Wits School of Arts

Drama for Life

MASTERS Research Essay

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RESEARCH TOPIC: Masixoxisane Ndoda: Using Ukuxoxisa to Interrogate Structural Violence against Black Male Psychotherapists in South Africa

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Signed: _____Kabelo Mokgehle_____

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Dedications

The late Professor Noel Chabani Manganyi, the first qualified black Psychologist in South Africa; for making it known that it indeed is possible.

To every black male in South Africa working in the Psychotherapeutic fields, thank you for your tireless work whether with clients or in research and academia. May you continue to inspire more black males to enter these fields and may your stories be known.

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Drama For Life, a place where I have been learning, experimenting and growing, may this reality continue to be for the many other students that enter this space.

To the Sprinkles, bo rre ba sukiri, it has been such a journey, but I am too glad to have done this with you. Onwards, upwards and forward we go.

To myself Kabelo Khumo-E-Tsile Mokgehle, we did it!

To my Lord and Saviour Jesus Christ, as the song Alpha and Omega says, and I personalise it today*: I give you all the glory!*

Research Title

Masixoxisane Ndoda: Using Ukuxoxisa to Interrogate Structural Violence Against Black Male Psychotherapists in South Africa

Abstract

This research study explores the lived professional experiences of Black Male Psychotherapists (psychologists, arts therapists, social workers) living and working in South Africa, the structural barriers they have encountered in their professional practice, and the impact of these experiences upon their mental health.

This research undertakes an examination of the role of Black Male Psychotherapists in the context of post-Apartheid South Africa. The research reflects upon the role of Black Male Psychotherapists within the context of structural violence, inadequate mental health care systems and budgets, and the historical framing of Black Men as dangerous and uncaring in South Africa. Through *Ukuxoxisa* the stories of the four selected Black Male Psychotherapists are foregrounded in conversation with the researcher. The examination and application of Drama Therapy Theory and Practice, specifically through *Ukuxoxisa*, serves as a critical tool in interrogating and challenging structural violence that Black Male Psychotherapists face.

The findings from this research highlight professional isolation experienced by Black Male Psychotherapists who are under-represented in the professional field. It demonstrates how structural violence undermines the humanity of each individual Psychotherapist. This study suggests that Black Male Psychotherapists are entrapped by a legacy of being stereotyped as dangerous because of the extreme forms of racialisation in South Africa. It could be argued that Black Male Psychotherapists are in a constant intra and interpersonal state of conflict between the role of the carer and the social danger. In addition, the study alludes to the need for a closer examination of the role of Black Male Psychotherapist in the context of the historical role of absent fathers; a condition emanating from the structural violence of colonial and Apartheid laws and economic practices. The study concludes with the researcher making transparent his relationship to the subject-matter, advocating for the development of a space for caring for the unseen and marginalised carer, and advocates for the use of Drama Therapy as a training modality for all Psychotherapists particularly in developing a culturally responsive psychotherapy practice.

Keywords: Black Male Psychotherapist, Structural Violence, Ukuxoxisa. African Indigenous Research

Chapter 1: Framing the Space

Chapter One introduces us to the study and its purpose. This Chapter frames the landscape for us and identifies a gap that exists regarding research about Black Male Psychotherapists in South Africa. It is here that African Indigenous Research and Ukuxoxisa, within the context of Drama Therapy, are introduced as the methodology and method of inquiry respectively in this research study.

1.1 Introduction and Background to Study

In South Africa, the mental health care system is confronted with significant challenges, particularly in terms of accessibility and cultural relevance for marginalised communities. As Wolff (n.d.) notes, the mental health sector is heavily burdened by the prevalence of mental illness, yet the number of clinicians equipped with the cultural competence to effectively serve Black African populations remains insufficient. Despite calls for the decolonisation of education and the expansion of psychotherapy services to all demographics (Samakoski, 2019), Black Male Psychotherapists face numerous barriers that hinder their practice. These barriers include stereotypes and biases present in training institutions, regulatory bodies, workplaces, and the communities they serve.

Cultural norms and beliefs play a crucial role in shaping perceptions of mental health professionals and the integration of Black males into the psychotherapy field in South Africa. Current research on community perceptions of Black Male Psychotherapists is sparse, which impedes the development of culturally responsive interventions. Samakoski (2019) highlights several themes in the context of racial identity among trainee psychologists, including the difficulties in addressing racial identity in psychotherapy, White guilt, the complexity of being Black, and the process of becoming a raced psychologist. However, there is a noticeable gap in the literature regarding the intersection of racial and gender identities, particularly the experiences of Black Male Psychotherapists. The closest related research, such as Owen's (2017) study on gay psychotherapists, does not fully address the gendered experiences of Black male practitioners.

This study aimed to fill this research gap by exploring the lived professional experiences of Black Male Psychotherapists through the culturally sensitive method of *ukuxoxisa*. *Ukuxoxisa*, an indigenous South African storytelling practice, offers a unique lens for examining how cultural influences and structural violence impact these practitioners. *Ukuxoxisa* started as a storytelling game using rocks and small stones, as time went by, the game evolved and therefore began being told using pen and paper with diagrams (such as houses and schools) in the paper showing the journey of the various characters and using the pen hitting it on the paper to show intensity of the story. Then, once more, the game has evolved into what many call 'home choice' where then papers and pictures from magazines, newspapers etc. are pasted onto paper to communicate a story.

1.2. Problem Statement

The field of psychotherapy in South Africa currently faces a significant challenge in understanding and addressing the diverse perceptions of Black Male Psychotherapists within the professional communities they work in. Despite their valuable contributions to mental health care, there is a shortage of comprehensive research on the lived experiences of Black Male Psychotherapists, including the training they receive in universities, the guidance from regulatory bodies, and the types of work environments they have access to and navigate, as well as how cultural influences, stereotypes, and biases shape these experiences. The literature that has been written so far is written by individuals who have emigrated from South Africa; this thus provides a whole new outlook and perspective that might not be unique or relevant to South Africa (Samakoski, 2019). This gap in knowledge inhibits the development of culturally responsive practices and may contribute to disparities in access to and utilisation of mental health services among different demographic groups. Therefore, there is an urgent need for research that employs culturally embedded methodologies, such as *ukuxoxisa*, to interrogate and illuminate the structural violence that Black Male Psychotherapists in South Africa face, ultimately informing more inclusive and equitable mental health care practices in South Africa.

For purposes of this study, the term black includes those of coloured mixed-race and Asian descent in South Africa. By the term male, this study only includes cisgender males regardless of their sexual orientation.

1.3. Aims and Objectives

Using *ukuxoxisa,* this research aims to interrogate the structural violence Black Male Psychotherapists face. This study will make use of indigenous research methods of inquiry, specifically *ukuxoxisa*, and African storytelling of folktales to probe into the multidimensional structures and institutions that Black Male Psychotherapists in South Africa are forced to assimilate in order to continue in their practice.

The objectives of the study were as follows:

- To explore the professional lived experiences of Black Male Psychotherapists in South Africa.
- To identify the structural factors contributing to the marginalisation and discrimination faced by Black Male Psychotherapists in South Africa.
- To examine the impact of structural violence on the mental health and well-being of Black Male Psychotherapists in South Africa
- To assess the impact of historical and social context on attitudes toward Black Male Psychotherapists, within the limitations of this study.
- To generate recommendations to psychotherapy training institutions, regulatory bodies, and places that offer psychotherapy for culturally responsive practices in mental health care and psychotherapy.

1.4. Research Question

- What are the professional lived experiences of a select group of Black Male Psychotherapists living and working in South Africa?

1.4.1 Sub Questions

- What are the structural factors that contribute to the marginalisation and discrimination faced by Black Male Psychotherapists?

- What is the impact of structural violence on the mental health of a select group of Black Male Psychotherapists living and working in South Africa?
- What are the specific expectations placed on Black Male Psychotherapists by their clients, colleagues and communities, and how do these expectations impact their professional practice?

1.5. Rationale

The need to explore and address structural violence against Black Male Psychotherapists in South Africa was driven by a commitment to fostering a culturally inclusive and equitable approach to psychotherapy. As a black male psychotherapist in training, my personal experiences highlight the systemic barriers and biases within the field. Often, when I discuss my career aspirations with family and friends, I encounter comments suggesting that the profession is “too white” or “too female.” Reflecting on my educational journey, I observed a strong presence and dominance of female lecturers in my training programme, the only male lecturer I had was white. This context, while not a critique of the educational spaces themselves, underscores the isolation and constant negotiation of identity that I have faced.

In my role as a training psychotherapist, I recognised the necessity of addressing these challenges and advocating for a more inclusive environment. The persistent invisibility and marginalisation of Black Male Psychotherapists not only affect individual practitioners but also hinders the broader acceptance and understanding of psychotherapy within black communities. There is a pressing need to examine the impact of structural violence on professional experiences and community interactions of Black Male Psychotherapists.

Current literature on the experiences of Black Male Psychotherapists is limited, with existing research primarily focusing on racial issues within psychology more broadly or on specific subgroups, such as gay men in psychotherapy (e.g., Mbele, 2010; Samakoski, 2019; Owen, 2017). This research aims to fill a significant gap by employing *ukuxoxisa*, an African Indigenous Research method, to bring marginalised voices to the forefront. *Ukuxoxisa*’s emphasis on dialogue and community engagement makes it particularly

suited to uncovering the nuanced impacts of structural violence and fostering a deeper understanding of the intersection between race, gender, and professional practice.

By focusing on structural violence, this research seeks to contribute to a more comprehensive and culturally sensitive framework for psychotherapy in South Africa. It aims to challenge stereotypes, promote inclusivity, and advocate for systemic changes that will enhance the visibility and acceptance of Black Male Psychotherapists, ultimately leading to a more equitable and representative field.

1.6. Literature Review

African indigenous research methodology was used for this study, therefore there needs to be an understanding of what actually makes African indigenous research. Wilson (2001) states that in indigenous research, researchers are accountable for all relationships involved in the research process; This means that, in indigenous research methodologies, researchers must consider and be responsible for the impact their work has on all individuals and communities connected to the research. This approach emphasises a holistic view, ensuring that the research respects and acknowledges the interconnectedness of people, cultures, and knowledge systems. Mkabela (2005) writes that the African centred approach to research involves a cultural and social immersion, thus the researcher must have familiarity with the history, culture, and philosophy of the research subjects. Owusu-Ansah & Mji (2013) write that African indigenous method of research seeks to rather challenge the researcher to finding more alternative methods of inquiry and research. Chilisa (2019) also writes that indigenous research methods are there to amplify and privilege the disadvantaged and marginalised voices. Therefore, as a researcher in this I am not only searching for all answers in relation to myself, I am also part of the privileged voices. This then becomes a way of finding alternative research methods that are based in African methodology such as storytelling through *ukuxoxisa* and ritual.

1.6.1 Race and Gender in Psychotherapy

The intersection of race and gender in psychotherapy is something that is sometimes overlooked and it becomes imperative that we look towards it as well; this is particularly important because it is often noted that black therapists work in what is called a white

profession (Mbele, 2010). Coplon (1995) writes of the gender role vs the work role in terms of black vs female psychotherapists. Coplon (1995) states the problem that the psychotherapists gender has an impact on their work as a psychotherapist; this is partially due to the fact that men and women are socialised differently (Solomon, 1982). Regardless of the Apartheid regime having ended decades ago there is still concern and fear over bringing racial identity in the psychotherapeutic space (Samakoski, 2019). “In South Africa, black therapists or clients are in the racial majority, however one can consider them to be statistically in the minority for psychotherapy and in psychology as a profession and therefore understand black clinical psychologists as minorities when considered within that context.” (Mbele, 2010). Therefore, there is not only minimal research on black males in psychotherapy; there is also the reality that though black people are the majority in the country they are the minority in Psychotherapy and what informs that reality a lot of the time is how the community and the country term therapy as a ‘white profession’. This then becomes important as this research will seek out the reasons and the opinions of the community in relation to Black Male Psychotherapists in South Africa

1.7. Theoretical Framework

Here forth some theories which ground this research are listed and detailed and the influence they have on this research.

1.7.1 Social Construction Theory

Social Construction Theory posits that reality is socially constructed through language, discourse, and cultural norms (Berger & Luckmann, 2011). Social construction theory emphasises the role of social interactions and collective processes in shaping individual identities, beliefs, and experiences. In the context of Black Male Psychotherapists in South Africa, Social Construction Theory suggests that their professional identities and roles are shaped by societal expectations, cultural narratives, and historical contexts (Gergen, 2022). These psychotherapists navigate complex social constructions of masculinity, race, and healing within their communities. Social Construction Theory critiques essentialist views of identity and power dynamics within communities. It highlights the fluidity and contested nature of social categories such as gender, race, and

professional roles. Social Construction Theory highlights the role of language and discourse in shaping mental health practices and community well-being. By uncovering community perspectives through *ukuxoxisa*, this research contributes to more culturally responsive and inclusive mental health services. It promotes dialogue and collaboration between Black Male Psychotherapists and their communities, fostering mutual understanding and support.

1.7.2 Role Theory

Another theory of this study is based on Role Theory innovated by United States Drama Therapist, Robert Landy. Role Theory proposes that individuals enact different roles within society, influenced by societal expectations, personal values, and cultural norms (Landy, 2009). Role Theory emphasises the significance of social roles in shaping individual behaviour, identity, and interactions within society. According to Role Theory, individuals play various roles in different contexts, and these roles influence their perceptions, attitudes, and actions (Landy, 2009). In this research, Role Theory provides a lens through which to explore the professional identities and roles assumed by Black Male Psychotherapists within the South African context, considering how these roles are shaped by societal expectations of masculinity, race, and professional competence.

By integrating Role Theory with *ukuxoxisa*, this research aims to uncover the complex interaction between societal roles, cultural expectations, and professional identities of Black Male Psychotherapists. It seeks to explore how these psychotherapists navigate and negotiate their roles within the context of South African communities, considering factors such as historical legacies, social norms, and power dynamics. This research contributes to both theoretical and practical understandings of role dynamics, cultural identity, and psychotherapy practice within the South African context. By incorporating indigenous practices like *ukuxoxisa*, it promotes culturally sensitive research approaches and enhances the visibility of Black Male Psychotherapists' experiences and contributions to mental health and community well-being.

1.7.3 Storytelling

African storytelling, a theory that this research is based on, is deeply rooted in the continent's cultural heritage, serving as a means of passing down knowledge, preserving

history, and fostering community cohesion (Okpewho, 1992). African storytelling encompasses various forms such as oral narratives, folklore, and traditional rituals. African storytelling theory emphasises the cultural significance of storytelling as a means of transmitting knowledge, preserving history, and fostering social cohesion (Okpewho, 1992). Within this framework, storytelling serves as a vehicle for exploring the lived experiences of Black Male Psychotherapists, providing insights into the cultural, historical, and social contexts that shape their professional identities and practices. Using African storytelling traditions, particularly through methods like oral histories, offers a culturally resonant approach to uncovering community perspectives of Black Male Psychotherapists in South Africa. By privileging indigenous ways of knowing and storytelling practices (Chilisa, 2019), this approach facilitates the sharing of lived experiences and collective wisdom within communities. Storytelling plays a central role in identity formation among African communities, shaping individuals' sense of self, belonging, and interconnectedness (Mbiti, 1990). Black Male Psychotherapists' identities are intricately woven into the narratives and cultural landscapes of their communities, reflecting broader themes of resilience, healing, and empowerment. African storytelling fosters community engagement and knowledge co-creation by inviting diverse voices and perspectives into the research process.

1.8. Methodology

The method used for this research study is African Indigenous research method, with a particular focus on storytelling of African Folktales. This study employed an African Indigenous Research methodology that emphasises culturally resonant and community-centreed approaches that seeks to emphasise human rights and social justice (Chilisa, 2019). African Indigenous Research calls for an immersion into the culture and practices the researcher is in instead of a distant witnessing (Mkabela, 2005). It is in the indigenous research methodologies that the researcher becomes challenged (Owusu-Ansah & Mji, 2013) and the voices of the marginalised are privileged (Chilisa, 2019).

The method of inquiry used here was *ukuxoxisa* (a Zulu word meaning storytelling). *Ukuxoxisa* (also referred to as maseketlane in the Sotho languages of South Africa) is an indigenous stone play game that forms part of narrative play (John, et al., 2016).

