

## Trauma, imagery and the therapeutic relationship: Langu's story

Belinda Karpelowsky and David Edwards\*

Department of Psychology, Rhodes University, Grahamstown, 6140, South Africa.

\* Corresponding author, e-mail: [d.edwards@ru.ac.za](mailto:d.edwards@ru.ac.za)

This paper, a phenomenological case study, describes the psychotherapy of Langu (pseudonym), a 21-year-old student, who presented with Acute Stress Disorder following a series of motor accidents that affected him and his family. Langu's most distressing experience was having to identify his brother's mutilated and severely burned body. Because of the intensity of the intrusive re-experiencing of traumatic imagery and the degree of dissociative numbing, Langu participated in four intensive guided imagery sessions, which involved reliving the incident, and imaginal dialogues with his dead brother. Session records and supervision notes from the therapy process that unfolded over 22 sessions served as the basis for a thematically selective case narrative. Additional material was obtained from several research interviews with Langu over the following months. The narrative highlights the impact of the imagery work as well as relational aspects of the therapy. The case narrative provides a source for examining many aspects of the psychological impact of trauma and the path to healing, as well as the dilemmas and challenges faced by therapists working with traumatised individuals.

**Keywords:** acute stress disorder, case narrative, case study, cognitive therapy, guided imagery, post-traumatic stress disorder, psychotherapy, therapeutic relationship

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### Introduction

The aim of much of what we call research is to generate and explore theory. To achieve this, the experiences of many people are reduced to structured tables or thematic summaries, and generalisations made on the basis of statistical analyses, and qualitative induction. In the process, it is all too easy to lose the lived experience of the phenomenon being investigated. One of the agendas of phenomenological research is to correct this by keeping human experience at the centre (Edwards 1998; Kruger 1988). Even in phenomenological research, however, the search for generalisations often results in a dry report in which the individual story is lost (Edwards 1991). Telling a story is a means through which 'the liveliness, the involvement and even the passion' of lived experience can be captured as part of a scientific research process (Reason and Hawkins 1988). The phenomenological case study provides a vehicle for this by means of an extended narrative that invites the reader into a human story so that some of its dimensions can be experienced with directness and immediacy (Taylor and Bogdan 1998). In the field of trauma, a narrative account of the process of therapy can capture some of the complexity of the impact of the traumatic event itself as well as the experience of coming to terms with memories that are often confusing, disjointed and contradictory. Narrative can disclose how, even when seemingly resolved, trauma continues to colour perceptions of everyday events, create vulnerability to emotional disturbance, and impede or empower the process of reconstructing a shattered life (Rogers and Leydesdorff 2004).

Part of the trauma survivor's struggle is in the articulation of an 'unspeakable' story. The therapist's task is to enable it to be heard, seen and witnessed (Laub 1992). The psychotherapy context can engender a degree of trust and intimacy between the traumatised individual and psychologist that is not easy to achieve in a formal research situation. Where a psychotherapy client is willing for the story of a therapy to be told, therapists have the opportunity to contribute something significant to the psychotherapy research literature (Miller 1998). The destructive silence surrounding traumatic experiences is also a product of the reluctance of society to listen and to acknowledge these experiences (Rogers and Leydesdorff 2004). Recovery from trauma is not a process that occurs in isolation, but requires a collective process through which the story and the intense pain is heard, witnessed and shared (Rose 2004). For researchers, assisting the client to tell the story in a wider context invites the broader society to acknowledge the human impact of what happened and in so doing undermine the cultural resistance which frequently exacerbates the survivor's experience of disempowerment (Rogers and Leydesdorff 2004).

In keeping with this humanistic endeavour, some of the story of Langu's therapy is told in the first person, at times from the point of view of the therapist (BK), and sometimes from that of the supervisor (DE). Sometimes, 'we' is used to refer to Langu and the therapist, sometimes to therapist and supervisor. Whoever is being referred to will be clear from the context. For convenience 'year one' refers to the

year therapy began, and 'year two' and 'year three' are the following years.

## Research methodology

### *Background considerations*

The author considered presenting an interpretive case study using a method similar to that of Labe (2005, this issue) and McDermott (2005, this issue), in which the phenomenological/experiential dimension is intertwined with the hermeneutic/interpretive one. However, in trying to tell the story in this way, we found that our interpretations and links to theory interrupted the flow of the narrative and made theoretical links that the reader would have to accept with little evidence, because there was no space to include the phenomenological account of what happened as well as the links to the theory. Instead we elected to write a phenomenological case study and included only a few links to formal theory where it was needed to explain why we took certain decisions about the course of treatment. The narrative is not just the story of Langu facing and coming to terms with his traumatic experiences. Embedded in it are other stories: of a therapist (the first author), of a supervisor (the second author), of a supervision process and of a research process. All these stories could not be told in full, and the narrative is thematically selective (see below under 'Data reduction and interpretation').

As therapist, the first author accepted the challenge of working with horrific images, found resources within herself that she could not have anticipated, and often faced her sense of her own limitations. As supervisor, the second author agreed to supervise and take clinical responsibility for the case on the basis of his training and certification as a cognitive therapist, his reading on the latest evidence-based practice for such cases and prior experience of work with reliving of traumatic episodes and of using guided imagery (Edwards 1989, 1990). He recognised that, in addition to the bereavement, four factors were probably contributing to the severity of the symptoms: (i) Langu's history of repeated trauma, (ii) the grotesqueness of the mutilated or dismembered corpses he had seen in the mortuary, (iii) a lack of social support, and (iv) his determination to put the pain behind him both in response to his father's injunction and because of his own belief that he must set an example for the family. He knew that, despite these complicating factors, there was evidence that significant relief of such acute symptoms could be achieved in a few sessions (Bryant, Harvey, Dang, Sackville, and Basten 1998; Bryant, Moulds, Guthrie, and Nixon 2005; Bryant, Sackville, Dang, Moulds, and Guthrie 1999; Ehlers and Clark 2000). He also took into consideration that the therapist had received some training in the Wits Trauma Model (Eagle 1998, 2000) and showed the commitment needed for this kind of work.

