider population (Shenton, 2004). To ensure this the researcher would be required to convey the boundaries of the study to the reader. Providing this information can help readers determine how confidently they can transfer the results and conclusions from the study to other situations (Shenton, 2004). The boundaries of this study have been detailed in previous sections and include information on the organisation taking part in the study, restrictions regarding the sampling process, the number of participants involved in the study, the data collection method employed and the number and length of data collection sessions. Additionally, the provision of thick descriptions of rape survivors experiences of helpful and unhelpful counselling aspects (as well as relevant contextual factors) will allow readers to gain a thorough understanding of the phenomenon so that they can compare these instances with their own (Shenton, 2004).

3. Dependability refers to whether similar results would be obtained if the work was repeated in the same context, with the same methods and with the same participants (Shenton, 2004). To ensure dependability, the processes within the study should be reported in detail to allow for accurate replication by other researchers (Shenton, 2004). For the present study, the following information was provided; details on the research design and its

implementation, the operational details of data gathering and reflective appraisal of the project evaluating the effectiveness of the overall process.

4. Confirmability refers to whether the work's findings were the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher (Shenton, 2004). To ensure this, I remained cognizant of personal predispositions, beliefs which informed decisions and biases towards approaches. Acknowledgement of these have been detailed in the reflective commentary in order to contribute toward the confirmability of the study.

Ethical Considerations

Permission to conduct the study was obtained from the faculty of Applied Human Science at the University of Kwazulu-Natal and the rape crisis centre where data collection took place. Ethical clearance was obtained from the Ethics Committee at the University of KwaZulu-Natal.

Informed consent was gained from participants before the data collection was conducted (Appendix B). The nature of the study was explained to participants by means of an information letter (Appendix A). Those who agreed to take part signed the consent form and retained the information letter. An opportunity was offered to each participant to ask questions and gain clarification.

Participants were informed of the voluntary nature of participation in the study in the sense that they were free to decline or withdraw from the study at any time, with no consequences. It was also explained that this decision will not influence the services they receive from the counselling centre.

The study took the form of semi-structured interviews lasting approximately one hour each. Each participant took part in an initial interview and a follow up interview. Since the

content of the interview involved speaking about a traumatic experience, I pre-empted the possibility of a participant experiencing some related anxiety or distress. Being a Registered Counsellor, I had the necessary training with which to address these kinds of cases. Furthermore, the rape crisis centre was made aware of (and agreed to) the possibility of continuing psychological services for those participants who required this, should any distress arise. Containment needed to be provided in only one instance (an individual interview). I responded to this appropriately and subsequently discontinued the audio recording. Further support in the form of on-going counselling was offered to the participant but she declined after reassuring me that this wasn't necessary.

The research participants were not identified by names and confidentiality was ensured by linking transcript data to informed consent recordings/documents via reference numbers. No individual participant is identified in any research report and identification from textual information is unlikely as their respective responses are aggregated in themes.

Typical ethical considerations for trauma with regards to psychological vulnerability and re-traumatisation were given due consideration. Existing trauma research acknowledges that, while victims may be vulnerable in terms of their psychological state, as a group they are not seen as ethically vulnerable in that they are more likely to be coerced into research without full consideration of what they are agreeing to (Collogan, Tuma, Dolan-Sewell, Borja, & Fleischman, 2004). While traumatised individuals may be at risk of experiencing distressing emotions, simply being a trauma victim does not impede decisional capacity deficits that are inherent in the idea of vulnerability (Newman & Kaloupek, 2009; Newman, Risch, & Kassam-adams, 2013; Rosenstein, 2004). The term 're-traumatisation' is often used in terms of recalling a traumatic experience or taking part in discussions around a traumatic event. While there is no doubt that recalling a traumatic event is distressing for a participant, to label it as re-traumatising is sometimes misleading. The word 'trauma' in a basic

grammatical sense denotes damage and it is inaccurate to label recall of a traumatic event as 'damaging' (Collogan et al., 2004). The retelling of traumatic events is a commonly accepted therapeutic technique and the retelling itself is by no means 'traumatising' as the initial event was (Collogan et al., 2004). There is a risk for distress, but the effects are transient and in the long run possibly more beneficial than risky. Even those that report high levels of distress in trauma studies also report high levels of benefiting from the research and that distress during participation does not necessarily lead to regret about participation (Newman et al., 2013). However, careful consideration was still given to ensure that the participants of this study were taken care of. The research took place at least 6 months after the rape to allow for counselling to commence. Furthermore, all participants who had received counselling had also terminated counselling by the time the research took place. With regards to participants' emotional distress, I was able to address this appropriately at the time given my existing Registered Counsellor training and qualification. The need for emotional containment happened in only one interview during which the interview was promptly discontinued and further counselling for this particular survivor was offered.

Conclusion

This chapter provided an overview of the research methodology used in conducting the study. A qualitative, exploratory-descriptive approach was used to explore and describe rape survivors' experiences of helpful and unhelpful counselling aspects. Details on this approach as well as on the sampling method and data collection procedure were also discussed. Data was analysed using IPA and the details of this analysis were highlighted. Finally, a summary of issues relating to the trustworthiness of the study as well as ethical considerations that were followed before commencement of the study were elaborated on.

Chapter 5: Results and Discussion

Chapter Overview

This chapter focuses on the emergent and superordinate themes arising from the individual interviews with the participants. While the focus in this chapter is often on the content of what was said, process or experiential features are noted where they were relevant. This write up describes and discusses the helpful and unhelpful counselling aspects as experienced by female, adult rape survivors and the meaning they attach to these aspects. An interesting feature of these findings was that many of the aspects of counselling identified by the participants were those they felt were helpful to them. While probing questions were utilised in order to draw out unhelpful experiences, these were shared less openly by participants. This finding is in line with existing research which proposes that clients may be reluctant to discuss negative aspects of counselling, often feeling more comfortable talking about what was helpful and allowing inferences regarding what is unhelpful to come from the researcher (Henkelman & Paulson, 2006). As a result of this, much of the content that is discussed in this chapter will focus on the more helpful aspects of counselling with the researcher making inferences about the more unhelpful aspects where appropriate.

Aspects of counselling that were found to be common were grouped or clustered together in emergent themes. These were then further grouped together to form a superordinate theme. The list of superordinate themes and associated emergent sub-themes is presented and discussed in this chapter. Table 2 highlights a summary of the themes which are clustered as follows: (1) Counsellor Characteristics, (2) Interventions and Techniques (3) Time Frames and (4) Subjective Perceptions of Counselling Outcomes. Each of these will now be discussed and interpreted. A discussion aimed at integrating the findings with existing literature will follow after each theme.

Table 2: A summary of emergent and superordinate themes.

Superordinate Theme	Sub-themes
Counsellor characteristics	• Personality characteristics • Counselling skills • Demographic characteristics
Interventions and techniques	• Counselling techniques • Cognitive-behavioural techniques
Time frames	• Pace of the counselling process • Pace of the survivor
Subjective perceptions of counselling outcomes	• Emotional outcomes • Functional outcomes

Counsellor Characteristics

Characteristics of the counsellor consistently emerged as a significant part of the participants' counselling experience. Overall, participants seemed to place significant emphasis throughout their interviews on these aspects and described them as helpful in a variety of ways. Interestingly, the content of this theme seemed to be more frequently and spontaneously elaborated on by survivors than other themes which suggests that characteristics of the counsellor was a primary aspect of their overall experience. Another important feature of this theme seemed to centre on the demonstration of a human connection which makes sense given the often de-humanising element associated with being raped. This is discussed in more detail in the discussion section of this theme. The characteristics that emerged from the interviews have been grouped into the following sub-themes; personality characteristics, counselling skills and demographic characteristics.

Personality characteristics. Of the personality characteristics identified, friendliness, non-judgement, openness and authenticity of the counsellor seemed to be the most salient and widely discussed. Many participants experienced the **friendliness** of their counsellor as positive and as something that helped them feel comfortable, at ease and

understood in the sessions. For some participants, the experience was compared to that of talking with a friend rather than a counsellor. Additionally, the experience of engaging with a counsellor who was friendly seemed to contribute to an overall sense of comfort and familiarity as well as making it easier for the survivor to talk openly with them. Two participants remember:

> "She was friendly, she was… she was more like, she understood what I went through. Talking to her was very comfortable in such a point that we… I talked to her like a friend and not a counsellor or as some stranger, you know? So it was easy for me to reveal how I feel." (participant 1)
>
> "The counsellor's manner put me at ease. She was always smiling and friendly, like two friends talking. It felt like home". (participant 4)

When asked about what constitutes as friendliness, many factors such as helpfulness, compassion and tone of voice were among aspects mentioned throughout the interviews. Some participants identified the **helpfulness** of the counsellor as something they experienced as significant in their counselling process. At times, this was experienced as practical helpfulness. Some survivors described how their counsellor had offered to help them by organising transport money to help them get to the centre, helping them find a place to live and offering them practical ideas of how they might achieve their goals. This seemed especially significant for those participants who had less access to resources than others. When asked about why they experienced this as helpful, participants described how this made them feel cared for and that somebody was willing to assist them in ways that went beyond their psychological well-being. For some participants this included feeling like the counsellor took their individual needs into consideration, including the ones that were practical and not only psychological. At times the practical assistance that was offered went beyond the call of what was deemed appropriate for the role of a counsellor but the sentiment

with which it was intended seemed to matter more to the survivor than the practical aspects, suggesting that participants valued the intention behind the offering of assistance more than the act. One participant described:

> "Because at the time I had a problem of finding a house, so she tried to contact me with a social worker who referred me to city treasure. It was important and I know it was not her job to do it and she did it anyway, you know? It was important to me. That I've got a house to stay in, you know? For the security of my kids. So it was very important to me and I was happy and thankful to her that she tried to help me, to go to all the trouble. It didn't go well but at least she made her best." (participant 1)

Having a **compassionate** counsellor also emerged as significant and this was experienced by one participant as feeling special, understood and not judged by the counsellor. When asked how the survivor viewed compassion in a counselling context she likened the experience to having the counsellor effectively empathise with her. Another survivor associated compassion with small acts that the counsellor engaged in that she perceived as meaningful. These were experienced as caring and as knowing that someone is there for her. Interestingly, it seemed that those participants who had experienced a great sense of isolation after being raped were those that benefited the most from a compassionate counsellor possibly because of the absence of someone that could offer understanding and support. Two participants recall their experience:

> "The compassion that was showed, I think. And the fact that she made me feel special irrespective of what happened to me and it's not my fault, no matter who says what. She was never judgemental in any way, and like, no matter what I said to her, she understood. I felt understood. I think when I explained to her something, I don't know if I'm right or wrong but it seems like she placed herself in my position and then… understood. It felt wonderful, it felt good." (participant 5)

"She gave me tissues. That made me feel better. Because I can see someone cares. That shows something, that she cares." (participant 2)

Having a counsellor who was friendly, compassionate and helpful seemed to be important for survivors because of the way in which it seemed to facilitate a sense of connection with their counsellor. The above characteristics all seemed to contribute to the survivors'' sense of being understood, supported, cared for and comfortable which is likely to have played a vital role in restoring a sense of human connection. This may have been especially important for these survivors since a sense of disconnection and alienation from others is often a part of a survivors' post-rape experience.

The counsellor's **tone of voice** also seemed to contribute to the experience of overall friendliness of the counsellor's interpersonal interactions. Participants described how a quiet or 'soft' tone of voice was helpful for them because it made them feel calm, less traumatised and safe. While none of the counsellors had a threatening tone of voice, participants did describe how this experience would leave them feeling more traumatised, afraid and judged. Additionally, they described how the experience of a counsellor who is loud and invasive would make it difficult for them to talk openly about their situation. This makes sense given that fear and anxiety around issues of safety and trust often characterise a survivor's experience following rape. Since being raped is likely to leave survivors feeling that they are unable to protect themselves as well as that they cannot trust the world in which they live, it's likely that having a counsellor who contributed to their overall sense of safety and stability would be viewed as helpful in alleviating some of these symptoms. It's also likely that the experience of having a counsellor whose tone of voice was loud and invasive may exacerbate an existing fear of being judged by others, another key feature of rape phenomenology. This is evident in the following quotes which were provided by survivors who had experienced both a significant degree of anxiety and judgement from others following their rape.

> "A counsellor mustn't raise her voice. Because she's traumatised. She must have a way of talking to her. Very calm. So that she's not going to be afraid." (participant 2)
>
> "She smiled and was soft. If you talk to someone like 'what happened to you?' then you're going to talk because she's soft to you. When they talk to you like 'WHAT HAPPENED TO YOU?', you're not going to talk." (participant 3)

The subject of **non-judgement** emerged consistently throughout the interview findings. For the purpose of this study, non-judgement has been conceptualised as an attribute of the counsellor and included the feeling of being respected. Having a counsellor who respected them seemed to help participants feel that their needs were noticed and that they were a priority to their counsellor. When participants were asked about how respect and non-judgement appeared to them, their experiences centred on a range of things including; the way in which the counsellor greeted them, the time that they dedicated to their sessions, consistent reassurance that they were not to blame for their rape and having the counsellor take note of (and adapt to) each survivor's individual needs whether this was additional time, practical support, reassurance or support for the family. This seemed to make the survivor feel important and as though she mattered to the counsellor, as seen in the following quotes:

> "To me it felt good. And I felt important, because if she wanted to say 'I'm sorry but our time is up, we've done all the counselling that you needed' and I wasn't ready to stop counselling, I would have felt even more broken, if I can put it that way. But I felt important because to her time didn't matter, but what I feel mattered. It's like she put me first priority, and time can wait. She was very considerate of my feelings." (participant 5).
>
> "When I was crying, she gave me tissues, water, and told me that it's going to be okay, it's not the end of the world. At first I didn't believe it, because in my first

session I didn't want to leave. But the counselling helped me through. Even the way she was talking, she had respect, that was another thing. She respected me." (participant 2)

For some survivors, the non-judgement from their counsellor was demonstrated through more skills based aspects like the offering of reassurance that the rape wasn't their fault. This seemed to contribute to a sense of validation for the survivor as well as reducing their self-blame and sense of shame. Since feelings of shame, guilt and self-blame form such a significant feature of rape phenomenology, it's likely that characteristics which served to reduce these feelings were perceived as especially helpful and meaningful for rape survivors.

For other survivors, the act of non-judgement was more discrete and was demonstrated in ways that were associated with the way the counsellor interacted with her. These mostly centred on when the counsellor was genuine and authentic, kind, friendly and when she offered physical contact during difficult moments. Interestingly, appropriately timed silences also seemed to communicate non-judgement for one survivor. This suggests that this aspect of counselling is not limited to verbal and overt techniques or skills but that it has a lot to do with more nuanced and interpersonal feelings of connection and feelings of being accepted and understood. This echoes the importance of feeling connected to another person following a likely period of disconnection and alienation from others which often characterises the aftermath of rape for many survivors. This experience of having a non-judgemental counsellor seemed helpful to most participants in a variety of ways including helping them to feel they could be honest, allowing them to feel they can open up and share their feelings, increasing their self-confidence and reducing their sense of shame and self-blame.

While none of the participants had the experience of a judgemental counsellor, they were candid about how passing judgement should not fall within the role of a counsellor and

that a counsellor who judged them would be viewed as nasty and not invested in their best interests. It's possible that this may also reinforce the sense of shame and self-blame, as well as the survivor's sense of embarrassment since this was something that some survivors entered counselling with.

An additional noteworthy feature that emerged from the interviews was that judgment did not seem to be limited specifically to the act of rape. While she didn't have this experience herself, one survivor described how she would feel embarrassed, ashamed and more traumatised if the counsellor judged her as stupid or ignorant for not knowing what to do following the rape (for example, reporting procedures and details relating to the criminal investigation). Another survivor shared a similar thought and described how she worried that her counsellor would think she was stupid for asking questions about things she didn't understand but how the non-judgemental attitude of the counsellor made this less important.

In terms of their experiences, several survivors described how the feeling of being judged begins soon after the rape at the police station (with sideward glances from police officials and a perceived lack of seriousness when it comes to the handling of the case). They also described the extent of judgement in the community and how this often leaves one feeling that they have nobody to talk to. These kinds of experiences speak to the significance of this aspect of counselling and why survivors seem to place such a great deal of emphasis on it. Since being raped often comes with a strong sense of feeling negatively judged by family, the general community and the criminal justice system due to common rape misconceptions, it's likely that having a counsellor who provided a different experience in the way of non-judgement, acceptance and understanding would be perceived as helpful for these survivors in alleviating feelings of self-blame. Two survivors remember:

> "She was never judgemental, I could open up to her easily. And I (usually) never talk about myself, I never talk about my situation or what happened to other people. I

never seemed to do that. But today I do it quite easily. I think it's because of her. She sort of built my confidence. She gave me a lot of confidence to myself." (participant 5)

"If a person is raped, and then maybe she didn't know what to do, go and wash herself. And the counsellor talks like 'how can you go and wash?', she can't say things like that, she (the survivor) didn't know. It's her (the counsellor's) duty to tell her what to do. Most people don't know. I would not be okay with that. And too embarrassed. She's (the survivor) in trauma. She (the counsellor) would increase her trauma by talking like that." (participant 2)

Another salient feature that emerged from the interviews concerned the **openness, straightforwardness and authenticity** of the counsellor. This aspect was identified throughout the interviews and centred on the degree of genuineness and honesty that the survivors experienced in their interaction with the counsellor. This seemed especially significant when engaging with the survivor in a compassionate, caring and non-judgemental way in the sense that they seemed to have more meaning for survivors when engaged with in an authentic manner by the counsellor. For survivors, this seemed to give them the experience that the characteristics of the counsellor were a true part of their personality and that they could trust that as being authentic. This seemed to make it easier for them to speak openly and to build a trusting relationship with the counsellor as seen in the following quote:

"I think it's just by being herself, you know, just being herself. She was just so understanding all the time, and I think… I don't know her personally but I think that must be her personality also. If she was fake I would have felt it and I think I would have… stepped back, if I can put it like that." (participant 5)

For some participants, **authenticity** also seemed to play a role when discussing the manner with which the counsellor delivered the counselling. For these participants, it seemed

important that their counsellor demonstrated a genuine interest in helping them and were in the profession to assist them in an authentic way. While none of them had the experience of an inauthentic counsellor, they described how this would make them feel that they were not being listened to and that the attitudes and characteristics of the counsellor were not genuine. Given the rupture in trust that is commonly associated with being raped, it is also likely that this experience of authenticity of another's intentions be especially significant for a rape survivor in order to re-build trusting relationships. One survivor recalls her experience:

> "Sometimes, just facing the reality, there's no jobs and the only place that is available is counselling. Then someone will jump to it just for the sake of the salary, not because she's in it, you know? A counsellor feels the pain of someone else, you know? Some people were not born to do it, they were not made to do it at all. The negativity will come out when she's meeting a client and then when the client feels like she wants to talk about something, she's (the counsellor) not there. They should be here because they want to be here." (participant 1).

The experience of authenticity and openness may also have contributed to an overall feeling that the counsellor was interested in them and that they were invested in the process of helping the survivor. **Interest** shown by the counsellor and the degree to which they were willing to assist were additional counsellor characteristics that emerged as helpful for the participants. For some participants this was conveyed by the counsellor through gestures such as being flexible with time and allowing sessions to run over, showing commitment to the counselling process despite challenges faced, congruency between verbal and non-verbal communication and offers to assist the survivor in ways that moved beyond individual mental health concerns. This seemed to create the idea for the survivor that they were important and that they mattered to the counsellor. It also made them feel that the counsellor was interested

in them, their holistic well-being and their unique individual needs that extended beyond the counselling context rather than just their mental well-being.

Engaging with a counsellor who had a **calm disposition** also seemed important for some survivors. Given the disruptive and emotionally chaotic nature of rape as well as the experience of fear and anxiety which often follows being raped, it is likely that the experience of a calm counsellor was something that was valued and experienced positively. Interestingly, this feature seemed to be especially important for those participants who had experienced significant hyper-arousal since the rape which echoes the sentiment above. A calm counsellor would have likely provided therapeutic benefit for these survivors in the way that it created a sense of safety and stability which may have helped with the down-regulation of distressing emotions which often accompany a post-rape experience.

