CHAPTER 1

ORIENTATION OF THE STUDY

1.1   INTRODUCTION

In recent years, there has been more focus on the effects of traumatic events on individuals who are victims of trauma more than the crisis workers themselves. Often trauma managers too have dramatic reactions to these extraordinary events that may leave them overwhelmed and upset. In most cases, when a significant crisis occurs, the individuals involved may benefit from an opportunity to talk about their encounters either as individuals or as a group, depending on the circumstances. For that reason trauma debriefing has been promoted as a method to help healing and resolution.

One big challenge that faces the social work professional arena today is to find out what happens to the individuals who provide debriefing. The question of who provides help is not as important as the fact that help has to provided. An examination of the literature within the broad context of research reveals that trauma management is a complex process and often not well utilised by organisations in taking care of their debriefers.

The South African Police Service (SAPS) is a government safety and security department which is mandated by the South African Constitution to:
"prevent, combat and investigate crime",
"maintain public order",
"protect and secure the inhabitants of the Republic and their property", and
"uphold and enforce the law".

It is during the police's execution of tasks that they are directly or indirectly exposed to traumatic events that warrant the intervention of professional debriefers.

1.2   MOTIVATION FOR THE CHOICE OF THE STUDY

South African citizens and those of other countries are vulnerable to critical incidents, and the disruptive influences on society, are also open to a range of more specific critical incidents occurring in their daily lives. This places both the victim and individuals (specifically police officers, medical doctors, traumatologists, therapists or counsellors and other helpers) at a greater risk or trauma related emotional and psychological symptoms and disorders.

Mouton and Marais (1990:34-37) differentiate between self initiated and contract research. Leedy (1993:53) implied that self-initiated research can be protected can be prompted by mere inquisitiveness about an interesting phenomenon or about something which presents a puzzle.

The researcher has to a large extent become motivated to undertake the study as a result of her practical and professional experience in the field of trauma debriefing. Since she started working as a trauma debriefer for five years in the Police Services, the researcher has been amazed by the fact that trauma debriefing is concentrated on the victims of trauma only, whereas the help providers are never afforded an opportunity to be supported.

Much of the researcher's daily work is to attend to members of the service who have been exposed to traumatic situations. This exposition has made the researcher to be primarily interested in interpersonal relationships that have become more and more of secondary traumatisation and burnout in professionals working with other individuals' traumas.

In all the instances where the researcher had provided debriefing to trauma victims, the researcher has experienced mental fatigue, was very distressed and in the extreme, has had recollections of what the victims were relating

during the debriefing process. All of these sparkled curiosity in the researcher as to what the experiences of other debriefers could be? Could they too be exposed or affected by specific traumatic events such as:

- The trauma of witnessing death or being exposed to the dead.
- Intra family murder.
- On the gruesome scene debriefing, for example, rape, armed robberies, hijackings, motor vehicle accidents, completed suicide or a suicide attempt.
- Hostage taking.
- Any critical incident that a person reports, for example domestic violence, divorce and family murder.
- Physical attack on a person, colleague/ friend/family member of the individual.
- Any shooting incident where an individual is directly or indirectly involved.

The researcher's argument in this context is that the reaction to trauma is as universal as the exposure to it. According to Schulz, Van Wijk, and Jones (2001:137), the reaction to trauma is a complex process that affects every aspects of human existence to a certain degree. The broad spectrum of trauma debriefers, emergency and law enforcement personnel, hostage negotiators and counsellors are exposed to crisis, traumatised people and gruesome incidents on a daily basis.

On a daily basis the SAPS is overwhelmed by the exposition of the helping professionals (debriefers) to traumatic events. In the Limpopo Province, there are only 15 active debriefers who have to render support services to about 10 000 police officials. By implication this means that one debriefer is responsible for about 666 police officials on average. This means that no debriefer gets rest and this has real a impact negative on their effective functioning.

At the present moment, there is no programme in place to assist these debriefers with trauma management, because employers are not aware of what the debriefers are experiencing in the execution of their tasks. When the

researcher shared her intentions with her manager to undertake a study on the living experiences of the debriefers, he was impressed and expressed that it was long overdue.

1.3   PROBLEM FORMULATION

Living experiences are surrounded by local, national and international trauma, which are equally thought-provoking, even entertaining when one has internalised the feelings, always characterised by the drama of the action, the passionate involvement of the unknown, and the unpredictability of the outcome. In most instances, it is expected of debriefers to assist the victims of trauma to return to their pre-crisis levels of functioning and to seek avenues for positive change.

The question that triggered the researcher's interest in this study is what happens to the debriefers (themselves) after helping the victims of trauma to reach their state of equilibrium. The victims of traumatic events, suffer the trauma well beyond their initial devastation, confusion, frustration and often hate the experience. For them more concrete responses are necessary than politically correct and sympathetic statements expressing their endurance. Caring and focused attention to practitioners, who themselves have being traumatised is a cause for concern.

According to Freedy and Hobfol (1995:255), the long term effects of traumatic incidents are not limited to victims only, but also to others who come into close contact with a trauma victim. Thus, debriefers suffer from "secondary traumatisation" - of which they may experience considerable emotional upset and may, over time, themselves become indirect victims of the traumatic event(s) as related by the victims they are helping.

The issue of what the debriefers are going through seems to be ignored as the focus of help is more often directed to the victims. The researcher's argument in this regard is not against victims getting assistance at all, but a need for recognition of the experiences of those who are committed through

their work to promote the well- being of the victims. The contentious issue is what really happens to debriefers after they have executed their duties, that is, what is the impact of what they are doing to themselves?

Everly and Lating (1995:289) also cited that working in the trauma area confronts debriefers in an unusually personal way because it requires the ability to accept the reality of human tragedy. From a practical experience the researcher would concur with Everly and Lating (1995:283), with a view that it could be extremely challenging because the debriefers are not protected from being indirectly affected by the ordeals as expounded by the victims.

The very nature of debriefing can make debriefers experience stress. This means that by the very nature of their work, debriefers are vulnerable human beings who according to Everly and Lating (1995:283), have all the normal and psychological responses to the horror of human suffering which are the same as those of the victims.

According to Schulz et al. (2001:2) what each traumatic experience illustrates is a common phenomenon. That phenomenon is a delayed - response mechanism built into each human being. The same is true with help providers (debriefers). After every traumatic event they have attended to, emotional pain is elicited. If they are not afforded time to ventilate their experiences after being exposed to painful events, they would do their ventilation later, or they would suffer from post traumatic stress.

The debriefers, whether emergency service personnel, hostage negotiators, psychologists, social workers, chaplains or therapists, are affected by the circumstances in which they work. Trauma is not something to which one can become accustomed, rather there is a need to develop ways of dealing with such experiences.

It is in this context that the researcher anticipates to explore the impact of debriefing on debriefers from their perspectives, for the sake of generating an understanding into the phenomenon of trauma debriefing.

1.4   AIM AND OBJECTIVES OF THE STUDY

1.4.1   Aim:

The overall aim of this study is to explore the impact of debriefing on debriefers in the context of the SAPS Helping Professions, Limpopo Province.

In an attempt to generate a greater understanding of the debriefers' contact with victims of trauma, the proposed study will endeavour to make sense of what the debriefers are going through after debriefing. Specifically, the study would explore what they live through (the real impact) as a result of their practice.

1.4.2   Objectives of the study:

- To describe through an empirical study, the impact of trauma debriefing on debriefers.

- To conduct a literature review on the debriefing process and the impact of trauma debriefing on debriefers in the SAPS, Limpopo Province

- To formulate recommendations about the usefulness of trauma debriefing to debriefers.

1.5   RESEARCH QUESTION

According to De Vos (1998:115) research always commences with one or more questions or hypothesis. Questions are posed about the nature of real situations, while hypotheses are statements about how things can be. Research questions are more relevant if the researcher works qualitatively, and hypotheses when the researcher works quantitatively.

The researcher's pre-understanding on the subject was developed by examining some of the relevant literature in the phenomenon of trauma debriefing. In keeping with literature, most of the research work has been done with specific focus on the effect of trauma on the victims, and the necessity to be offered assistance within reasonable times, preferably immediately after the incident.

During the examination of the literature review on the phenomenon, lesser focus on what trauma debriefers live through has been alluded to by writers of victim empowerment. This and other observations raised questions in the researcher's mind, one of which is specifically relevant to the present study:

- What is the impact of trauma debriefing on debriefers?

The researcher believed that a careful analysis of the impact of trauma debriefing on the debriefers was essential in order to gain a better understanding of the nature of their lived experiences in the context of their secondary exposure to traumatic incidents.

1.6   RESEARCH APPROACH

Basically the researcher was interested in the quality of information from the participants' perspective. As such the approach that was followed in the execution of the research process was a qualitative method.

According to Strauss and Corbin (1990:125), there are several valid reasons for doing qualitative research. One of the reasons therefore, is the conviction of the investigator based upon research experience. Sometimes the researcher may want to obtain a more holistic picture of what goes on in a particular situation without using the monopoly of numeric methods to produce ideas.

Qualitative research approaches have become increasingly important modes of inquiry for social scientists. According to Schurink (1998:243), the qualitative approach elicits participants account of meaning, experience or perceptions.

Mouton and Marais (1990:43) add that qualitative procedures are not formalised, the scope is likely to be undefined, and a more philosophical mode of operation is adopted.

Kvale (1996:122) also maintains that qualitative research is sensitive to the human situation and thus involves an empathic dialogue with the subjects under study. Qualitative data also provides both the contextual information as well as rich insight into the human behaviour. Taylor and Brogdan (1984:5), cited that qualitative research is a way of approaching an empirical world.

The researcher must point out that this naturalistic endeavour to know how people understand their world and their life is consonant with the phenomenological model in social sciences. Edwards (1997:6) cites that the phenomenological model puts emphasis on communal relationships - meaning that it embraces persons in their diversity as well as uniqueness of their experiences of phenomena.

Thus, the starting point of the qualitative researcher in this study was the importance of the human experience. As such, the researcher agrees with Stevens (1995:28) in his contention that he regards qualitative approach research in social sciences as being ethically more appropriate as it takes into account the explanations of ordinary human beings without alienating their experiences from their social reality.

The research in this study was best suited to a qualitative approach. McLeod (1996:66) argues that qualitative research is a methodology of enquiry that builds around the collection and analysis of accounts of experiences as presented by people themselves. The strength in this research approach is its focus on the insider's view. It attempts to make sense out of the social world

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of the people being studied while reconstructing their view of that phenomenon or world.

Through this approach, the researcher was able to accumulate sufficient knowledge that could lead to the understanding of the subjects' experiences of the impact of trauma debriefing from their own crystal perspective. Essentially, the researcher definitely encouraged reflections of self by the subjects to narrate their experiences as trauma debriefers.

According to the qualitative research paradigm, the idea was to seek detailed, intense knowledge of what the phenomenon is and how it works. According to Schurink (1998:243), the qualitative research approach produces descriptive data in the participants' own written or spoken words. It thus involves the respondents' beliefs and values that underlie the phenomenon. As noted by Grinnell (1988:188), qualitatively orientated research studies attempt to describe a social reality from a subjective standpoint.

Due to the nature of the research topic under study, the researcher thus made use of a qualitative approach, because the researcher anticipated to explore and describe the impact of trauma debriefing on debriefers from their own crystal perspective with a view to generate a greater understanding of their contact with traumatised victims.