Finally, this is the story of research through co-operative enquiry (Reason 1988, 2003). A therapy process itself is a form of co-operative investigation of experience, and, added to this, Langu was invited to further contribute to the research process, not only by providing follow-up information, but also by commenting on the accuracy, both factual

and phenomenological, of the case narrative, contributing his own retrospective account of his experience and providing further reflections on what he had been through.

### *The client*

Langu, a 21-year-old student, approached Rhodes University's Psychology Clinic for assistance and was treated by BK for about three months. In year two, Langu consented telephonically to a case study based on his therapy being presented at a conference and a few months after that, the first author met him and he gave written consent for the material to be used for a research thesis and a publication at a later stage. At this meeting he was invited to contribute to the research process as mentioned above.

### *The data*

The primary data for the case study is the material of the assessment and psychotherapy sessions with Langu in year one including drawings he completed, some during the sessions. There were 22 sessions over three months, from August of year one, including a three-week break where Langu returned home. Initially he was seen three times a week. In the last month, this was reduced to two and then one session weekly. Sessions ranged in length from one to two hours. The initial assessment sessions and the four planned guided imagery sessions were all 1½ to two hours long. Langu was informed beforehand about the need for these extended sessions and their nature. Most sessions were tape-recorded. Process notes made after each session were discussed with the supervisor and peers in a weekly supervision group, a process that 'supports an ongoing critical approach and accountability' (Edwards 1996, p. 14).

In year two, Langu summarised his experience before, during and after therapy. In three one-hour research interviews in November of year two and March of year three he was invited to review the case narrative, comment on his experience in retrospect and provide information about his experiences following the termination of therapy. In May of year three, Langu tape recorded several additional thoughts about aspects of his experience that he felt he had not been able to put into words previously and sent the author two poems he had written for the unveiling of his brother's tombstone.

### **Data reduction and interpretation**

The construction of the narrative began with an initial review of the whole therapy process and the identification of themes that lent themselves to phenomenological explanation and theoretical exploration. These were images and guided imagery work, the relational aspects of the therapy, and the dilemmas for therapist and supervisor in making choices about interventions to be used. On the basis of these areas, a narrative was synthesised (Bromley 1986) that was designed to reflect explicitly the psychological dimensions of the process (Edwards 1998). Despite the thematic selection, it incorporated all central phenomenological themes and therapeutic elements so as to accurately capture the flow and form of the therapy. Finally, Langu's

feedback regarding his experience prior to, during and after therapy was incorporated. Langu read this narrative and verified both its factual and phenomenological validity and confirmed that he felt it captured the significant aspects of his therapy process. Although not incorporated as part of the narrative, the content of the tape recordings sent by Langu was used to cross-check theoretical formulations and interpretations.

### **Langu's story: Assessment and therapy**

#### ***Multiple traumas in a series of motor vehicle accidents***

Langu, a 21-year-old student, presented at Rhodes University's Psychology Clinic following a series of multiple traumas. The previous September, his father was badly injured in a motor accident and was in a coma for several hours. Langu had been afraid his father would die and, subsequently noticed that he became more aggressive. Another motor vehicle accident occurred in November of that same year in which both Langu and his father were involved, although no major injuries were sustained. In July of year one Langu was again involved in a motor accident, during which he was flung repeatedly in an overturning car until it skidded into a barrier and he lost consciousness momentarily. Although he sustained no major injuries, he was left feeling vulnerable and shaken. One week later, his younger teenage brother, was killed in a head-on collision while returning home with his uncle and his uncle's friend. After the car burst into flames, his uncle escaped, but his brother and the other passenger died in the flames. Originally it had been arranged that Langu would drive his brother, but he had returned home early at his mother's request, and his uncle had driven his brother instead. Langu felt responsible for what had happened, and was terrified that his brother had suffered enormously as he burnt to death in the car. Langu accompanied his father to the mortuary, where his father was unable to identify the body due to the extent of the mutilation and his emotional state. This task then fell to Langu who was presented with two burnt corpses on a stretcher, of which neither had a head, arms, legs or skin. He was only able to differentiate the two bodies by the penis and from a bracelet that his brother had been wearing.

#### ***The aftermath, and the development of Acute Stress Disorder***

Langu was from an aristocratic rural family. His polygamous father had conceived more than a dozen children. Three were born from Langu's mother, including the one who died in the accident. Langu functioned as second to his father in their entire household, and felt compelled by a strong sense of responsibility towards his family members. He believed that it was vital for the family's wellbeing that he demonstrate steadiness and strength and he tended to be passive in attending to his own needs. This was an integral part of his identity and, as we shall see, contributed significantly to his difficulty in processing the tragic and traumatic events to which he had been exposed.

Langu cried only once on hearing of his brother's death. After an initial reaction of shock and intense pain, he felt

numb and experienced himself as floating. He felt unreal, as if it were a stranger who had died. He felt compelled to be strong for his family, so as to not contribute to their pain. He organised the funeral and saw to the emotional welfare of his family. A week after the funeral his father told him to return to university, 1 500 kilometres away, as they did not want him to miss any work. The father encouraged him to forget his pain and move on with his life. Despite feeling unprepared, Langu agreed as he felt his presence at home reminded his family of their loss.

