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Determination as to whether Time Response in Traumatic Experiences is Important in Influencing the Effectiveness of the Psychotherapeutic Intervention.

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ABSTRACT

Mass violence invariably results in devastating consequences that may significantly impair an individual's cognitive, emotional, physical, and behavioral functioning, besides destroying the community's moral, cultural and social fabric. It inevitably results in trauma, which, if not confronted with psychotropic medicine or therapy, may never heal. Psychotherapeutic interventions facilitate the victim's understanding and acceptance of the new realities, thus giving hope and meaning to an otherwise disintegrating life. Consequently, the preparedness of humanitarian agencies in psychotherapeutic interventions can greatly assist victims especially in mass violence settings, just as happened in Kenya's 2007 post election violence (PEV). The purpose of the study was to gather information on, and evaluate the use of psychotherapeutic support as an interventional strategy in helping trauma victims. Also, the study investigated the prevalence, provision, influence of time response and intervener skills on the effectiveness of the strategy; and, discrimination in availability and accessibility of the service across geographical localities, ethnic communities, gender, and age grouping. An estimated 31% of the internally displaced persons (IDPs) randomly selected in 12 geographical localities across two provinces in seven districts participated in the study. The sample consisted of 59% females and 41% males and maintained a balance between adults and youth. In addition, the study utilized 10 humanitarian agencies by interviewing two of their professionals who intervened in trauma cases. The study employed the causal comparative design to explore relationships between variables and utilized a questionnaire, interview schedule and an observation form as primary tools in eliciting data. In addition, time response was found to be significant in improving the effectiveness of an intervention. Lastly, the study found that to a greater extent, humanitarian agencies acted responsibly and quickly.

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Introduction

The consequences of mass violence are numerous and varied; often resulting in loss of life or death, physical injury, wounds and ill health; loss and damage to property; increased economic burden; destruction of the social fabric and functioning of the individual. Yet, repression, alienation and trauma are more consequences which significantly impair an individual's cognitive, emotional, physical, and behavioural functioning. Through its effects on individuals, trauma has a dramatic influence on communities' functioning too. For example, when trauma becomes prevalent, society can lose the sense of trust. But, more importantly trauma cannot be easily wished away. It must be confronted to heal.

Gutlove and Thompson (2003), note that a traumatised individual exhibits visible symptoms and behaves in ways that run contrary to societal norms. This is because people develop assumptions, expectations, and perceptions about the world they live in; which, in most cases, is influenced by upbringing, personal life experiences, personality, cultural norms and individual belief systems. However, trauma experience confronts victims with information that is generally inconsistent with their perceptions. In order to heal from this experience, this new information must be processed

in a way that the traumatic experience is assimilated and integrated into a new or existing view. This process is called coping. It is considered a normal process experienced by everyone exposed to traumatic experiences. Nonetheless, even if it is 'normal' for the body to react and process the information for coping; it should not be overlooked that emotions belonging to the coping process are acknowledged and processed.

For that reason, the normality of the reactions should not imply that the psychological process of working through the emotions of helplessness and anger are postponed to better times. Indeed, Greenstone and Leviton (1993, P.1), caution that "the longer the line of maladaptive behaviour goes unchallenged and uninterrupted, the greater the possibility of increased personality disintegration and increased need for psychological treatment or therapy after the crisis is over". It is therefore extremely important that special and specific attention is given to assist trauma victims confront the crisis in order to heal or return to the pre-crisis level of coping as quickly as possible. The victim needs to be assisted to adjust quickly to prevent the experience coming back; otherwise known as intrusion –a state in which the victim unconsciously re-lives his traumatic experience

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During a therapeutic intervention, victims are allowed to control the speed and level of exposure of their intrusive memories so as to hasten integration and adaptation. Rosenbluh (1981) refers to this process of crisis intervention as 'emotional first aid'. He contends that, crisis intervention is the emotional equivalent of physical first aid and must be applied in the same skilful and timely manner. This is meant to allow victims maximise their involvement in psychotherapy or counselling if required. Therefore, Greenstone and Leviton (1993), conclude that 'trauma intervention' is the art of interrupting the downward spiral of ineffective coping skills as skilfully and as quickly as possible to return the victim to normalcy.