Ukuxoxisa is mostly played by children all throughout South Africa, it is monologue based while others listen attentively (Kekae-Moletsane, 2008). *Ukuxoxisa* is not a competitive game, neither does it need commercial products to be functional, just two or more stones are needed (Kekae-Moletsane, 2008). The game has evolved from using rocks to the act of a pen and paper with various diagrams on the paper. Then the latest form of *ukuxoxisa* is something called homechoice. Homechoice is the practice of cutting papers from newspapers and magazines; pasting them on a piece of paper as a story to create and narrate a story.

This is due to the distancing qualities of the game. One of the core principles of Drama Therapy is Distancing and it helps for a more honest and safe narration of story with its projective quality (Jones, 1996). This is making use of two Drama Therapy core principles which is dramatic projection and distancing (Jones, 1996).

This research study uses a thematic analysis of the core themes that have arisen from the four interviews with the four participants.

1.9. Terminology

The terminology used for this research is as follows.

Black refers to those that are people of colour African indigenous people including those descending from the coloured mixed-race and Asian descent. This study also acknowledges how black is also a political identity, however for purposes of this research we solely focus on it as a matter of biological race.

Male refers to cisgender males, this means males who subscribe to gender normativity and normal gender roles and requirements (Cava, 2016).

The term psychotherapist refers to the treatment of mental health conditions through verbal communication and interaction. Psychotherapy is also termed as offering emotional support to those in a moment of distress (Alexander, 1954). For purposes of this study Psychologists, Arts Therapists (Drama Therapist, Music Therapists, Art Therapists, Dance Therapists), Social Workers are placed under the umbrella of Psychotherapist. This is also being cognisant that the term Psychotherapist, as per the

guidelines and rules of the Health Professions Council of South Africa (n.d), the term Psychotherapist does not include Drama Therapists.

Ukuxoxisa is a storytelling game played using rocks and stones to tell a story. It is a projective game of using the stones to express, characters, plotlines and feelings.

1.10. Ethics

Participation of the psychotherapists in this study was completely voluntary using purposive sampling. Participants were given a participant information sheet and a consent form; both these forms also stated that participants could withdraw from the research at any point.

1.11. Conclusion

In conclusion, this research intended to present an innovative approach to uncovering the structural violence of Black Male Psychotherapists in South Africa by embracing the ideologies of African Indigenous Research Methodology. Rooted in indigenous research practices, this study seeks to centre the voices of marginalised Black Male Psychotherapists within mental health discourse in South Africa

This introductory Chapter underscores the importance of embracing indigenous methodologies and fostering meaningful partnerships within mental health research and practice. By harnessing the transformative potential of African Indigenous Research to interrogate structural violence against Black Male Psychotherapists, this study seeks to contribute to more inclusive, equitable, and culturally relevant approaches to mental health care in South Africa.

Chapter 2: Unveiling the Landscape

In this Chapter, we look at discourses from various sources applicable to this study. We work towards a definition of psychotherapy and psychotherapeutic approaches. We also unpack what is structural violence, what is structural violence against Black Male Psychotherapists in parallel with the lived experiences of black men in South Africa.

2.1 Defining Psychotherapy

Psychotherapy is the practice of psychosocial treatments helping patients cope with any impairment in their psychological functioning (Roth & Fonagy, 2006). Pawlak and Kacprzyk-Straszak (2020) state that for over 100 years psychotherapy has been a method of helping people with mental disorders. “Psychotherapy is an interpersonal process designed to bring about modifications of feelings, cognitions, attitudes, and behavior that have proven to be troublesome.” (Smith, 2007). Smith (2007) further goes on to say that psychotherapy is a major component for stress management and treatment of stress related illnesses. This just becomes just a broad umbrella definition of what psychotherapy is, and many approaches can then be defined as psychotherapeutic (Roth & Fonagy, 2006). According to Kazdin (1986) There are more than 400 different types of psychotherapy practices and it greatly possible that that number has grown incredibly since then (Roth & Fonagy, 2006). Dryden & Mytton (2016) write about four approaches to psychotherapy, namely being the psychodynamic approach, the person-centred approach, the rational emotive behavioural approach, the multimodal approach. The multimodal approach therefore ought to be highlight due to its closeness in nature and practice with Drama Therapy

2.1.1 Multimodal Approach in Psychotherapy

Multimodal psychotherapy, as conceptualised by Arnold Lazarus (1981, 1997), is an integrative and evidence-informed therapeutic framework that views human functioning as multidimensional, encompassing behavioural, affective, sensory, cognitive, interpersonal, and biological domains. Grounded in the BASIC ID model, it utilises a personalised and flexible methodology, drawing from diverse psychotherapeutic modalities to comprehensively address the complex and interconnected needs of

individuals. The BASIC ID model that grounds the multimodal therapy approach stands for:

Behaviour: Overt behaviours and habits that are generally observable and measurable (Olugbenga, 2010).

Affect: This refers to emotions and feelings of the individual (Olugbenga, 2010).

Sensation: This refers to the five basic senses of the human being; that being sight, smell, touch, taste and hearing (Olugbenga, 2010).

Imagery: This how an individual perceives themselves, this includes but is not limited to memories and dreams of the individual (Olugbenga, 2010).

Cognition: “This modality refers to insights, philosophies, ideas and judgements that constitute one’s fundamental values, attitudes, and beliefs.” (Olugbenga, 2010).

Interpersonal relationships: This component refers to the social interactions and various relationships and interactions had with people (Olugbenga, 2010).

Drugs/Biology: This is beyond drugs, but the chemical composition of the individual, thus meaning the nutritional habits, the medicinal habits and even the exercise patterns of the individual (Olugbenga, 2010).

According to Lazarus (2005) the multimodal approach in psychotherapy is not a whole new model or method, however it is the use of various techniques that prove to be helpful regardless of the origin.

2.1.2 Drama Therapy as a form of Psychotherapy

Drama Therapy is a form of Psychotherapy that intentionally uses the techniques of drama and theatre to encourage psychological growth and change (Feniger-Schaal & Orkibi, 2019). Jones (2007) goes on to say that Drama Therapy is a creative arts therapy that uses the arts and creative expression as therapeutic tools. Feniger-Schaal and Orkibi (2019) both state Drama Therapy to be active and experiential. The tools and techniques used in Drama Therapy stem from Drama and Theatre; however, they are rooted in the practice of Psychotherapy (Mogomotsi, 2015). Mogomotsi (2015) goes on further to say

that Drama Therapy experienced growth in 60s and 70s through experimental theatre movements that sought to explore spirituality, psychology, and consciousness of the theatre and the audience. Drama Therapy makes use of symbol and metaphor to provide distancing between the client and their narrative using drama and theatre processes such as storytelling, role playing, theatre games and improvisation (Mogomotsi, 2015).

2.1.3 Drama Therapy and the Multimodal Therapy approach

Multimodal therapy and Drama Therapy are linked through their use of various techniques to address multiple psychological dimensions, such as cognition, emotion, and behaviour (Lazarus, 1981; Malchiodi, 2011). Both the multimodal approach and Drama Therapy approaches highlight flexibility, allowing the therapists to create tailor -made interventions meeting the clients' needs by integrating methods like role-playing and imagery (Landy, 1994). Drama therapy, which focuses on creative expression, can be combined with cognitive-behavioural or other therapies to enhance emotional processing and cognitive restructuring (Malchiodi, 2011). This synergy allows for a comprehensive and personalised treatment process (Lazarus, 1981; Landy, 1994). Thus, Drama Therapy is able to fit within the multimodal framework, offering diverse and various tools for holistic healing (Lazarus, 1981; Landy, 1994).

The link between Drama Therapy and the Multimodal Therapy Approach is mainly seen through the case by Swanepoel & Conradie (2023) where role-play, imaginative storytelling, embodiment and visual arts were used in the setting thus linking to Multi-modal Therapy and its foundation in engaging with diverse expressive forms.

2.2 What is a Psychotherapist?

Psychotherapist refers to an occupational title of someone highly trained in the areas of health services (Wampold & Imel; 2015) Wampold and Imel (2015) define psychotherapists as professionals that use a diverse range of techniques, tools and approaches which include but are not limited to: cognitive-behavioural therapy, psychodynamic therapy, and integrative methods, all of which aim to facilitate meaningful client transformation.

2.2.1 Drama Therapists as Psychotherapists

While Drama Therapists have been named various titles and roles; Nosworthy (2020) names Drama Therapists as a unique form of botanists, because they are people "…who catalyse growth and transformation in the lives of human beings." (Nosworthy, 2020). The British Association of Drama Therapists (2011) states that Drama Therapists are both Artists and Clinicians. The background of a Drama Therapist is often from Theatre, Health or Education background.

While Drama Therapists use psychotherapeutic techniques in their practice, they focus on utilising the arts as the central medium for therapy, distinguishing them from other psychotherapists who may primarily use verbal interventions. Though they are trained in psychotherapy and engage in similar therapeutic processes, Drama Therapists are distinct from psychologists and psychotherapists, as their focus is on creative expression and the therapeutic potential of the arts in addressing mental health issues (Anon., n.d.). They may work in multidisciplinary teams alongside psychotherapists, but their professional identity and scope of practice differ due to the emphasis on non-verbal expression as a therapeutic tool (Anon., n.d.).

In South Africa although Drama Therapists do practice a form of Psychotherapy; according to the guidelines of the Health Professions Council of South Africa (HPCSA), Drama Therapists cannot use the title of psychotherapist, as it is a protected term.

2.3 Structural Violence in Mental Health Care Practice

Johan Galtung in his seminal work titled violence, *Peace and Peace Research* (1969) introduces the term structural violence as a way of broadening the somewhat narrow concept of violence. Galtung (1969) establishes that there is to be a distinct difference between violence that acts on the body and violence that acts on the heart and soul of the individual. Violence that acts on the body refers to physical violence such as abuse that can even lead to killing, while the violence that acts on the heart and soul of the individual includes stuff such as "…brainwashing, indoctrination of various kinds, threats, etc. that serve to decrease mental potentialities" (Galtung, 1969). It is from there then that the term structural violence is introduced as a form of violence that is not just focusing on the somatic phase. Galtung (1969) therefore synonymises the term structural violence

with social injustice, and therefore goes on to say that the presence of social justice is the absence of structural violence.

One overarching matter of Structural Violence in South African Mental Health practices is that people that live with a mental disorder have a discriminated access to mental health care in South Africa (Sturgeon, 2014).

2.3.1 State of Mental Health Care in South Africa

Mental health provides a great burden of disease faced by the South African health care system (Sorsdahl, et al., 2023). This is then quite important as already the system is burdened by many factors, one of which being that people in South Africa are not aware of their health status or the treatment needed (Rensburg, 2021), this rings true to both mental health and physical health. This is further exacerbated by the fact that there is a shortage of trained mental health care professionals in South Africa (Sorsdahl, et al., 2023).

A big disparity that is then experienced and seen within the mental health care practices in South Africa is because; of the difference between the public vs private and the various demographics, they both serve. “Despite efforts to redress the situation, inequities persist, resulting in differential access to quality mental healthcare within the public healthcare system. However, these differences appear relatively minor when contrasted with access to mental healthcare for individuals using private healthcare in South Africa.” (Sorsdahl, et al., 2023). As at 2022 9.7% of black South Africans and 18.2% of coloured identifying South Africans were on medical aid (Anon., 2023) and thus could use private health care for both physical and mental health, this left the remainder to use the public healthcare system. Leaving many to face stigma about their mental health status, shortage of professionals and a burdened system.

This burden on the system of health is also exacerbated by the various demographics that practice psychotherapy. According to a 2022 study by Padmanabhanunni et al only 17.2% of registered psychologists are black Africans, while they are expected to represent roughly 81% of the population that is black Africans (Padmanabhanunni, et al., 2022). This is further exacerbated by the feminisation of the professions, as according to Skinner

& Louw (2009) as at 2002 53% of undergraduate Psychology students in South Africa are women. While this study only associates with psychology I believe that it is representative of other Psychotherapeutic professions; however this study by Skinner & Louw would be deemed incomplete as it does not highlight the participation of black males as students within psychology but the study only highlights black men within engineering and overall university registration.

Sorayah Nair (2008) states that through the influence of a western model of psychotherapy, clients of people of colour are deemed to appear less sophisticated and psychologised, thus seeming as if the type of treatment is not suitable for them. Many trainee psychologists (thus can be extended to psychotherapists across the board) often feel incompetent due to their racial identity (Nair, 2008). There also are few historical accounts that describe racism within psychology as a means that was supposed to keep up the barriers of racial contextualism (Nair, 2008).

2.4 Black Men in South Africa

Black men have generally been excluded from discourses regarding gender to an extent where they do not feature in many of the discussions that they even find it hard to talk or write about themselves (Dube, 2019). Inversely the narrative that exists of black men is very negative and self-destructive (Dube, 2016), and there is hardly anything that can be counted as positive. However, Ntsanwisi (2024) states that black men in South Africa are resilient and have agency. One of the somewhat positive texts and narratives of black men in South Africa is the book *Becoming Men: Black Masculinities in a South African Township* (2020) by Malose Langa.

2.4.1 Lived Experiences of Black Male Psychotherapists

The Demographic positioning as a Black Male Psychotherapist influences how one can relate to their clients on both conscious and unconscious levels of being (Ramohlola, 2020). This however goes beyond the interaction with clients but also interaction with supervisor during training as there is a constant caution of how far one is able to safely and adequately articulate themselves without seeming too defensive (Ramohlola, 2020).

2.5 African Indigenous Research Methods: Ukuxoxisa and Storytelling

African Indigenous knowledge is relational based on cultural experiences and world view (Owusu-Ansah & Mji, 2013). In the midst of research and knowledge acquisition, the acquisition of knowledge is communal and experiential when looking through the lens of African indigenous research. This forms a part of decolonising the practice of research as it places indigenous voices, and epistemologies at the forefront of the knowledge production (Simonds & Christopher, 2023).

2.5.1 Ukuxoxisa

Ukuxoxisa (a Zulu word, called masekitlana in the Sotho languages), is a monologue play game that is mostly played by children in South African Townships (Kekae-Moletsane, 2008). Kekae-Moletsane (2008) goes on to say that, *Ukuxoxisa* (or masekitlana as she refers to it) is not competitive, there is no specific rules or structure, and it accommodates all that play. “The players can express their feelings and emotions by talking to themselves, even if they are shy and do not want to be listened to. Masekitlana does not require expensive or commercialised material.” (Kekae-Moletsane, 2008). Due to the fact that the players always speak in third person during the game, this makes *ukuxoxisa* a perfect tool for distancing (Kekae-Moletsane, 2008) This therefore then makes this game a tool for dramatic projection, a core tool in Drama Therapy as is according to Jones (1996).

2.5.2 Storytelling

According to Serrat (2008), storytelling is using narratives as a tool for communication to amplify, value and a person/ groups knowledge. Storytelling is not only a form of art but also an intense trip through the psyche of a human being (Lewis, 2011). This then alerts to us the importance of storytelling not only to know, but also understand and empathise with an individual’s experiences. It is through someone sharing their story of their experiences that their knowledge and experienced is brought to the forefront and privileged and valued. A key principle in African Indigenous Research.

2.6 Drama Therapy as a Framework for Analysis

Drama Therapy is a practice that among other places emphasis on creative expression, role expansion and emotion regulation (Emunah, 2019); this then provides the pathway of finding out the lived experiences of Black Male Psychotherapists in South Africa and the avenue for them to express themselves authentically about their lived experiences (Landy, 2009). Drama Therapy through role theory and the role method very much offers a space for the negotiation and renegotiation of roles, this allows the individuals concerned to be able to confront and reframe the harmful narratives placed upon them.

2.7 The Unveiled Space

This chapter focused on the various literature and sources that inform the theory and framework and critical definitions and practices of this particular interdisciplinary and intersectional study.

Chapter 3: The Art of the Inquiry

Chapter Three focuses on the methodology of this research study. The research method used in this study is African Indigenous Research. This chapter will unpack the methodology of this research, define it, the appropriateness of this particular research for this study, introducing the research design and the data collection tools and practices for this research study. This approach is rooted in the belief that African ways of knowing, storytelling, and communal sharing (especially of stories) can provide profound insights into the personal, professional, and collective experiences of Black Male Psychotherapists, particularly in the context of structural violence and lived experiences.