He met the criteria for Acute Stress Disorder (ASD) as defined by the DSM-IV-TR (American Psychiatric Association 2000), and subsequently of Post-traumatic Stress Disorder (PTSD). At assessment, his scores of 29 on the Beck Anxiety Inventory (BAI: Beck and Steer, 1993) and 40 on the Beck Depression Inventory (BDI-II: Beck, Steer and Brown, 1996) indicated clinically severe levels of anxiety and depression. Things seemed unreal: when people spoke, he saw them, but could not really hear them and they seemed to move in slow motion. He felt that an unavoidable danger was stalking him and that he, like his brother, would be unable to escape. He was disturbed by frequent intrusive images related to his own accident and his brother's mutilated body. His sleep was reduced to four to five hours by disturbing nightmares, which occurred up to six times nightly and he experienced fatigue during the day, frequently falling asleep during lectures. While awake, he felt unreal, as if in a movie, whilst in his nightmares every sensation felt real, and on awakening he felt disoriented, with the confusion and emotion of the dream still lingering. His nightmares revolved around both his own and his brother's accidents, the identification of his brother's body and themes of guilt, danger and helplessness. His appetite increased, whilst his level of energy decreased. When alone he became restless and kept himself busy so as to avoid thinking. Although he could not connect to the emotional pain, he was constantly aware that the order, structure and meaning of the world he knew had been destroyed. He felt empty, life no longer held any meaning for him, and he could not envisage any future. His suicidal thoughts were soon replaced by apathy. His memory and concentration were impaired, interfering with his ability to write notes and complete his assignments.

#### ***The role of imagery in the therapy process***

The authors' approach to treatment drew on current integrative models that emphasise the importance of telling the story and identifying and working with painful personal meanings in the context of a strong and committed therapeutic relationship (Eagle 1998, 2000; Ehlers and Clark 2000; Foa, Davidson, Frances, and Ross 1999). These meanings emerged first through an examination of his dreams and drawings, and later through guided imagery techniques that have been shown to be helpful in working with trauma and bereavement (Gray, Holmes, and Brewin 2001; Grey, Young, and Holmes 2002; Pynoos and Eth 1986). The four sessions of guided imagery work proved particularly challenging as they evoked intense emotions that often threatening to overwhelm Langu and the therapist. We were afraid that far from his family, in a context where he had few

friends, Langu would be unable to cope with the aftermath of what these very intense sessions evoked. Nevertheless we decided to implement these interventions on the basis of the literature, which showed that when well managed they can have considerable therapeutic power. As it turned out, it was after each of these sessions that Langu returned with his most significant shifts and the images began to take on a new life, a more coherent one. For presentation the narrative is divided into three phases. In the first a great deal of information was obtained from Langu's imagery in the form of waking intrusions, dreams and drawings. The second and third phases each included two guided imagery sessions.

### ***Initial Phase (Session 1- 6): Nightmares and intrusive imagery***

At first Langu stated his story with blunted affect and a monotone voice, as though he was merely the narrator of events and not the participant. He also told how his waking hours felt like a dream, devoid of sensation, whilst his nightmares had become his reality. In an effort to ground himself when awakening from these nightmares, he had spontaneously began to draw them, and subsequently brought the drawings to the sessions. This initially served as a less threatening medium through which he could begin to explore and share his trauma, which till then he had deliberately tried not to think or talk about. His experience of these dreams was one of confusion, overwhelming fear and a sense of helplessness and lack of control. Further compounding his distress were the seemingly mystifying images, which he could not understand. Langu felt victim to an endless stream of repetitive traumas and profoundly alone in a frightening world of images where he felt unable to reach out, and where others were unable to connect to, understand or share with him. Time was spent psycho-educating Langu about the psychological effects of traumatic events and normalising his symptoms.

In session 2 he described to me his therapist (BK) how, before identifying his brother's body, he had expected to see him as if peacefully sleeping. Instead, he felt shock and horror as he looked down on a mutilated corpse, resembling something from an anatomy dissection book. At this point he began to cry, but immediately apologised and attempted to regain composure. Despite my assurance that his tears were appropriate, Langu ceased crying and continued with his factual account. He felt responsible for bringing me into his despair, and felt the need to protect me. This did not seem to be just that I was a woman and hardly known to him as yet, for this was also his attitude to his family, friends and girlfriend back home. He longed to be with them and share his feelings, but this seemed impossible because he believed he needed to be strong. I told him that he needed to share his feelings and did not need to protect me. Towards the end of the session I presented him with a little blue stone to keep in his room and to hold when he felt alone. I felt concerned for him in his isolation and wanted to give him part of the therapy space as a soothing presence to take with him.

Langu returned the following session (3) overwhelmed with anguish, having spent the time between our sessions

sitting alone in his room. He wept intensely. It was the first time he had really cried since the accident and at last he seemed to be truly experiencing the enormity of his trauma and loss. He was able to share the impact of the horror that the image of his brother had on him and his desperate need to see him as whole again. He expressed guilt that as big brother his role was to protect his younger brother, which he had 'failed' to do. He felt responsible for his brother's death. He believed he should have seen the signs of what was to happen and should have known not to let his brother drive with his uncle. An additional burden was his belief that he must assume his brother's role in his family, something that he felt ill-equipped to do. Langu yearned for the safety and comfort of his home and family, but no longer had access to the home he remembered as it now represented his family's loss and grief. He was even afraid of returning home since this would confirm the reality of his brother's death, a reality he had avoided confronting by being away at university. Langu felt that the pain was too much to bear and expressed his need to escape it. At this point I was concerned that Langu might harm himself and spent some time making a verbal no-suicide contract with him.

During sessions 1-6, Langu recounted several dreams. In **Dream 1**, Langu sees a series of headless corpses, covered in white sheets, set out along the length of the road in front of the mortuary. In **Dream 2**, Langu's uncle drives into a fence, and Langu insists that it is he that should drive. Shortly afterwards he buys alcohol, and sits in the passenger seat, whilst his cousin drives. Feeling out of control, he insists on driving, but is soon faced with traffic officers and their revolving vehicle lights. A man with a gun is surrounded by police. He is trying to shoot, but no bullets are coming out. Back in the car, Langu feels as though he is running away from the police, but does not know why. Confused, he drives through a red traffic light and stops at a green one. Suddenly it is dark. Langu insists that he, his uncle and brother walk home. He gets out of the car, but his uncle, brother and cousin remain inside. Langu is followed by a group of people telling him that he will be hijacked and that home is still 3 000 miles away. He tries to approach two policemen for help, but is continuously drawn back to the car.