Another kind of disposition that also seemed helpful was one of humour and light-heartedness. For one participant, this was helpful because it made her feel connected to the counsellor in a way that facilitated a strong therapeutic relationship. It was noted that this seemed especially beneficial because of the survivor's valuing of humour, seeing the funny side to situations and extraverted interactions with others. Because of this it is likely that she experienced a greater sense of connection with a counsellor that was similar to her in personality, as highlighted in the quote:

> "I'm that kind of person, I can see the humorous side of things. The two of us together, we gelled together. The relationship made the counselling fun, it wasn't a clinical experience for me'. She was always talkative and friendly and open, you know?" (participant 4)

The experience of having a **patient** counsellor was also significant for many of the participants. Since the act of rape is likely to lead to many uncomfortable and distressing symptoms for the survivor it would make sense that a counsellor who showed a willingness

to tolerate and accept these symptoms in a sensitive and caring manner would be seen as helpful by a survivor. The patience of a counsellor may also, for some survivors, be a very different kind of experience for them if they had not received this degree of patience from family, friends and the community. In this study, patience was demonstrated in a variety of ways with survivors. These centred on showing patience when; the survivor was unable to answer difficult questions, strong emotions were present (like tearfulness and anger), the survivor was not yet comfortable with the intervention being introduced in counselling, the survivor wasn't yet comfortable in coming for her next session, the survivor experienced difficulty in opening up to the counsellor and sharing her feelings, the survivor didn't feel ready for the session to end, and when the survivor didn't understand certain questions. The patience shown by the counsellor was sometimes communicated by overt statements for example saying 'take your time', 'take as long as you need', 'I'm here, I understand'. Gestures such as ensuring that sessions didn't end prematurely, before the survivor felt ready and checking in with the survivor to see if she felt well enough to leave also seemed to indicate patience. Sometimes patience was communicated in less obvious ways, for example by offering silences when gathering information (to allow the survivor time to provide information at her own pace) and when asking questions to allow survivors the chance to feel ready to answer them.

Overall, the experience of having a patient counsellor seemed to make survivors feel that their need for time was acknowledged and accepted by the counsellor and this seemed to help them feel calm, important, safe and comfortable to reveal feelings. It also seemed to create the idea that the counsellor was respectful enough not to interrupt their thoughts and that time mattered less to them than the well-being of the survivor. One survivor remembers:

> "She patiently waited for me, that's what I can say. And she said 'take your time, if you're not ready, if you don't want to talk about it now, it's also fine'. She never

> pushed me and you see that's the thing because I considered the fact that she might have another session after me and I'm, like, keeping them. But to her it was never a problem." (participant 5)

It's likely that the experience of having a counsellor who was considerate of their need for time was perceived as helpful by survivors because of the way that being raped often leaves a survivor feeling disregarded and that their basic human rights have been violated. Having a counsellor who communicated respect for the survivors' unique pace seemed to play a significant role in the development of trust and interpersonal connection. While none of the participants had the experience of an impatient counsellor, it was made clear that this experience would leave them feeling pressured, rushed and uncomfortable with opening up with them in the future, as implied in the following quote:

> "She wasn't dragging things out of me. She opened the door and I stepped in." (participant 5)
>
> "I do, I do (find not being interrupted by the counsellor helpful), otherwise I would have gone home with all that, you know? I was ready to open up so the next time I obviously won't be ready to talk about it again. If I felt I haven't dealt with something properly, it would have felt like an incomplete session or something." (participant 5)

The counsellor's sense of **professionalism** and how this came across in the counselling also seemed to play a role in the overall experience of some survivors. For most survivors, the sense of professionalism that was shown by the counsellor was associated with the way which she conducted herself overall, for example the way she interacted with the survivor and the way she carried out the counselling. For some survivors this was done through consistently being non-judgemental, empathic, understanding, accepting and patient. It's likely that these survivors viewed these acts as things which should traditionally form

part of a counselling process and as things that professional counsellors are required to do which may create the idea for them that the counsellor was acting in a professional way when she did them.

For other survivors, professionalism seemed to be associated with the belief that the counsellor knew what she was doing because she had received specialised training. This seemed to create a sense of faith and trust in the counsellor's interactions and intentions. For one survivor, having the belief that her counsellor was trained and that she possessed the appropriate knowledge and expertise was especially helpful when combined with aspects of informality and authenticity. She described her counsellor as having a 'dual, complimentary role' and likened the experience to being 'better than having a friend'. This experience is reflected in the following quote:

> "She was a professional, she was trained, she had the knowledge to help me, you see? With a friend… it's just talking but a counsellor is trained to ask the right questions. It's like a complimentary role!" (participant 4)

For two survivors, professionalism was more explicitly linked to the idea of confidentiality. Both of these survivors had experienced a significant degree of betrayal by those close to them and this may explain why their counsellor's demonstration of professionalism in adhering to ethical guidelines relating to confidentiality was so profound. This sense of faith in the counsellor's commitment to confidentiality seemed to increase the survivor's sense of trust towards the counsellor and the process. Given the rupture in trust that often accompanies the aftermath of rape, it makes sense that characteristics which facilitated a sense of trust in the counsellor and the way in which she worked with the survivor be viewed as especially meaningful for rape survivors. One survivor recalls:

> "She mentioned to me that what we discuss is strictly confidential and will stay between the two of us, it's not something she will discuss with a colleague or

whatever. I can't remember if she said, it's like a vow taken out, you know? So she won't betray that." (participant 5)

"There was a trust issue with my daughter, I can't remember what it was. And she suggested that she also come in for counselling but with a different counsellor, she's got nothing to do with that. And I brought my daughter here a couple of times and I was happy. I was happy to know that they don't discuss me with her and they don't discuss any of her sessions with me. It made me trust her. Even more." (participant 5)

Finally, having the experience of a **caring** counsellor was seen to be helpful for some participants. Interestingly, this seemed especially significant for those participants who had been exposed to a degree of violence during the rape and who had experienced negative family reactions subsequent to the rape. This may be related to the common phenomenological experiences of rape which centre on having one's physical and emotional needs violated during the experience. It would therefore make sense that this be valued as part of their counselling experience. For one participant, the act of caring took the form of simple gestures such as the offering of refreshments, money for bus fare and physical touch. This seemed to make the survivor feel like her counsellor had an invested interest in her and that she cared about her needs. Another participant likened the experience of care to that of having a 'motherly' figure. This experience centred on both physical touch (for example hugs, rubbing the survivor's back) as well emotional aspects like feeling understood, feeling that the counsellor was patient and feeling that the counsellor was not going to abandon her. Two survivors describe their experience:

"She gave me tissues, it made me feel better. Because I can see someone cares. And then she hugs me, that shows something, that she cares." (participant 2)

> "She was very motherly, it was important to me. If my mother had been supportive, I think I would not have felt this way with her. I expected my mother to be that way (physically affectionate) but my mother never hugged me. But with the physical contact… I don't know if that is allowed but it helped. It helped a lot." (participant 5)

The above characteristics were focused mainly on the personality of the counsellor and how these were perceived by the survivor in terms of their helpfulness and unhelpfulness. The following sub-theme shifts the focus of this superordinate theme to counselling skills which, while still conceptualised as interpersonal in nature, were more focused on skills that the counsellor possessed.

Counselling skills. While the above characteristics have been conceptualised as personal attributes of the counsellor in the sense that they are related to the counsellor's way of being, some characteristics were viewed as more skills based. While there is considerable overlap that exists between the two, this sub-theme has been conceptualised as bridging the gap between personal characteristics and actual counselling techniques used with the survivors. Counselling skills are more related to the skills that the counsellor possesses but yet are still associated with the way the counsellor interacts with the survivor interpersonally and therefore still represents the sense of human connectedness that seems to characterise this theme. Of the counsellor skills that emerged throughout the interviews, the ones most salient in terms of occurrence included empathy and flexibility.

Empathy emerged consistently as a helpful aspect of the counselling experience across all interviews. While not always labelled as empathy by the survivors, they described the ability of the counsellor to understand, relate to and put themselves in their position as something they perceived as helpful and meaningful for them. One participant described the experience as feeling like the counsellor could feel her pain which came across in the way the counsellor asked her questions. This experience seemed to increase the sense of trust

especially when it came to the sentiment of the counsellor. For another participant, the experience of empathy was described as that of having someone understand her. This participant described how she always felt understood and that it seemed as though the counsellor accurately comprehended what she had gone through. She also described the experience as feeling like the counsellor was relating to her in 'some way'. This was achieved through the experience of non-judgement from the counsellor. While both of these participants valued empathy to the degree that they emphasised the possible benefit of rape crisis centres using counsellors who had also been raped (and who could therefore truly understand what the experience of being raped was like), both recognised that this wasn't necessary in order to achieve the feeling of being understood. This suggests that, while the sharing of an experience may contribute to a degree of understanding and relatedness, it is not limited to this and can also be achieved through the demonstration of human connection as well. For another participant, the experience was that of having someone view her total experience clearly and accurately without having to expend a great deal of effort. Similarly, she described this as feeling understood, non-judged and heard, as seen in the following quotes:

> "It seemed like she placed herself in my position and then, understood. It's like SOMEONE understands me!" (participant 5)
>
> "I was just opening up, and that felt so good, because someone was listening, and not only listening but also understanding. She was just so understanding… ja. I never felt there was a time that she's not getting what I'm saying, she doesn't understand what I'm saying. I never felt that with her. I felt understood." (participant 5)

The counsellor's **flexibility** when acknowledging the survivor's individual needs and adapting their counselling approach to suit these needs seemed to come across as helpful for most of the participants. These needs were varied and often reflected the personality of the

survivor. At times they also seemed to be related to the nature of their experience, for example, if the survivor had been subjected to physical violence then she seemed to experience a natural need to be taken care of. Similarly, if the survivor had experienced a loss of control or sense of agency then the need to be empowered and to gain some control seemed important. These experiences also echo common phenomenological experiences of a loss of connection with others and feeling helpless and disempowered which is why these survivors may have experienced having a responsive counsellor as especially meaningful. As expected, survivors' needs were diverse and included; being allowed time to cry and to talk, being taken care of, being functional again (getting back to work etc.), being light-hearted and finding the humour in situations, being in control and empowered, being able to understand and find logic in the incident, being shown physical affection and being able to forgive the perpetrator (which seemed especially important for survivors who were very spiritual). Having a counsellor that acknowledged these needs and who were able to adapt their approach to suit them seemed to make survivors feel understood and special, as though they mattered and that their needs were important. This makes sense given that the act of rape is likely to leave survivors feeling worthless, disregarded and violated.

Similarly, having a counsellor who **acknowledged the survivor's symptoms** also emerged as significant for some participants. This was usually done by the counsellor recognising and naming the symptoms that were being expressed. This seemed to provide the survivor with a sense of normalisation and predictability (in the case of symptoms that may be experienced in the future) as reflected in the following quote:

> "Yes it was important, in so that I could know when it's happening that, okay this is meant to happen, you know? Rather than not knowing and keep on having them and then I wouldn't tell if I have a nightmare, if I didn't know that it was one of the side effects, you know? So, as is now, I knew that, okay I expected, I expected that I'll

have a nightmare or be angry. So when it is happening I could tell that, okay this is one of it." (participant 1)

This aspect also seemed to lead to the experience of being more relaxed, especially for participants who spoke of suffering from a degree anxiety after the rape. Since some survivors are also likely to experience anxiety about their symptoms, it is possible that having them recognised by the counsellor in a therapeutic context may reduce some of the associated fear. As a significant feature of rape phenomenology centres on experiencing a sense of unpredictability and isolation, it is likely that having the experience of someone confirming that one's symptoms are part of the expected clinical picture and that one isn't alone in the experience of these is likely to be viewed as a helpful therapeutic tool.

For some survivors, having a counsellor who was flexible with boundaries relating to **physical contact** and **closeness** seemed helpful. Interestingly, this seemed to be especially significant for those survivors that showed good emotional insight and those that seemed to have a specific need for intimacy. As mentioned above, these survivors seemed to place a degree of importance on physical connection as the means to build trust and a sense of connection with their counsellor. While it might be assumed that physical contact may lead to a sense of discomfort for the survivor because of the nature of the perpetration event, this was not the case for these participants. Even though they described themselves as the kind of people who did not particularly enjoy physical contact, receiving this from their counsellor seemed to be meaningful when combined with other contextual factors like authenticity, trust and empathy. These factors seemed to create a sense of human connectedness which may have been perceived as especially meaningful given the very de-humanising nature of rape. Overall physical contact seemed to be experienced as something that made survivors feel relaxed, safe to open up, understood, special, cared for and non-judged and it's likely that the combination of factors such as warmth, trust, empathy and authenticity which accompanied

the physical contact is what made this a different experience for these survivors. Two survivors remember their experience:

> "And hugging, another thing…she hugged me every time, then I felt special." (participant 2)

On probing on why she found the experience of feeling special meaningful:

> "It made me not want to commit suicide, and think it's my fault. It's not my fault." (participant 2).
>
> "She gave me tissues, it made me feel better. Because I can see someone cares and then hugged me, that shows something. That she cares." (participant 2)
>
> "But with the physical touches, I don't know if that is even allowed, but that helped a lot. It helped a lot. Sometimes I wasn't aware of what I was doing, then I realised after. It was a spur of the moment thing but it felt right, it felt right." (participant 5)
>
> "And that's what she did, she touched my shoulder or just put a hand on my lap, that makes you feel safe." (participant 5)

Another aspect which seemed to contribute to a sense of intimacy was **eye contact.** While not all survivors described this as part of their experience, for one participant it seemed to contribute to the development of trust towards the counsellor and the sense that she was being heard and understood. Interestingly, this survivor openly described how this was sometimes difficult to do because of cultural expectations relating to eye contact with people who are perceived to be of certain status. Despite this, she acknowledged that eye contact was still felt as something that was helpful for her in this specific context even though it may not have been culturally appropriate in others. This is reflected in the following quote:

> "We sat close, eye to eye, like she could feel my being, like she can see through me. You can feel the closeness." (participant 2)

For the purpose of this study, the **commitment** of the counsellor was conceptualised as the perceived willingness to assist the survivor despite challenges that were present. These included both practical challenges associated with helping the survivor as well as emotional challenges present in the counselling context, for example difficulty in establishing rapport in the early stages of counselling. For some participants, this was demonstrated by the counsellor's perseverance in the face of these difficulties and this seemed to communicate to the survivor that she was important, that her needs mattered and that assisting her was a priority for the counsellor. For one participant, having a counsellor who was consistently friendly, positive and supportive in spite of the challenge of being unable to open up in the early stages of counselling seemed to communicate to her that she was dependable and trustworthy. Interestingly, this participant also had a previous experience of being emotionally abandoned by family members after the rape and this is possibly why the idea of commitment to helping her was so significant. She described her experience:

> "I felt like I was wasting her time as well as my own, because I knew nothing is going to come of it. But she was just so positive. She was just nice overall. She was just… nice… irrespective of my behaviour. She never quit on me! It felt good, it feels wonderful, because she could almost have said no, somebody else must counsel me, she's not willing to do it, I'm not willing to open up and… but she pushed through, she pushed through and I mean, the results are great!" (participant 5)

From the above it seems as though the survivor was unconsciously testing the counsellor to see whether she would persevere through the challenging times. Having the experience of someone who stayed with her during these times was likely a new and corrective experience for her given her previous experience of emotional abandonment by her family.

It is likely that the above may have also been interpreted by the survivor as **supportive** which was another key aspect that emerged from the findings. The offering of support by the counsellor seemed to be perceived differently by the survivors and was often based on their unique experiences and needs. For some, emotional support was important while others valued practical support. Some gained support from having their basic needs met by the counsellor (tea, a snack, bus fare etc.) while others valued support in a more functional way like helping them with their future goals and their business endeavours. Even though the way in which survivors viewed support differed, there was a general consensus that most of them felt supported by their counsellor and this was perceived as a helpful aspect of their counselling. It's possible that the provision of support may have contributed to survivors' overall experience of having their needs met which echo the importance of therapist responsiveness since the act of rape is likely to leave a survivor feeling that her needs are unimportant and that they don't matter.

For some, support was also shown in the way that the counsellor offered **reassurance** to the survivor. Some participants described how their counsellor would reassure them in a variety of ways. These mostly centred on reassurance that the rape wasn't their fault, that they would be alright in time and that their symptoms were normal, expected and accepted. This makes sense since self-blame and symptom-related anxiety form key features of many survivors' post-rape experience. When offering reassurance to the survivor that they were not to blame for the rape, it also seemed important that the way in which this was done was authentic and honest. This seemed to be partly achieved when the counsellor offered a logical explanation for why the rape wasn't the survivor's fault rather than merely stating it, as indicated below:

> "At first she asked me about that happened and then I told her and then the first thing she said to me is that it's not my fault and it's going to be alright. And I had a

question about what did she mean it's going to be alright because she does not know the way that I was feeling that time. But she explained to me that this happens to a lot of people, even children and grandchildren, it's not easy but it gets better." (participant 2)

"I think she made me understand quite clearly that what happened wasn't my fault. It's like, if I felt I was to be blamed for something, then she would expand on that and tell me, 'no but should this be the case then this, that and the other' and then she would explain why she say it's not my fault and why I need to believe her." (participant 5)

The above sub-theme highlighted counsellor skills that were perceived as helpful and unhelpful by the survivors. The following sub-theme centres on the counsellor's demographic characteristics, particularly the race, age, language and gender of the counsellor, and how these were perceived by survivors.

Demographic characteristics. Finally, while counsellor's demographic details were not necessarily focused on as part of the semi-structured interview questions, some interesting observations were noted concerning these aspects. These centred on the race, language, age and gender of the counsellor.

The race, language and age of the counsellor, while reported on less frequently than other characteristics, still emerged as part of the survivors' overall experience. One participant described how her counsellor was different to her in both race and language but how this was less important to her than having a sense of connection with her counsellor. This was interesting because of how challenges in counselling (in forming a connection for example) are often perceived to stem from racial and cultural differences, especially in South Africa. These findings provided an example of how this isn't always necessarily the case. For this survivor, race and language difference was something less important than having a

sense of connection with her counsellor and feeling as though her counsellor was invested in helping her. This sentiment is reflected in the following quotes:

> "It's like we were one family, but this lady was white, I was black, but the connection…when you speak something, what do you call this, you feel empty." (participant 2)
>
> "She was easy (to talk to). Even though she was not speaking my language, but I told myself I will speak English, even if I'm using different words, or maybe words that are not meant for English, she's going to understand. And she did." (participant 2)
>
> "When I see someone, I don't know whether she is white or black. If we are close, speaking together. I have a problem – she helps me. That's better to me." (participant 2)

Another participant had a similar experience relating to the age of her counsellor. While she indicated a preference for having an older counsellor, the age of her assigned counsellor seemed less important to her than the relationship and sense of connection that was built between the two and she described how her counsellor's age didn't matter to her once a good relationship and trust had been established.

It is interesting to note the relative unimportance that survivors attached to these demographic characteristics in contrast to that of their interpersonal connection with their counsellor. These findings serve to highlight the universal nature of human connection and how this is often perceived and experienced by rape survivors in overcoming demographic barriers that may exist.

The **gender** of the counsellor emerged as helpful for one participant who described how she felt especially comfortable with her counsellor because she was female. This participant seemed to find it especially difficult to form trusting relationships, particularly with men and she described her experience at having a female counsellor as comfortable and

relaxing. This makes sense given that a fear of males following rape may be a common experience for many survivors. She remembers:

> "Counselling was very comfortable – I had a lady which was nice, it meant I could talk freely, I could open up to her – I never felt the need to hold back. Everything was very relaxed, there was a nice ambience. She made me feel at ease."
>
> "My father was emotionally absent, like a bad role model. Being raped and going through a divorce, I was attracted to the wrong men, you know? I'm still wary of others, it helped that she was a woman. I felt I could talk my heart out with her." (participant 4).

In addition to the above, the fact that the counsellor was **unknown** to the survivor was also an interesting feature which emerged from the findings. This was consistently experienced by 4 of the 5 participants and was described overall as something which made them feel comfortable and that helped build their trust. This may be due to the sense of shame that many survivors experience which may be exacerbated by negative family reactions and the experience of judgment from them. Receiving support from someone unknown may be perceived as helpful because it minimises the chance of being judged by someone who is meaningful to them. Interestingly, this also seemed more significant for those who had already experienced a degree of judgement from friends and family members and where social support was, to a large degree, absent from their post-rape experience. Two survivors recall:

> "It felt good (to trust her) because, I mean, I would never trust family the way I trusted her. And the fact that she's a total stranger, you know, there's that confidence that she's not going to talk to my mother or my sister or whoever. She's not going to expose me to anyone. That made me feel good." (participant 5)

> "Because when I talked with her, that day what happened, to someone I don't know, I'm not… I don't know her. I talked to her, it's alright. If I know you, I don't want to talk to you, because I know you. If I don't know you, I'm going to talk properly (participant 3).

While this write up highlights the results of this sub-theme, the next section will focus on the discussion and interpretation of these findings in relation to the existing literature on the role of counsellor characteristics as part of the survivors' counselling experience.