3.1 Theoretical Framework

This study using African indigenous research as a research method is congruent with the practices that African Indigenous Research values which are: oral traditions, cultural practices, and a wholistic view of the self which is not just intellectual but also the emotional, physical and spiritual aspects of the human experience (Bagele, 2019). This goes in line with a New Zealand study by Tuwe (2016) where oral storytelling was used as a method to investigate employment related experiences of Africans based in New Zealand.

In the context of this research, African Indigenous Research Method provides the foundation for understanding how the lived experiences of Black Male Psychotherapists living and working in South Africa are shaped by the intersection of culture, history, and identity, thus contributing to the progression and acts of structural violence. This aligns with what Moolman (2013) states: “Intersectionality provides a lens to understand the meaning attached to the multiple dimensions of masculinity practices and men’s lived realities.”

Drama Therapy itself provides a framework for understanding the lived experiences of Black Male Psychotherapists, drawing upon the power of dramatic play, role-play, and performance as healing tools. As a psychotherapy modality, Drama Therapy invites its clients to engage in embodied experiences through sound, movement and storytelling and metaphorical representation of events and characters (Lištiaková, 2015). This study,

rooted in the exploration of structural violence and its effects on Black Male Psychotherapists, uses Drama Therapy as a conceptual and practical tool to understand how these professionals navigate their lived experiences in a racialised and gendered environment.

The integration of *ukuxoxisa* in this framework aligns with the nine core principles of Drama Therapy (Jones, 1996). *Ukuxoxisa* is an oral, participatory method of inquiry involving open dialogue and storytelling, which creates a space for participants to share their personal narratives, reflect on their lived experiences, and in a distanced method, empathy and metaphoric and symbolic as well.

3.1.1 African Indigenous Research Method

African Indigenous Research is characterised by a deep respect for African cultural knowledge systems and a commitment to decolonising research methodologies and knowledge. African Indigenous Research seeks to centre African epistemologies by focusing on lived experiences, cultural practices, and historical contexts. This approach challenges the hierarchy that privileges Western thought and offers a space for African knowledge to emerge as both valid and authoritative in academic research

African Indigenous Research also embraces the concept of ubuntu—a core African philosophy that emphasises community, and shared humanity. In Drama Therapy, the focus on interpersonal relationships and the creation of shared therapeutic experiences mirrors the principles of ubuntu, fostering collective healing and social integration (Murphy, 2020). By using African Indigenous Research, the study allows for a deeper exploration of the relational dynamics between the researcher and the participants, providing a context in which the professional lived experiences of Black Male Psychotherapists can be explored in the fullness of their cultural and emotional complexity. This allows for the individuals to become active participants, prepare and perhaps even challenge the possibilities that lie ahead in their fields (Smith, 1999).

3.1.2 Ukuxoxisa

Ukuxoxisa serves as the primary method of inquiry within this study, facilitating a conversation where the researcher and participant engage in a collaborative exchange of

experiences, feelings, and reflections. *Ukuxoxisa* invites the participants to tell their stories in an environment where they feel respected and heard. In Drama Therapy, this open, interactive process of dialogue is essential, as it mimics the therapeutic relationship that often unfolds between therapist and client—one grounded in empathy, trust, mutual understanding and unconditional positive regard (Peschken & Johnson, 1997)

Additionally, *ukuxoxisa* is a culturally embedded approach that reflects the importance of oral traditions and collective wisdom within African communities. These traditions, which have been used for generations to transmit knowledge and foster healing, align with Drama Therapy's emphasis on narrative construction, creative enactment, and role-playing; these are some of the stages that are listed and congruent with the Drama Therapy Integrative Five Phase Model by Renee Emunah (2019). By integrating these two practices, the study encourages a deeper exploration of both the verbal and embodied expressions of Black Male Psychotherapists as they navigate the complexities of their professional and personal identities and the intersectionality thereof.

3.2 Research Design

The design of this research study is qualitative, interpretative, and participative. The aim is not to quantify experiences but to deeply explore and understand the professional lived experiences of Black Male Psychotherapists in South Africa. This study will focus on their experiences of structural violence, systemic oppression, and their roles as healers within their communities and professional spaces.

3.2.1 Semi-Structured Interview

The research design and data collection of this research will take in the form of a semi-structured interview. A semi structured interview can easily sound and take the form of a conversation and this makes it particularly appropriate for this research because "Through conversations, we know other people, learn about their experiences, feelings, and hopes, and understand the worlds in which they live." (Ruslin, et al., 2022). This opens an avenue for the individuals to tell their stories and experiences, for them to openly express what they have been going through and for it to be properly captured and documented in this study.

3.2.1.1 Interview Structure

The questions of the interview will be broken apart into four categories. The first category is the individuals personal and professional background that led them to choosing to be in this profession that they now find themselves in. The second category is on the structural factors they have seen and experienced in the working space. The third category is what has been the impact of the expectations that have been placed on them either by the communities they service, employers or even the regulatory institutions they are in.

3.2.1.1.1 Interview Questions

Below is an example of all the interview questions that were intended to be asked during the interviews with the participants.

Section 1: Personal and Professional Background

1. What is your background? Where and how did you grow up, and what led you to become a psychotherapist?

2. What has been your experience of being a Black Male Psychotherapist in South Africa?

3. What has your journey been like in terms of your training and professional development? Have you faced any challenges in entering or advancing in the field?

Section 2: Structural Factors and Discrimination

4. Can you share some of the challenges you have faced related to being a Black Male in the Psychotherapy profession in South Africa?

5. What do you think are some of the structural barriers (e.g., racism, economic, or educational inequalities etc) that Black Male Psychotherapists face in their professional lives?

6. How does your experience as a Black Male in the therapeutic space differ from that of your colleagues from another race and gender?

Section 3: Impact of Expectations and Structural Violence

7. What expectations are placed on you by your clients, colleagues, and your community? How do you feel these expectations shape your approach to therapy?

8. How do you feel structural violence (e.g., systemic racism, socio-economic disparities) has impacted your mental health and professional well-being?

9. In your opinion, how can Black Male Psychotherapists address or challenge the structural violence they encounter within their work environment?

Section 4: Symbol and Metaphor Storytelling Moment

With a pen and paper next to you, I'd like to encourage you to tell a significant story about your experience as a professional. Symbol, metaphor are highly encouraged in telling the story. Please say it in third person be as creative as you need to be.

3.3 Data Collection Tools

The interviews were conducted via an online platform, Zoom. The interviews were recorded and then transcribed using an online Artificial Intelligence (AI) tool named TurboScribe. The transcribed interviews were sent back to the participants for them to read through and make edits and changes where they deemed it necessary.

3.4 Ethical Considerations

Participation of the psychotherapists in this study was completely voluntary. Purposive sampling was used to get the participants, these are participants that engage in the practice of psychotherapy daily in their professions. A comprehensive email with all the details and details of the research will be communicated to them. Participants will be given a participant information sheet and a consent form; both these forms will also state that

participants can withdraw from the research any point. The names of the participants will be used in this report. The participants have all been provide with a consent form and Participant Information Sheet where they provide permission for the use of their names (Please see Appendix 1 and Appendix 2). This is used as a decolonial act refusing to silence or diminish their voices or their impact.

3.5 Closing the Inquiry

This chapter was based on African Indigenous Research as a research methodology used in this study. *Ukuxoxisa*, conversational dialogue, and storytelling as a method of inquiry were also brought to the fore in this chapter. The participants were invited into storytelling in an interview conversation setting. Ukoxoxisa was evoked through the engagement. The result of this methodology of engagement is demonstrated in Chapter four.

Chapter 4: Voices in the Space

Chapter Four puts the practice of African Indigenous Research methodology, *ukuxoxisa* and storytelling into practice. Here voices from Black Male Psychotherapists in the psychotherapy field tell their own stories. In this chapter the transcripts of the interviews I had with the participants, A Drama Therapist, A Music Therapist, a Clinical Psychologist and a Social Worker, are revealed as conversational dialogues. These are men who have paved many paths in their field and are usually the only ones in the room. This is their story, what they hear, what they experience, and what they know, all in their own words from their own mouth inspired by their experiences. These interview transcripts are here to privilege their voices as the minority; it speaks to the method and the intent of this research. These interviews are presented below in the same order in which they took place.

The decision to use the actual names in this research is deeply rooted in the methodology of African Indigenous Research, which values relational dialogue, storytelling, and collective meaning-making. Unlike conventional research paradigms that anonymise participants under the guise of objectivity, this approach affirms that knowledge is not abstract, it is carried by real individuals whose lived experiences shape their narratives. For Black Male Psychotherapists in South Africa, whose voices have historically been marginalised, naming them resists their erasure and acknowledges their expertise, struggles, and agency within the field of the Psychotherapies. This choice also humanises them, challenging the tendency to discuss Black Male Psychotherapists as an abstract group rather than as real people with unique identities and professional journeys. By positioning the Black Male Psychotherapists as co-creators of knowledge rather than passive subjects, this research embraces a decolonial, collaborative approach that prioritises self-representation. By naming them, this study takes an active stance against extractive methodologies and affirms the presence, visibility, and contributions of Black Male Psychotherapists in psychotherapy discourse.

It is also worth noting that in this interviews and the transcriptions of it, minimal to no editing was done, even colloquialisms such as ‘uhm’ are present, this once more is to

amplify the voices of the participants to keep their words clean and pure away from silencing, changing their words and thus not changing their narratives.

4.1 The Music Therapist in Academia and Private Practice

From Zambia Nsamu Moonga is a Music Therapist registered as an Arts Therapist with the Health Professions Council of South Africa (HPCSA). Nsamu is also a researcher, and doctoral scholar.

Kabelo Mokgehle: So, I, I think just, I'd just like to for the record, um, your name and what profession are you in?

Nsamu Moonga: Right. My name is Nsamu Moonga. I'm a music therapist. I'm registered in South Africa as an arts therapist with the Health Professions Council. So that means that I do provide therapy. Within the scope of that profession. I'm originally from Zambia, and so I'm a, I consider myself a, a black African male. That's important for the context of this conversation. And in Zambia, I am a registered and licensed psychologist and, and professional counsellor. So, I do work in this psychotherapy space.

Kabelo Mokgehle: And then what was your background in that eventually lead you to doing psychotherapy in the music therapy and psychology space?

Nsamu Moonga: I worked in schools. I was initially trained as a teacher and a musician and as a teacher. And then I also trained as a psychological counsellor. And so, I did work as a school-based counsellor and the community-based counsellor, psychological counsellor, for many years. I spent a lot of years working in HIV care. It was at a time when the ARVs were just coming in, so I was on the front end of that working with, um, counselling. Then we called it voluntary counselling and testing VCT. It was at a time round about 2008 to 2009 when we were moving from. voluntary counselling and testing to counselling, testing, and care. So, there's a huge change, huge transition. So, I did work in that space in health, as a counsellor and psychologist in that particular space. And when I was developing as a person, and because I worked with music in my

organisation work, I thought I was aware of things that I already had together. And so, music therapy became almost a natural progression and natural bringing together of areas of training and practice that I had. I had music already and then I had psychology already. And I had clinical practice already. So yeah, music therapy was almost like a natural path for me to specialise in. But this is, this is on the background that I come from a, I come from musical environment and by music here, the word music just does this whole composition an injustice because, you know, strange way using English language which means different things. If we're having this conversation in some other language, for example, right? Because then we would not be speaking about music and having this, uh, almost European concept of music. Music in the Bantu language is not a theme. It's something that we do together. So, it, it is integrated arts that bring the musical arts themselves. It brings drama, theatre, poetry, storytelling, you know, it brings colour, costume, and magic, and all of those things are part of the musical performance in the Bantu context. So that's the background that I came with, and that's the musical sensibility that informs my work.

Kabelo Mokgehle: It's interesting, you speak about how music isn't just a thing, but, uh, It's a thing. Not only the thing, but it’s also what we do together. It's a way of life. It's a lifestyle for many of us. What then ever since you've been working as a music therapist, what has been your experience?

Nsamu Moonga: That's an interesting question because as a, as a black male therapist, there are so many things that, first of all, there's the black experience, right? Which a lot of people, black people would have which is the history of disadvantage in terms of exclusion and economic exclusion and all those kinds of exclusions that most black people would have and then there's also the particular location of the black male, which in itself is of particular interest because especially in the arts therapies and the arts therapies. And I know that this is true in other therapy model modalities. That is very few, very few supply of male black male therapists, right? But for all sorts of reasons, I like to think I wrote a paper recently that is on the, I don't know if you've seen it on the South African arts therapies journal, right? So, I try to articulate this black experience, and I think

it's a good reference for you to, to, to go back to. I try to articulate this black experience, and in particular the male experience. Because the male, within a very patriarchal society, and we do not desire a patriarchal society, but there are expectations because we're still dealing with this patriarchal society. There are expectations, there are economic expectations, there are social expectations. And, uh, and for those of us that have had an education. In from coming out of communities where education was not available, you know, at this level, there are certain expectations that come with that and coming into this particular profession, it's extremely difficult to navigate all of that and to navigate the need to provide services. And to provide accessible services and also meeting obligations that connect with livelihoods and economic expectations. So, it's a very difficult space to navigate. Particularly for the males in that sense, right? Because I find that it's very difficult for me to know or what to particularly do in this particular space.

Kabelo Mokgehle: Yeah, the black experience and the male experience. So, you end, you end up having two experiences as one in one person.

Nsamu Moonga: Yeah, and there are many experiences even with that having put them as. As two experiences that kind of diminishes the multiple experiences, right? So again, uh, as a form of reference. I speak about the complexity of just the black identity within a globe or a global frame in a book chapter called acting from a third space. I can link you up to that chapter again. Very good reference. In terms of how I continually find myself in these spaces where I'm, I'm having to disentangle myself from multiple identities because I'm expected to be many things in different spaces, right? When I'm a researcher, I'm expected to be one thing when I'm in the university, I'm expected to be another person and I'm supposed to speak in a certain way; And when I'm in the therapy room, I'm expected to be, and there's nothing wrong inherently with being many people in many spaces, right? Part of the health of anybody with psychological selfhood. Is the idea that I am able to switch right to be an appropriate person in a suitable place. If I couldn't, if I was not able to do that, that would be a problem. You know, I'll be totally inflexible. And I've become a total misfit in different spaces, the very fact that I can, I can flexibly be different persons in different places, that's very healthy. Again, one has to read the book

around the symphony of selves, right? Read the book, the symphony of selves that speak to that, that we are all living with multiple personalities, right?

Kabelo Mokgehle: And you say, um When you enter the therapy room, uh, you are expected to be someone else, or something else is expected of you. And then, my then question then becomes, in those expectations within the therapy room, um, have you have faced any challenges? As a therapist, have you faced any challenges related to being this black male in this space?

Nsamu Moonga: Notable experiences in terms of identities and I am aware that a lot of times Being male sometimes and being black, there are times when that has worked to my advantage. So, there are times when it has worked to my advantage, right? Sometimes people seek me out because I'm male and I'm black. Because there are not so many of us, right? So, people, when they're looking for a therapist, there will be people that are looking for me because I am male, right? There will be people that are looking for me because I am black. There will be people that are looking for me because I am male and black, right? So, there are times when it has worked to my advantage. To what extent that hasn't worked to my advantage? I haven't experienced it because a lot of people will scream me out. Right. Who's creeped me out. Those who don't want to see me because I'm male, they will not contact me. Those that will not want to see me because I am male and black will not contact me. And those who want, who want to contact me for any other reason, they will not contact me. Now, having said all of that, it also means that if there are many people who, who won't contact me because I'm male, or won't contact me because I'm black, or won't contact me because I'm male and black, if there are lots and lots of those, and if those are the people that are willing to pay for the service, then I remain economically impoverished. Because nobody will pay me, right? Nobody will reach out to me and pay me. There's also an economic injustice around that. So, yeah, and we a lot of times most people try to skirt around it. We don't generally like to talk about the money side of our work. So, it leaves a lot of people in my position to end up just picking up any work that is available. That just perpetuates the poverty. Work for organisations that underpay us. Work for organisations that, um, yeah. You know, so one

has to be extremely entrepreneurial. And we are in a space where there are no public sector jobs and all of that. You know, the security of work is, you know, I know that I belong to I belong to what we call, you know, precarious workers. There's no stability of work. And that itself has psychological, uh, psychological issues that we have to navigate as, as therapists in general, but, but more so as, as male therapists. I wonder how, you know, just to, with a tongue in cheek here, but also serious. You know, how that affects our, every life, including dating lives, right? If you're, if a struggling therapist, you know, how do you, how does one date, for example, you know, this dating it costs money.