In **Dream 3**, Langu walks home with the family's cattle, passing their kraal by the river. A big snake with massive teeth shaped like a crocodile grabs one of the cattle, but is unable to swallow it. People from his village begin to hit the snake's head with a club, until they believe it is dead, but it starts to move again. In **Dream 4**, he stands with a boy in the scorching sun, surrounded by cattle that have died as a result of a drought. Around them are the rough waters of a gushing river that threaten to overwhelm them. They cannot reach their home and cattle and the water they long for is threatening their lives and cannot be used to overcome the drought. In **Dream 5**, Langu's mother gives birth to a new baby. Langu desperately wants to hold the baby, but this is forbidden as his family fear he will kill it. In **Dream 6**, Langu is asked to cut a baby's umbilical cord, but when he does, there is no baby at the end of the cord. In **Dream 7**, Langu, wearing a black leather condom, has sex with an unknown, faceless woman. In **Dream 8**, he dislocates the woman's

vagina. In **Dream 9**, Langu loses control over a school bus he is driving, resulting in the death of all the children. In **Dream 10**, lost in the mist and fog, he cannot find his way or see anyone to assist him. In **Dream 11**, he commits suicide with a string and witnesses himself hanging (Langu woke up from this dream clutching his neck and ran to see if there really was a rope).

Dreams dramatise the way individuals see themselves, their world and their future (Beck, 2002) and give access to the nature of the cognitive/emotional schemas that underlie and shape experience (Rosner, Lyddon and Freeman, 2002) and in exploring these dreams Langu and I were able to identify significant conflicts and appraisals related to the trauma. His guilt about being responsible for his brother's death was intensified by punitive authority figures who held him accountable for destructiveness and showed no confidence in his ability to be responsible. Dreams 3 and 4 portray his alienation from his family caused by the intensity of the emotions evoked. The surging waters that should be life-giving, like the emotions evoked by the tragedy, are so intense and overwhelmingly threatening that family members are left emotionally drought-stricken. Instead of being drawn closer together by their common pain and loss, their repression of these emotions, portrayed in the attempts to kill the snake, only serve to separate them. The suicide scene in Dream 11 portrays Langu's desperation and hopelessness in the face of all this and his fear that he could be driven to such a drastic act.

Memories of the series of accidents that preceded his brother's accident flowed into one another, and the last memory Langu had of his brother repeatedly intruded into his waking awareness and nightmares as an image of charred meat. He commented that he had not buried his brother, but a 'piece of black meat' and he desperately longed to see him as whole again. The severity of the mutilation and apparent suffering of his brother's body also provoked an existential crisis. Furthermore, his identity had been so enmeshed with his brother's that his experience of self was fragmented. There was also confusion about his brother's place in the afterlife. While he believed he had gone to heaven, he recalled his father saying, 'What did my son do in the eyes of the Lord, to be punished so horribly?' If God had punished him this way, thought Langu, then he may have gone to hell. Unable to accept this possibility and caught between these two alternatives, Langu elected to believe that his brother must still be here on earth.

This exploration continued in session 6 by means of two drawings he was asked to make. He was also invited to tell a story about them. For the first, on a theme of his choice, he drew an event at a school sports day. One of the students, whom he described as 'not mentally right in the head', was so scared when the starting gun went off that he ran faster than all the other children and won the race, but he was so terrified that he continued on and ran all the way home. We explored how this portrayed Langu's belief that there were something wrong with him because of his post-traumatic symptoms and how he felt he was running away from his experience. In his fear, he wanted his home to be a safe destination, but it could no longer offer him that and he felt as though he needed to keep on running.

Langu's second drawing illustrated his current experience of self. A man was balancing precariously on a cracked branch. Standing on the branch was comforting, as there was something supporting him, but the situation was dangerous, as it was about to break. Alongside, a second branch had already broken and the man was falling. He wanted to land but was afraid to because of further danger below, where a crashed car lay. This portrayed a sense of limbo in which he felt trapped. He said he felt like a man who has jumped from an aeroplane without a parachute who cannot return to the aeroplane, but never reaches the ground. By being strong he could avoid confronting his painful reality, but the price was that he was frightened and lonely and separated from the world.

In session 7, he told another dream from which he awoke in terror. A fierce dog entered the room. He tried to chase it out, but his brother stood in the way. When he did chase it out, he found himself beating someone, hitting his head against the door. He looked and saw it was the dog's head. The dog appeared to portray Langu's own emotions, which, like the snake in dream 3, were dangerous and alien. He was aggressively trying to get rid of them, but his unresolved relationship with his brother stood in the way. In attacking them he was attacking a part of himself and preventing himself from undertaking the emotional and informational processing that would be needed to enable him to integrate it.

#### ***Middle Phase (Session 7- 9): Partial resolution***

Through sharing these dreams and drawings, Langu began to reconnect with the emotional impact of his trauma, and we began to identify those emotionally charged areas, which were causing significant conflict. I introduced the idea that the traumatic experience, by virtue of its overwhelming emotional impact, suddenness and horror, could not at first be effectively processed and integrated into his experience. The repeated replay of his trauma in dreams and intrusive imagery was a reaction in part to his attempt to avoid and suppress his experience. Their adaptive value was that they pointed to the need to return to the trauma in order to fully reprocess the nature of events and his experience of them. This appeared to give Langu a greater sense of control and he began to appreciate that suppressing experiences associated with painful emotions served to exacerbate his symptoms and create a barrier to resolution.

In supervision after session 5, the therapist and supervisor debated whether to use a more intense intervention. Despite what appeared to be progress, no significant shifts had occurred. Langu's nightmares and intrusive imagery endured and intensified, he remained severely depressed, and he was not functioning effectively in his studies or connecting socially with friends. The literature shows that reliving through guided imagery can have a marked impact on shifting the intense symptoms of PTSD (Ehlers and Clark 2000; Grey, Young, and Holmes 2002; Grey, Holmes, and Brewin 2001). However, therapists draw back from such interventions out of fear of the intensity of what will be evoked both in the client and in themselves (Gray and Litz 2005). We were concerned about Langu facing such horrific images because of his limited

support. However, since he was so disabled, and since a relationship of trust had developed with his therapist, we decided to implement an extended imagery intervention in session 7. The rationale was explained to Langu in session 6 and he agreed to participate.