Discussion

Overall, the findings of this sub-theme are mostly consistent with previous literature relating to common factors and client experiences of counselling. The participants in the study emphasised the helpfulness of their counsellor and the quality of the relationship they had with their counsellor and this came across throughout all the interviews. This is consistent with existing studies which assert that the relational climate is an aspect of counselling which has been shown to be helpful for clients (Elliott, 2008; Henkelman & Paulson, 2006; Rodgers, 2003). While these studies suggest this as an important foundation for all treatments, the findings of this theme strongly suggest that the therapeutic relationship is an essential component of treatment for rape survivors. For rape survivors, the experience of human connection is likely to serve an important function in addressing rape-specific symptoms like the sense of disconnection and alienation from others and the restoration of human dignity and worth. For these participants, the quality of the relationship they had with their counsellor and the degree of connection they felt during counselling seemed to underpin most of the characteristics mentioned in the previous section. Furthermore, they seemed especially pertinent for survivors' in the sense that they seemed to be experienced not only as helpful but also as a necessary part of their therapeutic healing. This sense of being connected to another makes sense when one looks at existing literature on the

phenomenology of rape which suggests that rape survivors often experience a sense of alienation or a feeling of being set apart from other people because of their trauma (Padmanabhanunni, 2015; Womersley & Maw, 2009). This experience is likely to arise because of negative social reactions (from family, the community and the criminal justice system) and assumptions that others may not understand or be able to relate to their sense of victimisation which leads to survivors isolating themselves from others (Padmanabhanunni, 2015). It therefore makes sense that the demonstration of human connection by the counsellor would be experienced as helpful since this was likely a powerful mechanism by which the restoration of human connection (after a very de-humanising event) could occur.

In terms of the counsellor's personality, there were specific aspects identified by participants that are in line with existing literature. Survivors emphasised the helpfulness of having a counsellor who was supportive and helpful (both practically and emotionally). While the offering of practical support may not have always formed a traditional objective of Western trauma-focused treatment, this act of assistance seemed especially important for rape survivors in a South African context. South Africa is characterised by high levels of poverty, crime, unemployment and under-resourced public sector services which is likely to result in many South Africans having very little access to resources and therefore little access to the things needed to facilitate recovery after rape (Christofides, Muirhead, Jewkes, Penn-Kekana, & Conco, 2006; Padmanabhanunni, 2017; Womersley & Maw, 2009). With this in mind it would make sense that South African rape survivors may perceive the act of offering practical support as caring and as going beyond assisting their mental health needs. In this sense it seemed that survivors appreciated care that was more holistic in nature and that included the provision of practical support aimed at addressing their unique needs, which echoes findings from a previous South African study that highlight holistic counselling as a priority for women who have been raped (Christofides et al., 2006).

Survivors also seemed to value having a counsellor who was patient with them in terms of allowing them the time and space that they required to share feelings and feel comfortable. Additionally, survivors described the experience of feeling understood as well as the feeling of being important to their counsellor as helpful. Characteristics of patience and support have both been identified in previous literature as aspects that clients have described as beneficial (Elliott, 2008; Knox, 2008; Lambert, 2007; Manthei, 2007; McGregor et al., 2006; Rodgers, 2003). The fact that survivors felt understood, important and that their unique needs were acknowledged and respected further emphasises the sense of connection that was felt throughout their entire counselling experience. As mentioned previously, this seems to have been at the forefront of their experience which suggests an exaggerated need to feel a human connection with another. While being an important common factor across many therapies targeting a range of presenting problems, these findings reveal that the experience of human connection should be a core component in the treatment of rape survivors since the act of rape involves a complete disregard of a survivor's needs, rights and importance as a human being (Padmanabhanunni, 2015; Womersley & Maw, 2009).

The experience of having a helpful counsellor can also be considered important in the context of rape. Feelings of helplessness and powerlessness are often felt by many rape survivors because of the experience of being physically incapacitated, the experience of receiving negative reactions from others and the experience of negative responses from the criminal justice system (Padmanabhanunni, 2015; Padmanabhanunni & Edwards, 2013, 2015b). It's possible that survivors sense of helplessness may have been alleviated somewhat by the provision of practical support in the sense that it may have contributed to a restored sense of agency for them (in terms of returning to work and continuing with their business endeavours).

Survivors also placed a great deal of importance on discussing the helpfulness of having a non-judgemental counsellor who made them feel respected and understood which is in line with studies done by Elliott (2008) and Rodgers (2003) who suggest that clients benefit from having a counsellor who does not impose their own ideas and views upon the client. While non-judgement is seen as helpful by clients in general, it's likely to be seen as especially significant by rape survivors since there is often a great deal of self-blame and guilt that characterises the phenomenology of rape (Padmanabhanunni, 2015; Padmanabhanunni & Edwards, 2013, 2015b; Vickerman & Margolin, 2010). Many of the survivors in this study had experienced some degree of judgement from family and the community and this may be why the experience of a non-judgemental counsellor was so important to them. In South Africa, rape has acquired a certain normalcy which can lead to significant others responding to the survivor with indifference, thereby minimising the impact of the rape (Jewkes & Abrahams, 2002; Moffett, 2006). Furthermore, many myths and stereotypes about rape and rape survivors continue to exist in South Africa and these considerably worsen the plight of rape survivors, not least because they trivialise the harm of sexual victimisation and blame survivors for its occurrence. The consequence of these ideas may be unsympathetic, disbelieving and inappropriate responses to these survivors by society in general as well as at each stage of the criminal justice process (Vetten, 2014). For some of the survivors in this study, this kind of judgement began as soon as they arrived at the police station which seems to reflect a common experience in South Africa (Vetten, 2014).

Additionally, many rape survivors' families often don't have an understanding of the impact of the rape and this may hinder their ability to help the survivor to cope (Padmanabhanunni, 2017). As was the case in this study, some survivors seemed to have the experience of a lack of understanding and support from families which often seemed to lead to the feeling of being judged and ostracised. Given this contextual information, one can

begin to understand exactly why the survivors in this study placed such profound value on having a counsellor who was non-judgemental and empathic and why this was particularly meaningful for those who had already experienced a degree of judgement from these significant others.

Other personality characteristics such as friendliness, openness, compassion and respect for the survivor seemed to contribute to the overall quality of the relationship and survivors sense of connectedness with their counsellor. This seemed to create the sense of trust and safety for the survivor as well as make them feel important and comfortable. This is similar to previous studies that suggest that these aspects play an important role in the formation of a strong therapeutic alliance which is likely to lead to positive therapeutic outcomes (Ackerman & Hilsenroth, 2003; Luborsky et al., 1997). The findings in this theme reveal that these characteristics also fulfil an important function for rape survivors specifically because of the way in which they facilitate the restoration of a survivor's sense of worth and importance as well as their sense of human connection.

The professionalism of the counsellor has been conceptualised slightly differently by other authors. Ackerman and Hilsenroth (2003) define this as portrayed counsellor expertise however, for the purpose of this study, the conceptualisation of professionalism included aspects that went beyond the counsellor's expertise and training, for example the way in which the counsellor conducted herself in counselling (through consistently being non-judgemental, understanding and empathic) and her commitment to confidentiality. The survivors described how their counsellor's sense of professionalism helped build a trusting relationship and this is similar to the positive therapeutic outcomes described in the common factors literature (Ackerman & Hilsenroth, 2003; Luborsky et al., 1997). It also seemed that having a degree of faith in the counsellor's abilities and her commitment to confidentiality created a trusting space in which the survivors could comfortably share their stories. The act

of rape often results in a loss of trust for survivors in a variety of ways. Being raped is likely to shatter positive schemas about the self, world and other people which leads to feelings of insecurity and anxiety as well as the belief that the world is unpredictable and uncontrollable (Padmanabhanunni, 2015; Womersley & Maw, 2009). Having a counsellor who was consistent in her interactions as well as having formal policies of confidentiality outlined and adhered to is likely to have created a sense of stability for survivors and thereby alleviate some of their sense of being out of control. Additionally, having their privacy respected is likely to have also communicated to them that they matter and that they are worthy of being respected which would likely be especially significant for rape survivors since feelings of worthlessness so often characterise the aftermath of rape (Padmanabhanunni, 2015)

A noteworthy finding that emerged from this sub-theme is the idea that having the experience of a genuinely caring counsellor was helpful for the survivors. Many other findings in this theme echo the existing literature, but the helpfulness of genuine care from a counsellor has not been found previously. Furthermore, while it has been assumed that the experience of genuine care is what creates the climate for effective interventions, specifically with rape survivors in South Africa (Padmanabhanunni & Edwards, 2012; van der Linde & Edwards, 2013) it has not been tested from the survivor's point of view. The survivors in this study experienced care from their counsellor as something they found helpful and this is therefore seen as a testament of the above assumption. Interestingly, the survivors most likely to emphasise genuine care as important were those that had been exposed to violence and emotional abandonment leading to the assumption that the demonstration of care may be especially helpful to those survivors who had experienced a violation of their physical and emotional needs. This demonstration of care seemed to centre on practical gestures of support for these survivors, for example the offering of refreshments and snacks. Given the degree of poverty that characterises a country like South Africa, it's likely that some

survivors will perceive the offering of resources like a beverage or food as an act of care, since these needs are likely to have been previously unmet. It may also be that survivors perceived this as something that was aimed at helping them in a way that goes beyond their mental health and this attention to their unique (and maybe more urgent) needs was likely to create a sense of being cared for by the counsellor. While the demonstration of care is likely to provide therapeutic benefit in the context of many therapies, the findings of this study point out the significance of the demonstration of care when used in rape counselling specifically. This kind of care in addressing survivors needs appeared to form an important part of the overall treatment process because of how it contributed to survivor experience of feeling important and worthy after the violation that characterised their rape experience.

Counselling skills that emerged from the findings as helpful included empathy, flexibility and acknowledgement of the survivor's unique needs and symptoms. While being slightly different in conceptualisation, these aspects are consistent with previous findings that emphasise client's experiences of empathy, validation, affirmation and flexibility as being helpful (Ackerman & Hilsenroth, 2003; Elliott, 2008; Knox, 2008; Lambert, 2007; Luborsky et al., 1997; Manthei, 2007; McGregor et al., 2006; Rodgers, 2003).

When looking specifically at the experiences of rape survivors, there is some case-based research that highlights the usefulness of validation and normalisation at decreasing feelings of guilt and shame (Padmanabhanunni & Edwards, 2012, 2014). For the survivors of this study, having needs and symptoms acknowledged and accepted by the counsellor (which is similar to the concept of validation) made survivors feel understood and special, as though they mattered and that their needs were important. While they didn't explicitly describe a reduction in feelings of guilt and shame, it is likely that being made to feel special, important and understood could have the same effect.

Additional helpful characteristics that emerged from the findings that are scarcely mentioned in the existing literature include the counsellor's tone of voice, eye contact, physical contact and commitment. Both eye contact and physical touch seemed related to an overall sense of intimacy for the survivor while the counsellor's tone of voice contributed to a sense of safety in being vulnerable and sharing feelings. While assumptions may exist about the appropriateness of physical contact with a rape survivor given the physical violation of rape, survivors clearly found this helpful in the sense that it contributed to feelings of non-judgment and care. This, together with eye contact may have also been experienced as helpful because it contributed to the idea that, despite being raped, they are still worthy and important as human beings.

Having a counsellor who demonstrated acts of authentic physical connection as well as acts of validation and normalisation can be seen as additional examples of the demonstration of human connectedness mentioned earlier. From these findings it's clear that survivors' experience of closeness and intimacy played an important therapeutic role in restoring their loss of dignity and sense of connection that was lost as a result of the rape and subsequent social reactions (Padmanabhanunni, 2015; Womersley & Maw, 2009). Furthermore, they also seemed to humanise the relationship between survivor and counsellor thereby facilitating a sense of connectedness and subsequently reversing the sense of alienation that likely followed being raped. Having this connection is also likely to provide a different kind of experience for those survivors who had received negative social reactions from family and the community which is often a key feature of rape phenomenology (Padmanabhanunni, 2015). An interesting feature related to eye contact was the experience of one survivor who noted the inappropriateness of eye contact in other, non-therapeutic situations but who was comfortable to engage with this in her own counselling process. This is especially relevant for a South African context where cultural norms are likely to inform

the counselling relationship and process. This finding serves to highlight that, while cultural norms relating to certain aspects do exist and that every care should be taken to sensitively respond to these, adherence to them is not always a requirement when it comes to the needs of the rape survivor.

A quiet and calm tone of voice was especially helpful for some participants possibly due to high levels of anxiety and fear that characterise the aftermath of rape (Padmanabhanunni, 2015; Sutherland et al., 2014; Vickerman & Margolin, 2010; Womersley & Maw, 2009). It's likely that this helped contribute to the development of a safe atmosphere which served to contain any anxiety that the survivor may be experiencing. Existing literature on rape recognises that fear forms an important part of rape phenomenology since rape often transforms positive beliefs around safety and trust (Padmanabhanunni, 2015; Sutherland et al., 2014; Vickerman & Margolin, 2010; Womersley & Maw, 2009). A part of this involves the belief that people are capable of malevolent acts which can lead to the survivor experiencing feelings of vulnerability and fear (Padmanabhanunni, 2015). It may have been that the counsellor's quiet and calm tone of voice served to alleviate this fear in some way by creating the idea that no harm will come to the survivor during that time and therefore contributing to an increased sense of safety.

Finally, commitment to helping the survivor and to the counselling process despite challenges was an interesting aspect that emerged from the findings. Survivors that found this especially helpful seemed to be those that struggled to trust others and their environment. Those that had experienced a sense of emotional abandonment from others following being raped also seemed to benefit from this. The commitment of the counsellor appears to be an important part of counselling for rape survivors specifically since many survivors are often subject to negative social reactions following their rape. Friends, family, the community and law enforcement officials may react by not believing the survivor, blaming her for what

happened or by encouraging her to keep the rape a secret (and thereby perpetuating the sense of shame often experienced by survivors). This can lead to the survivor feeling increasingly alone (Padmanabhanunni, 2015). While having a committed counsellor would important for many clients across a range of therapeutic approaches, this finding points highlights how this characteristic fulfilled an important therapeutic function for rape survivors specifically, in the way that it contributed to their sense of increased trust and connection. Having a counsellor who communicated commitment to assisting the survivor and to the counselling process seemed to let the survivor know that she was no longer alone and that someone was going to be there for her regardless of her circumstances.

Personality characteristics that have been shown to be perceived as unhelpful by clients have also been documented albeit to a lesser degree. The most salient of these that related to the findings of this study included being judgemental and a lack of responsiveness from the counsellor. While none of the survivors in this study experienced a judgemental counsellor, they did describe how the experience of having a judgemental counsellor would be unfavourable which is consistent with the existing literature on client experiences (Elliott, 2008). Furthermore, having a counsellor who failed to adapt to the survivor's needs was also perceived as unhelpful which are similar to findings by Henkelman and Paulson (2006) who suggest that a lack of counsellor responsiveness is an aspect of counselling that is unfavourable to clients.

Other aspects that were seen as unhelpful by survivors included having a counsellor who; did not persevere through challenges, came across as inauthentic and was impatient. It's possible that these characteristics were seen as unhelpful because they reduced the sense of trust in the counsellor's dependability and sentiment. Since the betrayal of one's trust is such a salient feature of rape phenomenology, it makes sense that those characteristics that

may weaken this be experienced as hindering (Padmanabhanunni, 2015; Womersley & Maw, 2009).

Finally, while the counsellor's demographic characteristics fall outside the realm of personality and skills, these emerged consistently throughout this sub-theme and therefore seemed to be a significant feature. While not therapeutic in nature, survivors were candid about how their counsellor's age, race and language mattered less to them than the quality of the relationship they had with their counsellor. Despite previous studies which emphasised client preferences for a culturally sensitive counsellor (Ruane, 2010), findings from this study suggest that differences in culture and race had little bearing on survivors' overall experience. This is important for South Africa because of the way in which race was used as an ideological device to justify an apartheid system of governance aimed at securing white privilege (Leach, Akhurst, & Basson, 2003). For this reason, an important part of cross-cultural sensitivity when counselling would include having an awareness of the history of the country and its possible effects on whether these factors may act as a barrier to the therapeutic relationship. This study provides strong suggestion that these factors have little bearing on the development of a sound therapeutic relationship and that having a sensitive and caring counsellor would likely be viewed as more important by survivors. This echoes a similar finding in a recent review of case studies with rape survivors which confirms that differences in the race of the survivor and the counsellor did not have a salient impact on treatment delivery or on the survivor's ability to engage with the therapy process (Padmanabhanunni, 2017). This finding can be seen as another example of how the demonstration of human connection can be viewed as something that is universal in nature and that it can overcome demographic differences which are likely to exist in a multi-cultural context.

The gender of the counsellor also emerged as a significant feature of this theme in that one survivor openly acknowledged her preference for having a female counsellor rather than a male counsellor. While this survivor didn't explicitly express a fear of men, she did admit to feeling more comfortable in expressing her feelings and an increased sense of relatability with a female counsellor. For this survivor, this could be related to the sense of fear that often accompanies being raped (Padmanabhanunni, 2015; Padmanabhanunni & Edwards, 2012; Sutherland et al., 2014; Vickerman & Margolin, 2010; Womersley & Maw, 2009). This poses an interesting question relating to the use of male counsellors when working with rape survivors. Since some survivors spoke about how their sense of connection with their counsellor seemed to overcome certain demographic barriers, it would be interesting to see whether the same would have happened for this survivor when the demographic difference centred on gender.

The fact that the counsellor was unknown to survivors also emerged as a consistently helpful aspect identified by the majority of survivors. This may be due to the sense of shame that many survivors experience which may be exacerbated by negative family reactions and the experience of judgment from them (Padmanabhanunni, 2015). Receiving support from someone unknown may be perceived as helpful because it minimises the chance of being judged by someone who is meaningful to them. Interestingly, this also seemed more significant for those who had already experienced a degree of judgement from friends and family members and where social support was, to a large degree, absent from their post-rape experience.

Overall, the most salient feature of this theme seemed to centre on the quality of survivors' interpersonal connection to the counsellor and the fact that this demonstration of human connection seemed to provide the therapeutic foundation for which healing could begin to take place. While having a sound therapeutic connection is considered an important

foundational aspect of many therapies, these findings highlight the significance of this in the context of rape counselling. Experiencing a human connection with another appeared to facilitate therapeutic healing for survivors by restoring much of what is lost as a result of being raped, for example dignity, trust, connection and self-worth. This connection is something that stood out for all survivors in the study and, while there were individual differences in why these aspects were helpful, all viewed them as a significant part of their overall counselling process and as a core component of their therapeutic healing.

Interventions and Techniques

Certain techniques and interventions seemed to emerge fairly consistently throughout the interviews as constituting a significant part of survivors' experiences. While none of them were able to label them by name, it's likely that all of the interventions and techniques discussed in this theme helped provide the therapeutic help which survivors needed to begin to look for positive outcomes of their rape.

An interesting aspect of this theme is that participants' discussions of their experiences of interventions seemed less spontaneous than the previous theme of counsellor characteristics. During the interviews, I found myself having to ask fairly specific questions followed by many probing questions in order to draw out survivors' experiences of techniques whereas the previous theme was talked about a lot more openly and often without extensive inquest. This was interesting because it creates the idea that interventions and techniques might not be at the forefront of survivors' overall phenomenological experiences. Despite this and with some probing, there were some findings that emerged that related to interventions and techniques and these have been grouped into sub-themes of counselling techniques and cognitive-behavioural techniques.

Counselling techniques. While there is considerable overlap between this sub-theme and the sub-theme of counselling skills, for the purpose of this study, this sub-theme has been

conceptualised as purposeful acts that the counsellor engages in with the survivor. In this sense they have more to do with something the counsellor *does* in counselling with the survivor rather than something related to their personality or way of being as an individual. Of the techniques that emerged as helpful, the act of normalisation and offering reassurance seemed the most salient across the interviews.

Normalisation emerged as something that was consistently helpful to several survivors, especially to those who had experienced quite a significant number of symptoms, of which anger and hypervigilance seemed the most prevalent. Normalisation was often achieved by the counsellor verbally identifying and normalising symptoms with the survivor (although one counsellor made use of psycho-educational reading material when engaging in normalisation). While the experience was often viewed as helpful, survivors' described quite clear differences in the way that it was experienced. For one survivor, her experience of normalisation was described as helpful because it created a sense of predictability for her. This seemed to reduce some anxiety she'd been having about her symptoms. It also seemed to serve as a way of teaching her to recognise her symptoms which seemed to help her confront them more comfortably, knowing that they are part of the expected presentation. She described her experience:

> "She told me that maybe I might have nightmares, the anger, quickly provoked, you know? The fear sometimes, you know? Because I used to have that thing that there's someone following me." (participant 1)
>
> "It helped me because it was an expected thing to happen. It was expected that I should have a nightmare, I should be angry. So when it is happening I could tell, okay this is one of it, so I need to deal with it so that it couldn't go on." (participant 1)

For another survivor, the act of normalisation seemed to alleviate some of her symptoms altogether. She described how learning about what she may be experiencing

helped her to sleep at night which suggests a reduction in levels of anxiety and hyper-arousal. Another participant's experience of normalisation centred on feeling understood by the counsellor and feeling as though what she was going through was normal and that she wasn't alone since many of her symptoms were experienced by many other survivors. Interestingly, one of the survivors did not experience the act of normalisation as helpful. She described her experience as something that didn't apply to her as she felt she did not have many of the symptoms that her counsellor mentioned. She therefore felt that this intervention was not suited to her circumstances and that there were other aspects of her counselling experience that were more important, often the more relational aspects like a good relationship, trust, empathy and non-judgement. This finding is noteworthy because it indicates that rape survivors may benefit from normalisation techniques that are tailored to suit their specific symptoms rather than merely highlighting all the symptoms that may be experienced.