Essentially, the research subjects would narrate their lived experiences as trauma debriefers. These narration from the respondents would help the researcher to get an accurate understanding of these experiences which were seen as first order constructs.

1.7   TYPE OF RESEARCH

According to De Vos, Schurink and Strydom (1998:8), research is distinguished by the specific functions inherent in its findings. Research can thus be labelled either applied or basic (pure). Basic research seeks

empirical observations that can be used to formulate or refine theory. It is not concerned with solving immediate problems of discipline but rather with extending the knowledge base of the discipline. On the other hand, applied research aims at developing solutions for problems and applications in practice.

Fouché and De Vos (1998:69) described applied research as … " to extend knowledge of human behaviour relating to human service intervention". De Vos and Fouché (1998:80) elaborate further by saying applied research aims to make qualitative researcher more humanistic and relevant to the lives of people.

In the context of the undertaken study, applied type of research was pursued with a view to put into perspective the respondents' experiences from their own account. The researcher has chosen an applied type of research with a view that the findings thereof will contribute in addressing the immediate challenges facing the debriefers in their own environments.

1.8   RESEARCH DESIGN

Once the researcher has decided on what phenomenon he/she wants to research, he/she has to decide on a method for data collection. Patton (1990:168) asserts that the chosen method will not only be critically influenced by the course of the research, but will also be determined by the aims of the research. As such a research design was planned in order to obtain the respondents and collect information from them.

According to Patton (1990:169), qualitative research requires that the data to be collected must be rich in description of people and places. By its very nature, this study aimed at exploring the impact of trauma debriefing on debriefers in the context of the of SAPS Helping Professions, Limpopo Province.

This study was geared towards gaining new insight into what is the impact of trauma debriefing on debriefers. Therefore, the main aim of this study was to explore only (Grinnell, 1988:225). Also, of cardinal importance was that the study aims at describing the experiences from the debriefers' point of view.

Realising that not much has been written on the impact of trauma debriefing on debriefers, the researcher modified the approach so that emphasis is placed on exploration and description of the debriefers' experiences. Researchers doing qualitative study follow a flexible design which allows them to know people personally and to see them as they are thus at present the researcher intents to follow suit.

Hence, a combination of exploratory and descriptive research designs were employed in this study. In support of the combination of exploratory and descriptive designs, Mouton and Marais (1990:43) assert that the need for an exploratory descriptive research arises out of lack of basic information on a new area of interest.

1.9   RESEARCH PROCEDURE AND STRATEGY

Grinnell (1988:214) explains a semi-structured interview as one of the types of interviewing strategies. Greeff (2002:302) indicates that researchers use semi-structured interviews to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of, a particular topic. This method gives the researcher and participant much more flexibility. The researcher is able to follow up particular interesting avenues that emerge in the interview, and the participants is able to give a fuller picture.

Greeff (2002:302) continues and say that with semi-structured interviews, researchers will have a set of predetermined questions on an interview schedule, but the interview will be guided by the schedule rather than be dictated by it. Questions are nearly always open-ended.

As indicated by Greeff (2002:304) the researcher did after an interview, sat down and jotted her impressions of the interview. These notes helped her to remember and explore the process of the interview. Field and Morse (1994: 79-82) indicate that field notes are written account of the things the researcher hears, sees, experiences and thinks about in the course of interviewing.

Greeff (2002:305) mentions that by employing qualitative analysis an attempt is made to capture the richness of themes emerging from the participant's talk rather than reducing the responses to qualitative categories.

The researcher anticipated to interview 12 out of 15 SAPS debriefers on an individual basis, as the remaining three were allocated for the pre-test of the semi-structured interview schedule. A semi-structured interview schedule was administered. The debriefers' work experiences would be obtained, meaning that a detailed account of their experiences would be acquired in their own words through tape recording. These interviews took place at a mutually agreed venue, where confidentiality was assured. A series of interviews was necessary until such time that the major themes were exhausted and have generated a better understanding.

1.10   PILOT STUDY

A pilot study is defined in the New Dictionary of Social Work (1995:45), as the "process whereby the research design for a prospective survey is tested". Strydom (2002:211) indicated that a pilot study can thus be regarded as a small-scale trial run of all the aspects planned for use in the main inquiry.

Strydom (1998:178) asserts that in order to undertake a scientific research on a specific problem, the researcher should have a thorough background knowledge about the problem. As such a pilot study is indeed a prerequisite for the successful execution and completion of a research project.

Following is thus the components of the pilot study:

1.10.1   **Literature review:**

Strydom (1998:179) is of the opinion that the prospective researcher can only hope to undertake meaningful research if she is fully up to date with the existing knowledge as her prospective subject. Mouton (2001:86-87) ellaborate further by saying that when you embark on your study, one of the first aims should be to find out what has been done in your field.

An extensive and professional review of available literature was done exhaustively. The researcher has discovered that not much has been written on the impact of debriefing on debriefers. The literature has authors concentrated on the impact of trauma on the victims and not the helpers.

In his exhaustive professional literature on **compassion fatigue** Stamm (1995:10) expounds why there are few reports on the helpers' experiences he says it is because the field is still in a "pre- paradigm phase". By implication this means that much is still to be written about the "cost of caring".

Again when reviewing literature on trauma debriefing, it became clear that most authors like Stamm (1995), Figley (1995),and Saakvitne and Pearlman (1995) would have alluded to what they think debriefers could be experiencing, but not from their own viewpoints. More often than not other researchers would make recommendations along those lines towards the end of their writings. This is one reason why the researcher sees this as a loophole or challenge that needs to be faced by social work professionals.

Stamm (1995: 230) supports this assertion that until recently there has been little spoken about the importance of professional debriefing, or rather support groups dealing with counter-transference issues. Many debriefers have felt as if they were burnt out, others began re- experiencing their own demos, little was known as to where to turn to for help. Although progress has been forthcoming, much more needs to be done.

As such, an extensive review of literature would be expounded to in Chapter 3 and 4 respectively in order to put issues around the debriefing process and the impact of trauma debriefing into perspective.

The researcher used Venda, Pretoria, and Rand Afrikaans Universities to verify information regarding the available literature on debriefing.

1.10.2   Consultation with experts:

Since the field of social work is so broad, Strydom (2002:212) emphasises that people tend to specialise. Thus an increasing number of persons trained in a specialised area, or who have been active for many years in that specific area, undertake research. It is therefore extremely valuable to prospective researcher to utilise these resources.

In the researcher's proposed study, where she focused on the debriefers rather than the victims of trauma, the researcher has been quite often struck by the way in which the same professionals feel after doing their work. Hence, the expressed need about examining the debriefers experiences from their perspectives.

The following professionals were consulted with a view to expand knowledge development of the subject matter:

Dr. M. P Ligege from the Military Hospital in Pretoria (Voortrekkerhoogte), she has worked in the trauma unit for two years. As a professional, she says "I have been immersed with having to silently deal with my exposition to victims of trauma to an extent that I felt very powerless at times. My hunch tells me there is something that needs to be done for professionals in the field of trauma, and a study like this one is a big step forward".

Dr. L. D Mogorosi, Senior Lecturer at the University of Venda, Department of Social Work from 1994, had this to say: "A study about helpers for a change,

that's a great challenge, but I personally believe it could help the professionals a lot".

Ms. Antonette Struwig, Social Worker in Private Practice, Pretoria, had this to say: "Great study, wonderful idea, perhaps it could well orchestrate the very fact that helpers are human beings too. You know at times people expect so much from the debriefers but not realising the extent to which the helpers tend to carry their burdens. You can just imagine how many debriefers today are suffering from secondary traumatisation and at the worst, burnout".

Dr. W. Roestenburg, Senior Lecturer Rand Afrikaans University (Johannesburg), had this to say: "It sounds very interesting. It is not always easy for people to think about what impact trauma debriefing has on debriefers".

In the light of the consultations with these professionals, the researcher came to a realisation that their contribution helped in trimming down the topic of interest and make it researchable.

**1.10.3	Feasibility of the study:**

The proposed study was researched within the South African Police Services Helping Professions. Discussions with the Director in charge of the research studies, training and development Section, had already assured access to data collection.

The researcher was and still is a member of the Service and a Debriefer (see appendix A), so the feasibility for conducting the study did not pose a problem to the researcher.

The research was feasible because it was not difficult to get respondents as the researcher is working with them. The organisation granted the researcher written permission to study on a part time basis, this was indicative of the fact

that the researcher would have time to conduct the research within the desired time specification. The researcher had also saved funds for any contingency that could arise through this daunting task.

1.10.4   Pre - test of the semi-structured interview schedule:

The researcher pre - tested the semi-structured interview schedule with three respondents of the total unit of analysis of 15. The pre- test would give the researcher the latitude to check the relevancy of the questions and to see if amendments had to be done (Babbie,1990:223). The results thereof showed that there was no need to make any changes. The pre- test was done with the members of the same unit of analysis so as to avoid discrepancies in terms of the respondents' working environments and exposure. The respondents involved in the pre-test, were not used as part of the main study.

1.11 DESCRIPTION OF THE RESEARCH POPULATION AND BOUNDARY OF SAMPLE

1.11.1   Research Population:

Bless and Higson-Smith (1995:85) indicate that the entire set of objects and events, or group of people which is the object of research about which the researcher wants to determine some characteristics, is called the population. The unit of analysis (12 respondents out of a population of 15 debriefers, as the other 03 respondents were used during pre- testing) which was comprised of all the active participants in the field of trauma debriefing in the SAPS in the Limpopo Province, was targeted as the population. The researcher envisaged to interview the 12 debriefers (both males and females). The researcher did not have difficulty accessing the organisation as she was and still is a staff member and permission to conduct the study research has been granted.

1.11.2   Boundary of Sampling:

The chosen question for the study dictated that the researcher find appropriate informants who experienced the phenomenon being explored, namely, the impact of trauma debriefing. Participants were all in a position to articulate their conscious experiences. According to McLeod (1996:34), it is difficult to carry out effective qualitative research with very large samples since as samples increase, so does the difficulty of doing justice to the voluminous data that is being produced. The number of respondents was therefore suited to provide the in-depth focus necessitated by the subject of inquiry.

The unit of analysis comprised 12 respondents who were picked up from a population of 15 debriefers. The other three were used during the pilot testing. The subjects' similarities were that they had being exposed to a trauma debriefing course and practical debriefing with members. Due to unforeseen circumstances only 09 respondents participated in the study.

On the basis of their availability as trauma debriefers, sampling procedures were not necessary.

1.12   ETHICAL ISSUES

According to Strydom (1998:25) ethics refer to a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.

There is substantial individual variation in terms of specific manifestations of, and the speed with which people move through the trauma or secondary traumatisation. From the researcher's personal experience, it is difficult for people to recover from such impact of trauma either on primary or secondary level.

Similarly, it was expected that an intrusive study such as this could be overwhelming for respondents, with possible regression for some who incorrectly thought that they had resolved their traumatisation. Consideration was therefore, given for the ethical interests of participants through the following procedure:

Permission to conduct study:

Permission to conduct the study was obtained from the South African Police Service research committee - see appendix A.

Voluntary participation:

The researcher ensured that the participants were informed of their participation in the research study. Essentially, the researcher detailed the aspects of the study to the respondents for their full understanding so that they could freely agree to participate.