*First guided imagery session (7):* After a relaxation exercise, Langu was encouraged to close his eyes and visualise and retell his story in the present tense from wherever he felt the beginning was, whilst focusing on the sensory components of the narrative. I reminded him that although he would be vividly describing the events, he would still remain separate from them, in time and space. Langu chose to begin at the point preceding his own accident. He included details that he had never expressed to me before and was able to identify the sensory elements experienced at each stage. His own accident had evoked shock, fear, confusion and sense of unreality. His brother's accident had re-evoked the same feelings that had not been fully processed. Emotionally the two events became linked and this exacerbated his experience of vulnerability for he felt that just as his brother had been unable to escape his fate, he too was destined to follow next. As he continued to describe and vividly experience the events, he could identify the points at which he became numb and why. He identified the worst moment as the identification of his brother's body. He vividly recalled walking up to the stretcher and seeing two burnt corpses. 'Hell no! That can't be my brother!' he thought. He recalled the smell of the mortuary, the smell of burnt meat, the burnt black colour and the pounding of his head. He was able to recall being in his room at home afterwards, feeling empty, sad, and angry at his brother's death. He wanted someone to blame, but knew there was no one to blame and so resorted to blaming himself.

When, after almost an hour, Langu was asked to open his eyes, he found it hard to do so. Eventually, when he did, he was very tense and could still smell the meat-like odour of his brother's burnt body and feel his head pounding. We ended with a relaxation exercise. Although this relaxed him substantially, it did not rid him of his headache and heavy heart. His expression was one of disbelief, horror, and there was a stillness in which we both felt stunned. He was still very involved with the imagery he had recounted. It appeared as though Langu had for the first time experienced the entirety of his trauma, with its full emotional impact. My experience at this point was one of fear that I had re-traumatised him and that he would not be able to cope with the intensity of the emotion. And it was with this that he left the session.

I phoned my supervisor who encouraged me to wait it out, as Langu's next session was two days later. I waited for him before the next session (8) with some trepidation, only to be surprised and very relieved when Langu started to tell me of shifts that I would never have anticipated. He was experiencing a lightness and greater sense of peace than he had experienced at any time since the trauma. Before the session, he said, he had told his story repeatedly but had never made any real emotional connection to it. In having experienced the event with me, he had been able to share the horror of what he had seen, and subsequently attempted to suppress. Until that point he had kept it to

himself. The session had been 'difficult and painful', and he had spent the remainder of the day feeling 'terrible, disorientated and emotionally in pain'. The following day, however, he had woken up to a lightness and sense of peace. He commented that he had 'made peace with God'. He experienced himself as a bird, soaring, with its feet out to land, not having landed yet, but knowing that it will. He commented that he was like the parachutist he had previously described, however now he had a parachute and could see where he is going to land, and he drew a smiling man with a parachute, hovering over a platform, with steps leading to the ground surrounded by trees. He explained that he believed that he was going to land on the platform at some point and then work his way towards the stairs, which would finally lead him to the ground. He felt that the platform would be home. It was no longer dangerous. Despite the pain he felt a sense of peace and the hope that he would be able to heal.

The significant shift in his mental state was reflected in low scores of four on the BAI and 11 on the BDI-II. Technically, these inventories ask for experiences during the past week, but these scores indicated how he had been since the previous session. After this Langu ceased having nightmares and experienced a decrease in intrusive imagery. The fact that he had been able to connect with his experience instilled in him a greater sense of control. But now, of course, he began to struggle with the emotional pain of the loss of his brother that he had previously avoided, and his re-experiencing of the intrusive images of his brother's mutilated body in the mortuary was still prominent and distressing in his waking hours.

*Second guided imagery session (9):* Up to this point the therapy process had led to the identification of his avoidance of the memories and his aggressive pushing away of his emotions. Now, it was necessary to focus on the processing and integration of the trauma. This meant addressing his guilt and other conflicts and dealing with the horrifying image of his brother's body. In supervision, we decided to use another guided imagery intervention that would start to address the traumatic loss of his brother.

After a relaxation induction, Langu was invited to visualise his brother coming to visit him from wherever he resided. He saw him coming from heaven to visit in Langu's bedroom, a place where his brother had often slept when he was afraid. He was asked to describe in detail how his brother looked, the clothes he was wearing and his facial expressions, in order to connect emotionally and internalise an integrated image of his brother as he wished to remember him. Langu was also encouraged to constantly speak of his own emotions and reactions during the exercise. At first he took his cues from me in terms of what to say, how to express his feelings and, when appropriate, how to challenge things that his brother said. Soon, however, he could take the initiative himself. He told his brother of the intense pain he had been and was still experiencing, of how difficult it was not to have him with him anymore, of the guilt he felt for not having driven him home. He was encouraged to express his discomfort to his brother about anything that he found unsettling. He saw his brother responding in ways that addressed many of his conflicts, whilst indicating areas

that were still problematic. His brother assured him that he was at peace, and had not suffered. When he commented that he would live on through Langu, who would take his place, Langu was able to tell him that he was not able to live his brother's life for him, and found a sense of resolution in the thought that his life would be lived with the memory of him. In response to Langu's questions, his brother was able to tell Langu that the reason he had to die in such a tragic way was that in life he had always been full of drama and he needed to die accordingly. He told Langu that he had received the flower he had kissed and thrown in his grave and gave one to him in return.

Asked to say whatever he needed to before he said goodbye, Langu asked his brother to hug him and his brother insisted that they rather dance together to his favourite music. Langu was able to laugh with this image, which so aptly conveyed the essence of his brother as he had been in his life. Although it was difficult to say goodbye, when Langu opened his eyes, he was filled with joy from having experienced his brother in this manner.

Guided imagery had enabled Langu to reconnect with his brother as whole, laugh and joke with him as he had prior to his death, and communicate with him on a very intimate level. He had been able to replace the intrusive image of his charred body with the image of the brother that he had longed to see. He commented that although he realised that his brother was gone, he would always carry him within himself. For the remainder of the session, we were able to talk about his experience, laughing about his brother and sharing and appreciating his memories of him.