Similarly, the act of **reassurance** seemed to be experienced as an additional helpful aspect that many survivors identified. The offering of reassurance seemed to centre on reassurance that the rape wasn't the survivor's fault, that they weren't to blame for what happened to them, that they needn't feel ashamed or dirty and that everything would be alright in time. This seemed to alleviate survivor's sense of guilt and shame as well as to think about the future more positively. For one survivor, the experience of reassurance from her counsellor seemed to help her regain her self-esteem and her sense of focus again. Since this survivor seemed particularly ambitious and driven, it makes sense that being able to focus again would be something she would place a lot of emphasis on. She recalls:

> "She helped me to live my life positively, rather than living it negatively – that I'm a victim, I was raped, I'm dirty etc. So it helped me understand that I didn't ask for it, it wasn't supposed to happen to me, so why should I punish myself. It built my self-esteem up. A lot." (Participant 1)

Questioning techniques, the method by which information was gathered from the survivor during counselling seemed to be another interesting aspect identified by participants. For some survivors, having the counsellor refrain from what they perceived to be deep questions seemed to make them feel comfortable in the initial stages of their counselling process. For the purpose of this study, deep questions were defined as specific questions concerning the rape incident as well as questions relating to survivors' thoughts and emotions surrounding the rape. These often seemed to elicit the same kind of distress associated with re-living interventions and is probably the reason why they were experienced as uncomfortable. The distress associated with re-living interventions is discussed later in this dissertation. While none of them had the experience of being asked deep questions, several survivors pointed out that this would make them feel uncomfortable and fragile. Even though it seemed that this kind of questioning technique was distressing, it was interesting to note that not all techniques that were experienced as distressing were also labelled as unhelpful. Both of these issues are discussed later in this sub-theme. For these survivors, questions were mostly superficial at the start of their counselling and this seemed especially important to survivors who seemed either very anxious or who used light-heartedness and humour as a way of coping with their situation.

Another survivor described how her counsellor seemed especially skilled at gathering information. She explained how her counsellor managed to elicit information from her through very indirect and reflective questioning techniques rather than asking questions outright. For this survivor, this created the sense that information wasn't being forced and that she was somewhat in control of what and how much information was being shared. On the rare occasions where the counsellor asked more direct questions, she would often provide examples for her to ensure that she understood what she meant, particularly with very abstract kinds of questions. This seemed helpful to the survivor because it made her feel less

stupid in situations where she might not understand what was being asked. Even questions that the survivor felt were too difficult to answer at the time were experienced as helpful since they seemed to provide her with 'food for thought' in the sense that she left counselling with something she could reflect on, and apply to her circumstances at a later stage. Questions such as these were important for this survivor because it seemed to help her think about things in new and different ways. She remembers:

> "I think, when she asked me questions, she didn't ask me directly, I think I opened up myself. She didn't ask me exactly what happened. It's just that she asked me…when I tell her something, she asked me how I feel about it, how I dealt with it, am I still hurting, all those questions. So I think, she didn't ask me the questions, she just, I think, got her answers from me opening up. She wasn't dragging things out of me. She opened the door, I stepped in." (participant 5)

A less reported finding was the use of **silences** as being helpful. Having a counsellor who made use of appropriately timed silences throughout the counselling sessions seemed to be experienced positively by one survivor in particular. Interestingly, this survivor also placed a lot of emphasis on patience as being important. For her, silences were useful because they created the experience of feeling safe. It also seemed helpful in allowing her to express emotions freely which she found particularly helpful since she described herself as one who doesn't willingly openly express emotion. It also seemed to prevent her from feeling forced or pressured to talk or answer questions. It appeared from this interview that the counsellor timed the silences to facilitate an environment that characterised patience. Additionally, it seemed as though it helped contribute to the feeling that certain conversations were led by the survivor and not the counsellor. The participant remembers:

> "I did most of the talking. But we could sit in silence here and I would feel safe. But the moment I go out by the door, it's like do I have to face reality again?" (participant 5)

Counsellors who engaged in post-counselling phone calls and **the provision of follow up services** if required also seemed to be a valued aspect of survivors counselling experience. Counsellors offered survivors the chance to contact them subsequent to the end of their counselling process should they feel the need to continue and this seemed to create the experience of not feeling alone. This was felt as comforting by these participants. One survivor, while viewing the offer of follow up assistance as helpful, also experienced it as impractical. This was because of her limited access to resources needed to arrange the subsequent appointments (bus fare, a phone, airtime etc.). Despite this, the intention of the counsellor to offer this service was still experienced positively. Not all survivors experienced this offer of post-counselling assistance from their counsellor and one survivor went on to describe that the absence of this was noticeable. She explained that it would have been a helpful thing to have as part of her counselling experience since she may not have realised that she needed more help after her sessions had ended. It is important to note that the centre at which these survivors received counselling focuses mainly on short term counselling immediately after the rape and this may explain why follow ups were not conducted. Despite this, it would be important to consider this, even at short term counselling centres, in order to maintain a sense of connection with survivors who may need it. One survivor pointed out:

> "I think, after the counselling, she (the counsellor) should make a follow up because we didn't have a connection for maybe a year, and then again after a year they made a follow up so I think, if she could maybe, two months from that after you've finished your counselling, then check-up whether, how are doing, are you still fine, do you need more sessions, you know?" (participant 1)

Finally, the provision of **practical support** also emerged as significant for several survivors. This was seen to be especially helpful for those participants who had limited access to resources. For one survivor, the experience of having her counsellor find out where she must go for her medical check-ups as well as the offering of bus fare in order to get to the hospital for the check-ups was seen as very helpful. Other kinds of practical support included having the counsellor offer to find out information that related to the survivor's occupational goals. This was experienced as helpful by one survivor in terms of regaining focus in her life again. Since this survivor was particularly ambitious and driven in her career, it makes sense that she would value this kind of support.

The mobilisation of **social support** also seemed to stand out from some survivors' experiences although the expression of this differed amongst them. For one survivor it involved the counsellor making contact with her sister with whom she had a close relationship. This survivor seemed to place a significant degree of emphasis on the importance of family in general (for example referring to her counsellor and the reception staff as her sisters as well as referring to her counselling process as feeling like 'home') and this may be why she seemed to value this so much. For this survivor the experience seemed to contribute to a sense of relief, knowing that someone was going to continue to care for her once the session had ended. She described her experience:

> "I was relieved, because she's (sister) the one who is going to support me in anything. Because when you find that you get raped, you will see that many families break and nobody will want to see you again. Or they don't care. It helped (that her sister was involved in the overall process) because she was here, they asked her to come. To make sure we're both okay. I liked that." (participant 2)

Another survivor's experience of social support took the form of a support group. Her counsellor referred her to a support group with other women who had also experienced

gender based violence, in addition to receiving one on one counselling. This participant spoke very favourably about this experience. She described it as informal platform for which she could discuss practical activities she had engaged in (writing a letter to the perpetrator for example). She described how this kind of support made her feel safe and how she was able to learn from and help others in similar situations. It's possible that this was viewed as especially favourable by this particular survivor because of her personality and background. This participant described herself as very extraverted and a 'people's person'. She seemed to gain energy from talking to others (this was also experienced in the research interview). Furthermore, she expressed in the interview that she had battled with feelings of loneliness as a child, suggesting that she may have experienced the support group as useful because of its social component.

In terms of counselling techniques that were perceived as unhelpful, several survivors described the use of **intense or 'deep' questions** about the rape from the counsellor as uncomfortable. While none of the survivors had this experience in their own counselling, they were open about how this would make them feel like they did not want to come back to counselling and how they would feel fragile and vulnerable if asked questions that were too personal in the early stages of counselling. This may be because of the way in which deep questions may cause the survivor to confront distressing memories of the rape that have not yet been processed. As such it is assumed that the timing of this techniques has a lot to do with the perceived unhelpfulness (discussed in the following theme) and it is also noteworthy to mention that not all techniques experienced as distressing by survivors were seen as unhelpful. These will be discussed in the next sub-theme which reports on the cognitive-behavioural techniques that survivors found helpful and unhelpful.

Cognitive-behavioural techniques. Psychological interventions used in the counselling sessions offered at the centre are mostly those of a cognitive-behavioural nature

and since many of these techniques have emerged as part of survivors counselling experiences, it seemed appropriate to include them as a sub-theme. An interesting aspect of this theme is that, while some of these techniques were significantly distressing for survivors, they were still viewed as something that was helpful to them. These included exposure, journaling and writing letters to the perpetrator.

Exposure was a technique that was utilised with several survivors and forms part of the Cognitive Model by Ehlers and Clark (2000). Since this technique requires the survivor to relive the trauma it is expected to be distressing for the survivor. The findings of this study confirmed this as all survivors who experienced this technique as part of their counselling process described how it made them feel jumpy, hopeless, scared, tearful and angry. One survivor described how she couldn't bring herself to discuss it with her counsellor in her first session while another described how the technique left her with very uncomfortable and mixed feelings. Another described it as painful because of how fresh the memories were. It seemed as though she felt that this was because the memory was unprocessed. This technique usually involved the counsellor asking the survivor to re-tell the story of their rape by mentally recalling the details of the event. Sometimes the counsellor would ask the survivor questions about the rape and these were also experienced as distressing because of their personal nature.

Despite the distressing nature of this technique, all of the survivors noted the benefit of it in their interviews and there was a general consensus that this technique was helpful for them in the end. This was often because it promoted a shift in thinking patterns, helped the survivor to face what had happened to her, facilitated the release of emotions (anger) and helped her distinguish between the past and present. Survivors remember:

> "It was helpful because the second time I came I was feeling much better than before. And the way that the rape happened, I felt like it wasn't me… because I'm here now, in one piece. I'm not there. And I had no more anger." (participant 2)
>
> "I was scared. I was scared, I was crying, I was furious, I had a mixed feeling, you know? When I tried it again, it makes me feel better. It helped me to deal with it, you know? To face it, to know that if I block it, it's going to damage my life. So dealing with it now, it will be better for me." (participant 1)

Overall, it seems that certain factors may have played a role in influencing the overall perception that survivors had of this technique, namely the timing of the intervention (for example if introduced too early this was when survivors experienced the most discomfort) and the quality of the relationship they had with their counsellor (a sound relationship seemed to help survivors persevere with the activity). The same can be said for journaling and letter writing. The timing of interventions and the influence of a good quality therapeutic relationship on these interventions is discussed in the next theme.

Journaling and letter writing were more practical elements of counselling that some survivors engaged in as part of their counselling experience. Journaling involved survivors writing down their feelings in a diary over the course of their counselling. While not considered exposure in the traditional sense, it is related to the act of exposure in terms of not avoiding the experiences related to the rape. This activity was described as initially very difficult by all survivors who did it. For one survivor, it wasn't easy because of the intense emotions it elicited. Another described how she found it difficult to open up, even on paper, and how she would have preferred to continue ignoring her feelings at the time. However, all of them did admit that the intervention was helpful in the end. One participant spoke of how she felt the intervention was suited to her personality. She described herself as a creative person and how she ended up enjoying the activity because it allowed for creative expression.

She also described how the activity was cathartic for her and how it brought about a sense of peace. Another participant described how her counsellor utilised the journal as part of their counselling, asking her reflective questions about what she had written. This survivor found this helpful because it allowed the counsellor to address the denial which she felt she was in. She also described how the activity seemed to lessen some very intense emotions over a period of time, particularly the anger that she felt towards the perpetrator. While she did not find it easy to do in the beginning, she explained that it got easier with time and allowed her to eventually express many bottled up emotions which created the sense that a mountain had been lifted off her shoulders.

Writing a letter to the perpetrator was another practical activity that survivors engaged in. This activity was also described as difficult to do in the beginning. One survivor described how her thoughts were jumbled and she didn't know what to write. But once she started, it got easier and left her feeling as though she had gained some closure. It also acted as a release of emotion for her as she described it as a significantly cathartic activity.

Another survivor had a slightly different experience of this activity. She described how the act of writing a letter to her rapist promoted successful integration of her feelings and experiences. Since the rapist was someone that was trusted in the family, she understandably had many mixed feelings towards him and the incident. Writing him a letter seemed to allow for these to be integrated in a healthy way and which made sense to her, as highlighted in the following quote:

> "When I wrote him the letter, I told him 'I've hated you so much for this but part of me still loved you as a father'. Because there were times that I was buying groceries and things for him and then I saw him lying in the street drunk, and then I would ask people to help me carry him home and things, but if I really hated him, would I have

been able to do that? So a part of me still wanted my father. And then I would start explaining this in the letter." (participant 5)

Some survivors felt that their counsellor taught them helpful **coping skills** as part of their counselling experience. While none of them could remember specifically what their counsellors told them with regards to coping, they described how the experience was useful in coping with intense and unmanageable emotions like loneliness and anger. One survivor seemed to place emphasis on the fact that she was able to learn something from the skills that the counsellor taught her. She described herself as a logical person who enjoys learning new things and this may be why she seemed to benefit so much from this technique. A noteworthy observation was that there was one survivor who did not see the benefit of being taught coping skills by their counsellor. It wasn't that it was viewed as unhelpful, rather that it was something that she didn't necessarily find useful. This seemed to be because she felt that the skills didn't always apply to her since she felt that she didn't battle with many intense emotions like anger, after the rape. Interestingly, this survivor seemed to lack emotional insight at times during the interviews which led me to think that this may be why she didn't experience this technique as being as helpful as other, more emotionally insightful participants. It's also interesting that the counsellor seemed to mistakenly assume that this technique would be useful for the survivor when this wasn't the case. The fact that this assumption wasn't shared by the survivor may have resulted in the survivor perceiving this to be less helpful than the counsellor. This highlights the importance of attending to survivors' unique needs and tailoring interventions to suit these needs rather than adopting a universal approach.

Other survivors found they were able to cope better by being offered a **different perspective** by their counsellor. This seemed to resemble a reframing technique where survivors were helped to think about the rape differently. Sometimes this perspective was

offered in relation to the negative thought patterns that survivors had about their rape. One survivor who was exposed to a significant degree of physical violence during her rape found it helpful when her counsellor helped her focus on the fact that she wasn't killed and that she survived the attack. Another survivor found it helpful when her counsellor spoke to her about how she could use the experience of the rape in a positive way. Overall, having a counsellor who encouraged a different perspective seemed to help survivors develop new thinking patterns and 'test' the reality that they had constructed of their rape. One survivor described the experience as something that helped her grow and become a better person:

> "There was a time that I told her that, I feel like maybe it was meant to happen to me and she told me that no, nobody is meant to happen and I should try to look at it in a positive way. That it was just an experience. That I should share it with someone else that is also in the same problem as me, and tell her how did I handle it, how did I go through with it and how I did it." (participant 1)

Relaxation techniques are another common feature of a cognitive-behavioural approach and this emerged from one participant's counselling experience as helpful. She described how her counsellor asked her to close her eyes and picture herself in a relaxing situation. This seemed to help her in the sense that it took her mind off the rape for a period of time and allowed her mind to feel clear. It's interesting that this participant also seemed to come across as quite factual and, when speaking about the rape, would often do so in a very cognitive way. Because of this it is likely that having a clear mind is something that would be seen as helpful to her and may be the reason she benefited from this technique. She remembers:

> "It was helpful because at least I could be in it what she's trying to take me to, you know? If she's saying 'just imagine you're in a desert, do this and this and that, and

what are you saying, what are you doing, how do you feel now? Is it comfortable? Is it not comfortable?', you know?" (participant 1)

"It made my mind clear and made me regain my focus again" (participant 1)

The technique of **psycho-education** emerged consistently as something that was viewed as beneficial by participants. For the purpose of this study, psycho-education has been conceptualised as the act of providing survivors with information or a logical explanation about why they may be experiencing certain symptoms. Not unlike normalisation, this technique was characterised by the additional provision of a logical framework with which survivors could understand what they were going through. For some survivors this centred on specific symptoms associated with rape (for example self-blame) for others it was more focused on maladaptive coping styles (for example mental 'blocking') that were being utilised in order to cope with the symptoms. Overall it seemed that having a logical explanation with which to understand their symptoms was seen as useful by these survivors in the sense that it helped them see the logic behind what they were experiencing. An interesting feature was that this technique seemed especially salient for those survivors who had a need to understand their rape and who thought about their rape in a very cognitive way. Two survivors recalled their experience:

"I think she made me understand quite clearly that what happened wasn't my fault. It's like if I felt I was to be blamed for something, then she would expand on that and she would explain why she say it's not my fault and why I need to believe her." (participant 5)

"She also explained that I shouldn't block my mind when it wants to think, you know? Because sometimes I will just block, she said 'don't block it – if your mind wants to think about that day, let it think about that day so that you can go through with it, because if you block it, someday it will come back'." (participant 1)

Some survivors spoke about how their counsellor took the time to find out about their **goals** and dreams for the future and how they provided information or assistance to them in order to help them achieve these goals. Most of these aspirations centred on academics and occupation and receiving help from their counsellor (whether practically in the form of helping the survivor do research or verbally providing the survivor with encouragement to continue to strive for her goals) seemed to provide them with a sense of hope for their future. It also seemed to increase their motivation to try and live their lives fully again.

Finally, **reclaiming one's life** seemed to be something that survivors found helpful in their overall recovery process. This seemed to centre on the return to activities that were once enjoyed and finding meaning in their rape experience. For one survivor, this involved returning to work, being creative in her work and communicating with her husband. It also included being able to interact with male customers again. She described her experience:

> "I could move on. I could do things that I wasn't able to do. I'm running my business but at that time, everything was blocked. I couldn't even be creative, I couldn't bring myself to go to machine and do my work. But after the sessions, the more I come the more things were being better. I was in a good space with my husband, we could talk, I could talk about it without any drop of tear. I felt like, I think I'm fine now. It's time for me to do introspection and move on with my life." (participant 1)

Related to the idea of reclaiming one's life is the concept of **finding meaning** after being raped. For some survivors this seemed to centre on helping others who had also been raped. This seemed especially important for participants who seemed to value interpersonal interaction and social connection. For one survivor this meant sharing her story and advice with others in a support group while another survivor described how she felt that passing on the knowledge she had learned in counselling could benefit other survivors of rape. Overall,

there was general agreement that finding some kind of meaning in being raped provided survivors with a sense of purpose and helped them live their lives more positively.

This theme highlights the counselling skills and cognitive-behavioural techniques that survivors perceived as helpful and unhelpful. The following section will offer a discussion of these findings in relation to existing literature.

Discussion

Overall many of the findings of this theme seem to echo those of existing literature especially with regards to the use of psycho-education, normalisation, exposure and cognitive processing.

Many of the participants experienced normalisation and psycho-education as part of their counselling experience and these techniques were perceived as helpful by all survivors. This sentiment echoes the findings of many of the Common Factor studies, as well as the findings from case-based studies on rape in South Africa. According to McGregor, Thomas and Read (2006), clients often feel empowered when counsellors explain the meaning of certain concepts. This is further supported by Rodgers (2003) who assert that the ability of the counsellor to provide a framework of understanding was seen as a key aspect of self-understanding. When looking at rape survivors specifically, psycho-education also seemed to be helpful since it seemed to help them understand specific rape behaviour as well as alleviated their sense of guilt and shame (Padmanabhanunni & Edwards, 2012; van der Linde & Edwards, 2013). While this was not directly expressed by survivors when discussing their experience of normalisation, they did seem to experience a decrease in symptoms of anger, hyper-arousal and hypervigilance as a result of normalisation. In this study the act of normalisation and psycho-education also seemed to help survivors develop insight into their own symptoms which is consistent with Rodgers (2003) idea that these techniques are useful for creating self-understanding and insight for the survivor. Furthermore, these techniques

also seemed to help survivors feel understood which seemed to result in a reduced sense of isolation, a finding that has not been previously documented. Since rape is so often characterised by elements of stigma, isolation is something many survivors are likely to experience. For this reason, it's useful to know that certain techniques are useful in helping survivors feel less alone.