Time is of essence if the victim is to avoid increased personality disintegration and increased need for treatment after the crisis is over. Also, intervener skills seem to influence the effectiveness of the intervention strategy in enhancing the victim's latter functioning and growth. According to Korir (2008), election periods have been arguably the times when Kenya has been so divided characterised by some form of violence which has become a permanent feature whenever the country goes to the polls. It would seem that its tempo increases with every passing general election.

As a result, many issues beg for answers. For instance, did humanitarian agencies utilize psychotherapeutic support as an aspect of humanitarian assistance? Did these agencies use professionally qualified staff to provide services? Did they respond in a timely manner?

The concern of this study, therefore was to evaluate the contribution of time response to the effectiveness of psychotherapeutic support services in supporting trauma victims.

Methodology

The study utilized the casual comparative design which enables the researcher to assess the degree of relationships between two or more variables. The purpose of this type of design is to determine the reasons or causes for the current status of the phenomenon under study. The causal comparative design was preferred because the cause and effect do not permit the researcher to manipulate one or more variables to determine their influence on another variable. Besides, the variables of interest cannot be manipulated (Orodho, 2003; Mugenda and Mugenda, 2008; Kombo and Delno, 2006).

However, the casual comparative design allows one to compare traits of groups and events (i.e. one where the variable is present and another where the variable is absent) without having to manipulate the independent variables. Moreover, all cause and effect relationships under investigation do not permit experimentation and that the event has already taken place. This approach is also known as *ex-post facto* design. Consequently, for the present study, circumstances were that: (a) the cause of the trauma (i.e. mass violence), was behind us. (b) victims of PEV had either received psychotherapeutic support or missed it out all together, and (c) the outcome of the intervention would probably have been realized

The choice of Rift Valley and Western provinces of the Republic and what we now know as Nairobi county, Migori county and Kisumu county of Kenya as the area to conduct the study was motivated by the following reasons: (a) the researcher is Kenyan, which provides a unique opportunity for commanding a good knowledge of some of the underlying issues related to the study such as the country's political

system, ethnicity, the social cultural set ups of many communities and the use of violence for political and economic reasons; (b) the three provinces were considered to have better success factors; more so, Rift valley Province which was the epicenter of the violence. (c) the study could not be conducted in more provinces and counties due to lack of finances and time, besides logistical difficulties. (d) It would have been worse to think of conducting the study in more countries. In any case, there were no comparable circumstances in neighboring countries; and, (e) no similar study has been conducted in Kenya, since PEV of 2007 and 2017 was unprecedented.

The study drew heavily from both 'primary' (regarded as phenomenological) and 'secondary' (historical and analytical in nature) sources of information. Information from both published and unpublished articles in libraries. This assisted the study to make comparisons between data obtained through use of questionnaires and those already held in libraries in order to gauge the truthfulness of the information obtained from primary sources.

Journals and seminar papers from various researches, abstracts and periodicals and the Internet

The study employed a stratified random sampling procedure; a technique that ensures that not only each individual has an equal opportunity to participate in the study, but also that other attributes like gender, ethnicity, age groupings (Youth and Adult) and geographical localities are adequately represented in the study. This type of instrument (questionnaire) was chosen because of its distinct advantages, which include, the fact that it is free from interviewer biases, it is easy to administer to a large number of respondents, and it eliminates scorer unreliability; thus, increasing utility.

To assess perceptions on humanitarian agencies' psychotherapeutic interventional response to mass violence, an interview schedule was constructed for the study. The interview schedule aimed at taping explanations on the use of psychotherapy as an interventional strategy in confronting trauma in mass violence settings and whether time response by humanitarian agencies and intervener skills were significant in influencing the effectiveness of the interventional strategy. This was considered a useful technique in not only correlating information obtained by the study through other tools such as the questionnaire, but also in improving the validity of the data obtained.

To record observations made during data collection, an observation form was constructed for the study. The researcher as a participant observer recorded observations made on a specially designed form during data collection.