### ***Third Phase (Sessions 10-23): Towards reframing and resolution***

During the next few sessions there was considerable focus on Langu's self-defeating belief that he needed to be responsible for those around him. He realised that his family's insistence that he should be 'strong' had interfered significantly with his ability to come to terms with what had happened. He was able to reframe 'being strong' to mean being able to confront, experience and process his pain. Being separated from his family had the negative effect of intensifying his loneliness and isolation, but it also allowed him some space in which to focus on himself and to process his trauma. Nevertheless, he expressed frustration with the constant telephone calls from his family, girlfriend and friends who kept on telling him to have 'faith in the Lord' and that everything would be all right. When he let them know that he was not 'all right', they commented that his faith was slipping and their lack of empathy intensified his loneliness and angered him. Nevertheless, he was able to validate the process he was going through within the framework of his Christian faith. Jesus had cried out when he was suffering, he observed, and if the son of God could cry then he also could do so to without disrespecting God.

He needed them to acknowledge his pain and to give him permission to feel it. Although friends tried to offer support, Langu felt that they did not know how to relate to his painful experience and in ignorance of how to support him, often withdrew, leaving him feeling even lonelier. Langu did feel supported by one female friend, a black student, who was

unconditionally prepared to accept him, and was willing to listen to anything he needed to talk about, despite the oscillation of his difficult emotional states. Although genuinely grateful, he had difficulty embracing her support, frequently succumbing to his belief that he would be too demanding on her.

In sessions 12 and 13, Langu described how his return home to his family for a three-week vacation, although initially comforting, had in the end exacerbated his loneliness. He had desperately longed to return home so as to share with his family his feelings about what had happened. He felt that they were the only people who could truly comprehend his emotional pain. Sadly, due to their own pain, they had been unable to do this. Furthermore his parents and friends often confused him with his brother, thus perpetuating his sense of vulnerability. Langu needed to be understood by and to grieve with his family and felt deeply frustrated that this was not possible. He subsequently developed a need to talk to strangers about his experience. Furthermore he became uncharacteristically aggressive towards people, frequently snapping at them for no apparent reason.

On his return Langu felt as though he was a fragmented puzzle, with one core piece missing. His relationship with his brother had been the one relationship in his life he felt was guaranteed and now it had been taken away from him. Increasingly Langu began to appreciate the therapy space. He expressed that the room represented a very powerful space for him in which he could share intense and difficult emotions in the expectation that they would be acknowledged. He felt that even if he was at a loss for what to say the space allowed him to focus on himself and what he was experiencing.

*Third guided imagery session (15):* Though free of nightmares, Langu still experienced intrusive images of his brother's body three or four times daily. We decided to implement another guided imagery/reliving session focused on the day of the identification of his brother's body. I explored with Langu the rationale for returning to these images, and although reluctant, he agreed to go ahead. After a brief relaxation induction, Langu was instructed to close his eyes and view the scene as though he were watching a movie, so that he was witness to, but simultaneously removed from the events. He was encouraged to raise his hand to stop the process at any time that the emotions became too overwhelming. Although the process was visibly disturbing for Langu, he chose not to stop. He provided vivid descriptions of the details of the identification of his brother's body, explaining the colour, texture and appearance of the torso, its muscles and bones. He described how later, his brother's remains were presented to him in a bag. The horror of what he had seen was awakened through the images and words. Langu struggled through the session, and I too was overcome by the enormity of the grotesqueness of what he had been exposed to, which evoked a nauseating feeling from within me. Langu managed to complete the exercise, whilst I accompanied him through his memoir of horror.

After the exposure exercise Langu experienced great difficulty re-orientating himself to the therapy room. I guided

him through a relaxation exercise and, in an attempt to ground him, suggested that he focus on the details and textures of his present surroundings. Again, Langu seemed overwhelmed by what he had been through in the session. He was also enormously angry: angry at what happened to his brother, angry that he had been made to identify the body, and angry with me because I had made him recall the event again. We sat for 20 minutes, at times talking of his anger, but mostly in silence. Of all the time I spent with Langu, this was the most difficult. Although I understood and had discussed with Langu the rationale for doing this exercise, I had now experienced the excruciating nature of this task and could see its impact on Langu's face. I was caught between understanding the therapeutic value of what we had been doing, and seeing him overwhelmed with horror at the events he had revisited and disappointed and angry with me for having taken him there. I felt uneasy about his leaving. Langu had previously described the loneliness, alienation and difficulty experienced when in campus life, surrounded by people living their mundane lives, laughing trivially and talking casually, whilst he carried with him the heaviness and darkness of his private experiences. It seemed to me as if there were a chasm between the therapy room and the outside world that was too vast to bridge. In a desperate attempt to make a bridge, I walked him a block outside the therapy room. Additionally I gave way to my fear by phoning him later that day to find out how he was feeling. He responded casually that he was all right, yet my concern regarding his emotional state remained.

I learned of the consequences of my actions in the following session (16). Langu informed me that in having called him I had assumed the position of his family and girlfriend. Previously, unlike them, I had been a person with whom he had been able to experience his emotions, including his anger, as I had been willing to unconditionally accept whatever he would bring and express. He had therefore not needed to worry about the impact his experiences would have on me. But by calling him I had created the impression that I, like his family members, was not able to handle his feelings and needed him to reassure me and make me feel better. Fortunately, however, the re-enactment was not just the rerunning of an old pattern, but an opportunity for learning. Langu commented, that in telling me of my mistake I became both like his family and different, as he was able to 'hit the ball back again into my court'. This was a profound moment. Langu had been able to express his disappointment and anger that I seemed to be unable to handle and contain his pain effectively. I was able to receive his feedback without becoming defensive. In the process he was able to discover that it was possible for other people not only to tolerate and embrace his most painful experiences, but also to take seriously his disappointment and anger at them. This enabled him to take on a share of the responsibility for the task of containing his emotions and experience.