For one survivor, the act of normalisation and psycho-education did not come across as helpful compared to other aspects of her counselling experience. This was because this survivor believed that she did not have any of the symptoms that her counsellor mentioned. This finding is important because it implies the need for the tailoring of certain techniques to suit the survivor in order to be effective. This would require a degree of therapist responsiveness in utilising feedback from the survivor when progressing with counselling. This kind of responsiveness is echoed in Edwards (2009) Model for Evidence-base Responsiveness Treatment plan for PTSD. According to this model, the counsellor's ability to adapt interventions in response to client feedback is an important treatment component which is essential to therapeutic progression. This survivor's experience is a useful example of how this might be perceived when techniques are not adapted to suit the needs of the individual.

In addition to being conceptualised as a common factor across several therapeutic approaches (Frank, 1981; Wampold, 2001; Weinberger, 1995) psycho-education and normalisation also form a natural part of Ehlers and Clark's (2000) Cognitive Model and Edwards (2009) integrated model for treating PTSD. According to these models, psycho-education is aimed at reducing anxiety related to symptoms and providing explanations as to their origins (Edwards, 2009). This was the case for one survivor in this study who described a reduction in anxiety after receiving psycho-education from her counsellor. Furthermore, other survivors described this as helping them to understand their situation better which one

can assume would lead to a greater sense of self-understanding. Since self-understanding has been shown to be a positive client experience (Elliott, 2008), this may also explain why this was seen as helpful by survivors. Psycho-education also seemed especially helpful in reducing some survivors' self-blame which is in line with Ehlers and Clark's (2000) model which suggests that, as a technique, psycho-education is a helpful way of correcting problematic appraisals. For one survivor, her belief that the rape may have been her fault had been a perpetuated problematic appraisal which seemed to be reduced when her counsellor provided her with a logical explanation for why she was experiencing this.

Somewhat related to the technique of psycho-education is the teaching of coping skills which also emerged as helpful with survivors. This was experienced as useful when coping with intense emotions, specifically anger and loneliness which form key features of rape phenomenology (Padmanabhanunni, 2015). The teaching of coping skills was more prominent with survivors who viewed themselves as logical individuals. It was reported as less helpful by survivors who seemed to lack emotional insight. This is important since it creates the idea that the teaching of coping skills may be more suited to more cognitive individuals who are capable of emotional insight. An interesting feature was that, despite being viewed as helpful, none of the survivors could remember what their counsellor had done when it came to the teaching of coping skills. This may be because survivors successfully integrated it into their functioning to the degree that they may struggle to recognise them now. It might also be that the coping skills were for specific situations which have since resolved.

Exposure is another technique which has been conceptualised as a methodological common factor that is an important ingredient for active change (Carey, 2011; Foa & Kozak, 1986; Frank, 1981; Weinberger, 1995). Exposure also forms a significant part of Ehlers and Clark's (2000) Cognitive Model and Edwards (2009) model for PTSD. According to these

models, exposure is done through a form of re-living with cognitive restructuring and this has been proven to reduce PTSD symptoms by allowing contextualisation of the trauma memory. It has also been shown to lead to a sense of mastery by helping survivors to test reality and to expose themselves to situations, thoughts and feelings that they perceive to be threatening (Carey, 2011; Foa & Kozak, 1986; Frank, 1981; Norcross et al., 1990; Weinberger, 1995). The findings of this study seem to echo these conclusions for the most part. Some survivors clearly indicated a shift in their thinking patterns with one describing how exposure helped her to face what had happened (possibly also because of an increase in sense of mastery).

Another survivor described how the act of exposure helped her differentiate the present from the past which suggests successful contextualisation of the trauma memory, as indicated in the treatment models (Edwards, 2009; Ehlers & Clark, 2000). According to these models, exposure can help test survivors interpretations and inaccurate appraisals while at the same time acting as an opportunity for the counsellor to offer different perspectives (Ehlers & Clark, 2000). For another survivor, the act of exposure seemed to help her express uncomfortable emotions. One of these emotions was anger which is consistent with Ehlers and Clark's assertion that the technique of exposure is especially useful for those who experience anger as part of their PTSD presentation (2000).

Since exposure often involves some form of re-living, it's likely that it may be experienced as uncomfortable or distressing for many survivors (Ehlers & Clark, 2000). This can be seen in this study since all the survivors who experienced exposure also experienced discomfort. They described how this technique made them feel jumpy, tearful, hopeless and angry. They also went on to say that they struggled to do it in the initial stages of counselling and how it left them feeling uncomfortable. One survivor attributed this to the fact that the memory of the rape had not yet been processed while others described how it left them feeling fragile and open to the experience of very distressing emotions which they may have

previously actively avoided. Despite this, exposure was still identified as a helpful technique by all those that had experienced it. The difference seemed to stem from the timing of the intervention and this is also highlighted in the treatment models as being a crucial element of exposure (Edwards, 2009; Ehlers & Clark, 2000). Furthermore, the quality of the therapeutic relationship also seemed to play a role in how this intervention was perceived in that the better the relationship, the more comfortable the survivor felt to engage in exposure. This is also seen in many of the case studies on rape treatment in South Africa which imply that, although rape survivors found the technique distressing, having the experience of genuine care from their counsellor seemed to make it easier for them to partake in the intervention (Padmanabhanunni & Edwards, 2012). These issues are discussed in further detail in the next theme.

While not recognised as a formal part of their treatment model, Ehlers and Clark (2000) emphasise the use of relaxation as an adjunct to the technique of exposure since this is likely to make the experience of this technique more comfortable. Relaxation emerged as something that was seen as helpful by survivors of this study in the way that it took their mind off the rape for a period of time and helped them to focus on other things. This is in line with previous research on general cognitive principles which highlight the use of relaxation as beneficial to therapeutic outcome (Clark & Beck, 2010).

Journaling and letter writing could also be considered as forms of exposure since the survivors in this study often engaged in these techniques as a way of sharing their feelings, telling their story and reliving certain aspects of their rape. As expected, these techniques were also experienced as initially very difficult for survivors to engage in for reasons very similar to those mentioned previously. Despite these difficulties, survivors described how these activities facilitated cathartic release of emotions, successful integration of feelings and brought about a sense of closure for them. This makes sense given that these activities were

likely to incorporate elements of cognitive re-processing for the survivors. A noteworthy finding relating to these interventions is how some survivors felt especially suited to the act of writing things down. Survivors that seemed to enjoy these activities were those who described themselves as creative and reserved. This is useful because it highlights the fact that these interventions may be more suited to certain survivors with specific personality types. Having a counsellor who is able to sensitively gauge this from their client and who is able to adapt the technique to suit their preferences may provide a more integrated and unique counselling experience for the survivor (Edwards, 2009). One survivor described how her counsellor used her journal as part of her counselling process by asking her reflective questions based on what she had written. From this it seemed as though the counsellor may have challenged some of the survivor's appraisals and interpretations by offering a different perspective. This seemed helpful for this survivor since it gave her 'food for thought' and allowed her to think differently about her situation. The offering of different perspectives also forms an important exposure-related element of both the Ehlers and Clark Cognitive Model (2000) and Edwards (2009) treatment model for PTSD in that it allows for inaccurate appraisals to be brought to light.

Having a different perspective offered was also viewed as helpful by survivors in the sense that it seemed to help them live their life more positively, facilitated new thinking patterns, acted as a way of testing their constructed reality in relation to the rape and contributed to the sense of personal growth. This is in line with Rodgers (2003) findings that suggest that new perspectives are seen as useful by clients because they allow them to feel more integrated, let go of certain issues and live more contentedly. In this study, new perspectives also seemed to contribute to a sense of personal understanding which Elliot (2008) describes as another counselling aspect that is often experienced as positive. The offering of a different perspective is comparable to the technique of cognitive restructuring

which forms an important part of Ehlers and Clark's (2000) Cognitive model and Edwards (2009) treatment model for PTSD. These models highlight the importance of this intervention in facilitating the reorganisation of schema's associated with the rape. This was evident in this study since participants seemed to think quite differently about their rape after engaging with this technique.

Another finding consistent with literature on client experiences was the experience of reassurance. According to Henkelman and Paulson (2006), reassurance was something that was valued by clients. It was also seen as a significant factor when it came to rape survivors' levels of comfort when engaging with distressing interventions like exposure (Padmanabhanunni & Edwards, 2012). For this study, an interesting feature was that reassurance seemed to have the effect of reducing feelings of self-blame and guilt. It also seemed to contribute to a sense of hope for the future in the way that it facilitated belief in the survivor that everything was going to be alright in time.

The experience of practical and social support was also consistent with treatment literature. In this study, this was experienced as relief, and as something that helped survivors feel safe and regain their focus. Edwards (20009) highlights the importance of this kind of support during the early stages of his treatment model since this is vital for subsequent change to take place. Social support seemed especially important for survivors who seemed to emphasise the value of family and the home which speaks to the sense of community and collectivism that may be an existing part of their value system. For one survivor, having someone care for her in the community seemed to create the sense that she wouldn't be alone subsequent to her counselling sessions and this seemed to facilitate a sense of comfort and relief for her. Choosing to seek help from a relative or trusted member of the community seems to be a common experience of many in South Africa (Vetten, 2014). This is consistent with most low and middle-income countries where informal community

resources often bear the majority of the burden of care for people with mental disorders (Patel, Chowdhary, Rahman, & Verdeli, 2011). The risk of this would be that often, the survivor's family may not have an understanding of the impact of the rape on the survivor and this may hinder their ability to help the survivor to cope, leading to an increased sense of loneliness for the survivor (Padmanabhanunni, 2017). Previous South African case studies have shown that adequate psycho-education for the family in addition to the mobilisation of social support may help the survivor to re-connect with their families as well as to help the family understand the impact of the rape and provide the necessary assistance for the survivor (Padmanabhanunni, 2017). Given the importance that some survivors placed on family, this would be an important aspect to include in future rape counselling of South African survivors.

Another noteworthy feature relating specifically to practical support emerged in that this kind of support seemed especially useful for survivors who did not have as much access to resources as others. This echoes the finding mentioned in the previous theme relating to the offer of support as a demonstration of care. As mentioned previously, this is likely to be especially valued by South Africa rape survivors given the degree of poverty, crime and unemployment in the country and how this has resulted in many South Africans having very little access to resources (Padmanabhanunni, 2017). As a result, it makes sense that survivors may find this kind of assistance very helpful and how their experience of this may warrant the inclusion of this aspect into rape counselling specifically for South African survivors. The inclusion of practical support forms an important component of Edwards (2009) treatment model which is grounded in case-based research and has proven efficacious with a number of South African rape survivors.

Finally, meaning making and the reclaiming of life was also consistently perceived as helpful. These techniques form an important part of treatment models in the use of rape

survivors and are based on the assumption that they help survivors move forward (and therefore feel less stuck) and believe that progression is possible. It also helps facilitate positive meaning-making from their rape experience (Edwards, 2009; Ehlers & Clark, 2000). This was the case for survivors in this study since these techniques were clearly related to a sense of moving on and being able to function again (both relationally and occupationally). Additionally, the act of assisting other rape survivors by sharing stories and passing on learnings from counselling seemed to provide survivors with a sense of purpose which seemed to allow them to live more positively. Interestingly, the act of meaning making seemed especially significant when tailored to the survivor's personality. For example, the act of helping others was something that appealed to survivors who described themselves as social and who valued social connection.

Somewhat related to the act of reclaiming one's life is the concept of goal setting. When counsellors invested time on finding out what survivors' goals were as well as offering assistance with how they could be achieved, it seemed to instil hope for the future as well as increase their motivation to start living their lives fully again. Both of these would form important aspects that characterise the final stages of treatment for rape survivors (Edwards, 2009; Ehlers & Clark, 2000).

The findings of this study also revealed some interesting findings which were not covered by previous literature. These include techniques associated with gathering information (questioning techniques), after care assistance and the use of silences. In terms of questioning techniques, survivors seemed to note that very personal questions relating to the rape would leave them feeling uncomfortable and distressed when introduced too early in counselling. The use of intrusive questions also seemed to have the potential of making survivors feel fragile and vulnerable which echoes the literature on client experiences of counselling (Henkelman & Paulson, 2006). One survivor's experience of this was more

positive in that her counsellor was more non-directive and patient with her questions, allowing the survivor to lead the conversation and not forcing her to answer any questions outright. This sentiment was also expressed in relation to the use of silences by the counsellor. Silences seemed to prevent survivors from feeling forced into talking and created the idea that they were in control of the pace at which information was shared. Both of these experiences are consistent with previous rape treatment research which suggest that survivors are likely to experience acts of being pushed or forced into activities as threatening and distressing, possibly because of the inherent nature of rape (Padmanabhanunni & Edwards, 2012).

Finally, the offering of after care assistance for survivors in the form of post-counselling connections was also seen as helpful. There is fairly little research that documents this as a helpful technique and it doesn't seem to form a traditional part of existing treatment models. Despite this, most survivors seemed to experience this as something that decreased their sense of loneliness and provided them with a sense of comfort. Since loneliness is a key feature of rape phenomenology (Padmanabhanunni, 2015) it makes sense that techniques that had the effect of alleviating this would be viewed as helpful by survivors. This is important because it creates the idea that the incorporation of post-counselling care would be something that is valued by rape survivors. Of interest is the fact that the offer of after care assistance did not appear to be helpful for a survivor who had little in the way of resources. Despite valuing the intentions of the counsellor, she did not feel that follow-up appointments were practical since she did not have access to the resources needed to engage with this offer. This is another example of how this kind of support may be difficult for South Africans to engage in because of the degree of poverty and the uneven distribution of resources that exists in the country (Padmanabhanunni, 2017). As mentioned previously, it's

likely that South African rape survivors may value the additional assistance around practical issues before they can fully benefit from the provision of follow-up services.

Overall, the most salient findings from this sub-theme centred on psycho-education, normalisation, exposure and cognitive processing. Some techniques, while distressing for survivors at the time of implementation, were still described as helpful for a variety of reasons. It seemed as though a sound therapeutic relationship between the counsellor and survivor as well as sensitive timing of these interventions may have made the experience of these interventions more comfortable for survivors. The issue of timing is the focus of the next sub-theme.

Time Frames

An interesting finding that emerged from the interviews was the issue of time. This is related largely to the timing of the above interventions and techniques but also to the pace with which survivors approach and engage with the counselling. Overall, time frames came across as quite significant for many of the survivors and it seemed as if the degree of helpfulness relating to some aspects was tied to the timing of their execution as well as survivors' own psychological readiness. This sub-theme has been grouped into the following sub-themes; pace of the counselling and pace of the survivor.

Pace of the counselling. Several aspects related to the pace of the counselling seemed to emerge as significant for survivors. These included; the timing of the interventions, the perceived flow and sense of continuity of counselling and the length of the sessions.

Overall, the **timing of interventions** seemed the most salient of these which suggests that the degree of helpfulness may be related to when the intervention is executed in the process of counselling. In terms of specific interventions, exposure seemed to be one that, when engaged with too early, was the most distressing and unhelpful for survivors. Two

survivors described how re-living the rape (by re-telling the story) with the counsellor in the very early stages of counselling made them feel jumpy and hopeless. They also described the experience as difficult, awful and something they couldn't do so early on in the counselling process. One survivor felt this was inappropriately timed and that this was a clear indication that the counsellor didn't know her very well. She also reasoned that this was because she was far from being healed and the memory of the rape was still fresh. Despite this distress, both survivors acknowledged the helpfulness of exposure when it was done later in the process. The later experience of exposure was clearly quite different to the first as survivors felt more relaxed and described how the intervention reduced their anger and nightmares. They also stated that engaging with this later on made them feel better and more comfortable to talk about the rape, as seen below:

> "It was awful, but I told her I can't talk about that at that time because it was my first session. I was far away from healing. When something is fresh it's difficult to talk about it until it's in your head, then you can talk about it." (participant 2)
>
> "Yes, she tried to do that, that I should go back to that place in my mind, while we're doing the session. But when I tried to do that I became jumpy, and then we stopped. When we did it again the second time I wasn't jumpy, I was relaxed and tried to remember everything that happened and tried to work it out. Although it wasn't a good experience, it at least helped me a lot, because at least now I'm fine, I don't even think about it. If I sleep, I sleep, I don't dream about it." (participant 1)

Some survivors referred to the timing of certain questions as important. These seemed to be questions that were perceived as deep because they required the survivor to confront distressing memories or thoughts associated with the rape. While none of the survivors had the experience of inappropriately timed questions, several did comment on how this would make them feel uncomfortable and how it may result in them not returning for

subsequent sessions. One survivor described how deep questions would lead to feelings of vulnerability. She also commented that this could be overcome by giving her time to speak and patiently waiting for answers to prevent her from feeling forced to answer questions. Another survivor also expressed her discomfort at the thought of having to face difficult questions from the counsellor. Interestingly this discomfort was also noted in the research interview with her when I asked certain questions that seemed to be experienced as difficult to answer. Overall, the general feeling was that deep questions should be avoided until a time when the survivor has developed a sense of comfort and trust with the counsellor, as one survivor pointed out:

> "I think, when some people, when you ask deep (questions), when you dig deeper, they become vulnerable, you know? In so much that they won't want to come back for another session, you know? Because they feel like you are asking too many questions and maybe private, more private questions. I think if you let the person just speak…speak about herself by herself, when she's ready to talk and not digging deeper, you know? And when you dig deeper unknowingly, because it could happen that you don't know at first that you're digging deeper, but I do know that you're digging deeper. So I think reading the expression on my face when you are asking is very important." (participant 1)

Similarly, some discomfort was also experienced by survivors when engaging in activities like writing a letter to the perpetrator and journaling which were both done fairly early in the counselling process. One survivor described the act of writing down her feelings as initially difficult because it meant facing what had happened rather than continuing to ignore it. This was similar to another survivor who experienced the act of writing a letter as not easy. She described how her thoughts were jumbled at the start of the activity and that she struggled with what to say in the letter. However, both of these participants expressed

that the activities became easier once the discomfort had subsided and both of them were able to engage with this intervention with the help of their counsellor. Overall the experience was described as helpful in the end and it seemed to lead to a sense of release and feeling unburdened for survivors. This activity also seemed to be helpful in assisting survivors in understanding and integrating their feelings and experiences. Interestingly, it seemed to be perceived as especially helpful once a period of time had passed in counselling suggesting that this kind of intervention may be more useful when survivors feel more comfortable and when some insight had been generated.

Another aspect that appeared to be important for survivors was the **extended length** of their counselling sessions. This was particularly helpful for the survivors who also valued patience of the counsellor as it seemed to communicate to them that they mattered and that their need for time had been acknowledged and granted by the counsellor. One participant described the experience of having sessions that ran for periods longer than the dedicated time as feeling like she was a priority to the counsellor and that the counsellor viewed her well-being as more important than time. It also seemed helpful to her that the counsellor checked with her about whether she was ready to end the session based on how she was feeling at the time. She described how this communicated to her that the counsellor was considerate of her and her feelings.

Interestingly, this survivor seemed to have a natural tendency to want to complete things and this also came through in relation to this experience. For example, she described how sessions that seemed to end prematurely would feel incomplete to her. While this never happened in her own counselling experience, she commented that this would leave her feeling more broken as well as preoccupied with what she felt would be unanswered questions upon leaving the session.

Another noteworthy mention relating to this survivor is that she seemed to have a need to think carefully and slowly about her responses to questions and this was also experienced in the research interviews. This may explain why having an extended amount of time would be seen as helpful for her since it is likely that it allowed her the extra time to freely express everything she needed to without feeling pressured. She described her experience:

> "I think it would have been the factor that, I don't know if I must say time, but in a way I would feel like there's questions that she asked me that I delayed to answer. It's like I walk out the door and I know I didn't answer her questions and I would think about it all the time. But it never felt incomplete when I walked out the door."

A final aspect relating to the pace of the counselling centred on the survivor's sense of **continuity**. For this study, this seemed to centre on the offer of continued support in the form of follow-up sessions or phone calls after a period of time. For some survivors, having their counsellor offer them an invitation to return to counselling after a period of time should they require it seemed helpful and an important part of their overall experience. One participant described how her counsellor provided her with her phone number and told her to contact her should she need more sessions. While the survivor did not feel this necessary, she described that this would be helpful in situations where, even though she may have felt fine at the time of the counselling, this might have changed after a period of time, especially in situations where she felt she had nobody else to talk to. Similarly, another survivor described her counsellor's invitation to come back if she needed to talk again as very comforting for her:

> "I think it's important in such a way that maybe someone else will think I'm right, you know, at the time of counselling. And then maybe a month or two after the counselling and I realise, no I'm not fine, this is not what I thought it is. Maybe by

> the time I was talking to someone, I thought things are better, when the time comes you're alone and you didn't have someone to talk to. Because sometimes in our communities or in our homes we don't have someone to talk to. So when everything's bottling up, you can talk again (to the counsellor) you can share how you feel and maybe everything comes out again." (participant 1)

A notable difference emerged with a third participant. This survivor also had the experience of being offered the opportunity to return for counselling however this was described as less helpful than other aspects of her overall experience. This was because she felt that certain practical barriers existed that meant she wouldn't be able to benefit from this extended support, for example, returning to the centre for continued counselling would typically require financial resources which she didn't have. Given her limited resources, this survivor felt that this kind of support would not be especially helpful for her.