Results

The study sought to determine how long it took from the onset of the crisis for humanitarian actors to reach PEV victims in order to begin the process of interrupting the downward spiral of ineffective coping skills. This duration is important in reducing long term consequences that interfere with normal functioning, thereby causing impairment.

To answer this concern, the study analysed responses from agencies that were interviewed. The analysis revealed that six or 60% of agencies came into the field about one month after the onset of the crisis. However, four or 40% of the agencies started offering services barely a week after the onset of the crisis. Among, the earliest agencies to respond to the predicament of the PEV victims included, the KRCS; FBOs; local and national NGOs; and Good Samaritans (i.e. neighbors, friends, relatives and well wishers).

Good Samaritans who included neighbors, friends, relatives and well wishers established contacts through mobile phones and tried to help by providing such basic needs like airtime so that the victims can communicate; food, water, clothing and fare for those relocating to safer environments. These interventions were the most immediate needs that violence victims needed during the onset of the crisis.

Duration of contact

The study also, sought to determine the duration one contact session. The duration of contact depended on the duration of a session per contact and the number of sessions. Consequently, the study's concern on duration of contact was twofold: first, to determine the length of a session per contact; and second, the number of sessions that clients had with therapists. In other words, this provides the total time or duration clients stayed involved.

To answer this concern, the study analysed responses from the 10 selected agencies. Table 2 tabulates the results of the analysis.

Table 1. Duration of a session.

Agencies			
S/No	Duration	No	%
1	30 minutes	4	40
2	60 minutes	3	30
3	90 Minutes	2	20
4	120 Minutes	1	10

Results of the analysis of duration of contact tabulated in Table1 shows that a session could varied between 30 and 120 minutes, depending on the concerns of individual victims. Equally, it was shown that the number of sessions varied between two and thirty six or between two weeks and nine months. As of the time of the study, others were still involved.

The Influence of time response

In relation to influence of time response, the study tested the null hypothesis: *Time response has no significant influence on the effectiveness of psychotherapeutic support services in supporting trauma victims*. This was meant to determine influence of time on the effectiveness of psychotherapeutic interventions in supporting trauma victims. The study therefore compared the means and variances of the scores of items No. 17 obtained from the completed questionnaires by the two groups – one that had received and the other that had not.

A t-test for independent samples assuming equal variances was performed using the SPSS software to test whether or not significant differences existed in perceptions on time response. Table 2 tabulates the results of the test.

Table 2. t-test computation for time response.

	Received	Not Received
Mean	3.94	3.25
S.D	1.00	1.22
Respondents	512	99
df (n-2)	609	
T critical	1.96	
t Stat	5.22	

Results of the test tabulated in Table 2 show that:

1. Levene's test for equality of variances, $F = 17.34$ was greater than F critical (0.819) and therefore significant. This means that the assumption that variances were equal was rejected and as a result the t-Statistic of unequal variances would be used to interpret the results.

2. t-Statistic (5.22) is greater than t-critical (1.96). This implies that there is significant difference between the two groups and therefore, the null hypothesis was rejected.

3. Rejecting the null hypothesis means that time response had significant influence on the effectiveness of psychotherapeutic support services in supporting trauma victims.

Discussions and conclusions

The time phenomenon is hard to conceptualize and an interesting one too. It is hard because it is intangible; but, it is interesting because, among other limiting factors, it accounts for success or failure, being rich or poor, or even between life and death. It is hard to conceptualize because it is abstract. But, it is interesting in the sense that no individual is endowed with more time than another. In fact every person is endowed with an equal amount of time. For instance, everyone enjoys 168 hours of time each week. Consequently what counts or makes the difference is the use to which, and how one employs the time at his/her disposal. Besides, time becomes meaningless when both rich and poor, male or female cease to exist.

However, in life threatening situations or during difficult circumstances; time can seem to have ceased to move as suffering and pain continues endlessly. It is at these difficult moments that timely response is critical. It can determine the course of the one at risk. The complex physiological and psychological reactions to a crisis can be brought to equilibrium where an individual is able to function normally if 'early' response according to Wanyoike (2003) or 'immediate' response according to Greenstone and Leviton (1993) can be obtained.