Informed consent:

Informed consent was obtained through a documented statement (appendix B) that was signed by the subjects that they had read and understood the description of the research study.

Confidentiality:

It is of cardinal importance to ensure the respondents' right to privacy, that is, any information that they offer would only be used for research purposes and nothing else. This means that the researcher ensured that the research setting was a safe environment to meet the guidelines for confidentiality.

Restoration of respondents:

In cases of risks to compassion fatigue that might be incurred as a result of respondents having to recollect their experiences, the researcher arranged a debriefing session strictly after the collection of data in order to assist the respondents to transform their pains. It came out that there was no need for any debriefing after data collection.

Protection from physical harm and mental harm:

The researcher was also cautious of the probable emotional harm that could have been induced during data collection. The researcher thus, enlightened and made the respondents aware of the effects vicarious traumatisation can have on them. In cases of risks to compassion fatigue, the researcher contracted to the respondents that a debriefing session would be arranged strictly after the collection of data.

Respect and maintenance of the integrity for the respondents' rights is very important in research. It is the obligation of the researcher to ensure that the respondents are in no way exposed to conditions that endanger them. Therefore, for the purpose of this study, the researcher ensured that the research design contained relevant concepts and questions that enriched the respondents.

Qualitative research is trustworthy when it reflects ideas of the participants (Holloway, 1997:21). In order to ensure this, the outcomes of the study were communicated to participants. They were asked whether some of their debriefing experiences were accurately captured. Some underlying themes

were also verified against the researcher' personal communication with the participating members.

Release of the findings:

To round off the project accurately, the researcher will inform the respondents in an objective manner, about the findings of the study. It is of cardinal importance that the researcher will get the permission from the respondents and thoroughly prepare them before releasing the results in order to avoid secondary traumatisation. These will enhance them to know exactly what has happened to the information. A report about the findings will be made to the South African Police Services.

1.13   DEFINITION OF KEY CONCEPTS

Trauma:

According to the Bible Society of South Africa (1991:23), the English word trauma is derived from a Greek term meaning "wound". This meaning provides a graphic image of what takes place in human trauma. Schulz, et al. (2001:8), articulate that when a person encounters a traumatic experience, he or she becomes a wounded individual, and as is with all wounds, there must be a time of healing.

However, scarring is often the end result. In an exhaustive review of literature, Figley (1995:28) asserts that emergency or first responders and crisis workers absorb the traumatic stress of those they help. By doing so, they are at risk for experiencing compassion fatigue or secondary trauma.

Against this background Figley (1985:xviii) defines trauma as a "sudden, unexpected near to death like experience". This means that trauma brings a state of disequilibria resulting in an individual to experience discomfort that shatters the individual's sense protection. In other words, during trauma the

individual's ability to handle it breaks down, such that the person can no longer function adequately.

Trauma is therefore an extraordinary event because it overwhelms the ordinary human adaptations to life. As clearly highlighted by Schulz, et al. (2001:23), trauma generally involves threats to life or bodily integrity, or a close personal encounter with death or violence. Therefore, throughout this study, the concept **trauma** will be used interchangeably with **compassion fatigue.** The meaning of compassion is "feeling deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause" (Saakvitne and Pearlman 1995:150- 177).

Therefore, the researcher defines trauma as a sudden extraordinary event that overwhelms the ordinary human adaptation to life. Schulz et al (2001:9) point out that these events, must confront a human with the extremities of helplessness and terror, and evoke the responses of catastrophe. Herman (1999:17) expounds that the common denominator of trauma is a feeling of intense fear, helplessness, loss of control and threat and loss of freedom.

Debriefing:

The National Trauma Committee of the South African Police Service (NTC) (1998:5) defines debriefing as a means of emotional unloading or ventilation of feelings in a controlled and safe environment. The symptoms and feelings the person experiences are normal reactions to an abnormal situation.

According to Stamm (1995:12) debriefing is a session or meeting that includes the affected individuals and trained debriefer who facilitates the session.

Therefore, according to the researcher debriefing is a process whereby the victim(s) of any traumatic incidents ventilate their experiences in a safe environment with a view to striving toward a normal state of equilibrium.

Debriefer:

A Debriefer is a trained professional in the field of trauma or critical debriefing - a trained professional who takes the victims of trauma along the route of unloading or ventilation. Authors of trauma books such as Rozelle (1997:14), Schauben and Frazier (1995:65) refer to a debriefer as a traumatologist, a term the researcher would avoid to utilise as it is associated with the medical fraternity.

According to Stamm (1995:65), debriefers are professional helpers directly involved with providing services to the client (victims). They are actually helpers who are addressing difficult traumatic life events. They often take far less time examining aspects of the work which affect them. And yet because of the highly personal nature of trauma work, debriefers' emotional well being has a significant impact on the work they do.

Therefore, for the purpose of this study, a debriefer will be any first responder or crisis worker who provides trauma management to people exposed to any traumatic event.

1.14   LIMITATIONS OF THE STUDY

- The limitations in the study relate to both the methodology used and the actual field investigation. A general limitation of a qualitative research arises from the amount of the effort required to accomplish a satisfactory qualitative study.

- The challenge of extracting all relevant themes from the participants was daunting. The subject selection of themes or relevant excerpts barely did justice to the data collected. The researcher also anticipated to collect data from 12 respondents, but managed to interview only 9 as circumstances barred her from accessing the other 3 respondents.

- As is the case with all research in the Human Sciences, the researcher's own perceptions and experiences might influence the way in which the interpretations are made.

- The cycle of enquiry is never complete, thus a limited number of new meanings could emerged.

- The use of the respondents' retrospective data allowed for contamination through selective unloading of their experiences. This could not be avoided because it would been unethical to explore experiences that could lead to a situation where the respondent(s) may need intervention.

- The debriefers articulated their experiences with a greater degree of tolerance following their work experiences, but this led to them not opening enough to the researcher. This indeed gave the researcher tough experiences as respondents knew what the phenomenon entails.

1.15   CONTENTS OF THE RESEARCH REPORT

The organisation of the chapters is as follows:

Chapter One gives a general orientation and focuses on the exposition of the research methodology of the study.

Chapter Two will immerse itself with an exhaustive presentation of qualitative data.

Chapter Three will concentrate on section one of the literature review that focuses on the debriefing process.

Chapter Four will immerse itself with section two of the literature review that concentrates on the impact of debriefing on debriefers.

Chapter Five will focus on the summary, conclusion and recommendations of the study.

1.16   CONCLUSION

This chapter immersed itself with the research methodological aspects that were employed during data collection. Therefore, it is of cardinal importance for any scientific research to utilise scientific methods of ensuring accurate data collection. Since this study used a qualitative approach, a lot of commitment and patience as well as discipline were really demanded from the researcher in order to professionally culminate this exhaustive research piece work.

The next chapter will articulate and examine data analysis and interpretation.

CHAPTER 2

DATA ANALYSIS AND INTERPRETATION

2.1   INTRODUCTION

This chapter is geared toward the analysis and interpretation of data. According to Chirban (1990:15) data are words rather than numbers. The goal is to illuminate and clarify the meaning of social actions and situations, and the outcome is understanding rather than explanations. The researcher's task is therefore to immerse herself with the material until the essence of what it means, that is, its essential meaning becomes clear. This process is proceeded by coding (Chirban, 1990:13-14).

In this chapter the research findings will be discussed based on the central themes extracted form the respondent's experience. A total of nine (9) interviews were conducted with respondents who were exposed to a trauma debriefing course and practical debriefing with members. The data was collected using a semi-structured interview schedule and a tape recorder.

Responses which were made by the respondents allowed for various themes with regard to the impact of trauma debriefing on debriefers. In the section to follow, the profile of each respondent will be described in relation to the demographic factors.

2.2   QUALITATIVE RESEARCH

Qualitative research is a field of enquiry in its own right. It is interpretative, holistic, naturalistic and not interested in correlations between variables. Qualitative research design implies an interactive cyclical relation between data collection and data analysis, alternating continuously and influencing each other. Reporting is not separate from analysis, rather is analysis [Denzin & Lincoln, (1994:21); Smaling (1992:201), Miles & Huberman, (1994:66)].

This chapter will communicate what the respondents described about their experiences of the impact of their work so as to enable readers to enter into a world they may never have seen.

Excerpts from interviews were used to make the report convincing while drawing the readers along to the researcher's conclusion. The reader is also invited to be a co-analyst, in order to weigh the researcher's interpretations and perspectives against the participants' responses (Rubin and Rubin, 1995:122).

Qualitative research is a rich description of both places and people. It is always concerned with contextualising the process of constructing meaning (Sibaya 1999:43).

2.3   DATA COLLECTION METHOD AND RATIONALE

2.3.1 Subjects' portrayal:

The setting of this research is the South African Police Service (SAPS), Limpopo Province. The interviews were conducted with the respondents who are practising as debriefers in the division called Helping Professions in the SAPS. This division is solely charged with the responsibility to enhance the well-being of the members of the SAPS who are exposed to all kinds of traumatic incidents. All the debriefers have been thoroughly trained so as to empower them to do trauma debriefing on a daily basis.

2.3.2 Interviews:

Qualitative interviewing was chosen as the method of data collection. Rubin and Rubin (1995:155) describe interviewing in qualitative research as an extremely versatile approach to doing research. Interviews build on the conversation skill that the researcher already had. The researcher was able

to understand the experience of respondents as well as reconstruct events in which she did not participate.

Chirban(1990:13) states that an interview, in the true sense of the word, gives "an inner view" of the interviewed person. This term signifies the active search for a full understanding of a person's experiences. Brenner, Brown and Carter (1985:3) define qualitative interviewing as "any interaction in which two or more people are brought into direct contact in order for at least one party to learn something from the other."

2.3.3 Advantages of an interview as a tool:

As articulated by Brenner, et al.(1985:3) there are several reasons why one would use interviewing as a qualitative procedure. In this study, the control task of interviewing as a research tool was used to comprehend the impact of trauma debriefing on debriefers subsequent to traumatic incident. How they impacted on psychological, emotional and physical parameters was the researcher's focus of inquiry.

Data that is collected in qualitative research should be rich in people and places Brenner et al. (1985:3-4). Qualitative interviewing has been found to be useful in cases where subjects cannot be directly observed. In this study, debriefers experiences have been used to work out how are they impacted by trauma debriefing.

A semi-structured interview scheduled was employed whereby the researcher took responsibility for giving direction and focusing by probing, asking questions and following up on answers (see appendix C). Creswell (1994:54) describes semi - structured interviews as flexible and therefore allowing the researcher to modify and pursue unexpected insights.

The semi-structured interview allowed the researcher to tailor questions to the position and comments of each respondent and thus validated their experiences and feelings thoughtfully. This methodology also enabled the

researcher to adopt questions to suit each participants situation (McLeod 1996:6).

2.4 DATA ANALYSIS

2.4.1 Pilot testing:

A pilot test was conducted with three respondents. Interview appointments were secured with each of the participants through personal and telephonic contacts. Interviews were conducted at mutually agreable places for both the researcher and the respondents. As a result of the respondents' committment, the interviews were conducted during October 2002. Interviews were conducted in the offices of each respondent for at least one hour. There was no difficulty in soliciting co-operation from respondents.

Research objectives were explained while each respondent's prior informed consent was sought. An informed consent form was designed and signed by each respondent before interviews were conducted, see appendix B. In the process, the reseacher emphasized her role as a researcher who needed to learn about the respondent's experiences of the impact of trauma debriefing on them so as to empower herself as a debriefer. This strategy was used as a basis for field note taking.