It had looked as if I had made a mistake in my overconcern for him, and I had had to keep balanced in dealing with the challenge of confronting his response. This had led to an important interpersonal process in which both he and I had learned about the value of honesty and integrity in an interpersonal relationship. Furthermore, the session had

had a positive impact in that there was a further substantial decrease in Langu's intrusive imagery. Shortly afterwards he dreamt of his brother in the manner in which he had longed to picture him since the beginning of therapy, as cheerful, playful, whole and unharmed. This was sustained in Langu's waking hours, during which he was able to conjure up pleasant thoughts and memories of his brother.

*Fourth guided imagery session (19):* The aim of the final guided imagery intervention was to further reduce his intrusive imagery, address aspects of the mourning process that were still unresolved and consolidate the positive images of his brother. Langu was encouraged to take more control over the process, by taking himself through the relaxation exercise and pacing the form and content of the imagined scenes.

At first, he had great difficulty picturing his brother. He asked for my assistance and I suggested he return to his recent dream of his brother. This enabled him to picture his brother clearly. Soon, however, this was disrupted by an intrusive image of his brother's dismembered body. He asked to stop the exercise and we spoke about the positive image he had formed, the intrusive imagery and the lack of control he felt he had over this. After a while, Langu felt more relaxed. I asked him to return to the imagery when he was ready and encouraged him to actively change the traumatic image of his brother's body into what he wanted to see. I assured him that he had the ability to manipulate any aspects of the image, including dismembered parts of the body. Langu found this difficult as he pictured the intrusive images, but after some time was able to achieve the reconstruction of the image. I invited Langu to speak to his brother about his experience, his intense loneliness, how he missed his brother walking in his footsteps and how difficult it was to be confronted by the image of his mutilated body. Langu saw his brother, who was assuring him that in time he would be able to manage this image as he remembered him as he was in life, and that Langu would always have him with him. During this conversation Langu's focus shifted from facing the traumatic imagery to processing his grief. Langu got in touch with the sadness of his loss and expressed to his brother his difficulty in dealing with it. Afterwards, Langu said he had found the control over the process and imagery empowering. Although he felt as though there was still so much more he wanted to say to his brother, he felt that it would need to be a part of a gradual process, as he integrated the fact that his brother was no longer alive. After this session, all intrusive imagery ceased.

Langu reflected in a subsequent session (21) on how the traumatic death of his brother had affected his own identity. The restoration of his access to an image of his brother's body that was unharmed had enabled him to begin processing the impact of his death on his sense of self. Since he was a child, he and his brother had shared their clothes and liked the same music. His brother had looked up to him and had attempted to walk in his shoes. There was a sense in which Langu had lived his life for both of them and this was the one relationship in his world he felt assured of. His brother's death had broken this shared bond and left him feeling fragmented. Now he was alone and felt that he was a constant reminder to his family of the son that died. Now



Langu was beginning to reframe this as his being a reminder of his brother's life, rather than of his death. He no longer felt any need to make up for the loss of his brother or to somehow try to live his brother's life for him.

### **Termination**

It was the end of the academic year and Langu would be returning home. Although invited to do so, he made no firm arrangement to continue with therapy the following year. In our last session (22), he reviewed the process of the therapy. He identified how significant shifts had occurred and the way in which they had affected his sense of himself and his relationships with those around him. He also described how, during the week, he had taken himself through the guided imagery process, forcing himself to see his brother's mutilated body and then actively changing it to what he wanted to see. By making himself see the images, he was both accepting the fact that he could not change what he had witnessed, and gaining a sense of mastery over them. This helped him focus on the positive images and memories of his brother. He had also come to terms with the fact that he could no longer live by the images he had had previously, of himself, his family and his world. To embrace all that had happened and all that he had seen, a new picture needed to be created, one without the physical presence of his brother, but not without his memory.

Langu concluded by telling a story that highlighted what had been the most profound aspects of the journey we had undertaken together and expressed his appreciation of my having been with him in all that he had experienced over the past weeks:

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

As he described what our work together had meant to him and we prepared for our parting, I had to resist my tears, which expressed my sense of how profound and sacred the time we had spent together had been. I realised that Langu's trauma had taken him to a very vulnerable place, a place that I experienced as his very core, left unprotected by the defences that it had torn away. In order to connect with Langu it was necessary to find this vulnerable place within myself as well. In having done so, I had embarked on a journey which had also had a profound impact on me. I was sad to say goodbye to this truly special being, who had also influenced my life not only as a future clinician but on a very personal level. As Langu left the room, I clumsily uttered the words goodbye, as I did not know what words such a parting calls for. He responded

stating: 'My mother always said, don't say goodbye unless you mean it. I'll just say, see you later.'

### **Langu's story: Follow-up, research collaboration and feedback**

Langu did not return to therapy in year two. He called me on one occasion late at night, asking for a session. He was struggling with the adjustments that had occurred in his life and especially in his family. Further, his girlfriend had ended their relationship as she felt she could not relate to him anymore and he was unable to be there for her in the way that he had previously. He had also been drinking alcohol more, which previously he had only done socially. He declined my offer to return to therapy, stating that he needed to have this time alone to cope with his struggle without my assistance.

Several months later I was invited to present an account of the therapy to a conference symposium. The presentation elicited a deep and empathic response from the audience. This confirmed that it was not only worth sharing as a human story, but also a valuable source of reflection on the impact of trauma on those affected and the nature of the healing process that we as therapists seek to set in motion and co-operate with. I decided to use the narrative as the basis for my research thesis and met with Langu to discuss this. Langu responded enthusiastically to the prospect since he had wanted to write his experience in order to preserve his memories of his brother and so as not to lose touch with his own experience.

One year after termination of the therapy, Langu wrote to me commenting on events occurring before, during and subsequent to therapy. He told how, after the funeral following his brother's death, 'though there was some pain and confusion' he felt he was dealing with 'an external pain' which would soon dissipate. He had blocked this off in order to take responsibility for those in distress around him, he had also withdrawn from the pain felt by others because he could not really understand it. He explained that he would never have thought of 'going for psychology,' and only did so on the recommendation of his sister. He hoped it would help him 'find reasons for what happened to my little brother' and would take away his pain. At first it was unfamiliar and he wondered whether to continue:

There I was talking to a stranger about what I am experiencing and not even sure if they are really feeling what I was feeling or they were just doing their job of listening.