Pace of the survivor. For several participants, certain aspects of their counselling process seemed linked to the time it took for them to feel psychologically ready to engage in that aspect. What emerged as significant was their readiness to come to counselling and fully engage in the process, to open up freely with their counsellor and to feel comfortable with the counsellor.

For some participants, the degree **of readiness to come to counselling** and engage in the counselling process seemed to happen over a period of time and this seemed to be facilitated by having a counsellor who acknowledged their sense of not feeling ready and who responded with patience and understanding. In the early stages of counselling, one survivor described not feeling quite ready for her subsequent session. On communicating this with her counsellor, she felt understood and not rushed or forced into coming for further sessions.

Since the same survivor did return for counselling at a later stage it's likely that this kind of response from her counsellor made her feel that her need for some more time was

understood and respected. Furthermore, this survivor also described how a shift in thinking was necessary for her to come to counselling in the first place and how this shift made it possible for her to feel more open to the process of counselling. This suggests that there may be stages that a survivor may go through in order to feel ready for certain parts of their counselling process and these stages may take different amounts of time depending on the survivor. This survivor stated:

> "The counselling helped me but I had to counsel myself before I came to counselling. Because if I didn't counsel myself then when I'm coming here I'll just be pouring water in an open pain. Because when I get out of my house and tell myself that I'm going to the centre then I knew that I'm going there to get help, not just to sit there and listen to someone who's going to talk to me." (participant 1)

Another survivor described feeling embarrassed, shy and conservative in her first session. She seemed resistant to the counselling process and unwilling to fully participate. She attributed this to feeling forced into counselling by her workplace. Despite this, her experience was that of being met with a consistently friendly and positive counsellor which seemed to help the survivor to re-evaluate her reasons for coming to counselling and thereby promote a shift in her readiness to engage. She highlighted this in the following quote:

> "I think the first session I was very shy and conservative, that I'm embarrassed to talk about it, that type of thing. But it was nothing to do with her, it was just me. I didn't really talk in the first session because I was, like, not in the mood, because I knew I had to be there. Like why must I talk about it again, I've been in this position, almost as if I blamed her for being here. But she was just nice overall, she was just…. nice, irrespective of my behaviour. She responded in a positive way. You know when you know you're wrong and you realise the guilty feelings, so I started feeling guilty

because all this woman was being nice to me and I have a problem. Not with her, but with the world." (participant 5)

Closely tied to this was the survivors' experience of **feeling comfortable and opening up to their counsellor,** particularly with the above participant. Similarly, this seemed to happen over a period of time and was made easier by having a supportive, understanding and sensitive counsellor who acknowledged the survivor's stage of recovery in terms of her readiness to engage with them and the process. This survivor described how her counsellor made her feel comfortable over time by communicating patience, understanding and compassion and how this helped her to open up and acknowledge what had happened to her as well as the symptoms she had been in denial about.

Overall, the aspect of time emerged consistently throughout the interviews as significant in participants' experience. It seems as though the timing of interventions played a role in how survivors perceived their helpfulness. Those that were experienced as initially distressing, were made easier to engage with over time by having a supportive and understanding counsellor. Furthermore, it seems that the initiation of certain interventions too soon in the process would likely be viewed as unhelpful by the survivor and that having a counsellor who is sensitive to this would be experienced as understanding. The experiences of survivors also seemed to reflect how important it is for them to have their needs regarding readiness for counselling recognised and respected. It appears that if survivors feel uncomfortable or unwilling to engage in counselling during the early stages, that the experience of a counsellor who was patient, supportive and who spent time creating a more comfortable environment allowed for a shift over a period of time in the openness of the survivor.

Discussion

While the findings of this sub-theme were generally less salient than other sub-themes in that they appeared less frequently throughout all the interviews, the implications of these findings provide valuable insight into how clients experience the timing of certain aspects associated with their counselling.

Overall, the findings are consistent with the literature on client experiences which suggest that clients felt empowered when the counsellor consulted them about the pace of their process (McGregor et al., 2006). While the participants in this study did not label their experience in relation to this as empowering, they clearly felt that having a counsellor who was patient with them, who understood their need for time and who responded sensitively and appropriately as helpful. An interesting aspect emerged relating specifically to the length of the counselling session in that this was viewed as helpful by some survivors. This is interesting because it runs contrary to the common assumption that extended counselling sessions may overwhelm clients who are at risk for experiencing overwhelming emotions and high levels of distress. In this study, extended counselling sessions were experienced quite differently in that it seemed to allow the survivor to feel that her need for time and completion was understood and granted. This is interesting given the fact that rape survivors are often at risk of experiencing intense emotions in counselling (Padmanabhanunni, 2015). This finding highlights the importance of having a counsellor who sensitively responds to the rape survivor (and her unique needs for completion and time) by adapting the counselling process accordingly. This degree of feeling understood echoes the findings by Henkelman and Paulson (2006) who assert that a lack of therapist responsiveness may be viewed as unfavourable by the client. In this study, survivors seemed to place value on how their therapist responded to their experience in relation to the timing of interventions and their

degree of engagement in the counselling which are similar to previous studies which highlight the fact that clients find this important. (McGregor et al., 2006).

With regards to the sense of continuity of counselling that seemed to increase survivors sense of comfort, it must be noted that this was not experienced as such by all survivors. Not unlike findings from previous themes, one survivor described how her limited resources (for example transport money) would prevent her from feeling able to continue with counselling in the form of follow ups. This makes sense given the financial difficulties that many South Africans face as a result of the high rates of unemployment and poverty in the country (Padmanabhanunni, 2017). This sentiment seems to be one shared by many South Africans with health care professionals suggesting that people experiencing significant financial challenges are often unable to afford the transportation costs needed to access health care (Strumpher, Van Rooyen, Topper, Andersson, & Schierenbeck, 2014).

In terms of rape specific counselling, the findings of this sub-theme echo those of previous case studies which highlight how certain interventions, for example exposure, are likely to be experienced as distressing by survivors since they require the individual to re-live the trauma (Padmanabhanunni & Edwards, 2012). This was true for participants in this study who clearly described their experience of re-telling the story of their rape as difficult, especially when engaged with too soon in the counselling process. However, it seemed as though introducing this technique later on in the process to allow time for a sound therapeutic relationship (and associated relational aspects like trust, a caring attitude, support and empathy) to develop was something that survivors seemed to find helpful when it came to their experience of these techniques. This is similar to the case studies which often spoke about how engagement and genuine communication of care towards the survivor positively influenced their experience of distressing techniques (Padmanabhanunni & Edwards, 2012).

Furthermore, the case studies also suggested that any act that may be perceived as

challenging or pushing the survivor (for example asking the client to engage in re-living) may be viewed as distressing because of the inherent nature of rape (Padmanabhanunni & Edwards, 2012, 2013). One survivor in this study described how she felt vulnerable when faced with deep questions which created the sense that she felt that her rights were not protected (similar to when being raped). Another survivor described premature re-living as awful because of how fresh the memories of the rape were to her. The fact that this survivor found this to be awful may be because she had not yet processed the trauma. In order to fully engage in higher level processing in counselling, she may have needed to gain a basic understanding of what had happened to her. This insight into these experiences provides us with valuable insight from the rape survivor's perspective as to *why* challenging techniques or acts of pushing the survivor may be viewed as unhelpful.

The experience of not feeling ready for certain technique and process related aspects associated with the counselling (for example opening up, feeling comfortable and coming to counselling) seem consistent with literature on clients' motivation for change. According to Prochaska and DiClemente (1984) certain change processes occur which dictate a client's readiness to engage in a certain behaviour and, unless individuals are at a particular stage, that engagement with the behaviour is unlikely.

The work of Prochaska and DiClemente (1984) has also been reflected as an important component of Edwards (2009) treatment model for PTSD. Being a stage based model, Edwards (2009) highlights the importance of ensuring the completion of each stage of treatment before commencing to the next stage, since earlier stages form important pre-requisites for active engagement in the subsequent stages. In this model, level two focuses on the client's readiness and motivation to engage with the therapy, echoing the stages of pre-contemplation, contemplation, preparation, action and maintenance (Prochaska & DiClemente, 1984). CF4 of level 2 is initiated by the therapist's sharing of the case

formulation at the end of the assessment as an invitation for the client to enter into the action phase. Since some clients may be cautious about engaging with the treatment model, therapists must sensitively monitor the situation and engage in further psycho-education or motivational work to address this.

Clients may also be fearful of the painful and overwhelming nature of their emotions, especially in the case of rape where many survivors face additional, unique emotions of shame, guilt and self-blame which are often associated with acts of sexual violence (Padmanabhanunni, 2015). This is illustrated in a case study compiled by van der Linde and Edwards (2013) for which the model was used to treat a rape survivor in South Africa. The survivor refused to engage with the intervention of imaginal re-living because of her fear of facing overwhelming emotions. Through the provision of a logical rationale and by enhancing the client's belief in the model, this was overcome and, while experienced as difficult by the client, resulted in a subsequent reduction in PTSD symptoms. In the present study, there seemed to be several important changes that characterised some of the survivors' experiences. Some participants seemed to find the initial stage of coming to counselling difficult while others found that opening up and feeling comfortable was challenging. Moreover, survivors seemed to struggle with certain interventions if introduced too early. From this it appears that there were certain stages that survivors underwent in order to be fully engaged and present in the counselling and that the experience of an understanding and responsive counsellor helped facilitate movement through the changes in a variety of ways.

Overall, the issue of time came across as an important aspect of counselling for the majority of survivors, whether this centred on their own readiness to enter and engage with counselling or their levels of comfort and therapeutic engagement with specific interventions. What seemed to play an important role with both of these factors seemed to be the quality of the therapeutic relationship with the counsellor and sensitive timing of certain interventions.

Having a counsellor who acknowledged the pace of the survivor and their counselling process seemed to leave a lasting positive impression for many of the survivors in the study for a variety of different reasons. The final sub-theme offers a description of other lasting impressions that survivors gained from their counselling process.

Subjective Outcomes of Counselling

The final theme of this study centres on the participants' subjective experience relating to what they felt were outcomes or gains of their counselling process. While most participants seemed to experience many of these at some point during their counselling, certain outcomes seemed more salient with certain participants than others. These gains were centred either on emotional aspects (which seemed to act as a gain in itself) or as functional aspects (which seemed to serve the purpose of allowing the survivor to continue living their life effectively and fully). Overall, it was interesting to note that the majority of these subjective outcomes seemed to be related to more emotional aspects rather than functional aspects which echo the emphasis on emotional connectedness seen in the theme of counsellor characteristics.

Emotional outcomes of counselling. Emotional outcomes of counselling seemed the most prominent across all the interviews with at least four of the five participants expressing that the feeling of being comfortable, understood and connected to their counsellor were aspects that were achieved with counselling. These same participants also noted an increase in trust of others as an outcome of counselling. Three of the five participants also expressed that they felt more relaxed after the counselling. At times, these experiences were explicitly expressed in response to specific questions during the interviews, however it was also clear from the survivors' overall interviews that these subjective outcomes were aspects that they felt characterised their entire experience.

For the majority of participants, **feeling comfortable** was something that seemed to be at the foreground of their experience since it was often the first aspect that was spoken about when given the opportunity to describe their counselling process. One survivor described feeling very tense before counselling but how this abated as she became more comfortable and engaged with her counsellor. It seemed as though this was because of the counsellor's friendliness, easy-going nature and relatability. It also seemed to be related the way in which the counsellor asked questions during the counselling. This survivor described how her counsellor would often ask her periodically if she felt comfortable with the questions she was asking which seemed to create a comfortable space for her:

> "At first I was a bit tense but the more I talked with my counsellor, I became comfortable, and she made me comfortable. Talking to her was very comfortable in such a point that… I talked to her like a friend and not a counsellor or some stranger. So it was easy for me to reveal how I feel." (participant 1)
>
> "She would make me feel comfortable around her and she always would ask if I'm comfortable with the questions she was asking. If I'm not comfortable she will leave it." (participant 1)

For other participants, the sense of comfort was comparable to feeling 'at home' and this seemed to be achieved by acts of the counsellor which communicated genuine care, for example the use of physical contact. This metaphor seems appropriate since it implies a sense of familiarity and safety which are likely to be things a rape survivor will find comforting given the nature of the rape experience. For other survivors, the experience of informality, being able to talk freely and having a patient counsellor seemed to be associated with increased levels of comfort. For these survivors, comfort also seemed to increase when they felt that their counsellor was able to relate to them. The experience of having a non-judgemental counsellor as well as feeling that the counselling provided a safe space in which

to openly express uncomfortable emotions also seemed to create the sense of comfort, as highlighted by one survivor:

> "She made me feel so comfortable, that I found it easier afterwards to open up. In the sessions she really got to me. She got me to open up. She got me to talk about myself, to talk about what happened, to talk about me being angry. And it made it so much easier." (participant 5)

A similarly salient aspect that emerged as being at the foreground of survivors experiences was the outcome of **feeling understood.** For some survivors this was achieved when the counsellor was accurately able to empathise with them, communicate that they understood their experience and respond in a non-judgemental way. For one survivor, feeling understood had more to do with non-verbal communication like eye contact and proximity (which also seemed to contribute to the development of trust). The experience of feeling understood seemed especially important to those survivors who had received negative reactions from others relating to their rape experience. One survivor described how many people had not shown understanding of her situation and how rumours had been generated as a result of this. Another survivor had received dismissive reactions from her family which led to the sense that they did not truly understand her experience. This may be why the outcome of feeling understood seemed so significant for these participants. The following quote highlights a survivor's response to a question relating to what made her feel understood:

> "I would say she was… motherly. Because even in some cases, when you're a survivor, your own mother may never understand you. But she made me feel like I could be open. There was no reason to ever think 'I can't tell you this, I need to withhold this from you'. No matter what I say to her, she understood. She understood." (participant 5)

Feeling connected was another feature that emerged consistently across all interviews. This experience was expressed in a variety of ways and often reflected the survivor's own personality as well as her unique needs. One survivor likened the experience of connection to feeling like she was talking to a sister. She also often referred to the counselling centre staff as family. Interestingly, this is the same survivor who compared her sense of comfort to that of being at home which creates the idea that family is important to her. For this survivor, this connection existed despite race and language differences between her and the counsellor which is useful to note for a South African context given the multi-cultural barriers that are perceived to exist.

Another survivor described her sense of connection as feeling like she gelled with her counsellor since they both had similar personalities. For this survivor, talking to someone who reflected her own extraversion and sense of humour created a sense of 'fitting together' with her counsellor which also contributed to her overall sense of comfort. Some survivors' sense of connection was to such a degree that they described it as being comparable to the connection that exists between friends. They described how they interacted with their counsellor as though she was a friend which creates the idea that the experience was comfortable and familiar for them. This seemed especially important for survivors who had experienced anxiety and who were very sociable and extraverted in terms of their personality.

An interesting observation relating to connection was that it was sometimes experienced as a spiritual event. For a very religious survivor, her experience of connection with the counsellor was felt on a more spiritual level which made it a very meaningful and comfortable experience for her since spirituality was something that formed a part of her existing value system. This experience seemed to contribute to a positive feeling for this survivor and added to her sense of overall comfort in counselling, as described below:

> "Also, it felt, I don't know, like there was some spiritual connection, you get what I'm saying. I don't know if I used the right phrase. It was definitely a connection. It felt good. It felt right." (participant 5)

It's likely that the experience of feeling comforted, understood and connected to the counsellor also created a sense of **trust** for the survivor as this was another subjective outcome that emerged consistently across the interviews. Some survivors were open about how their rape had led to difficulties when it came to trusting others, especially men. One described how she had since become a very closed person. Another described how she had found it difficult to interact with men because of the continued fear that characterised her post-rape experience. However, both of these participants spoke openly about how they were able to trust their counsellor. This seemed mostly because of that fact that she was unknown to them, that she was a trained professional who had the necessary knowledge and expertise and that she explicitly outlined the confidential nature of the process. Overall, it seemed that survivors felt they could talk openly and without fear of judgement because of this degree of trust and this was experienced as a positive aspect of their counselling process.

For one survivor, the experience of being able to trust her counsellor is likely to have acted as a corrective experience for her because of possible fears of emotional abandonment. Since this survivor had been previously unsupported by close family members after her disclosure of the rape, it may be that the trust that she felt with her counsellor provided her with a different experience, one in which she received consistent support and one in which she herself was seen as trustworthy.

Another common outcome experienced by many survivors was the feeling of being **relaxed** in the counselling sessions. For these survivors, feeling relaxed seemed associated with the down-regulation of very intense emotions like anxiety. For one survivor, the feeling of relaxation seemed to stem from being in an environment where she could be herself and

not feel under any pressure to do or say anything that might be experienced as distressing or uncomfortable. For this survivor, having a counsellor who communicated that she didn't have to do anything she didn't want to seemed to make her feel a lot more at ease, as implied below:

> "I was grateful because she told me that I can sit there and relax and then talk whatever I want to talk. If I don't want to talk then I just tell them that no, I'm not fine. I was so scared, like coming to this room. I was so scared and I was crying there on that couch and she said 'no, if you want to talk and if you don't want to talk, then don't talk, then I'm going to understand – you're safe now. The more you come here you're going to be alright'". (participant 3)

This same survivor also seemed to relax when learning that her symptoms were normal and an expected part of what she may experience after being raped. Other survivors felt relaxed because of certain contextual factors like the colour of the paint on the walls (which one survivor described as ambient) and the provision of refreshments like tea and snacks. Feeling at ease also seemed to be associated with feeling normal and safe for one participant. She described her sessions as a safe haven where she could feel normal and where she could freely express herself:

> "I was at ease when I came. Sometimes the sessions were so relaxing that I didn't actually want to go, I didn't want the sessions to end because I felt sane and I felt okay and I felt… safe. It was my safe haven. And sometimes we sat here over time now and then and I would feel bad but to her it was never a problem. She would let me go whenever I was ready. She wouldn't let me go when I was still unstable, in a way." (participant 5)

The above quote seems to create the idea that, for this survivor, the sessions were an escape from her rape related symptoms and discomfort. The sessions seemed to provide her

with a different kind of experience that she was used to in the way that they made her feel safe, protected and normal which are things she had perhaps not felt since her rape. This may explain why the relaxing nature of the sessions seemed so important.

Some survivors seemed to highlight the importance of having their **unique needs acknowledged** and met during counselling. Since no two rape survivors' experiences are the same, it makes sense that the participants in this study had varied needs that were unique to them and their situation. These needs seemed to centre mostly on what the survivor felt was most important and urgent for them at the time. For some this included feeling safe, experiencing social connection and having a patient counsellor, for others it included a decrease in symptoms and the resuming of functional activities. While survivors were unable to specify exactly what it was that their counsellors did that made them feel that their needs had been recognised, it was clear from the interviews that these participants had counsellors who were sensitive to their process of healing and who tailored their approach to match the survivors needs as well as their personality since there was often a lot of overlap between the two. One survivor described her experience:

> "The thing is, I'm a talkative person, so it wasn't that hard (to talk to the counsellor). I think sometimes the counselling varies on the victim, what kind of person she is. Maybe some are withdrawn, you know, they don't like to talk. Some like me just tell it like it is and go through with it. I can't say I'm different from other rape survivors but we come from different backgrounds, you know?" (participant 1)
>
> "She told me some people are feeling like this, some people are feeling like that. But I told her how I feel… I told her what's happening to me, and then she took it from there." (participant 1)

It's likely that having their unique needs considered in counselling may have also helped survivors feel **accepted** and like they could be themselves. This was especially true

for one survivor who described how she was made to feel at ease with being herself in counselling. She seemed to attribute this to the sensitive and patient way that the counsellor spoke to her and asked her questions. This experience appeared to contribute to her overall sense of comfort as well as to help her talk to her counsellor more easily.

For other survivors, there seemed to be general consensus that they felt accepted as part of their counselling outcome. This seemed mostly attributed to having a counsellor that was non-judgemental, patient and respectful of their needs and stage of recovery. Since the act of rape involves a violation of one's needs it's likely that the experience of having someone who is considerate and respectful of them be seen as an important outcome of the healing process.