Note taking was imperative so as to enhance the researcher in order to capture the best possible record of the respondents' experiences as the interview was the main instrument for data collection in this piecework. The researcher also made sure that the respondents were alerted about the possibilities of re-traumatisation as questions contained in the interview schedule could pose such ripple effects.

It was of cardinal importance to inform them that they were not obliged to continue with the interview process if they did not want to, as voluntary

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participation was emphasized. The respondents were reassured of the confidentiality entailed in the process.

A tape recorder was used as a data collection aid. However, the researcher had to thoroughly explain to the respondents that it was only for the purpose of capturing data. Transcripts were done by the researcher herself for the purposes of coding and data analysis.

2.4.2   Semi - structured interview schedule:

To facilitate the collection of data so as to enhance proper data analysis, a semi-structured interview schedule was designed. It contained the following categories of questions:

- **How do you feel psychologically after trauma debriefing sessions?**
- **How do you feel emotionally after trauma debriefing sessions?**
- **How do you feel physically after trauma debriefing sessions?**
- **How does trauma debriefing sessions impact on your:**
- ■ **Lifestyle?**
- ■ **Decision making?**
- ■ **Family relationships?**
- ■ **Work performance?**

In this study, coding started while the researcher was still conducting interviews as she intentionally followed up themes and concepts as they emerged throughout the conversations. Coding is the process of grouping interviewees' responses into categories that bring together similar ideas, concepts or themes that have been discovered (Rubin and Rubin,1995:238). In fact, the interviewing largely facilitated the coding in the sense that it was not a haphazard process. Though flexible, it was kept focused to the subject of enquiry.

2.4.3 Process of Analysis:

Data analysis in qualitative research is exciting because the researcher discovers themes and concepts embedded throughout the interview (Chirban 1990:15). In this study, data analysis began while interviewing was still underway. During each interview the researcher identified areas of the conversations which needed to be examined in detail.

The interviews were conducted and a thematic analysis was done. Field notes were used throughout the interviews to highlight major themes that came out. The researcher made sure that in each interview a clean sheet of paper was used to write down the responses from each respondent. This process enhanced the researcher to first peruse all the field notes. After going through all the notes, central themes were grouped together, described and discussed with reference to the literature review. To further enhance data analysis, excerpts in the form of verbal quotes were used.

2.5   PROFILE OF THE RESPONDENTS

Respondent 1: Is a 24 year old male who has a Bachelor's degree in Social Work. He has worked as a trauma social worker at Johannesburg General Hospital for 12 months before he joined the SAPS as a trauma debriefer for 12 months now. In view of his exposition to trauma related events at various institutions, he has been assigned with trauma debriefing of high risk units.

Respondent 2:   Is a 36 year old female who has a Masters degree in Social work. She has been working for the SAPS for the past 13 years, and has been rendering reactive trauma debriefing to all high risk units such as the Fingerprint and Public Order Police.

Respondent 3:   Is a 34 year old female who has a Masters degree in clinical Psychology. She has been working for the SAPS for 7 years, and has

been doing and co-ordinating all the reactive trauma debriefing for 4 years now.

Respondent 4:   Is a 44 year old male who has a Diploma in Theology and pastoral care. He has been employed in the SAPS for 11 years and has been assigned to do trauma debriefing for six years.

Respondent 5:   Is a 35 year old male who has a degree in Theology. He joined the SAPS in 1988 and has been doing trauma debriefing with high risk units such as Bomb disposal and the Accident response units for six years as well.

Respondent 6:   Is a 37 year old female who has a diploma in social work. She has been employed by the SAPS for 5 years and has been doing trauma debriefing since.

Respondent 7:   Is a 31 year old female who holds a social work degree and has been in the employ of SAPS for 5 years now. She has been doing trauma debriefing with specialised units.

Respondent 8:   Is a 33 old year female who holds an degree in Psychology and has been a trauma debriefer for 6 years.

Respondent 9:   Is a 38 year old male who holds a Doctoral degree in psychology. Although he is currently not doing trauma debriefing anymore because of his appointment, he has been rendering trauma debriefing between 1990 and August 2002.

In summary, the age limit of the respondents ranged between 24 and 44 years. Of the 9 respondents four have social work qualifications, three have qualifications in psychology, and two have theological qualifications. This is an indication of the diversity in terms of the educational background found

amongst the trauma debriefers. Only four respondents were males and five were females and the race was black and white only.

2.6   CENTRAL THEMES

In the following section, three domain or parameters of the impact of trauma debriefing will be extracted from the responses of the respondents. The quotations will be presented according to the order of the respondents chronological number. In cases where two or more respondents made the same comments, their numbers will be specified next to the qoutations. In addition, if one respondent mentioned more than one response, the number of the respondent will be placed next to each of the responses.

2.6.1 Psychological impact:

Respondents 1,2,4,6 and 7 indicated that it was difficult for them to perform their duties after attending to a debriefing session. It is gathered from the responses of respondents 3, 5, 8, and 9 they usually think about what they heard whilst doing debriefing.

It is clear that all respondents experienced the following indicators of psychological impact:

- **Flashbacks.**

Excerpts from the interviews made by respondents 4,6 and 9 highlighted this: "psychologically, trauma debriefing affects you so much that after doing it, you try to do other work, the whole thing comes back to you, at times you might find out that you are not able to perform accordingly."

Some excerpts from respondents 1, 2, 7, and 8 highlighted that "you cannot sleep at night especially the very first night when you have done trauma

debriefing, when you dream, your dreams are just about what you have listened to during debriefing."

Thus, in congruence with chapter 3 on literature review about the effects of trauma on trauma workers, these excerpts are just an indication that trauma debriefing can render professionals dysfunctional and to experience flashbacks. This also demonstrates that although trauma debriefers are professionals, they are not immune to nightmares, hyper vigilance, avoidance or pre-occupation with the trauma debriefing.

- **Identification with the debriefed.**

The most alteration for the trauma debriefers is the inevitable transformation in his or her identity, world view, and spirituality. Empathising or feeling of understanding the experiences of survivors of traumatic events is a clear indication of the fact that repeated exposure to secondary trauma make debriefers to loose themselves in the process, and psychologically assimilate their identities to those of survivors. Instead of trauma debriefers holding their self-identities, they tend to lose meaning of their own sense of safety and security, and may eventually feel exactly like victims of trauma.

- **Overgeneralisation of self identity.**

Excerpts from all the respondents (1-9) demonstrate that the possibility of trauma debriefers overgeneralising their identity to that of survivors is very strong, and that renders them susceptible to post traumatic stress disorder. The following statements made by respondents is an indication that debriefers are susceptible to Post Traumatic Stress Disorder (PTSD), which is a psychological impact of trauma debriefing.

"….. job entails caring for the policemembers' well-being, thus ….. feel immensely responsible towards those exposed" (Respondents 6,8 and 9).

"…. Feel connected to the group I debrief" (Respondents 1, 3,5 and 7).

"I tend to associate myself a lot with them"(Respondents 2 and 4).

It can thus be deduced that trauma debriefers are psychologically impacted by trauma debriefing.

- **Forgetfulness.**

Another important psychological impact that was noted from most of the respondents was their tendency to forget. The following excerpts from the respondents attest to this tendency.

 "it is amazing how hard it is to recall the names of the people I have debriefed over and over-again" (Respondent 2,).

…."found out that in some cases it is difficult to remember the names of the people ….. have worked with in the last years" (Respondents 8 and 9).

It can thus be concluded that the aspect of forgetfulness was a major concern to respondents 2, 5, 7, 8 and 9 although respondents 1, 3, 4, and 6 find it very insignificant to them. Rather they view that forgetfulness is good for them as it helps them to cope.

2.6.2 Emotional impact:

- **Losing touch with oneself.**

This theme emerged throughout the interviews held with different respondents. It clearly highlights that trauma professionals often feel less grounded and cannot maintain an inner balance. The following statement from the nine respondents demonstrate the intense emotional impact of trauma debriefing on trauma debriefers:

"You get there and get exposed to the same horror... tell you what, you get emotionally stuck" (Respondents1,2,3,6 and 9).

"Trauma debriefing on the scene tends to break every fibre of being a person or helper" (Respondents 4,5,and 7).

" …. A very insignificant thing cause a tremendous amount of pain, real pain-an emotional discharge in another" (Responednts 1-9).

"For a very long time I had experienced an outburst. My decision making was dealt a blow at some stage in my life" Respondent 7,8 and 9).

"It is so amazing how it works, because you get stuck with having to deal with emotional issues from the exposed members"(Respondent 3,6 and 7-9).

- **Emptiness and hopelessness.**

Respondents 1, 2, 4, 3, 7, and 8 continuously referred to themselves as being "hard emotionally", and to the extreme some felt numb or distant and depersonalised from the significant others. Other very strong emotional feelings that came out were their feelings of "emptiness" and "hopelessness", as a result of what they experience in the execution of their duties.

- **Stress.**

In another interview, respondent 8 said "my lifestyle had to be changed drastically,… from an in-door to out-door…", in response to coping with her stress as a result of the cost of caring for others(trauma debriefing).

In support of what the respondents' experiences are, literature clearly articulates that when a helper's ego resources are compromised (for an example, self-esteem and self worth), they are less likely to make decisions that are in their best interest, and may make professional errors in boundaries, judgement or strategy.

- **Disconnection from the significant others.**

As result of the impact of trauma debriefing, trauma debriefers' beliefs about intimacy with others and him or herself may alter. Indeed, respondent 1, 7 and 8 used the word "crap" to describe their disconnection from the significant others. As a result of being emotionally "trapped", individual trauma debriefers

may also experience significant changes in esteem for themselves or others. The following extracts is an example of this disconnection:

"I feel locked inside myself" (Respondent 6).

"…I still get in the bottom of the pit and grovel in what the members go through" (Respondent 1).

"People off-load unto you, but then, you do not have anyone to off-load to" (Respondent 3).

"Unfortunately, it is sometimes hard to express your innermost feelings that hurts most" (Respondent 5).

- **Strong negative feelings.**

Stamm (1995:35) reveals that it is very important to realise that the impact of trauma on the debriefers is a process, and not an event. Thus, the impact includes the debriefers' strong feelings and their defences against those feelings. By implication, the debriefers' strong negative feelings such as shame, guilt, rage, anger, anxiety and pain, which grows as they repeatedly hear about or see other people's pain and loss are justified. This means that during their work, they are forced to recognise human potential for cruelty, and that in itself forces them to have those reactions.

- **Agitation.**

Other respondents had this to demonstrate the emotional impact of trauma: "but at times I feel very much agitated and gets cracked and locked up inside" (Respondents 1 and 7). Other articulate their "sadness" over not being able to come out of the "crap" and remain "stuck" with the survivor's feelings (Respondents 7 and 8).

- **Overwhelmed and powerless.**

Since it has been discovered that the survivors' experience is often of extreme powerlessness, the respondents highlighted that as debriefers they tend to

identify with the enormity of the impact of trauma and feel "overwhelmed". This excerpt demonstrates that trauma professionals are often exposed to either the details of someone's traumatic experiences, the details of traumatic effects or in the extreme, the traumatic incident itself during or on the scene debriefing.