My giving him the blue stone had been a significant symbolic act as it:

represented the closeness that my psychologist wanted to have with me, and more the fact that she had picked the right spot of my love for beautiful natural things, I felt so touched, thus set free. This to me was a token of love since at the time I never felt loved by my family as they were showing signs of pain and also by God, whom I trusted always protects and takes care of everything.

He expressed disappointment about the way I had asked about suicidal thoughts and impulses. It seemed that he

would not have considered suicide, and that being asked about it actually put the idea into his head.

Due to the closeness that you have built with your psychologist, it's like everything they say sounds like it's a good idea worth trying. This I would describe as falling in love with them, in that everything they say you want to do because you entrust them so much with your emotions.

Therapists are often advised that it is better to ask about suicidal ideation, and that it is unlikely that the therapist's enquiry will act as a suggestion (Freeman, Pretzer, Fleming, and Simon 1990). Langu's remarks suggest it might not always be as simple as that.

His deep trust in me lay behind his willingness to do the guided imagery interventions (which he referred to as 'hypnosis' even though I had not used that term). He referred to the anger he had felt after the third imagery session. He had been feeling that he had been making progress in his recovery, and the immediate impact had been to make him doubt that, and to fear that 'the pain will follow me everywhere'. When I walked out and accompanied him, this served to confirm these fears.

He described a paradox. The therapy had helped him learn to live with himself, as he put it, and this made him feel stronger. But it also led him to feel more pain and loneliness than he had ever felt before. The therapy was 'like a mother who helps a child to cross a road full of traffic, only to leave him half way across the road at the mid-line.' It seemed perverse that he felt abandoned because, of course, I had invited him to continue therapy the following year. However, the abandonment he felt was from his family, as he felt that he could not be fully whole again until he could connect with them in a meaningful way, something that was not yet possible. The fact that he had been able to become so close to me only made the distance from his family seem the greater. Relationships in the family were irrevocably changed. He had made progress in coming to terms with what had happened and they had not. 'They still live in fear,' he observed. In accepting his brother's death, he now felt much less afraid of death himself. He had also learned to accept his feelings and was no longer afraid of them. For his family members, both these fears were strong and the consequence was his alienation from them, which he could find no way to address. At times he also felt irritated with them for not being able to change as he had. With other relatives and friends he was afraid that if he related to them in an honest and open way they would experience him as demanding and this would not be fair on them. So he remained withdrawn. He also described how he could go for periods in which he did not think about his brother at all, or feel his connection with him, while at other times he would 'find myself thinking of him and missing him all night and day, feeling how it was so unfair what had happened to him.'

Although, during the therapy, he had seen that he did not need to try to replace his brother in the family, he wrote about how he did find himself drawn to do so:

I found myself engaging in his mischievous ways. Everything of him that he used to do: things that made me happy or things that made me angry with him I

did. I also would demand the things he would demand from parents.

He admitted that he often took advantage of his mother who, because she still felt guilty about his brother's death would be 'submissive to anything I would suggest.'

As I read his letter, I felt saddened. The journey of the therapy had taken him some way to accepting what had happened to his brother and had resolved the disabling symptoms of PTSD. But the way in which those gains were made had opened him up to a new predicament that was also painful and that he could not find a way to solve, and he was still engaged in a lonely struggle to come to terms with a life that only vaguely resembled what it had been before. This was reflected in his choice of pseudonym. Langu, short for 'Mlanguteri', means 'looking up to, the one to lean on.' He felt that his brother's traumatic death had caused him to lose himself and he had desperately needed someone to lean on. However, even after two years he had been unable to reconnect with his family in a meaningful way and many of his other relationships (including the one with myself) appeared to have been lost. Langu commented that the loss of these connections was of limited impact compared to the loss of his brother, which mattered the most to him.

Despite the loneliness of the lack of the one to lean on, it was then that I realized that the only place I could lean on was within myself, for only I could feel my pain and only I could cry for me. Thus when all this has passed only I shall be left with me.

Several months later he sent me two poems he had written for the unveiling of his brother's tombstone (at the end of year two). They serve as a reminder that the process of mourning is not accomplished in a few weeks or months, still less in a few sessions of psychotherapy. Here is an extract:

They told me to be strong  
They told me to be patient for the healing  
They told me your soul is free  
But how can mine be so entrapped  
Sunshine brings chills down my spine  
as I drift into memories, missing you,  
aching to see you again  
You are beyond my reach,  
but yet sometimes I feel you  
All I can do is let it be  
walk the so-called miles before I can meet you  
Wipe the teardrops and wait until the day  
All I can do is wait for you.

With the poems he wrote a short note, the last words he wrote to me:

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

As therapists we are privileged to participate, sometimes in a profound and sacred way, in a small part of the life journey of those we work with. But it is only a part. Our role is not to replace family or friends, but to work to promote

acceptance and free up rigidities, and so to enable our clients to get in touch with their own authentic sense of who they are and how they want to live. Then they will find their own way of dealing with what life sets before them. With Langu, I feel that that is what I was able to contribute.

## Notes

- 1 Based in part on papers presented by Belinda Karpelowsky at the Second South African Conference for Psychotherapy at Rhodes University, Grahamstown, 24 June to 26 June 2003, and by David Edwards and Belinda Karpelowsky at the International Congress of Cognitive Psychotherapy, Gothenburg, Sweden, June 2005.
- 2 The conduct of this research was supported by a grant to David Edwards from the Rhodes University Joint Research Committee.
- 3 Corresponding author: Professor David Edwards, Department of Psychology, Rhodes University, Grahamstown, 6140, South Africa. E-mail: d.edwards@ru.ac.za
- 4 Belinda Karpelowsky's e-mail address is lindykarp@yahoo.com

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