An additional outcome of counselling was moving towards **forgiveness** of the perpetrator. For some survivors, forgiving the perpetrator formed an important outcome of their process and seemed to be a significant marker of improved post-rape functioning. It is unclear as to why forgiveness was so important for some survivors however it may be because of the sense of closure and peace that it seemed to elicit in certain participants. It also seemed to bring about a sense of acceptance for what's happened as well as to allow survivors the chance to begin to move on from their experience, especially in situations where closure (that may be gained from the perpetrator's conviction) isn't possible, as described by one survivor:

> "And she told me that if I'm staying with that anger, then I'll be suffering myself, you know? More than the perpetrator, you know? Because they couldn't find the perpetrators, they were not found, even until now, so if I would have stayed in that anger, then my life would have stopped, you understand?" (participant 1)

For one survivor, the feeling of being **close** to her counsellor as well as feeling like part of a family seemed to be a significant outcome. This survivor placed a lot of emphasis

on feeling taken care of throughout the entire interview and her overall experience seemed to reflect the closeness that she felt with the counsellor as well as the rest of the staff that worked at the counselling centre. She described how her counsellor would often use physical touch and eye contact to create this sense of closeness and how the connection that was felt between them felt like that between sisters. Interestingly, this survivor also seemed to have experienced some negative social reactions from family members or possibly the community and this may be the reason she seemed to value close bonds that resembled those of family members, as implied below:

> "Because when you find that you get raped, you will see that families break, and nobody will want to see you again. Or they don't care." (participant 2)
>
> "We had a very good connection, as she was my sister, you see? I don't know why it felt that way." (participant 2)
>
> "I was very relieved, the way they were treating me here, it's like we were one family." (participant 2)

An additional noteworthy observation about this survivor is that she appeared to place more emphasis on being taken care of than other participants. She described how she felt it was an important aspect of her counselling process, to know that her counsellor cared about her. This was often felt through practical acts of kindness (like offering practical support) and emotional kindness like the building of a connection, physical touch and eye contact. It's interesting that care and nurturance is something that she took from her counselling experience, especially since her rape had been one of a particularly violent nature. It may be that, for this survivor, the more practical acts of care, nurturance and support took precedence over other aspects because of the excessive physical violation that characterised her rape experience.

Another outcome that emerged as significant for survivors had to do with feeling **special and important.** For some survivors, the experience of feeling special was related to the counsellor's non-judgmental attitude as well their affirmation that the rape was not their fault and that they were not responsible for what happened to them. One survivor described how feeling special was significant enough to reduce her feelings of suicide which highlights the severity of her self-blame. Another survivor had a similar experience when it came to feeling special:

> "The fact that she made me feel special irrespective of what happened to me and that it's not my fault, no matter who says what." (participant 5)

For this survivor, it seemed that knowing that her counsellor was devoting time and effort into listening to her and helping her was something that also made her feel very important. This appeared to make her feel like she was a priority and that she mattered to someone. This may have been especially significant for this survivor because of her experience of receiving very little time and effort from family members in the way of understanding and support following her rape. In this sense, it may be that the counsellor's invested interest in making time for her during counselling was something that she felt helped her to regain her sense of worth. One survivor described her experience:

> "Comfortable. It makes me feel… important, because to her time didn't matter, but what I feel mattered, and the way she counselled me mattered more than anything to her. It's like she put me first priority and time can wait, if I can put it that way." (participant 5)

Some survivors felt a sense of **gratitude** as something that emerged as an outcome of their counselling experience. For one survivor this feeling of gratitude seemed directed toward the counsellor for the way in which she didn't pressure her to say or do anything she wasn't comfortable with. This participant seemed to have experienced a great deal of anxiety

and hyper-arousal as part of the aftermath of her rape and this may explain why she expressed gratitude at having an experience where there was minimal pressure placed on her. Another survivor shared a similar experience, expressing gratitude toward the counsellor as an individual. She described how she felt grateful for the way in which the counsellor assisted her and the way that she engaged with her. It's likely that this survivor felt this degree of appreciation for the counsellor because of the absence of this kind of support from others. She described:

> "It's like you get that, that you will always be grateful for that person for doing something. It's like, even though I may never see her again, I will always appreciate what she did for me, how she counselled me and she will always be special to me." (participant 5)

Some outcomes seemed especially significant to certain survivors based on their personalities and world views. Examples of these include finding the **humour** in the situation, having a sense of peace and feeling liberated. These experiences were all viewed as aspects that emerged as a result of their counselling process but that also seemed as something that the survivor felt was needed in order for her to make sense of her rape experience. One survivor came across as extraverted, sociable, friendly and talkative. She seemed very light-hearted in her interpersonal style and would often make jokes with me during the interview. She described how finding humour in counselling was something she benefited from. This seemed to be because it may have alleviated her symptoms of anxiety and tension which she described having. It's also possible that she may have viewed this as an effective coping mechanism given her extraverted personality. She recalled her experience:

> "There was a lot of laughter – but I'm that kind of person, I can see the humour in things. I'm very open minded and funny. The two of us together, we gelled. Our relationship made counselling fun." (participant 4)

The same participant also felt a sense of **peace** as a result of her counselling. She described how counselling allowed her to experience a sense of clarity and peace with the past and how these feelings helped bring about a sense of contentment for her. She went on to describe how this enabled her to see the world differently. It's interesting to note that this participant also viewed herself as a deep thinker and this may be the reason she seemed to place value on the shift in thinking that resulted from achieving a sense of peace and contentment.

She also seemed to gain a sense of **liberation** from her counselling. This was described as feeling free from the shackles she had previously felt bound by. She also described how this enabled her to find happiness and to learn to love herself again. This sense of liberation also seemed closely related to a feeling of relief at being able to release negative emotions that she had previously experienced. She described her overall process as feeling as though it allowed her to get a lot off her chest which made her feel light.

The experience of feeling lighter because of a release of emotion was shared by another survivor who described how some of the practical activities like journaling helped her to release emotions that she had previously bottled up. This experience seemed to prompt feelings of **relief**, as implied in the following quote:

> "It's like, sometimes I would write a journal for days and days and days and days and keep it for weeks and weeks and weeks before I understand it, but when I do it's like there's a huge mountain off my shoulder. I felt relieved, very relieved." (participant 5)

When asked how this felt, she responded with:

"Light…. light." (participant 5)

Another survivor's experience of relief was expressed in a slightly different way. For this survivor, her sense of relief seemed to stem from knowing that she was going to be taken care of. When the counsellor displayed an invested interest in helping to mobilise some social support for the participant, she seemed to experience a sense of relief knowing that she would be cared for. She also seemed to experience a release of emotion in counselling and this seemed tied to the connection and closeness that she felt with her counsellor. It's likely that this connection may have made this participant feel safe enough to expose uncomfortable emotions. She remembers:

> "She gave me tissues, it made me feel better, because I can see someone cares. Because when you are close, I don't know what happens, but when you are close with the person who's helping you, everything falls apart." (participant 2)

Finally, the gaining of **closure** seemed to form an important outcome for some survivors. A noteworthy observation was that this was mostly experienced as an outcome of the more practical activities that were completed in counselling (for example journaling and writing letters). For one survivor, the experience of writing the perpetrator a letter seemed to allow her to feel that she could finally express herself openly and honestly which seemed to bring about a sense of closure for her. This also seemed to allow her to feel more secure knowing that what had happened was in the past and that she would no longer be hurt. This can be seen in the following quote:

> "I was so relieved, and I wrote the letter and I just emptied my heart. And at that moment when I walked away, I felt finally, it's over. Although every now and then I would think of something that upsets me, but it's like I know this is in the past and I walked away from it, no harm can do me no more … and I just try and move on." (participant 5)

Overall, it seems that survivors experienced many more emotional outcomes than functional outcomes as part of their overall counselling experience. This is interesting because it creates the idea that the lasting impressions that survivors had of their counselling were tied to aspects related to interpersonal interaction and emotional support rather than functionality. Despite this finding, there were some functional outcomes that seemed to emerge as significant for some survivors. These form the basis for the next sub-theme.

Functional outcomes. A noteworthy feature of this overall finding is that these outcomes seemed more salient for those survivors who described themselves as 'thinkers'. These survivors seemed to function more from a cognitive framework and they tended to view themselves as practical and logical. Overall, the most salient of these outcomes included experiencing a reduction in symptoms, finding purpose after being raped and knowing that they were safe from harm.

The experience of having **symptoms decrease** during and after counselling seemed to constitute a significant outcome for some survivors, especially those whose symptoms seemed to prevent them from carrying out their day to day tasks. For one survivor, counselling seemed to help reduce symptoms related to anxiety and rumination. Being a naturally anxious individual (as seen in the research interview as well), this survivor's anxiety seemed to worsen significantly after being raped as she described her intense fear when she began her counselling process. Having the experience of this being reduced seemed to leave her feeling a lot more relaxed and able to do things she previously wasn't able to do, like sleep soundly, for example.

> "When I read that paper (symptom pamphlet), it helped me to… sleep. I read it in my bed and then I fell asleep." (participant 3)
>
> "Counselling helped me that I must not think about this all the time" (participant 3)

Another survivor experienced symptoms like anger, hypervigilance, nightmares, self-blame and tearfulness. For this survivor, the symptoms were experienced to such a degree that she felt unable to continue with her occupational duties. Since this participant seemed to be a very practical and ambitious person, it makes sense why a reduction in symptoms that leads to increased occupational functionality be viewed as a significant outcome for her. She stated:

> "I could do things that I wasn't able to do. I'm running my business but that time everything was blocked. I couldn't even be creative. I couldn't even get that oomph of going and doing my work. But after the sessions, the more I come, the more things were being better. I could sleep, I could sleep really. I was in a good space with my husband, we could talk. I could talk about it without any drop of tear, you know?" (participant 1)

From the above, it seems like returning to **individual functionality** as one of the purposes of counselling was seen to be especially favourable and memorable for these survivors. This is interesting because it creates the idea that if a rape survivor is the kind of person who finds it difficult when symptoms cause a degree of impairment in their functioning, then it's likely that functional improvement and a reduction in these symptoms may constitute an important overall treatment goal. While emotional outcomes were also mentioned throughout their interviews, these survivors seemed to also place emphasis on the function of counselling and what this meant for the way in which they continued living their lives.

Similarly, the **predictability of symptoms** also emerged as a functional outcome by the same survivors. It seems that these survivors felt that being able to successfully predict and understand their symptoms was something that helped them in their recovery process. For these survivors this seemed mostly achieved through acts of normalisation during

counselling. Being able to predict symptoms seemed to assist these survivors by reducing anxiety that may have been related to not knowing or understanding the emotions and behaviours that they were experiencing as a consequence of being raped. It seemed to bring about a sense of predictability to their lives which is likely to have strengthened the belief that they are safe now and that their life is mostly something that can be predicted. Given the traumatic nature of rape and the post traumatic beliefs that the world isn't safe which often characterise the aftermath of rape, it would make sense that being able to make accurate predictions would be an important outcome for some survivors. One survivor recalled:

> "It was important so that I could know, when it's happening, that okay, this is meant to happen. Rather than not knowing, and keep on having them. And then I wouldn't tell if I have a nightmare, if I didn't know that it's one of the side effects. So now I knew that, okay, I expected that I'll have a nightmare or I'll be angry. So when it's happening, I could tell, okay this is one of it." (participant 1)

It's likely that being able to predict and understand their symptoms may have also created a sense of **control and agency** for some survivors. This clearly emerged as an outcome of counselling by several participants although it was expressed slightly differently by each. For one survivor, gaining control over her symptoms, occupational duties and relationships with her husband and children was seen as an important outcome of her counselling. For another survivor, having the counsellor help her to solve problems and to confront her feelings seemed to contribute to having a sense of agency in her own recovery. This may have been viewed as a significant breakthrough for this survivor since she described herself as being someone who previously often looked for 'an escape route' when it came to difficult situations or emotions. A third survivor seemed to experience an increase in her sense of agency throughout her sessions and this often related specifically to the counselling. For example, she often experienced having a sense of agency over process

elements of counselling like how much she shared, what she shared and the rate at which she shared her feelings. This sense of agency also seemed to extend to what kinds of activities she felt comfortable to engage in and how ready she felt to end the sessions. In this sense it seemed like her counsellor purposefully allowed the survivor to direct a lot of what happened in counselling and this seemed to have the effect of increasing her sense of agency in other areas of her life as well. This experience of having control seemed to facilitate feelings of confidence and self-efficacy for these survivors. This would make sense when trying to understand rape phenomenology since the act of rape is something that would likely strip a survivor of any sense of control or agency they may have. It's possible that this would likely lead to a sense of helplessness which several of these survivors seemed to have. It may be that allowing the survivor to gain a sense of control over the counselling and her life will have contributed to a decrease in this sense of helplessness.

Having a sense of control may have helped contribute to renewed **empowerment** for some survivors. One survivor described how counselling changed the way she saw herself (from a victim to a survivor) suggesting a shift in the way she viewed her situation. Another survivor described feeling like she won a battle which created the idea that she had reclaimed her life:

> "It's a good feeling. Because there's no more anger, there's no more resentment. I think I won this battle, if I can out it that way." (participant 5)

Since the act of rape is so often characterised by underlying power dynamics, it's likely that considerable powerlessness may characterise many survivors post-rape experience. It therefore makes sense to assume that an outcome involving feeling empowered may play an important role in a survivor's recovery journey.

Similarly, it can be assumed that feeling empowered may also elicit feelings of **energy** and renewed vigour for the survivor. One survivor described how her rape had

resulted in many symptoms characteristic of depression, one of which was a lack of energy and a loss of hope for the future. Through her counselling she was able to regain her energy and begin to live her life fully again. She described:

> "If I think of the way I was when I first came here, I didn't even have, you know, I didn't want to get up in the morning. I wanted it to be night forever and now it's like I'm looking forward to the next day. That never happened in the past." (participant 5)

Another survivor described how she thought she might feel mentally drained after counselling but how instead, she felt a new kind of energy. This sense of energy also seems to fit with this participant's personality since she viewed herself to be extraverted and as someone who likes talking and telling jokes. Because of her interpersonal style, it's likely that this survivor may have associated energy and vigour with good psychological health as this may have characterised how she felt before being raped.

Feeling **safe** was also something that seemed to emerge as a considerable outcome of counselling for some participants. For some survivors this seemed to be related to physical safety and this seemed especially important for survivors who had experienced a significant degree of hypervigilance and hyper-arousal. For one survivor, having her counsellor explicitly tell her she's safe seemed to reduce her anxiety quite considerably. For another survivor, feeling safe seemed more to do with emotional safety rather than physical. This makes sense in the context of her unique rape experience since she had experienced a significant degree of emotional betrayal, not only by the rapist who was known to her but also by significant others in the family. For this participant, counselling was a different experience for her in that it was a safe environment where she could freely express vulnerability. It seemed that there were several factors that contributed to her feeling safe including therapeutic silences and physical touch, as indicated in the quote below:

> "I felt like this was my haven, safe haven. Everyone here was so kind and so friendly, and, because of the counsellor, that was really… I could sit in silence here and I would feel safe. But the moment I go out by the door, it's like do I have to face reality again?" (participant 5)

Finally, some survivors described the act of finding **purpose** after being raped as an outcome associated with their counselling process. For these survivors this seemed to centre on using their experience as a way of helping others who had been in similar situations. This seemed to help participants feel useful and possibly that some good had come from their rape experience. For one survivor, her sense of purpose seemed related to the act of passing on the lessons she felt she had learned in counselling. For another survivor, her sense of purpose was generated by sharing her story with others. She described how the realisation that she could help others made her feel needed and gave her a sense of belonging. This makes sense for this survivor since she clearly had an extraverted personality and was the kind of person who felt energised through interpersonal connections. It may also explain why she placed considerable value on being part of a support group since this seemed to provide the platform that enabled her to achieve this sense of purpose. She described her experience:

> "I don't know everything, but now I can help someone else. Counselling helped me with this, I felt needed, I had a sense of belonging." (participant 4)
>
> "In the support group, everyone shared their experiences. I ended up doing most of the talking! I felt that because I was older and my story was different I could help others." (participant 4)

Overall, the findings of this theme highlight the phenomenological experiences of the rape survivors in this study in terms of what they felt were outcomes of their counselling process. The majority of these outcomes seemed focused on emotional aspects which creates the idea that the most salient outcomes in the minds of the survivors seemed to be the ones

that facilitated congruent emotional expression and the sense of comfort and connection. While more functional aspects of counselling were noted, these were much less reported by the survivors than the emotional outcomes. This observation is interesting since many of the therapeutic models used for treating PTSD often make use of a considerable number of techniques in order to bring about functional outcomes. This is elaborated on further in the discussion that follows.

Discussion

While questions relating specifically to counselling outcomes were not framed as such as part of the interview schedule, survivors seemed to consistently describe what could be conceptualised as gains from their counselling process when asked about their overall experience. These gains were centred either on emotional aspects (which seemed to act as a gain in itself) or as a functional gain (which seemed to serve the purpose of allowing the survivor to continue living their life effectively and fully).

While it is difficult to relate unique, phenomenological experiences of individuals back to literature, it was useful to look at existing South African rape treatment case studies as well as literature on the phenomenology of rape in order to attempt to contextualise these unique experiences. Doing this helped to contextualise what symptoms were addressed in achieving these outcomes as well as to understand how these gains were achieved and *why* these gains were so important for survivors. Also, since these studies are all from the perspective of the researcher, this theme will enable one to examine whether experiences of survivors accurately match the outcomes indicated as important by researchers.

Firstly, survivors' sense of feeling understood by others, being connected to others, feeling acknowledged and accepted and feeling that they belonged all point to possible symptoms of disconnection, isolation and loneliness. They are also suggestive of rape survivors need for social support from others. This experience has been well documented in

previous literature which highlights the fact that rape survivors often feel a sense of alienation and being set apart from others (Padmanabhanunni, 2015). This experience can arise because of negative reactions from others as well when the survivor feels that other people may not understand or be able to relate to their victimisation (Padmanabhanunni, 2015). This has been clearly seen in the experiences of some survivors in this study and may explain why this seemed to be at the forefront of their experience as being something they valued in terms of what they gained from counselling. It can undoubtedly be a very lonely place when one feels misunderstood, disconnected and isolated from others. As a result, it makes sense that, when these feelings are reduced through counselling, that this be viewed as a beneficial treatment outcome. It's likely that this outcome was achieved both through use of the therapeutic relationship in counselling as well as the mobilisation of social support which has already been noted as an important intervention in the minds of survivors. It's likely that the increase in feeling understood, acknowledged, accepted and connected is the reason *why* this intervention seemed so important. This assumption is supported by rape outcome literature which highlights the importance of the inclusion of social support as part of rape counselling (Padmanabhanunni & Edwards, 2012, 2013, 2015a; Payne & Edwards, 2009). It's also important to consider individual rape survivors' existing value systems which are informed by cultural norms and practices found in South Africa. For one survivor, her existing values centred on a sense of belonging to a family and community as well as on the closeness that is shared between family members. Having a counsellor who sensitively acknowledged these values by mobilising the support of her sister and by creating a counselling environment that felt like a family therefore seemed especially memorable and helpful for this survivor in particular.

The sense of increased trust was salient across most of the survivors outcome experiences and this reflects the significance of the experienced betrayal that so often

characterises the aftermath of rape (Padmanabhanunni, 2015). The sense of betrayal is especially significant when the perpetrator is someone known to the survivor or when significant others fail to respond in ways that are supportive and protective of the survivor (Padmanabhanunni, 2015). This was the case for at least two survivors and may explain why this outcome was so important for them. Interestingly, both of these survivors suffered from self-blame which often goes hand in hand with unsupportive reactions from others (Padmanabhanunni, 2015). As a result, it's likely that interventions likely to increase survivors sense of trust (which seemed to be achieved in this study through specific counsellor skills and the quality of the therapeutic relationship) would be experienced as an important treatment outcome for those whose post-rape presentation was characterised by self-blame and mistrust of others.

Related to the issue of trust is the fact that rape often challenges notions about order and meaning in the world and can lead to the belief that the world is unjust, unpredictable and uncontrollable (Padmanabhanunni, 2015). This may explain why interventions that enabled a sense of increased agency and control as well as the sense that one can predict one's symptoms were experienced as important outcomes for some survivors. This is supported by research which highlights survivors increased sense of agency as an important treatment outcome for sexual trauma (Padmanabhanunni & Edwards, 2013).

Having a sense of agency is also likely to result in feeling more empowered, which was another important counselling gain for some survivors. The empowerment of survivors has also been documented as being an important treatment outcome in the existing literature (Padmanabhanunni & Edwards, 2013; Payne & Edwards, 2009). Since the act of rape, unlike other forms of trauma, entails the physical incapacitation of the victim, it's likely that powerlessness will form a key feature of survivors' phenomenology (Padmanabhanunni, 2015). While survivors in this study didn't necessarily speak about feelings of

powerlessness, the mention of feeling empowered as a result of counselling alludes to this and may explain why it was so important as an outcome for them. This sense of empowerment may have also brought about feelings of renewed energy which some survivors also described as a result of counselling, although the concept of energy has not been documented in the literature.