It can thus be concluded that the emotional impact of trauma debriefing on debriefers is inevitable.

2.6.3 Physical impact:

The following statements by respondents are an indication of the physical impact of trauma debriefing on debriefers:

"…I would wake up very tired" (Respondents 2, 3 and 9).

"…. At work I would steal breaks to have some naps" (Respondents 1 and 5).

"At times I would feel so weak and very weary after every debriefing session, that I would feel like closing my office door and just sleep" (Respondents 3, 5 and 90.

"I experienced a terrible headache of which I may associate with my stress" (Respondent 2 and 3).

"I have a bloody nose condition that I suspect it could be related to my stress" (Respondent 5).

"I have had " a terrible start, my heart was crashing against the ribs". These excerpts indicate that trauma debriefing can have physical impact on the debriefers.

- **Pressure and tolerence.**

Finally, some debriefers pointed out that debriefing is "an outright pleasure" Respondents 2, 6, and 7). Although there was caution when this was said by the interviewees, they pointed to trauma debriefing as "pure outright pleasure" because it is full of action. They conceded that it is not only the negative

things they acquire from trauma debriefing, but also great things like "tolerance".

- **Self control and fulfilment.**

This theme demonstrates that from the trauma workers' experiences, trauma debriefing is rewarding. Respondent 1,4,6,7 and 8 said that working with trauma has made them to have a sense of control and fulfilment. The following statement demonstrate this:

"Trauma debriefing has instilled a very positive learning experience for me" (Respondents 1 and 7).

" My nature of work has turned my life arround amazingly" (Respondents 4 and 8).

"Thus I was fired up to make a turnaround in order to safeguard my life" (Respondent 6).

It can be concluded from this statement that working with trauma survivors brings remarkable rewards for trauma workers themselves. They feel great when trauma survivors get better, hence one except from the interviews noted this:

 "… of which the end results of debriefing are going to be just … I mean beautiful stuff" Respondents 1, 7, and 8).

2.7   CONCLUSION

The far-reaching impact of trauma debriefing has been described. It can be deduced that it harms the trauma professionals in different parameters. Most significant is that the impact of trauma debriefing is modifiable. Thus, by understanding the effects of trauma work on the debriefers, the field of debriefing can be moved forward and divisions like the Helping Professionals in the South African Police Service (SAPS) can be able to work more

effectively towards its shared goal - which is to promote the well-being of the members of the SAPS with a view to improve service delivery.

Once secondary traumatisation due to repeated trauma debriefing sessions could be seen as a caring cost, organisations like the SAPS could be free to identify ameliorative strategies and provision of support for its own caregivers.

The next chapter will examine literature review with focus on the debriefing process.

CHAPTER 3

LITERATURE REVIEW

SECTION 1: DEBRIEFING PROCESS

3.1   INTRODUCTION

Due to repeated exposure to secondary trauma and dealing with survivors on a daily basis, trauma debriefers often become traumatised themselves. Reaction to trauma is as universal as the exposure to it and people often experience strong emotional and physical reactions.

Thus, the purpose of this chapter is to highlight the process of debriefing as an infrastructure to deal with related trauma as experienced by victims, and to create a better understanding on the process that exposes debriefers to secondary traumatisation.

3.2   DEFINITION OF KEY CONCEPTS

Trauma:

According to the Bible Society of South Africa (1991:23), the English word trauma is derived from a Greek term meaning "wound". This meaning provides a graphic image of what takes place in human trauma. Schulz, et al. (2001:8) state that when a person encounters a traumatic experience, he or she becomes a wounded individual, and as is with all wounds, there must be a time of healing.

However, scarring is often the end result. In an exhaustive review of literature, (Figley 1995:28) asserted that emergency or first responders and crisis

workers absorb the traumatic stress of those they help. By doing so, they are at risk for experiencing compassion fatigue or secondary trauma.

Against this background, Figley (1985:xviii) defines trauma as a "sudden, unexpected near to death like experience". This means that trauma brings a state of disequilibria resulting in an individual to experience discomfort that shatters the individual's sense protection. In other words, during trauma the individual's ability to handle it breaks down, to such an extent that the person can no longer function adequately.

Trauma is therefore an extraordinary event because it overwhelms the ordinary human adaptations to life. As clearly highlighted by Schulz, et al. (2001:23), trauma generally involves threats to life or bodily integrity, or a close personal encounter with death or violence.

Therefore, throughout this study, the concept **trauma** will be used interchangeably with **compassion fatigue.** The dictionary meaning compassion is a "feeling deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause" Saakvitne and Pearlman (1995:150-177).

The researcher defines trauma as a sudden extraordinary event that overwhelms the ordinary human adaptation to life. Schulz et al (2001:9) point that these events, must confront human with the extremities of helplessness and terror, and evoke the responses of catastrophe. Herman (1999:17) expounds that the common denominator of trauma is a feeling of intense fear, helplessness, loss of control and threat and loss of freedom.

Trauma Debriefing:

French and Harris (1999:2) attribute to trauma debriefing as Traumatic Incident Reduction (TIR). The two authors view it as a powerful regressive, repetitive, disensitization procedure or effective tool for use in the rapid resolution of virtually all trauma related conditions.

In terms of the National Trauma Committee (NTC) of the South African Police Service (1998:58) trauma debriefing is taken as a means of emotional unloading or ventilation of feelings in a controlled and safe environment. The symptoms and feelings the person experience are normal reactions to an abnormal situation.

According to Stamm (1995:12) debriefing is a session or meeting that includes the affected individuals and trained debriefer who facilitates the session. Therefore, debriefing is a process whereby the victim(s) of any traumatic incidents ventilate their experiences in a safe environment with a view to striving toward a normal state of equilibrium. The view is to assist the victimised to unblock their feelings.

Debriefer:

A debriefer is a trained professional in the field of trauma or critical debriefing - a trained professional who takes the victims of trauma along the route of unloading or ventilation. Authors of trauma books such as Rozelle (1997:14), Schauben and Frazier (1995:65) refer to a debriefer as a traumatologist, a term the researcher would avoid to utilise as it is associated with the medical fraternity.

According to Stamm (1995:65), debriefers are professional helpers directly involved with providing services to the client (victims). They are actually helpers who are addressing difficult traumatic life events. They often take far less time examining aspects of the work which affect them during execution.

And yet because of the highly personal nature of trauma work, debriefers' emotional well-being has a significant impact on the work they do.

Therefore, for the purpose of this study, a debriefer will be any first respondent or crisis worker who provides trauma management to people exposed to any traumatic event.

3.3   TRAUMA DEBRIEFING PROCESS

Schulz et al. (2001:165) assert that debriefing is the process to create support mechanisms and procedure before, during and immediately after a traumatic incident with the aim to provide a positive and supportive atmosphere and to establish the solidarity of the meaning to be a successful and happy human being.

The NTC of the South African Police Service (1998:5) defines trauma debriefing as an emotional ventilation of feelings in a controlled and safe environment. The symptoms and feelings the person experiences are normal reaction to an abnormal situation.

According to the NTC of the SAPS (1998:59) the needs for debriefing develop as a result of trauma-related stressors such as death or injury, loss of individuality, national disasters, lack of effective support and threats to both physical and psychological health. When a combination of the above stressors is present in the member, a need for debriefing usually develops.

The SAPS Debriefing Manual (1998:59-60) provides the following goals of trauma debriefing process:

- **Creation of a "safe Harbour".**

The aim is to enhance a safe environment for members to be supported by trained debriefers to process the traumatic incident.

- **The normality principle.**

Debriefing helps persons to realise that they are still normal. The abnormality of the traumatic events are often confused with the abnormality of the person. By means of the trauma debriefing process they realise that the symptoms which they are experiencing represent a normal reaction to an abnormal event. The traumatic event has tested their ability to adapt outside the limits of the normal boundaries and this leads to a disruption of their function in general.

- **Regaining control.**

Traumatic events often make one feel powerless and helpless. They remind one of the fact that one does not have total control over one's life. So the trauma debriefing process helps persons to feel that they can still regain control over themselves even after their traumatic experiences.

- **Victim versus survivor.**

With the aid of the trauma debriefing process, the person is helped to think of himself or herself as a survivor and not merely victims.

- **Prevention of Post Traumatic Stress Disorder (PTSD).**

The trauma debriefing process is pro-active and helps to counter the development of PTSD.

- **Cognitive structure.**

The debriefing process helps with emotional release by survivors and as such the experience is given a cognitive structure and a person can have a sense of achievement and distancing.

It can thus be deduced from the goals of debriefing that it has become essential that the image of a mentally sound and prepared member must at all times be maintained and promoted. Hence, Schulz et al. (2001:158) alluded to the following benefits of debriefing:

- The reduction of any short - or long-term distressing after-effects,
- The reduction of incidence of sickness and absenteeism,
- The reduction of personal, marital and relationship problems,
- The reduction of work-related problems,
- The reduction of anxieties for anyone who may feel threatened or embarrassed if they had to ask for help,
- The reduction of anxieties about stress and traumatic reactions being thought of as signs of weakness, and
- To encourage the knowledge that fellow members care and give support.

3.4   DEBRIEFING IN THE CONTEXT OF SAPS

3.4.1 Debriefing on the scene:

In the milieu of the SAPS, debriefing is employed on or near the scene where the trauma has occurred. This is the very moment where debriefers are directly exposed to primary traumatisation.

Debriefing within the SAPS is particularly important during natural disasters; bomb explosions, and horrific accidents. The idea of debriefing on a scene or near the scene is that officers who observed or who were exposed to the incidents, are debriefed in an informal way.

During debriefing on the scene, or near the scene, the trauma debriefer helps the traumatised to ventilate their feelings and at the same time monitor and report acute stress reactions. This enables the debriefer to be in a position to advice that the member be temporarily withdrawn or be placed in a less stressful situation.

As cited by Schulz et al. (2001:169) "emotional primary care is constantly applied in this phase". The debriefer(s) see to it that the traumatised are protected against physical and emotional harm and of cardinal importance, against secondary trauma (e.g. from media and spectator value, legal or departmental explanations).

Schulz et al. (2001:168) articulated that debriefing on or near the scene is a very daunting task. Thus, the primary task of the debriefer(s) during debriefing on the scene is to provide:

Emotional support to the victims

According to Schulz et al. (2001:169-170) emotional support to the victims entails the following:

- Listening to the survivor(s). According to the NTC of the SAPS (1998:82), listening to the victim enhances proper ventilation of emotions felt during the incident. As supported by Egan (1990:114-116) active listening gives the victims an opportunity to tell what happened and the helper will be able to understand the (client) victim in the context.

- Empathise with the survivors, acknowledge how difficult this have been for them (survivors). Egan (1990:123) asserts that a helper cannot communicate an understanding of a client's (victim's) world without getting in contact with that world. Thus, empathy in this

sense is primarily a mode of human contact, that is, being with and understanding the client with sensitivity.

- Normalise the experience, that is, make the survivor feel that their reactions are normal responses to an abnormal situation.

- Give them chance to ventilate their feelings. As described by the NTC of the SAPS (1998:67), the simplicity principle must be followed so that members should frequently unload their emotions.

- Reassure and console the survivors. Listen to the survivors' feelings and try to understand the emotional experiences of the survivors.

- As articulated in the aims of debriefing in the SAPS, trauma debriefing will assist the survivors to regain control over themselves and the situation they are facing.