In this context, early or immediate does not mean 'instantaneous'. Probably, it must be understood to mean within 'reasonable' limits. Even the reasonableness in this is not quantifiable since response depends upon a host of other factors such as how quickly information gets through, how fast one is able to mobilise resources, reach the affected, and facilities available to counter the effects of the crisis to relieve pain and suffering. Other factors include accessibility, security and publicity. For instance, the Waki report (2008, P. 48) asserts that "the incidence which captured the attention of both Kenyans and the world was the deliberate burning alive of mostly Kikuyu women and children huddled together in a church in Kiambaa, near Eldoret on 1st January, 2008." The fact that this incident was widely reported in the media, probably explains why response to the predicament of victims of PEV in Eldoret attracted overwhelming support than for instance in areas such as Kapsabet or Kericho which were not reported on widely.

Thus, response depends upon how fast one satisfies the pre-conditions pertaining to response enabling factors. Therefore, early response needs to be looked at from reasonable and feasible expectations. As a result, the study evaluated three concepts of time response that were critical in the healing and recovery process of traumatised victims of PEV. These were: (a) 'time of contact' or how long it took from the onset of the crisis for victims to be reached; (b) the 'duration of contact' or the length of time that interveners took to work on the problems of PEV victims; and (c) the influence of time response in the effectiveness of psychotherapeutic support services in supporting trauma victims.

The time of contact

It is generally acknowledged that early intervention in a crisis leads to better coping and adaptation. This is because early intervention would help forestall the occurrence of serious injuries, increase the safety of victims, and foster good health.

In any case, Yehuda, et al., (1998), assert that research is increasingly confirming the importance of early intervention. This is because in the immediate aftermath of a crisis, people may develop reactions or make decisions with serious long-term implications. Thus, helping victims function well in the short term has a preventive function.

Early psychological support can relieve stress to a substantial extent and decrease the chance of an individual developing a long-term stress reaction. By helping people to develop self-help skills and self-confidence, the process of feeling helpless and hopeless, which otherwise might heighten anxiety and lead to depression, is interrupted. Early and adequate psychological support is a preventive factor when it helps people to cope better with their situations and enhances their capacity to react effectively and to start reorganizing their lives. Neglecting emotional reactions may result in passive victims rather than active survivors and as a result the recovery process will be slower for both the individual and the community (Loughry and Ager, 2001).

In this context, the term 'early' implies the reasonableness of the duration between the onset of an emergency and the time a victim is reached for support. Since interveners need to operationalize their plans, it may not be possible to reach victims in a matter of seconds, minutes or even hours. In practical terms therefore, this can mean anytime up to 7 days for local interveners, 14 days for national interveners or 60 days for international interveners. Consequently, the findings of the present study that some agencies (40%) started counselling services barely within a week after the onset of the crisis fits within the acceptable limits of early intervention for local interveners. Even when some of these services were 'small' such as the provision of airtime, food and water, they made a difference. Equally, the finding that most humanitarian agencies (60%) came into the field, within a month after the onset of the crisis fits within the acceptable limits of the early intervention for international interveners. International interveners need to plan more carefully so as to avoid leaving behind essential tools since distance can be inhibitive. Thus, on this score, humanitarian agencies responded within the limits of acceptable 'early' intervention.

Researchers have found that awareness that one has social support or a mutual network of caring, interested others, enables people to experience lower levels of stress and to be better able to cope with the stress they are experiencing (Sarason, Sarason, and Pierce, 1990; Lepore, Evans, and Schneider, 1991). The social and emotional support that people provide to each other helps in dealing with stress in several ways. For instance such support demonstrates that a person is a valued member of a social network. Similarly other people can provide information and advice about appropriate ways of dealing with stress – as well as being available as sounding boards (Bolger and Eckenrode, 1991; Mendolia and Kleck, 1993; Melgosa, 2001). Finally, people who are part of a social network can provide actual goods and services to help others in stressful situations (House, Landis, and Umberson, 1989; Taylor, Buunk, and Aspinwall, 1990; Croyle and Hunt, 1991). Precisely like what happened during the post election crisis.