Having an increased sense of safety also seemed to be experienced as an important treatment gain for survivors and this echoes previous literature findings which suggest that establishing a sense safety (Padmanabhanunni & Edwards, 2012, 2013) is a crucial component of therapy for rape survivors. The act of rape is likely to create a sense of fear not only because of rendering the individual physically unable to defend or protect their body but also because of the very real threat of being severely injured or harmed. This fear is likely to lead to survivors questioning the capacity to protect themselves and thus the need for safety becomes paramount (Padmanabhanunni, 2015). Additionally, as a result of low conviction rates in South Africa (Vetten, 2011) many survivors have to contend with the possibility of encountering the perpetrator in their community which places them at increased risk of further harm and aggravates distress (Padmanabhanunni, 2017). It would therefore make sense that survivors in South Africa place greater emphasis on the need to feel safe as part of their counselling outcomes.

Experiencing a decrease in symptoms which enabled survivors to continue to live their lives fully was also experienced as an outcome of counselling. Having their symptoms lessen as a result of counselling was viewed as an important indicator of improved mental health for many of the participants and this also played an important role in reclaiming their life by resuming activities that they had not been engaging in. This treatment outcome has received considerable attention in the literature and there seems to be a general consensus that a reduction in symptoms is experienced as positive by trauma survivors (Padmanabhanunni &

Edwards, 2013, 2015a; Payne & Edwards, 2009). Some survivors also described feeling a sense of liberation and, while this has not been conceptualised in available literature, this may be related to the feeling that being able to return to previously enjoyed activities might create for a survivor who might have felt fairly restricted following her rape.

Some outcomes that were highlighted by survivors in the study reflect very unique and specific outcomes which have not yet received much attention in the rape treatment literature. These include the experience of forgiveness for the perpetrator, the experience of closure and the experience of comfort and relaxation.

Forgiveness for the perpetrator seemed to play a role for those survivors whose perpetrator was known to the family. Being raped by someone known and trusted is likely to have brought on many mixed feelings for the survivor including a strong sense of betrayal, especially given that the perpetrator was someone who had been loved and admired by her. Forgiveness may have been viewed as a positive outcome because it may have facilitated a process where the survivor could begin to integrate her feelings in a healthy way and in a way that made sense to her. It also seemed to have brought about a sense of closure and peace for the survivor at being able to let go of resentment that may have been harboured.

Similarly, the experience of increased comfort and relaxation may have been viewed by survivors as an important indicator of improved mental health since they had likely experienced a significant amount of time feeling very distressed and unable to relax due to symptoms of hyper-vigilance and hyper-arousal. In this study, survivors seemed to experience comfort and relaxation when they felt they could be themselves, that they were cared for and understood. This sense of comfort seemed to extend to opening up in counselling, engaging with certain interventions and engaging with the counselling process. As mentioned earlier, it's likely that the issue of time may have also contributed to survivors' sense of comfort that was experienced.

Conclusion

This chapter outlined the findings of the superordinate themes and sub-themes that emerged from the individual interviews with participants. Much of the focus of this chapter was on the content of what was said however interpretations were included where appropriate. The chapter described and discussed the helpful and unhelpful counselling aspects as experienced by female, adult rape survivors and the meaning they attach to these experiences. The major conclusions that emerged from the findings of the study and the implications of these on the field of rape counselling in South Africa are discussed in further detail in the following chapter.

Chapter 6: Conclusion, Recommendations and Limitations

Chapter Overview

The aim of the final chapter is to provide a concluding discussion of the results that were presented in the previous chapter. It also serves to shed light on the strengths and limitations of the study as well to make recommendations for the future. The study aimed to explore and describe rape survivors' experiences of counselling aspects. More precisely, the study aimed:

1) To explore and describe rape survivors experience of helpful aspects of their counselling process
2) To explore and describe rape survivors experience of unhelpful aspects of their counselling process
3) To explore and describe the meaning rape survivors attached to these experiences.

The results of the study have been presented in the previous chapter.

Conclusion

Several notable conclusions can be drawn from the findings of this study. Firstly, the counselling aspects that were experienced as unhelpful by survivors were significantly less

reported than those that were experienced as helpful. This is consistent with previous literature that suggests that clients may feel more comfortable discussing helpful aspects than unhelpful and that unhelpful aspects are often left up to the researcher to generate based on inferences rather than explicit client revelations (Henkelman & Paulson, 2006). This was evident in this study since all of the rape survivors that were interviewed explicitly expressed that their counselling process had been mostly positive with very few unhelpful components. Unhelpful aspects that were identified were discussed a lot less spontaneously and often required extensive probing in order to fully understand their context.

Secondly, the majority of these helpful counselling aspects centred on the interpersonal style of the counsellor and the quality of the therapeutic relationship (including specific counsellor skills) rather than interventions and techniques. In this study, the quality of the relationship between the counsellor and the survivor, especially with regards to the experience of connection, seemed to be a factor which underpinned all other aspects of counselling. This sense of connection was something that seemed to enhance the effectiveness of many other techniques and interventions used in counselling and it was often the aspect of counselling that seemed the most prominent to survivors when asked about their overall experience. This is indicative of its relative importance in the minds of rape survivors when it comes to what parts of counselling were seen as helpful. When looking at the superordinate themes that emerged from the study, it is interesting to note that many of them included survivors' experience of a connection with the counsellor through acts like empathy, non-judgement, support, care, understanding and patience. This meta theme suggests the importance that rape survivors place on the experience of connection with another. While this sense of connection is often found as a common factor across many therapies, the findings of this study serve to shed light on the importance of making this a core component of counselling when it comes to the treatment of rape survivors. Since survivors are often

stripped of dignity and treated in a very de-humanising way during and subsequent to the rape, it makes sense that the experience of connection would serve a therapeutic purpose in the way it reverses survivors sense of de-humanisation, disconnection and alienation. Furthermore, for survivors in this study, having a counsellor who responded to their individual needs with empathy, support, non-judgement, patience and respect created the environment where a sense of closeness could be restored in a safe and humanising way.

Many of the aspects which demonstrated a sense of connection were related to characteristics of the counsellor. Counsellor attributes like her friendliness, helpfulness, compassion, respect for the survivor, flexibility and reassurance were all experienced by survivors as factors which made them feel understood by their counsellor. These kinds of characteristics seemed especially important because of survivors' likely experience of alienation that often goes hand in hand with negative reactions from family, friends and the community after rape. Other aspects which seemed to restore survivors' sense of connection were the experiences of having a non-judgemental and professional counsellor. This seemed to alleviate survivors' sense of self-blame as well as increase their sense of trust which is often left diminished following the betrayal of rape.

Some unique findings emerged in this theme which centred on the experience of having a committed and caring counsellor. For some survivors, having a counsellor who remained with them despite challenges seemed important in creating a sense of trust while having a caring counsellor seemed to help survivors feel important and as though their needs mattered. This was often communicated through practical gestures and centred on survivors' basic needs of nutrition and mobility. This kind of support would be especially relevant for South Africa given the degree of poverty and unemployment that exists. It would therefore make sense that this offering of practical assistance may be seen as especially caring by survivors because of their own lack of resources when it comes to addressing basic needs.

Other unique findings centred on survivors' experience of closeness and intimacy, often demonstrated through authentic physical contact, eye contact and tone of voice. These aspects of counselling have received considerably less attention in counselling literature but were shown to be especially important for rape survivors in restoring their sense of safety and trust. Eye contact was noted as being an important factor to consider in a South African context since the meaning of this kind of act may differ depending on cultural norms which often inform the counselling relationship. Despite the differences that existed in the meaning of eye contact in this study, survivors were openly comfortable with the use of eye contact in their own counselling process. This finding serves to highlight that, while cultural norms relating to certain aspects do exist and that every care should be taken to sensitively respond to these, adherence to them is not always a requirement when it comes to the needs of the rape survivor.

Further interesting findings centred on the demographic characteristics of the counsellor in the sense that survivors placed more emphasis on the quality of the relationship they had with their counsellor and feeling connected to their counsellor than they did on demographic differences like race, language and culture. This has important implications for South Africa since these factors may often be perceived to act as barriers to a therapeutic relationship. This study provides strong suggestion that these factors have little bearing on the development of a sound therapeutic relationship and that having a sensitive and caring counsellor would likely be viewed as more important by survivors. This highlights the *universal* need for human connection that often follows a trauma like rape and how this need is likely to override these kind of barriers.

While specific cognitive-behavioural interventions and techniques seemed less salient in the minds of the rape survivors, there were several that were experienced as factors which facilitated therapeutic healing by means of restoring survivors sense of dignity.

Normalisation, reassurance and psycho-education were especially helpful at alleviating survivors sense of guilt and shame as well as reducing their levels of anxiety. These aspects also seemed to help survivors generate insight into their symptoms and reduce their sense of isolation that they experienced due to negative social reactions from others following their rape. Traditional features of trauma treatments such as exposure and re-living were also experienced as helpful by survivors however this study yielded some interesting findings when it came to the timing of the implementation of this technique. Survivors were open about the fact that sensitive timing of this intervention was important for them as well as the support of a sound therapeutic relationship which helped mediate the distressing emotions that this technique often elicited. Despite the distress experienced with this intervention, all survivors admitted its usefulness when combined with appropriate timing and the support of their counsellor.

The issue of time was also seen as important when it came to the length of the counselling session. While there may be assumptions that extended counselling sessions may overwhelm clients who are at risk for experiencing overwhelming emotions and high levels of distress, this study showed that extended counselling sessions were experienced quite differently in that it seemed to allow the survivor to feel that her need for time and completion was understood and granted. It also seemed to create the idea the survivor was important and that her needs mattered to the counsellor more than the length of the session. Similarly, survivors also felt that their need for time in feeling comfortable and openly sharing information and feelings with their counsellor was also respected and acknowledged through the counsellor's use of patience, silences and communication of understanding. Furthermore, the helpfulness of interventions and techniques seemed especially emphasised when the counsellor took the survivors unique needs for time into consideration. These

findings support the idea of a stage based approach to the counselling of rape survivors so that their individual psychological readiness can be sensitively accounted for.

Some skills and techniques that are not traditional features of trauma treatments were also seen as helpful. These included the provision of practical support for survivors as well as offers of follow-up counselling. The offer of practical support often included money for transport, food and beverages, assistance with accommodation and help with educational or occupational goals. As mentioned previously, this kind of support seems especially useful in a South African context because of the uneven distribution of resources and the fact that many rape survivors living in impoverished communities do not have adequate access to services because of limited financial resources. While many Western trauma treatment models recognise the symptom of helplessness as something commonly experienced following rape, it's likely that South African survivors experience this to a greater degree since many are unable to access the things needed for recovery such as counselling and medical treatment. Practical support would therefore be an important aspect to consider adding to the treatment of rape survivors, specifically in South Africa. The same can be said with regards to the provision of follow-up counselling. While the offer of this kind of support was seen as helpful by survivors in alleviating feelings of loneliness, it was also described as impractical by some. This was because of similar reasons associated with limited financial resources which prevented them from making full use of this kind of support.

As a result of this limitation, many South African survivors may turn to family or community members when seeking care following their rape. While there may be benefits to this, it must be noted that many family members may not have an adequate understanding of the impact of the trauma on the survivor and therefore may be poorly equipped to assist them in coping. In these instances, the provision of support for the family may also be beneficial

and this was also seen to be useful by some survivors of the study, especially those who seemed to place greater emphasis on feeling connected to family and their communities.

Feeling an increased sense of connection and belonging as well as feeling understood, accepted and acknowledged were also felt as subjective outcomes by many of the survivors in this study. This echoes the underlying relational aspect that characterises the other themes and that points to the overall emphasis that survivors seemed to place on the humanistic aspects of their counselling. These findings highlight the importance of including aspects which facilitate this sense of connection as part of the treatment of rape survivors since many survivors felt this to be an important marker of improved psychological health. This is another example of how an experience of human connection facilitates important therapeutic functions for rape survivors in the way that they undo many of the harmful consequences of rape. Another interesting feature was that most of the survivors seemed to emphasise more emotional gains compared to functional gains when it came to what they viewed as outcomes of their counselling. This further supports the degree of importance attached to the therapeutic relationship and the restorative qualities that a sense of connection with the counsellor provided, especially after a dehumanising event like rape. Since many survivors are likely to experience a sense of alienation and isolation following their rape, it would make sense that the re-establishment of trust, connection, and closeness be regarded as a marker of improved psychological functioning by survivors. A unique feature of this theme was the experience of increased safety. Given the ruptures in both physical safety as well as emotional safety, it's likely that many survivors enter into counselling with a significant degree of fear. In South Africa, there are also considerably low conviction rates which means that many survivors may have to face the very real threat of coming into contact with the perpetrator in their community. This sense of fear would therefore be especially significant

for rape survivors in South Africa and may be why an increase in safety was emphasised as an important marker of success of counselling.

Overall, survivors in the study were significantly more open about counselling aspects that were more helpful than unhelpful. Unhelpful aspects were often only elaborated with significant probing questions and many were determined by inferences made throughout the interviews. Additionally, a meta theme emphasising the quality of the therapeutic relationship, specifically when it came to the experience of demonstrated human connection, seemed to receive significantly more emphasis in the minds of the survivors. These aspects seemed to provide the foundation for other interventions and techniques in the sense that they provided the support needed by the survivor to engage with them in a therapeutic way. Even though this sense of connection is often the foundation of treatment for many different therapies and for clients with a range of presenting problems, this study demonstrates the importance of including this as part of the therapeutic process when counselling rape survivors in particular. The study highlights the many restorative functions that the experience of human connection fulfils when it comes to the phenomenology of rape (for example lack of trust, disconnection from others, shame, low self-worth, loss of dignity). Furthermore, this experience of connectedness seemed to overcome demographic differences that existed between the counsellor and the survivor. This is especially useful for a multi-cultural context where culture, race and language may be perceived as acting as barriers to the development of a therapeutic relationship. This study provides strong suggestion that the provision of a therapeutic relationship and the fulfilment of one's need for connection after a traumatic incident like rape is universal in nature and can often overcome differences.

Some counselling aspects yielded further important information for use in a South African context in terms of practical and social support, safety and follow-up services. These techniques are likely to benefit rape survivors from impoverished communities where there is

considerably less access to resources and where many survivors may often rely more on the social support of communities than Western countries. These findings have important implications for the future of rape counselling in South Africa. This will be discussed in the following section.

Recommendations

The study has several important implications for the field of rape counselling in South Africa as well as areas for further study. Firstly, counselling interventions for rape survivors should be tailored to suit the survivor's unique needs, context and levels of insight since it is these interventions, that were uniquely adapted to suit them, that survivors in this study felt were most helpful. This would require a degree of counsellor responsiveness to feedback from the survivor in terms of their overall preferences.

Secondly, emphasis should be placed on the relational aspects when it comes to the counselling of rape survivors. Given the interpersonal violation that characterises rape, it makes sense that survivors place a significant degree of importance on the quality of the relationship and the restoration of dignity and connection with their counsellor since this is likely to form the foundation of therapeutic change.

Thirdly, counselling for rape survivors should include a form of post-counselling care. This follow up should be provided after approximately two months from when counselling ends. This is likely to ensure that enough time has passed for therapeutic change to occur while still maintaining a sense of connection with the counsellor. Practical and social support should also be incorporated into the counselling of rape survivors, especially in the initial stages of counselling where the likely need for this would be the greatest. Additionally, the timing of interventions and techniques shown to be distressing for rape survivors need to be carefully and sensitively timed and only delivered once a sound therapeutic relationship has been developed to ensure maximum comfort.

Finally, the results of the study have revealed a need for further study on models of readiness for rape related counselling. This could include aspects involving readiness in coming to counselling, opening up in counselling, feeling comfortable with certain techniques (like exposure and other reliving interventions) and finally being able to gain closure and resume functional activities. This could be combined with the above recommendations to ensure a truly unique and meaningful counselling experience for rape survivors in South Africa.

Limitations

There are a number of limitations to the study which should be acknowledged. Firstly, while qualitative designs are useful for certain kinds of investigations and particularly in trying to understand how individuals make sense of specific phenomena, their use of nonprobability sampling often means the results cannot be generalised in a quantitative sense. The findings of this study provide a very rich description of a specific context which means that readers would need to determine whether this context applies to their situation before considering the transferability of the results.

Secondly, it's likely that the sampling procedure introduced some bias to the study. Since the survivors interviewed were those that had returned to the rape crisis centre for more than one counselling session were likely also those that had experienced the sessions to be helpful. It would be interesting to interview the survivors who had not returned to counselling to explore their reasons for the discontinuation and thereby gain more information on what might have been viewed as unhelpful.

Thirdly, one survivor did not return for a follow up interview and this is likely to have reduced the richness of this interview. This survivor had (and continued to have) a significant degree of anxiety which seemed related to both her personality and her rape incident. It's likely that this may have interfered with her comfort with being interviewed and could possibly

explain the reason for her non-return. As a result, my interpretations from the interview couldn't be confirmed by the survivor which may have reduced the quality of the interview.

Finally, one survivor did not agree to the use of a recording device as part of her interview process. While the freedom to refuse being recorded was explicitly emphasised to participants of the study, the act of doing so meant a likely reduction in the richness and accuracy of the interview.

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Appendices

Appendix A: Participant Information Letter

Dear Participant

Thank you for allowing me the opportunity to inform you about my research and ask you to participate. I am currently completing a Master's study about rape survivors' experiences of counselling and the aspects they perceived to helpful and unhelpful during their counselling process.

You have been selected as a participant for this study based on your counselling experience at the rape crisis centre. The information for this study will be gathered through a biographical questionnaire and semi-structured interviews. The interviews should last for approximately one hour. Follow-up interviews will be conducted with each participant to ensure clarity of responses. These interviews will last approximately one hour.

The interview process is confidential and participation in the study is voluntary. Your decision to take part/not take part in the study will in no way affect your access to the services rendered to you through the rape crisis centre. Should you choose to take part in the study, you may decline to answer any interview questions you may feel uncomfortable with.

There is no financial incentive for participation and you are free to withdraw from the study at any time. The results, together with additional information, will be used to design training for future rape counsellors. Feedback on the findings of the study can also be provided to you in the form of a written report.

Finally, the research will be published as a written dissertation for academic purposes and will be available at the University of KwaZulu-Natal. You will not be required to write your name on the questionnaire and your identity will remain confidential throughout.

If you decide to participate in the study, you will be asked to give written, informed consent. Please sign your initials against each section to indicate that you understand and agree to the conditions of the study.

If you require the assistance of a counsellor after the study, the rape crisis centre will be available to offer support. Please indicate this on your biographical questionnaire should you require their assistance.

Please feel free to ask me any questions you may have. Your assistance in this study is appreciated. Should you require any further information regarding the study, please don't hesitate to contact me on 0828973201.

Thank you.

Melissa van Rooyen

Researcher

0828973201

Professor D. Cartwright

Supervisor

031 260250

Appendix B: Informed Consent

DECLARATION OF PARTICIPANT

Please initial each paragraph.

I, _____ (name) confirm the following:

1. I understand that I have been invited to participate in the above mentioned study which is undertaken by the researcher Melissa van Rooyen of the Department of Psychology at the University of KwaZulu-Natal.
2. This study aims to explore the helpful and unhelpful counselling aspects experienced by rape survivors. The results of the study will be made available to the rape crisis centre in the form of Counsellor training. They will also be published in a written dissertation at the University of KwaZulu-Natal. Feedback on the findings of the study can also be provided to me in the form of a written report.
3. I understand that I need to complete the biographical questionnaire and take part in the interview process.
4. I understand and give consent for the researcher to audio record my interviews.
5. My identity will not be revealed in any discussion or publication by the researcher.
6. I understand that my participation is informed and voluntary, and I am free to withdraw my participation at any time.
7. No pressure has been exerted on me to participate in the study.

I hereby give voluntary, informed consent to participate in the above mentioned research study.

Signed at _____ on _____ 2017.

Participant Signature _____

Researcher: Melissa van Rooyen

0828973201

Research Supervisor: Professor D. Cartwright

031 2602507

Appendix C: Biographical Information

Please complete the following questionnaire:

1. Age

   _____

2. Gender

   _____

3. What is your home language?

   _____

4. When did you receive counselling at the rape crisis centre?

   _____

5. Approximately how many counselling sessions did you have?

   _____

Appendix D: Interview Guide

1. How did you find your counselling experience at the rape crisis centre?
2. Was there anything that stood out for you in particular?
3. What kinds of things did you find helpful in counselling?
4. Was there anything in counselling that you did not find helpful?
5. What advice would you give to counsellors that treat rape survivors?

Possible probing questions:

- Did your counsellor ever ask you to think back to the event? Did you ever have to tell your counsellor about the rape in detail?
- Did your counsellor encourage you to think differently about the event in any way?
- Did your counsellor provide you with information on the kinds of things you may be experiencing and the reason for these symptoms?
- What made it easier for you to talk to your counsellor? What were the things that made it difficult to talk to them?
- What were the things that the counsellor did/said that made you feel more comfortable in counselling? What were the things they did/said that made you feel uncomfortable?