Practical Guidelines during Debriefing on the scene

- Get the victims away from any danger and protect the survivors, prevent secondary traumatisation.
- Remove survivors from the specific scene but not from the general scene.
- Care for their physical necessities.
- Arrange transportation to and from the hospital.
- Support for reality task- (making phone calls).
- The debriefer may need to take charge of the survivors live and provide control for short term.

3.4.2 Formal Debriefing.

In the context of the South African Police Services, formal debriefing is very essential. The NTC of the SAPS (1998:61), articulates that formal debriefing

as a priority. National Instruction no.18 of 1998) clearly orders that debriefing of the members exposed to traumatic incidents, has to be done within a period of 12-72 hours, but preferably with immediate effect (National Instruction no.18 of 1998). So with the given background and the nature of the policing work, naturally debriefing is a daily process for debriefers who have to meet the target, certainly every incident in the SAPS is treated as a formal debriefing.

In a nutshell, a formal debriefing models is commonly used for psychological debriefing. The NTC of SAPS (1998:94) developed a debriefing model which is partially based on Mitchels (1983) model critical incident stress debriefing. The following are the phases for a formal debriefing session which are also used in the SAPS context:

Phase one - Establish common ground.

- Schulz et al. (2001:176) said that during this phase the debriefer introduces him/herself and the co-debriefer to the group, explains the aims of the group session and debriefing. The group is committed to a time span of the debriefing session of two to three hours.
- Group members introduce themselves to each other.
- The rules of a crisis group are explained, with emphasis on confidentiality and honesty.
- The debriefers calm down group members and help to ease and convey a feeling of self confidence to these individuals.
- The debriefers may briefly share their previous experiences of group tasks with this new group.

Phase two - Tell the story.

- According Schulz et al. (2001:177) this is the phase whereby the debriefers' task is to invite the survivors to freely talk and to tell their story as experienced.
- Also debriefers need to inform individuals that they will not be interrupted.
- Listen to facts, feelings and thoughts.
- Make emphatic statements.
- Do not interrupt the person.

The basis for this step is to actually find out where the incident happened. According to French and Harris (1999:23), any response indicating a place is acceptable.

Phase three - Find out how long the incident had lasted.

- Schulz et al. (2001:177-178) expounded that this is the fact phase which covers issues around what happened. It is the debriefers task to make sure that the traumatic experience is refold in as much detail as possible.
- Repeated recital causes the fear and horror that leads to the initial reaction of shock, need to be diffused and lifted.
- The debriefers needs to also facilitate the value of sharing facts, that the victimised must see the situation cognitively and to integrate their personal experiences.

This exposition itself is an indication to the extend to which trauma debriefers are traumatised vicariously. The researcher agrees with (Dzuguda 2001:36) that exposure to another person's trauma can be traumatising, especially when the debriefer gets emotionally close to the victimised.

Trauma debriefers may experience painful emotions in the debriefing process or an intrusive thought about trauma as expounded by survivors. Apart from

vicarious trauma, debriefers may feel strained and taxed by emotional turbulence during the execution of their task.

Phase four - The thinking phase.

- This is the most excruciating process in that the debriefers must listen attentively to what is being said in order to gradually identify themes that apply to the crisis group. Actually, this is the time the debriefer tries to get into the psychological thinking of what the victims were thinking about and how that has impacted on them during that specific period Schulz et al. (2001:179).

- The debriefers too can get swallowed up by the very same thoughts that the victims have undergone. And if it is fearful thoughts, debriefers could as well internalise that.

- The essence of this phase is that the debriefers gradually identify themselves with themes that apply to the group they are debriefing.

Phase five - The feeling phase.

It is especially important here that the debriefers will reflect the essential conditions of sincerity, empathy and acceptance (Schulz et al. 2001:180-181). Debriefing must throughout, point to the normality of the reactions and feelings as opposed to the abnormality of the situation. This process usually takes longer and can be very taxing to the debriefers, this is the time when the steam continues to build up and can be used to encourage members to discharge their emotions. This could be like a pressure cooker that explodes to the debriefers if not handled properly.

This is the time when debriefers tend to internalise the victimised members' emotions and be swallowed by and become vicariously traumatised. Thus, it

is of cardinal importance for the debriefers to take care of themselves to be able to be caregivers, because this phase is usually the longest.

Stamm (1995:88) asserted that emotional reactions can, among others, consist of sadness, fear, shock, anger towards oneself, aggression, and feelings of guilt, vulnerability, helplessness, frustration and ambivalence. Thus, all these reactions can be internalised by debriefers and they too could feel exactly the same way. And by so doing, debriefers are vulnerable to secondary traumatisation if they do not take care or distance themselves from the survivors' emotions.

Phase six -   Stress Reaction phase.

- According to Schulz et al. (2001:182-183), in this phase the focus is in the first place on the physical and psychological symptoms which members experience and in the second place on the passing on of information regarding stress reaction symptoms.

- The debriefers make use of their knowledge of typical symptoms to encourage members to share their own physical and emotional symptoms with the group. This could sharpen the members' feelings of normality, and helps them to accept their own reactions. What happens to the debriefers themselves? They do not have anywhere to ventilate their stress reactions as a result of being secondarily exposed to the reactions of other people. That is when they might develop or start to experience some noticeable personality changes, or when other people begin to see that there are noticeable personality changes and they attach their own meanings to what they are seeing.

Phase seven - Go for Mastery.

- According to Schulz et al. (2001:184) at the end of every debriefing session, any areas that have not been addressed must receive attention.
- Summarise and give feedback. This will give the debriefer and the group an opportunity to recapitulate on the important issues that were elicited during the process and members will be able to connect themselves with what they had experienced. They will also give feedback regarding their coping mechanisms and what the group meant for each member.

- Debriefers also give information on how individuals can identify when they need further help. For an example,

> -When symptoms do not decrease within the given short period.
> -When symptoms grow worse over time.
> -When members experience inability to function effectively at work or at home.
> -When the members experience noticeable personality changes, or when other people comment on this.

As articulated by Schulz et al. (2001:185), it is important that group members know where to get additional help before ending the session. It is also important for debriefers to provide group members with a list of service providers within their area in order to provide for the whole spectrum of needs.

3.5   CONCLUSION

This chapter provided a vital insight into the process of trauma debriefing. The chapter immersed itself with an in-depth discussion on debriefing as an infrastructure to deal with trauma-related incidents as experienced by victims.

An exposition on the debriefing process in the South African Police Service was expounded and it demonstrated how trauma debriefing can also turn people's life around for worse, at least in the short run.

The next chapter will immerse itself with the exposition on the impact of trauma debriefing on the debriefers.

CHAPTER 4

LITERATURE REVIEW

SECTION 2: THE IMPACT OF TRAUMA DEBRIEFING ON DEBRIEFERS

4.1   INTRODUCTION

We are currently living in a traumatised society were people work and survive with traumatic events. This bounces back to secondary traumatisation which manifests itself in the debriefers, thus costing the workplace, in particular the debriefers themselves, a great deal.

Apart from victims of trauma, certain categories of employees become traumatised while performing tasks. Trauma debriefers are one very vital category that experiences symptoms of secondary traumatisation as a result of exposure to traumatic events or working with trauma victims over an extended period of time.

In human society, traumatic experiences bring pain, grief, agitation and excitement. Therefore, the focus of this chapter is on the exploration of issues around trauma debriefing and its impact on trauma debriefers on the psychological, emotional and physical level.

4.2   HELPING PROFESSIONALS

Helping professionals is a group that experiences the most deadly trauma in their line of duty. It involves social workers, psychologists and chaplains. The trauma experienced by this group has very little physical symptoms, but they tend to have psycho-emotional sufferings which they experience on a secondary level.

Hearing about the details of trauma can be very distressing for trauma debriefers (Resick and Schnicke 1993:159). Along with the victim, debriefers may have to accommodate their own picture about the level of cruelty of what the victims are going through. Hence, secondary trauma reactions, are quite possible in debriefers.

In most instances, debriefers experience intrusive recollections or flashbacks after hearing graphic accounts of exposure to traumatic incidents and they may find themselves more eager to escape from situations they hear as potentially dangerous.

A practical example is that more often than not debriefers have to travel alone at night to attend to reported incidents or just the anxiety of having to be on call for 24 hours. It is in situations like these that debriefers may experience more emotions such as sadness, anger or disgust. It is possible that they may experience disruptions in their lives as married persons (Resick and Schnicke 1993:159).

Everly and Lating (1995:289) also cite that working in the trauma area confronts debriefers in an unusually personal way because it requires the ability to accept the reality of human tragedy. From a practical experience, the researcher would concur with Everly and Lating (1995:289), who hold the view that it could be extremely challenging because the debriefers are not protected from being indirectly affected by the ordeals as expounded by the victims.

The very nature of debriefing can make debriefers experience stress. This means that by the very nature of the work, debriefers are vulnerable human beings who according to Everly and Lating (1995:283), have all the normal and psychological responses to the horror of human suffering which are the same as that of the victims.

According to Schulz, et al. (2001:2), what each traumatic experience illustrates is a common phenomenon. That phenomenon is a delayed -

response mechanism built into each human being. The same is true with help providers (debriefers). After every traumatic event they have attended to, emotional pain is elicited. If they are not afforded time to ventilate their experiences after being exposed to painful events, they do their ventilation later, or they suffer from post traumatic stress.

The debriefers, whether emergency service personnel, hostage negotiators, psychologists, social workers, chaplains or therapists, are affected by the circumstances in which they work. Trauma is not something to which one can become accustomed, rather there is a need to develop ways of dealing with such experiences.

4.3   THE PARAMETERS OF THE IMPACT OF TRAUMA DEBRIEFING

4.3.1   The psychological impact:

The psychological impact of trauma in response to traumatic events has always been with us. It was not until the 1980's when the term Post Traumatic Stress Disorder was officially introduced in the psychiatric literature (Stamm,1995:33).

Given that South Africa is one of the countries where criminality, unemployment and retrenchments are at the order of the day, it becomes cardinal to look into how trauma debriefing impacts on the debriefers.

The nineteenth century saw the advent of the railway and with its descriptions of secondary traumatisation reaction in its relation to the railway collusion for an example, nervous shock. The advent of the September 2001 attack in the USA gave rise to vicarious traumatisation amongst professionals world wide.

Ever since, trauma at the workplace has moved beyond victims, to recognise that anyone may develop severe and chronic psychological disturbances

resulting from the traumatic experiences during their execution of the debriefing duties (Stamm,1995:67).

According to Stamm (1995:69), the debriefers may feel the gap in their self-safety, meaning that they may be vulnerable to harm (traumatic incidents) which can shatter illusion of invulnerability. Disruptions in the area of self-safety may be manifested by increased fearfulness, a heightened sense of personal vulnerability and excessive concern or anxiety.

According to Stamm (1995:10), the effects of secondary traumatisation may be permanent but they are modifiable when addressed actively. Parallel to the understanding of the impact of trauma on a victim, is the impact of secondary traumatisation on specific areas within the trauma debriefer.

The most enduring and alteration for the trauma debriefer is inevitable transformation in his or her identity, world view, and spirituality. Stamm (1999:68-69) asserts that secondary traumatisation causes disconnection from one's usual experience of oneself, and that it causes alienation from oneself which might lead one into rethinking one's basic beliefs about identity and self - worth.