Kabelo Mokgehle: Yeah. Yep. That's very true. That is very true. And then Arun, are there any structural barriers that you have witnessed?

Nsamu Moonga: So, I think some of those that I have mentioned are actually structural barriers, you know, the social structures and economic structures, uh, evolutionary structures. All those are structural barriers. There's also a legacy, particularly in South Africa. I know that there's a, there's a legacy there about the prejudices that go towards the, the black male. The black male is seen through a particular lens, uh, and it's, it's almost like a, a lens of deprivation. So socially deprived and depraved human, you know, we, we have as males in South Africa, we, we have our own issues to deal with. Yes. It hasn't helped that we are still dealing with, um, with issues around gender-based violence and how that influences the therapy room and how that influences our profession, for example. Uh, and historical racial issues that are still a part of our daily conversations in South Africa. And how males and black males are seen within that particular lens. Um, males tend to be seen as thoughts is as, as, um, as inherently violent and, and toxic and, uh, and all of that, particularly black males, right? The issues around sex and sexuality, they're seen as, as almost constantly potential rapists and, you know, so there are all these, uh, issues that are in the ether that you constantly have to navigate.

Kabelo Mokgehle: And in this, are you seeing, or are you seeing a difference between your experience and the experience of some of your colleagues of the other race and gender?

Nsamu Moonga: Well, I can't speak for a fact of their subjective experience as from an outside, you know, an outside position, right? I don't know what their subjectivities are and What their experiences are. I only know mine. So, it's very difficult to compare phenomenologies at this stage. And that's why your study becomes really important because, because then you, you're going to have the data for various people and various experiences that you can then look at and say, oh, okay, there's something interesting here. And, and maybe the next study that you do is for the phenomenology of white male therapists and their experience and then the rest of us can look at it and say, Oh, okay. Well, there are parallels here or they are none. We all just having this male experience, and then another one might do the female experience. And then we might say, Oh, actually. We think we are having this particular experience and we think it's only, it's unique to me and it's actually not, you know?

Kabelo Mokgehle: makes sense. That makes sense. And in the position that you're in right now, um, I believe you are the only, I stand to be corrected, the only black male music therapist in South Africa at the moment. You will correct me if I'm wrong or if I'm missing any details. What are some of the expectations placed on you being where you are and being who you are?

Nsamu Moonga: Hmm. I actually don't know what expectations are placed on me. It might just be that there are expectations that I place on myself or that I feel pressed upon me, right? Um, being, there are times when I feel I feel like I'm a token, right? So, and I don't say this as a way of, that's just me, right? I'm not thinking that. I'm not thinking that anybody goes out of their way to get me to be the token. It's, it's a feeling. It's a, it's just a feeling that sometimes I feel like, am I really supposed to be in this space for me? I'm in this space because. Because I look like this, right? Uh, and that's okay, right? And there are times when some of us have to be, if you're if you're one of if somebody is a pioneer in a space. Yes, it's okay for them to feel like a token in the beginning. Like that's the work of transformation, right? Some people will have to feel like they're tokens, right? Women have to occupy spaces, and the first women to occupy those spaces might feel like tokens. That's okay, right? Black men, black women, black people have to occupy some

spaces and risk feeling like tokens for a while. You know, for the first black people to get into the rugby team. The first black person to get into the cricket team, where I felt like tokens, right? And that's okay. Somebody had to start. Somebody had to go into that space. So, I'm not saying I am, and I'm just saying that there are times when it feels like that. You know, and the expectation of, of carrying the burden of being black and male, and black, and a therapist, and all of that. Part of that, has to be that it requires, it requires a lot of inner work.

Kabelo Mokgehle: and then the last question from me is, um, in your own opinion. In your opinion, how then can black male therapists address either one or some of the challenges they face in the work environment?

Nsamu Moonga: It requires a bit; it requires a lot of work and insight. But, um, it requires a lot of, um, of creating oneself. Because a lot of this cannot be done alone. So, there's, there's some of it that has to be a lot of inner work, you know? I think it requires a lot of It also requires a lot of social work, right? In terms of yes, I can do all the inner work, but it also requires that I do that. That work in community, you know, being in community, having social support, ongoing study as, as a person. And yeah, robust inner inquiry, you know, just doing a lot of, a lot of the hard work. Some of the work will be hard, and some of the work will be painful, but its necessary work.

4.2 The Clinical Psychologist in Public Health Care

Suntosh Pillay is a clinical psychologist, a researcher, writer and in his own words an activist. Suntosh currently works as a Chief Clinical Psychologist at the eThekwini District in KwaZulu Natal.

Kabelo Mokgehle: All right, but I just wanted to share, maybe you can just state for the record, who are you and what do you do?

Suntosh Pillay: You mean like professionally, eh?

Kabelo Mokgehle: Yes, yes.

Suntosh Pillay: I'm Santosh, surname is Pillay. I'm a clinical psychologist by profession and yeah, I work for the Department of Health in KwaZulu-Natal in Durban. And my official role is that I'm the chief clinical psychologist for the eThekwini district. And so, I oversee psychological services for eThekwini, monitoring and evaluation, supervision of people, policy development, et cetera. So, I'm in this role for the last year. And prior to that, I've worked for quite a long time, over 10 years at a public hospital called King Dinuzulu Hospital Complex in Durban, where I primarily did all the usual things psychologists do, assessments, psychotherapy, supervision of interns, et cetera. And then I'm also affiliated to UKZN as a researcher. So, I do a lot of research and writing as well. And then I'm at the tail end of my PhD, which I'm doing through UNISA as well, which is its own long journey.

Kabelo Mokgehle: What is your background and what drew you to this particular profession?

Suntosh Pillay: My background, well, I mean, my background is I studied psychology in my undergrad, but I also studied media and communication. So, during my student years, I was a student journalist to like kind of media work and media writing. So, I actually got my undergrad in media and psychology degree. So, I decided, well, let me go into psychology and then master's degree and choose one. I decided I'm only going to apply to the UKZN, I must become a journalist. So, most people tend to apply to a whole bunch of universities all the first time. So, I thought, oh, well, it's meant to be. I should be a psychologist. But throughout my career, I've been quite actively involved in the media as well. Whether it's like as a public intellectual and then I've worked in the public health sector my whole career. So, for the last 15 years, but like I said, the last 10 years at King Dinizulu Hospital and the last year I've moved out of the hospital space and I'm at the district health head office for the Department of Health. So now my role is much more clinical practice. Okay.

Kabelo Mokgehle: And maybe to maybe practice, what has been your experience being the male psychotherapist in South Africa?

Suntosh Pillay: I mean, to be honest, when you sent me the invitation, I wasn't sure if I'm going to add too much value because I'm not sure whether I really think about that

much. Yeah. I mean, I wouldn't say being a male therapist is something that I really think about or has been a very active kind of like ingredient in my identity making as a therapist, even as a psychologist. So yeah, go a little bit deeper into that one. But that was my first thought when I got the invitation is that I'm not sure whether my gender identity is something that has really been a thing I've thought too much about. So, gender identity hasn't really been.

Kabelo Mokgehle: Then how do you identify with your role as a therapist? So, gender at the forefront or could be at the tail end.

Suntosh Pillay: I don't know. But then how do you then identify with your role as a therapist? Yeah. I mean, it might be a bit boring, but I mean, I think I've primarily identified as a clinical psychologist. So, for me, the kind of registration category has been kind of far more around what my identity is around rather than I would say my demographic, even though my research is around those kinds of things. So, my research is around identity making, sexuality, gender, race, intersectionality, decoloniality. So, like my academic work is about all of those interesting things, like the stuff that you're doing for your research. But in terms of like me and who I am, like, I wouldn't say like those identity markers are really a major part of kind of my identity, you know, because I mean, there's many parts of who I am. Some of them come out in other areas of work. You know, so I mean, I'm a gay male therapist, but that identity doesn't come out, my patients wouldn't know that I'm gay. But most of my research is about sexuality and gender. And everybody knows that I'm gay because almost all my collaborators are gay, you know, so kind of different identity markers seem to kind of come out in different spaces. But in my day-to-day clinical work, I don't think like those kinds of identity markers are really like at the forefront, you know, because when a patient walks into a hospital, they just see a psychologist. And in a public hospital, you don't have a choice of who you get to see. So, my kind of a, unlike private practice where you can shop around and choose someone you think might suit you, you know, in the public sector, it's just your luck whoever. So yeah, some people might be surprised that they end up with a male therapist or a black therapist or an Indian therapist, depending how they want to race me or ideas around that.

Kabelo Mokgehle: I think that's very interesting because there is the theory in the therapies that says that he can't just be one thing in many spaces. He can't just be, he or she can't just be one thing in many spaces, that there's different parts of you and they all show up at different parts in the various spaces that you happen to work in. So I think that is very interesting because you say, so you've worked in public health sector, which means that isn't necessarily a choosing, like, oh, I want to see this person, I want to see the other person. You say the therapist or to get a therapist whose race is not white. Have there been any challenges with that? So, with people just being taken aback at this is who come to see me.

Kabelo Mokgehle: So, the thing that always, I think, stands out more than anything else is whether or not I speak the first languages of Zulu. So, I've worked in a very interesting fashion is in between a whole bunch of different kind of historically racial areas. So, it's in a traditionally kind of coloured community, but it overlaps very strongly with the historically Indian Muslim community. But the kind of catchment area in public health language of patients that come to the hospital come from as far as Kwamashu and Inanda, et cetera. And then we're kind of buffered by fairly wealthy white area. So, it's probably one of the most cosmopolitan hospitals for a public hospital, because you get a real kind of mix of people that walk through the doors. And the majority of patients are able to work, especially because we are a language heavy profession, whereas doctors can get away with just knowing framing. But I mean, as a psychologist, because then it's a real injustice to the patient. So, for me, the language barrier has been more of whether this is someone I'm going to be able to communicate with or not. Fortunately, I'm in a hospital that is an internship training site. So there has always been, in Zulu speaking, therapists on duty, even if it's kind of been forced to see someone, and we actually can't communicate with each other. So that's the one instance or the one example, issues around language. The other example where my identity does, I think, come to the fore, who've been victims of sexual violence, like rape or sexual harassment, get referred, which is quite common. And they might not want to see a male therapist, because the perpetrator of that sexual violence would have been a man. And so, in their mind, and quite often, the patient's a choice, because it's just not practically possible, depending on who's on duty and depending on other logistics. And so, people might inevitably end up seeing me, even

though they fear, you know, that this male therapist is not going to understand what I'm going through, or they might project that I am, you know, also kind of part of that group of men who could commit sexual violence. So that also becomes quite difficult, I think, when you work with survivors of sexual violence, because I do a lot of forensic court work as well, of survivors. Identity there as a man or as a male therapist probably comes out much more strongly, because gender dynamics are like part and parcel of the reason why this person got referred to begin with. And obviously, I come to being a victim of sexual violence. And so, I find, I would say almost 100% of the time, we are able to work together and form a therapeutic alliance anyway. I really would struggle to think of a time in all the years I've worked in public health, where I've had a female patient tell me, I just can't see you any longer, because you're a male therapist. I'd rather see a female therapist, you know? Yeah. So anyway, those are two examples. I'm not sure if that's kind of like what you want to say.

Kabelo Mokgehle: I love how you say, at the forefront really is language, and how we are such a language-heavy profession that sometimes really, a lot of times we don't think of, especially when it comes to access, and we speak about how we want certain communities or certain people to have access to the services we offer, then when or where do we put language? So yeah, no, I think that's a very important one.

So, I want to speak about some expectations, if really there are any expectations that are placed on you, either by your clients or by where you come from or the community which you service. What maybe are some expectations, if there are expectations? And how do they impact your approach in the work, if they do?

Suntosh Pillay: I mean, there are expectations on everyone that walks through the door, because the way it works in a public hospital is that a patient would be referred by someone else. So, you find that almost 50% of the patients never woke up in the morning even knowing they're going to see a psychologist today, because some ache or pain or some problem, they can't sleep, they're not eating, they've got body pain, they've got a headache. They might even be suicidal, they might be hearing voices, there might be a substance abuse problem, things that they might not associate with a psychologist, but they know that they're going see a doctor. And so, they might wait for many hours in a

queue, eventually see the doctor and the doctor might then recognise this as a mental health problem and then write a referral letter and send them to our department. So, when the person arrives to see me, before even any expectation, there's a little bit of suspicion and confusion and reluctance, because there are still a whole bunch of negative stereotypes about coming to see a psychologist. Even when someone has something that we think is obvious that they should see a psychologist, even when someone is suicidal, or kind of having a hallucination, or abusing substances, you think, well, surely, they know they're going to end up seeing a psychologist. But most often people come with the expectation to a hospital that some sort of medication or medical intervention will sort this problem out. They might not realise that actually you're going to end your day with sitting in front of a psychologist speaking about your difficulties, or being asked a whole bunch of questions through a clinical intake, etc.

So, the expectation when people see me is quite varied, depending on whether they initiated this consultation and asked the doctor to come and see me, or whether the doctor just said, go and see the psychologist, or what time of day it is, because they might have been waiting hours in a queue, they might be hungry, they might be irritable, whether they got admitted and now they're confused because they were suicidal, they didn't realise that means they might get admitted. And when they see me, I think the first expectation is to just explain what my role is. So, I often spend a lot of time just sussing out whether the person even understands what a psychologist is, and what a psychologist does, and how this process works, and that I don't have an injection, or stethoscope, and I don't have medication, and I'm not going to be writing a script, and this is probably not going to be once-off, and you're going to see the same psychologist the next time you come.

So just ironing out here, before we even get into the meat of what the problem is, which is very different from a private practice setting, where the person is very psychologically prepared when they get to the therapist, because they would have researched, and Googled, and tracked down this therapist, and made an appointment, and maybe even went on their website, have all these kinds of fantasies about what's going to happen when they go there. But in a public health system, it's really very, very different. That is quite interesting.

Kabelo Mokgehle: I think, I don't know why, but I'm just thinking it's very much a Russian roulette game. I don't know why that is in my head, because you go in expecting one thing, then it's a completely different ballgame after that. You go in expecting medications, some sort of pharmaceutical intervention, but then you end up getting a whole new, different intervention. I think that's quite interesting. And I think, by virtue of being in a public hospital setting, really, it speaks to how very much whatever's happening in our bodies physically is very much a reaction to what we might, or we are facing. So that is quite interesting. So yeah, that is quite an interesting one. Then maybe from social, but in all that that is happening, in expectations maybe, and all that we just witnessed, has any of it really somehow affected your professional well-being?

Suntosh Pillay: You mean like in a negative way?

Kabelo Mokgehle: Negative or positive, really.

Suntosh Pillay: Yeah, I mean, I think it takes a particular kind of person to stay in the public health system, like willingly.

I suppose you get two kinds of people, but that's probably in any workplace. You get people who are there because they need a salary and they want a permanent job, and they need some kind of social safety net. And then you get people who could move to other places if they wanted to, but they choose to be in the space.

I'm definitely in the second category. I mean, I could have left the public sector numerous times for academia or for the private sector or whatever. But for me, I've always been quite passionate about just improving society in general, because I am a kind of activist at heart. And also, just improving the public health system, because health care is fundamental to the quality of life that we live. Without health, we have nothing else, really. And I've found stimulation and inspiration from working in the public health system. But it might be a little bit unique, because I've been in a hospital that's a training site. So, I get the benefit of having brand new interns every six months for over the last 10 years. So, I've gotten to have that extra stimulation that I might not have gotten if I was working in a different kind of space.

I've had really good colleagues. So, I've worked very closely with another psychologist who also had worked in the public health system for about 20 years, psychiatrists who I've had a great relationship with. So, the general hospital environment has been quite stimulating.