Some of the factors that led to early response include the role of the media in putting Kenya on the spotlight due to unprecedented scale of violence. World attention must have been captured by some of the papers' headlines like 'Kenya in flames' and, 'Kenya burns'; besides images from television screens.

This prompted some members of the panel of eminent African personalities to visit the country, tour some of the affected areas and appeal for calm.

Duration of Contact

In investigating duration of therapy, the study examined two components that sum it. These were duration of a therapeutic session and number of session or contact between the client and intervener. According to Brammer, Shostrom and Abrego (1989), clients should be kept in counselling only as long as they seem to be making satisfactory progress towards the general actualization goals of the process and towards the solution of their immediate concerns. Otherwise, they should be discontinued. As a result, termination of support services may take different durations depending on the progress being made by individual client.

The study found that session duration was between 30 and 120 minutes. However, some clients stayed involved for a duration ranging between two weeks and nine months while others are still involved. This is due to different circumstances that victims find themselves in. The finding that session duration and number of sessions vary greatly may seem perplexing. Why do some victims, consider a two week contact time as adequate and others continue for nine months and more? Perhaps two reasons can be attributed to this phenomenon.

First, according to Laplanche and Pontalis (1967), each individual responds differently to similar events. One may experience an event as traumatic while another would not suffer trauma as a result of that same event. In other words, not all people exposed to a potentially traumatic event eventually suffer psychological trauma. Second, the duration of counselling and therapy is dictated by the nature of goals and the extent to which a client wants to get involved and to stay involved. Many immediate goals such as reduction of anxiety involve a few hours; whereas the achievement of a more general level of actualization takes many hours or even months. Most researchers have concluded that time limited counselling is effective for specific goals and crisis management (Barten 1971; Sifneos, 1972; Malan, 1976). Consequently the finding is logical and is supported by research, although one cannot rule out the possibility that some may have discontinued the help prematurely.

Some psychologists believe that prevention is better than cure. Therefore, they support programmes that help relieve and stop poverty, ethnicity, discrimination, and other disempowering or demoralising situations. Their attempt to prevent psychological disorders by getting rid of conditions that may cause them is an upstream task (Myers, 2004). It was an upstream task to contain violence. The government had to deploy the army in an effort to bring back order. It employed police to escort vehicles so that people could travel safely to various destinations. The government's involvement in the resettlement programme 'Operation Rudi Nyumbani' and the provision of assistance for victims to rebuild their houses is a step towards removing 'trauma reminders' (McFarlane and Girolamo, 1996) rather than getting rid of conditions that precipitated violence leading to trauma.

Lastly, the duration of contact depends on the problems experienced by the victim, agreed goals to be reached and the general level of actualization. This is due to different circumstances that victims find themselves in and their ability to contain trauma.

Influence of time response

The study found that time response is important in improving the effectiveness of psychotherapeutic support.

This actually confirms tabulated research findings (Rosenbluh, 2002; Shapiro, and Koocher, 1996). Equally, therapeutic support is not viewed as an event but a process. That being the case, it is then easy to see that time response is an important factor in determining not only the immediate and future concerns of trauma; but consistency in the process also counts.

Myers (2004) asserts that when with the normal ebb and flow of events, the crisis passes, people may recover not necessarily from therapy even when undergoing it anyway. Trauma healing often requires long-term support. However, in this case, victims were given a small amount of time to tell their story. Even when the findings indicate that there was improvement in the victims' social and personality adjustment, it might be necessary to review the cases periodically in order to prevent a relapse. What is more, resources were in short supply, limiting the extent to which follow-up services may have been availed. Healing takes time and courage. It re-establishes control.

Conclusions

In respect to time response, the study concluded that humanitarian agencies responded in a 'timely' manner. They responded in less than seven days for local agencies and in less than two months for international agencies. But, they took varied times to work on a victim's problems, which depended on the goals and objectives of psychotherapeutic involvement. In addition, the study concluded that timely response is critical in influencing the effectiveness of the psychotherapeutic support as a strategy to relief pain, shock and suffering of trauma victims.

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