4.3.2 Emotional impact:

Trauma professionals often find that they feel less grounded and cannot maintain a sense of balance. Some shut down emotionally and feel numb, hard, distant or depersonalised. Stamm (1995:58) asserts that trauma professionals can lose touch with their inner connection to significant others and become unable to hold their loved ones in their minds or to know they are being thought of lovingly. Clearly, trauma debriefers are limited in their ability to hold on to faith and hope for survivors, when they themselves feel despair or self-loathing.

Trauma debriefing has a profound effect on relationships with others. Trauma professionals' beliefs about intimacy with others and themselves may alter. A

trauma debriefer can also experience significant changes in esteem for him/her or others. Stamm (1995:74) alludes to this situation as "disruption" - a way of pulling back to protect oneself from pain. In essence, these feelings reinforce a sense of estrangement and isolation, for example, a debriefer may pull away from colleagues who do different work.

Our emotional brain, the limbic system, has been wired over a millennium to respond to situations that are noxious, injurious or threatening. We have these emotional reactions because they prompt and prepare us to cope and to protect ourselves. We perceive the world emotionally, always attuned to what is good and bad for us. Our emotional brain works fast virtually instantaneously (Allen, 1995:50).

In his exhaustive literature on secondary traumatisation, Dzuguda (2001:78) asserted that our emotional reactions gear us up physiologically for fast and vigorous action-fight or flight. But if we are physically overwhelmed and cannot act, the emotional reactions no longer serve us. Strong emotions are useful for burst of action as chronic reactions without any channels can be detrimental (Allen, 1995 : 50).

Many professionals who have suffered from secondary traumatisation do not want to feel anything. They have experienced intense and overwhelming feelings in the course of trauma management, and they have learned how to dampen or entirely cut them off Dzuguda (2001:79).

There are many ways to short circuit the feelings. However, intense feelings that cannot be short-circuited cannot be labelled or understood. The individual can feel a tidal wave of feelings or an overwhelming sense of internal chaos. Thus, it is important to learn to clarify and label feelings and sort them out, whether they be anger, rage, fear, terror, despair, sadness, guilt, joy or elation.

Properly clarified, feelings can be used for self understanding, an indication of how the inner self is faring, and signals that certain problems must be faced

and mastered. The vicarious emotions can become problematic-intense and prolonged and then adaptive as signals for coping is undermined. The following are an example of vicarious emotions that could be elicited if feelings are prolonged and intense:

- **Anxiety.**

According to Allen (1995:51) anxiety signals a state of arousal, and it functions to ensure readiness for coping. Anxiety is adaptive to the extent that the behaviour inhibition system disrupts ineffective behaviour and prompts an immediate search for a better solution. When one is anxious, one gets stirred up, is prepared to cope, and will know how to cope. Alert, you look for danger, yet feel hopeless or out of control. You focus onward on your own discomfort. Then you may become distracted, more pre-occupied with controlling your anxiety than with the external problem you need to confront.

Chronic anxiety is not adaptive, thus trauma debriefing can trigger anxiety. Meaning that vicarious trauma experienced repeatedly, can elicit or wind up a chronic state of anxious apprehension, and that can make the debriefer feel completely unsafe. Basically, when anxiety crops in, you know that something is wrong, but have not discovered what it is or how to deal with it. By the time you feel fear, you know what is wrong you know what to do - escape! In contrast to anxiety, fear is a response to a specific danger in the environment (Allen,1995:52-53).

A panic attack is an extreme fear response. Allen (1995:54) cited that in the context of horrific traumatic experience, panic or extreme fear fails to convey the intensity of the experience. Terror may better describe the experience than panic. Unlike fear, panic often occurs without any conscious reason. Persons who have been exposed to trauma management are often liable to have panic disorder/ attacks.

•**Anger and Aggression.**

According to Allen (1995:59-60) and Stamm (1995:122) many people who have been exposed to secondary trauma tend to have severe emotional conflicts about their anger and about expressing it. Thus anger and aggression in debriefers can become destructive. In most debriefers, anger is a sign that they have been hurt, that their rights are being isolated or simply that something is not right.

Basically, secondary trauma adds fuel to debriefers' vengeful inclinations - As such resolving vengeful feelings is one of the hardest challenges in dealing with secondary trauma.

•**Shame and Guilt.**

It is no wonder that shame is such a common consequence of secondary trauma. By definition, trauma entails being out of control, helpless and powerless. Trauma wounds the self and the sense of competence and mastery. This is trauma, whether it results from witnessing a tornado or car wreck. Shame involves an insult to your self-image, whereas guilt results from actions that bring harm to someone else or that violate your moral codes and ideals (Stamm, 1999:123).

Dzuguda (2001: 78-79) further asserted that parallel to the understanding of the impact of trauma on a victim is the impact of trauma debriefing (due to secondary traumatisation) on specific areas within the trauma debriefers. The most disturbing and enduring alteration for the trauma therapist is the inevitable transformation in his or her identity, world view and spirituality (Allen, 1995: 60).

4.3.3 Physical impact.

Trauma debriefing can cause havoc to the physical aspect of the debriefers. Trauma evokes fight or flight responses which entail massive physical reactions associated with sympathetic nervous system activation (Allen,1995:46). Every major organ system is involved. The primary function of attachment is to ensure care-giving and provide protection from harm.

The feeling of security goes along with having a secure base. The provision of comfort on the emotional level dovetails with the soothing and dampening of arousal on the physiological level. Allen (1995:46), articulate that soothing is an inextricable part of the helper - victim bond, and it occurs in conjunction with the emotional attunement between the debriefer and the victim or survivors of trauma. Emotional attunement and the physiological synchrony are in tandem.

Ideally, the debriefer as a caregiver and the victim of trauma are on the same wavelength. This means that when the victims of trauma get exposed to trauma debriefing, they undoubtedly off-load their experiences through ventilation. And for the fact that their systems are fine-tuned, debriefers too become disruptively perturbed or experience vicarious traumatisation as a result that they gradually internalise the experiences from the victims. In other words, secondary trauma is capable of disrupting the secure base, basic trust, as well as the physiological regulation (Allen, 1995:47).

4.4   INDICATORS OF SECONDARY TRAUMATISATION

According to Schulz et al. (2001:136), secondary traumatisation refers to a post-traumatraumatic event or process that effectively re-traumatises the person involved. For an example, a debriefer who attends a police officer who has been traumatised in a shooting incident, may be traumatised during the process.

If vicarious traumatisation was a recognised psychiatric disorder, this section would be called "clinical features". However, it is called indicators because secondary traumatisation is seen as occurring at sub-clinical levels. This section attempts to showcase the symptoms of secondary traumatisation.

As articulated by Cerney (1995:136) and Dzuguda (2001:83), the major indicator is that professionals who listen to clients' stories of fear, pain, and suffering, may feel similar fear, pain and suffering. Sometimes professionals feel that they are losing their sense of self to the clients they serve. These professionals who have helped victims of traumatic incidents through trauma debriefing are said to experience the same feelings that the victims have, irrespective of how experienced or effective the debriefer is.

Cerney (1995:137), further suggests that working with trauma victims becomes especially challenging for the debriefer, since some may feel that they have taken over the pathology of their clients. This seems to have an impact on the sense of self experienced by the debriefer of trauma victims that can be so overwhelming that despite their efforts, debriefers begin to exhibit the same characteristics as their clients, which suggests that they themselves need assistance in coping with this trauma.

Secondary traumatisation also carries a social cost, in that if not addressed, it results in disillusionment and resignation. Trauma debriefers are said to carry their experience of secondary traumatisation far beyond their trauma work. It changes the self of the debriefers and inevitably affects all relationships, including one's personal life (Pearlman and Saakvitne, 1995:77).

As cited by Dzuguda (2001:21) there is an array of reactions that trauma workers may experience in their work with trauma victims or survivors. Dutton and Rubinstein (1995:44) describe secondary traumatisation in three categories or areas, namely:

- Indicators of psychological distress or dysfunction, include distressing emotions, intrusive imagery of the client's traumatic material, avoidance of

efforts to work with traumatic material from the client, somatic complaints, addictive or compulsive behaviours, physiological arousal and impairment of day-to-day functioning in social and personal roles.

- Cognitive shifts refer to shifts in beliefs, expectations, and assumptions that trauma debriefers hold. These shifts might occur along the dimensions of dependency, trust, safety, power, esteem, intimacy, and frame of reference. Other cognitive shifts include seeing everyone as a victim of something, thus trivialising the experience of others, witness guilt or debriefer's guilt, and victim blame that they may result from when a trauma debriefer begins to feel victimised by the client whom the worker sees as threatening, manipulative, or exploitative.

- Secondary exposure to trauma may have an impact on debriefers' relationships, both personal and professional. Personal relationships may suffer due to increased stress or difficulty with trust or intimacy. There is also an impact relating to the trauma debriefer's relationship with his or her survivor client(s), and the debriefer's response can either be that of overidentification or detachment (Pearlman and Saakvitne, 1995:77-78).

4.5   SOME CAUSES OF SECONDARY TRAUMATISATION

Secondary traumatisation is said to be inevitable for trauma debriefers or therapists Dzuguda (2001:23). It is articulated that it appears to be impossible to do trauma work without it having an effect or impact on one. Thus it is impossible to do trauma debriefing without one's life changing, no matter how psychologically healthy one is. Therefore, secondary traumatisation does not reflect a disorder in the trauma debriefer, it is just another part of the reality and process of trauma therapy or debriefing.

It can be asserted that it is not caused by the intention of the client, since one's vulnerability to secondary traumatisation and its specific manifestations arise from the interaction of the debriefer's characteristics with aspects of the

work situation over time (Pearlman & McIan, 1995:93). Following are some of the factors that contribute to secondary traumatisation in debriefers:

4.5.1 Empathy:

Empathy is argued to be one of the major factors that puts the trauma debriefers at risk for secondary traumatisation. The contention in this regard is that a specific type of empathic connection with the victims can heighten secondary traumatisation. Pearlman & Saakvitne (1995:83) point out that when trauma debriefers identify emotionally with the victims' experiences as it happened it makes them more vulnerable to secondary traumatisation.

Figley (1995:23) argues that empathy is a major resource for trauma debriefers to be traumatised as it is important in assessing the problem and formulating a treatment approach. Empathy is also a key factor in the induction of traumatic material from a primary to a secondary victim. Thus, the process of empathising with a traumatised person helps the trauma worker to understand the person's experience of being traumatised, but in the process, the trauma debriefer may be traumatised as well (Figley, 1995:23).

4.5.2 The nature of trauma work:

Certain aspects of trauma debriefing are seen to increase vulnerability to secondary traumatisation. The debriefer's empathic engagement with trauma material, including exposure to graphic trauma material, exposure to realities of people's cruelty to one another, and observation of and participation in traumatic re- enactment, is seen to contribute to the process of secondary traumatisation (Pearlman & Saakvitne, 1995:91).

For a trauma debriefer, it is the process of the trauma debriefing, including repeated exposure to trauma material in the context of empathic connection with the victim, that creates secondary traumatisation (Pearlman & Saakvitne,

1995:92). Trauma debriefers are exposed to different kinds of trauma, but this exposure is repetitive and has been found to have cumulative effects.

Most trauma debriefers are also invariably and constantly exposed to reminders of past critical incidents as long as they keep doing debriefing work, in contrast with victims, who might only encounter reminders in certain situations.