But obviously, we work for government. And the Department of Health, like any government department, comes with its own crazy bureaucracy that you have to adapt to, understand, and get used to. You've got to know how to work with it and around it and if you let that bureaucracy frustrate you, then you'd be very unhappy, and you would leave the system very quickly. It's kind of like a family. Only when you're in this family, you understand all the craziness about this family. Someone coming from the outside might look at this family and be like, oh, geez, how do you survive? But you know how to manoeuvre and navigate so that you keep your mental health. So, I know how to work in the public health system and in government as an employee, but also as a leader in my space, so that I do what is expected of me, but I also get a lot of benefit and enrichment out of it. Because I think the trick is to find that balance, where you don't just feel like you're this employee who's just working, but you're also not shirking and just on a free ride.

So, for me, I've always managed to find that balance between feeling like this is a space where I grow, I develop, I further my own career, but also, it's a space where I give a lot of my intellectual and emotional energy into, so that that space actually improves and develops over time. So yeah, it's a tricky space to be in, but I think overall, I've always been happy working in the public sector. I've never ever applied for another job anywhere.

Kabelo Mokgehle: I had the analogy of a tree right now in my head that, you know, a tree, as long as you water it, it continues to feed you.

And there's this thing you said, for you, it's a place of growth, it's a place of expansion, but also, it's a place where you continue to just feed into it as well. So, there's that mutual symbiosis that is happening, which I think is quite cool. No, absolutely.

Suntosh Pillay: That's a nice metaphor.

Kabelo Mokgehle: And then just the last question from my side is, I know earlier on, you have said that it's very rare, you don't foreground your therapy identity in terms of race or either in terms of gender, but maybe it'd be cool to just come back to this and really just ask them, in your opinion, really, how can black male psychotherapists address the challenges they encounter within their work environment? I mean, it's a broad question. I mean, I don't know. I mean, that's my answer. I mean, I honestly don't know. I mean, anything I say, I'm just kind of making up off the top of my head.

Suntosh Pillay: I mean, you know, what's interesting, this is just like a personal anecdote, is that, you know, when I started working at King Dinuzulu Hospital, the very first time I started working there, which was at the beginning of 2012, all the staff were male, except our head of department, Prof Naidoo, who was there for as long as I've been there. I mean, she was female. But both the interns were male.

I was the new psychologist there, and I was male, and we had a registered counsellor who was male. So, and in the 12 years that I worked there, because that's how long I stayed there, we never ever had a group of only male staff ever again, until this year. Weirdly, now that I've left. So, even though I'm now at the district head office, my position in my vacancy got filled by a black male therapist. The new psychologist there, who kind of coordinates the internship, is a black male therapist. And then I go in once a week, because I still supervise interns, and I do some clinical work, you know, and then there's me. So, the kind of three kind of psychologists there, excluding the interns, are all now kind of black men. And we have two black male interns. So, I was kind of thinking about this the other day, especially when you sent that email, is that like, it's really only at these two extreme ends, it almost took like a decade, filled actually with black male therapists only again, which is something that hasn't happened in a very, very long time.

But I was going to just say one more thing, which is, you know, I think the only challenge I can think about is perhaps the expectations that other members of the multidisciplinary team might have on black male therapists, compared to other therapists, because we're in a very feminised profession. I mean, statistically, you know, I mean, the majority of psychologists and psychotherapists are women. And often you find male psychologists, rather than being in therapy roles, you often find them in academia or managerial roles,

or they kind of rise up to like deans and vice chancellors. So, you'll find that there is a, I don't know whether patriarchy is the right word, but there is a kind of different sense of way male psychologists in particular must like end up the profession, you know, like they must rise up the ranks, you know, as it were. And even if I think of myself, I mean, you know, these positions of chief psychologists are actually brand-new positions, they've never existed before. Within the district health head office system, they've been created last year.

And four of these positions were created across the province. And three of them were given to black male therapists, including myself, out of the four, you know, so, so even like, if I think of my own life now, you know, it's the black male therapists who've risen up to become, you know, kind of chief psychologists of these various districts. So, there might be an expectation of leadership on male therapists that is maybe a bit unfair or not placed on, on female therapists whose roles are seen as like kind of legitimately fine if they just remain as therapists. You know, if you get me, emotionality of male therapists, you know, so we're in a profession where we deal with feelings and emotions every day, like that is our bread and butter. And I wonder whether like male therapists then might be challenged in, in ways that are different from female therapists around how they hold that identity around dealing with feelings and dealing with emotions. And I think perhaps one of the reasons I, I'm not clear about how to answer that is because I think it might be different for straight male black therapists compared to gay male black therapists, you know. And given that my colleagues knew I was gay, and even though I'm cisgender, there might have been an expectation that like I can kind of navigate feelings better, you know, because I'm gay and that kind of stereotype as opposed to maybe a straight male therapist. So, I think, I think sexuality kind of intersects over there as well around how people experience challenges, but also kind of what expectations are placed on therapists, you know, depending on whether people know what their identity markers are, et cetera. Yeah, I know that.

Kabelo Mokgehle: That's very interesting. And I remember looking at it, that in many academic spaces, especially around the therapies, the deans and professors, it's all the

males. And I was just like, why do they constantly have to shift into this research space or admin space and not really be on the ground.

So, thank you very much. Thank you for your time. Thank you for all the big words of wisdom that you shared.

Yeah, no, I really learned a lot from this. So, thank you. Thank you so much.

Suntosh Pillay: I'm happy to chat again if you want to and good luck with your master's. And yeah, I look forward to reading the final product when it's ready. So do share it with me.

4.3 The Young Drama Therapist in Clinical Work

Lebogang Mokgatle is a Drama Therapist working in a substance abuse recovery centre as a therapist and also private practice work.

Kabelo Mokgehle: Thank you so much once more. So maybe just you can give a background, who you are, what do you do, what work you do and stuff like that.

Lebogang Mokgatle: My name is Lebogang Mokgatle. By profession, I am a drama therapist registered with the HPCSA. Currently I am working at a rehab. So, I'm in the rehab space, giving, you know, facilitating groups as well as giving individual therapy sessions as well.

Kabelo Mokgehle: What is your background and what made you choose this particular career field?

Lebogang Mokgatle: What happened? All right, cool. So firstly, right, I basically had my studies in drama within a high school. So, I went to an art school, basically, where I specialised in drama. And afterwards, man, I went to Rhodes University, you know. So, once I was there, I basically majored in psychology and drama. And I basically fell in love with the two, you know. It was quite wonderful having an opportunity to get to understand the human psyche. But additionally, my father, for example, right, he had struggled a lot with mental health. And this was due to him being orphaned at a very young age. So, I had quite a keen interest in terms of understanding, you know, what goes behind the human mind and why sometimes, you know, we make certain decisions, but why

sometimes people struggle with certain mental health illnesses. And so, as I was doing psychology, I was torn, man, because I wanted to do drama as well. Solely based on the passion that I had for both of those things.

So, I then encountered my mentor, right, who's Juanita Prague. And she basically told me of drama therapy, which was being offered at WITS DFL. And afterwards, I was like, whoa, OK, I've never actually heard of drama therapy.

Also bearing in mind that at the time, even now, I would actually say that it is still young in within South African context, of course. And so, I did my research and found out that I could enrol. And once I did my research and found out what it was about, I automatically fell in love because I was torn, like I said, between the drama and the psychology.

So, I wanted to find a medium that kind of combined the two. And it was lovely to find something that actually existed within that. And yeah, man, ever since I fell in love, and I'm blessed to be practising now as a drama therapist.

Kabelo Mokgehle: I love the background you're giving about home and your father as well. And I think it's quite interesting, especially from my side, because I remember when I was five, five or six, after the death of my oldest brother, my mother was diagnosed with depression. And I remember that's my earliest memory of mental health struggles, really. So, it's quite interesting that you're able to relate it to that.

So, but then also, so now you are working as a therapist, what has been your experience as being a black male therapist in South Africa?

Lebogang Mokgatle: Oh, yeah, that's a lovely one. So firstly, I must say that being particularly therapy, first, let me start here in that therapy is often a white dominated field, right? Particularly even I'd go as far as saying white female dominated field. So, in that, once I entered into, you know, drama therapy in itself, and especially practising, there was a lot of scepticism, especially because we have to consider the context of South Africa, right? I'm a black male. And knowing everything that's been going around, especially around South Africa being the rape capital of the world, the black male body also represents a lot of, it represents danger, it represents unsafety for a lot of people. So now when going into the therapeutic field, which is essentially supposed to represent a

safety net for a lot of people, or safety space, even. It was a bit difficult when it came to beginning to practise. However, once I found myself actually marketing myself in the right spaces, etc., and providing that sense of safety through how I marketed myself and how I presented myself in certain spaces, then I started building that essential rapport with clients, you know, and especially now in considering professional spaces as well.

I mean, there's often a reluctancy when it comes to a black male therapist entering the space. And if you think about things like intersectionality, for example, right? It's often easier for people to gravitate towards, for example, female giving therapy than if it's not a female, then a white male, for example. So, we kind of fall at the bottom of the ladder, but it's not to say that it was impossible to get in.

It has been quite interesting also navigating the certain professional spaces, such as the rehab, because I operate within the area of Roodepoort. So even in that, when considering the history of South Africa via apartheid and stuff, it's an Afrikaans-dominated area. So even in that, there was a lot that I had to really consider when I came into the space.

And even in terms of how I presented myself, you know, how I adapted to the certain spaces that I found myself in, people obviously still had that reluctancy, especially being white Afrikaans people. So, it's been quite interesting, to say the least, with regards to how then, you know, the interactions have been. But however, I must say, when it comes to, for example, international clients, right? It's been quite amazing in the sense that they are very open and they've been open-minded enough to be able to just allow for that rapport to be built, even regardless of, you know, the differences in upbringing, background, you know, the geographical context, et cetera.

Kabelo Mokgehle: Wow. Okay. So, the international clients are open and willing, and the local clients are, for lack of a better word, problematic. The challenge starts with South African local clients. So that's a very interesting one. But you keep saying how you marketed yourself, how you presented yourself.

So, then I think that my question is, how does then a Black man, therapist, market or present himself? Because you said that a lot, actually.

Lebogang Mokgatle: I did, yeah, I did. Yeah, that's because I really needed to find a space where I was able to do so, right? So firstly, I would say it begins with networking, you know, finding yourself in certain spaces where you're able to build the necessary connections with other professionals, for example. That gives you such an opportunity to be able to show your competence, even in the field, you know, and this can happen, like I said, through the networking, but through the types of conversations that you have within those spaces that you find yourself in, right? In the sense that drama therapy particularly is a space where there's a lot of innovation involved even in that. So, once I was able to find the necessary people who could see the types of visions that I have, but also the passion that I have within the field itself, they were able to do things like, you know, working within an NGO space, right? Who had actually said, I actually love your vision, and I feel like you would fit in such a space. And through that, I was able to then get the opportunity to be able to, for example, speak to an owner of a rehab.

And through that, he gave me an interview and he loved what I had to offer. So, in essence, in terms of marketing ourselves, it's important to find ourselves in spaces where we are able to network, where we're able to show our competency, where we're able to show passion, but also vision in terms of how do we want to view the therapy space, especially considering in South Africa, you know, how mental health, I would actually go as far as saying that mental health isn't prioritised enough. And in that, it's important then to find innovative ways of how we can bring therapy to South Africa, but most importantly to spaces, you know, like community spaces or underprivileged communities to be exact, where we can then bring the necessary healing that may be able to transform our country as a whole.

I hope I answered the question.

Kabelo Mokgehle: Oh, you definitely did. I think you're speaking to something very important that the fact that mental health isn't prioritised just as much as other things. And it's important to bring therapy to South Africa, but it's not just South Africa, it's important to bring it to South Africans. But then your experience now as a black male in this field, does it differ? Yeah. How does the experience differ from someone of a different race and gender? Ah, okay.

Lebogang Mokgatle: So, it's wonderful that you mentioned that because funny enough, I work with multiple, like, I work within a multifaceted team in that are multiracial, as well as, you know, different genders and different identifying bodies as well. So, it's been quite interesting in hearing, for example, you know, how some people find it a lot easier with regards to having connections or building those connections with people. And it goes back to what I said about what the black male body represents, right? In that when I enter the space, for example, there's extra work that needs to be done in terms of creating a safe space for the individual as well.

But what I must say in that regard as well, it's been quite easier when it comes to working with young males, for example, right? And by that, I mean, you know, the adolescent stage, like teenagers, as well as even young boys. In that, right, we have to also consider how some things that happen is some of them have absent fathers, for example, or some of them have abusive fathers. So even in that, it becomes very interesting in how we navigate it.

For example, my body as a black male could represent the absent father, it could represent the abusive father. And so, it's essentially very important in how do you then approach it, right? Because even in that observation is essentially one of the most important tools that you can incorporate as a black male therapist as well in the sense of, okay, I understand that my presence could trigger this person, right? So how do I go about creating that safe space for them and allowing for us to build rapport? Because, you know, there are the uncommunicated things as well, which does sometimes make it difficult to navigate. So, it's important then to find yourself really being in tune with regards to our emotions.

And I'll go as far as saying that, so that you're able to identify the client's emotions in that space. So, it's been quite interesting and different in the sense that my black male body then would be a possible trigger to someone, or it could be that symbol of something that has been absent in their lives. So, with regards to the other therapists, for example, that I've worked with, they find it more easier because it's like there's a sense of professionalism that gets labelled.

For example, for the white therapists, whether male or female, right? And with females, the black females, that is all females of colour, like coloured and Indian, etc. With that as well, clients found it more easier to open up to them initially than, you know, that apprehension coming up. But then again, it's also important to recognise that this is also context specific.

So, for example, being in the suburb, whereas being in a rural area, suburban area, all of that plays a huge factor as well in terms of how the client receives the black male therapist, as opposed to how they would receive another therapist, either of colour or the female counterpart. Wow. Yeah.

Kabelo Mokgehle: So, the presence of the black body is more than just the idea of danger, if I can put it like that. But we are living in a country where the role of the father is quite shaky at the moment. So therefore, then the presence of the black male body, then we now have to start recognising father issues. So, it's more than just the idea of violence. Yes, yes, yes.

Lebogang Mokgatle: So, it's multifaceted, man. And even in that, yeah, even in that then it's like, how do we begin to debunk or begin to bring healing where that very same body represents trauma to the clients, you know?

Kabelo Mokgehle: And then my next question then becomes, what are some of, if really there are, what are some of the expectations placed on you by your clients, your colleagues, your community, and how do they come to shape their approach?

Lebogang Mokgatle: Oh, I love that question. So firstly, I would say it's that of competency, you know? Like I said, I think it was in my previous answer that automatically the white therapist, you know, represents professionalism. I mean, I've had so many conversations, for example, informally, right, with people, you know, just normal people in social contexts within South Africa where there's this prejudice where, ah, nah, you know, I'd rather talk to a white therapist, you know, because, yeah, I don't know, man. It's like they're more professional. Whereas when it comes to the black therapist, even like this is even removing gender, you know, it's that thing that, ah, nah, you know, they're not as professional or either they're unethical, you know? So, it's kind of sad, but some of the

expectations that come up is that of a negative context in that, okay, I'm not quite sure, I'm sceptical about you when I meet you. However, once that, once they see the competency in you and you start building that trust, the expectations then lead more towards, okay, I'd like you to remain that safe space, you know, because also it catches them off guard, I must say, Kabelo, in that once they see that nurture, they have that empathy and they're able to practise it, then it's a whole different experience, especially now going back to, you know, how the black male body then represents trauma sometimes in some contexts, right? So, when that happens, then it starts now shifting kind of the mindset for the clients in that even the expectations get to that of, okay, I'd like that emotional availability. And sometimes they even go as far as, you know, expecting a lot of your time and even moments which made it, which is exactly what made it difficult for me to have this interview with you where, you know, clients would contact me after hours.

I mean, that's why even the seven o'clock appointment, I mean, I made it as I was driving home because the client called me like, there's an emergency, I please need to see you. So, the expectations then become that of emotional availability and constantly availing yourself, even in moments where sometimes it doesn't give you enough time to live your own life. But then again, that goes into boundaries.

But yeah, that's another topic, I guess. Wow. I hope I answered it.