4.5.3 The context of trauma debriefing:

The context of trauma debriefing can also contribute to secondary traumatisation. A practical example is that many trauma debriefers in the police, work long hours and they have consecutive sessions with the victims. Many of them may not set adequate self protective limits. The confidentiality of the trauma work also contributes to secondary traumatisation as one cannot share details of one's work with friends and loved ones (Stamm,1995:65).

As asserted by Stamm (1995:65-66), debriefers often take far less time examining aspects of the work which affect them. And yet, because of the highly personal nature of trauma work, debriefers' emotional well-being has a significant impact on the work they do. Debriefers' own reactions to the material they hear, make them feel unable to hear additional trauma material, thereby discouraging clients from fully ventilating their experiences, because the debriefers are not able to tolerate more of the impact of their work.

Trauma debriefers may also join in the clients' anger, helplessness or other feelings, thereby losing contact with their own hope and helpful " third party" distance. Their ability to guide clients in examining other aspects of themselves, their lives, or other traumatic experience(s) may also be compromised.

There are also aspects of the work context that make a trauma debriefer vulnerable to secondary traumatisation. Dzuguda (2001:24),contends that people who work in organisational settings are more vulnerable to secondary

traumatisation than those who work in private settings, apparently because those in private settings can schedule the number of cases that they want to work with at any particular time.

Lack of funds for treatment beleaguers many victims, and can leave debriefers struggling with conflicting needs and ideals. For the trauma debriefers it is of cardinal importance to help the victim emotionally through their trauma, but it is also important to look at other needs that the victim(s) has/have, including material and physical needs. There might not be enough funds to help the victims which make the debriefers more vulnerable to secondary traumatisation.

4.5.4   The self of the debriefer(s):

The trauma debriefer's self is also seen as a contributing factor to secondary traumatisation. Their personal history, especially if the history includes traumatic life experiences, may make them more susceptible to secondary traumatisation.

The material a debriefer hears will stir up not only empathy, but also memory and personal pain. Apart from survivors, trauma debriefers are seen to be at special risk for secondary traumatisation. Also, a trauma debriefer's current psychological and interpersonal situation will influence his or her susceptibility to secondary traumatisation (Pearlman & Saakvitne,1995:89).

It is further argued that the unresolved trauma of the debriefer will be activated by reports of similar trauma from clients. Many trauma debriefers may develop unresolved traumatic conflicts which then are also found in secondary traumatisation (Figley,1995:24-25).

It is also argued that most trauma debriefers have experienced some traumatic event in their lives, and sometimes they identify with traumatised people who experienced events that were similar to their own. There is a possibility of the trauma debriefers' over-generalisation of their own

experiences which might therefore result in secondary traumatisation (Figley, 1995:25).

4.6   SECONDARY TRAUMATISATION AND BURNOUT

Dzuguda (2001:29) asserts that some view the problems faced by debriefers with job stress as simply burnout. Burnout is defined by Figley(1995:39) as a state of emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations. Thus, the researcher's view is that emotional exhaustion appears to be the key factor that links burnout and secondary stress.

Dzuguda (2001:25) asserted that in contrast to burnout, which emerges gradually and is a result of emotional exhaustion, compassion fatigue or secondary traumatisation can emerge suddenly with little warning. Also, with secondary traumatisation, there is a sense of helplessness and confusion, and a sense of isolation from supporters.

4.7   POST TRAUMATIC STRESS DISORDER AND SECONDARY TRAUMATISATION

According to Schulz et al. (2001:136) secondary traumatisation is a special type of job-related stress which has much in common with Post Traumatic Stress Disorder (PTSD). This condition (PTSD), is seen as an adjustment disorder that may develop as a result of exposure to an extraordinarily stressful event or a traumatic series of events.

Most people develop PTSD as a result of being in "harm's way" - they were exposed to the traumatic events on a primary level, yet those who were not directly in harm's way", are also vulnerable to what has been called secondary traumatisation (Figley,1995:43). However, the researchers of trauma assert that only a small percentage of trauma workers develop severe post trauma reactions.

Secondary traumatisation is an adjustment disorder that some debriefers experience as a result of the involvement with survivors of any traumatic event. Thus, according to Dzuguda (2001:23) and Schulz et al. (2001:136-137) secondary traumatisation is a normal and natural by-product of working with traumatised people, which if left unattended, can have long-lasting effects on the trauma debriefer.

In the final analysis, it is of cardinal importance to attribute secondary traumatisation to the severe after-effects of a traumatic incident. Virtually all of the PTSD outcomes have been documented as occurring to some degree in a significant percentage of crisis workers. In most cases, post trauma symptoms, in both primary and secondary victims, ranges from mild to moderate. Literature by Dzuguda (2001:22) and Figley (1995:19) suggests that the nature and magnitude of certain overwhelming traumatic incidents elicit post trauma symptoms in virtually all the victims and trauma workers.

4.8   CONCLUSION

Caring for the traumatised can be a satisfying task. The impact of trauma on debriefers can be different as people react differently to different events. What could be traumatic to one person could be an excitement to another person. The traumatised person, indeed the traumatised society, has become commonplace in contemporary Southern Africa. So much so that many people had almost become oblivious and insensitive to its occurrence.

Yet, all of us, or someone we know, may have been, or at some point in time will be, touched directly or indirectly by events that have a shattering effect on our lives. Yet, for many professionals, working with traumatised people can do great harm to them. There is no doubt that traumatic events will continue to take place and affect many people on a daily basis. Undoubtedly, these traumatised people need some form of professional assistance, and indeed that they get from debriefers.

The next chapter will concern itself with an exposition on the summary, conclusion and recommendations of the study.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1   INTRODUCTION

In this chapter, the summary of the study will be discussed while focusing on the aim and objectives of the study. Conclusions will be drawn based on the data analysis presented in chapter 2. This will be followed by recommendations based on the conclusions and finally with the concluding statement.

5.2   SUMMARY

The aim of this study was to explore the impact of trauma debriefing on the debriefers in the context of the South African Police Service (SAPS) Helping Professions, in the Limpopo Province. Selection of this study was motivated by the researcher's practical and professional experience in the field of trauma debriefing. Also the researcher's inquisitiveness in the subject matter prompted the researcher to explore on the phenomenon.

An extensive literature review on the process of trauma debriefing and the impact was conducted with a view of integrating it with perspectives of the respondents.

The following were the objectives of the study:

- To describe through an empirical study, the impact of trauma debriefing on debriefers.

- To conduct a literature review on the debriefing process and the impact on debriefers in the South African Police Service, in the Limpopo Province.

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- To formulate recommendations about the usefulness of trauma debriefing to debriefers.

A qualitative research approach was followed whereby a semi-structured interview schedule was designed to enhance qualitative data collection. This schedule was pilot-tested with three respondents in order to validate the relevance of the questions in the schedule. The empirical study was conducted by making use of interviews with 9 respondents.

5.3   CONCLUSION

The following conclusions are drawn from the research:

The findings of this study revealed that trauma debriefers who were exposed to trauma on secondary level, thus, the following psychological, emotional and physical impact of trauma debriefing to the debriefers was inevitable:

- Trauma at the workplace has moved beyond the victims, to realise that anyone may develop severe and chronic psychological disturbances as a result of secondary traumatization. This is likely to happen to trauma debriefers as they are not protected from being indirectly affected by the ordeals as expounded by the victims.

- The study revealed that debriefers may develop psychological disruptions as a result of their repeated exposure to secondary traumatisation.

- Excerpts from respondents illustrate that repeated exposure to trauma work tend to affect debriefers to such an extent that they may develop severe and chronic psychological disturbances such as PTSD. Therefore, it can thus be concluded that be that exposure to vicarious trauma as a trauma debriefer can render professionals dysfunctional and can they experience flashbacks.

- Headaches or sleeping disorders, forgetfulness and assimilation of survivors' identities, meaning that they lost their own self identities and began to pull away from colleagues who do different work.

- Trauma debriefing had profound effects on the emotions of the debriefers. It was demonstrated by the extracts from the respondents that trauma workers tended to suffer emotional tranquillity. This means that they tended to feel grounded, emotionally shut down and lose touch with their inner connection to significant others.

- The fact that they empathised with survivors of trauma, made them vulnerable to emotional secondary traumatisation, as they were emotionally bonded to the survivors. An emotional attachment developed and they tended to feel on the same wavelength with the survivors of trauma. At times when severe emotional attachment with the survivors developed within the debriefers, they experienced intense and overwhelming feelings that made them not to feel anything.

- Debriefers developed negative emotional feelings such as anger, anxiety, emptiness, shattered illusions, aggression and to the extreme, they felt despair and self-loathing (hatred). They could experience significant changes in self-esteem in themselves or others and feelings of hopelessness or completely out of control.

- Trauma debriefing caused havoc with the physical well-being of debriefers. This means that trauma debriefers were certainly going to be affected by debriefing because they gradually internalised the experiences from the debriefers.

- Trauma debriefing evoked responses which entailed massive physiological reactions from debriefers who are repeatedly exposed to trauma on a secondary level. Among the reactions of the physical impact of trauma debriefing, the secure base and basic trust as well as the organic system of

the debriefers such as headache, stress, tiredness, fear (tremors) and heart palpitations and PTSD in the extreme, were disrupted.

- The findings of the study have shown that trauma debriefing does not only affect the three dimensions, but it affects one's mind and can change one's lifestyle. The change in lifestyle is demonstrated by feelings of fulfilment, outright pleasure and a sense of control that develop from debriefing.

- Trauma debriefing impacts on the debriefers on a secondary level, meaning that as a result of exposure on an individual level, they developed secondary traumatisation, which leaves them also vulnerable.

5.4   RECOMMENDATIONS

The following recommendations are made in the light of the above-mentioned conclusions:

- Given the parameters of this study, more efforts are needed in quantifying the impact of trauma debriefing on the debriefers.

- More advocacy is called for, in sensitising organisations about the reality of the effects of trauma work on the debriefers.

- This could assist the organisations to draw a wellness programme for the debriefers or develop other strategies towards assisting trauma debriefers.

- Debriefers themselves need to take charge of their own healthy lifestyles by taking their routine debriefing work easily rather to internalise the survivors' experiences.

- Organisations like the South African Police Service need to encourage its debriefers to rest regularly in order to allow them to regain their strength

and to mainly forget about the different incidents they get exposed to more often.

- More debriefers need to be trained by the SAPS in order to have more functional debriefers so as to regular rotation on the debriefers' weekly standby duty list.

- Trauma debriefing for debriefers after every session within the SAPS should be prioritised.

5.5   CONCLUDING STATEMENT

Trauma debriefing is an essential task rendered by trauma debriefers. Although debriefing could be a gratifying task, it carries with it the cost of carrying to debriefers psychologically, emotionally and physically. Literature reveals that there is no doubt that traumatic events will continue to take place and affect many people (victims) as well as the caregivers (debriefers) on a daily basis.

Therefore, working with survivors of trauma is inevitable and as such it is a challenging pierce of work for the debriefers. For a record, it is being revealed that trauma debriefing can also turn one's life around for worse but if handled properly, it can bolster one's feeling of triumph.

Although the impact of trauma debriefing can be overwhelming, in most cases the impact is short-ranged. Thus, working with traumatised people can do great harm to the debriefers. As such, organisations need to be pro-active in their efforts to try and assist their own debriefers so that they should not die in mental and emotional tranquillity.

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