Kabelo Mokgehle: Wow. That's quite a big one. And then our last question from my side, it becomes, how can black male therapists address or challenge any structural violence they encounter?

Lebogang Mokgatle: Yo, I love that question. So how can black male therapists' kind of address the structural violence that they experience?

Well, here's where it gets interesting, right? Firstly, advocacy, advocacy, advocacy, in that it's very important for us black male therapists to be able to exercise our voices and let alone find ourselves in these spaces where we're able then to be provided a platform where we're able to speak about certain things that we experience, especially as black male therapists in the context of South Africa, right? And especially the structural spaces,

right? It requires a lot of backing, for lack of a better word, but also a lot of networking and connections with the like-minded individuals, right? Like the black male therapists. And once we find ourselves in these platforms, you know, really exercising our voices where we're able to detail the experiences that we have, which is why I'm actually very happy with regards to the topic that you're exploring as well, because I feel that there's not enough advocacy for the black male therapists because of us being in the minority, to be honest, especially in the therapeutic spaces. So, it's very important then to detail the experiences that we have and start really destigmatising some of these views that people may have.

And as we can do that and really go towards reaching the audiences that are necessary, I do believe that it can then bring that sense of bringing the voice to the voiceless, which is the black males, you know? So, I do believe that then by finding the sense of advocacy through the connections with the like-minded individuals who then can be in spaces and platforms where they can advocate, I believe that that in itself could definitely have an impact and reach certain audiences. Because one thing I can say, like you said, the structural spaces in themselves are violent towards black male because of the lack of the trust, because of the stigmas, because of them being in the minority in the therapy field. So yeah, man, in doing stuff like that, it could definitely bring some sense of legitimising the black male therapists in such spaces and start to distract the construct.

I don't know. That's a big observation. That's a really big... Yeah.

Kabelo Mokgehle: A lack of trust, it's a lack of information, it's a lack of representation, you know what I mean?

Lebogang Mokgatle: Exactly, exactly, exactly, Kabelo. So, man, big ups, like for real, big ups. I love to see these sort of pieces, you know, and this sort of research being conducted because it's really looking at giving voice to the voiceless, like I said, Kabelo.

4.4 The Social Worker in a University Counselling Space

Dr Sihle Maseko is a social worker working as a Therapist at Wits University Counselling and Careers Development Unit (CCDU).

Kabelo Mokgehle: Can just start by introducing yourself. Who are you? What do you do? And then we'll take it from there.

Dr Sihle Maseko: I'm Dr. Sihle Maseko. I'm a social worker by profession. Currently, I work at the CCDU. So that is the counselling and careers development unit. I work as one of the therapists, as well as do some advocacy work by coordinating their campaigns. Yeah. So, let's say that's who I am.

Kabelo Mokgehle: What is what was your background like that led you to go into social work, end up working as a therapist? What led you there?

Dr Sihle Maseko: Look, I think I've always clearly cared for people. So, the original goal had actually been a course that UJ had, which was called Child and Family Psychology. So that was in 2007. So, I actually had three majors. So, it would have been child and family psych and then normal psych and then social work as a potential third major. And then they decided to phase it out. And then I had to make a decision. And one of the things I felt was psychology felt distant from people, I guess. It felt as if it would give me the incorrect skill. It wasn't going to empower the skill I was most interested in, which is to actually solve problems and be relatable. So, then I decided when they phased out child and family, that's fine. I'll complete the social work one and just carry psychology up until third year. And then I could still decide later in my life if I would pursue psych or not. But yeah, ultimately, social work just worked well for the things I was busy with.

So, at that time of my life, I was busy in ministry work. So, I volunteered in child children's ministry at the church, and then later began doing youth work as well. And yeah, those skills far more aligned with thinking about a community, thinking about a group, thinking about interventions that impact everyone as well as individuals.

While I had felt with psych, it just didn't align like that. And then that's where the switch happens. So, I would say essentially, it's that, that social work just enhanced what I already was doing instinctively. So now I could just give it a name.

Kabelo Mokgehle: I like how you're saying enhanced what you already were doing. So that's not something maybe for many other people out there could be like, oh, I didn't know that I did this, but for you, like you were already in the space in one way or another.

Dr Sihle Maseko: Yeah, exactly.

Kabelo Mokgehle: That's quite a cool one. And then you work as a therapist now, and I'm not sure for how long that has been the case. But then what then has been the experience working as a black male therapist in South Africa?

Dr Sihle Maseko: Yeah, look, so obviously social work, especially university-based social work emphasises talk therapy. So, I mean, from graduating, the majority of work I've done in all jobs is counselling and offering therapy for people. So again, even that was intentional to try and work in difficult spaces and offer therapy as a male was like quite a key choice.

So, my first real job for like four years was working at Teddy Bear Clinic. And my main role was providing therapy to victims of sexual abuse, which then meant the majority were females. And I felt it had been very intentional on my side. So, I would say my experience is, I think, largely positive. Because I think society is very… I think one would assume people wouldn't want to be provided therapy by a black male in general. But I think if you are already conscious of that, you already know that you kind of have to be quite good at what you do, especially in the first engagement. So those first five minutes, when some poor kid is told that's your therapist, and then they deal with the shock. It's the smiling, its maybe humour, it's created a very immediate warmth. And then they forget that they kind of felt weird about the idea, you know.

And then it's just always managing spaces where people might feel or assume that you won't understand. And just learning the language of saying, yeah, I probably won't. But when you talk to me more, I feel, you know, so it's just figuring out how to just make a person see that unless they genuinely want to be seen by someone else, they're in good hands, and that we are going to journey together. And then in the end, I've yet to really experience someone feeling like it would have been better if it wasn't me. You know, so I

think overall, it's been quite positive. And I think in spaces that are traumatic, in spaces that are difficult, I think people welcome that it was a guy.

And sometimes I think it's really because people don't engage, don't have men like that in any case. So, there's almost something just resonates where they're like, actually, this feels right.

Kabelo Mokgehle: Okay, that's very interesting. I'm still stuck on the part where like, the first five minutes with there has to be that really great confidence that you got it, what you're doing, then that really just sets the mood and sets the pace. And I think for me, then, um, so, or clearly, from what you say that the reception from clients has hasn't generally been negative, it's been quite a positive response has been quite a part of restriction, especially from clients. But then for me, in terms of the professional spaces, whether regulatory spaces, or just the employer, employers, or the structures, have there ever been challenges you faced that are simply unique to you being the black individual? The black male individual?

Dr Sihle Maseko: Yeah, so I mean, I think the profession is always going to be the one that's the issue. I think clients never have a problem; they don't come in with expectations. But I think what one finds with colleagues is maybe quite an instant belief that this might not be a good idea. Mostly probably because in their own experiences, they haven't maybe been around a male that actually makes sense.

So, their instinct will always really be with like, and our young girls say, you know, that, but typical, because there may be a bit older expectation, because maybe when they studied, they generally weren't surrounded by other male gents, studying with them. So, it's an actual new phenomenon for them. And then maybe there'll be the expectation that when you're there as a male, you will close the gap in terms of seeing males. And I think what they then find a challenge is then when the clients they often believed would resonate with them would rather be seen by me. And I think it's that, it's that humanity, because one knows that people already think it's not going to work. So, I think the challenge with colleagues has been that by virtue of probably being female, their assumption would be, they care easily, they connect easily, they're motherly easily, so the client would want them.

But I think what creates conflict in the two of us is that maybe I'm more conscious that I must resonate care. You know, I must resonate concern, emotion and stuff. So, it feels as if the energy I'll give off to a client makes them feel like I'm safe there.

While I think for many colleagues where I would have conflict with them, it's because they don't see that they're blind spot is they actually aren't nice people. So, clients sort of can feel it already. You're assuming you can mother me; I don't want to be around that.

While as a guy, you already know that like, I need to make you feel safe. I need to make you feel like I'll listen to you. So already just how the energy that you will find around me makes them people feel like, oh, okay, I want to be seen by that person because this one already assumed, you know. So, colleague wise, it's those I get on well with, they get it. And I think those with conflict, it's often based out of a negative assumption and a difficulty in pinning anything negative next to me. Because obviously, I know you already think I might flirt with students, you know. So, I already know you expect that because you have a stereotype. So that is what you are never going to see, you know. I know you already assume that if some student is crying, I won't know what to do.

So, I'm already communicating with him. I want to ask; can I sit next to you? Can I give you a hug? Would you like a tissue? Would you like space? Would you prefer to be seen by someone else? You have every right; I will not take offence. You know, you resonate that well.

I think maybe a female colleague who's overly confident, I mean, I experienced this quite a bit, feel offended when a student says, I don't want to come back to you, you know, because it's almost like they don't create that you can actually make a choice, you know. So that is what then I often cause in a space. And then maybe last point on that would be, if maybe I'm replacing a male who was not good, then makes my job harder.

If it was a male who preferred not to see certain types of clients, who, you know, in social work, obviously, the therapy part when you're around psychologists, a person can feel insecure. So, they can say, just give me typical social cases and not therapy. So that if I'm not coming to a space in, I'm like I can do therapy, let them come.

It creates that tension of, who do you think you are? The previous person just dealt with people who don't have funding and help them. Why are you busy saying, if someone has a self-esteem issue, you will see them, why are you busy saying, if someone's struggling with anxiety, you will see them. So that is then where there can be a very clear issue is if the previous person allowed themselves maybe to be bullied, liked the shortcuts, maybe emboldened the type of very experienced psychologist or senior social worker who like to boss them around, then yeah, it is awkward if I come and I say, no, it doesn't work that way. You know, so yeah, that's maybe where the difference would be.

Kabelo Mokgehle: I think for the longest time, I was always thinking the problem or where part of the challenge lies is, you know, colleagues of the separate gender and maybe a separate race. But then now when you're saying sometimes a problem is my fellow male colleague, and then what happens then? So, it really just brings it into like these whole 360 degrees thing. It's not really as black and white, maybe as you might want it to be, but it is quite nuanced, especially if the part of the problem, if I can use that word, is my colleague who looks like me and identifies the same way as I do.

Dr Sihle Maseko: And was comfortable in it. Cause remember like, no one wants to sound hateful. So, in the beginning, obviously they're phrasing it that the guy, oh, oh, Kabelo just preferred, so we have to understand. Oh, okay. So why are you not, you know, then you can see that actually it's their kind way of trying to not sound offensive, but actually they're upset that I'm like, no, bring them, you know, and then, and then only time then proves that actually it's anger of why would you do that? Why are you trading in their field, in their space, you know, like I'll give you a very easy example. So, at the VUT, if there'd be a drug issue, so the students that they're dealing with addiction, the policy was simple, you know, we'll send you to SANCA, there's a SANCA in Vanderbijl Park, there's a partnership.

So, the social worker who was before me, was a guy, he would drive with the student and maybe even a psychologist all the way to SANCA and drop the kid off, and they'd come back, right? That's fine. So now they asked me, “so if I do the referrals, addictions and what, what did you, are you going to just write a letter to say that SANCA must take them?” Yeah, well, I mean, you can write the letter and then SANCA will not say no, just because

the psychologist sent the letter, they don't need a social worker to send it. I won't say anything different to what you're going to say, “oh, but okay, but maybe, you know, you want to divulge deeper in understanding why they're on drugs.” I'm like, but I'm sure you also asked them that, I'm not going to ask anything outside of that, you know, and then, and then I can see she's uncomfortable, it's my first three weeks, so she leaves the thing.

Then she sends me a referral, clearly to show she didn't care about what I said. I'm like, okay, fine, I asked the student, what, what's the issue? Fine, I write the letter, I give it to them. Then the psychologist later comes to me and says, “You know, usually we would drive them” we don't want to drive a person to SANCA, “But you know, then we're not sure if they got there…”, no that's part of self-determination, and he knows how to get his drugs, he will make a plan on how to get to SANCA.

Only after they've come to me and said they got lost, they don't know what to do, then we can go to the next step, but me driving them there doesn't mean they're going to get help. It just means that now it's my problem for the next time, through a little bit of struggling, they're really going to deal with, do I really want this? But the previous social worker, he maybe likes driving, but on my side, no. And then, you know, now we're in conflict, but I could see, I'm being measured by the previous person and maybe the previous person in other modes. Or what was pleasurable about that drive or doing things that way. So, it is always that thing of, actually, he was wrong. Because then I said, so if I'm the student in the car driving to SANCA and we had an accident, who is to blame? His life is in my hands, because I'm deciding that I'm going to be the driver.

Who gets liable? And then she gets upset, because then it sounds like I'm disrespecting, but no, common sense is, unless the university has people who drive, like a paramedic, who has insurance, if something would happen, and there's a human being in that car, I don't have those insurances. So, it's not to put someone's life in danger, because I'm trying to help. That's not what help looks like.

So, you see, that was again, only because someone is upset, because the previous person did a certain thing. Now the labelling of that was, you know, you think you're better than other people, you think you're too smart. No, I don't know why he made that choice, but it was a dangerous one, and I'm glad nothing ever happened.

But we don't make decisions on just a whim, because if something would go wrong, and I'm asked, you're not going to be comfortable if I say, no, my senior said, I should drive them. They'll be like, bro, you're all professional. In your mind, you knew that this was not smart, like, yeah, but that's why I said what I said.

So that's an example of how that would then play out in a space where I'm being measured by someone else's behaviour, and not my own.

Kabelo Mokgehle: I think that's quite interesting, you say that, because I really would like to then know, what are some of the expectations that are placed upon you, either by your colleagues, either by clients, maybe even by yourself, like, what are those expectations placed upon you, being in this profession?

Dr Sihle Maseko: Look, I mean, so I'd maybe put it this way, because of a CCDU kind of being predominantly psychologists, I do think there's a, there's an expectation that's very psychology focused on, you know, clear boundaries, very high boundaries, limited scope, like we only see them four times. We don't remind, you don't remind a student about an appointment, you don't really follow up if they missed it.

Yeah, I think, I think for me, it's the idea that professionalism doesn't, professionalism is higher than care. While for me, my personal principles are to flip it. I care, that's how I'll be professional.

But to be professional doesn't necessarily, the lens of being professional doesn't make care the way I think it should be done. Because actually, I should follow up, I should say, oh, what happened? I was waiting for you, you know. And I guess from, from a client perspective, I think you know, they expect to be listened to, they expect to be cared for, but I think if they've experienced therapy before, maybe specifically by someone from CCDU, I do tend to find that they are surprised at being cared for.

And sort of often found that it's, you know, they expected a coldness of, you know, I am caring, you are the client, let's do what we need to do, I'll see you next week. But the warmth, the, hey man, it's good to see you, it's been a while, that, that human connection, or that feeling of when we're saying we're terminating to actually give a hug and say bye, is always a really interesting dynamic, because you can pick up the joy of actually feeling

like, so you really did care. Because for me, I think when we're in a caring and helping relationship, especially if someone is actually improving, it feels weird, the coldness of, okay, we're done, good luck.

You know, it really goes, I think against human expectation of, but I've spent four hours with you, told you my deepest, darkest things, and like, there's not even a, not even a handshake, not even a, hey man, just a, all the best, bruv, it's a, it's a good deal, you know. So, I think those are the expectations on me. But my own personal expectations are to figure out how to stretch the rules, you know.

So, I do use a lot of my intuition when I intervene. Especially when my gut tells me that this person needs more than just a sharp, you know, sometimes what they actually need is, is a, okay, do you not need a hug right now? And if it's not me, who can hug you when we're done? Because, you know, and then sometimes it will be them saying, actually, I would like one because it's really bad and no one knows what's going on with me, you know, and that sort of like interaction for me is why I do what I do, it's to almost, and just make someone experience being cared for. That for me is the whole purpose of therapy.

Someone says I care and I got trained to translate my care in actually getting you to be okay. That's what I went to school for, I didn't go to school to diagnose and make you go and fix your life. It's actually for you to experience someone who helps you get to the answers, but you feel like they're on your side. You know,

Kabelo Mokgehle: Caring, hey? Yeah. For me, caring is the major thing. Because now I'm thinking how many times have, I actually cared or was just ticking the boxes? How many other people are there, they're just there to tick the boxes and instead of me to just, you know, really care for someone who, whenever they come to such a space, they generally are always in a vulnerable position.

Dr Sihle Maseko: And remember you're male. So, I think like, there's already an expectation that I won't care, that I won't emotionally connect. So sometimes for me, part of why I know my interaction with this client, be it male or female, or non-binary or whatever they identify as, the male body to them is someone who won't care.

So, I need them to have an experience that counters that, you know, because that actually will help them long-term because I do believe if one doesn't rectify people's experience of men, we're setting them up for failure because men are everywhere. So, it's not something they can keep harbouring a belief where we don't care, we're dangerous, we'll never take time to understand, that we never want to get them like that. And those are the things that I know need to be like resolved as like a very macro-societal thing.

So, when someone sees me, that for me is still a very key experience of at a male level, I need you to experience a male, makes you feel safe, makes you feel cared for, and is emotionally aware, you know. So, I think it's weird if then I don't care, then I be cold, because it almost then might feed into a stereotype, and then it means I'm not genuine, because I genuinely care, I want you to be okay, so like, what do we need to do other than listen and empathise and whatever do you need? Sometimes it even goes as far as if a student shares their belief, and I'm like, you want me to pray? I can pray for you. Is that what we also need on top of everything? Because I need you to not feel as if these things are separate if it's important to you, you know.

Because now you even like that you met someone who might believe like you, then I'm like, well, you have to pray, you know. So that is the intensity of what I expect, even on myself.

Kabelo Mokgehle: That's a big one. Then my last question really would be then, in your opinion, in what ways then can Black men therapists either subvert, challenge, change the narratives regarding structural violence in their spaces?

Dr Sihle Maseko: I think we do need to be more present in the workplace. So, I've never been in a workplace where there were more than one me. You know, some often the only guy, you know, and being the only guy, then it means I have an added responsibility of how do I interact with my colleagues? How do I, how do I step up? What am I conscious of the things they might fear I will do, you know, for like, for instance, I mean, in a university, as much as there'll be females everywhere, it's still a very male dominated space, right? Especially in power. So, I'm also realising that certain gents or certain people in power respect me because I'm a guy, but are difficult to my female colleagues. I have to step up and be like, call that stuff out, you know, or leverage it to be like, by the way,

this idea was really, really good. So, when are we supporting it? You know, like to actually make people see that I'm not stupid. I can also see that I'm being treated differently. You know, if I'm seeing office politics, I intervene and not say, it doesn't affect me, because most of the time, well, I'm affected because it's often women on women drama, you know, their own weirdness. And because you're the only guy people, you know, people tend to treat you better when those things are happening, you know, and it's then me being willing to get my hands in there and almost just show that I'm, I am a member here, that nothing is beneath me. The some of the things that need to be done where there's manpower needed, I will do it, but in things that require one to the background, I'll also do it.

So, it's almost like just understanding that you also need to help other people who don't think males' care. And it could be your colleagues. You know, it could be a valid experience they've had.

So, it's really just having that, having a good open-door policy. So, what I've found a lot with my female colleagues is they do want male advice because where are they getting access to a male that feels safe to ask deep things to, you know, because either it's a husband issue, they don't know what to do. It's a son that they're struggling with, you know, and where are they meeting other males like that, where they can feel, hey man, can I ask you something, you know? So, at the VUT, parents who had like teenage boys would often ask me for help or advice or a thought, you know, and we would have those chats, but it's then availing myself, which then again made them feel confident that they're, that students are safe in my space because they're engaging me and realise, I am safe, you know, so they can vouch for my character.

So, they often would easily refer clients that they're struggling with. You know, they'd say, "I'm talking to this girl and hey, can you maybe speak to them?" Refer them, you know, and then they would hand over and they'd be like, "I'm putting you in Sihle's care because I think you'll help you better than me." So even a person being able to say that comes from them experiencing you as someone who is safe, you know, and that you are speaking substance, but that was intentional.

You know, if I had hidden myself in my office, if I reminded everyone, you know, and created that officiousness, they would not be allies in, in make, in promoting my safety to clients so that I can actually do my job and do it well and do it responsibly, you know.

Kabelo Mokgehle: You realise you do it well, do it responsibly, but I think it goes back to what you started so forth off in the beginning, just really that consciousness that you're male, that consciousness that you are this individual and let's not try shy away from it. Like it is what it is. You are here. Then how am I choosing to leverage what is happening now? I think it really leads back to that.

Dr Sihle Maseko: You know, we're trained, you know, we're trained. So, I think, I think in general, also within the profession of people who are helpers and therapists, we don't take our own advice. I guess.

So, so we always like get caught up in weird tensions between each other, forgetting what some things are, are to be that way. I always assume that a new female is wondering if they'll be safe around me. That's just always my assumption.

So, I'm going to make sure you feel safe. So, if I ever now wake up and say, no, but why are you trying to judge me? Don't be weird. Like you're freaking male in a world where we don't have a reputation of caring.

So actually, this is the stuff that I must reassure you on. If I don't reassure you, you have a right to question it. You know, you have a right to say, I don't think I want to be seen by this person.

So, I must refine my tools. I must make things well. I mustn't just bet, rely on, but guys, we all went to school, we studied for these things. Why doesn't anyone trust me? It's saying no one will trust me. I have to earn it because the work I'm trying to do is of such a sensitive nature, such a personal and vulnerable nature, that of course a person is defensive and self-protective. So, I'm a red flag if they see me or a guy will even understand me. So, I must be conscious of, listen, I know you think, how am I going to understand? I'm just a guy, you know, and by being able to be so honest from the get go, it warms them to be like, look, at any moment, if you don't want to do this anymore, tell me. And then we'll laugh about it because you mustn't feel bad. You are my boss.

You know, it's that kind of like conscious thinking of this is what helps everyone around us because we are the minority in this profession and we have to behave that way. And we are the minority. It is difficult. There are pre-existing stereotypes that are probably based on certain facts. People might've experienced the horrible guy, might've experienced the guy who took advantage of female students. They're probably not lying, but I'm not that person. But how do I show you? Because I'm not that person.

Kabelo Mokgehle: Thank you. I think you said too mouthful, not just a mouthful, but a mouthful. Yeah, no, I think I love the differentiation, number one, of being the hope between the professional identity and just being the carer. But I also really just love and appreciate, I don't know, I think for me, how we have to just be very straightforward.

Like, this is who I am. Let's not try to beat around the bush. This is who I am. This is what I'm doing here. And how do you move forward? So, I think that's a very cool one. So, yeah.

Thank you very much.

4.5 In Closing

These are the words of a select few Black Male Psychotherapists living and working in South Africa. These are the stories of their experiences and what they have lived through professionally. As a way of validating and acknowledging the participants, and acknowledging their stories, I will close this chapter off in a poetic reprise. A reprise is a summary of the stories and themes that were shared.

Four voices in the space echoed.

Four lonely voices that have continuously worked in isolation echoed and finally got the chance to make their voices heard.

In a space of storytelling, a space of community and dialogue these voices don’t feel so alone anymore. Because when it comes to being a carer these four voices do it well and lead many, regardless of obstacles, colleagues and structural barriers placed in front of

them. Regardless of the violence, these are the people willing to do the hard, necessary work, chart new paths and be the carers they choose, want and are called to be.

Chapter 5: Structural Barriers and Racialised Professional Spaces

Chapter Five serves as a representation and analysis of some of the barriers that the participants have spoken about that exist in their professional fields within psychotherapy. In this Chapter, I choose a thematic analysis of the conversational dialogues. The Chapter focuses on the specific themes that are relevant to this study's aims.

5.1 Under-Representation in Psychotherapeutic Professions

All four participants all noted the same thing the interviews, they all said that black males are the minority in the professional spaces, whether psychology, social work or the arts therapies black men remain the minority, this is a view that was also noted by Padmanabhanunni et al (2022) where they cited a statistic in 2022 that black Africans only made up 17% of psychologists in South Africa, this numerically amounts to 375 black males (Padmanabhanunni, et al., 2022), this is over 20 years later since the advent of democracy. Thus, meaning the structurers and barriers are still up and kept. According to Nsamu Moonga, the low numbers of black males currently working as therapists then leads to what is called professional isolation; "…professional isolation as lack of contact with other mental health professionals. The professionally isolated counselor may have a great degree of social contact, but remain limited in their contact with professionals in their discipline." (Holliman & Muro, 2015). This then puts an impediment on the effective treatment and care that the therapists can have for their clients when they have no colleague whom they can turn to. As Holliman and Muro (2015) state, this creates a huge challenge in the therapist being able to work effectively with their clients.

5.2 Economic Challenges and Professional Marginalisation

Suntosh Pillay who has been working in the public health care system since the beginning of his career does say that there is structural bureaucracy within the field, this can also be translated to also the public health care and those that are in private practice outside of government domain and not just isolated to the public system. The bureaucracy relates to not just the organogram that exists in the organisations however also relates to creating an ethical practice in healthcare, this creates a far-reaching ability which impacts agency and the individual's ability grow and influence themselves in the sector. A part of this is

the income that which a person receives, limiting where they can work, who they can work with and the type of work they can engage in. This all then leads to economic unviability.

Nsamu Moonga, highlights to us that the bureaucracy is not only a matter of public health but even also exists in private practice too. Nsamu Moonga also makes the argument that there is economic injustice faced by black male therapists in the profession and this can be directly correlated to the patriarchal society we live in. There is an expectation for the male individual to be the provider financially to do it without complaining or crying hence then the individual has no time to be picky and selective about a job they are offered which often times leaves little room for negotiation of the finances. Because of those various aspects of the individual's wellbeing are tested even the financial viability of being in a relationship and dating and being the dutiful provider that the society is expecting you to be.

5.3 Navigating Institutional Bias

There is bias regarding a Black Male Psychotherapist in the space representing some sort of danger or discomfort, there is also the assumption of no boundaries especially with vulnerable clients, however what I communicated most is that there is no understanding or value of care in the caring professions from a Black Male Psychotherapist. Dr Sihle Maseko recounts how in a lot of cases his female colleagues do not expect him to be caring and actually exhibit a level of care and vulnerability towards his clients instead of just being there to tick boxes. Thus, the carer is expected to not be caring. This is particularly interesting as in the case of the Black Male Psychotherapist professionalism and being caring are assumed to be mutually exclusive; these two elements all strike down to the idea and practice of power in the caring professions (Hugman, 1991). If one lacks just one of them either professionalism or care they are automatically at the negative end of having power, therefore when the Black Male Psychotherapist is immediately assumed and said to not be able to care he has been stripped off his power and agency in the workplace all because of a bias that women care easily more than men as stated by Dr Sihle Maseko.

5.4 Challenges from Male Colleagues

Dr Sihle Maseko notes that previous male therapists who accepted the limitations set by the system made it more difficult for him to challenge the status quo. These male therapists, who are either the predecessors or colleagues, by conforming to restrictive professional and societal expectations, reinforced the idea that male psychotherapists should maintain emotional distance, prioritise logic over empathy, and adhere to rigid frameworks that often dismissed the importance of emotional expressiveness.

Many had internalised the belief that male therapists should embody an authoritative, detached presence rather than an open, nurturing one. Furthermore, institutional structures within the field of psychotherapy often prioritise a Western centred, hierarchical model of care that leave little room for indigenous and relational approaches, making it even more challenging to break away from rigid norms.

5.5 Breaking Structural Barriers

This chapter highlighted the structural barriers faced by Black Male Psychotherapists. These structural barriers mentioned were in terms of economic barriers, institutional biases, underrepresentation that often leads to professional isolation. All these were barriers imposed due to the role that Black Male Psychotherapists carry just by the virtue of them being Black men in South Africa.

Chapter 6: Gendered Expectations and Perceptions of Black Male Psychotherapists

The role of the Black Male Psychotherapist exists at the intersection of race, gender, and professional identity, shaped by societal expectations and deep-seated biases. Chapter Six continues with a thematic analysis of the conversational inquiry. In this Chapter I choose to focus on stereotypes of Black men, what is expected from them both in society and professional spaces and the impact these expectations have on them.

6.1 Stereotypes of Black Men as Dangerous or Uncaring

Lebogang Mokgatle in his interview makes reference that the black male body a lot of times is associated with danger this often times then affects the trust that the client will have in their therapist. This is not the case for the black men in therapy only but in generalised society “In popular discourse, the black man is often constructed as the perpetrator of violence and thus a figure to be feared.” (Langa, et al., 2020). When a black man is constantly created in that light and constantly feared this then trickles down into the professional spaces thus even in the therapy space the black man can easily become feared and taken as the token of danger. With the perpetuation of this, trust gets eroded and trust is very critical for an effective client-therapist relationship (Kastberg, 2012).

The black body is not only associated with danger but the element of uncaring is also noteworthy. Lebogang Mokgatle makes mention that in a country filled with absent fathers, the face of an absent father is the face of the black man. This is backed up by the statistic that only 31.7% of black children live with their fathers (Flux, 2024). The therapist will also often remind the client of the father who instead of caring, protecting and providing for them abandoned and neglected them.

6.2 Balancing Emotional Care and Masculinity

Suntosh Pillay highlights that as a psychotherapist in a public health facility he will see a variety of clients in a day, many of whom when they first step into the hospital will not be aware that they will end up seeing a therapist. Due to this he highlights that he will many of the times see a female client, who will in some cases be a victim of sexual violence will generally struggle with male therapists, especially if the therapist carries a characteristic

that the perpetrator has. Unlike Suntosh Pillay who does not centralise his gender identity to his practice as a therapist, this poses a difficulty to male therapists that do centralise their gender identity.

Dr Sihle Maseko however offers an alternative to that whereas he says because of that he deliberately displays warmth and emotional availability to his clients with full consciousness that he indeed is a male individual. This then requires confidence and being deliberate from the side of the male therapist to offer a space of caring, even when being aware of the gender that they are. It needs someone to consciously and intentionally so disrupt a stereotype for a compassionate, inclusive, therapy space.

6.3 Clash of the Protector and the Healer

The participants described how both within the therapeutic space and outside of it they are expected to carry the role of a strong, resilient and authoritative black man. Society has positioned black men as providers and presence framing much of their identity through emotional restraint hence the famous isiZulu phrase ‘indoda ayikhali’ comes in, which translated into English means a man does not cry.

This expectation is shown through various instances such as clients will go to a Black Male Psychotherapist with the assumption that he will offer concrete advice and solutions rather than facilitate emotional wellbeing; male clients may prefer exhibiting anger and aggression expecting the therapist to respond with the same rather than empathy. Lastly, colleagues might be perceiving the Black Male Psychotherapist to be dominant and assertive when not even knowing their style of work which could be collaborative and client led.

The field of the Psychotherapies requires emotional sensitivity and vulnerability among other characteristics; these are characteristics that society has named and described to be feminine. Black Male Psychotherapists then exist in this liminal paradoxical world where they are expected to be firm but not rigid, caring but not emotional, competent but not intimidating. Black Male Psychotherapists are expected to do all this while still navigating racial and gendered biases that lead to challenges when trying to do their work in sincerity.

6.4 The Construction of Expectations

This chapter was written and based on the various expectations that Black Male Psychotherapists face. These expectations impact the nature, purpose and function of the role of Black Male Psychotherapists. In this Chapter I have attempted to deconstruct the expectations, noted the roots of the expectations, and argued for change.

Chapter 7: Drama Therapy, Identity, and the Black Male Psychotherapist

In Chapter Seven, I explore how Drama Therapy serves as a powerful tool for Black Male Psychotherapists to navigate, challenge, and reconstruct their professional identities. This Chapter therefore examines how therapists exist in a constant state of performance both in their therapy rooms and in professional spaces shaped by societal, racial and gendered expectations.

7.1 Therapy as Performance

Both Therapy and performance have many striking parallels of similarity. Therapy and Performance are both spaces of storytelling, role taking, role negotiation and transformation. For Black Male Psychotherapists the performance extends beyond the therapy room, it is in office they must constantly navigate imposed roles, societal expectations, and professional biases that shape how they are perceived and how they practice. The therapeutic space is inherently performative. Both the client and the therapist participate in a dynamic exchange where roles, emotions, and narratives are shaped, enacted, and sometimes rewritten. For Black Male Psychotherapists, this performance is layered with additional complexities related to race, gender, and professional identity.

The field of the Psychotherapies are very much a field dominated by Western, Eurocentric models and practices. Black Male Psychotherapists are often expected to conform to a particular role that multiple emphasises neutrality, emotional detachment, and rigid professionalism. This is in direct conflict with the African and Indigenous approach that many Black Male Psychotherapists were raised with of communal sharing, empathy, human connection and engagement.

7.2 Navigating Multiple Identities as a Black Male Psychotherapist

Black Male Psychotherapists exist within multiple, often conflicting roles that shape their experiences in professional spaces. These roles are often imposed by societal

expectations, institutional norms, and racialised perceptions, creating continuous conflict between who they are, who they are expected to be, and who they want to become.

Drama Therapy's role theory (Landy, 2009) offers a useful framework to analyse these dynamics and provides techniques to explore, expand, and reclaim identity. Role theory suggests that individuals occupy multiple roles in their daily lives, and the tension between these roles often creates internal and external conflicts. There mainly are four roles which are often either forcefully imposed on the Black Male Psychotherapist, due to the various societal expectations and perceptions; these are also at times roles in which they willingly take upon themselves, and can also be roles they have to take simply because they are requirement of the profession they are in. The four roles are: the expert, the outsider, the carer, and the threat.

Drama Therapy provides embodied and performative tools and techniques that allow Black Male Psychotherapists to deconstruct imposed roles and redefine their professional identities. Some but not all of the techniques and tools that Black Male Psychotherapists can use to deconstruct a harmful narrative and define their professional identities in ways they see fit are role play, storytelling, mask work, psychodrama techniques, playback theatre and dramatic projection. Through the use of such techniques which many of them are very embodied and projective in nature and practice, they can explore how external expectations shape their professional identity and develop authentic natural ways of being in therapeutic spaces.

Navigating multiple identities is also a relational process. The presence of other Black Male Psychotherapists in peer support groups or Drama Therapy workshops or just in the same work environment can create a space for shared storytelling, where participants can reflect on and validate each other's experiences.

Through the use of Drama Therapy techniques, tools and practices; Black Male Psychotherapists can transform their narratives, expand their professional identity, and find ways to integrate all aspects of themselves into their professional practice. This can be done instead of feeling forced to choose between roles imposed by society, they can write their own narratives as they see fit and best.

7.3 The Case for Drama Therapy

In this Chapter I have argued for the case of Drama Therapy for the purposes of a critical teaching tool to interrogate, and challenge structural violence that Black Male Psychotherapists face.

Chapter 8: Culturally Responsive Practices and Routes for Empowering Black Male Psychotherapists

In the spirit of *ukuxoxisa*, the spirit of conversational dialogue, storytelling, reflection on self and reflection on society, the recommendations in Chapter Eight emerge. They are not rigid directives but rather calls to reflection, dialogue, and change guided by the lived experiences of those who navigate the complexities of mental health care in South Africa.

8.1 Reimagining Training and Professional Development

Training institutions must create culturally affirming spaces that prepare Black Male Psychotherapists to navigate both the profession and the biases within it. Training institutions ought to be a space that will proactively seek to affirm the various cultural identities and histories of the students therein. Especially in a practice like the psychotherapies which are western in nature and root; therefore, it is recommended that the training institutions should incorporate African-centred indigenous knowledge mental health practices. This will assist in ensuring that the voices and experiences of those that have previously been disadvantaged by the system, their lived experiences and knowledge before entering the therapy space are effectively prioritised and recognised.

For the Black Male Psychotherapists in training there also should be available a space of mentorship by Black Male Psychotherapists that already are working. This is important so that there not only be a culturally responsive mental health care practice but that there also be a counteracting of isolation and marginalisation. This is because considering that Black Male Psychotherapists are underrepresented this prevents professional isolation, where there are now role models that understand the unique barriers, they face. This is a way that will also ensure that the work and innovation done by the Black Male Psychotherapists is highlighted and celebrated by the broader psychotherapy community.

8.2 Strengthening Cultural Identity in Therapy

Therapy in South Africa ought to reflect the cultural, and historical realities of its people. *Ukuxoxisa* reminds us that storytelling, performance and embodiment of stories are therapeutic tools that must be embraced. Mental health curricula should incorporate African Indigenous healing practices, recognising their legitimacy alongside Western methodologies. This can be made explicit by using Drama Therapy techniques and tools

and integrating them into clinical training so that the therapists in training are able to explore identity, challenge stereotypes, and navigate professional spaces with agency. Below would be the example of such a session plan based on Drama Therapy practices and the basic template of a Drama Therapy session plan using the practice of *ukuxoxisa* to build such an inclusive practice for all involved.

Below is therefore then recommended a series of three sessions with a Drama Therapy focus using *ukuxoxisa* how then cultural identity can be strengthened in the therapies.

Session 1 Exploring Cultural foundations

This session is to explore and help the participants find out and identify elements of their cultural identity that have an influence on who they are and how they present themselves in various spaces.

	Activity	**Reason**	**Resource**
Check In	Participants share a word or phrase about their cultural identity.	Encourages self-awareness and opens space for dialogue	N/A
Warm Up	Call-and-response chant using participants' cultural languages.	Grounding and connecting to cultural rhythms foster a sense of unity.	N/A
Bridge In	Personal Object Sharing: Each participant brings or describes an object that represents their	Encourages reflection on cultural influences in their	Personal Objects

	cultural heritage and explains its meaning.	professional identity	
Main Event	Using *ukuxoxisa* in small groups: “What cultural values from your upbringing influence your work as a therapist?” Image Theatre: Create frozen images representing cultural identity.	Helps participants explore and embody their cultural identity through storytelling and visual representation.	Rocks and stones
Bridge Out	Reflect on images, how does culture influence therapy practice?	Allows for deeper insight into the ways cultural identity informs therapeutic work	N/A
Closing	Collective chant or affirmation of empowerment.	Reinforces collective support and closure with a grounding practice.	N/A

Session 2 Breaking Barriers – Confronting Structural Violence

This session is planned for participants to identify structural violence matters that they are experiencing and equip themselves with skills and techniques on how to confron the structural violence faced.

	Activity	**Reason**	**Resource**
Check In	Participants express emotions through movement or gesture.	Encourages non-verbal emotional expression and sets the tone for deeper exploration.	N/A
Warm Up	Breathing into areas of tension in the body.	Releases physical and emotional tension before engaging in difficult conversations	N/A
Bridge In	*Ukuxoxisa* storytelling: Participants share experiences of feeling unseen or undervalued.	This is to introduce participants to strytelling and priviledging their knowledge.	Rocks and stones
Main Event	**Role-play:** Acting out scenarios of workplace bias and switching perspectives.	Discussion on internalised narratives and strategies for advocacy.	N/A

Bridge Out	Participants close their eyes and visualise themselves confronting structural violence with confidence, picturing a future where they navigate professional spaces with strength and self-assurance.		
Closing	Collective chant or affirmation of empowerment.	Reinforces collective support and closure with a grounding practice.	N/A

Session 3 Reclaiming Power, Building the Future

This is a session aimed at rewriting the narrative. Providing a space and platform at reimagining the future, providing empowerment and looking foprward at the possibilities that lay ahead.

	Activity	**Reason**	**Resource**
Check In	What does power mean to you?	Sets the intention for the session by exploring personal	N/A

		definitions of empowerment.	
Warm Up	Participants take on a physical stance that represents strength and confidence, holding it for a minute while reflecting on their personal power.	To embody and rehearse and bring somatic knowledge to what power, confidence and agency can be like.	
Bridge In	Participants write letters of advice to future Black Male Psychotherapists.	Helps participants reimagine the profession through storytelling, mentorship, and collective visioning.	Paper Pens
Main Event	Group performance imagining an ideal future for Black Male Psychotherapists.	Helps participants reimagine the profession through storytelling, mentorship, and collective visioning.	N/A
Bridge Out	Create manifesto on action steps for advocacy, mentorship, and leadership.	Translates insights into tangible next steps for change	Paper Pens

Closing	Collective chant or affirmation of empowerment.	Reinforces collective support and closure with a grounding practice.	N/A

These sessions recommended forth in this study serve as a practical framework for Black Male Psychotherapists to explore, challenge, and redefine their professional identities through Drama Therapy and *ukuxoxisa*. By integrating storytelling, role-play, improvisation etc, these sessions provide a reflective space where therapists can unpack the complexities of their lived experiences while reclaiming agency over their narratives. The process not only facilitates personal healing but also fosters collective growth and mentorship, reinforcing the idea that professional identity is shaped in community rather than in isolation.

Beyond individual transformation, these sessions lay the groundwork for curricular development in psychotherapy training, encouraging institutions to adopt culturally responsive, embodied learning approaches. By incorporating Drama Therapy techniques into formal training, future Black Male Psychotherapists can enter the profession with a stronger sense of belonging, resilience, and self-affirmation. Ultimately, this series is more than a set of exercises; it is a call to action for Black Male Psychotherapists to step into their power, for institutions to recognise the importance of cultural identity in mental health, and for the field of psychotherapy to evolve toward greater inclusivity and representation.

8.3 The Recommendation

This Chapter provided a comprehensive Drama Therapy based, and Drama Therapy informed recommendation for training institutions on how they can modify their curricula, and make space for the black male voice to emerge. The three suggested Drama Therapy sessions tailored for Black Male Psychotherapists in training are created to help identify, break free and rewrite the narrative regarding Black Males in the Psychotherapy spaces

and breaking the structural violence. This study acknowledges the limitations of the research as race and gender are the central focus without placing a focus on class, and sexuality and a broader framework of Intersectionality (1989) as according to Crenshaw. Thus, for further research a broader and diverse look that includes elements such as sexuality and class, due to South Africa’s complex history and social fabric, in order to enrich the exploration of multiple identities.

Chapter 9: My Voice in this Research

My name is Kabelo Mokgehle, I am a Black man and I am a Drama Therapy student, and a Psychotherapist in training. It would be void and reckless that in a research study that seeks to hear people's stories that I don't tell my own story as a Black Male training Psychotherapist. This is the moment I tell my story. It is here that I affirm an African Indigenous Research approach, and it is here that I affirm the significant role that Drama Therapy can play in the reconstruction of training for psychotherapists in a South African context.

This study documents a demographic I relate closely too, just by the virtue of being a Black man in South Africa in the field of psychotherapy. I have no ambition or thoughts or even plans of working outside of the country, therefore if I am to find a healthy work environment, do fulflling work and not harbour any resentment either towards myself, my clients, or my country and its people, there are difficult questions that need to be asked. Such spaces need to be held for the marginalised, the unspoken of, the minorityy in the room to share and tell their story. This is where *ukuxoxisa* comes in, this is where the conversational dialogue, building community, relationship and empathy all begin. This is the first step.

The case for black men mentorship, culturally inclusive mental health curricula, acknowledging the mental health care of our Black Male practitioners, prevention professional isolation have all been made in this research study. How do we just continue the work that has been given and how do we move forward?

This research is not over; there needs to be research based on including Indigenous Knowledge Systems in the Psychotherapy curricula, research on black men mentorship within the psychotherapy profession; perhaps people who specialise in quantitave research can try find out the quantity of Black Male Psychotherapists in the field and those just working in academia and research and what are the factors regarding that choice, or maybe they can also research what exactly is the pay disparity just as has been done regarding the wage gap between men and women, and black and white people.

I am a Drama Therapist in training, a black man wanting to improve the wholistic welbeing of my fellow countrymen, a son, brother, friend and maybe sometime in future a father and husband. This research study serves as the first step in developing culturally inclusive mental health curricula; a curricula that acknowledges the lived experiences of Black Male Psychotherapists, integrates Drama Therapy and African Indigenous Research, and fosters an authentically South African mental health landscape that is truly reflective of the communities it seeks to serve.

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Appendix 1

Name: Kabelo Mokgehle
Student Number: 1430868
Masters of Arts by CW & RR

RESEARCH TITLE: Masixoxisane Ndoda: Using Ukuxoxisa to Interrogate Structural Violence against black male psychotherapists in South Africa

Participant Information Sheet

Greetings,

My name is Kabelo Mokgehle. I am a Masters student in Drama Therapy at the University of the Witwatersrand, Drama for Life, Gauteng. As part of my studies, I have to undertake a research project. My research is titled *Masixoxisane Ndoda: Using Ukuxoxisa to Interrogate Structural Violence Against Black Male Psychotherapists in South Africa*

As part of this project, I would like to invite you to take part in this research as a participant. You will be required to take part as a participant. With your permission, I would also like to take videos, voice recordings and photos of the workshop interview. This data will be kept confidential and stored in a password-protected computer and only the researcher will have access to this recording. It will be discarded five years after the research report has been submitted.

There will be no personal costs to you if you participate in this project. You will not receive any remuneration for choosing to participate in this research study. There will be no disadvantages or penalties if you choose not to participate or withdraw from the study. You may withdraw at any time or not answer any questions when you feel unsafe/uncomfortable. The research process will be confidential, and you will be required to sign a consent form to indicate that you have understood what the research is about and therefore agree to participate. All data will be captured on digital devices (cell phone, voice recorder, and camera) and will be transferred and stored in a password-protected computer. Written journals or field notes will be stored in a lockable cupboard accessible only to me. If you experience any distress or discomfort at any point in this process, we will stop the workshop or resume another time. You may also choose to discontinue and ask for your information to be withdrawn and deleted.

The data collected from this research will be transcribed into a research report that will be later published and stored in the Wits Online Library. I am happy to share the report with you once it has been assessed and published. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0)11 717 1408, email hrecnon-medical@wits.ac.za.

If you require any further information regarding your participation in this study, you may contact me on 079 860 7034

I would like to thank you for taking time to go through this document. I further thank you for considering your participation in this research study.

Yours Sincerely,
Kabelo Mokgehle

RESEARCHER:	**SUPERVISOR:**
Kabelo Mokgehle 1430868@students.wits.ac.za	Warren Nebe, warren.nebe@wits.ac.za

Appendix 2

Name and Student Number: Kabelo Mokgehle- 1430868
Research Title: Masixoxisane Ndoda: Using Ukuxoxisa to Interrogate Structural Violence Against Black Male Psychotherapists in South Africa

Participant Consent Form

I, ……., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please tick the relevant options below).

I agree that the researcher may use anonymous quotes in their research report.	YES	NO
I agree to participate in this research study as a willing participant.	YES	NO
I agree that my participation will/can remain anonymous.	YES	NO
I agree that the Workshops may be audio and video recorded for the purpose of gathering data only.	YES	NO
I agree that all information shared in this study will remain anonymous and confidential during the research process and in the research report.	YES	NO
I agree that I may be audio recorded and journaled for the purpose of gathering data only.	YES	NO
I agree that the information I have provided will be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES	NO
I have understood that there is no remuneration or any form of benefit for me in this research project.	YES	NO
I have understood that if I feel any discomfort at any point during the process, I should let the researcher know and be allowed to not continue.	YES	NO
I agree that I may withdraw from the process without consequences.	YES	NO
I agree to not disclose any information pertaining this research study to a third party.	YES	NO

……. (Signature)
……. (Name of participant)
……. (Date)


……. (Signature)
Kabelo Mokgehle (Name of person seeking consent)
……. (Date)
August 2024

Appendix 3

UNIVERSITY OF THE
WITWATERSRAND, V
JOHANNESBURG

SCHOOL OF ARTS ETHICS COMMITTEE

CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE PROTOCOL NUMBER: WSOA20241113-20

PROJECT TITLE

Masixoxisane Ndoda: Using Ukuxoxisa to interrogate structural violence against black male psychotherapists in South Africa.

INVESTIGATOR Mr. Kabelo Mokgehle 1430868

SCHOOL/DEPARTMENT OF INVESTIGATOR WSOA — MA Drama Therapy

DATE CONSIDERED 28 November 2024

DECISION OF THE COMMITTEE Approved unconditionally

RISK LEVEL LOW RISK

EXPIRY DATE Date of submission of the project Research Report

ISSUE DATE OF CERTIFICATE 28 November 2024 CHAIRPERSON

(Dr Sibongile Bhebhe)
(Prof Brett Pyper)

cc: Supervisor: Warren Nebe

DECLARATION OF INVESTIGATOR

To be completed in duplicate and ONE COPY returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved l/we undertake to resubmit the protocol to the Committee.

Signature

6 / 12 / 2024

Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES