

https://dspace.org/

A Phenomenological Analysis of the Experiences of Black Female Volunteer Lay Counsellors from Marginalised Backgrounds in Gauteng!

Naidoo, Sherwyn

2023-09

University of the Witwatersrand, Johannesburg

https://hdl.handle.net/10539/40175

Naidoo, Sherwyn. (2023). A Phenomenological Analysis of the Experiences of Black Female Volunteer Lay Counsellors from Marginalised Backgrounds in Gauteng! [Master's dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/40175

Downloaded from a DSpace repository. https://dspace.org/

A Phenomenological Analysis of the Experiences of Black Female Volunteer Lay Counsellors from Marginalised Backgrounds in Gauteng!

by

Sherwyn Naidoo



Supervised

by

Ruby Patel

A research report submitted in partial fulfilment of the requirements for a degree of

Master of Arts by Coursework and Research Report in Psychology

In

The Faculty of Humanities

University of the Witwatersrand

Date: 26 June 2022

Table of Contents

Plagiarism Declaration 5
Acknowledgements 6
List of Abbreviations 7
Operational Definitions 8
Abstract 9
Chapter 1: Introduction and Rationale 10
1.1 Introduction 10
1.2 Rationale 12
1.3 Aims and Objectives 14
1.4 Chapter Outline 15
Chapter 2: Literature Review 17
2.1 Introduction 17
2.2 Difficulty Conceptualising VLCs 17
2.3 The Importance of LCs in South Africa 18
2.3.1 South Africa's Ailing Healthcare System 18
2.3.2 Economic and Racialised Disparities in Access to Healthcare 19
2.3.3 Task Sharing Using LCs 20
2.3.3.1 Increasing Affordable, Available, and Acceptable Mental Healthcare 20
2.4 Non-Monetary Motivations to Volunteer as an LC from Low-Income Contexts 22
2.4.1 Altruistic and Egoistic Motivations 22
2.4.1.2 Egoism 23
2.4.1.3 Altruism 23
2.4.1.3.1 Interconnection of Empathy-Altruism 24
2.4.2 'Altruism Born from Suffering' (Staub & Vollhardt, 2008, p.267) 24
2.5 The Influence of Social Identities on the Counselling Experience 25
2.5.1 Race 26
2.5.1.2 Black Therapist/ White Clients 27
2.5.1.3 Black Therapist/ Black Client 29
2.5.2 Gender 30
2.6 Psychological Impact of Counselling 34
2.6.1 Burnout 35
2.6.2 Secondary Traumatic Stress (STS) 36
2.6.3 Vicarious Traumatisation (VT) 37
2.6.4 Compassion Satisfaction (CS) 38

2.7 Conclusion ... 40
Chapter 3: Theoretical Framework ... 42
3.1 Introduction: Outline of the Decision-Making Process and the Chapter's Contents ... 42
3.2 Conception and Conceptualisation of Intersectionality ... 43
3.3 Varying Methodological Approaches to Intersectionality ... 45
3.4 Lens Model of Intersectional Stereotyping ... 47
Figure 1 ... 49
3.5 Criticisms against Intersectionality: 'Intersectionality Wars' ... 49
3.5 Conclusion ... 51
Chapter 4: Methods and Methodology ... 53
4.1 Introduction ... 53
4.2 Research Questions ... 53
4.3 Research Design ... 53
4.3.1 IPA: Theoretical and Pragmatic Suitability ... 55
4.4 Participants ... 57
Participants' Demographics ... 58
4.5 Procedure ... 59
4.6 Data Analysis ... 61
4.6.1 Methodological Integrity ... 63
4.7 Ethical Considerations ... 65
4.8 Reflexivity ... 66
4.8.1 Assumptions before Data Collection ... 67
4.8.2 During data collection: Anxiety, Frustration, Scepticism ... 68
4.8.3 The Analysis and Write-up ... 69
4.9 Conclusion ... 70
Chapter 5: Findings and Discussions ... 72
5.1 Introduction ... 72
Box 1 ... 72
Key Notations used in Excerpts ... 72
5.2 Theme 1: Challenging Journeys that Led to Becoming a VLC ... 72
5.2.1 Overcoming Unfulfilled Career Aspiration: '…some of my dreams were.. met…' ... 73
5.2.2 Surviving Personal Challenges: '…I actually gathered strength…' ... 75
5.3 Theme 2: Significance of Race and its Connotations ... 78
5.3.1 Need for Access in Black Communities: '…much help is needed out here…' ... 79
5.3.2 Knowledge: '…we are still learning…' ... 81
5.3.3 Varying Emotional Responses to Racially Dissimilar Clients: '…It's hard…' ... 83

5.4. Theme 3: Experiences of Socioeconomic Constraints 87
5.4.1 Awareness of Socioeconomic Constraints in Black Communities 88
" …we don't need to have money…" 88
5.4.2 Awareness of Racialised Socioeconomic Privileges:'...they are a lot more resourced..' 90
5.5 Theme 4: The Influences of Gender 91
5.5.1 Varying Emotional Responses to Male Clients: '…It becomes so difficult…' 92
5.5.2 Difficult Experiences of Female Clients Experiences: '…it's not easy. It's not nice…' 97
5.6 Theme 5: The Benefits and Costs of Caring 102
5.6.1 Psychological Benefits: 'it makes you feel that we matter' 103
5.6.2 Adverse Psychological and Physical Experiences: 'You become numb' 107
5.7 Conclusion 109
Chapter 6: Conclusion 110
6.1 Synopsis of Research and Findings 110
6.2 The Significance and Implications of the Findings 112
6.3 Limitations 114
6.3.1 Methodological Limitations 114
6.3.2 The Researcher 115
6.4 Recommendations for Future Practice and Theory 116
6.4.1 Future Practice 116
6.4.2 Research Recommendations 117
6.5 Conclusion 118
References 119
Appendix B: Information Sheet for Participants 174
Appendix C: Interview Consent Form 177
Appendix D: Audio and Video Recording Consent Form 179
Appendix E: Ethical Approval 181
Appendix F: Interview Schedule 182

Plagiarism Declaration

I, Sherwyn Naidoo (Student number: 1225523), am a student registered for an MA in Psychology by Coursework and Dissertation in the year 2023 at the University of Witwatersrand. I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for the above course is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.

Signature:  Date: 26 June 2022

Acknowledgements

I want to express gratitude to the following people:

First, I am forever grateful to my late dad for providing me with the opportunities he and many like him never had that led me to this path.

Second, I am grateful to Ms Ruby Patel for her thoughtful guidance, encouragement, and constructive criticism throughout this research project. You have helped expand my understanding of human life's complexities, and I am incredibly grateful for that.

Third, I want to thank the National Research Fund for funding my studies.

Fourth, I would like to thank my mother, sister, and nieces for listening to the many iterations of my write-up.

Fifth, I would like to thank my classmates and lecturer, specifically: Dr Nkululeko Nkomo, Dr Mpho Mathebula, and Dr Daniella Rafaely, for helping expand my knowledge and critical analytical skills and giving me the confidence to pursue this research.

Six, I am incredibly grateful to the participants of this study for allowing me access to their intimate worlds.

List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CHWs	Community Health Worker
CS	Compassion Satisfaction
HIV	Human Immunodeficiency Virus
HPCSA	Health Professions Council of South Africa
IPA	Interpretative Phenomenological Analysis
IPV	Intimate Partner Violence
LCs	Lay Counsellors
LC	Lay Counsellor
LMIC	Low-to-Middle-Income-Countries
NPO	Non-Profit Organisation
NSHW	Non-Specialist Healthcare Workers
PCT	Person Centred Therapy
POWA	People Opposing Women Abuse
SAPS	South African Police Services
SES	Socioeconomic Status
STS	Secondary Traumatic Stress
VLCs	Volunteer Lay Counsellors
VLC	Volunteer Lay Counsellor
VT	Vicarious Trauma
WHO	World Health Organisation
USA	United States of America

Operational Definitions

Gender

This study sees gender as a social construct. Societal and cultural scripts of normality socialise people into classifying and performing female and male performances (Butler, 1993). People reenact these gendered performances in their everyday physical and spatial negotiations. The study also sees gender as being acted upon in that people's gender influences how others react and treat them in society (Lorber, 2018; Sidanius et al., 2018).

Patriarchy

Patriarchy is a system of domination over and exclusion of women in society. The patriarchy is a power-dividing system that includes cultural, societal, religious, political, familial and economic structures empowered by history that normalise female subordination and male exceptionalism (Sultana, 2010; Tamale, 2020).

Race

Race is a socially constructed category and empty signifier in constant flux throughout history through language and social practices (Carrim, 2000; Foster, 1991, Miles, 1996). Thus, racialised subjectivities or objects are socially and historically located (Henriques et al., 1984). However, race only becomes meaningful through racialisation, where race is deployed in the service of differentiation, hierarchisation and distribution of power relations along racially constructed categories and groups (Barrot & Bird, 2001). In South Africa, the apartheid regime had historically racialised people into distinct racial hierarchies of White, Indian, Coloured, and Black (Posel, 2001). Although the apartheid regime fell in 1994, these racial categories remain (Erasmus, 2012). Therefore, this study uses these categorisations when exploring participants' experiences.

Abstract

Within the South African context, Volunteer Lay Counsellors (VLCs) play a vital role in providing mental health care. Whilst Black female VLCs from marginalised backgrounds play an essential role in providing these services, there is a paucity of research in understanding their experiences. This study utilised a qualitative approach to explore the experiences of Black female VLCs from marginalised backgrounds in Gauteng. The researcher used non-probability purposive convenience sampling to recruit four participants who volunteered at a non-profit organisation (NPO) in Gauteng. The study collected data through in-depth semi-structured interviews. Insight was provided by this research into participants' experiences of counselling from a position of their intersectionality to those who embody different intersectional identities. This was done by locating the research within the work of intersectional theorists Crenshaw (1989, 1991), McCall (2005), Tamale (2020), and Petsko and colleagues (2022). In keeping with this, the Interpretative Phenomenological Analysis (IPA) method allowed for an in-depth exploration of participants' unique experiences through double hermeneutic interpretations. The themes illustrated that participants were motivated by the desperate need for access to mental healthcare in their socioeconomically disadvantaged communities. In addition, volunteering satisfied the prospects of fulfilling their career aspirations lost because of their subjection to gendered, racialised, and class oppression. Thirdly, themes highlighted how clients' race, class, and gender impacted participants' counselling experiences. Lastly, themes highlighted the psychological impact of counselling on participants and how helpful coping mechanisms developed from the survival of intersectional oppression and organisational training and support helped mitigate these psychological consequences. The provided understanding of participants' experiences is essential for both praxis and policy within the area of VLC in South Africa.

Key Terms: Volunteer Lay Counsellors, Intersectionality, Experience, Social Identity, Empathy, Training and Support

Chapter 1: Introduction and Rationale

1.1 Introduction

Ntabazathini Mzobe, an HIV patient, states:

'Ake kuphitizele nje, kuphithizele ama counsellor. Uthi usathi u gobile ebentshini, likunqane I counsellor lithi: 'awuzwe ngapha, we mama'.

(Médecins Sans Frontières (MSF) South Africa, 2016, 2:36-2:43)

(Translation: Let there be more lay counsellors to guide us out of our trouble.)

Although this project does fill a gap in the literature explained in the rationale, it is primarily based on the practical idea embedded in the above quote that lay counsellors (LCs) are desperately needed in South Africa. The quote refers to LCs who counsel and educate marginalised individuals affected by the human immunodeficiency virus (HIV). However, the idea remains true for LCs from marginalised backgrounds who provide counselling for many of the psychosocial issues plaguing the country (Kagee, 2020; Okoroafor & Christmals, 2023).

Through task sharing, LCs open access to quality mental health care by providing affordable services to many South African residents who face socioeconomic and political conditions that impact their mental health (Kagee, 2020; Okoroafor & Christmals, 2023). Non-profit organisations (NPOs) usually train LCs to educate and provide emotional support to clients on issues such as HIV/AIDS, psychological first aid, gender-based violence, and trauma for free (Jansen van Rensburg, 2008). Despite lacking professional registration, they have effectively treated mental health challenges like depression and anxiety in low- to middle- income countries (LMICs), including South Africa (Arjadi et al., 2018; Patel et al., 2010, 2011, 2017; Petersen et al., 2021; Petersen Williams et al., 2020; Selohilwe et al., 2019).

Despite this utility, some LCs volunteer their services without receiving a financial incentive (Maes, 2015). These LCs are volunteer lay counsellors (VLCs), often from marginalised backgrounds. There needs to be more documentation of the experiences of VLCs living in historically disadvantaged, low-socioeconomic communities in South Africa. Poor socioeconomic conditions, characterised by inaccessibility to resources and opportunities, can influence and impact one's behaviour and health (Burns, 2015; Lund, 2012, Tibber et al., 2022). However, it remains unclear how the low-socioeconomic standing of some VLCs in South Africa impacts their experiences as counsellors. This project explores how economics and other intersecting forms of marginalisation influence VLCs' experiences.

This project uses the lens of intersectionality to explore the influence of these interconnected forms of oppression on the experiences of black female VLCs from marginalised backgrounds (Crenshaw, 1989; Gouws, 2017; McCall, 2005). The plural word "backgrounds" and not "community" is used because multiple historical and present forms of marginalisation have encompassed their lives (Gouws, 2017). These women, who grew up during the South African apartheid regime, face not only socioeconomic constraints but have and continue to navigate classicism, racism, and sexism in a highly patriarchal and what South African anti-apartheid activist and scholar Alexander (2003) called a 'post-apartheid capitalist society." Moreover, religion and culture are other intersectional embodiments that have shaped their experiences. Given their intersectional identities and subjection to interconnected forms of oppression, the theory of intersectionality is appropriate for exploring the experiences of these VLCs (Crenshaw, 1989). Additionally, in agreement with Tamale (2020), the study responsibly utilises the theory by understanding participants according to their historical, political, social, and cultural contexts.

This study also inductively included Petsko et al.'s (2022) lens model of intersectional stereotyping to aid in theorising participants' experiences. This model posits that individuals can view and thus experience each other using a range of 'lenses', which depend on individual characteristics and the sociohistorical contexts that situate the interaction (Petsko et al., 2022). This model aids in theorising VLCs' experiences in South Africa because of the interactional nature of the counselling experience and the sociohistorical context in which it takes place.

Historically, in South Africa, people have been intricately constructed along intersecting lines of race, class, and gender (Gouws, 2017; Posel, 2001). These oppressive constructions have left threads of coloniality that have infiltrated people's knowledge systems. Sylvia Tamale (2020) recognises this as the colonisation of our minds. These constructions allow people to view and experience each other according to their intersectional embodiments (Petsko et al., 2022). This intersectional view of each other is part of some of the experiences of the VLCs in this study. Therefore, this study inductively incorporated into its pre-existing theoretical framework of intersectionality Petsko et al.'s (2022) lens-based model of intersectional stereotyping to theorise the psychosocial aspects of participants' experiences.

The study incorporates a qualitative approach utilising interpretative phenomenological analysis (IPA) to analyse participants' intersectional experiences. The idiographic commitment of the IPA permits exploring and presenting participants' unique stories and experiences

(Alase, 2017; Smith & Nizza, 2022). Moreover, the approach bridges the gap between the 'researched' and the 'researcher' because it allows for the nuanced nature of individual experiences to be explicated and not conflated into generalisable, sometimes unfitting moulds (Larkin et al., 2006). Consequently, this approach, in combination with intersectionality, allows for the theorising of historical sociocultural and political influence (through intersectional theorising) on experiences and the excavation of agentic individual meaning-making (through IPA's idiographic focus) (Gouws, 2017; Larkin et al., 2006; Smith & Nizza, 2022).

1.2 Rationale

As mentioned previously, this study argues that LCs and VLCs are desperately needed in South Africa because they make effective mental health care accessible for many people. Inductively, the literature suggests that this widening of access is necessary because there is a dearth of psychologists and psychiatrists in South Africa, particularly in and affecting underdeveloped rural communities (De Kock & Pillay, 2018; Docrat et al., 2019; Siyothula, 2019; Vergunst, 2018). Through the process of task-sharing, LCs have proven to be a feasible option to aid in unburdening heavily constrained public health systems, such as South Africa's, by providing adequate mental healthcare interventions and treatment (Connolly et al., 2021; Cubillos et al., 2021; Kagee, 2020; Maconick et al., 2018; Michelson et al., 2020; Nadkarni et al., 2019; Patel et al., 2017; Petersen et al., 2014; Scott et al., 2018; Thornicroft et al.,2016; World Health Organisation (WHO), 2007)

Given their utility, especially within marginalised communities, it is essential to explore the experiences of VLCs, particularly those from marginalised backgrounds. This exploration could aid in excavating and addressing the potential problems they face that negatively impact their experiences and effectiveness as counsellors. Although there has been some research on the experiences of LCs in South Africa, there remains a dearth of literature that explores the intersectional experiences of Black female VLCs from marginalised backgrounds. This study contributes to the literature on VLCs' experiences in three areas.

Firstly, this study adds to the literature exploring the motivations of VLCs. Some recent literature has explored the experiences of LCs in South Africa. Some of these studies have provided valuable insight into the egoistic and altruistic motivations of LCs (Benjamin, 2014; Dageid et al., 2016; Swartz & Colvin, 2015). However, these studies mostly explore the experiences of LCs, not VLCs, from marginalised backgrounds in South Africa. Notably, international research has shown that VLCs in rural Ethiopia and LCs in peri-urban

communities in Kenya were motivated by an intrinsically felt sense of duty and responsibility toward their communities (Maes, 2015; Wall et al., 2020). This study adds to this paucity of research by exploring why VLCs from marginalised backgrounds, particularly black women who face many intersectional forms of oppression, choose to act as VLCs.

Secondly, this study adds to the considerable dearth of local and international literature exploring VLCs' experiences counselling others who embody different intersectional identities. There is substantial global and local research on the experiences of professionally trained mental health care providers indicating that the clients' and counsellors' race, gender and class may influence the connection achieved and effectiveness of the therapeutic relationship (Baum & Moyal, 2020; Boonzaier & Gordon, 2015; Comas-Daz & Jacobsen, 1995; Curry, 1964; Farrenkopf, 1992; Goode-Cross & Grim, 2016; Helms, 1984; Hogan et al., 2012; Kelly & Greene, 2010; Kistan, 2004; Kometsi, 2001; Lipscomb & Ashley, 2020; Long, 2022; Mbele & Gericke, 2010; Moodley & Dhingra, 2002; Seidler et al., 2021; Spalding et al., 2019; Strous & Eagle, 2004; Suchet, 2004; Swartz, 2012; Wolf et al., 2018). However, the literature, especially in South Africa, on VLC's experiences counselling those who are intersectionally different from them remains scarce. Notably, in her thesis, Benjamin (2014) does, to some degree, highlight coloured female LCs from marginalised backgrounds' experiences of counselling people of a different race. Although Benjamin's (2014) participants share gender and class subjectivities with the Black female VLCs from marginalised backgrounds in this study, they may have different life and counselling experiences due to their race. This idea is particularly true in South Africa, where Black women, due to historical oppression, occupy a unique social position matrixed by sexism, racism, and classism (Gouws, 2017). Moreover, Benjamin's (2014) study does not explain how these racial dynamics between the LC and client play out during the counselling sessions. This study supplements the paucity of research exploring VLCs' interactional experiences of counselling those who are intersectionally different from them. This exploration is essential given that, in South Africa, VLCs counsel people from diverse backgrounds in a context heavily divided along the intersecting lines of race, class and gender (Gouws, 2017; Maylam, 2017; Posel, 2001).

Lastly, this study adds to the literature on VLCs' experiences of the psychological consequences of counselling. Some local studies have explored the negative and positive psychological effects experienced by LCs and VLCs due to the act of active listening to clients' traumas (Howlett & Collins, 2014; Padmanabhanunni, 2020a; Padmanabhanunni, 2020b; Peltzer et al., 2014; Rice, 2020; Shirinda-Mthombeni, 2022; Vawda, 2014). However, many of

these local explorations are within the context of the Western Cape, Kwazulu-Natal and Mpumalanga provinces of South Africa (Howlett & Collins, 2014; Padmanabhanunni, 2020a; Padmanabhanunni, 2020b; Peltzer et al., 2014; Rice, 2020). This study expands this literature by providing insight into the psychological impact of counselling clients through trauma on VLCs from marginalised backgrounds in Gauteng, specifically those from Soweto and Alexandra. Due to the unique historical significance of these towns in South Africa, it is interesting to analyse how their histories have impacted the counselling experiences and motivations of VLCs from these towns (Agere & Agere, 2020; Bonner & Nieftagodien, 2008; Brown, 2016).

Moreover, this study broadens the perspective of the current literature on the psychological impact of providing counselling by exploring how the intersectional life experiences of Black female VLCs from marginalised backgrounds influence their psychological experiences of counselling. This perspective is gathered by accounting for how their intersectional positionality inhibits or allows access to support systems that influence their experiences of counselling's adverse and positive psychological outcomes. Additionally, the study provides this perspective by analysing how their past subjection to intersectional forms of oppression influences their current psychological experiences of counselling.

This study is critical because it allows us to explore the scarcely researched experiences of valuable Black female VLCs from marginalised backgrounds in South Africa who face intersecting forms of oppression. It expands our understanding of how these positionalities impact the motivations and experiences of counselling clients who embody different intersections with them and the psychological consequences of these interactions. Given the immense task of providing care to vulnerable communities that these Black female VLCs from marginalised backgrounds take on with minimal payment, their susceptibility to adverse mental health outcomes, and the paucity of research in South Africa, this study imperatively expands the theoretical understanding (that is, the intersectionality theory) of their experiences. This theoretical understanding adds to the paucity of literature explained above and can then be used to inform practical interventions that benefit both these VLCs and their clients.

1.3 Aims and Objectives

The primary aim of this study is to explore the experiences of Black female VLCs from marginalised backgrounds.

The study achieves this aim by exploring the following four secondary aims. Firstly, this research seeks to understand the motivations of black female VLCs from marginalised backgrounds. Secondly, the study explores the impact of VLCs' and their clients' intersectional identities on the counselling experience. Thirdly, the study seeks to understand VLC's experiences around training and support. Lastly, this study aims to understand how people's experiences with counselling impact them psychologically.

1.4 Chapter Outline

Chapter one has introduced the research and provided the practical and theoretical rationale for this study. Given the scarcity of literature on VLCs, Chapter 2 critically explores local and international literature on LCs, VLCs and professional counsellors. This exploration provides insight into issues involving the difficulties of conceptualising the terms LC and VLC, their utility in South Africa, motivations, the racialised and gendered experiences encompassed in the act of counselling, and the psychological consequences of providing counselling.

Chapter three explores the framework of intersectionality and its inductive integration with the lens model of intersectional stereotyping as a valuable theoretical position that guides the analysis. This chapter unpacks the theory's and model's origins, applications, limitations and usefulness.

Chapter four provides a comprehensive understanding and rationale behind the methodological framework used to analyse and interpret the participants' accounts and experiences. It illustrates why a qualitative design underpinned by qualitative research principles is appropriate for the research objectives and questions. Moreover, it discusses how the IPA approach proves helpful in extensively exploring data in a way that places importance on the unique nature of experiences. Finally, the chapter provides a section on reflexivity to give integrity and trustworthiness to this project and to manage power, liberation and oppression issues.

Chapter five presents and critically discusses the five main that emerged from data analysis. The study discusses these themes according to participants' unique experiences. Moreover, the themes emerged according to the participants' unique experiences.

Chapter six concludes this thesis. Here lies a synthesis of this thesis's main concepts and themes concerning the research question and aims, the significance and implication of the

findings, the limitations brought by the methodology and the researcher's subjective nature, and recommendations for future practice and research.

Chapter 2: Literature Review

2.1 Introduction

This review draws on international and local literature focusing on the experiences of VLCs, LCs and mental health professionals. This exploration includes mental health professionals and LCs because they provide similar services, i.e., counselling, as VLCs. Additionally, the review includes LCs and mental health professionals because of the paucity of research specifically on VLCs' experiences. Within this exploration lies the excavation of the difficulty conceptualising the term VLC, the importance of LCs and VLCs in South Africa, motivating factors influencing LCs from low socioeconomic backgrounds to volunteer, the potential influence of social constructs of identities in the counselling experience for LCs and professional counsellors**,** and the psychological effects of counselling on these mental healthcare providers. Noteworthily, during the discussion on the influence of socially constructed identities in the counselling experience, the review utilises the generalised apartheid-era categories of race, namely White, Black, Coloured, and Indian, because of the historical impact of racialisation in South Africa (Erasmus, 2012; Posel, 2001). The term 'Coloured' differs from the racial slur used in the West and refers to a distinct racial category in South Africa.

2.2 Difficulty Conceptualising VLCs

To understand who falls under the category of VLCs, we first need to understand the meaning of the term LCs. The term LCs appears easily comprehensible. In contrast, despite conducting a systematic review and meta-analysis, Connolly et al. (2021) did not find a universal definition of LCs. Furthermore, a systematic qualitative review conducted by Petersen et al. (2014) posits that the role and scope of LCs have been defined poorly as a unitary concept in South Africa. However, the lack of uniformity in the role definition of LCs may be because of the diverse training approaches provided by different NPOs (Magasana et al., 2016; Thurling & Harris, 2012). For example, some NPOs have trained LCs to conduct motivational interviews to reduce risky sexual behaviour among clients, while others trained them to provide HIV counselling and testing (Dewing et al., 2014; Magasana et al., 2016). Despite the unclear definition of LC, Jansen Van Rensburg (2008) defines LCs as counsellors without professional registrations who educate clients, provide emotional support, and are most active in the fields of HIV/AIDS, psychological first aid, gender-based violence, and trauma. This definition is broad enough to include all the possible roles LCs may play, depending on their training and

purpose. Some LCs volunteer their services without receiving financial incentives (Jansen van Rensburg, 2008; Maes, 2015). This review and thesis use the term volunteer lay counsellors (VLCs) to refer to counsellors who do not receive payment for their counselling services.

Due to the paucity of research specific to Black female VLCs from low socioeconomic backgrounds, the rest of this review draws on the literature on LCs, VLCs, and mental health professionals. Moreover, this literature review draws upon research that used terminologies like community health workers (CHWs), non-professional counsellors, non-specialist health workers (NSHWs), volunteer counsellors, and lay counsellors since these terms have been used interchangeably in research (Barnett et al., 2018; Connolly et al., 2021; Rice, 2020). However, for uniformity in this review, the terms LCs and VLCs are used when discussing the literature.

2.3 The Importance of LCs in South Africa

2.3.1 South Africa's Ailing Healthcare System

Despite mental health legislative efforts aimed at transforming the unequal access and distribution of healthcare services realised during the colonial and apartheid eras and recent increases in expenditure on healthcare, South Africa's current overall healthcare system faces significant challenges (Docrat et al., 2019; Jakovljevic et al., 2019; Malakoane et al., 2020; Maphumulo & Bhengu, 2019). These challenges include resource constraints, a poorly managed healthcare system, and inadequately run quality improvement interventionist programmes that fail to remedy the situation (Maphumulo & Bhengu, 2019). Consequently, this ailing system subjects the public to low-quality healthcare (Maphumulo & Bhengu, 2019).

This low-quality healthcare, particularly within mental healthcare, is exemplified by the 'Life Esidimeni Tragedy' of 2015-2016 (Durojaye & Agaba, 2018). The tragedy occurred due to poor governmental-level execution of the closure of privately run mental healthcare facilities (Life Esidimeni Centers) and the displacement of their patients into ill-equipped NPOs (Durojaye & Agaba, 2018; Ferlito & Dhai, 2018). This poor execution has resulted in the deaths of over 100 patients (Durojaye & Agaba, 2018). Ferlito and Dhai (2018) characterise this tragedy as a gross human rights violation.

Research postulates that the government's decision to close Life Esidemeni Centers was to 'cut costs' (Ferlito & Dhai, 2018). Supportively, Jakovljevic et al. (2019) have reported that South Africa has increased expenditure on healthcare; therefore, cutting costs may have seemed like a reasonable response. However, findings from Docrat et al. (2019), who analysed

the government's expenditure on mental healthcare, indicate that in 2016 (the year of this tragedy), the government allocated only 5% of the public health budget to mental healthcare. Considering this finding, 'cutting costs' from an already underfunded healthcare sector could be considered unreasonable and, ultimately, lethal. This monetary mismanagement reflects the poor management of the mental healthcare systems at a governmental level, ultimately subjecting the public to low-quality healthcare.

2.3.2 Economic and Racialised Disparities in Access to Healthcare

This provision of low-quality healthcare most impacts the economically marginalised groups of society since they depend more on these inadequate public healthcare facilities than the economically privileged (Mhlanga & Garidzirai, 2020; Mhlanga & Hassan, 2022). In South Africa, economic marginalisation often intersects with race as 'race remains a key driver of South Africa's high inequality of opportunity' (World Bank, 2022, p.22). Mhlanga & Garidzirai's (2020) analyses of the racial differences in healthcare demands in South Africa have revealed that the Black population used public healthcare facilities more than other racial populations because of the unaffordability of private healthcare. Supportively, a study by Mhlanga & Hassan (2022) suggests that, due to the unaffordability of private healthcare, households with lower incomes are more likely to utilise public healthcare. These findings suggest that Black individuals of low socioeconomic status (SES) depend heavily on poorly managed public healthcare systems.

Though this sector of the population depends on public healthcare, the availability of these facilities, particularly regarding access to mental healthcare providers, remains scarce. There is an overall dearth of professional mental healthcare providers in South Africa (De Kock & Pillay, 2018; Docrat et al., 2019; Health Profession Counsel of South Africa (HPCSA), 2021; Siyothula, 2019; South African Society of Psychiatrists, 2019). The ratio of 1.5 psychiatrists per 100 000 of the South African population and the enlisting of only 9,183 psychologists and 2640 registered counsellors to service a population of over 60 million illustrates this dearth (HPCSA, 2021; South African Society of Psychiatrists, 2019). However, this dearth of psychologists and psychiatrists is particularly in the country's rural areas (De Kock & Pillay, 2018; Docrat et al., 2019; Siyothula, 2019). Siyothula's (2019) analysis of the distribution of clinical psychologists in Kwa-Zulu Natal shows that eThekwini, a comparatively more urban area, had 0.981 clinical psychologists to serve every 100 000 people, whereas rural districts, like Zululand and Umzinyathi, had only 0.121 and 0.194 psychologists (respectively) to serve

every 100,000 people in their districts. At a national level, De Kock and Pillays' (2018) synthesis of three mental health audits on 98% of South Africa's public rural primary healthcare facilities suggests that there are less than 1 (0.47) psychologist and even lesser (0.37) psychiatrists available for every 100,000 individuals in rural areas. These findings indicate that psychologists and psychiatrists in these areas are overburdened.

Additionally, it demonstrates that access to mental healthcare for people living in rural areas is limited (Vergunst, 2018). Overburdened mental healthcare providers can result in the provision of low-quality service. Moreover, since most rural populations remain Black, the scarcity of mental healthcare providers in these areas maintains the unequal access to and distribution of mental healthcare services along the intersectional lines of class and race as cemented by apartheid and colonialism. Task sharing may address this unequal access to mental healthcare in South Africa (Kagee, 2020).

2.3.3 Task Sharing Using LCs:

2.3.3.1 Increasing Affordable, Available, and Acceptable Mental Healthcare. This study uses task sharing instead of task shifting because, in agreement with Hoeft et al. (2018), it more accurately encapsulates that the responsibility of mental healthcare is being shared among professional and lay mental healthcare providers rather than shifted. Task sharing redistributes mental health services from professional mental healthcare providers to nurses and non-specialist health workers (NSHWs), such as LCs and VLCs (Kagee, 2020; Thornicroft et al., 2016; WHO, 2007). This type of redistribution has many benefits. Firstly, task sharing alleviates the load on overburdened mental health professionals (Kagee, 2020). Secondly, task sharing is cost-effective (Cubillos et al., 2021; Maconick et al., 2018; Nadkarni et al., 2019). For instance, a study on training nurses in rural South Africa to provide mental health services has proved task sharing to be cost and time-effective because the existing local psychiatrists provided continuous training and support (Maconick et al., 2018). Thirdly, the feasibility of task-sharing suggests that it can broaden mental healthcare access to underserved populations (Booysen & Kagee, 2022). Many local studies illustrate this broadening of access by including LCs who often operate in underserved populations (For examples, see: Benjamin, 2014; Benjamin & Carolissen, 2015; Booysen & Kagee, 2022; Dageid et al., 2016; Jackson et al., 2013; Maconick et al., 2018; Munodawafa et al., 2017).

However, increasing mental healthcare availability is insufficient if the service quality is unacceptable (Honda et al., 2015). Fortunately, globally, a substantial amount of research

suggests that task sharing of mental healthcare services with LCs and VLCs has been effective (Arjadi et al., 2018; Connolly et al., 2021; Michelson et al., 2020; Patel et al., 2010, 2011, 2017; Petersen et al., 2014, 2021; Petersen Williams et al., 2020; Scott et al., 2018). For instance, Connolly et al.'s (2021) recent review of randomised controlled trials (published from 2000-2019) of mental health interventions in low-and-middle-income countries (LMICs) by 'professionally trained' LCs, revealed that interventions by LCs led to statistically significant improvements to mental health symptoms; particularly regarding post-traumatic stress disorder, depression, anxiety and alcohol use. Supportively, Petersen et al.'s (2014) qualitative systematic review of the research on LCs in South Africa revealed that LCs' interventions improved adherence to anti-retroviral treatment and a reduction in 'HIV-risk behaviours', such as unprotected sex. Moreover, research shows that 12-week group-based interventions by LCs significantly reduced depressive symptoms among clients (Petersen et al., 2012). Additionally, a more recent study in South Africa suggests that LCs have comparable efficacy to mental health specialists in effectively addressing the depressive symptoms of patients with hypertension (Petersen et al., 2021). This finding indicates that LCs may provide effective mental healthcare to populations with a scarcity of psychologists and psychiatrists.

Notably, there may be several factors facilitating the effectiveness of LCs. These include intervention, context and client factors (Kagee, 2020; Munodawafa et al., 2017). Intervention factors include administering appropriate interventions and the length and number of provided counselling sessions (Kagee, 2020). Counsellor factors encompass LCs' competencies in administrating these interventions and the personality and intellectual dispositions of LCs (Kagee, 2020). Contextual factors include issues such as crime and poverty that might disturb the counselling process and inconvenient rooms that inhibit privacy (Munodawafa, 2020). Client factors involve the client's level of maturity and acceptance of intervention (Kagee, 2020; Munodawafa et al., 2017). However, research posits that the effectiveness of LC-led interventions entails thoughtful enlistment, adequate and continuous training and reflective supervision, appropriate incentivising of LCs, and examining of LCs' commitments to counselling clients (Betancourt & Chambers, 2016; Kagee, 2020; Kok et al., 2015; Petersen et al., 2014)

These effective and accessible services are essential in South Africa, where individuals face many psychosocial issues that affect their mental health. These include HIV/AIDS, gender-based violence and exposure to violent crimes. Approximately 7 200 000 South Africans have been diagnosed with HIV by 2020, and although the infection rate has declined,

South Africa houses 19% of all HIV cases globally (WHO, 2021). Additionally, crime statistics released by the South African Police Service (SAPS) in the second quarter of 2021 show that violent crime incidents have increased over the last decade. Additionally, crime statistics released by the South African Police Service (SAPS) (2022) show that in the second quarter of 2021, violent crime incidents increased over the last decade. These statistics exemplify the need for LCs to provide mental health care services to vulnerable population groups in South Africa.

Despite the utility and need for LCs in primary mental health care, they often earn low financial remuneration and are paid inconsistently (Black et al., 2010; Peltzer & Davids, 2011; Woolman et al., 2009). As a result of their low remuneration, LCs and their clients have had negative experiences. First, Woolman et al. (2009) indicated that poor remuneration might lead to high absenteeism, low motivation, and low morale among LCs. Second, Black et al. (2010) found that HIV testing among women at an antenatal clinic in Johannesburg declined when LCs were unpaid. Ultimately, the low financial remuneration of this type of work can leave LCs demotivated, thereby negatively impacting their clients.

However, financial incentives are not the only motivating determinants for LCs (Baillie Smith et al., 2022). As mentioned earlier, some LCs, such as the VLCs in this study, volunteer without receiving any economic incentives (Jansen van Rensburg, 2008; Maes, 2015). Here, particular interests lie in understanding what motivates LCs from low socioeconomic communities to volunteer. The following section discusses these potential non-monetary motivations of VLCs.

2.4 Non-Monetary Motivations to Volunteer as an LC from Low-Income Contexts

2.4.1 Altruistic and Egoistic Motivations

In agreement with Clary and Snyder's (1999) functional theory of motivation and the international findings by Stukas et al. (2016) that people have different and multiple motivations to volunteer, a recent systematic review by Willems et al.'s (2020) suggests that LCs have been motivated to volunteer for a range of reasons ranging from self-oriented egoism to other-oriented altruism. Approvingly, local research suggests that LCs, specifically those from low-socioeconomic backgrounds, have been motivated by psychological altruistic and egoistic reasons for volunteering (Benjamin, 2014; Dageid et al., 2016). Additionally, research suggests past traumatic experiences may motivate people to provide healing work such as

counselling (Staub & Vollhardt, 2008). The discussion below explores these varying sources of motivation.

2.4.1.2 Egoism. Psychological egoism describes a selfish motivational state where the possibility of receiving a reward such as higher self-esteem, educational benefits, and recognition drives people to help others (Chung, 2016). In addition to egoistic monetary reasons (such as receiving a stipend), LCs from low socioeconomic communities in South Africa and other LMICs are motivated by non-monetary egoistic reasons. These include gaining a sense of purpose, attaining the community's trust and respect, potential career advancement, and learning about HIV/AIDS and healthy living (Benjamin, 2014; Dageid et al., 2016; Kok et al., 2015; Scott et al., 2018; Swartz & Colvin, 2015).

2.4.1.3 Altruism. On the other hand, some of these LCs from low-socioeconomic communities in South Africa and other LMICs also displayed psychological altruism. Psychological altruism is a selfless motivational state in which people's concern for another's welfare motivates them to help others (Chung, 2016). VLCs in rural Ethiopia and LCs in peri-urban communities in Kenya have demonstrated this sense of altruism by expressing being motivated by an intrinsically felt sense of duty and responsibility toward their communities (Maes, 2015; Wall et al., 2020). Sharing these sentiments, LCs from low-socioeconomic communities in South Africa have shared altruistic reasons for volunteering that include concern for the welfare of those in their respective communities and a desire to help those in need (Benjamin, 2014; Dageid et al., 2016; Swartz & Colvin, 2015).

These altruistic reasons seem interconnected with socially constructed ideas about culture, religion and gender. Notably, in their studies with LCs, Dageid et al. (2016) and Swartz and Colvin (2015) make us aware that cultural values like Ubuntu (an African value system that prioritises the interconnectedness of humans, nature and the spiritual) and religious obligations embedded in Christianity underpinned LCs' altruistic reasons for volunteering. Moreover, the LCs in Benjamin's (2014) and Dageid et al.'s (2016) studies were all female, indicating the gendered nature of altruistically caring. Swartz and Colvin (2015) also illustrate this gendered dynamic by positing that female LCs' primary motivation for involvement in this field stemmed from 'caring for loved ones'(p.3).

However, psychological egoists, like Jeremy Bentham (1843) and Thomas Hobbes (1968), would contest these positions of altruism. They believe that, ultimately, humans are always motivated to act within our best self-interests, regardless of whether we are consciously

aware of this (Chung, 2016). Notably, there are many arguments against psychological egoism, such as being unfalsifiable since it cannot be empirically proven and presenting a paradox where one's welfare depends on the welfare of others (Chung, 2016). Moreover, this view neglects to consider people's capacity for empathetic concern, which can lead to altruistically motivated behaviour.

2.4.1.3.1 Interconnection of Empathy-Altruism. LCs from the abovementioned studies, altruistic reasons for volunteering may be derived from their empathetic concern for others (Batson, 2010, 2017). Empathetic concern (also called compassion) is considered *a feeling for* others instead of empathetic, cognitively induced understanding which entails a *feeling as* others (Batson, 2010, 2017). Batson (2010, 2017) proposes an *empathy-altruism hypothesis* which stipulates that one's empathetic concern for another's welfare can motivate one to help others. Supporting this theory, Dageid et al. (2016) found that LCs believed their empathy for their clients altruistically motivated them to continue volunteering in unpaid AIDS care. Still, psychological egoists may argue that the altruistically motivated LC will still gain some personal satisfaction from helping, and their motivations are ultimately egoistic (Chung, 2016). However, whatever personal pleasure the empathetic, altruistic helper derives is seen as an unintended consequence of helping. Thus, although helpers may derive some personal benefits, they can be altruistically motivated to help due to their empathetic concern for others. Their empathetic concern for others, which motivates them to volunteer as LCs, may derive from difficult past experiences, such as surviving trauma or illness (C. Brady et al., 2015; Greenberg et al., 2018).

2.4.2 'Altruism Born from Suffering' (Staub & Vollhardt, 2008, p.267)

In her quantitative study exploring the relationship between LCs' exposure to past trauma and their professional quality of life, Padmanabhanunni (2020a) speculates that LCs' past trauma experiences may have motivated them to volunteer as LCs. Whilst this is speculative, Jenkins et al. (2011) provide positivistic evidence that counsellors' can be motivated to counsel others because of their personal experiences of past trauma. Carl Jung (1965) refers to these counsellors as the *'wounded healers'*: those whose own hurt inspires them to help others. Staub & Vollhardt (2008) succinctly captures this type of motivation as an 'altruism born of suffering' (p.267).

Staub and Vollhardt's (2008) influential quantitative study that included surveying more than 1,300 people from the United States of America (USA) found that trauma victims (or

rather survivors) were more likely to empathise with others having a similar experience and display altruistic behaviour such as volunteering. Although this is a study from the USA, the findings could apply to South Africans who have 'suffered' due to historical oppression and may continue to 'suffer' due to structural inequalities. Notably, LCs in Benjamin's (2014) study have displayed this type of altruism since they valued counselling children who experienced similar traumas to their childhood traumas. Speculatively, Black female VLCs from low- socioeconomic backgrounds may share this motivation to counsel those with similar wounds derived from a historically entrenched 'matrix of domination' built through sexism, racism and classicism (Gouws, 2017). Whilst more research is needed to understand how difficult experiences derived from institutionalised oppression of race, class and gender can motivate one to become a professional or lay counsellor, there is information on how these socially constructed subjectivities impact the counselling experience for both the client and the counsellor.

2.5 The Influence of Social Identities on the Counselling Experience

Although many LCs in South Africa provide counselling within their communities, some, like the VLCs in this study, also provide counselling services to people outside their communities who may be dissimilar regarding race, class, gender, and other socially constructed demographics. However**,** there is a paucity of local literature discussing Black female VLCs' experiences counselling clients of different races, genders and class. Notably, Benjamin's (2014) study does provide some insight into Coloured female LCs from marginalised backgrounds' experiences of counselling people of a different race. However, this study does not provide an understanding of how these racial dynamics play out during the counselling sessions. Moreover, whilst Benjamin's (2014) participants share gendered and class subjectivities with Black female VLCs from a marginalised background, they may have different life and counselling experiences due to their race. These differences are particularly true in the South African context where Black women have uniquely experienced (and continue to experience) the intersectional oppression of sexism, racism, and classism realised through historically racist, classist and sexist ideologies of apartheid and colonialism (Gouws, 2017)

These oppressive regimes may have left behind societal attitudes and stereotypes about others based on their intersectional race, gender and class (among others) intersubjectivities (Tamale, 2020). Kang & Bodenhausen (2015) and Nicolas et al. (2017) support this assertion in independent reviews of empirical research and hypothetical models, which posit that people

are perceived and intersectionally stereotyped based on their embodied interconnected multiple social categorisations. However, Petsko et al. (2022) propose a lens-based model where people are perceived according to particular (not all) aspects of their intersections or even single social categorisations, depending on the context others view them. Thus, speculatively, Black female VLCs from low-socioeconomic contexts may be viewed by their clients using a lens that regards them as a therapist; whilst these same Black female VLCs would use a lens that views their clients as humans needing therapy.

Whilst this remains speculative because of the scarcity of local and international literature exploring marginalised Black female VLCs' experiences of counselling clients of different intersecting embodiments, local and international literature discusses Black mental health professionals' experiences of counselling those demographically dissimilar. This literature suggests that therapists and clients perceive each other based on race, gender and class, not just as a therapist or client (Comas-Díaz & Jacobsen, 1995; Goode-Cross & Grim, 2016; Kelly & Greene, 2010; Kometsi, 2001). The following section explores how these kaleidoscopic lenses worn by the therapist and client affect the therapists' experiences counselling those of similar and dissimilar races and gender. Although research typically focuses on these demographic variables distinctively, the following section draws intersectional connections between these and other variables where possible.

2.5.1 Race

Some local literature discusses Black mental health professionals' experiences with racially dissimilar clients in South Africa. Still, here, the research focuses on the context of the Black therapist/White client dyad (for example, Kometsi, 2001; Mbele & Gericke, 2010). Notably, Mbele and Gericke (2010) analyse Black therapists' experiences with Indian and Coloured clients. Here they found that Black therapists' felt undermined by Indian clients who believed that Black therapists could not understand what it means to be Indian in South Africa. Concerning Coloured clients, these therapists explained feeling a sense of being 'othered'. Overall, there is a scarcity of local literature that focuses on the Black therapist/Indian Client dyad or Black therapist/ Coloured Client dyad even though these varying racial dyads might hold importance in South Africa, a country historically segregated along hierarchies of race (Posel, 2001).

The lack of local literature on varying racial therapeutic dyads exemplifies Esprey's (2017) postulation that race continues to be challenging to discuss within the therapeutic

contexts. More recently, local research by Johnston (2023) demonstrates this difficulty. Even though this study explored urban and rural situated and racially diverse psychologists' perspectives on multiculturalism in the clinical setting, participants (psychologists) only referred to race but notably neglected to talk about its associated challenges. However, since there is relatively more local literature focusing on the experiences of Black therapists with White clients than those with Coloured and Indian clients, the review's focus will remain within this racial dyad. Still, local literature on the Black therapist/ White client dyad remains scarce.

Most of the research on cross-racial dynamics in psychotherapy remains in psychodynamic therapeutic contexts where most of the clients are Black, and most of the therapists are White (For examples, see: Knight, 2013; Long, 2022; Strous & Eagle, 2004; Suchet, 2004; S. Swartz, 2012). This focus could be because of the racial demographic makeup of psychologists in South Africa. According to Pillay & Nyandeni (2021), only 14.8% of the newly licensed clinical psychologists from 2007-2018 were Black, indicating that Black people remain largely underrepresented as professionals in this field in a country where Black people comprise the majority of the population group. These racial representations of clinical psychologists indicate the persisting institutionalised racism in the country, specifically within the healthcare field (Pillay & Nyandeni, 2021).

Consequently, to supplement the scarcity, the following section will discuss the relatively infrequent local and (additionally) international literature that explores the Black therapist/White client dyad. Notably, some of these explorations focus on psychodynamic occurrences of transference and countertransference (Comas-Díaz & Jacobsen, 1995; Curry, 1964; Gardner, 1971; Kometsi, 2001; Mbele & Gericke, 2010; Price, 2015). Thus, herein attempts to excavate the therapists' experiences from this literature by focusing on their reported feelings about themselves and towards their clients.

2.5.1.2 Black Therapist/ White Clients. Although appropriate training allows mental healthcare providers to counsel people across cultures and races (Benuto et al., 2018; Naudé & Bodenstein, 2017), local and international research decades apart suggests that some Black therapists have had challenging counselling experiences with White clients (Comas-Díaz & Jacobsen, 1995; Curry, 1964; Gardner, 1971; Kistan, 2004; Kometsi, 2001; Mbele & Gericke, 2010; Spalding et al., 2019). These challenging experiences may stem from White clients' initial reactions when meeting their Black therapists. For instance, Black and other minority ethnic counsellors from South Africa, Britain, and Canada have had counselling experiences

where White clients displayed apprehension and shock at having been assigned a Black therapist (Kistan, 2004; Mbele & Gericke, 2010; Spalding et al., 2019). Other literary reports from the USA and Brazil point out experiences where White clients rejected Black and Asian psychologists because they felt that they could only be vulnerable with White psychologists or distrust the Asian therapist (Comas-Díaz & Jacobsen, 1995). Interestingly, the referenced pieces are decades apart, illustrating the constant racial tension encompassing the Black therapist/ White client therapeutic dyad.

Notably, several reasons may account for these reactions by White clients. A few include; cultural xenophobia (or mistrust), unconscious negative perceptions about Black therapists, feeling inhibited from talking freely about personal issues that could be deemed racist, fear of hurting their therapists' feelings with discussions on racially sensitive issues, and anxieties about the potential power a Black therapist (power derived from their professional standing, not race) might hold over them (Comas-Díaz & Jacobsen, 1995; Curry, 1964; Lipscomb & Ashley, 2020; Kelly & Greene, 2010; Moodley & Dhingra, 2002). It is beyond the scope of this review to unpack these potential reasons why some White clients adversely react to Black and other ethnic minority therapists because, here, the focus lies in exploring how Black therapists experience these reactions.

Theoretical postulations (Helms, 1984), research findings (Kistan, 2004; Mbele & Gericke, 2010; Price, 2015; Spalding et al., 2019), reflective case reports (Kometsi, 2001), and academic commentary articles (Comas-Díaz & Jacobsen, 1995; Delapp & Williams, 2015) suggests that some Black therapists have experienced self-doubt in their ability to work effectively with White clients, microaggressions from their clients, anger and resentment toward the client, guilt for not focusing on racially similar clients, fear of the potential damage a White client could do to their career due to their societal influence and power, and consequently, avoided seeing White clients. Helms' (1984) predictive theoretical model on cross-racial therapeutic dyads suggests that Black therapists' counselling experiences with White clients depend on both parties' stages of identity development and reception of Blackness. Notably, due to a lack of research on the Black therapist/ White client dyad at that time, Helms' (1984) predictive model was unsupported. However, later commentary by Comas-Díaz & Jacobsen (1995) does provide exemplary (though anecdotal) support to Helms' (1984) postulations. Comas-Díaz & Jacobsen (1995) state that Black therapists at a stage of identity development where they struggle with their racial identity experience feelings of incompetence. This insecurity is exemplified by trying to disprove perceptions of their

incompetence through over-compensatory means such as exaggerating their credentials (Comas-Díaz & Jacobsen, 1995). However, suppose the therapists' incompetency is viewed in relation to their Blackness, as is evidenced in Kistan's (2004) study where minority counsellors from Canada expressed feeling inadequate to help White clients because of racial differences. In that case, it can be argued that Black therapists have few avenues to disprove such perceptions. Ultimately, in these interactions, the client's White gaze has made these therapists 'feel the weight of' their 'melanin' (Fanon, 1967, p.128).

On the other hand, 'the weight of their melanin' may not only be experienced as a burden but also as an asset. African American therapists in Knox et al.'s (2003) study stated that they were more comfortable and skilled at addressing issues of race in therapy because they had gained knowledge about these issues. Their comfort in addressing race also aided them in easing White clients' discomforts around racial issues and consequently helped them build rapport with White clients. Mbele & Gericke's (2010) findings also suggest that the racial, gendered, religious, and age distance between Black therapists and White clients facilitated a more comfortable counselling experience. In their study, a therapist perceived that her identity as a young Black Christian female made it easier (less threatening) for an older White Jewish male to open up to her. Elsewhere, research has also found that Black counsellors have had positive 'powerful' experiences counselling White clients because they could process their feelings about White privilege and build an alliance with White clients (Price, 2015). In the context of race, these findings illustrate the potentially multifaceted, non-monolithic experiences Black counsellors may have with White clients. However, issues around race may impact not only racially different therapeutic dyads but also same-race therapeutic dyads. This impact becomes apparent in Black therapists' complex experiences with Black clients.

2.5.1.3 Black Therapist/ Black Client. Although underdeveloped, the literature suggests that Black therapists have complex and non-monolithic experiences working with Black clients. Due to shared racialised experiences, Black therapists often express a sense of fulfilment, more significant empathetic connections, investment and solidarity in working with Black clients (Burch, 2018; Goode-Cross, 2011; Goode-Cross & Grim, 2016; Lipscomb & Ashley, 2020; Maki, 1999). More recent empirical research suggests that Black therapists want to devote more time to counselling Black clients (Scharff et al., 2021). This finding alludes to a sense of guilt Black therapists may feel for not being able to prioritise the healing and empowering of Black clients and concern for this demographic group. Conversely, Black (and other ethnic-minority) therapists have feared overidentifying with the client's racialised

experiences and, thus, crossing appropriate professional boundaries (Comas-Díaz & Jacobsen, 1991; Goode-Cross & Grim, 2016). Comas-Díaz & Jacobsen (1991) suggest that overidentification with a client's experiences of racial discrimination may lead therapists to falsely attribute racialised experiences to some of the clients' issues and, thus, can be detrimental to the client's progress. Moreover, Black therapists' who overidentified (or had an acute empathetic understanding) with their clients' experiences in brutal contexts of systemic racism have also experienced feeling emotionally drained (Lipscomb & Ashley, 2020). These multifaceted potentialities allude to the necessity for a nuanced and profoundly reflective approach to counselling.

Likewise, stressing the non-monolithic nature of Black therapists and their experiences, literature makes us aware that Black therapists' experiences with Black clients may vary according to their and their clients' intersectional demographic features (Ablack, 2000; Goode-Cross & Grim, 2016; Kelly & Greene, 2010). Study reports have highlighted the impact of intersectional demographic features of gender and race. For instance, Black female therapists may have uniquely challenging and enrichening encounters with Black female clients due to shared intersectional racialised and gendered experiences (Ablack, 2000; Kelly & Greene, 2010). Even within a Black female therapist/ Black female client dyad, the therapists' therapy experiences may be complicated because of their, and their clients, intersectional embodiments of gender, race, skin colour, hair texture, sexual orientation and nationality (Kelly & Greene, 2010). Goode-Cross and Grim's (2016) study also highlights the influence of intersectional constructs of class, culture and race by finding that Black therapists experienced superior therapeutic connections to Black clients if they shared minimal differences in SES and culture. Similar to their experiences with White clients, the above section illustrates the multifaceted nature of Black therapists' experiences with Black clients. Noteworthily, these are the experiences of African American therapists in the context of the USA, a country with a predominantly White population. These experiences may be more complex in South Africa, a country with a majority Black population, which within itself lies diversity (Howell, 2019).

2.5.2 Gender

Therapists have also experienced complexity in working with clients because of gendered socialisations. With male clients, difficulties lie in navigating socialised beliefs and re-enactments of masculinity held and reconstituted by the therapists and client (Boonzaier & Gordon, 2015; Seidler et al., 2021; Wolf et al., 2018). Moreover, therapists are challenged by

the experiences of male clients that defy their socialised beliefs of masculinity (Hogan et al., 2012). Conversely, women's gendered oppression complicates therapists' experiences with female clients. Furthermore, the clients' other intersecting embodiments add to the complexities of working with both genders, which can either enhance or devalue their social positions within the therapeutic relationships (Kivlighan III et al., 2019). The following section aims to explore therapists' complex experiences with clients of different genders. Notably, these explorations stay within the binary social constructions of gender identity, i.e., male and female, because of the paucity of research exploring therapists' experiences with clients identifying outside of this binary.

Research suggests that therapists of both genders have experienced difficulties counselling men (Baum & Moyal, 2020; Boonzaier & Gordon, 2015; Hogan et al., 2012; Seidler et al., 2021; Wolf et al., 2018). From an analysis of some studies, both male and female therapists have expressed difficulty counselling male clients due to the clients' presentation of masculine norms, such as emotional restrictiveness, aggressive behaviour and stoicism (Hogan et al., 2012; Martin, 2016; Seidler et al., 2021; Wolf et al., 2018). On the other hand, research seemingly indicates that male and female therapists face different challenges when counselling male clients (Baum & Moyal, 2020; Boonzaier & Gordon, 2015).

Male therapists have experienced difficulties counselling male clients because they have overidentified with the client (Baum & Moyal, 2020; Boonzaier & Gordon, 2015). These experiences are particularly difficult for male therapists counselling male clients who have perpetrated physical and sexual abuse (Baum & Moyal, 2020; Boonzaier & Gordon, 2015). A recent 'systematic review and small scale meta-analysis' by Baum & Moyal (2020) suggests that female therapists were less vulnerable than male therapists to adverse psychological outcomes of treating male and female sex offenders. These findings contradict older empirical findings by Farrenkopf (1992) that positioned female therapists as more susceptible than male therapists to have adverse emotional experiences, like paranoia and hypervigilance, when counselling male sex offenders. Baum & Moyal (2020) attribute their recent contradictory finding to situational factors, such as female therapists' caseloads of working with perpetrators and victims, while male therapists worked mostly with perpetrators.

However, female therapists have experienced different adverse psychological and emotional effects of working with male clients. Due to some male clients' aggressive behaviour, female therapists in Wolf et al.'s (2018) study have expressed fear. Female

therapists have also experienced discomfort and vulnerability when working with male clients who were (nonreciprocally) sexually attracted to them (Lukac-Greenwood & Van Rijn, 2021). These experiences highlight how historic sexism imbues male clients' power over therapists, particularly females. Moreover, these findings illustrate how female therapists' challenges arise from power differentials embedded in gender, whilst male therapists' challenges arise due to overidentification and similarities.

Conversely, challenges of working with male clients also derive when male clients' experiences defy these preconceived notions of power and masculinity (Ellis et al., 2020; Hogan et al., 2012; Taylor et al., 2022; Yarrow & Churchill, 2009). For instance, therapists who counselled men who were victims/survivors of female-perpetrated domestic abuse expressed being shocked at the abuse these men have received, a desire (particularly by female therapists) to create a safe space for these male clients to open up, and frustration toward a psychological counselling system they saw as revictimising these male clients (Hogan et al., 2012). Here, sexist ideologies of masculinity held by therapists and upheld by society result in therapists feeling shocked at the contradiction to their normalised beliefs of masculinity and men and frustration toward a system that does not account for these norm deviations.

Most of these studies referenced in the above section are from Western contexts. For instance, the studies are from the USA (Wolf et al., 2018), the United Kingdom (Hogan et al., 2012; Lukac-Greenwood & Van Rijn, 2021), and Australia (Seidler et al., 2021). The context of the study is imperative in understanding differences in masculine norms. Connell's (2013; 2020) framework for understanding hegemonic masculinities implores us to consider that these ideologies are built from specific histories and within particular contexts. Taking it further, Morrell, a prominent researcher of masculinities within the South context, suggests that even within a context, there may be multiple ideologies of masculinities along the lines of race and culture developed and sustained by histories of racial segregation (Morrell, 1998; Morrell et al., 2012) Understanding how hegemonic masculinities differ around the world allows us to do a nuanced analysis of how gendered dynamics intersect with culture and context in therapy and affect therapists' experiences differently (or similarly) in varying contexts. For instance, in South Africa, young Black female counsellors have expressed being seen as (and viewing themselves as) illegitimate and unsuitable for counselling older Black male clients on gender and violence because of shared culturally constructed ideas about the role of older males and younger females (Boonzaier & Gordon, 2015). This illustration shows the importance of considering intersecting identities embodied by the client and therapist to have a nuanced

understanding of therapists' counselling experiences. It further displays the sexist and ageist discrimination young female counsellors face because of culturally inscribed intersected roles of gender and age that render their 'expert power' as a therapist meaningless.

The oppression of women impacts counsellors' ethical practices and psychology (Magnan-Tremblay et al., 2020; Padmanabhanunni & Gqomfa, 2022; Smith et al., 2019). Ethically, the excavation of women's exposure and vulnerability to sexual assault highlighted by the #metoo movement presents mental health practitioners with many ethical dilemmas (Smith et al., 2019). These challenges include mental health practitioners navigating reconciliation attempts between survivors and perpetrators and assessing and distinguishing between their values and clients' needs (Smith et al., 2019). Psychologically, exposure to the challenges faced by female clients may leave these practitioners, particularly female practitioners, predisposed to feelings of helplessness and hopelessness (Magnan-Tremblay et al., 2020; Padmanabhanunni & Gqomfa, 2022). A study in Canada by Magnan-Tremblay et al. (2020) posits that counsellors who counsel female sex workers may feel helpless to prevent their clients from being exposed to the dangers of sex work.

Similarly, female psychologists in South Africa counselling female survivors of sexual abuse share this feeling of helplessness (Padmanabhanunni & Gqomfa, 2022). Notably, Sui & Padmanabhanunni (2016) suggest that female therapists counselling sexual assault survivors are more susceptible than male therapists to experiencing psychological distress. Similarly to the male therapists who experienced difficulty with male clients because of overidentifying with them (see: Baum & Moyal, 2020; Boonzaier & Gordon, 2015), Sui and Padmanabhanunnis' (2016) findings suggest that female practitioners may also identify more with their female clients and therefore be more susceptible to psychological distress than their male practitioners.

Given that the research above suggests that gender considerably impacts mental health practitioners' counselling experiences, it is essential to understand VLCs' counselling experiences with different genders. Unfortunately, there seems to be a paucity of research highlighting these particular experiences in South Africa. Notably, Boonzaier and Gordon (2015) highlight the discourses available for counsellors counselling male perpetrators in South Africa. However, the research does not unpack counsellors' experiences of counselling female clients. Padmanabhanunni and Gqomfa (2022) highlight these experiences of counselling female clients but speak specifically to female psychologists' experiences. In South Africa,

Black female VLCs from marginalised contexts who counsel people of varying demographics and cultural contexts are also prone to these complex, multifaceted counselling experiences induced by racialisation and gendered socialisation. However, there is a paucity of research exploring their potentially complex experiences.

Moreover, it remains unclear how these complex counselling experiences induced by racial and gender power differences influence VLCs' susceptibility to typical adverse psychological outcomes of counselling, such as burnout, secondary traumatic stress (STS), and vicarious trauma (VT). Notably, studies have explored LCs and VLCs' experiences of these psychological outcomes induced by counselling (For example, Padmanabhanunni, 2020b; Peltzer et al., 2014; Rice, 2020; Vawda, 2014). Many of these studies do not account for how VLCs' intersectional positionalities impact their susceptibility and experience of adverse psychological outcomes. However, these studies provide important positivistic and circumstantial evidence on the occurrence and experience of the psychological impact of counselling. Thus, the following section discusses the literature on these potential psychological impacts.

2.6 Psychological Impact of Counselling

To further understand the impact of counselling clients on VLCs, one must understand the concept of active listening. In Psychology, Carl Rogers and Richard Farson (1957) characterise active listening as non-judgemental listening and accurate reflections. It is well-documented that listening to someone's traumatic event may cause adverse mental health outcomes for the listener (Figley, 1995; McCann & Pearlman, 1990; Saakvitne & Pearlman, 1996; Stamm, 2002, 2013). Researchers operationalise some of these adverse psychological outcomes as experiences of burnout, secondary traumatic stress (STS), and vicarious trauma (VT) (Figley, 1995; McCann & Pearlman, 1990). Although the terms have often been used interchangeably in research, it is essential to distinguish between them since they have different (and sometimes overlapping) aetiologies and symptoms (Newell et al., 2016). The following section will make distinctions between these concepts and relate them to the research findings exploring the experiences of LCs. The potential positive experience, such as compassion satisfaction, LCs may derive will also be highlighted.

2.6.1 Burnout

Burnout refers to the critical experiences of, as highlighted by several scales, i.e. Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1988), The Oldenburg Burnout Inventory (OLBI) (Demerouti & Bakker, 2008), and the Burnout Measure (BM) (Pine, 2005), physical and emotional exhaustion, and cognitive and behavioural changes (Newell et al., 2016). Sleep troubles, headaches, gastrointestinal disturbances, colds, and flu characterise physical exhaustion (Kahill, 1998; Malasch & Jackson, 1988). Emotional exhaustion encompasses feelings of depression, helplessness, hopelessness, anxiousness and irritability (Kahill, 1998). Cognitive thoughts show disillusionment and resentment of others, and behaviours become more aggressive, callous, defensive and cynical (Kahill, 1998).

The abovementioned experiences of burnout can result from environmental factors, such as an overbearing workload and insufficient support (Maslach & Leiter, 2017; Newell et al., 2016; Padmanabhanunni, 2020b; Peltzer et al., 2014). Since heavy workloads and insufficient support may characterise any career, individuals working in any profession that experience these environmental factors may be susceptible to burnout, for example, nurses (Lee et al., 2021; Maslach & Leiter, 2017). Therefore, heavy workloads and insufficient support can expose mental health care providers such as professional therapists, LCs and VLCs to burnout experiences.

Local and international research suggests that professional and lay mental-health care providers have experienced burnout (Avieli et al., 2016; Kitchingman et al., 2017; Liebling et al., 2016; Padmanabhanunni, 2020b; Peltzer et al., 2014; Rice, 2020; Shell et al., 2021; Sodeke-Gregson et al., 2013; Sui & Padmanabhanunni, 2016; Vawda, 2014). In South Africa, Padmanabhanunni (2020a) and Vawda (2014) found that several LCs exhibited burnout in their respective quantitative studies. For instance, Vawda's (2014) finding that almost a third of the participating LCs in Durban (A city located in South Africa) exhibited the burnout symptom of emotional exhaustion illustrates LCs' psychological vulnerabilities. Moreover, in line with Kahill's (1998) abovementioned conceptualisation of emotional exhaustion encompassing feelings of depression, Vawda's (2014) finding suggests that emotional exhaustion was positively associated with experiencing depressive symptoms. Additionally, supporting the supposition that workload and support are associated with burnout, Padmanabhanunni (2020a) and Peltzer et al. (2014) quantitative surveys found that large workloads and inefficient support are potentially related to high levels of burnout.

Changing perspectives by considering the counselled client, Figley (1995) suggests that LCs experiencing burnout could lack focus and fail to listen to clients. This burnout experience can result in the LCs detaching from their clients and, consequently, developing poorer connections to and withdrawal from the client (Figley, 1995). Supportively, Vawda's (2014) abovementioned study measured that participating LCs exhibited moderate to high levels of depersonalisation towards their clients. However, burnout can present itself after a prolonged period (Figley, 1995). Thus, the LCs' organisation may not spot burnout among LCs quickly enough to mediate the adverse effects. Considering the negative impact of burnout on LCs and their clients, organisations must implement interventions against burnout by considering the multisystemic factors influencing its development and sustainment (Maslach & Leiter, 2017)

2.6.2 Secondary Traumatic Stress (STS)

While broader organisational factors, such as a high workload and insufficient support and training, can influence the development of burnout (See: Maslach & Leiter, 2017; Newell et al., 2016), STS (another possible adverse effect LCs may experience) develops from secondary exposure to traumatic material through listening or hearing about the trauma (Baird & Kracen, 2006; Figley, 2013; Guitar & Molinaro, 2017; Jenkins & Baird, 2002). Anyone who listens to or overhears details about someone's traumatic experience and perceives an inability to 'rescue' the traumatised individual can experience STS (Cocker & Joss, 2016; Guitar & Molinaro, 2017).

Conversely, to burnout, STS presents more suddenly, has a disconnection from actual causes, presents a faster recovery rate, and has a different cause and profile (Bernier, 1998; Figley, 1995; Hakanen & Bakker, 2017; Pfifferling & Gilley, 2000). The symptoms of STS are more similar to Post Traumatic Stress Disorder (PTSD) in that people diagnosed with STS often reexperience the traumatic event, become avoidant, and have persistent arousal (Figley. 1995). People susceptible to developing STS are often highly empathetic (Figley, 1995). Arguably, highly empathetic people work in counselling settings as it helps facilitate a therapeutic connection between the client and counsellor and positive change (Elliott et al., 2018; Watson et al., 2014). Thus, the profiles of those diagnosed with STS often work in professions that require empathetic engagements; these include therapists, nurses, emergency responders, and counsellors (Michelson & Kluger, 2021).

Since STS can be caused by caring for those who have experienced trauma (see: Boyle, 2011), LCs in LMIC are especially susceptible to experiencing STS since exposure to trauma

is higher in LMIC (Atwoli et al., 2015). Studies on humanitarian aid workers who provide lay counselling services from India and Uganda found that 26% of participants in Uganda and all Indian participants experienced STS (Ager et al., 2012; Shah et al., 2007). In South Africa, Peltzer et al. (2014) found that 51.4% of the sampled lay HIV counsellors showed symptoms of STS. While in a qualitative study, LCs counselling victims of intimate partner violence expressed symptoms of STS (Howlett & Collins, 2014). Furthermore, in the Western Cape, 21% of the sampled LCs exhibited high levels of STS (Padmanabhanunni, 2020b). Contrarily, Ortlepp & Friedman (2002) found that participating lay counsellors in their study did experience STS but not on a clinical level. Nevertheless, they posit that participants experienced a change in their cognitive schema. Changes in cognitive schemas are related to vicarious traumatisation, explained next.

2.6.3 Vicarious Traumatisation (VT)

Similarly to STS, empathetic engagement with another's trauma can induce VT (McCann & Pearlman, 1990). However, while STS presents with symptoms similar to PTSD, VT specifically describes changes in cognitive schemas (Baird & Kracen, 2006; McCann & Pearlman, 1990). VT refers to the harmful permanent changes to cognitive schemas in which the counsellor starts to think negatively about themselves, others, and the world (Figley, 1995; McCann & Pearlman, 1990).

After a recent literature review, Branson (2019) suggests that VT can affect the mental-health provider personally and professionally. Personally, mental-health providers may encounter stress, intrusive thoughts related to their clients' traumas and nightmares, adopt a pessimistic outlook on the world, refrain from engaging in physical intimacy, socially isolate themselves, develop a heightened awareness of threats to their own and their loved one's safety, and distance themselves from previously held spiritual beliefs (Branson, 2019). In their professional capacity, mental-health providers might exhibit increased absenteeism, attempt to avoid clients' disclosures of traumatic experiences, feel demotivated to continue working in the field, make poor decisions in their professional roles, excessively involve themselves in their clients' lives, experience a decline in work ethic, or harbour feelings of anger towards their clients (Branson, 2019). Consequently, the effects of VT illustratively can potentially impact the counsellor and the client. Given this impact, it is crucial to understand the experience of VT among VLCs and LCs who open access to mental health services to the South African public.

Unfortunately, there seem to be a few South African studies that explored LCs' experiences of VT (Booysen & Kagee, 2022; Howlett & Collins, 2014). Although the study did not explicitly focus on VT, Booysen and Kagee's (2022) finding that LCs who work in the area of trauma experienced a sense of helplessness and became increasingly concerned for their and their children's safety illustrates LCs' susceptibility to experiencing symptoms of VT. Some researchers posit that counselling inevitably leads mental-health providers to experience VT (Branson, 2019). Contrary to this, another study on VT saw LCs' schemas unaffected by listening to clients' traumas (Howlett & Collins, 2014). Howlett and Collins' (2014) finding could potentially illustrate that the cumulative effect of VT can leave LCs unaware of the VT's effect on their psychological well-being. Alternatively, their coping mechanism, such as meditation and seeking spiritual guidance, may have mediated their experiences of VT (Howlett & Collins, 2014). Masson and Graham (2022) posit that healthy coping mechanisms such as continuous reflections can help counsellors effectively minimise the experience of VT. Going further, based on their study on nurses, Al Barmawi et al. (2019) posit that more helpful coping strategies could be associated with a positive psychological experience of compassion satisfaction (CS).

2.6.4 Compassion Satisfaction (CS)

Dr. Beth Hudnall Stamm (2002) first coined the term CS to encompass the positive psychological affects people may experience from working with survivors of trauma (Stamm, 2013). A recent analysis of the concept by Sacco and Copel (2018) characterises CS as experiences of 'joy, revitalisation, well-being, hope, gratitude, reward, accomplishment, inspiration, enrichment, fulfilment, and invigoration' (p.80). Moreover, Sacco and Copel (2018) propose that caregivers who perceive their role as a calling, use appropriate coping mechanisms such as practising self-care, receive collegial and social support, and obtain a work-life balance may be more likely to experience CS. Experiencing CS is important because it can protect experiencers against adverse psychological experiences, Improve the caregivers' performance, and sustain a caregiver's empathy toward the client and motivation to continue providing services (Lee et al., 2021; Sacco & Copel, 2018; Turgoose & Maddox, 2017). Caregivers can experience CS when they believe they are helping clients process their trauma and feel they are aiding society's betterment (Figley & Figley, 2017; Padmanabhanunni, 2020a).

Notably, many studies on the experience of CS in South Africa have focused on professional caregivers such as nurses (For recent examples, see: Mashego et al., 2016; Mason & Nel, 2012; Mathias & Wentzel, 2017; Priest & Ryke, 2020; Wentzel & Brysiewicz, 2018). However, some studies explore CS among LCs in South Africa (Padmanabhanunni, 2020b, 2020a; Rice, 2020). Padmanabhanunni's (2020b) findings that older and female LCs experienced higher CS than male and younger LCs suggest that age and gender may be important factors associated with the experiences of CS. This finding alludes to the potentially significant role life experiences induced by age and gender have in influencing LCs' experiences of CS. In another study, Padmanabhanunni (2020a) alludes to the importance of life experience by suggesting that LCs with a personal history of trauma were more likely to experience CS. Notably, this finding contradicts research that a personal history of trauma leaves caregivers more vulnerable to experiencing adverse psychological effects (Dworkin et al., 2016; Ivicic & Motta, 2017; Leung et al., 2022; Turgoose & Maddox, 2017). More research can provide insight into this vital contradiction in the research and the possible influence life experience induced by identities of age and gender have on LCs' experience of CS.

By adopting an intersectional lens, this study does try to explore how life experiences induced by intersectional identities such as age, gender, race and class influence LCs' experience of positive and adverse psychological outcomes of counselling. More specifically, this study's focus on the experiences of Black female VLCs from marginalised backgrounds allows one to explore how subjection to intersectional forms of oppression impacts possible experiences of adverse psychological outcomes such as burnout, STS and VT. Notably, in this study, the pluralistic term 'marginalised backgrounds' refers to Black female VLCs subjection to the multiple and intersecting racialised, class and gendered forms of oppression. Furthermore, the term encompasses being part of a historically disadvantaged group which includes "any person, category of persons or community, disadvantaged by unfair discrimination before the Constitution of the Republic of South Africa, 1993 (Act No. 200 of 1993) came into operation" (Broad-Based Socioeconomic Empowerment Charter, 2004, p.2). The characteristics of the VLCs in this study encompass these forms of marginality since they are Black female VLCs who grew up and currently reside in either Alexander or Soweto, two under-resourced and historically disadvantaged communities in South Africa (Agere & Agere, 2020; Bonner & Nieftagodien, 2008; Brown, 2016).

By accounting for Black female VLCs from marginalised backgrounds' social and class contexts, intersectional positionality, and experiences of intersectional oppression, this study

may help broaden the literary perspective on adverse and positive psychological outcomes of counselling. This study can explore how these marginalities impact the forms and amount of support accessible to these VLCs. This exploration is needed since research suggests that lacking family and organisational support systems puts LCs at risk of adverse psychological outcomes (MacRitchie & Leibowitz, 2010). Moreover, accounting for the influence of the intersectional oppression faced by Black female VLCs is essential since research suggests that exposure to oppression, such as racism, could leave mental-health practitioners vulnerable to experiences of adverse psychological outcomes (Shell et al., 2021). Contrastingly, an earlier meta-analysis by Hensel et al. (2015) suggests that demographic variables have an insignificant impact on the development of negative psychological experiences such as STS. However, a recent quantitative study by Shell et al. (2021) has found that Black American mental health therapists' experiences of racism at a cultural, individual, and institutional level left them at risk for developing secondary traumatic stress (STS) and burnout.

Considering that Black female VLCs from marginalised backgrounds operate in the historically racist context of South Africa (see: Maylam, 2017) and are vulnerable to experiences of racism, exploring how these and other forms of intersectional oppression psychologically impact their counselling experiences may be worthwhile. On the other hand, this study also provides insight into how these VLCs' experiences of intersectional oppression may help them develop a form of resilience that protects them from these adverse psychological outcomes. Additionally, this study can provide insight into how Black female VLCs from marginalised backgrounds' past experiences of oppression could potentially facilitate more rewarding counselling experiences such as CS.

2.7 Conclusion

After the literature review above, it should be clear that within the South African context, VLCs play a vital role in providing adequate mental health care through task sharing. Whist Black female VLCs from marginalised backgrounds play an essential role in providing these services, there is a paucity of research in understanding their experiences. The reviewed literature provided insight into the general egoistic and altruistic motivations of LCs and VLCs. However, it fails to highlight why Black women from marginalised backgrounds who face intersectional oppression would choose to volunteer in this field. Moreover, there is a considerable dearth in the literature exploring Black female VLCs from marginalised backgrounds' experiences counselling clients of a different gendered and racialised

intersectional social positionality. This dearth is troublesome considering South Africa's history of colonialism and apartheid that constructed people along hierarchies of race. In addition, whilst the literature suggests that the act of counselling may leave VLCs open to experiencing adverse or positive psychological outcomes, it seemingly fails to explore how Black female VLCs from marginalised backgrounds' life experiences induced by subjection to intersectional oppression influence their susceptibility to, resilience from, and experiences of these psychological outcomes.

Consequently, by exploring the experiences of LCs with three defining characteristics (i.e. they volunteer, are Black females from marginalised backgrounds in South Africa, and counsel clients from any background), this study makes three considerable contributions to the literature on VLCs. First, it adds to the literature exploring the motivations of VLCs by considering how their intersectional experience of being Black women from marginalised backgrounds influences their decision to become and continue as VLCs despite the lack of remuneration for their efforts. Second, the study provides insight into Black female VLCs from marginalised backgrounds' experiences counselling clients of different races and genders. This exploration adds to the considerable scarcity of literature exploring Black female VLCs' experiences of this counselling dynamic. Last, this study brings a different perspective to the literature about the psychological impact of counselling on counsellors by exploring how the intersectional life experiences of Black female VLCs from marginalised backgrounds influence their psychological experiences of counselling. This perspective is gathered by accounting for how their intersectional positionality inhibits or allows access to support systems that influence their experiences of counselling's adverse and positive psychological outcomes. Additionally, the study provides this perspective by analysing how their past subjection to intersectional forms of oppression influences their current psychological experiences of counselling.

Chapter 3: Theoretical Framework

3.1 Introduction: Outline of the Decision-Making Process and the Chapter's Contents

Although an aspect of this study focused on how participants experience secondary trauma, the researcher opted out of using the traditional frameworks for understanding secondary trauma, i.e. Beaton and Murphy's (1995) theoretical systems model of secondary traumatic stress, Dutton and Rubinstein's (1995) ecological model, Friedman's and Smith's (2003) twin peaks model, and Figley's (1995) trauma transmission model. Instead, the researcher utilised the theory of intersectionality. This study viewed participants' experiences as more complex than just experiences of secondary trauma and therefore did not utilise the abovementioned traditional secondary trauma models. The researcher believed that the theoretical framework should be able to theorise the complexities of Black women's (like the participants in this study) experiences, account for the sociopolitical contexts and histories that shape experiences, and empower and highlight the often invisible voices of those historically marginalised, like the participants. Therefore, the researcher chose to utilise the anti-racist critical feminist theory of intersectionality, fronted by Crenshaw (1989), Hancock (2007) and McCall (2005). Notably, this study fitted into the traditional version of intersectionality centred on 'content-based specialisation' that focused on subjective experiences induced by intersecting forms of oppression. It does not classify as a 'normative and empirical research paradigm' concerned with testing hypotheses and drawing broader conclusions on 'normative' experiences induced by intersectional oppression (Hancock, 2007).

This theory allowed the researcher to theorise the complexity of participants' experiences as VLCs by considering their subjection to historical and current intersectional forms of oppression, such as sexism, racism, and classism (Gouws, 2017). Still, the researcher believed it insufficient to understand participating VLCs' experiences by only analysing macro intersectional forms of oppression. As VLCs, participants experience intimate therapeutic relationships with clients. Thus, it was also necessary to comprehend how the micro-relational dynamics between the VLCs and their clients impact participants' experiences. The study achieved this comprehension of the micro-relational dynamic's impact on experience by including into the existing intersectional theoretical framework a branch of the intersectional theory that Petsko et al. (2022) called '*a lens model of intersectional stereotyping'*, focused on perception and stereotyping.

The first section of this chapter will critically discuss the conception and conceptualisation of the theory of intersectionality and its different methodological approaches to analysing the complexity of differences to provide a coherent understanding of how intersectionality is viewed and used in this study. The second section will discuss how a lens- based intersectional model can help analyse the relational perceptive aspect of VLCs' experiences. Lastly, to illustrate the researcher's reflexive acceptance and utilisation of the theory of intersectionality, there will be a critical discussion on the criticisms posited against the theory.

3.2 Conception and Conceptualisation of Intersectionality

The location of the historical development of intersectionality is important in this research. Arguably, research traces ideas embedded in intersectionality back to Black American feminists and activist organisations of the 1800s, 1960s, 1970s, and 1980s (Hancock, 2016). Black American feminists such as Julia Cooper (1892), Harriet Jacobs (1861), and Sojourner Truth (1851) all wrote and spoke about the unique experiences of the intersectional racialised and gendered oppression Black American women faced in the US (May, 2015). In the early 1970s, Black feminists disillusioned by the patriarchally led civil rights movement and whitening of feminist movements in the US created a Black feminist lesbian organisation called the 'Combahee River Collective' to 'combat the manifold and simultaneous oppression that all women of colour face' (Collective, 1977). Additionally, in 1979 at an ironically predominately White academic conference on differences in New York, Black American feminist Audre Lorde (2003) urged academics to embrace differences and understand Black women's intersectional oppression.

Similarly, in one of her seminal pieces titled '*Ain't I a woman: Black women and feminism*', Bell Hooks (1982) did not use the term 'intersectionality' but shared its sentiments through her argument that interconnected systems of racism, classicism, and sexism shape Black women's experiences of oppression. Overall, these movements and academic thoughts attempted to highlight the social location of Black women that resulted in unique experiences of multiple and intersecting oppressions. Collectively, their contributions characterised Black women's social location as a place that allowed for the suppression of their voices in social movements and underrepresentation in academic literature and knowledge production.

Whilst the abovementioned feminists paved the way for the theory of intersectionality, Crenshaw (1989) is accredited to be the coiner of the term '*intersectionality*'. Like her

abovementioned predecessors, Crenshaw's (1989) conceptualisation of intersectionality explicitly sheds light on the nuances of Black women's experiences realised through their social location on the interconnected axes of multiple systems of oppression. Notably, she used the working experiences of employed Black women in the USA to illustrate the intersecting systems of oppression experienced by Black women due to the law's inability to grasp Black women's nuanced experiences of discrimination (Crenshaw, 1989). Moreover, like the abovementioned activist organisations, her intersectionality critiques social movements that focus on singular axes of oppression, such as race or gender, arguing for a more nuanced understanding of and fight against oppression in contexts of anti-racist and anti-sexist sociopolitical movements (Crenshaw, 1989). Notably, more recent scholars like Yuval-Davis (2006) use intersectionality to analyse anyone's, not just Black women's, experiences of the intersectional forms of oppression. However, to avoid co-opting and conflating the purpose of intersectionality, this study utilises the theory with its original intent to analyse Black women's experiences.

Although Crenshaw's conceptual understanding of intersectionality shares her predecessors' understandings of Black women's experiences, Crenshaw (1990) helped develop the concept into a theory by providing a framework. A framework was developed by delineating three categories of intersectionality: structural, political, and representational intersectionality. Structural intersectionality refers to how Black women's social location on the axis of multiple oppressions makes their experiences of violence and 'remedial reform qualitatively different than that of white women'(Crenshaw, 1990, p. 1245). For instance, supervision interventions used to help protect VLCs from adverse psychological outcomes may be inefficient if they neglect to consider the intersecting influence of class, gender, race and other variables. Political intersectionality refers to how antiracist and feminist movements' narrow focus on oppression often work to reoppress women (Crenshaw, 1990). For instance, as illustrated in the literature review, analyses of counsellors' (like Black female VLCs from marginalised backgrounds) experiences of discrimination within the therapeutic relationship often focus on their experiences of racial microaggressions or gendered stereotypes but neglect their potential simultaneous experiences of multiple forms of discrimination. Representational intersectionality refers to how popular cultural representations or underrepresentations of Black women can often reconstitute them into negative stereotypes. For instance, Black women from marginalised backgrounds are seen as powerless victims of multiple forms of oppression, while White women, through their overrepresentation as therapists within psychology, may be

viewed as agentic helpers. The participants in this study illustrate that Black women from marginalised backgrounds can achieve social transformation through their role as VLCs. Ultimately, this categorised framework allows us to qualitatively and structurally dissect Black women's nuanced experiences of oppression.

These experiences of intersectional forms of oppression are a crucial focus of intersectionality. Collins' (1990) *'matrix of domination'* framework helps us understand these intersecting forms of oppression. This framework accounts for the power dynamics that affect people differently due to their multi-faceted identities(Gouws, 2017). Moreover, the framework helps us understand that individuals are both sites of privilege and oppression due to their identity. For example, the framework allows us to explore how young Black female VLCs from marginalised backgrounds may face similar experiences of oppression to older Black female VLCs based on shared identities of gender, race, and class whilst recognising that their experiences may diverge based on their different ages. In this way, intersectionality's use of 'the matrix of domination' allows us to deal with issues of difference and sameness simultaneously'(Gouws, 2017).

However, this ' matrix of domination' may differ according to context. In this study, histories of oppression of apartheid and colonialism have shaped the participants' current context (Maylam, 2017). In agreement with Sylvia Tamale (2020), employing intersectionality requires understanding participants' experiences within their social, cultural, and historical contexts. This understanding induces relevant analysis that can inspire relevant future research and policies that enhance the experiences and impactfulness of the participants and those like them. Thus, whilst this Crenshaw's (1989) intersectional theoretical framework guides the analysis of this study, Tamale's (2020) impetus on contextual relevance is implicit in how this study analyses and understands participants' experiences.

3.3 Varying Methodological Approaches to Intersectionality

Although Crenshaw provides the abovementioned theoretical framework to work within, and the matrix of domination framework helps us to understand interlocking systems of oppression, the challenge still lies in managing the complexity of an intersectional analysis. To manage these complexities, McCall (2005) distinguishes between three methodological approaches to analyse intersectionality: anti-categorical, intra-categorical, and inter-categorical complexities. The discussion below elaborates on these approaches.

The poststructuralists' **anti-categorical** stance posits that social life is far too complex to be explained by fixed essentialist categories of socially constructed identities and that these fixed categories, such as race, gender, and class, need to be deconstructed to expand the limits by which we understand inequality (McCall, 2005). For instance, this stance would posit that female VLCs do not have the same counselling experiences but can have infinitely varying experiences based on their social location on the axis of multiple and interconnected socially constructed identities of race, class, age, and others. Ultimately, this completely deconstructive approach seeks to eliminate group boundaries by rejecting categorisation and, from the researcher's perspective, echoes calls for complete inclusivity (McCall, 2005). However, Crenshaw (1989, 1990) did not develop intersectionality as an inclusive framework. Instead, intersectionality is a transformation-focused framework used to conduct a fine-grain analysis of Black women's experiences of intersectional oppression induced by the social operations of their inhabited contexts (Bilge, 2013; Crenshaw, 1989). This type of analysis utilises an **intra- categorical approach** to viewing complexity. Fittingly, McCall (2005) considers this approach as having 'inaugurated the study of intersectionality' (p.1780)

This **intra-categorical** approach to complexity does recognise socially constructed categories such as race, gender, sexuality and others. However, this approach focuses on specific social groups and analyses how individuals within that social group face qualitatively different forms of intersecting oppression. Consequently, this approach 'does not deny the importance of categories' but highlights how categories may induce qualitatively different subjective experiences among individuals belonging to the same social groups (McCall, 2005, p.1783). For instance, within the race category, affluent Black female VLCs may have distinct counselling experiences from Black female VLCs from marginalised backgrounds. More affluent Black female VLCs may have access to more resources for coping, such as being able to afford therapy. While this approach sceptically adopts social categorisations to focus on differences within a social categorisation, the inter-categorical approach strategically adopts these categories (McCall, 2005).

While acknowledging fixed categories' limitations, the **inter-categorical approach** uses categories to analyse the relationship between 'inequalities among social groups and changing configurations of inequality along multiple and conflicting dimensions' (McCall, 2005, p.1773). For example, to understand the experiences of Black female VLCs from marginalised backgrounds, the researcher can first understand how each social category may have different experiences. This first step aligns with what Hancock (2007) terms a unitary

approach to analysing categories of difference whereby one social category, like race, is analysed at a time. In the next step of the **inter-categorical approach**, the researcher can investigate how these different social categories intersect to induce complex counselling experiences for Black-female-VLCs-from marginalised backgrounds. For instance, a Black female VLC from marginalised contexts may experience contentious counselling sessions with affluent White clients based on the clients' potentially unintentional classicist, sexist, and racist microaggressions towards the therapist. This analysis of many categories of differences can be multiple or intersectional (Hancock, 2007). A 'multiple approach' would deem that all social categories experienced and embodied by the VLC have an equal and stable influence on her experiences. In contrast, an intersectional approach would consider that these different categories, although important and mutually constitutive, have a fluid and dynamic (contextually relevant) relationship with one another to induce complex experiences (Hancock, 2007; Walby et al., 2012). Notably, although distinct, McCall's (2005) distinct methodological approaches to managing the complexities of experiences overlap in much intersectionality- focused research.

These methodological approaches help us explicate the complexities of differences among and within Black women's experiences based on subjection to intersecting forms of oppression (McCall, 2005). However, an intersectional analysis of the counselling experiences of Black female VLCs from marginalised backgrounds requires more than just an analysis of the impact of interlocking power structures on their experiences. Since counselling experiences are intimate and relational, it is helpful to understand how these interconnected systems of oppression influence VLCs' perceptions of their clients and their clients' perceptions of them. As will be illustrated in the analysis chapter, these perceptions impact VLCs' experiences of the counselling sessions. This study posits that their perceptions of each other are intersectional, meaning they do not view their clients as only clients but also as intersectional beings socially constructed along the margins of race, gender, class and other categories.

3.4 Lens Model of Intersectional Stereotyping

Research shows that we perceive each other as intersectional beings embodying multiple social categories (Nicolas et al., 2017; Petsko et al., 2022). These perceptions can derive from stereotypical beliefs about race, gender, class and other social categories. For instance, based on stereotypical beliefs about race, age, culture, and gender, a young Black female VLC may perceive an older Black male client as an authoritative figure with difficulty

expressing emotions in counselling. However, the type of intersectional lens used to perceive others may vary. 'Dominance perspectives' suggests that perceivers see only specific social categories to determine a person's social location concerning status and power (Petsko et al., 2022; Sidanius et al., 2018).

Conversely, the 'integration perspectives' posit that we perceive 'all salient social identities' to locate someone (Petsko et al., 2022, p. 5) socially. 'Compartmentalisation perspectives' does not assume that perceivers attend to certain or all social categories to form beliefs about a person. Rather, these compartmentalisation perspectives propose that 'social contexts cause perceivers to sharpen their focus on just one identity, or at most on one intersection of identities, at a time' (Petsko et al., 2022, p.765).

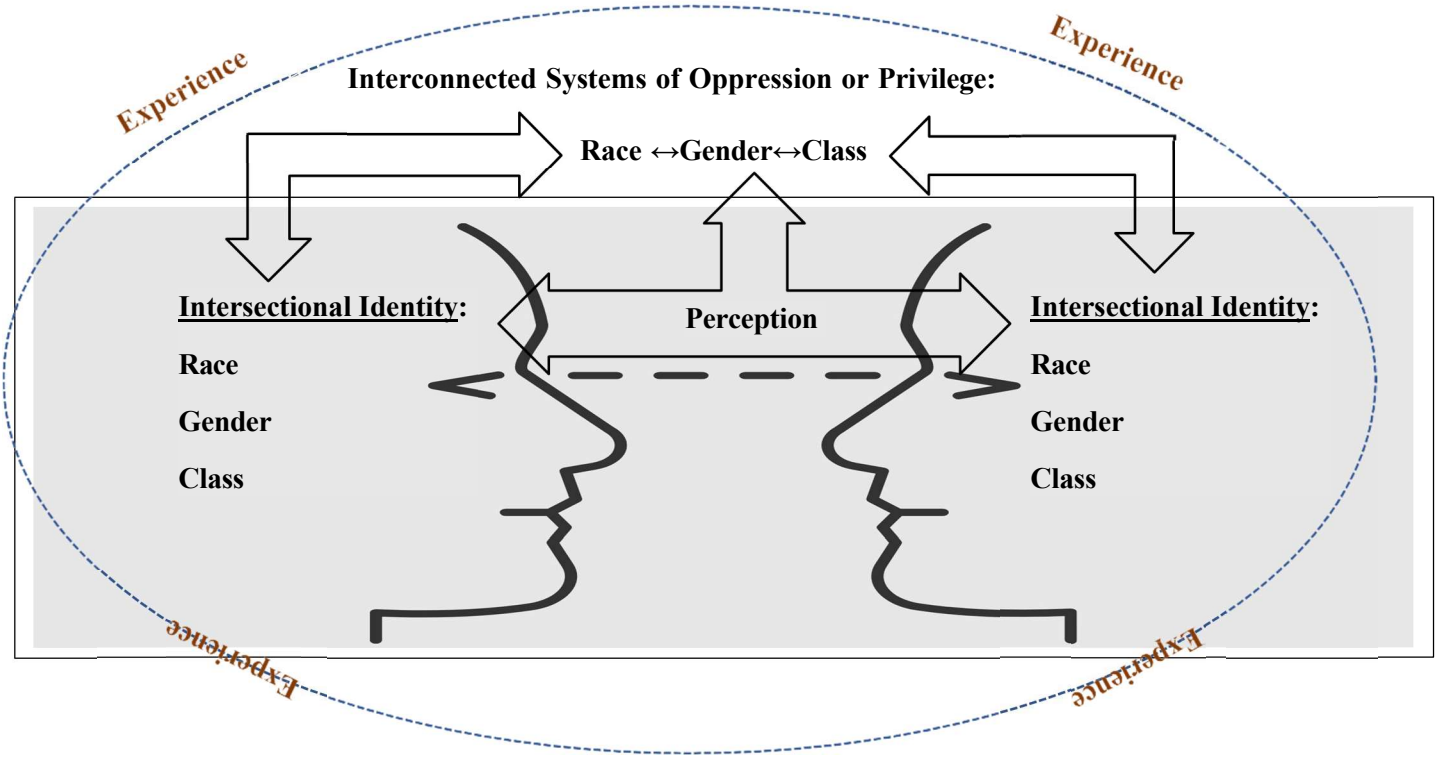
The 'lens model of intersectional stereotyping' falls within these compartmentalisation perspectives. This model theorises that perceivers can use a 'repertoire of lenses' to categorise others socially (Petsko et al., 2022). The lens used to generate a perception depends on the personal characteristics of the perceiver and the social context where the perception is taking place (Petsko et al., 2022). Additionally, this current study posits that the social context does not just encompass the immediate context in which the perception occurs but can potentially extend to the historical and social contexts situating the perceiver and the perceived. For example, in the context of a counselling session in South Africa, a Black female VLC from a marginalised context who grew up during apartheid in South Africa may potentially view a White male client not just as a client but as a person occupying a more privileged gendered, racial, and class social positions in society that provides them with relatively more social power. Their perception of the White male client, reasoned by their experiences of historical oppression, may impact their experiences of counselling these clients. For example, they may worry about the perceivable power these clients have in impacting their positions as VLCs and therefore proceed to conduct more cautious and guarded counselling sessions.

This study utilises the theory of intersectionality and the lens model of intersectional stereotyping because together, they form compatible frameworks that link macro and micro influences on experiences. The theory of intersectionality allows us to account for the interconnected macro systems of oppression that impact the experiences of a Black female VLC from a marginalised background. Supportively, the lens model allows us to explore how these macro influences of power and oppression seep into personal processes of perception that influence our beliefs and experiences of one another. This symbiotic relationship between the

theory and model allows us to grasp a more nuanced and personalised understanding of the experience of Black female VLCs from marginalised backgrounds. Figure 1 below illustrates the combination of this framework and model.

Figure 1

Combining the Intersectional Framework and Lens Model of Intersectional Stereotyping



3.5 Criticisms against Intersectionality: 'Intersectionality Wars'(Coaston, 2019; Nash, 2017, p.117)

> *'.. everything about intersectionality is disputed: its histories and origins, its methodologies, its efficacy, its politics, its relationship to identity and identity politics, its central metaphor, its juridical orientations, its relationship to "black woman" and to black feminism.." (Nash, 2017, p.118)*

The statement above aptly depicts the contestations around the theory of intersectionality. However, these critiques are not exclusively based on malice but may be seen 'as a critical practice that advances scholarly conversation', thereby improving the framework's utility (Nash, 2017, p.126). Therefore, the following section critically engages with some of the contradictory critiques facing the theory of intersectionality, including notions of it being

exclusive, essentialising, overly individualistic, only focused on social oppression, and methodologically improper.

Since the theory of intersectionality focuses on Black women's subjective daily experiences of interconnected forms of oppression, critics view the theory as being disconnected from traditional feminist values of 'equality' for all women (Gouws, 2017; Nash, 2008, 2017). However, the theory of intersectionality does not prioritise inclusivity but excavates and brings attention to Black women's complex experiences of oppression even within well-intended liberation movements. Notably, the notions that Black women's voices and experiences have been rendered invisible, and therefore, their experiences of oppression unattended form the basis of this liberatory praxis (Crenshaw, 1989, 1990). This study stays true to the original focus of the framework because it tries to excavate the almost invisible experiences of Black female VLCs from marginalised backgrounds in a historically racist and sexist context of South Africa.

However, using intersectionality to theorise Black women's experiences runs the risk of essentialising Black women into a monolithic entity (Nash, 2008). Much intersectional-focused research theorises Black women's experiences as based on specific and not all intersecting plains. For instance, sometimes, the focus will be on class, race, and gender but fails to account for age. Nash (2008) considers the failure to address all factors influencing a Black woman's experience to dilute the multiplicity and diversity of Black women's experiences. However, the researcher of this current study believes that the analytical methodology chosen for this study, interpretative phenomenological analysis (discussed in the next chapter), allows for excavating Black women's personalised experiences and thus avoids essentialisms. The methodology helps to achieve this non-essentialisation because it requires a small sample size (Smith & Nizza, 2022). This small sample size allows for an in-depth, individualised analysis of participants' experiences.

Still, this focus on individualised experiences of oppression leads to Marxist critiques of the theory as too individualistic (Foley, 2018). Critics posit that it is essential to have macro- level explorations of institutionalised oppression that focus on one entire social categorisation (Foley, 2018). However, intersectionality achieves both types of explorations. For example, Crenshaw's (1990) structural, political, and representational framework allows us to explicate the macro-level operations of intersectional oppression and how that personally, on a micro- level, impacts Black women.

Still, intersectionality's focus on oppression is also a point of contention. There are arguments that privilege and not just oppression should be the focus of intersectionality (Gouws, 2017; Yuval-Davis, 2006). Here, the researcher agrees as oppression exists in opposition to privilege. However, focusing on the marginalised does indirectly illuminate systems of privilege. For instance, in this study, privilege is highlighted when the participants talk about their experiences counselling those perceived as having more privileges than them.

Moreover, critics critique this theory for its 'relative inattention to methodology' (Nash, 2008, p.5). Creating a definitive structural methodological framework is difficult because 'the subject of analysis expands to include multiple dimensions of social life and categories of analysis' (McCall, 2005: 1772; Nash, 2008, p.5). Attempts to manage this complexity include McCall's (2005) methodological approaches mentioned above and the inclusion of the lens model in this study. Although imperfect, these frameworks try to make the theory of intersectionality practicable. Gray and Cooke (2018) suggest that individual researchers should be responsible for conducting '*how*' to do intersectionality. Researchers can make a responsible decision on 'how' to conduct intersectionality by carefully considering their research questions and aims (Gray & Cooke, 2018). Moreover, the heterogeneous ways of conducting intersectional research allow this theoretical framework to become 'a source of tremendous potential' towards progressive change (Collins & Bilge, 2016, p.204; Nash, 2017, p.123).

3.5 Conclusion

After careful reflexive consideration of the abovementioned critiques, the researcher chose the theory of intersectionality to guide the analysis of this study. The participants in this study are Black female VLCs from marginalised backgrounds in South Africa, a country with a sociopolitical history of interconnected systems of racism, sexism, and classism. Intersectionality is a theoretical tool most suited to studying Black women's experiences of these interconnected forms of oppression. It provides frameworks like structural, political, and representational intersectionalities developed by Crenshaw (1989,1990) to demarcate the locations of these experiences. The theory also provides interchangeable methodological approaches highlighted by McCall (2005), like the anti-categorical, intra-categorical, and inter-categorical, to manage the complexities of an intersectional analysis. This study utilises all these tools to understand participants' nuanced experiences theoretically. The study also adopts Tamale's (2020) perspective on intersectionality theory that relevant theoretical interpretations

about participants' experiences can only be made by carefully considering their historical, cultural, and social contexts.

Even with these frameworks and approaches in place, the theory's focus on macro contextually relevant interconnected systems of oppression and power seemed almost disconnected from the possible personal experiences of the study's participants. The participants were VLCs; therefore, the theory needed to help the researcher analyse the participants' interrelational counselling experiences. Thus, the researcher added the lens-based model of intersectional stereotyping developed by Petsko et al. (2022) to connect intersectionality's macro focus of interconnected systems of oppression and privilege to participants' personal interrelational counselling experiences. The lens-based model allowed the researcher to theorise how interconnected systems of oppression and privilege infiltrate participants' perceptions of their clients and their clients' perceptions of them. These perceptions influence the counselling experiences of participants. Thus, the combination of this framework and its model seemed a good fit for analysing participants' personal experiences. Additionally, this personalisation of experience neatly fits into the study's qualitative research design that uses IPA as an analytical methodology focusing on an in-depth exploration of participants' individual experiences.

Chapter 4: Methods and Methodology

4.1 Introduction

This chapter discusses the research design, data collection and analytic procedures, and provides participants' demographic information. Furthermore, it provides insight into the trustworthiness and ethical considerations of the project. Lastly, reflexivity is discussed in- depth in this chapter but will (and has) also occurred throughout the paper by demonstrating the researcher's rationale behind theoretical, methodological, and interpretative choices.

4.2 Research Questions

1. What are the experiences of Black female VLCs from marginalised backgrounds?

These secondary questions helped to explore participants' experiences:

1) What motivates Black female VLCs from marginalised backgrounds to volunteer as VLCs?
2) How do VLCs' and their clients' socially constructed intersectional identities impact VLC's counselling experience?
3) What do Black female VLCs from marginalised backgrounds think about the support services offered by the organisations where they volunteer?
4) How does counselling clients, who have experienced trauma, impact VLCs from marginalised backgrounds?

4.3 Research Design.

This study is considered an 'experiential' qualitative study embedded in an interpretative phenomenological paradigm and uses Interpretative Phenomenological Analysis (IPA). Through process-prioritised and reflexive data collection procedures (such as semi- structured interviewing) and analytic procedures, a qualitative design offered rich quality data that provided deep insight into participants' experiences (Willig, 2013). Notably, this qualitative study prioritised understanding experiences.

Smith & Nizza (2022) divide qualitative research into two distinct categories according to the study's concern, i.e. discursive and experiential. *Discursive* qualitative research is concerned with trying to understand how the world, and things in it, like people and power, are

socially constructed and reconstituted in micro and macro discourses (McMullen, 2021). In contrast, *experiential qualitative studies* are concerned with exploring people's experiences from the perspective of those who had the experience (Smith & Nizza, 2022). Experiential studies regard participants as *experiential experts* on the phenomena explored (Smith & Nizza, 2022). Thus, this study fell into the *experiential* category of qualitative research because the researcher aimed to produce knowledge about the subjective textured experiences of VLCs from marginalised backgrounds and perceived participants as '*experiential experts'* of their experiences.

Knowledge of the quality and texture of subjective experience is termed *'phenomenological knowledge'* (Willig, 2013). The study adopted a phenomenological approach to analyse the data since it aimed to produce *phenomenological knowledge*. Adopting this approach situated the study into an interpretative (and not solely descriptive) phenomenological qualitative research paradigm. Consequently, the study appropriately used the IPA procedure to explore participants' experiences after deliberation with their supervisor and reflecting on the research's ontological and epistemological assumptions. The section below discusses these deliberations and reflections that ultimately led to this decision.

The following reflections guided the decision to use the phenomenological analytic procedure. Reflections surrounded the type of knowledge aimed at being produced, the assumptions about reality, and the researchers' role/influence on knowledge production (Willig, 2013). As mentioned earlier, this study aimed to create a type of knowledge known as *phenomenological knowledge*. However, this study positioned knowledge of experiences as subjective and individually interpreted; individuals could experience the world (and interpret their experiences) in different ways (Cuthbertson et al., 2020). Thus, the position taken saw reality as relative; there could be multiple, diverging, *experiential* realities (Cuthbertson et al., 2020; Smith & Nizza, 2022; Willig, 2013).

However, individuals' experiences, and thus, their subjective *experiential* realities, may have differed based on their embodiment of intersectional social constructs such as race, gender, class, age and more. The study asserts that participants' oppressive socio-historical contexts may have impacted their *experiential* realities through a matrix of domination like racism, sexism, and classicism (Ghouws, 2017). The researcher was aware of the imposition these beliefs of intersectional embodiments and oppression had on the exploration of participants' experiences. However, the researcher, in line with Potter (2002) and Speer (2002),

acknowledged that a researcher could never extricate themselves, as an analyst, from ideology. Thus, in the pursuit of transparency, this study cements that the researcher's role was to interpret participants' already individually interpreted experiences using an explicitly chosen ideological lens (intersectionality). The study did not aim to produce, as recommended by phenomenological philosopher Edmund Husserl (2012), 'pure' descriptive accounts of experiences (as he believes there is no such thing), but rather *interpret* participants' experiences "by stepping outside of the account and reflecting upon its status as an account and its wider (social, cultural, psychological) meanings" (Willig, 2013, p.73).

Consequently, the researcher conducted this *experiential* qualitative research study by utilising IPA. IPA's theoretical underpinning of phenomenology, double hermeneutics, and idiography suited this study's epistemological and ontological orientations (Smith & Nizza, 2022). Moreover, IPA proved helpful as an exploratory methodology because it 'gives a voice' to the unheard (Larkin et al., 2006). The following section discusses these theoretical underpinnings and the practical utility of IPA for this study.

4.3.1 IPA: Theoretical and Pragmatic Suitability

The three theoretical underpinnings of IPA, phenomenology, double hermeneutics, and idiography, allowed the researcher to explore and interpret the experiences and views of the participating VLCs in a rich way that explicitly acknowledges the relative and subjective nature of experience and the incapability of producing 'pure' accounts of these experiences. Phenomenology is rooted in philosophy and is the study of human experience (Smith & Nizza, 2022). However, within this school of thought lies two prominent philosophical figures, Husserl (2012) and Heidegger (2005), who shared their interest in studying experiences but had different stances on our accessibility to the experience. Husserl emphasised that we must study experiences by 'going back to the thing itself' (Smith & Nizza, 2022, p.168). Phenomenological methods that follow Hurssel's prescriptions include the descriptive-focused empirical phenomenology method developed by Giorgi (1997) (as cited in Smith & Nizza, 2022).

On the other hand, Heidegger realised that we could never go directly back to the 'thing itself' (experience) because that thing (the experience) is always going to be interpreted by the researcher, a person who is not a blank slate but a subjective individual (Smith & Nizza, 2022). IPA understands this and further posits that the participants are also interpreters of their experiences because, like the researcher, they do not have direct access to their experiences

(Smith & Nizza, 2022). Consequently, the second theoretical principle of IPA, double hermeneutics, accepts that the researcher is trying to make sense of the participants' sense-making of an experience. Ultimately, there will never be a *true* account of the experience but subjective interpretations of the account. Therefore, the researcher made the study's ideological lens of intersectionality explicit and transparent. This intersectional lens, which takes into account individuals as social actors, was also viewed as appropriate for IPA since it is a qualitative analytic design that positions experiences in 'relation to a wider social, cultural, and perhaps even theoretical, context'(Larkin et al., 2006, p.104) The last theoretical principal underlying IPA research is idiography, understood as 'a focus on the particular' as opposed to nomothetic research that aims at creating generalisable laws or theories (Smith & Nizza, 2022, p.8). The idiographic approach of IPA allowed the researcher to analyse each participant's experiences individually and distinctly by considering the unique psychosocial factors encompassing each individual. Furthermore, it allowed to researcher to delve into the multiple relative experiential realities made available by participants.

Whilst the above cemented how IPA is suitable for this research due to its theoretical underpinnings, the following explores why IPA was pragmatically suited for this qualitative study. This study involves analysing the experiences of VLCs from marginalised backgrounds. These VLCs are a demographic group whose voices often go unheard. Thus, through its idiographic focus, IPA was well suited to produce rich quality data highlighting this neglected group's voice (Larkin et al., 2006; Smith & Nizza, 2022). Notably, although these experiences are interpretations, the approach allowed the study to give a voice to their interpreters, VLCs from marginalised backgrounds.

Another reason why the study used IPA was because of its essential proponent of reflexivity (Smith & Nizza, 2022). The principle of double hermeneutics, which allowed the researcher to acknowledge his standpoint, characterises the reflexive nature of IPA (Willig, 2013). Willig (2013) calls this proponent of IPA the 'reflexive attitude', where the researcher's perspective is recognised and given importance. However, Willig (2013) has criticised IPA for failing to 'theorise reflexivity' since it 'does not actually tell us how to incorporate this insight into the research process and it does not show us how exactly the researcher's conceptions are implicated in a particular piece of analysis' (p289). To account for this lack of theorisation, the researcher has, notably, written this research design and the previous theoretical chapters in a reflexive manner that incorporates the reflexive decision-making process that led him to utilise IPA. Moreover, the last section of this chapter discusses the researcher's reflexive thought

process. An additional critique posits that IPA helps explore '*what*' and '*how*' participants experience phenomena but neglects to help understand '*why*' they experience it in diverse manners (Willig, 2013). Here, the researcher believes that the explicit incorporation of the theoretical and ideological lens of 'intersectionality' in this study helps us explore *'why'* the aspect of the experience. The theory allows us to explore '*why*' by accounting for contextually relevant interconnected systems of oppression that shape experience.

4.4 Participants

The study cohort consisted of four Black South African female VLCs aged 42 to 56 who grew up and continue to live in historically marginalised South African communities. All participants had more than three years of counselling experience and were exposed to counselling clients who have been through traumatic events. Three of the participants are from Soweto, and one is from Alexandra. They all volunteer as counsellors with an NPO that allows them to counsel people from various communities within the province. The point that they counsel people from various communities is noteworthy because it allowed the researcher to explore their experiences of counselling, or even expectations of counselling, people who were dissimilar to them in terms of race, gender, class, age, and other social constructs.

Another associated notable characteristic of these participants was that they all grew up during the racially oppressive apartheid era in South Africa. This regime heavily constructed people along hierarchies of race that most privileged White people and most oppressed Black beings (Posel, 2001). The study viewed their experiences of growing up under this regime as potentially shaping their current experiences, perceptions and expectations of counselling clients of racially dissimilar heritage. More noteworthy demographic characteristics that influenced their experiences as VLCs include all participants being mothers, three of whom were single mothers. Lastly, all of them could communicate in English. However, English was not some of the participants' first language. This language characteristic could be a potential limitation of the study since allowing participants to use their mother tongue could have allowed them to express themselves more efficiently and in-depth. The table below summarises participants' demographic variables.

Table 1

Participants' Demographics

Participants' Pseudonyms	**Age**	**Nationality**	**Gender**	**Marital Status**	**Motherhood**	**Residence**
1. Lebo	56	South African	Female	Married	Mother	Soweto
2. Mpho	55	South African	Female	Divorced	Single Mother	Soweto
3. Zihle	49	South African	Female	Single	Single Mother	Alexandra
4. Namisa	42	South Africa	Female	Divorced	Single Mother	Soweto

The study utilised a small sample size of four participants because of IPA's unique idiographic commitment to the in-depth exploration of complex individual lived experiences (Smith & Nizza, 2022). Notably, an IPA study requires the researcher to collect rich, detailed phenomenological data from participants and explore their individual experiences by analysing each transcript thoroughly (Alase, 2017; Smith & Nizza, 2022). This collection and analytic procedure allowed the researcher to unpack the richness, nuances, and depth of each participant's experience and examine the convergences and divergences within each of their experiences. Given the dearth of research on this population, displaying each participant's nuanced experiences in this study was essential.

However, this collection and analytic procedure is 'time-consuming and requires careful attention' (Smith & Nizza, 2022, p.5). Therefore, Smith and Nizza (2022) recommend a small sample for IPA studies, suggesting 5 participants for a master's level project. Notably, the researcher had attempted to gather 5 participants, but due to issues around participant availability and time, he managed to secure 4 participants. IPA theory still deems using 4 participants for this study appropriate because IPA studies can have 'as few as 2' (Alase, 2017, p.2). Moreover, Pietkiewicz and Smith (2014) remind us that there are published IPA studies with four participants.

Another noteworthy characteristic of the sample is that they are ostensibly similar. For instance, they are all female, Black, South African, grew up during Apartheid, and continue to live in historically marginalised communities within the same province, are all mothers, and all voluntary counsel through the same organisation. Smith and Nizza (2022) recommend that the sample of participants should be homogenous so that differences in their experiences are more likely due to 'individual characteristics' rather 'than demographic variables' (p.14).

Notably, since the researcher also sought to understand the psychological and affective impacts of counselling on each participant, they needed to be exposed to similar support structures (at least at an organisational level) that could have mediated the emotional effects of counselling. Thus, neglecting the advice from the proposal reader to recruit participants from various organisations, the researcher decided to sample participants from a single organisation. This sampling choice ensured they underwent and received the same training and support programs that could have influenced how participants coped with being exposed to a client's trauma.

4.5 Procedure

This study used non-probability purposive convenience sampling. Since this was a qualitative study aimed at exploring the experiences of VLCs specifically from historically marginalised backgrounds, it was impractical for the researcher to use a random sampling method. Thus, the study utilised a non-probability sampling method. The researcher considered this utilised type of non-probability sampling method as purposive because the researcher purposefully recruited participants that fit specific criteria to answer the research question (Pietkiewicz & Smith, 2014; Smith & Nizza, 2022; Vehovar et al., 2016). Moreover, this study utilised VLCs who volunteer at the same organisation as the researcher since they were easily accessible. This proponent of easy accessibility was considered a characteristic of the convenience of non-probability sampling. The researcher scouted participants from this organisation because he knew, from his experience of being part of the organisation, that they had VLCs based in Soweto and Alexandra. The researcher volunteered with the organisation but still followed the following bureaucratic procedures.

Firstly, the researcher approached a gatekeeper at the NPO with VLCs located in historically disadvantaged communities and emailed them an information letter detailing the purpose of this study (Appendix A). The organisation then granted the researcher written permission to conduct the study. This written permission, in the form of a letter, was attached to his ethics application and provided to the University of Witwatersrand's School of Human and Community Development Ethics Committee. After receiving ethical approval (Appendix E), the researcher sent the relevant participant information form (Appendix B) to the organisation gatekeepers, who then emailed the forms to potential participants. Interested potential participants informed the gatekeeper about their interests. The gatekeeper forwarded the contact details of interested participants to the researcher. The researcher then re-emailed

the information form to these potential participants and explained the study further via WhatsApp, a platform for them to ask for clarification. This contact-making with the participants before the actual interview is advised by Smith and Nizza (2022) because it allows the researcher to build rapport and provides the opportunity to set up expectations. Initially, six participants were interested in being interviewed; however, only four could participate due to time constraints and availability. After verbally agreeing to participate, the participants were emailed consent forms for interviews and recording (Appendix C & D), which they electronically signed and emailed back.

Due to the researcher's availability issues, the researcher scheduled interviews to be conducted online for convenience. However, the researcher conducted only three interviews online using Microsoft Teams. As reflected upon by the researcher, the risks of online interviews include the participants being interrupted or in range of being overheard. These risks were an issue for the participants, but they agreed to pause the interview whenever disruptions occurred and continue when they were comfortable. This pausing of the interview happened across all the interviews. Notably, the researcher split the interview with participant 3 (Zihle) into two days due to an unforeseen power outage in her area during the first interview. While the first three interviews were online, participant 4 (Namisa) had an in-person interview due to her availability and convenience. Her interview occurred in a private office at the organisation's business office. All interviews were in-depth, semi-structured and lasted between 55-80 minutes. Semi-structured lengthy interviews allowed the researcher to gather rich and descriptive data on subjective experiences needed for an IPA project (Pietkiewicz & Smith, 2014; Smith & Nizza, 2022). Also, semi-structured interviews allowed for a flexible dialogue between the researcher and participant since initial questions could have been (and were) modified to account for participants' responses (Pietkiewicz & Smith, 2014). The flexibility of the interview also allowed the researcher to probe exciting and vital areas that occurred.

However, to ensure that participants faced appropriate questions, the interview schedule (Appendix F) was generated using literature and reviewed by the researcher's supervisor. Moreover, the researcher's supervisor listened to the recording of the first interview and guided the expansion and reconstruction of the interview questions and probes. This guidance from his supervisor helped him imperatively listen for and probe further into participants' subjective experiences and interpretations of gendered, racialised, and class experiences of counselling.

The researcher recorded all interviews on Microsoft Teams and audio on a separate device. The researcher used a separate device to audio record the interviews to ensure he had an alternative recording should an unlikely technical error prevent access to the recording on Teams. The in-person interview was also recorded on Microsoft Teams to enable the researcher to capture any visible behavioural cues. However, some participants preferred and were permitted to turn off their cameras to improve connectivity and comfort. Notably, the researcher did see the faces of these participants before they turned off the camera to ensure that these were the actual participants. After each interview, these recordings were downloaded and transferred to the researcher's laptop and secured in password-protected folders and onto his password-protected google drive account to ensure he had copies should something unfortunate would have happened to his computer. Since the researcher had downloaded and password-protected these files, he deleted the original files on Microsoft Teams and the audio- recording device for safety.

After each interview and before the subsequent interview, the researcher transcribed each interview. This transcribing sequence allowed the researcher to more fully immerse himself into the experiences of that particular participant's experiences. Moreover, the following interview was at least a week after the previous interview. This scheduling choice prevented the researcher from contaminating his interpretations of the current participant's experiences with previous participants. Overall, this conscious decision to transcribe each interview before the next and spacing out the interviews is hoped to have aided in the idiographic commitment of IPA (Alase, 2017; Pietkiewicz & Smith, 2014; Smith & Nizza, 2022). Noteworthily, since IPA research only focuses on the contents of an interview, verbatim transcripts that included all semantic information and some prosodic components that were considered necessary were produced. (Smith & Nizza, 2022).

4.6 Data Analysis

IPA was the method of analysis utilised to understand participants' interpretations of their lived experiences (Smith & Osborn, 2003). IPA fits well with the study's aim to understand the scarcely researched experiences of VLCs from marginalised backgrounds since it encompasses an idiographic commitment that explores individual lived experiences (Pietkiewicz & Smith, 2014; Smith & Nizza, 2022). Furthermore, this idiographic commitment fits well with the study's theoretical framework of intersectionality because it allows us to understand each participant's experiences of intersecting oppression without erroneously

depicting Black women as a monolith. Moreover, the researcher committed to an IPA method of analysis because he agreed with IPA's acknowledgement that research could never fully capture participants' experiences but only attain a cautious interpretation of participants' interpretations of their experience (Smith & Nizza, 2022). Please refer to the research design section for a more reflective account of why the researcher chose IPA.

The study utilised a four-stage process of IPA to allow the researcher to form credible interpretations (Smith & Osborn, 2007). Notably, IPA is a flexible analytic technique, and there are various ways of conducting this type of analysis (Alase, 2017; Pietkiewicz & Smith, 2014). However, the study utilised Smith and Osborn's (2007) four-stage method because it provided a structured yet heuristic framework to guide the analysis. The researcher used this four-stage method flexibly as a heuristic guide instead of rigid rules.

Firstly, the researcher became as intimate as possible with each participant's account by repeatedly listening to and watching the audio-visual files and writing and reading the transcript (Smith & Osborn, 2007). As noted above, the transcription was done straight after and before subsequent interviews. After transcribing a participant's interview, the researcher repeatedly listened and read the transcripts. On the right margins of each transcript, he made descriptive, linguistic, and conceptual notes (Smith & Osborn, 2007). In addition to Smith and Osborn's (2007) advice, the researcher highlighted interesting phrases and words used by each participant. This individualised commitment to each transcript allowed the researcher to gain deeper insight into participants' individual experiences and, thus, stayed in line with IPA's idiographic commitment.

Secondly, the researcher used his notes to formulate 'experiential themes'(Smith & Osborn, 2007). The theme needed to capture the meaning of the experience for the participant. Thus, the researcher used emotive and psychological language, as recommended by Smith & Osborn (2007). Moreover, the researcher formulated these experiential themes to answer the research questions. Additionally, the themes were guided and explicated around the intersectional theoretical framework used in this study. For instance, individual themes like ' powerlessness against White clients' or 'racial indifference' were formulated.

Thirdly, the researcher provided a more structured analysis by constructing meaningful clusters by looking for connections between the emergent themes (Smith & Osborn, 2007). He clustered related themes together. Here the active reading process occurred whereby the researcher actively engaged with the transcripts to ensure themes emerged from verbatim

content and looked for nuances within clustered themes to explicate the convergences and divergences within a cluster.

Finally, the researcher produced a summary page where group experiential super-ordinate themes were listed, and subordinate themes with key quotations were listed below. The analysis included participants' verbatim quotes to ensure the study's trustworthiness. The researcher's supervisor checked these themes and guided the rewording of group experiential themes to fit the theoretical framework guiding the analysis.

Notably, while all superordinate themes try to account for the group experiences, some subordinate themes delve into a particular participant's experience. Thus, the study presents results in the next chapter as a '*case within a theme'* whereby the group experiential theme considers many participants' experiences (Larkin et al., 2009). However, results were also presented as a '*theme within a case'* in some parts of the analysis because some subthemes prioritised a participant's experience due to their experience being considered essential for the study (Larkin et al., 2009). Combining the '*case within theme'* and '*theme within case'* is an acceptable way to write up IPA studies since it allows for the fruition of IPA's idiographic commitment. Moreover, Larkin et al. (2009) suggest that this combination is acceptable since there is 'considerable variation' in how to present results.

4.6.1 Methodological Integrity

Unlike quantitative research, many qualitative researchers do not concern themselves with proving reliability (Willig, 2013). Reliability refers to the notion that the findings from the analysis should remain constant on different occasions (Willig, 2013). Notably, some qualitative researchers emphasise reliability by positing that qualitative research should pass '*the dead scientist test'* (Potter, 2002). The research passes this test if the data collected is viewed as having existed and presented in the same way, even if the researcher had not existed (Potter, 2002). In this study, the researcher has made transparent that the data was (and was expected to be) interpreted and thus altered by the participant and the researcher. Thus, this study aimed to ascertain integrity by illustrating its credibility, dependability, and confirmability, commitment and rigour, transparency, impact and importance (Willig, 2013; Larkin et al., 2009). Notably, due to the idiographic commitment of IPA studies, the transferability of findings to others outside of the cohort was not a concern within this study.

A study achieves *credibility* if data is collected, interpreted, and conveyed with validity, integrity, and accuracy (Willig, 2013). The researcher's role as a VLC aided in credible data collection. His training as VLC allowed him to use probes and ethically and empathically communicate with clients on trauma issues. This training aided him in conducting efficient and in-depth interviews.

However, a disadvantage was that it was his first-time conducting interviews for qualitative research. Henceforth, his supervisor reviewed his interview questions and listened to a recording of his first interview to help him improve his interviewing technique. Constant collaborative reflection with his supervisor on interpretations aided the development of credible interpretations. Moreover, the researcher intentionally used a reflective approach when interviewing clients to ensure his interpretations of their experiences were accurate.

Additionally, the researcher attempted to review his interpretations with the clients after completing the write-up of the analysis. However, he could only contact a few participants due to availability issues. He also tried to capture the participants' experiences by staying as close to the data as possible. Staying close to the data meant that he used the participants' words in the interpretations and analysis wherever possible. Lastly, the study captured descriptions of participants' experiences using verbatim quotes. Using verbatim quotes ensured that the study represented participants' unique perspectives accurately.

The study achieved *dependability* by consistently collecting and processing data (Bashir et al., 2008). To obtain dependability, the researcher has, to some extent, reflexively and transparently detailed the research methods chosen and this study's underlying ontological and epistemological assumptions. Moreover, reviews from his supervisor helped him ensure that his interpretations were sound and consistent with the theoretical framework and experiential focus of IPA. Consistent supervision ensured that the researcher followed the correct procedures during data analysis.

A study achieves *confirmability* if the researcher can confirm that the collected data signifies the participants' responses, not the researcher's viewpoints or biases (Cope, 2014). After each interview, the researcher reflected on his thoughts and opinions in a journal and with his supervisor via text. These reflections allowed him to understand how his experiences and feelings influenced data analysis. Although he understood he could not completely remove himself from the analysis, he did include (as mentioned above) verbatim quotes from the participants to try and prevent distortion of their meaning.

Larkin et al. (2009) posit that commitment and *rigour* are also illustrative of the integrity of an IPA research project. 'Commitment' was demonstrated by the researcher's attentiveness to participants during the interviews and his intentional analysis of each transcript after each interview and before subsequent interviews. The study achieved rigour by constructing appropriate interview questions with his experienced supervisor. Moreover, the study obtained rigour through the decision to collect data from a relatively homogenous group. Additionally, the constant reflections undertaken by the researcher aided in a rigorous analysis of participants' experiences.

Another notable characteristic that displayed the integrity of this IPA project included transparency (Larkin et al., 2009). The above detailing of the recruitment procedure, analytic methods, and the rationale behind the choice of methodology and theory all provided transparency of the project. Lastly, section 4.8, detailing the researcher's reflexive account of the research process, further demonstrates the study's transparency.

Finally, Larkin et al. (2009) suggest that the study produces 'real validity' when it presents something interesting, meaningful, or useful. In other words, the impact and importance of the study illustrate its validity. Since essential and interesting findings regarding racialised, class, and gendered experiences around counselling have emerged, the researcher believes this study fulfils the criteria of being 'impactful' and 'important'.

4.7 Ethical Considerations

The University of Witwatersrand's School of Human and Community Development Ethics Committee granted ethical clearance to conduct the study (PROTOCOL NUMBER: MAPSYC-22-07, see Appendix E). Written permission was sought out and granted by the organisation where participants volunteered. Participants had voluntarily participated in the study without being coerced or bribed. The researcher contacted potential participants directly to explain the specifications of the study and requested voluntary participation. This contact- making helped the researcher build rapport with the clients. Thereafter, the researcher emailed consent and participant information forms to the participants. These forms reiterated voluntary participation and information about the study.

Participants' identities were kept confidential by using pseudonyms in the write- up. Additionally, the researcher sorted any documents and numbers relating to participants in a password-protected folder. The identities of Participants' (VLCs) clients, or any other person

they talked about in the interview, also needed to be kept confidential. Henceforth all mentioned names were changed.

The researcher needed to protect the participants and their clients from psychological harm in this study. Markedly, there was the potential that participants might have had a disruptive experience when discussing how their client's trauma has impacted them. For instance, one participant had experienced a similar traumatic event to their clients; thus, discussing a client's trauma could have been a stressful experience. Henceforth, the researcher was sensitive to the participant's distress and planned to stop the interview when necessary. He also interviewed with empathy and often reflected on their emotions and content. This type of interviewing ensured that participants felt understood and allowed them space to correct any misinterpretation.

Moreover, he referred all participants to the free counselling service offered via the Emthonjeni Centre. Furthermore, following the interviews, participants were debriefed by the researcher. The researcher asked them about the interview and if they had anything more, they wanted to discuss. Notably, none of the participants was perceived to be distressed during the interview. Many thanked the interviewer as this was an opportunity for them to voice their stories and experiences.

4.8 Reflexivity

Notably, reflexivity ontologically differs from the idea of doing reflections (Cunliffe & Jun, 2005). Reflection grounds itself on an objectivist ontology that perceives reality as an original external entity. Under this ontology, capturing reality involves removing oneself from the situation (Cunliffe & Jun, 2005). Alternatively, reflexivity is premised on the ontology of subjectivism since it recognises that individuals hold subjective constructions of reality based on their assumptions, opinions, and feelings (Cunliffe & Jun, 2005). Since this study did not 'investigate' an objective reality but explored the unique subjective experiences of VLCs, the researcher used reflexivity to get close representations of those experiences whilst still acknowledging the subjective human nature of the researcher.

Here, reflexivity serves two primary purposes. The first is an attempt to ensure the trustworthiness and integrity of this qualitative project (Schaffer, 2015). Smith and Nizza (2022) posit that reflexivity is an 'integral part of' the IPA research process because it allows the researcher to be aware of his 'opinions and feelings' and how they 'influence' the

'outcomes' of the study (p.18). To an extent, this awareness helped the researcher ensure the trustworthiness and integrity of the project because it tries to protect against the conflation between the researcher's and participants' experiences. The second purpose of reflexivity involved the researcher analysing, by bringing to consciousness, how he contributed to oppression and issues of power and liberation during the research process (Reyes Cruz & Sonn, 2015). One way to analyse these power differentials and their impact on the research is by performing active reflexivity on the researcher's intersectional positionality (Soedirgo & Glas, 2020). For the researcher, this active reflexivity is operationalised by continuously interrogating his intersectional positionality (regarding his gender, race, age and class), how this positionality is received and perceived by participants in the context of their intersectional positionality, and the assumptions embedded in the conclusions of the first two interrogations (Soedirgo & Glas, 2020). Since the researcher believed his assumptions and feelings were tied directly to his positionality, the following section simultaneously approaches these two aims. Additionally, the researcher found it helpful to apply conversational analytic tools like textual reflexivity to analyse how words he used in the interview contributed to oppression, issues of power, and liberation (Speer, 2002b)

4.8.1 Assumptions before Data Collection

Soedirgo and Glas (2020) suggest that it may be useful for the researcher to document his assumptions around positionality before data collection, during data collection, the analysis, and the write-up. I initially assumed that my intersectional position as younger, middle-class, Indian and male might make his participants, older, Black females from lower-income communities, less comfortable and open to discussing gendered, racialised, and classicist experiences. These assumptions caused much anxiety that I still find challenging. I questioned, and continue to question, if I, considering my intersectional position, should be the one telling these stories. By telling these stories, am I inadvertently taking power away from these women and reconstituting a privilege where men get to construct the identities of Black women? Considering these anxieties, I reviewed my interview questions with my supervisor and sought approval from the ethics committee. I thought these reviews would ensure that questions are appropriate and would overcome barriers of positionality and consequently open up the dialogue. Still, handling the technical aspects did not quite equate to the field.

4.8.2 During data collection: Anxiety, Frustration, Scepticism

The anxiety followed me into the field as I conducted interviews. Notably, I conducted the interviews online. Maybe, unconsciously, I thought that online interviews where participants could be in their own spaces would have made participants feel comfortable and allowed them to open up. Moreover, to provide them with a sense of comfort, I positioned myself against a wall to try and ensure that they felt like they were in their home and not mine. I realised that I was placing my anxieties onto them. Being absorbed by my anxiety made me fail to recognise my privilege. However, my privilege was made very clear to me in the third interview. During this interview, the participant had connection problems and was affected by a power outage. I had constant access to stable internet and electricity. Thus, the final interview took place where it was most convenient for the participant, which happened to be in person. Notably, I learnt many more lessons before this.

I was intensely anxious during my first interview. During this interview, although an aspect of this research centred around racism, sexism, and classism, I was worried about asking questions about issues of race, gender, and class. I found myself choosing my words very carefully to the extent that they became elitist. I found these elitist words during a joint listening session of the interview with my supervisor. Here, she made me aware that I did manage to get some valuable data. However, she pointed out that I sometimes used terms the participant might not have understood, such as gender, instead of saying men and women. As an outsider researcher, this trap is considered the 'absence of language sensitivity' (Berger, 2015, p227). Through this textual reflection, I realised I was trying to encompass all genders and provide space for inclusivity. However, this caused me not fully to appreciate the context situating my participant and me. I assumed a context where people operate in a postmodern thought of multiple and non-binaries of gender. Whilst this is important, as a researcher, my job was to read the room and not impose these contexts into the room. Consequently, I often chose my words carefully in the following interviews and rephrased questions by reading the room.

Another way I unintentionally avoided issues around race, gender, and class during the first interview was by avoiding my positionality. During the joint listening session, I told my supervisor that my intersectional positionality might have led to the participant withholding information about race, gender, and class. This supposition frustrated me because I felt like an inappropriate research instrument. However, my supervisor encouraged me to address that elephant in the room by asking my participant how they felt about being interviewed by an

Indian Male. So I did, and they all responded positively. However, as a researcher, I remained sceptical about how much of a barrier my outsider identity impacted the interviews.

This outsider identity was made more apparent by the language barrier between some participants and me and their different childhood experiences. All of the participants spoke and could comprehend English well. However, sometimes there were sentiments that the English language could not capture. This language barrier left me worried that I missed some of the rich texture of their experiences. I was also anxious that I would miss some of the rich texture of their experiences because of our different childhood experiences. Since I did not grow up during the South African apartheid regime, my understanding of apartheid can be described as textbook and vicarious instead of experiential. I had to separate my understanding of Apartheid and let their experiences paint the picture. This separation allowed me to find that, though apartheid was an oppressive time, it was also a time that bonded communities by forcing them to band together to fight against this oppression. Allowing this experiential understanding of apartheid into my analysis allowed for the liberation of these women as not just subjects of oppression but active agents against it. Though this perspective proved liberatory, I had to accept that it does not fully capture their experiences. As an outsider, I had to acknowledge that I could not fully understand what it was like to be in that situation and face those circumstances (Berger, 2015).

This distance left me feeling frustrated. I knew that my identity as an Indian male, someone who during apartheid would have been constructed as racially superior, could very possibly have prevented the participants from opening up around their racialised experiences. Even when a participant did open up about race, they constructed Indians as caring and kind whilst seemingly being more brutally honest about their experiences with other races. These characterisations furthered my idea that my identity was forming a barrier. I thought my reading of these racialised situations was contentious. However, upon reflection with my supervisor, I realised that this thought stemmed from the fear that comes with my own experience of being a person of colour. I was scared that this analysis would upset the idea of the rainbow nation and racial equality. After this reflection with my supervisor, I saw this reading as critical because it helps us tackle taken-for-granted notions of equality.

4.8.3 The Analysis and Write-up

This nervousness about straying the line followed me into my first drafting of themes. The themes I initially found diverged from truly interrogating racialised, gendered, and

classicist experiences though this was part of my theoretical framework. I then looked and re-read the data to find and highlight these experiences. In the next chapter, you will see it was in the data, but I just had to find the courage to put it out.

Putting it out, through writing up the analysis and discussion, was a tricky task. I sent my first draft to the writing centre for review. Some of the feedback confirmed my fears that some statements were over-generalisation. For instance, some participants state that counselling is new to Black communities. Whilst this is true for their experiences, I had to ensure that readers did not read participants' descriptions as a statement of fact but rather a statement of experience. As an ethical researcher, I believed this textual reflection and revision were needed to resist past oppressive ideas about groups of people or my participants. I did feel secure that the analytic approach adopted for the analysis allowed me to avoid these oppressive generalisations. IPA allowed the researcher not to conflate experiences but, through its idiographic focus, permit the extraction of individual experiences. Ultimately this allowed me to represent experiences of oppression, agency, and liberation.

Admittedly, I still feel anxious about the work I have presented here. However, I made my analysis as closely grounded to the participants' words as possible. Moreover, I reflected on some of my interpretations to participants to ensure accuracy. Nevertheless, the analysis still has reminiscences of my subjectivity as I am also human. Importantly, the analysis and research are left open for critique, hopefully inspiring future research. So, I have come to a present (though unstable) answer to the question I posited to myself at the beginning of whether I should be the one telling these stories. I see my analysis as just one interpretation of these stories. Bits of their stories lie more in their quotes. Ultimately, I now view this project as not a retelling of their stories but a well-considered and hopefully close interpretation of their experiences. A close enough representation that still allows their voices, although somewhat distortedly, to be heard.

4.9 Conclusion

This chapter explored the reasons for utilising a qualitative research design and IPA. Moreover, it provided the rationale behind the choice and descriptions of: participants, sampling and data collection methods. The chapter also explored how ethical considerations were considered essential and approached during this project. Finally, the chapter provided a textual representation of the researcher's reflexivity throughout the research process.

Reflexivity was incorporated to ensure the trustworthiness and integrity of this study, but it also highlighted issues of power, liberation, and oppression involved in the research process.

Chapter 5: Findings and Discussions

5.1 Introduction

Herein outlines and discusses the findings of this study by situating it within the existing literature and theoretical framework of intersectionality and the lens-based model of intersectional stereotyping. The main group experiential themes include challenging journeys that led participants to become VLCs, the significance of race and its connotations, the impact of socioeconomic constraints and privileges, the influence of gender, and the personal benefits and costs of caring. The first theme explores participants' difficult experiences of overcoming unfulfilled career goals and overcoming personal challenges that motivated them to become VLCs. The second theme discusses how participants' perceptions of the historical and present lack of access to and knowledge of mental healthcare in Black communities influenced their decision to counsel and experiences of counselling. Within this theme also lies a discussion of participants' varying emotional reactions to racially dissimilar clients based on their intersectional perception of clients. The third theme explores how socioeconomic constraints and privileges have influenced their beliefs and experiences with different clients. The fourth theme showcases participants' experiences of counselling male and female clients. Lastly, the analysis explores how counselling has positively and negatively impacted participants psychologically.

Box 1

Key Notations used in Excerpts

… material omitted
[xxx] explanation added by the researcher
[redacted] Hidden information to protect participants' identities
(Note: The name of the NPO that participants volunteer at is hidden.

5.2 Theme 1: Challenging Journeys that Led to Becoming a VLC

This theme details participants' often-difficult life experiences that led them to become VLCs. These difficult challenges include overcoming unfulfilled career aspirations and surviving interpersonal challenges. Some of these difficulties derive from participants' experiences facing the intersectional oppression of age, gender, class, religion, and motherhood. Notably, whilst Zihle did not divulge information on her past struggles, Lebo,

Namisa, and Mpho did give us insight into the challenges they faced that influenced their decision to become VLCs. Thus, the following two subthemes will explore their experiences while notably having an in-depth exploration of Lebo's and Mpho's challenges since they provided relatively more information on their experiences.

5.2.1 Overcoming Unfulfilled Career Aspiration: '…some of my dreams were.. met…'

Lebo and Namisa described childhood dreams of having careers that entail working with people. Whilst Namisa did not dream of holding a specific career (fluctuating between the ideas of being a '*social worker'* to a '*lawyer'*) to achieve this dream, Lebo dreamt of becoming a '*social worker'.* Becoming a VLC has helped fulfil these unfulfilled career desires for both participants since it allowed them to work with and help others. Whilst systematic reviews of the literature suggest that VLCs are motivated by prospects of career and personal development (Kok et al., 2015; Scott et al.,2018), Lebo and Namisa were motivated by the desire to satisfy, not develop unfulfilled career aspirations. Namisa does not elaborate on why she did not achieve her dream but stated that she *'didn't get to do that'.* Since Lebo does provide us with a detailed understanding of why her career aspirations were unfilled and how they affected her, the following section will interpret Lebo's experiences of an unfulfilled dream that led her to become a VLC.

…Umm. You know when. When I was young. Ehh I always wanted to be a social worker but unfortunately because I had a child at an early stage, some of my dreams were not like met…So you see, my life just became busy and then I didn't, I couldn't focus in what I wanted to do...All of a sudden there was this thing that when you are 35 and above, you know what you are old. You are not employable, you know. So I think I felt discouraged…After everything, now I'm having grandkids…that thing of wanting to be a social worker wanting to help other people became stronger. But then at the time.. I'm I'm approaching 50s now. I'm. I'm saying, Ok, even if I do [become a] social worker… nobody will employ me, you know. And yeah, I was like now thinking all of that up until one day I was in the taxi and then there was this lady was talking talking about counselling, how they work. And then I was so interested hearing that. And then I just asked the lady where, where is that place? And then she gave me the direction and all that. And then. Yeah. And then I stood up. I went to look for the place. And then how that's how it started… (Lebo)

Lebo's journey to becoming a counsellor entailed sacrifices that induced feelings of loss, fleeting hope, and eventual compromise. As seen above, Lebo describes what the

sacrifices of being a young mother entail. In her experience, young motherhood entailed sacrificing her career aspirations to raise her child. However, this sacrifice was not a choice but an outcome of circumstances, like a '*busy life'* that drew all her attention. Her experience of motherhood as restrictive exemplifies the patriarchal gendered oppression women face due to cultural stereotypes of motherhood that conceptualise mothers as selfless nurturers and caregivers (Haratyan, 2017; Malacrida & Boulton, 2012; Striley & Field-Springer, 2014). Although, as Moore (2013) demonstrated, in South Africa, dominant ideas of motherhood have changed intergenerationally due to the influence of a shifting sociohistorical context, Lebo's experience of motherhood seemed to involve the traditionally embedded devotion to caregiving and sacrifice of personal desires. Ultimately, the sacrifice of her career aspiration was experienced as a loss of her dreams to become a social worker who helps people.

Later in life, Lebo's hope of becoming a social worker reignited but quickly dimmed due to her perception of being too old. She believed her age would make her unemployable even if she became a social worker. Her understanding of being an older woman supports research suggesting that older females face the intersectional oppression of ageism and sexism when seeking employment (Cebola et al., 2021; Elmes, 2021; Ospina et al., 2019). However, she also faced restrictions to employment as a younger mother. Thus, her experiences of being an older woman can be juxtaposed with her experiences as a young mother due to different societal expectations placed on these intersectional embodiments. For her, she expected young mothers to sacrifice their personal goals and perceived older women as unemployable. Here, Lebo intersectionally stereotypically perceived herself and other 'older women' as unemployable and 'young mothers' as expectedly selfless. Her experiences and the literature support her perceptions; for instance, Jayachandran's (2021) argues that gender norms restrict women's access to the labour market.

Moreover, Lebo's evidence-supported perceptions illustrate the intersectional oppression of class, gender, and age women face because of unfair hiring processes. Ultimately, both intersectional embodiments, being a young mother and an older woman, left her feeling trapped by these different social expectations of her. Although Lebo could not escape these traps of her identity, she negotiated her identity and desires of being a social worker and helping people by compromisingly becoming a VLC, a role that allowed her to have experiences of helping others.

5.2.2 Surviving Personal Challenges: '…I actually gathered strength…'

Some participants also described past experiences of surviving interpersonal struggles that inspired them to become VLCs. These challenging life journeys included experiences of divorce, single motherhood, and intimate partner violence (IPV). As will be illustrated, the intersectional oppression of class, race, religion, and gender compounded their experiences of these challenges. Carl Jung (1965) would have called these participants the *'wounded healers'*: those who are inspired to help others because of their own hurt.

While studies suggest that mental healthcare providers who have histories of trauma may be at risk for developing CF, STS, or VT (see Baird & Kracen, 2006; Jenkins & Baird, 2002; Kabunga et al., 2015; Kassam-Adams, 1995; Turgoose & Maddox, 2017), Jung posits that 'the doctor is effective only when he himself is affected' (p.134). These participants bring Jung's illustration into reality since both, Namisa and Mpho felt capable and effective after counselling and support helped them deal with their wounds induced by life's difficulties. The following section details Mpho's particularly challenging past experiences that motivated her to become a VLC who can help other women experiencing a similar trauma she survived.

... When I was in that situation, just how completely powerless and afraid? I felt. And at some point I had actually given up and accepted the fact that I might die in this relationship. I don't have a biological father. I don't have a brother. I don't really have much of a support structure that's able to stand up to this person. Funny enough, it's so long ago, but I'm I'm feeling a little emotional just talking about it. But does that sense of how do I how do I fight this bully? You know, I have nobody in my corner. I have a mother who is single and and elderly. And I mean, what can she do? And occasionally I'd have the police intervene and their interventions were very lame, disgustingly so, to to tell the truth. And yeah, when I eventually. Decided I am not taking it anymore and that was at the point where I had said I'm gonna die anyway, you know. So if I'm gonna die, I might just as well die trying to get away from it. And I spoke to POWA people opposing women abuse. I secretly found them. I got into a shelter. Plus I was unemployed for biggest part of for about 8 months while I was in that marriage. And I think it was especially during that eight months where taking action was not an option because then what do I do with my life? I already had a son who was in primary school. So yeah. Those, those were the greatest fears. You know, the the sense of powerlessness that I have nobody in my corner. I

have nobody who can fight for me, have nobody who can speak for me. And that's why finding POWA was such a blessing. And being able to go to a shelter and from then on, you know, I had guidance, I I could. I actually gathered strength. I was even able to speak to this person on the phone and tell him this is how things stand. I am not coming back. And this is the end of it. And yeah. Yeah, fortunately he he accepted without much of a fight. It didn't get to the worst case scenario that I had dreaded. And and that was another realisation that flip in your little corner of fear, you just imagine the worst possible thing happening to you. And hello. Look at how easy this was. Just reach out to POWA, get reenergised, get your POWA back and yards over. Yeah. Yeah... (Mpho)

Mpho takes us through a journey from feeling like a fearful, powerless, and helpless victim of IPV to becoming a courageous, powerful, and helpful change agent. Consistent with the literature on women's experiences of IPV (see Ansara & Hindin, 2011; Boonzaier & Van Schalkwyk, 2011; Dobash & Dobash, 2004; Hamberger & Guse, 2005; Hamberger & Larsen, 2015), Mpho felt immense fear during her experiences of IPV. Fear is the aversive affective arousal to a stimulus perceived as dangerous (American Psychological Association Dictionary of Psychology, 2023.). Mpho's fear derived from her belief that her situation is life-threatening and dangerous. Evidence supports Mpho's perception of her situation as life-threatening since national surveys conducted in 1999 and 2009 by Abrahams et al. (2013) suggest that South Africa has the highest recorded femicide globally and is primarily caused by IPV (as cited in Dawson et al., 2017).

Experiences of fear motivate one to reduce the threat through various strategies such as compliance, acquiescence, and escape (Lazarus & Folkman, 1984). Initially, she used a compliance strategy, but after she decided she was '*not taking it anymore',* she wanted to escape. However, after Mpho analysed her situation and the intersectional forms of oppression she faced as a young Black unemployed mother, she realised that she had limited resources to help her escape this situation. Thus, she experienced a sense of powerlessness derived from the intersectional oppression she faced as an unemployed, Black woman. Her experience illustrates how class and gender intersect to oppress women abused in their relationships.

Since she experienced this powerlessness, she needed help from those with some social power. However, her initial search made her feel helpless since she had no family or structural support. She described a situation in which family support meant male support, insinuating that in a patriarchal society like South Africa, powerless women try to access some help through

male protection. This experience demonstrates the stereotypical intersectional perception of older men as the typical protectors and fighters against oppression and women and children as powerless. However, Mpho could not access help from non-existent male family members, leaving her feeling helpless. Moreover, she could not access structural support as police interventions were, because of her experiences, viewed as *'disgusting'.* This inaccessibility demonstrates how the law works to oppress women, in particular, into staying in life- threatening abusive relationships.

Though she felt helpless, her concern for herself and her young son's well-being motivated her to find other avenues of escape. Here, her concern for her child's well-being is consistent with the experiences of Chinese female victims of IPV in Hong Kong who also acted out of what they perceived as the child's best interests (Loke et al., 2012). However, unlike these women, who believed that staying in an abusive relationship would benefit the child since their conservative society highly stigmatised divorce, Mpho did not have the luxury of divorce. She describes her situation as dire since her options were death or escape. Thus, despite culture, law, and her unemployment status as a Black woman intersectionally operating to keep her in this abusive situation, Mpho viewed escaping as the best option to protect her and her child.

She eventually found help from a South African Non-Governmental Organisation (NGO) called POWA (People Opposing Women Abuse) (For more information on POWA, see: https://www.powa.co.za/POWA/). Here, she received support in the form of shelter and guidance that helped her gather the courage to confront her abusive partner and obtain a divorce. This experience of support that developed her courage inspired her to help and support other young women experiencing IPV so they, too, can develop the courage she once thought impossible. To become helpful and supportive to these women, she decided to become a VLC. Notably, she received help from an NGO and not governmental run organisations like police departments, thus, illustrating how her liberation could not be dependent on legal systems that ironically worked to oppress her.

Initially, she performed as a VLC through the Christian church. Although religion made her feel empowered and 'restored', the church also restrained her. She came to realise that Christian religious ideals (such as 'the sanctity of marriage', which stigmatises divorce) restricted her ability to effectively counsel people, particularly young disempowered women experiencing IPV, since its theology encourages strategies of forgiveness and staying in the

relationship (Nason-Clark, 2020). Her belief is consistent with literary views that religion can sometimes act as a tool for the patriarchal subjugation of women (Boonzaaier, 2001; Chowdhury, 2009; Dlamini, 2022; Govinden, 1997; Guth III, 2023; Miller, 2013; A. Phillips, 2016). In South Africa, both Boonzaaier (2001) and Govinden (1997) have found that religious institutions have coerced women into staying and enduring violent relationships. Notably, the burden primarily placed on women by the church to sustain abuse illustrates how gender and religion intersect to maintain women's oppression and subjugation. Consequently, she left the church and became a counsellor at organisation x, where she felt more empowered, by being less restricted, to help other women:

…My aunt took me to a church and said, don't worry, Jesus is gonna make it okay. And then I went to church. And I really did feel lifted restored. In the church I joined the counselling department for the church. Now counselling at a Pentecostal church simply means that when people come, new people. And they give their lives to Jesus, your work as a counsellor, as to explain to them what the born again life means, you know, share some scriptures and pray with them. But sometimes during this intervention, I would find that, you know, I'm. I'm not really reaching people. Uhhm I'm restrained. I speak gospel. I a speak uhmm you know what the church teaches. Sometimes people would come with deeper needs than that. And I decided maybe I should do a counselling course and. That's how I ended up with [redacted]… I wanted to influence a lot of women especially, yes! Especially a lot of women who who, who seemed completely disempowered, who who would be coming and saying my husband is abusive, which is also a route that I had had been through, you know. And the church says marriage is a sin stay within your marriage. Fix it and and a part of me was saying no this is wrong you know… (Mpho)

5.3 Theme 2: Significance of Race and its Connotations

In South Africa, research on issues around race in the counselling relationship has primarily been in the context of psychoanalysis and the White therapist Black client dyad (For examples, see: Knight, 2013; Long, 2022; Strous & Eagle, 2004; Suchet, 2004; Swartz, 2012). Mbele and Gericke (2010) explored Black clinical psychologists' experiences of race, but once again, it remained within the context of psychodynamic counselling relationships. Notably, Benjamin's (2014) thesis did explore some of the racial dynamics experienced by community counsellors in a majority Coloured community. Whilst these papers emphasise race dynamics,

there is a paucity of literature on Black VLC from marginalised contexts and experiences around race in the South African context.

All the participants in this study either directly or indirectly articulated that race played an important part in their counselling experiences. These include the psychosocial conditions of their communities and a huge need in SA for counselling services in low socioeconomic Black communities (De Kock & Pillay, 2018; Docrat et al., 2019; Siyothula, 2019, Vergunst, 2018). Thus, socioeconomic conditions could not be excluded or untangled from participants' experiences. This entanglement is consistent with the prevailing legacies of historic oppressive political regimes (apartheid and colonisation) that left many Black people under-resourced in South Africa (Modise & Mtshiselwa, 2013; Mohamed, 2016). This racial and economic inequality is still prevalent, as evidenced by current assessments of inequality by The World Bank (2022), which surfaced that "race remains a key driver of South Africa's high inequality of opportunity" (p.22).

5.3.1 Need for Access in Black Communities: '…much help is needed out here…'

All the participants live either in Soweto or Alexandra. The apartheid government in South Africa historically segregated these townships from developed urban areas, and these segregations' legacies remain (Agere & Agere, 2020; Bonner & Nieftagodien, 2008; Brown, 2016). Apartheid and an ineffective post-apartheid political governance have left these towns and many people who reside there under-resourced, neglected and encroached by poverty (Agere & Agere, 2020). The metaphorical positioning of Alexandra as 'the Dark City' exemplifies the societal ills befallen this town due to the unfulfilled Democratic promises of equality and positive transformation (Dunstan, 1987).

Whilst Lebo did not explicitly talk about the social issues in her community, Mpho, Namisa, and Zihle displayed an acute awareness of the social issues, like substance abuse, poverty, and suicide, plaguing their residential areas and affecting individuals. However, unlike the NSHW in Booysen's and Kagee's (2022) study, who were, before their experiences with clients from low-resourced communities, not wholly aware of the societal ills prevalent in the communities clients resided, this study's participants were aware of the social issues in their communities before they commenced counselling. They have this awareness because they are not just distant observers of the issues plaguing their communities, but most have grown up, and all continue to live within their vortex, a residential spot that does not allow them the privileges of forgetting or avoiding social issues.

..still living in this community where drugs, alcohol, discouragement is at the order of the day. And for me, it's about saying I cannot do it for these people in my immediate surroundings, but if I stay on these lines, I am reaching someone's cousin, someone's sister out there and I can make a difference to that person … So I'm surrounded by this Sherwyn and it just reminds me of how much help is needed out here… (Mpho)

Through these lived experiences, participants develop an emotional attachment to their communities, exemplified by Namisa's familial bond with her community members. Community attachment, evidenced by identification with their community, inspires devotion to sustaining and developing their communities through counselling (Chigeza et al., 2013). Here, participants viewed counselling as a beacon of hope that aids in the healing and transformation the community that participants believe needs desperate support. Unlike Booysen and Kagee's (2022) participants, who felt frustrated and helpless to address societal issues plaguing communities, the participants displayed a sense of hopefulness that counselling can positively affect personal and social change. For them, counselling induced individual and social progressive transformation since it can '*show the community how to love themselves',* induce *'less suicide'(Zihle), 'change people's lives'(Namisa), 'make a difference in people's lives'(Mpho)*, and *'give somebody hope'(Lebo)*. Even Mpho, who has doubted her access to help her neighbours directly, was hopeful that helping and reaching out to people would have a ripple effect that reaches her community members. Notably, the participants illustrated an awareness of the multiple intersecting systems of class and race that impact their communities and the mental well-being of the individuals residing in their towns.

However, the participants remained hopeful because they witnessed the progressive transformation counselling has had on individuals and institutions, like schools (as mentioned by Zihle), of their community. Witnessing these positive effects reinstilled their hope for individual and social change in their communities and prevented them from feeling overwhelmed and succumbing to the vortex of social issues in their community. Their hopefulness, derived from positive counselling experiences, motivated participants to continue counselling the individuals affected psychologically by the social issues in their communities. Notably, the participants' altruistic motivations to help their communities are shared by VLCs in rural Ethiopia and LCs in peri-urban communities in Kenya (Maes, 2015; Wall et al., 2020), and LCs from low socioeconomic communities in South Africa (Benjamin, 2014; Dageid et al., 2016; Swartz & Colvin, 2015). Ultimately the participants' desire and belief in the ability

to effect positive change displayed their sense of being empowered by counselling to be hopeful agential social transformers instead of helpless and powerless.

5.3.2 Knowledge: '…we are still learning…'

Historically, in South Africa, Foucault's (2020) power-knowledge dynamic has been realised through a racially segregated education system that gave Whites access and ownership to biomedical knowledge of counselling and mental health. Consequently, biomedical knowledge of counselling and mental health is relatively new in some Black communities. Notably, many Black people have extensive in-depth bio-medical understandings of mental health. Still, a lack of this understanding of mental health in some Black communities, especially those where socioeconomic challenges stifle access to knowledge, has led to the stigmatisation of mental health issues and avoidance of mental health services like counselling (Ruane, 2010; Schierenbeck et al., 2013).

…you know, counselling to us black people is a new thing. It's a new thing and we are still learning. (Zihle)

Some of our participants, Zihle, Namisa, and Mpho in particular, believed their communities lacked counselling knowledge. They described counselling as something relatively '*new'* in their community. Hence, they were '*still learning'*. Namisa believed a lack of knowledge about counselling left some Black people in the community feeling sceptical about the effectiveness of counselling. Their scepticism seemingly arose from the disbelief and distrust that '*talking about something'* helps.

Additionally, the historical use of psychiatry and psychology to deem Black beings inferior and abnormal may have unconsciously or consciously formed the basis for this distrust (Maultsby, 1982). Thus, groups historically oppressed by these mental healthcare systems might place more faith in alternate forms of mental healthcare. A national survey suggests that some Black South Africans are more likely than other racial groups in the country to consult a traditional healer to address emotional and mental concerns (Sorsdahl et al., 2009). However, the participants trusted that counselling could be helpful to their community members because of their first-hand experiential knowledge of counselling.

*…**with us Black people, Black Nation, I think, uhmm we, we never really believed in this type of help , I can put it that way, because we felt like how can talking about something help you, you know…we are raised in a way that you don't share I stuff with***

other people, you know, keep it to yourself. Uhmm, so I don't think it's something that we we, you, I I didn't know about it growing. I didn't know about it even when I was older, but having to be here and knowing what I know. So I know that if people were to get information or be enlightened about something like this, they would want to come. And I know.. they will be helped…(Namisa)

Namisa took us through her journey of how her development of knowledge about the helpfulness of counselling moved her from scepticism to faith. She expressed that whilst growing up, she did not know about counselling nor even simulated acts of counselling, like talking about her problems with others. This experience illustrates how medicine, economical access to biomedical knowledge on mental healthcare, and race intersect to form oppression that impacts people's well-being. Due to this oppression that restricted her access to knowledge about counselling, she seemingly shared her scepticism about the helpfulness of counselling. However, later in life, she learnt about counselling through her experience as a VLC. Due to these experiences, she has tremendous faith that if others were '*enlightened'* about counselling, '*they will be helped.'*. Here, similar to the findings of two systematic reviews by Kok et al. (2015) and Scott et al.(2018), it seems like her motivation to volunteer lay in building her community's trust in counselling so that they can reap mental-health benefits.

...I think it helps to understand where they're coming from and to remember again their own beliefs and cultural beliefs…I think being from Soweto, being a single Black woman and it made it made it easy to understand another place single woman who's raising children… (Namisa)

...So I think that for me has been a a huge plus knowing exactly, yah, uhmm.. well, there's really no knowing exactly but, but having a a foundational understanding. Of the the system that people are calling from first hand, having experienced, you know when somebody says I can't leave, we live on a grant and this man pays the creche fees or the school fees I can I can totally relate to that. And I think that's a Yah, I think it's it's it's a powerful asset ... I was was concerned uhm about the lack of, you know, uh Black counsellors because really our clients are predominantly Black and we just don't have enough…It is what it is. We we don't have enough counsellors of colour. (Mpho)

Although Namisa and Mpho believed that developing the community's knowledge about counselling could motivate community members to access counselling services, they also believed the effectiveness of the counselling service depended on the counsellor's knowledge

about their clients and their contexts. Research supports this belief by positing that mental healthcare service providers need to know the cultural context of the client to be effective (S. Collins & Arthur, 2010; Matoane, 2012). However, in Ruane's (2010) study, participants believed that it is vital that their mental healthcare provider have experiential knowledge about their contexts, not a textbook understanding.

Following suit, Mpho and Namisa believed that having lived experience as Black women in low-socioeconomic communities provided them with experiential knowledge that helped them relate to clients from their community. Namisa believed that having the lived experiences of being a Black single mother living in Soweto provided her with experiential knowledge to accurately and effectively counsel others in her position. Here, these participants showed awareness that facing interlocking forms of oppression based on gender, race and class results in distinct experiences of oppression. However, Mpho and Namisa believed that these experiences of intersecting oppression aided their ability to help because they provided them with the knowledge of societal ills needed to empathise with clients properly. Moreover, participants' experiences of overcoming these societal ills put them in good standing to assist others experiencing similar oppression.

Notably, by considering the limits to their knowledge and the unique individual aspects of their clients, participants did not essentialise clients who embody these intersections. Mpho's statement that '*there's really no knowing exactly'* and Namisa's understanding that clients come with '*their own beliefs'* exemplified this non-essentialisation. Instead, they used their shared experiential knowledge derived from similar intersectional embodiments with some clients to guide their provision of empathetic understanding and practical support. Here, participants displayed the anti-categorical complexities of intersectionality. They understood clients' possible experiences of oppression due to certain intersectional embodiments while simultaneously holding room for their clients' infinitely varying experiences.

5.3.3 Varying Emotional Responses to Racially Dissimilar Clients: '…It's hard…'

As mentioned earlier, there seems to be a paucity of research exploring Black VLCs' experiences of counselling racially dissimilar clients. However, studies on Black mental healthcare providers, such as counsellors and psychologists, show that they have experienced difficulties when counselling from racially dissimilar clients (Comas-Díaz & Jacobsen, 1995; Curry, 1964; Gardner, 1971; Kistan, 2004; Kometsi, 2001; Mbele & Gericke, 2010; Spalding et al., 2019). For instance, Black mental health care providers have experienced self-doubt in

their abilities to effectively counsel White clients (Spalding et al., 2019). To overcome challenges arising from engaging with racially dissimilar clients, McMaster et al. (2021) recommend using a person-centred counselling approach, which our participants use. While this approach has seemingly helped most of our participants have positive counselling experiences with racially dissimilar clients, Mpho has had challenges when counselling White and Coloured clients.

…I'm wondering about people from a different class, like uhmm from Sandton…How's it counselling those people? (Interviewer)

…Hard! It's hard. It's hard. It's hard. I grew up in apartheid South Africa. White people and White women always represented power and authority. I think today I still see them as representing that. And for me to counsel a White person takes a lot. With a White person, there's the fear that if I flip and say anything wrong, this person can actually get me into trouble. So there's a there's a a fear and a lack of safety attached to counselling White people so far… (Mpho)

Mpho experienced fear when counselling White people with high SES. Cognitive Behaviourist centred research depicts acquired fear as a conditioned response to a stimulus (stressor) psychologically experienced as dangerous (Reiss, 1980). Mpho's experiences of Whites as powerful authority figures of domination during apartheid had psychologically conditioned her to view Whites of high SES as dangerous. Theoretically, Mpho viewed White clients along stereotypical intersecting lines of race and class.

Though apartheid had ended, Mpho still regarded White people as dangerous because of their perceived economic power. Mpho believed this power made counselling White people of high SES dangerous because it allowed them to get her *into trouble*. This *trouble* could be in the form of being stripped from her role as VLC, disabling her from positively affecting the lives of those she views as desperately needing help, i.e. Black people with low SES. Notably, Mpho's experience of fear fits in with Comas-Díaz & Jacobsens' (1995) postulation that societal and historical political power differences along the lines of race can result in therapists of colour feeling fear towards White clients.

As noted above, Mpho's development of this fear derived from her involuntary experiences of White domination during apartheid and her resultant subjection to intersecting forms of racial, gendered, and class oppression. Research shows that if people have involuntary fearful experiences of a stressor, they inefficiently cope using defensive aggression or

withdrawal (Taylor, 2002). However, as a VLC, Mpho voluntarily faced her fear-inducing stressor when she counsels White clients of high SES. Research expects that when one voluntarily exposes themselves to a feared stimulus, they develop the bravery to offset the fear by challenging the stimulus (Jacquart et al., 2022).

However, as a VLC who must help the client deal with their mental and emotional health, Mpho could not centre her experience of fear by challenging her White clients during a counselling session. Nevertheless, Mpho still experienced that fear during her counselling experiences, but the only seemingly way to cope with this fear without psychological disruption to the client was by using the inefficient coping mechanism of withdrawing. She demonstrated this withdrawal by containing her thoughts and expressions to maintain a limited sense of *safety* whilst counselling White clients of higher SES. Ultimately, the juggling act of simultaneously attempting to contain her fear and the clients' emotional experiences took much of Mpho's emotional energy.

….maybe I still hold a grudge of some sort towards Coloured people. And that's what brings up the the stereotype. I mean, the flipping struggle that I had to go through trying to fit in with you people, you know? (Laughs) And no. Ohh Flip. Yah I I have gone into counselling Coloured women with a bit of a stereotype. And I think my, my my seriousness, my intentionality when I'm counselling them tends to stay a little lighter a little more superficial than the effort that I would make with a black woman in a similar situation…(Mpho)

Mpho has also had difficult life experiences with Coloured people that caused her to resent them. Her childhood experiences of ostracisation led to the development of resentful feelings towards this community. Due to her stepfather's classification as Coloured during apartheid, Mpho had spent some of her childhood as an outsider in a Coloured community. Apartheid's Group Areas Act tried to ensure the racial segregation of land occupation (Posel, 2001). Therefore, Mpho had to be classified as Coloured to live in the same community as her stepfather. However, outwardly, she still presented as Black. Apartheid (and colonialist, although less meticulously) legislations created a social hierarchy that placed Coloureds above Blacks (Brown, 2000; Posel, 2001). Thus, presenting as Black in a Coloured community may have led Mpho to experience ostracisation in the Coloured community where she spent her childhood.

Mpho had not resolved this challenging experience of being ostracised. These unresolved feelings poured into her current counselling experiences with Coloured clients. However, unlike her experiences with White clients, she was not scared of her Coloured clients but felt hostility towards them. Although there are various conceptualisations of hostility (see Ermakov et al., 2016), Smith (1992) viewed it as negative beliefs, attitudes, and assumptions of another. Mpho held negative beliefs, in the form of *stereotypes*, about Coloured women. Here, Mpho intersectionally stereotyped 'Coloured' 'women' negatively since the clients' gender and race operated simultaneously to create Mpho's negative perceptions. Mpho's development of hostility fits with Myasishchev's (1995) relational psychological theorisations, which posit that hostility develops through interactional experiences. Her hostility experienced during counselling sessions with Coloured Clients had developed from her complicated childhood interactions with Coloureds during apartheid. This childhood experience left Mpho feeling like an outsider. Interestingly, Black psychologists in Mbele and Gericke's (2010) study also expressed a sense of 'being othered' by Coloured clients. Mpho's experience of hostility during the counselling relationship led to her providing '*superficial'* counselling services. Maintaining a superficiality during counselling sessions with Coloured clients could be her way of placing them as outsiders inaccessible to her depth.

…Yeah. OK. So Indian people have been and I'm sorry, I'm not saying this because you're Indian, Art of Living has spoiled it for me. Art of living is an organisation that works with yoga, meditation, breathwork. I have been a member of Art of Living for the past 14 years and out of living is 90% Indian. You know they have like silent retreats, silent meditation retreats for like three days, four days. And I'd like spend like four or five days in the presence of Indian people and initially it was a bit hard. But when we have this deep spiritual thing connecting us Indian people just kind of became people. Uhmmm I think [redacted] I mean, yeah, the Indian people at [redacted] you're still new, but I'm talking about, you know, like you, (name of an Indian counsellor) and I really just ohh so Indian people are so easy. Except when I'm coaching them. But that's not within the context of [redacted]. That's when I'm doing training, except when I'm coaching them, they can be very pushy and really difficult, but when it comes to counselling, getting emotional again, I think. I think there's just sometimes a way that we connect with people that are so much more than just [Race] (sniffs crying) You know. Yeah, that happens for me with Indian people. Blame it on Art of Living spoiled my ability to counsel objectively (Laughs)… (Mpho)

Mpho has a relatively easier experience counselling Indian clients than Coloureds and Whites. Her experiences with Indian clients seemed warmer because she had an easier time empathising with Indian clients. From a person-centred therapeutic perspective, empathy is 'the therapist's sensitive ability and willingness to understand the client's thoughts, feelings and struggles from the client's point of view'(Rogers, 1980, p.85). Hence, empathy encompasses a *connected knowing* about and to the client (Belenky et al., 1986; Elliott et al., 2011). Mpho displayed this connection with Indian people that surpassed the human construction of race. She easily empathised with Indians because she related to them as humans. This humanness did not depend on human constructions but was driven by the spiritual. Through a spiritual lens, this perception allowed her to connect with Indian clients emotionally, a connection deeper than the connection she shared with Coloureds and safer than that with Whites. Mpho perceives Indian people through the intersections of race and spirituality. Notably, Mpho's experience with Indian clients differed from the Black psychologists' experiences in Mbele and Gerickes' (2010) study, who stated feeling undermined by Indian clients.

Interestingly, she did not draw upon her difficult coaching experiences with Indian people to colour her perceptions of them as counselling clients. She may have explicated these perceptions of Indians because I, an Indian man, conducted the interview, and she may have altered her response to avoid a potentially uncomfortable situation. Her preface of '*I'm not saying this because you're Indian'* is recognised; however, participants are active agents who can best position themselves and their experiences according to varying contexts (Potter & Hepburn, 2005).

5.4. Theme 3: Experiences of Socioeconomic Constraints

As mentioned in the previous theme, race has become tightly tied to one's SES in South Africa. The lasting effects of apartheid's racial and economic segregation policies, the failure of the democratic Truth and Reconciliation Commission to fully compensate Black beings for past atrocities, and the current government's ineptitudes allow this close-knit between class and race to prevail in South Africa (Gumede, 2017; Msimang, 2021; Posel, 2001). The current system closely tying race and class together has been aptly termed 'the post-apartheid capitalist system' (Alexander, 2003). Positivistic evidence presented by the World Bank's (2022) recent assessment of inequality in Southern Africa supports this notion as it illustrates that Black South Africans still form more than 90% of those considered chronically poor.

These economic dispositions along racial lines have restricted access to mental healthcare services for many Black beings of low SES (De Kock & Pillay, 2018; Siyothula, 2019). Although legislation such as the Mental Health Care Act of 2002 and the National Mental Health Policy Framework and Strategic Plan 2013–2020 aimed to increase access to mental healthcare, there remains restricted access in low-income communities(De Kock & Pillay, 2018; Nguse & Wassenaar, 2021). This restricted access results from a lack of psychologists and psychiatrists in rural areas of the country (De Kock & Pillay, 2017; Siyothula, 2019). Thus, people, usually Black individuals, in these communities must use costly transport systems to access these mental health services. The participants were keenly aware of this lack of access to mental healthcare in their communities. This awareness of the lack of access due to socioeconomic constraints influenced participants' experiences and perceptions of their counselling services. Additionally, for some participants, like Mpho, awareness that higher SES is tied to race and increased access to resources influenced her counselling experiences. Below is a discussion of these experiences.

5.4.1 Awareness of Socioeconomic Constraints in Black Communities: " …we don't need to have money…"

Both Mpho and Namisa believe that the cost of counselling limits access to economically disadvantaged communities. The literature supports their beliefs. A scoping study assessing the barriers to accessing mental health services in LMICs found that the cost of services was the second most frequent barrier to accessing mental health services (Sarikhani et al., 2021). However, participants' beliefs were not derived from textbook understandings but developed from their experiences within the majority Black community in which they reside. Here, both participants' awareness of the unaffordability of mental health services for Black people in their community brings an implicit interconnection where class and race intersect to oppress Black individuals in South Africa.

What is about working with people in the community that umm, motivates you to continue with [redacted]? (Interviewer)

... knowing that there are people that need this and especially people that I know, people that I grew up with, being able to reach out and help them, I think that somehow fulfils me, you know, having to say at least I'm doing something to change people's lives, you know? And again, what also motivates me the fact that [redacted] does it free. So meaning that you don't have to have money to access places like [redacted] and you don't have to have money to

be able to be helped. You know, we don't need to have money to be able to change your lives, you know, and better yourself… (Namisa)

Understanding that people in her community need access to mental health services but cannot afford them motivated Namisa to continue her work as a VLC. Moreover, knowing that she could assist in addressing this problem brought her fulfilment. Her fulfilment developed from her display of the power to positively transform people's lives. This power to transform people's lives left Namisa feeling a sense of agency and empowerment. Despite the intersecting oppression of class and race that positioned her community and herself, she could still navigate and combat this terrain using her skills as a counsellor.

…you know Black person will go four sessions and say can I have an extra 2 because what else am I gonna do without [redacted]?...(Mpho)

In the above quote, it is evident that Mpho shared Namisa's sentiments that Black people of low SES in South Africa needed access to free counselling services. She viewed her Black clients as desperate and having to stretch their limited options. Again, her belief and consequent intimate concern derive from her direct observations of Black people in her community. The participants' views that one reason that Black people cannot access counselling services is affected by their SES and the cost of counselling is supported by South African research (Ruane, 2010; Siyothula, 2019). These participants were motivated to be VLCs to increase access to mental health services in their communities. This widening of access is vital in low-socioeconomic communities since research suggests an intricate and complex link between poverty and the development of mental health issues (Burns, 2015; Lund, 2012). Moreover, through a systematic literature review, Tibber et al. (2022) posit an association between high-income inequality and poorer mental health. Notwortherily, one should not read these findings as a definitive causal relationship between mental health and SES that deems poorer people to have poor mental health. Instead, these findings suggest that the stress derived from living in underprivileged circumstances may negatively impact one's mental health.

This relationship between poverty and mental health is particularly worrying in South Africa, a country with the highest income inequality distribution, as illustrated by its Gini coefficient of 63 (Statista Research Department, 2022). However, researchers like McMaster et al. (2021) believe that 'conflating income and race is particularly insidious because it functions to dismiss racial disparity as a class issue' in mental health treatment settings (p512).

However, in South Africa, classism and racism are intricately linked by a history of intersecting race and class oppression.

5.4.2 Awareness of Racialised Socioeconomic Privileges:'...they are a lot more resourced..'

Notably, this subtheme only discusses Mpho's awareness of racialised socioeconomic privileges in society. This focus does not mean that other participants did not express awareness. All participants displayed awareness of the interconnection between race and SES in South Africa. However, Zihle and Namisa believed that SES does not impact their experiences with the client. Though it might be hard to recognise another's SES, Lebo expressed not having any counselling sessions with clients of a different SES. On the other hand, Mpho provided a detailed account of how her perceptions of her clients' SES because of the client's race left her '*triggered*'. Thus, the following theme delves into her experience.

…Umm, I can't remember a White person with whom I had four full sessions. I've had a few but but but I don't remember any any of them going the full 4 sessions. And I remember I thought about this, and I've always said, ah, well, I mean they they are a lot more resourced, you know?...And my justification for why she [a white woman] didn't come back is not because we don't have a connection. It's like, uh, she probably found another, you know uhm source of of releasing…(Mpho)

Mpho believed that White people in South Africa have more resources to access mental health services. She used this belief to justify why her White clients do not usually utilise the full four sessions. Moreover, her belief made her feel less concerned about the disappearance of her White clients. This unconcerned feeling is strikingly different from her deep concern for the people in her community. However, this does not seem odd or malicious considering the contexts in which she resides. Given Mpho's childhood experiences of growing up during apartheid and her current lived experiences of living in a country segregated along class lines that are inextricable from race, her understanding and perception of White clients as wealthy and having greater access is comprehensible. Evidently, her lived experiences allowed Mpho to view White clients along intersecting racial and class lines.

…I can I share with you an example you know, a lady was talking to me about a white young girl, complaining about it's so hard to find a job and you know her brother is even thinking about going to Australia because BEE has really made them feel like they don't stand a chance in this country. And that really triggered me. And And the the most..

the least harmful response I could come up with was saying to a well, at least you guys can think about moving to Australia when you think about countless other people in this country who cannot find the job and for whom going to Australia is not an option. And I remember after hanging that up, I had to call my supervisor because I knew that somehow. You know I. yah, yah, she didn't respond to that. But I'm sure she got it. And so I do. I do. I do get triggered. Sometimes I step into these traps. And yeah, sometimes I manage with awareness to kind of restore and other times I don't. Other times I don't. Yah. You know... (Mpho)

From the above quote, it is evident that she even viewed her White client burdened with their unemployed status, as having greater access and SES than unemployed Black people in South Africa. She felt less empathy towards her White client's situation. She was triggered by the suggestion that legislative attempts, like Black Economic Empowerment (BEE), that tried to open employment opportunities to historically disadvantaged groups were oppressive to White people in South Africa. Mpho's belief that legislative acts like BEE are not oppressing White people is supported since these legislations have failed to expand socioeconomic rights across racial lines (Webster and Francis, 2019) Moreover, statistics indicate that Black women have the highest unemployment rate in South Africa (Statistics South Africa, 2021). Thus, Mpho's frustration derived from the realisation of her unique social location where class, race and gender intersect to oppress her and the failure of her client to recognise the deeply historically entrenched different social locations. Under this frustration, Mpho seemingly felt hurt because, in this situation, the people she related to (i.e. Black people in her community) were ignored and simultaneously villainised. She faced the dilemma of empathetically connecting with someone whose issues seemed less severe due to their race while trying to be authentic. However, it was almost impossible for Mpho to achieve authenticity in this situation because Mpho felt the need to act accordingly to avoid falling into the 'traps'.

5.5 Theme 4: The Influences of Gender

Another social construct impacting participants' experience was gender. Research on the effect of gender matching and therapeutic outcomes and satisfaction is inconclusive. A literature review by Flaskerud (1990) suggests that clients' experiences of improved therapeutic outcomes are not reliant on gender-matched dyads. Conversely, other studies posit that gender matching can impact therapeutic outcomes and clients' satisfaction (Fujino et al., 1994; Johnson & Caldwell, 2011; Jones et al., 1987; Wintersteen et al., 2005). Whilst these

empirical findings focus on clients' experiences of therapy based on gendered dyads, there is some research exploring the counsellors' experiences of counselling based on a client's gender (Boonzaier & Gordon, 2015; Fitzpatrick, 2000; Hogan et al., 2012; Lukac-Greenwood & Van Rijn, 2021; Seidler et al., 2021; Wolf et al., 2018; Yarrow & Churchill, 2009). The following section adds to these explorations by discussing participants' experiences of counselling clients of both genders. Notably, gender on its own did not impact participants' experiences. Instead, intersectional identities of gender and age impacted participants' experiences.

5.5.1 Varying Emotional Responses to Male Clients: '…It becomes so difficult…'

Connell's (2013; 2020) framework for understanding the multiple forms of hegemonic masculinities requires us to consider history and context. Morrell (1998) adopts this framework in South Africa to weave out three forms of hegemonic masculinities in South Africa: White, African, and Black masculinities. Whilst these masculinities lie within a nexus of male domination and female subordination, they differ along intersecting lines of class, race, culture, and gender (Morrell et al., 2012). Thus, there may be differing socialised beliefs about ideal forms and reenactments of masculinities along intersectional identity lines. These differing beliefs and reenactments around masculinities can impact the counsellors' and clients' counselling experiences. Zihle, Namisa, and Mpho described counselling experiences where they and their male clients held beliefs about each other based on their socially constructed gender and other intersecting identities. Notably, Lebo did not express dissimilarities or odd occurrences when counselling men. She stated:

…Ah, look, it's it's it's. I think it's the same because uhmm... the matter of fact is that both genders they go, especially with the suicidal, you know, cases, you'll find that they're going through some serious challenges of either ahh family issues like work or, yeah, family issues and work. Maybe, maybe relationships. Mostly it's relationships… (Lebo)

Interestingly, she does have difficulty counselling women due to the type of trauma they have experienced. The following subtheme discusses her experience counselling women who faced a particular type of trauma. Here, the focus lies on Namisa, Zihle, and Mpho's experiences since they have described the challenging experiences of counselling male clients.

… I had a client, 1 gentleman who was not comfortable. Umm and but though he stayed in the session, but towards the end of the session, that's when he said to me, you

know what uhmm I think I haven't been honest with you. I couldn't open up to you because I think that you're too young and too woman. But I can see that if I don't tell you…I wouldn't be able to get help. So let me rather start again and tell you the truth. And yeah, so that it it happens a lot with especially older people because somehow they don't trust me. But during the session, that's when they feel that no, I think maybe there's something here, so let me you know trust and open up (Namisa)

An older male client's view of Namisa as being *'too young'* and *'too woman'* exemplified her experiences of being intersectionally stereotyped by older male clients based on her intersectional gender and age identity. The older males' beliefs about Namisa based on age and gender made it difficult for them to *trust and open up* to her. A South African quantitative study that found 'significant gender differences regarding the expression of affect' supports this difficulty experienced by Namisa's male clients to express emotion is supported (Roothman et al.,.2003, p.216). Globally, emotional restrictiveness has been posited as a common feature of masculinity in society and showing up in therapy (Carlson, 1987; Crites & Fitzgerald, 1978; Jeleniewski Seidler, 2007; Martin, 2016; Pieck, 1976; Seidler et al., 2021; Umberson et al., 2003). Though these traits of masculinities are being challenged and changed (see: Gibbs et al., 2020), Namisa still described experiences where older male clients are apprehensive to disclose emotional states. This perspective of male clients as emotionally inexpressive were shared by therapists in more recent international studies by Seidler et al., (2021).

Moreover, Namisa believed her gender and age increased the apprehension experienced by her male clients. Thus, her older male clients may initially disprefer being emotionally vulnerable not only because of beliefs and reenactments about masculinity but also based on beliefs about younger females, like Namisa, as someone '*they don't trust'.* The view of Namisa as mistrustful may be due to socialised cultural and context-specific gendered beliefs about younger women. These socialised beliefs illustrate how culture, age, and gender intersect to oppress women. Ultimately, these intersectional gendered beliefs induced experiences where Namisa's gender and age intersectional embodiment formed an initial barrier between her and her client.

However, Namisa clarified that these gendered beliefs about her made it difficult for the client, not her. Her experience contrasts that of Australian therapists, who found it particularly challenging to engage with emotionally inexpressive men (Seidler et al., 2021). In

Namisa's experience, older male clients eventually overcame these initial emotional barriers during the counselling sessions. Namisa described a counselling scenario where her older male clients eventually felt comfortable enough to share their emotional states vulnerably during the counselling session. Whilst this vulnerable display of emotions is a core aspect of the person-centred counselling (PCT) approach used by participants, empirical findings from Cole et al. (2019) suggest that 'the older (male) participants were..the less they liked PCT' (p.52). However, Namisa overcame these emotional barriers by approaching these intersecting gendered and age issues brought by the client with patience and empathetic understanding. This approach is vital since a literature review by Blow et al. (2008) suggests that the counsellor's approach to dealing with gender issues is more crucial than the counsellor's gender. Namisa's empathetic and patient approach allowed older male clients to shift their view of Namisa from mistrustful to helpful, making the counselling experience less difficult for her.

This empathetic and patient approach required Namisa to use active listening, which needed non-judgement and accurate emotional reflections (Rogers & Farson, 1957). A recent meta-analysis posits that clients who view their therapists as empathetic may experience moderately better psychotherapeutic outcomes (Elliott et al., 2018). Additionally, although they refer to male perpetrators of violence, Boonzaier and Gordon (2015) relevantly suggest that when male clients experience female counsellors as active listeners, they start to view the female counsellor as an *'empathetic, non-judgemental listener'* and consequently begin to shift their view of their female counsellor from mistrustful to helpful. Whilst these dynamics illustrate male power to construct female identities, these experiences of being viewed as an '*empathetic, non-judgemental listener'* (and consequently helpful) reignited Namisa's faith in the effectiveness of counselling. Moreover, these experiences sustained her hope which drives her motivation to continue counselling. Additionally, her experience illustrated the agentic strategies female counsellors might use to overcome intersectional forms of gendered and ageist oppression.

That one is so difficult. Especially to men. You know when a man ehh get robbed at the gunpoint. Uh, it's it. It becomes so difficult because ahhh this person, he feels that he's not man enough. You know. He looked at his age and look at the robust age and feel. You know what? I'm no longer the person that I used to be. Right?! It it you know the the self-esteem it just dropped like I don't know. It's so painful. It's so painful. Especially with trauma… (Zihe)

Whilst Namisa's experiences allowed us to explore how older male clients' views of her as a younger female counsellor impacted her counselling experiences, Zihle's experience provided an understanding of how her view of older male clients influenced her counselling experiences. She approaches her older male clients victimised by violent crime with empathy. Through reviewing the historical semantic conceptualisations of empathy, sympathy, and pity, Gerdes (2011) provides a 21st-century psychosocial perspective of empathy as a "physiological experience of feeling what another person is feeling and the cognitive processing of the experience" (p.235). Affectively, Zihle experienced the pain of her older male client, which made this counselling experience *'so difficult'* for her. Cognitively, she experienced this pain by trying to understand what these traumatic experiences meant for her older male clients. Through the lens model of intersectional stereotyping, we can see that her cognitive understanding of these clients hinges on socially constructed ideas about men along intersecting lines of gender and age. For her, older males were supposed to be regarded by others (and perceived to view themselves as) as a source of strength. Zihle's preconceived ideas are consistent with Sweet's (2012) position that therapists, like clients, come into therapy with pre-existing ideas and assumptions about gendered identities. Although this view is possibly restrictive, Mahalik et al. (2012) suggest that men may experience beneficial counselling when their counsellors understand them by considering masculine socialisation. Through her socialised ideas about masculinity, Zihle understood that this traumatic experience did not just result in a material loss but a loss of gendered identity (manhood) inversely and inextricably related to age.

Converse to the abovementioned feelings of empathy, participants, including Zihle, described having some uncomfortable counselling experiences with male clients. These uncomfortable experiences are not unique, as the literature suggests that some male and female mental health care providers experience some discomfort working with male clients (Boonzaier & Gordon, 2015; Seidler et al., 2021; Wolf et al., 2018). For our participants, these feelings arise especially when male clients are seen relationally to females:

…for black men it would be: but it's your fault and you expect XYZ..(Mpho)

And you know, sometimes when you had those sessions, especially couples sessions. And you see the pain coming out of that woman and the male part take it lightly. You know, as if nothing's wrong and not not acknowledging or recognising. The the the

damage that it, he or she has caused to the other person. Sometimes you know you feel like you can take sides. And you are not allowed to take sides... (Zihle)

Participants feeling frustrated and placing blame on male clients characterised their experiences with male clients as uncomfortable. Mpho felt frustrated with male clients as she viewed them as lacking accountability. Some mental health therapists have also experienced this challenge and suggest that this lack of accountability by men in counselling produces ineffective therapy (Seidler et al., 2021). For Mpho, her frustration was amplified by her view of them as entitled simultaneously. Her frustrations with Black male clients may have also stemmed from her experience of surviving intimate partner violence (IPV). Therefore, she easily blamed Black male clients she viewed as problematic. Mpho's experiences with Black men draw attention to the intersection between race and gender. Here Mpho illustrated intersectional stereotyping whereby she viewed Black men by their race and gender as symbolising a problematic entity.

Due to her past experiences, she seemingly viewed Black men as distinct from men from other racial groups. On the other hand, she never counselled a White man and is interested to see how that '*plays out*'. This experience is at odds with a study in the U.S. that suggests White men were more likely to seek mental health care services than Black men (Parent et al., 2018). However, this might differ in South Africa due to the intersectionality of gender, race and class demographics, whereby White men may have access to often unaffordable mental healthcare services due to their favourable economic position (World Bank, 2021). Thus, Mpho may rarely have White male clients because many may be using other paid mental health services.

Like Mpho, during couples counselling sessions, Zihle blamed men for the pain experienced by their female partners. Here, she viewed men in a heteronormative relationship as stereotypically unaffectionate and lacking emotional awareness. However, unlike Mpho, Zihle more readily expressed a sense of shame for blaming the men in the relationship. More precisely, she felt a 'therapist's shame', which literature describes as an acute and persistent reaction to a threat to one's identity as a therapist that could occur due to exposing their mental, emotional, or physical imperfections to their client during counselling sessions (Gilbert, 1997; Ladany et al., 2011; Sorotzkin, 1985).

Even though Zihle's natural response was an empathetic understanding of her female client's pain and frustrations toward the male's perceived ambivalence, she was ashamed of

her desire to take sides, as this desire seemingly illustrated an emotional imperfection. She believed that therapists are '*not allowed to take sides'* and therefore viewed her desire as unbecoming of a therapist. Moreover, Zihle used a PCT approach that calls for unconditional positive regard for clients. Thus, her natural feelings of frustration toward the male clients' ambivalence left her feeling ashamed, as she may believe she failed to provide unbiased counselling (Raskin & Rogers, 2005). However, like Zihle, therapists in a recent study by Seidler et al. (2021) also experienced challenges in counselling men due to men's ambivalent communication style perceivably developed from poor mental health literacy.

5.5.2 Difficult Experiences of Female Clients Experiences: '…it's not easy. It's not nice…'

Although participants have experience counselling men, most stated that their clients are mostly Black females. This gender disparity in mental health help-seeking behaviour is consistent with global research that suggests women seek mental health care help more than men (Addis & Mahalik, 2003; Parent et al., 2018; Seedat et al., 2009; Wang et al., 2007). However, these racial disparities, as with participants' experienced absence of White male clients, illustrate the intersection of class, race, and gender. In South Africa, many Black women face the brunt of psychosocial challenges, historically and presently subjected to classicism, racism, and sexism (Gouws, 2017). Free counselling services could help alleviate underprivileged Black women's experience of adverse mental health effects that come with these social challenges. This view may be essentialist, but it could explain why our participants primarily received Black female clients.

Lebo and Mphos' experiences with Black female clients were difficult. Lebo and Mpho experienced difficulty in counselling female clients due to the nature of the client's trauma. Lebo experienced challenges counselling adult female clients who have survived childhood rape, and Mpho faced difficulty counselling young females experiencing intimate partner violence (IPV). Interestingly, these are the types of trauma psychologists encountered in another South African study (Sui & Padmanabhanunni, 2016,). Notably, both participants expressed during the interview that female clients experienced these types of traumas while male clients faced other personal and social issues like suicidal ideation and robbery. These experiences support the literary suggestion that, in South Africa, females are more likely than males to have been the victims or survivors of rape or IPV (Enaifoghe et al., 2021; Gass et al., 2011). Notably, as illustrated by the experiences of counsellors and psychologists in Hogan et

al.'s (2012) study, these stereotypical beliefs might make it difficult for these VLCs to counsel male victims of IPV and sexual abuse.

... it's rape cases. That's the one that, you know, makes me feel not ok… because I'm seeing the cruelty on children because most of them is the cases of uhh, like in the childhood, all the the rape case. The rape happens while they were still young, you know, now growing with that anger or growing, not realising [their] state that they are at the moment like anger isolation, you know it's because of what happened then now after maybe we [go] through the sessions then like when they realise that ohh, maybe that is why I'm acting like this and doing all of this thing. It's because of, you know. But at the end of [the sessions] they are able to let go. But before they before we reach that stage it's it's not easy. It's not nice…..I would imagine if I'm feeling this thing…putting myself into their shoes to say no, that was that was not supposed to happen. You know, like you were a child....you needed somebody to protect you. So whoever did it is actually the person, because in most cases it's family members. That person is supposed to protect you, you know. But then I think the more I I come across uhh the rape cases you know. I think I'm I'm I'm a little better now. I'm no longer troubled that much or worry that much. (Lebo)

Lebo mentioned that she has only experienced counselling Black people, and within these experiences, counselling Black females who have experienced childhood rape was '*not easy*' for her. Being a young Black female VLC was a particularly vulnerable intersectional experience. These counselling cases were difficult for her because Lebo experienced counselling sessions chronicled by pain, sorrow, anger, loneliness and eventual release. Although it is not her experience of rape, as a counsellor providing empathetic engagement using the active listening principles, Lebo went through this challenging emotional journey with her female clients. Lebo's difficulty is not dissimilar from the difficult experiences of other psychologists in South Africa who have counselled victims of traumatic experiences like rape (Sui & Padmanabhanunni, 2016). However, unlike these mental healthcare providers who felt 'helplessness/ powerlessness about making a meaningful change', Lebo viewed this challenging process as effective in making meaningful change for the client. Notably, the participants in Sui & Padmanabhanunni's (2016) study viewed meaningful change on a broader social level, whereas Lebo viewed meaningful change on a micro/ individual level. However, similarly to these participants, Lebo does have a rewarding experience counselling trauma survivors when she witnesses her clients' resilience characterised by them being '*able to let go'*.

Notably, unlike Zihle, Namisa, and Mpho (discussed in theme 2), Lebo seemed shocked by her clients' experiences of childhood rape. Her shock suggests that she may not be as acutely aware of the psychosocial challenges people face, particularly female children in society. Therefore, these experiences challenged her views of the world as a place safe for children and family as a protective source. These challenges to her cognitive schema support theorisations that counsellors who counsel clients who have experienced trauma are at risk of vicarious traumatisation characterised by a disruption in worldview (McCann & Pearlman, 1990).

Though these difficult counselling experiences have challenged her ideas about the world, she could still let go of her clients' traumatic experiences after counselling. Lebo's ability to let go refutes theorisations that VT affects all other facets of the counsellors' life (Adams & Riggs, 2008; Brady et al., 1999; Sui & Padmanabhanunni, 2016; Trippany et al., 2004). However, a study by Lerias & Byrne (2003) suggests that those who experience VT can go on well with their daily life unknowingly affected by VT. Arguably, this experience of being unknowingly affected by VT is what Lebo was seemingly experiencing. Alternatively, her training and support system may have protected her from these adverse effects of VT. This is further analysed under theme 4.

I find that in my counselling, the people that really trigger me the most would be women, whether young or old, that have been through what I have been through. And when I started, I thought this is the group that I would, you know, I am best positioned to serve. And and maybe yes, I just haven't really uhmm gotten to how that is. Because [incoherent] most of what I'm finding is that these are the people who trigger me the most. And women that are struggling with their relationships that will not honour themselves in their relationships, that w'll not move forward. I have found that these are the people that I still judge very much. And based on the ongoing personal development that I have done, what it says is that there's still a big part of me that is not accepting my own journey and the so-called mistakes. So every time this happens and I come away triggered and annoyed from a a client interaction, I'm actually forced to to go back inside and say what the hell is this? What is happening? You know, surely this person is going through their own journey and in their own time when they are ready their shift will come and they will hear; because often it looks like people are not hearing and I'm forgetting that there was a time when I was guided and advised and I did not hear so. So that's just so. It remains a mystery and I'm. I mean, I I'm like 55 now. I counsel a 26 year old who is just not getting it and set on staying with this guy who so abusive. And I still get triggered. It's such a, yeah, a lifetime

of work. So and and often enough, these are the people I'm getting. Hey, very few young men. A very few elderly men, very few very elderly women, but yeah, the age. So, the age groups that I'm getting just continuously seem to take me back to a time when I was that person, so clearly there's still a lot of work to be done there. And and and what gives me encouragement is that they often come back. You know, even when I feel like I could have done that differently, I should have. I could have, you know, the fact that they come back. And says, you know somehow at some level that I'm probably ,not even connecting with, they are finding value. So yes, yes. Yeah (Mpho)

Mpho also has difficulty counselling women who have experienced trauma; in this case IPV. However, unlike Lebo, her difficulty was not caused by vicariously experiencing her clients' emotions. Instead, she was '*triggered and annoyed'* by her clients' perceived lack of self-worth. Initially, she judgementally viewed this lack of self-worth as preventing her clients from moving forward.

This judgemental attitude is not rooted in disdain for her clients but altruism. Although there exist multiple perspectives on altruism, from a psychological lens, altruism is a motivational state where individuals act out of aims to better the welfare of others (Batson, 2010; Chung, 2016; Sober & Wilson, 1998). Mpho displayed a sense of altruism in that the reason she started counselling stemmed from her desperate desire to better the welfare of abused women.

However, some theorists require altruistic motivation to be completely selfless and that there should be no personal benefits derived by the altruistically acting person (Bentham, 1843; Chung, 2016; Hobbes, 1968). They conclude that humans cannot be altruistically motivated since they would always gain some sense of internal personal pleasure by bettering the welfare of others. Under this conclusion, an interpretation is that Mpho receives internal pleasure by feeling less annoyed and possibly relieved when she can help these clients 'honour themselves' by leaving the abusive relationship. However, her feelings of relief did not make her concern selfishly motivated. Instead, Mpho was altruistically motivated since her ultimate goal was to improve the lives of her clients, but whatever personal benefit she derived was just a consequence of her altruistic actions and not the motivating factor. This understanding of unintentionally deriving internal personal gain supports Batson's (2010, 2017) theorisations of altruism.

Her empathetic concern produced Mpho's altruism for and understanding of female clients' experiences of IPV. Empathetic concern is an 'other-oriented emotional response elicited by and congruent with the perceived welfare of someone in need' (Batson, 2010, p.10). Empathetic concern (also called compassion) entails *feeling for* others instead of empathetic (cognitively induced) understanding, which entails a *feeling as* others (Batson, 2010, 2017). Mpho *feels for* her clients, hence her desire to ensure their well-being. In this way, her concern for their well-being illustrated her altruistic motivation to counsel these women; thereby supporting Batson's (2010) empathy-altruism hypothesis that 'empathic concern produces altruistic motivation' (p.23).

Moreover, Mpho's development of altruistically motivated empathetic concern exemplifies Staub and Vollhardts' (2008) notion of 'altruism born of suffering'. Her shared experiences with these clients left her feeling empathetically concerned for them but also allowed her to empathetically understand these clients by *feeling as* them. *Feeling as* her clients also induced her altruistic motivation to help these women. Consequently, Mpho's experience expands Batson's (2010) empathy-altruism hypothesis, illustrating that empathetic concern and understanding produce altruistic motivation.

Although she was deeply concerned about these clients, Mpho, as mentioned earlier, was still triggered and annoyed by clients who struggled to move on and see their value. However, upon reflection, she felt guilty about these feelings that induce judgement. Guilt arises from actions perceived to be harmful to others (Leith & Baumeister, 1998; Lewis, 1971; Tangney et al., 1996; Tracy & Robins, 2004). Her belief that she '*could have done that differently'* is illustrative of the guilt she feels. This belief acknowledges that her actions were not ideal for inducing positive psychotherapeutic outcomes and were potentially harmful to the client. Thus, she abides by a counsellor's ethical principle of nonmaleficence: an obligation to avoid intentionally harming or hurting a client (Ishak et al., 2012; Jennings et al., 2005). However, the return of these clients helped her overcome her guilt because it provided evidence that the counselling session was valuable, not harmful.

Closely related to her feelings of guilt was her experience of shame. However, shame differs from guilt since it is mainly about feelings about oneself as opposed to guilt which is feelings about actions that bring potential harm to others (Ladany et al., 2011; Lewis, 1971; Niedenthal et al., 1994; Tangney et al., 1996; Tracy & Robins, 2004). Like Zihle's experiences with male clients during couples counselling analysed earlier, Mpho felt a therapist's shame as

conceptualised earlier. However, unlike Zihle, her shame stemmed from her intersectional view of herself as an older female therapist who, like her clients, experienced IPV at a younger age. She believed this embodiment, and the experiences that come with it, should have allowed her to understand these clients empathetically instead of being judgemental. Here, she believed that having an empathetic understanding was more beneficial to clients than judging them. She illustrates beneficence by accepting the responsibility of endorsing what is most beneficial for the client's experience of a positive therapeutic outcome (Ishak et al., 2012; Jennings et al., 2005). Thus, Mpho was ashamed of her failure to fulfil this role as a non-judgemental counsellor to these clients. Moreover, she believed being older (*55*) should have provided her with life experience to develop a sense of comfortableness in counselling those who have experienced IPV. She viewed her failure as an older woman to achieve this comfortableness as an emotional imperfection since she still found herself *'triggered'*. Ultimately, her failure to achieve her envisioning of an ideal older female counsellor who has experienced IPV left her feeling ashamed.

5.6 Theme 5: The Benefits and Costs of Caring

Counselling clients through their traumatic experiences can put the counsellor at risk of adverse psychological outcomes, like STS, CF, and VT or allow them positive psychological experiences, like CS (Figley & Ludick, 2017; McCann & Pearlman, 1990; Sacco & Copel, 2018; Sinclair et al., 2017; Stamm, 2013; Stanfield & Baptist, 2019). However, aside from studies like the ones undertaken by Padmanabhanunni (2020a, 2020b), Howlett & Collins (2014), and Peltzer et al. (2014), there is a dearth of literature exploring the psychological impact counselling has on LCs in South Africa; a nation where the population has a comparatively higher rate of being exposed to trauma (Atwoli, 2015; Atwoli et al., 2013; Hardcastle et al., 2016). The following section expands these explorations by detailing the psychological impact and the interpersonal benefits of counselling on participants.

Notably, the theory of intersectionality did not fit neatly into this theme. However, the differences between theory and empirical realities created opportunities for theoretical raptures (Mafeje, 1990; Nyoka, 2012). These raptures in the intersectional framework allowed the researcher to look at the data creatively and moulded new ways of using the theory to view and analyse the data (Mafeje, 1990; Nyoka, 2012). The theory allowed the researcher to see how participants' intersectional oppression enabled them to develop helpful coping mechanisms that

positioned them against experiencing adverse psychological outcomes and experiencing the positive psychological benefits of counselling.

5.6.1 Psychological Benefits: 'it makes you feel that we matter'

The most apparent finding is that participants derived some sense of CS. CS encompass the positive psychological affects people may experience from working with trauma survivors (Stamm, 2013). Caregivers like VLCs experience CS when they believe they help clients process trauma and improve society (Padmanabhanunni, 2020a). Participants demonstrated feeling CS after they witnessed a client's growth. These feelings of satisfaction to be able to help others and give clients hope are well captured by Lebo:

Uh, what motivates me is you know when you speak to a client from the first session to the last session.That's where you realise that they they they change. You know. Ohh. Yeah, giving somebody hope that you know what? After all, after everything that has happened, life still continues. So you know like from the first question, sharing those tears, you know, battles , that laughter, you know that that says a lot to me to say wow, if I can make a difference in people's life then I'm ok. Even if it's something that I'm I don't get paid for. For me to to give somebody hope or to for somebody to to be able to change his life, I think that's OK for me. (Lebo)

In line with Sacco and Copel's (2018) depiction of CS, the feelings of hope, reward, accomplishment, and invigoration characterised Lebo's experience of CS. Restoring a client's hope was a fulfilling and rewarding experience for Lebo. The reward was her clients being in a better emotional state than at the beginning of the session. Being able to bring about this change in her client brought Lebo a sense of accomplishment. Being able to bring about change sustained her and all the other participants' motivation to continue counselling. Ultimately, their experience of CS, derived from positively impacting clients' lives, sustained participants' motivation to counsel. Participants' experiences thus support the literature that experiencing CS can sustain caregivers' motivations to continue (Lee et al., 2021; Sacco & Copel, 2018; Turgoose & Maddox, 2017)

Moreover, participants' abilities to help heal others gave them a sense of self- satisfaction. Participants felt an improved sense of self-worth since the positive effects of their counselling provided evidence that they could make a difference. The participants' feelings of accomplishment characterise and illustrate the CS derived from their roles as VLCs (Sacco &

Copel, 2018). Realising that they could make a difference in people's lives and society made participants feel like they '*matter*', thus, improving their self-esteem and encouraging them to continue as VLC. Namisa well captured this sense of improved self-satisfaction and self-worth:

Yeah, you know it, it makes you feel that we matter, you know Uhmm. And that there is something special about you that you can give to somebody else, you know **…(Namisa)**

Namisa's feeling that she mattered to her clients illustrated that counselling has helped her gain a sense of purpose. Gaining a sense of purpose has motivated LCs in low-income contexts to continue counselling (Kok et al., 2015; Scott et al., 2018). Similarly, gaining a sense of purpose has seemingly sustained Namisa's motivation to continue counselling as a VLC.

Participants older ages may have contributed to their experiences of CS. This postulation supports findings that older age predicts CS (Galek et al., 2011; Kelly et al., 2015; Padmanabhanunni, 2020b). However, it is not age in itself that predisposed participants to experience this CS. Instead, it was the life experience that came with age that helped predispose participants to experiences of CS. Mpho and Lebo suggested that life experience had given them the ability to understand, but not be overwhelmed by, life's challenges. Here, age was not something that intersects with other identities to oppress Lebo and Mpho. Instead, age worked as a privileging force that granted life experience. This life experience has allowed participants to learn more helpful coping strategies that helped protect them against adverse psychological experiences like burnout. A meta-analysis by Shoji et al. (2016) supports this postulation that older service providers have more self-efficacy, which can protect one against adverse psychological experiences like burnout.

Uh. I think that… as an older person, having gone through some challenges of life. I am at a space where I understand that, yes, challenges are there and will always be there and it needs somebody who will help that person to to face the challenges. (Lebo)

...You know, I'm hoping that uhh being older simply means that. I'm a little more grounded. I've learned a couple of tricks and I I can adapt and flex and switch…Umm. I think it [surviving IPV] makes it it it enables me to relate with people who I experiencing or have experienced trauma, I I can. That that that's stepping into people's shoes. I'm able to do that when it comes to trauma. I can remember what it was like. Yah… Yah.

.(Mpho)

Moreover, some of the participants' life challenges included experiences of trauma like IPV, which may have enhanced their empathetic understanding of clients. The ability to empathise with another is positively associated with CS (Hansen et al., 2018; Wagaman et al., 2015). Particularly, Mpho's experiences with IPV may have helped her develop more empathy for others, making her a more effective counsellor and predisposing her to CS experiences.

However, experiences of personal trauma are not usually associated with feeling CS. Studies have usually shown that personal trauma history leaves one at risk of adverse psychological experiences (Dworkin et al., 2016; Ivicic & Motta, 2017; Leung et al., 2022; Turgoose & Maddox, 2017). Mpho's experience with trauma and CS went against the above research postulation. However, her experience supported Padmanabhanunn's (2020b) quantitative findings that a history of personal trauma strongly predicts CS. Ultimately, Mpho's experiences of trauma allowed her to develop an empathetic understanding of her clients. Her experience allowed her to understand the intersectional and complex challenges impacting clients' psychological difficulties. This empathetic understanding permitted her to comprehend their pain and torment accurately. Due to this understanding, she also yearned for their mental and physical well-being. Therefore, when she witnesses her clients' psychological development, she experiences intense feelings of CS.

...when I have a client with a single mom. It tells me to understand more when I have a client who's being raised by single parents, you know. Uhmm Because of were I've been, or where I'm I am still…I think being from Soweto, being a single Black women and it made it made it easy to understand another place single woman who's raising children. Ohh, their stresses and their challenges in life and their issues you know it, it helped me in that way… (Namisa)

Notably, other intersectional forms of oppression from being a single mother with a low SES have also helped participants like Namisa become effective counsellors, thus predisposing her to experience CS. The experience that comes with her positionality allowed Namisa, like Mpho, to understand the nuanced experiences of clients who are similar to her. This understanding also made her more effective at counselling clients and, thus, predisposed her to experiences of CS.

…OK. I think the first thing that really helped me is, remember when you do, when you go to the course. At first we did the ahh personal training neh?... Now that's when I realised that as I go there. There are so many things that I didn't know about me myself,

then that's when I learned so many things about me. So that says you cannot be able to identify maybe some of the things or to give the feelings to the client when you don't know how you feel. How I feel when I'm faced with the with the challenges if I'm faced with the challenges, how do I deal with it? So it all started with me. Then if I know how to address, maybe the issues and if I can't address some of the issues then I know that I also need to consult. You know, so with that, it really helped that everything should start with me and I should be able to ..that..that's the way how I'll be able to help others… (Lebo)

In addition to developing self-efficacy through personal trauma experiences, participants developed self-efficacy through an emotionally intense training programme that taught them how to reflect and learn from their experiences. Participants believed that they could only identify the emotions of others and help them heal if they could identify and process their own emotions. Training programmes like these that aimed to develop self-efficacy provided participants with the tools to cope and protected themselves against potentially adverse psychological effects of counselling those with trauma for two reasons. First, it helped them become effective counsellors. Participants' effectiveness at helping clients brought them CS. Second, it provided the tools for them to process their own difficult emotions they may encounter during a challenging counselling session. The training received from their organisation is a form of collegial support that helped participants develop helpful coping mechanisms.

…It [supervision and debriefing] does it helps me if if for an example I had a case where I I maybe the client was you know relating something that I have been in and maybe it did trigger something in me, you know, debriefing about it helps me to to to to release what I needed to release and to get back to being myself again... (Namisa)

Another form of collegial support participants received was supervision and the debriefing that comes with supervisory support. All participants agreed that supervision helped them learn new skills in effectively dealing with clients' unique situations and cope with challenging counselling experiences. Literature supports participants' experiences of supervisory support as a protective agent against adverse psychological outcomes (Branson, 2019; Saco & Copel, 2018, Kagee, 2020). Again, this support predisposed participants to experiences of CS because it helped them become effective counsellors, thus, making it more likely for them to witness and experience their clients' growth (Lee et al., 2021; Sacco & Copel, 2018; Turgoose & Maddox, 2017). Notably, the supervisor's social intersecting identity

did not negatively impact the participants' supervision experiences. Instead, participants indicated that the supervisor's personality characteristics, such as warmth and openness, were conducive to a beneficial supervision relationship. Additionally, some participants viewed supervision that lacked huge power imbalances between participants and the supervisors as beneficial.

…so I I love the supervision sessions, especially when it's a it's a, it's led by someone who's open to say, what are your needs? I know these are the supervision guidelines, but what are your needs? Let's go with your needs. Umm. Completely. I think that they are led by people like [name of supervisor]. And warm, lovely. Not setting herself up as an expert, but saying, you know, I'm. I'm part of the group. So so the the the character or the nature of the leader makes makes it very helpful…Mpho

Additionally, the debriefing allowed participants to process and let go of heavy emotions produced through challenging counselling situations. Consistent with Sacco and Copel's finding (2018) on collegial support, collegial support in the form of training, and constant supervision and debriefing, helped participants effectively handle the adverse effects of counselling and predisposed them to experiences of CS. These forms of support that aid participants in developing helpful coping mechanism is essential because research suggests that helpful coping mechanism skills help protect caregivers from adverse psychological outcomes (Al Barmawi et al., 2019; Masson & Graham, 2022).

5.6.2 Adverse Psychological and Physical Experiences: 'You become numb'

Although participants have experienced CS, Zihle and Lebo described occasional experiences of being adversely psychologically and physically impacted by counselling clients through traumatic experiences of violent robbery. For Lebo, counselling adults who have survived childhood rape had changed her cognitive schema, as illustrated in theme 4. For Zihle, adverse impacts from counselling included experiences of feeling emotionally and physically exhausted, which usually occurs after counselling sessions where she could not help her client process their *'pain'*. During these experiences, she describes her body as becoming *'numb'*. Numbness is a distinct symptom of VT (McCann & Pearlman, 1990). This numbness seems to be due to the helplessness she feels towards her client.

…Umm. You know when during counselling you don't feel anything, plus you you put yourself into their shoes, but after they counselling you...Yoh !! You don't want anything.

You just switch off. You just need to debrief with someone immediately…Your body become so numb. You become numb because you know it's like you. You want to take the pain out of those people, but you can't. You can't… **(Zihle)**

McCann and Pearlman (1990) suggest that emotional numbing occurs when therapists face traumatic imagery that is 'too emotionally or cognitively' overwhelming to integrate' (p. 143). Zihle's experience seems to support this theorisation since the imagery of someone robbed at gunpoint was too difficult for her to handle. During these experiences, counsellors may be unable to cope efficiently with these residual feelings (McCann & Pearlman, 1990). If these feelings are unresolved, counsellors may become 'emotionally distant' from, lack empathy for, and become less responsive toward clients (Branson, 2019; McCann & Pearlman, 1990).

…At [redacted] we have debriefing sessions. After you have done II counselling with those clients then and you need to attend a debriefing sessions. Then at least it help us a lot. That is the debriefing… For me, the debriefing session it's a it's a learning process also. Because it's. It helps you to find. It it brings you back your mind, it brings back your mind. And. You are able to also to learn on how to deal with other situation which are different from the one you had before… (Zihle)

Fortunately, as illustrated in the excerpt above, Zihle processed these adverse psychological and physical states by accessing debriefing support offered in supervision. In South Africa, psychological support structures such as debriefing during supervision are recommended to protect counsellors from adverse psychological experiences (Malema et al., 2010; Padmanabhanunni, 2020b, 2020a; Peltzer, 2012; Peltzer et al., 2014; Peltzer & Davids, 2011). Zihle's experience of support in the form of debriefing with her supervisor conforms with these suggestions since it helped her, through interpersonal reflection, process the adverse psychological effects of counselling. Furthermore, it equipped her to handle future potentially difficult counselling situations. Overall, Zihle felt grateful for this type of support since she viewed it as protecting her from prolonged experiences of psychological and physical discomfort that could impede her primary objective of helping people. Despite the lack of social support and the intersectional oppression faced by Black female VLCs from marginalised backgrounds in South Africa that may predispose them to adverse psychological experiences, Zihle and the other participants' experiences have illustrated that collegial organisational support can help them overcome challenging counselling experiences.

5.7 Conclusion

The above analysis showed that participants had nuanced lived and counselling experiences. These nuances exemplify that one cannot think of Black women who face similar struggles of intersectional oppression as a powerless monolith. From the beginning of the analysis, it was evident that these women faced interlocking systems of oppression, but this did not bind them. Instead, they navigated these challenges by becoming VLCs, a role that helped them feel empowered and allowed them to become agential transformers of their and other historically disadvantaged communities. However, since historical legacies developed their intersectional oppression as Black women from marginalised backgrounds in stark opposition to the privileges bestowed on men, approximations to Whiteness, and class, some participants had challenging counselling experiences with clients intersectionally more privileged than them. At the same time, sharing identities and experiences of intersectional oppression also made it sometimes challenging for them to counsel those who faced similar traumas as they had because of their strong empathetic connection to these clients.

On the other hand, sharing similar intersectional experiences of oppression also sometimes made it easier for participants to counsel those ostensibly similar to them. Participants often overcame challenging, or even perceivably challenging, counselling situations through constant self-reflection. Even though they faced varying challenges in counselling clients, they remained motivated to continue as VLCs because they witnessed the positive impact of counselling on their clients. These observations allowed them to experience the positive impacts of compassion satisfaction and sustained their sense of purpose. Moreover and notably, participants' experience of intersectional oppression seemingly predisposed them to experience CS for two reasons. First, their experiences forced them to develop helpful coping mechanisms that protected them against adverse psychological outcomes. Secondly, their experiences allowed them to understand some of their clients' situations better, making them more effective counsellors. Being an effective counsellor heightened the likelihood that participants would witness their clients' growth. Witnessing their clients' growth predisposed them to experience CS. Conversely, some participants also experienced adverse psychological experiences from counselling, such as experiencing changes in their cognitive schemas and feeling emotionally numb. However, support structures like training and consistent access to supervision and debriefing helped participants process the often emotionally draining experience of counselling others.

Chapter 6: Conclusion

This chapter first offers a concise synopsis of the research and outlines the main themes that developed from the findings. Secondly, it discusses the significance and implications of the findings. The discussion of the significance of the study includes the value of using an intersectional framework that incorporates a lens-based model of intersectional stereotyping to capture the experiences of Black female VLCs from marginalised backgrounds in South Africa. Thirdly, it reflects the primary issues, including the study's limitations. Fourthly, it highlights the possible ways the findings impact future research and practice and, thus, provides recommendations.

6.1 Synopsis of Research and Findings

This research project sought to explore the experiences of VLCs from marginalised backgrounds in South Africa. Notably, whilst the VLCs in this research are from marginalised backgrounds in South Africa, they volunteer at an organisation that allows them to counsel people outside their communities**.** To allow for an in-depth analysis of each participant's experience, the researcher used the IPA method, which has an idiographic focus. Although the selection of this method derived from the idea that participants may have varying and nuanced individualised experiences, the study postulated that the historical forms of intersectional oppression faced by these participants may have influenced their experiences as VLCs. Thus, this study adopted the framework of intersectionality to weave out the potential forms of oppression endured and, illustratively, circumvented by these participants.

The study tried to understand participants' experiences by exploring the VLCs' motivations to volunteer as lay counsellors, how their identities as Black females from marginalised backgrounds in South Africa impacted their experience as a counsellor, their experiences of counselling clients' of varying socially constructed intersectional identities, their experiences of counselling clients who have experienced trauma, and their experiences regarding organisational support. It was evident that the participants' motivations to volunteer as lay counsellors stemmed from living in marginalised backgrounds, which allowed them to have an acute awareness of the impact of structural inequality on individuals' lives and surviving and navigating through personalised struggles that stemmed from systemic and patriarchal oppression. Moreover, participants were motivated to continue counselling because they observed and experienced the positive impact counselling has on clients. Their socially

constructed identities as Black females from marginalised backgrounds in South Africa have influenced their experiences as VLCs in that it informed their motivations to be VLCs (as mentioned above). Moreover, the experiences of intersectional oppression they have endured because of their identities, such as being a single mother or surviving IPV, have mostly been believed to create greater empathetic connections with those facing similar experiences.

On the other hand, some participants have also felt frustration when counselling those who shared similar identities born out of trauma. For example, one participant who had experienced IPV as a young female explained feeling triggered by other young females experiencing IPV. Notably, this frustration grew from a desperate need to help these clients. Similarly, being intersectionally different from their clients has also created some difficult counselling experiences for participants. For instance, participants have described difficult counselling experiences with older men, Coloured clients, and White women who are socioeconomically more privileged than them.

Their experiences of counselling clients who have been through trauma were also dependent on the clients' intersectional identities. For instance, some participants who perceived children as vulnerable had difficulties counselling clients who had experienced childhood trauma. Conversely, some participants had difficulties counselling older male clients who have been through trauma because they viewed them as having lost some of their dignity and power. Interestingly, participants displayed being positively psychologically impacted by counselling clients who have been through trauma in that they have expressed feelings of CS. They experience this satisfaction, especially when believing they helped their clients process their trauma.

The study found that participants' predisposition to experiencing CS derived from implementing helpful coping mechanisms and collegial support. Notably, the experience of intersectional oppression helped participants develop helpful coping mechanisms which aided them in their counselling experiences. Additionally, experiencing intersectional oppression helped participants understand some clients' situations in more detail, making them more effective counsellors. Being an effective counsellor heightened the likelihood that participants would witness their clients' growth. Witnessing their clients' growth predisposed them to experience CS. Additionally, collegial support in the form of supervision also helped participants develop and employ the helpful coping mechanism of self-reflection, consequently predisposing them to experience CS.

However, in some instances, participants have also experienced adverse psychological outcomes such as feeling completely '*numb*'. Notably, participants viewed the constantly available forms of organisational support, such as supervision and debriefing, as helping them overcome and process experiences of adverse psychological impacts of counselling. Moreover, participants viewed the intense emotional training provided by the organisation as sufficiently preparing them to counsel clients and prevent adverse psychological outcomes effectively.

6.2 The Significance and Implications of the Findings

This study aimed to make significant contributions to the field of counselling psychology, specifically volunteer counselling, because it contributed to the already scarce literature on VLCs in 6 significant ways. First, by providing an in-depth analysis of VLCs' experiences, the study broadly contributed to the existing local research on lay counsellors in South Africa (which include: Benjamin, 2014; Benjamin & Carolissen, 2015; Booysen & Kagee, 2022; Dageid et al., 2016; Howlett & Collins, 2014; Padmanabhanunni, 2020a, 2020b; Peltzer, 2012; Peltzer et al., 2014; Peltzer & Davids, 2011; Swartz & Colvin, 2015). Second, and more specifically, by illustrating the positive (compassion satisfaction) and negative impacts (symptoms of vicarious trauma, such as feeling numb) of counselling, the study complemented existing studies that explored the psychological effects of counselling (which include: Howlett & Collins, 2014; Padmanabhanunni, 2020a, 2020b; Peltzer et al., 2014). Third, the study also implied the importance of consistent and accessible organisational support by highlighting the role of organisational support in helping mitigate VLCs' experiences of adverse psychological experiences. Fourth, by illustrating that participants' motivation to counsel stemmed from living in marginalised backgrounds and overcoming personal struggles (an 'altruism born of suffering'), the study adds to the literature understanding of the motivations of LCs from marginalised backgrounds in South Africa (which include: Benjamin, 2014; Benjamin & Carolissen, 2015; Booysen & Kagee, 2022; Dageid et al., 2016; Swartz & Colvin, 2015). Fifth, showing that participants' motivations were sustained by accomplishing counselling that effectively helped clients, the study implicates the importance of efficient training of VLCs to help them develop the skills for effective counselling. Lastly, using the theory of intersectionality proved significant in contributing to the current understanding of the multifaceted, nuanced nature of participants' experiences. The theory allowed the study to explore how the experience of intersectional oppression motivated participants, impacted their

experiences with clients, and predisposed them to the positive psychological impacts of counselling.

Whilst this study has, as mentioned above, added to the existing knowledge of the experiences of LCs in South Africa, it has also made some unique contributions. Unlike studies that focused on LCs' experiences of counselling in marginalised contexts in South Africa (see: (Benjamin, 2014; Booysen & Kagee, 2022; Dageid et al., 2016; Swartz & Colvin, 2015), this study uniquely illustrated participants' experiences with clients who were intersectionally demographically dissimilar from them. Utilising the theory of intersectionality and the lens- based model of intersectional stereotyping proved significant in weaving out participants' nuanced experiences with these clients in ways that accounted for participants and their clients' historically constructed social locations within the axis of oppression and privilege. Some of the participants' beliefs about their clients arose from perceptions of the clients' intersecting racial, gendered, age, and class identities. Participants' beliefs sometimes created difficult counselling situations that left them feeling frustrated, guilty, and sometimes shame.

These findings imply that it is crucial to consider how social identities such as age, race, class, and gender intersect to form the experiences of VLCs in a country like South Africa, where historical regimes meticulously structurally and culturally constructed social identities within the spectrum of privilege and oppression. The findings also have practical implications for policymakers and NGOs in South Africa. Firstly, it implies that there needs to be an intersectionally and culturally sensitive approach to training LCs and VLCs. Secondly, the findings imply that organisational support systems available for LCs in South Africa should provide spaces where VLCs can process the effects of intersectional oppression and its influence on interpersonal counselling interactions. Developing more inclusive and socially aware training and support programmes may entail more collaboration and coordination between LCs/VLCs', professional mental healthcare providers, policymakers, and NPOs administering this training and support. This collaborative development could allow mental health care to be more accessible and responsive to the diverse needs of South African communities and the VLCs themselves.

6.3 Limitations

6.3.1 Methodological Limitations

Although using a qualitative research method that utilised IPA was beneficial and appropriate for weaving out participants' unique lived experiences, these methodological approaches provided some limitations. Firstly, characteristically, qualitative designs, particularly those of IPA orientation, are small-scale and context-focused. Thus, results from this study cannot be generalised to other VLCs or contexts (Willig, 2013). Notably, the study was never meant to be generalisable but rather provided an exploration of the specific participants' experiences. Secondly, due to IPA's nature of secondary interpretation of participants' experiences, IPA has been criticised for including the researcher's bias in interpreting experiences and, thus, failing to capture nuances (Rodham et al., 2015; Tuffour, 2017). Unfortunately, in interpretative exercises, the researcher's bias could not be eradicated but could be managed to minimise it. Here, the researcher attempted to contact participants to clarify interpretations of their experiences, interviewed them reflectively (by regularly reflecting on their emotions and content), and reviewed his interpretations with his supervisor to ensure correct interpretations.

Additionally, IPA studies, including this one, may not have fully understood the conditions that produced the experiences (Tuffour, 2017). Notably, intersectionality aided in understanding how systems of intersecting oppression produce specific experiences. However, due to this limited scope of intersectionality, other more personalised factors may have been missed. Another limitation posits that IPA pays 'unsatisfactory recognition to the integral role of language'(Tuffour, 2017, p.4). However, the researcher attempted to pay close attention to language by, whenever possible, including participants' words in interpreting their experiences. Lastly, a methodological limitation may have been including the relatively new lens model of intersectional stereotyping to guide the analysis. The novelty of this framework, especially within the South African context, limited the researcher's efficiency in applying the framework. However, this limitation should not disregard the utility of the model but rather can be used to guide future developments.

6.3.2 The Researcher

Reflexivity entails the researcher turning his gaze towards himself and explicitly evaluating how he has, with his participants, co-constituted the meaning of experiences (Shaw, 2010). He understood that his own 'social situatedness' allowed him to subjectively experience and interpret the world from a particular perspective that is not fully escapable (Shaw, 2010). Thus, the study acknowledged that the social, cultural, and historical contexts encompassing his subjectivity had inevitably filtered the interpretations of this analysis. Though this interpretation filtering was inevitable, the researcher attempted to consciously manage accurate interpretations through active reflection throughout the research project. This active reflection included journalling, transparent discussions about his thoughts and emotions with his supervisor, and including questions during interviews with participants that interrogated his perspective. These questions included asking participants if the researcher's more privileged identity impacted their comfortability and forthcomingness during the interview. Although participants said it did not, the researcher acknowledged that participants are active and competent social actors who could manage their conversational projects (Davies & Davies, 2007).

While the above question illustrates how the researcher attempted to manage his outsider status with participants, his insider status, as a VLC himself, may have caused limitations for this study. Notably, the external proposal reader suggested that participants would not know the researcher was a VLC. However, they did because they volunteered for the same organisation. Whilst this shared identity helped build some rapport between the researcher and the participants, it allowed the potential of 'participant bias' to infiltrate the study (Delgado- Rodriguez & Llorca, 2004). Participant bias meant that participants could have provided more socially desirable responses. The researcher attempted to avoid this limitation verbally and in writing, reassuring them that their identities would be confidential.

Additionally, the language barrier between the researcher and participants may have inhabited the full articulation of their experiences (Squires, 2009). Many participants had a competent grasp of English, but it was not their native language. Some expressed that they could not find the English word to express the exact meaning of what they were trying to state. Thus, they used the closest English representative. Notably, the researcher proactively attempted to avoid this limitation by requesting in the participant information form that

participants be able to speak English. However, in a diverse country like South Africa that has 11 official languages, it should have been expected.

6.4 Recommendations for Future Practice and Theory

6.4.1 Future Practice

Based on the analysis, several recommendations for training and support of VLCs can guide the convalescing of mental healthcare in South Africa. Herein discusses the recommendations for training. It is imperative to consider the potential that VLCs in South Africa have had varying experiences based on their social situatedness. Thus, firstly, it is recommended that training programmes need to be culturally sensitive. Moreover, participants suggested that their training programmes, which consisted of a 'personal growth aspect' that allowed them to work through their issues and develop reflection skills, helped them cope with challenging counselling sessions. Consequently, the second recommendation is that training programmes of VLCs across the country incorporate this aspect of personal growth. However, since participants have expressed difficulty counselling people of gendered, cultural, and socioeconomic differences, this personal growth aspect of training should allow spaces where VLCs feel comfortable enough to express and work through these issues. Additionally, participants expressed that they were highly motivated by the prospect of helping and educating those in their communities. Accordingly, the third recommendation is that training programmes should incorporate mental health education that aids these VLCs in effectively educating their communities on mental healthcare. Complementarily, these organisations could have educational campaigns developed in collaboration with and run by VLCs motivated by prospects of helping and educating their communities. Participants' sustained their motivations through experiences of helping their clients process their difficulties. Therefore, the fourth recommendation is that training of VLCs be ongoing. Ongoing training can equip participants to help clients effectively and help sustain their motivations.

In addition to training, the analysis has alluded to the following recommendations regarding support. VLCs have expressed that access to consistent, readily available, and compassionate support, such as supervision that includes debriefing has also helped them cope. However, since some participants have expressed feeling 'triggered' by clients who, due to their race and class, are relatively more privileged, it is recommended that the organisation train supervisors to provide support that is: sensitive to the societal dynamics of power and privilege, allow

VLCs to express and work through the wounds of sociocultural oppression, embraces relational thinking that understands how their positions as supervisor impact the reception of the offered support, and aware of how culture shapes VLCs understandings and experiences (Hardy & Bobes, 2016). Moreover, supervisors can develop these competencies through assistance from professionally trained mental healthcare providers and other culturally relevant stakeholders, thus, involving collaboration. Developing the abovementioned training and support programmes would require these usually underfunded organisations to obtain additional funding. Hence, the study recommends that policies and legislation seek to advocate more funding of NGOs to develop these programmes.

6.4.2 Research Recommendations

Whilst the study provided some insight into the underresearched experiences of VLCs from marginalised backgrounds, the study recommends that more research be conducted on this population to excavate the nuances within their lived experiences further. Future research exploring experiences should conduct interviews using the language participants feel most comfortable using. The use of online interviews in this study could have inhibited rapport with the participants; thus, the recommendation is that, if possible, future research should conduct in-person interviews. Moreover, although this study focused on participants from the marginalised backgrounds of Soweto and Alexandra, other qualitative studies could focus on VLCs from other marginalised backgrounds in South Africa. Expanding the focus is essential since marginalised communities in South Africa often have distinct histories of oppression and revolt.

Conversely, but complementary to this study, future research could also focus on how privilege impacts the experiences of VLCs in South Africa. Future research does not have to take an idiographic focus on the experiences of VLCs and can explore the broad experiences of the participants. However, this would require a larger sample size. Recommendations that move away from experiences include having other qualitative studies focus on the narratives that impact the experiences of VLCs from marginalised backgrounds. Moreover, discursively, a focus on the language used to construct the experiences of VLCs from marginalised backgrounds can be used to understand how discourses construct and reconstitute power and privilege. Thus, this research report can even be studied discursively to understand this dynamic. Lastly, quantitative research could also help understand the sociodemographic factors that correlate with difficult counselling experiences.

6.5 Conclusion

This research explored the experiences of Black female VLCs from marginalised backgrounds in South Africa. Although they face similar intersectional forms of oppression, their diverse experiences exemplify the non-monolithic nature of Black women. Simultaneously, their individual experiences have collectively illustrated agency. For instance, they have illustrated agency by facing and overcoming the challenges of single motherhood, ageism, classicism, historical racism and IPV. Their display of agency has moved beyond liberating themselves and, through weaponising their roles as VLCs, towards liberating other marginalised individuals in their communities. Still, the study also found and understood that past experiences of oppression had adversely, but not fatally, impacted their experiences as VLCs and their ability to positively impact the lives of those they desperately desire to help. Triumphantly, they overcome these challenges through their resilience and humility in receiving organisational support. These wide-ranging experiences of challenge and triumph ultimately illustrate that participants' social situatedness did not trap them into powerlessness. Instead, the participants illustrated that they are powerful and audacious societal transformers.

References

1. Ablack, J. (2000). Body psychotherapy, trauma and the Black woman client. *International Journal of Psychotherapy*, *5*(2), 145–151. https://doi.org/10.1080/713672046

2. Abrahams, N., Mathews, S., Martin, L. J., Lombard, C., & Jewkes, R. (2013). Intimate partner femicide in South Africa in 1999 and 2009. *PLoS Medicine*, *10*(4), e1001412. https://doi.org/10.1371/journal.pmed.1001412

3. Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology*, *2*(1), 26. https://doi.org/10.1037/1931-3918.2.1.26

4. Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*(1), 5. https://doi.org/10.1037/0003-066X.58.1.5

5. Africa, S. S. (2021, August 24). *South African labour market is more favourable to men than women | Statistics South Africa*. https://www.statssa.gov.za/?p=14606

6. Ager, A., Pasha, E., Yu, G., Duke, T., Eriksson, C., & Cardozo, B. L. (2012). Stress, Mental Health, and Burnout in National Humanitarian Aid Workers in Gulu, Northern Uganda: Stress in National Humanitarian Workers in Uganda. *Journal of Traumatic Stress*, *25*(6), 713–720. https://doi.org/10.1002/jts.21764

7. Agere, L. M., & Agere, M. (2020). Intergenerational transmission of poverty: The role of agency in mitigating the impact for child headed households-a case of Zola, Soweto (South Africa). *African Journal of Social Work*, *10*(2), 116–123. ISSN Online 2409-5605

8. Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, *5*(2), 9–19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

9. Al Barmawi, M. A., Subih, M., Salameh, O., Sayyah Yousef Sayyah, N., Shoqirat, N., & Abdel-Azeez Eid Abu Jebbeh, R. (2019). Coping strategies as moderating factors to compassion fatigue among critical care nurses. *Brain and Behavior*, *9*(4), e01264. **https://doi.org/10.1002/brb3.1264**

10. Alexander, N. (2003). *An ordinary country: Issues in the transition from apartheid to democracy in South Africa*. Berghahn Books. ISBN 978-1-57181-261-2

11. American Psychological Association (2023). *APA Dictionary of Psychology*. Retrieved 23 March 2023, from https://dictionary.apa.org/

12. Ansara, D. L., & Hindin, M. J. (2011). Psychosocial consequences of intimate partner violence for women and men in Canada. *Journal of Interpersonal Violence*, *26*(8), 1628–1645. DOI: 10.1177/0886260510370600

13. Arjadi, R., Nauta, M. H., Scholte, W. F., Hollon, S. D., Chowdhary, N., Suryani, A. O., ... & Bockting, C. L. (2018). Internet-based behavioural activation with lay counsellor support versus online minimal psychoeducation without support for treatment of depression: a randomised controlled trial in Indonesia. *The Lancet Psychiatry*, *5*(9), 707-716. https://doi.org/10.1016/S2215-0366(18)30223-2

14. Atwoli, L. (2015). *Trauma and posttraumatic stress disorder in South Africa*. http://hdl.handle.net/11427/15505

15. Atwoli, L., Stein, D. J., Koenen, K. C., & McLaughlin, K. A. (2015). Epidemiology of posttraumatic stress disorder: Prevalence, correlates and consequences. *Current*

Opinion in Psychiatry, *28*(4), 307. doi: 10.1097/YCO.0000000000000167

16. Atwoli, L., Stein, D. J., Williams, D. R., Mclaughlin, K. A., Petukhova, M., Kessler, R. C., & Koenen, K. C. (2013). Trauma and posttraumatic stress disorder in South Africa: Analysis from the South African Stress and Health Study. *BMC Psychiatry*, *13*, 1–12. https://doi.org/10.1186/1471-244X-13-182

17. Avieli, H., Ben-David, S., & Levy, I. (2016). Predicting professional quality of life among professional and volunteer caregivers. *Psychological Trauma: Theory, Research, Practice, and Policy*, *8*(1), 80. https://doi.org/10.1037/tra0000066

18. Baillie Smith, M., Fadel, B., O'Loghlen, A., & Hazeldine, S. (2022). Volunteering hierarchies in the global south: Remuneration and livelihoods. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, *33*(1), 93–106. https://doi.org/10.1007/s11266-020-00254-1

19. Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis∗. *Counselling Psychology Quarterly*, *19*(2), 181–188. https://doi.org/10.1080/09515070600811899

20. Barnett, M. L., Gonzalez, A., Miranda, J., Chavira, D. A., & Lau, A. S. (2018). Mobilizing Community Health Workers to Address Mental Health Disparities for Underserved Populations: A Systematic Review. *Administration and Policy in Mental Health and Mental Health Services Research*, *45*(2), 195–211. https://doi.org/10.1007/s10488-017-0815-0

21. Bashir, M., Afzal, M. T., & Azeem, M. (2008). Reliability and validity of qualitative and operational research paradigm. *Pakistan Journal of Statistics and Operation Research*, 35–45. https://doi.org/10.18187/pjsor.v4i1.59

22. Batson, C. D. (2010). Empathy-induced altruistic motivation. In M. Mikulincer & P. R. Shaver (Eds.), *Prosocial motives, emotions, and behavior: The better angels of our nature* (pp. 15–34). American Psychological Association https://doi.org/10.1037/12061-001

23. Batson, C. D. (2017). The empathy-altruism hypothesis: What and so what. *The Oxford Handbook of Compassion Science*, 27–40.

24. Baum, N., & Moyal, S. (2020). Impact on therapists working with sex offenders: A systematic review of gender findings. *Trauma, Violence, & Abuse*, *21*(1), 193–205. https://doi.org/10.1177/1524838018756120

25. Beaton, R. D., & Murphy, S. A. (1995). People in Crisis: Research Implications. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*, (23), 51.

26. Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind* (Vol. 15). Basic books New York.

27. Benjamin, A. (2014). *Community counsellors' experiences of trauma and resilience in a low-income community* [PhD Thesis]. Stellenbosch: Stellenbosch University.

28. Benjamin, A., & Carolissen, R. (2015). "They just block it out": Community counselors' narratives of trauma in a low-income community. *Peace and Conflict: Journal of Peace Psychology*, *21*(3), 414–431. https://doi.org/10.1037/pac0000099

29. Bentham, J. (1843). *The Works of Jeremy Bentham* (Vol. 7). W. Tait

30. Benuto, L. T., Casas, J., & O'Donohue, W. T. (2018). Training culturally competent psychologists: A systematic review of the training outcome literature. *Training and*

Education in Professional Psychology, *12*(3), 125. https://doi.org/10.1037/tep0000190

31. Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234. DOI: 10.1177/1468794112468475

32. Bernier, D. (1998). A study of coping: successful recovery from severe burnout and other reactions to severe work-related stress. *Work & Stress*, *12*(1), 50-65. https://doi.org/10.1080/02678379808256848

33. Betancourt, T. S., & Chambers, D. A. (2016). Optimizing an era of global mental health implementation science. *JAMA Psychiatry*, *73*(2), 99–100. doi:10.1001/jamapsychiatry.2015.2705

34. Bilge, S. (2013). Intersectionality Undone: Saving Intersectionality from Feminist Intersectionality Studies. *Du Bois Review: Social Science Research on Race*, *10*(2), 405–424. https://doi.org/10.1017/S1742058X13000283

35. Black, Vivian, Sprague, Courtenay, & Chersich, Matthew F. (2011). Interruptions in payments for lay counsellors affects HIV testing at antenatal clinics in Johannesburg. *SAMJ: South African Medical Journal*, *101*(6), 407-408. Retrieved from http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-95742011000600019&lng=en&tlng=en

36. Blow, A. J., Timm, T. M., & Cox, R. (2008). The role of the therapist in therapeutic change: Does therapist gender matter? *Journal of Feminist Family Therapy*, *20*(1), 66–86. https://doi.org/10.1080/0895280801907150

37. Bonner, P., & Nieftagodien, N. (2008). *Alexandra: A history*. Wits University Press.

38. Boonzaaier, F.A. (2001). *Women abuse: Exploring women's narratives of violence and resistance in Mitchell's Plain* [Master's Thesis]. University of Cape Town. http://hdl.handle.net/11427/13904

39. Boonzaier, F.A., & Gordon, S. F. (2015). Responding to men's violence against women partners in post-apartheid South Africa: On the necessity of identification across identity's intersections. *British Journal of Criminology*, *55*(6), 1096–1114.

40. Boonzaier, F. A., & Van Schalkwyk, S. (2011). Narrative possibilities: Poor women of color and the complexities of intimate partner violence. *Violence against Women*, *17*(2), 267–286. https://doi.org/10.1093/bjc/azv090

41. Booysen, D. D., & Kagee, A. (2022). The double burden of treating traumatic stress in low-resource communities: Experiences and perspectives of non-specialist health workers in South Africa. *South African Journal of Psychology*, *52*(1), 135–145. https://doi.org/10.1177/0081246320984051

42. Boyle, D. A. (2011). Countering compassion fatigue: A requisite nursing agenda. *The Online Journal of Issues in Nursing*, *16*(1). DOI:10.3912/OJIN.Vol16No01Man02

43. Brady, C., Bambury, R. M., & O'Reilly, S. (2015). *Empathy and the wounded healer: A mixed-method study of patients and doctors views on empathy*. http://hdl.handle.net/10147/559261

44. Brady, J. L., Guy, J. D., Poelstra, P. L., & Brokaw, B. F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice*, *30*(4), 386. https://doi.org/10.1037/0735-7028.30.4.386

45. Branson, D. C. (2019). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology*, *25*(1), 2. https://doi.org/10.1037/trm0000161

46. Broad-Based Socio-Economic Empowerment Charter for the South African MiningIndustryhttps://www.westerncape.gov.za/Text/2004/5/theminingcharter.pdf

47. Brown, J. (2016). *The Road to Soweto: Resistance and the uprising of 16 June 1976*. Boydell & Brewer.

48. Brown, K. (2000). Coloured and black relations in South Africa: The burden of racialized hierarchy. *Macalester International*, *9*(1), 13.

49. Burch, K. S. (2018). *A Qualitative Study of African American Mental Health Professionals: Exploring Rewards and Opportunities of Same-Race Counseling Relationships* [PhD Thesis]. The Chicago School of Professional Psychology.

50. Burns, J. K. (2015). Poverty, inequality and a political economy of mental health. *Epidemiology and psychiatric sciences*, *24*(2), 107-113. https://doi.org/10.1017/S2045796015000086

51. Butler, J. (1993). Poststructuralism and Postmarxism. *Diacritics, 23*(4), 3. https://www.proquest.com/scholarly-journals/poststructuralism-postmarxism/docview/1297860067/se-2

52. Carlson, N. L. (1987). Woman therapist: Male client. In M. Scher, M. Stevens, G. Good, & G. A. Eichenfield (Eds.), *Handbook of counseling & psychotherapy with men* (pp. 39–50). Sage Publications, Inc.

53. Cebola, M., Dos Santos, N., & Dionísio, A. (2021). Worker-related ageism: A systematic review of empirical research. *Ageing & Society,* 1-33. doi:10.1017/S0144686X21001380

54. Chigeza, S., Roos, V., & Puren, K. (2013). "… Here We Help Each Other": Sense of Community of people subjected to forced removals. *Journal of Psychology in Africa*, *23*(1), 97–100. DOI: 10.1080/14330237.2013.10820599

55. Chowdhury, F. D. (2009). Theorising Patriarchy: The Bangladesh Context, *Asian Journal of Social Science*, *37*(4), 599-622. doi: https://doi.org/10.1163/156853109X460200

56. Chung, H. (2016).Psychological Egoism and Hobbes. *Filozofia*, *71*(3).

57. Clary, E. G., & Snyder, M. (1999). The motivations to volunteer: Theoretical and practical considerations. *Current Directions in Psychological Science*, *8*(5), 156–159. doi/pdf/10.1111/1467-8721.00037

58. Coaston, J. (2019). The intersectionality wars. *Vox*. Retrieved From: https://www.salisbury.edu/administration/diversity-and-inclusion/_files/anti-racism/the-intersectionality-wars.pdf

59. Cocker, F., & Joss, N. (2016). Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International Journal of Environmental Research and Public Health*, *13*(6), 618. **https://doi.org/10.3390/ijerph13060618**

60. Cole, B. P., Petronzi, G. J., Singley, D. B., & Baglieri, M. (2019). Predictors of men's psychotherapy preferences. *Counselling and Psychotherapy Research*, *19*(1), 45–56. **https://doi.org/10.1002/capr.12201**

61. Collective, C. R. (1977). *'A Black Feminist Statement'*. NA.

62. Collins, P. H. (1990). Black feminist thought in the matrix of domination. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, *138*(1990), 221–238.

63. Collins, P. H., & Bilge, S. (2016). Intersectionality. Key Concepts (Polity Press). *Cambridge, UK*.

64. Collins, S., & Arthur, N. (2010). Culture-infused counselling: A fresh look at a classic framework of multicultural counselling competencies. *Counselling Psychology Quarterly*, *23*(2), 203–216. https://doi.org/10.1080/09515071003798204

65. Comas-Díaz, L., & Jacobsen, F. M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *American Journal of Orthopsychiatry*, *61*(3), 392–402. https://doi.org/10.1037/h0079267

66. Comas-Díaz, L., & Jacobsen, F. M. (1995). The therapist of color and the White patient dyad: Contradictions and recognitions. *Cultural Diversity and Mental Health*, *1*(2), 93. https://doi.org/10.1037/1099-9809.1.2.93

67. Connell, R. (2013). *Gender and power: Society, the person and sexual politics*. John Wiley & Sons.

68. Connell, R. (2020). "Masculinities: The Field of Knowledge". In *Configuring Masculinity in Theory and Literary Practice*. Leiden, The Netherlands: Brill. doi: https://doi.org/10.1163/9789004299009_004

69. Connolly, S., Vanchu-Orosco, M., Warner, J., Seidi, P., Edwards, J., Boath, E., & Irgens, A. (2021). Mental health interventions by lay counsellors: A systematic review and meta-analysis. *Bulletin of the World Health Organization*, *99*(08), 572–582. https://doi.org/10.2471/BLT.20.269050

70. Cooper .J. A. (1892). *A Voice from the South, by a Black Woman of the South*. Xenia, OH: Aldine Printing House.

71. Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, *41*(1). https://doi.org/10.1188/14.ONF.89-91

72. Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum, 1989,* 139-168.

73. Crenshaw, K. (1991). Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43(6),* 1241-1300.

74. Crites, J. O., & Fitzgerald, L. F. (1978). The competent male. *The Counseling Psychologist*, *7*(4), 10–14. doi/pdf/10.1177/001100007800700403

75. Cubillos, L., Bartels, S. M., Torrey, W. C., Naslund, J., Uribe-Restrepo, J. M., Gaviola, C., Díaz, S. C., John, D. T., Williams, M. J., & Cepeda, M. (2021). The effectiveness and cost-effectiveness of integrating mental health services in primary care in low-and middle-income countries: Systematic review. *BJPsych Bulletin*, *45*(1), 40–52. doi:10.1192/bjb.2020.35

76. Cunliffe, A. L., & Jun, J. S. (2005). The need for reflexivity in public administration. *Administration & Society*, *37*(2), 225–242. doi/pdf/10.1177/0095399704273209

77. Curry, A. E. (1964). Myth, transference and the black psychotherapists. *Psychoanalytic Review, 51*(4), 7. https://www.proquest.com/scholarly-journals/myth-transference-black-psychotherapist/docview/1310156509/se-2

78. Cuthbertson, L. M., Robb, Y. A., & Blair, S. (2020). Theory and application of research

principles and philosophical underpinning for a study utilising interpretative phenomenological analysis. *Radiography*, *26*(2), e94–e102. https://doi.org/10.1016/j.radi.2019.11.092

79. Dageid, W., Akintola, O., & Saeberg, T. (2016). Sustaining motivation among community health workers in aids care in Kwazulu-natal, South Africa: Challenges and prospects. *Journal of Community Psychology*, *44*(5), 569–585. **https://doi.org/10.1002/jcop.21787**

80. Davies, B., & Davies, C. (2007). Having, and Being Had By, "Experience": Or, "Experience" in the Social Sciences After the Discursive/ Poststructuralist Turn. *Qualitative Inquiry*, *13*(8), 1139–1159. https://doi.org/10.1177/1077800407308228

81. Dawson, M., Mathews, S., Abrahams, N., & Campbell, J. (2017). Death reviews in the context of domestic homicide in low-to middle-income countries: South Africa as a case study. *Domestic Homicides and Death Reviews: An International Perspective*, 345–372. https://doi.org/10.1057/978-1-137-56276-0_12

82. De Kock, J. H., & Pillay, B. J. (2017). A situation analysis of psychiatrists in South Africa's rural primary healthcare settings. *African Journal of Primary Health Care & Family Medicine*, *9*(1). https://doi.org/10.4102/phcfm.v9i1.1335

83. De Kock, J., & Pillay, B. (2018). South Africa's rural mental health human resource crisis: A situation analysis and call for innovative task-shifting. *Family Medicine & Primary Care Review*, *2*, 124–130. https://doi.org/10.5114/fmpcr.2018.76454

84. Delapp, R. C., & Williams, M. T. (2015). Professional challenges facing African American psychologists: The presence and impact of racial microaggressions. *The Behavior Therapist*, *38*(4), 101–105.

85. Delgado-Rodriguez, M., & Llorca, J. (2004). Bias. *Journal of Epidemiology & Community Health*, *58*(8), 635–641. http://dx.doi.org/10.1136/jech.2003.008466

86. Dewing, S., Mathews, C., Cloete, A., Schaay, N., Simbayi, L., & Louw, J. (2014). Lay counselors' ability to deliver counseling for behavior change. *Journal of Consulting and Clinical Psychology*, *82*(1), 19–29. https://doi.org/10.1037/a0034659

87. Dlamini, N. Z. P. (2022). *Unmasking Christian women survivor voices against gender-based violence: A pursuit for a feminist liberative pastoral care praxis for married women in the Anglican Church of Southern Africa.* [PhD Thesis]. https://researchspace.ukzn.ac.za/handle/10413/21128

88. Dobash, R. P., & Dobash, R. E. (2004). Women's violence to men in intimate relationships: Working on a puzzle. *British Journal of Criminology*, *44*(3), 324–349. https://doi.org/10.1093/bjc/azh026

89. Docrat, S., Besada, D., Cleary, S., Daviaud, E., & Lund, C. (2019). Mental health system costs, resources and constraints in South Africa: A national survey. *Health Policy and Planning*, *34*(9), 706–719. https://doi.org/10.1093/heapol/czz085

90. Dunstan, J. (1987). Alexandra: Sinner in the suburbs? *Indicator South Africa*, *4*(4), 55–58. doi/pdf/10.10520/AJA0259188X_1177

91. Durojaye, E., & Agaba, D. K. (2018). Contribution of the Health Ombud to accountability: The life Esidimeni tragedy in South Africa. *Health and Human Rights*, *20*(2), 161.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6293341/pdf/hhr-20-161.pdf

92. Dutton, M. A., & Rubinstein, F. L. (1995). Working with people with PTSD: Research implications. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*, 82-100.

93. Dworkin, E. R., Sorell, N. R., & Allen, N. E. (2016). Individual-and setting-level correlates of secondary traumatic stress in rape crisis center staff. *Journal of Interpersonal Violence*, *31*(4), 743–752. DOI: 10.1177/0886260514556111

94. Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy*, *48*(1), 43. https://doi.org/10.1037/a0022187

95. Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy*, *55*(4), 399. https://doi.org/10.1037/pst0000175

96. Ellis, A. E., Simiola, V., Mackintosh, M.-A., Schlaudt, V. A., & Cook, J. M. (2020). Perceived helpfulness and engagement in mental health treatment: A study of male survivors of sexual abuse. *Psychology of Men & Masculinities*, *21*(4), 632. https://doi.org/10.1037/men0000313

97. Elmes, H. J. S. (2021). *Age and Gender and Perceived Discrimination in South Africa* [PhD Thesis]. Grand Canyon University. Retrieved From: https://www.proquest.com/docview/2587718111?pq-origsite=gscholar&fromopenview=true

98. Enaifoghe, A., Dlelana, M., Durokifa, A. A., & Dlamini, N. P. (2021). The prevalence of gender-based violence against women in South Africa: A call for action. *African Journal of Gender, Society & Development*, *10*(1), 117. doi/pdf/10.31920/2634-3622/2021/v10n1a6

99. Erasmus, Z. (2012). Apartheid race categories: daring to question their continued use. *Transformation: Critical Perspectives on Southern Africa 79*, 1-11. doi:10.1353/trn.2012.0008

100. Ermakov, P. N., Abakumova, I. V., Fedotova, O., & Shchetinina, D. P. (2016). Hostility as a Psychological Phenomenon and Object of Scientific Research. *International Journal of Environmental and Science Education*, *11*(18), 10829–10837. EISSN-1306-3065

101. Esprey, Y. M. (2017). The problem of thinking in black and white: Race in the South African clinical dyad. *Psychoanalytic Dialogues*, *27*(1), 20–35. doi/full/10.1080/10481885.2017.1260940

102. Fanon, F. (1967). Black skin, white masks, trans. *Charles Lam Markmann (New York: Grove, 1967)*, *109*, 98.

103. Farrenkopf, T. (1992). What happens to therapists who work with sex offenders? *Journal of Offender Rehabilitation*, *18*(3–4), 217–224. https://doi.org/10.1300/J076v18n03_16

104. Ferlito, B. A., & Dhai, A. (2018). The Life Esidimeni tragedy: The courts are also to blame. *South African Medical Journal*, *108*(3), 155–156. https://hdl.handle.net/10520/EJC-cdd5fa49e

105. Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3–28). The Sidran Press.

106. Figley, C. R. (2013). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.

107. Figley, C. R., & Figley, K. R. (2017). *Compassion Fatigue Resilience* (E. M. Seppälä, E. Simon-Thomas, S. L. Brown, M. C. Worline, C. D. Cameron, & J. R. Doty, Eds.; Vol. 1). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780190464684.013.28

108. Figley, C. R., & Ludick, M. (2017). Secondary traumatization and compassion fatigue. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Foundations in knowledge* (pp. 573–593). American Psychological Association. https://doi.org/10.1037/0000019-029

109. Fitzpatrick, K. (2000). *Narratives of power and relatedness: Female therapists' experience of male clients* [PhD Thesis]. The Fielding Institute. https://www.proquest.com/docview/304653442?pq-origsite=gscholar&fromopenview=true

110. Flaskerud, J. H. (1990). Matching client and therapist ethnicity, language, and gender: A review of research. *Issues in Mental Health Nursing*, *11*(4), 321–336. https://doi.org/10.3109/01612849009006520

111. Foley, B. (2018). Intersectionality: A Marxist Critique. *Science & Society*, *82*(2), 269–275. https://doi.org/10.1177/1095796019867944

112. Foucault, M. (2020). Power/knowledge. In *The new social theory reader* (pp. 73-79). Routledge.

113. Friedman, M., & Higson-Smith, C. (2003). Building psychological resilience: Learning from the South African police service. *Promoting capabilities to manage posttraumatic stress: Perspectives on resilience*, 103-118.

114. Fujino, D. C., Okazaki, S., & Young, K. (1994). Asian-American women in the mental health system: An examination of ethnic and gender match between therapist and client. *Journal of Community Psychology*, *22*(2), 164–176. doi/abs/10.1002/1520-6629(199404)22:2<164::AID-JCOP2290220211>3.0.CO;2-K

115. Galek, K., Flannelly, K. J., Greene, P. B., & Kudler, T. (2011). Burnout, secondary

traumatic stress, and social support. *Pastoral Psychology*, *60*, 633–649. https://doi.org/10.1007/s11089-011-0346-7

116. Gardner, L. H. (1971). The therapeutic relationship under varying conditions of race. *Psychotherapy: Theory, Research & Practice*, *8*(1), 78.

117. Gass, J. D., Stein, D. J., Williams, D. R., & Seedat, S. (2011). Gender differences in risk for intimate partner violence among South African adults. *Journal of Interpersonal Violence*, *26*(14), 2764–2789. doi/pdf/10.1177/0886260510390960

118. Gerdes, K. E. (2011). Empathy, sympathy, and pity: 21st-century definitions and implications for practice and research. *Journal of Social Service Research*, *37*(3), 230–241. https://doi.org/10.1080/01488376.2011.564027

119. Gibbs, A., Myrttinen, H., Washington, L., Sikweyiya, Y., & Jewkes, R. (2020). Constructing, reproducing and challenging masculinities in a participatory intervention in urban informal settlements in South Africa. *Culture, Health & Sexuality*, *22*(5), 535–550. https://doi.org/10.1080/13691058.2019.1614671

120. Gilbert, P. (1997). The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy. *British Journal of Medical Psychology*, *70*(2), 113–147. **https://doi.org/10.1111/j.2044-8341.1997.tb01893.x**

121. Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of phenomenological psychology*, *28*(2), 235-260.

122. Goode-Cross, D. T. (2011). Same difference: Black therapists' experience of same-race therapeutic dyads. *Professional Psychology: Research and Practice*, *42*(5), 368. https://doi.org/10.1037/a0025520

123. Goode-Cross, D. T., & Grim, K. A. (2016). “An Unspoken Level of Comfort” Black Therapists’ Experiences Working With Black Clients. *Journal of Black Psychology*, *42*(1), 29–53. DOI: 10.1177/0095798414552103

124. Gouws, A. (2017). Feminist intersectionality and the matrix of domination in South Africa. *Agenda*, *31*(1), 19–27. https://doi.org/10.1080/10130950.2017.1338871

125. Govinden, D. B. (1997). ‘ Dominion to rule’: The abuse of women in Christian homes. *Journal of Constructive Theology*, *3*(2), 23–37.

126. Gray, J., & Cooke, M. (2018). Intersectionality, language and queer lives. *Gender and Language*, *12*(4), 401–415. https://doi.org/10.1558/genl.37393

127. Greenberg, D. M., Baron-Cohen, S., Rosenberg, N., Fonagy, P., & Rentfrow, P. J. (2018). Elevated empathy in adults following childhood trauma. *PLoS One*, *13*(10), e0203886. https://doi.org/10.1371/journal.pone.0203886

128. Guitar, N. A., & Molinaro, M. L. (2017). Vicarious trauma and secondary traumatic stress in health care professionals. *University of Western Ontario Medical Journal*, *86*(2), 42–43. https://doi.org/10.5206/uwomj.v86i2.2021

129. Gumede, W. (2017). Failure to pursue economic reparations has, and will continue to undermine racial reconciliation. In *The Limits of Transition: The South African Truth and Reconciliation Commission 20 Years on* (pp. 59–93). Brill Nijhoff. https://doi.org/10.1163/9789004339569_006

130. Guth III, C. (2023). Calvin and Covenant Marriage: A Critical Genealogy. *Studies in Christian Ethics*, 09539468221150374. https://doi.org/10.1177/09539468221150374

131. Hakanen, J. J., & Bakker, A. B. (2017). Born and bred to burn out: A life-course view and reflections on job burnout. *Journal of Occupational Health Psychology, 22*(3), 354–364. https://doi.org/10.1037/ocp0000053

132. Hamberger, L. K., & Guse, C. (2005). Typology of reactions to intimate partner violence among men and women arrested for partner violence. *Violence and Victims*, *20*(3), 303–317. DOI: 10.1891/vivi.20.3.303

133. Hamberger, L. K., & Larsen, S. E. (2015). Men's and women's experience of intimate partner violence: A review of ten years of comparative studies in clinical samples; Part I. *Journal of Family Violence*, *30*, 699–717.

134. Hancock, A.-M. (2007). Intersectionality as a normative and empirical paradigm. *Politics & Gender*, *3*(2), 248–254. doi:10.1017/S1743923X07000062

135. Hancock, A.-M. (2016). *Intersectionality: An intellectual history*. Oxford University Press.

136. Hansen, E. M., Eklund, J. H., Hallén, A., Bjurhager, C. S., Norrström, E., Viman, A., & Stocks, E. L. (2018). Does feeling empathy lead to compassion fatigue or compassion satisfaction? The role of time perspective. *The Journal of Psychology*, *152*(8), 630–645. https://doi.org/10.1080/00223980.2018.1495170

137. Haratyan, F. (2017). Contradictory Discourses of Motherhood as Institution and Experience. *SARE: Southeast Asian Review of English*, *51*(1), 40–47. vol.51, no.1, 2012/2013,

138. Hardcastle, T. C., Oosthuizen, G., Clarke, D., & Lutge, E. (2016). Trauma, a preventable burden of disease in South Africa: Review of the evidence, with a focus on KwaZulu-Natal. *South African Health Review*, *2016*(1), 179–189. https://hdl.handle.net/10520/EJC189309

139. Hardy, K. V., & Bobes, T. (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. Routledge.

140. Health Profession Council of South Africa (2021) Statistics Updated on 1 July 2021 Retrieved from: *https://www.hpcsa.co.za/?contentId=412&actionName=Publications*

141. Heidegger, M. (2005). *Introduction to phenomenological research*. Indiana university press.

142. Helms, J. E. (1984). Toward a theoretical explanation of the effects of race on counseling a Black and White Model. *The Counseling Psychologist*, *12*(4), 153–165. doi/pdf/10.1177/0011000084124013

143. Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress*, *28*(2), 83–91. **https://doi.org/10.1002/jts.21998**

144. Hobbes, T. (1968). *1588-1679. Leviathan*. Baltimore: Penguin Books.

145. Hoeft, T. J., Fortney, J. C., Patel, V., & Unützer, J. (2018). Task-sharing approaches to improve mental health care in rural and other low-resource settings: a systematic review. *The Journal of rural health*, *34*(1), 48-62. https://doi.org/10.1111/jrh.12229

146. Hogan, K. F., Hegarty, J. R., Ward, T., & Dodd, L. J. (2012). Counsellors' experiences of working with male victims of female-perpetrated domestic abuse. *Counselling and Psychotherapy Research*, *12*(1), 44–52. https://doi.org/10.1080/14733145.2011.630479

147. Honda, A., Ryan, M., van Niekerk, R., & McIntyre, D. (2015). Improving the public health sector in South Africa: Eliciting public preferences using a discrete choice experiment. *Health Policy and Planning*, *30*(5), 600–611. https://doi.org/10.1093/heapol/czu038

148. Hooks, B. (1982). *Ain't I a woman: Black women and feminism*. Pluto Press

149. Howell, S. (2019). Description of the South African context. *The Codes of the Street in Risky Neighborhoods*, 93. https://doi.org/10.1007/978-3-030-16287-0_8

150. Howlett, S. L., & Collins, A. (2014). Vicarious traumatisation: Risk and resilience among crisis support volunteers in a community organisation. *South African Journal of Psychology*, *44*(2), 180–190. https://doi.org/10.1177/0081246314524387

151. Husserl, E. (2012). *Ideas: General introduction to pure phenomenology*. Routledge.

152. Ishak[1], N. M., Amat, S., & Bakar, A. Y. A. (2012). Counseling professional ethics from viewpoint of counselor educators. ISSN: 2231-735X

153. Ivicic, R., & Motta, R. (2017). *Variables associated with secondary traumatic stress among mental health professionals.* (Vol. 23). Educational Publishing Foundation. https://doi.org/10.1037/trm0000065

154. Jackson, D., Naik, R., Tabana, H., Pillay, M., Madurai, S., Zembe, W., & Doherty, T. (2013). Quality of home-based rapid HIV testing by community lay counsellors in a rural district of South Africa. *Journal of the International AIDS Society*, *16*(1), 18744. https://doi.org/10.7448/IAS.16.1.18744

155. Jacobs, H. A. (1861). *Incidents in the life of a slave girl: Jacobs, Mrs. Harriet (Brent)*. Published for the author.

156. Jacquart, J., Abramowitz, J., Arch, J., Margraf, J., Smits, J.A.J. (2022). The Basics of Exposure Therapy. In: Smits, J.A.J., Jacquart, J., Abramowitz, J., Arch, J., Margraf, J. (eds) Clinical Guide to Exposure Therapy. Springer, Cham. https://doi.org/10.1007/978-3-031-04927-9_1

157. Jakovljevic, M., Timofeyev, Y., Ekkert, N. V., Fedorova, J. V., Skvirskaya, G., Bolevich, S., & Reshetnikov, V. A. (2019). The impact of health expenditures on public health in BRICS nations. *Journal of Sport and Health Science*, *8*(6), 516. doi: 10.1016/j.jshs.2019.09.002

158. Jansen van Rensburg, M. (2008). Defining lay counselling. *New Voices in Psychology*, *4*(2), 5–13. doi/abs/10.10520/EJC112571

159. Jayachandran, S. (2021). Social norms as a barrier to women's employment in developing countries. *IMF Economic Review*, *69*(3), 576–595. https://doi.org/10.1057/s41308-021-00140-w

160. Jeleniewski Seidler, V. (2007). Masculinities, bodies, and emotional life. *Men and Masculinities*, *10*(1), 9–21. doi/pdf/10.1177/1097184X07299636

161. Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validational study. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *15*(5), 423–432. **https://doi.org/10.1023/A:1020193526843**

162. Jenkins, S. R., Mitchell, J. L., Baird, S., Whitfield, S. R., & Meyer, H. L. (2011). The counselor's trauma as counseling motivation: Vulnerability or stress inoculation? *Journal of Interpersonal Violence*, *26*(12), 2392–2412. DOI: 10.1177/0886260510383020

163. Jennings, L., Sovereign, A., Bottorff, N., Mussell, M. P., & Vye, C. (2005). Nine ethical values of master therapists. *Journal of Mental Health Counseling*, *27*(1), 32–47. **https://doi.org/10.17744/mehc.27.1.lmm8vmdujgev2qhp**

164. Johnson, L. A., & Caldwell, B. E. (2011). Race, gender, and therapist confidence: Effects on satisfaction with the therapeutic relationship in MFT. *The American Journal of Family Therapy*, *39*(4), 307–324. https://doi.org/10.1080/01926187.2010.532012

165. Johnston, E. R. (2023). An analysis of KwaZulu-Natal clinical psychologists' multicultural experience. *South African Journal of Psychology*, 00812463221148552. https://doi.org/10.1177/00812463221148552

166. Jones, E. E., Krupnick, J. L., & Kerig, P. K. (1987). Some gender effects in a brief psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, *24*(3), 336. https://doi.org/10.1037/h0085724

167. Jung, C. G. (1965). *Memories, Dreams, Reflections, transl. A. Jaffé*. New York, NY: Random House.

168. Kabunga, A., Adinab, J. O., Margret, D., Shikanga, M. E., & Amapesa, S. T. (2015). *Therapists' past traumatic experiences, compassion fatigue and the consequent work performance: A case of professional therapists in Eldoret, Kenya*. https://hdl.handle.net/123456789/102

169. Kagee, A. (2020). Training lay counsellors in public health: Considerations for social workers, professional counsellors and psychologists. *Global Public Health*, *15*(6), 918–924. https://doi.org/10.1080/17441692.2020.1730931

170. Kahill, S. (1988). Interventions for burnout in the helping professions: A review of the empirical evidence. *Canadian Journal of Counselling*.

171. Kang, S. K., & Bodenhausen, G. V. (2015). Multiple identities in social perception and interaction: Challenges and opportunities. *Annual Review of Psychology*, *66*, 547–574. https://doi.org/10.1146/annurev-psych-010814-015025

172. Kassam-Adams, N. (1995). *The risks of treating sexual trauma: Stress and secondary trauma in psychotherapists*. University of Virginia. https://www.proquest.com/docview/304236593?pq-origsite=gscholar&fromopenview=true

173. Kelly, J. F., & Greene, B. (2010). Diversity within African American, female therapists: Variability in clients' expectations and assumptions about the therapist. *Psychotherapy: Theory, Research, Practice, Training*, *47*(2), 186. https://doi.org/10.1037/a0019759

174. Kelly, L., Runge, J., & Spencer, C. (2015). Predictors of compassion fatigue and compassion satisfaction in acute care nurses. *Journal of Nursing Scholarship*, *47*(6), 522–528. **https://doi.org/10.1111/jnu.12162**

175. Kironde, S., & Klaasen, S. (2002). What motivates lay volunteers in high burden but resource-limited tuberculosis control programmes? Perceptions from the Northern Cape province, South Africa. *The International Journal of Tuberculosis and Lung Disease*, *6*(2), 104–110.

176. Kistan, N. (2004). *How do the perceptions of visible minority counsellors regarding race, impact the counselling relationship with majority (white) clients?*[Master's thesis, University of South Africa].

177. Kitchingman, T. A., Wilson, C. J., Caputi, P., Wilson, I., & Woodward, A. (2017). Telephone crisis support workers' psychological distress and impairment. *Crisis*. https://doi.org/10.1027/0227-5910/a000454

178. Kivlighan III, D. M., Hooley, I. W., Bruno, M. G., Ethington, L. L., Keeton, P. M., & Schreier, B. A. (2019). Examining therapist effects in relation to clients' race-ethnicity and gender: An intersectionality approach. *Journal of Counseling Psychology*, *66*(1), 122. https://doi.org/10.1037/cou0000316

179. Knight, Z. G. (2013). Black client, white therapist: Working with race in psychoanalytic psychotherapy in South Africa. *The International Journal of Psychoanalysis*, *94*(1), 17–31. https://doi.org/10.1111/1745-8315.12034

180. Knox, S., Burkard, A. W., Johnson, A. J., Suzuki, L. A., & Ponterotto, J. G. (2003). African American and European American therapists' experiences of addressing race in cross-racial psychotherapy dyads. *Journal of Counseling Psychology*, *50*(4), 466. https://doi.org/10.1037/0022-0167.50.4.466

181. Kok, M. C., Dieleman, M., Taegtmeyer, M., Broerse, J. E., Kane, S. S., Ormel, H., Tijm, M. M., & de Koning, K. A. (2015). Which intervention design factors influence performance of community health workers in low- and middle-income countries? A systematic review. *Health Policy and Planning*, *30*(9), 1207–1227. https://doi.org/10.1093/heapol/czu126

182. Kometsi, K. (2001). Multi-racial clinical settings and the counter-transferential feelings of a black trainee psychologist. *Psycho-Analytic Psychotherapy in South Africa*, *9*(1), 11–21. doi/pdf/10.10520/EJC88465

183. Ladany, N., Klinger, R., & Kulp, L. (2011). *Therapist shame: Implications for therapy and supervision. Shame in the Therapy Hour,* 307–322. American Psychological Association

184. Larkin, M., Flowers, P., & Smith, J. A. (2009). Interpretative phenomenological analysis: Theory, method and research. *Interpretative Phenomenological Analysis*, 1–232. Sage Publicatons Ltd

185. Larkin, M., Flowers, P., & Smith, J. A. (2021). Interpretative phenomenological analysis: Theory, method and research. *Interpretative Phenomenological Analysis*, 1–100. Sage Publications Ltd

186. Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, *3*(2), 102–120. DOI: 10.1191/1478088706qp062oa

187. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.

188. Lee, H. J., Lee, M., & Jang, S. J. (2021). Compassion satisfaction, secondary traumatic stress, and burnout among nurses working in trauma centers: A cross-sectional study. *International Journal of Environmental Research and Public Health*, *18*(14), 7228. https://doi.org/10.3390/ijerph18147228

189. Leith, K. P., & Baumeister, R. F. (1998). Empathy, shame, guilt, and narratives of interpersonal conflicts: Guilt-prone people are better at perspective taking. *Journal of personality*, *66*(1), 1-37. https://doi.org/10.1111/1467-6494.00001

190. Lerias, D., & Byrne, M. K. (2003). Vicarious traumatization: Symptoms and predictors. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *19*(3), 129–138. https://doi.org/10.1002/smi.969

191. Leung, T., Schmidt, F., & Mushquash, C. (2022). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. *Psychological Trauma: Theory, Research, Practice, and Policy*. https://doi.org/10.1037/tra0001277

192. Lewis, B. (1971). Shame and guilt in neurosis. *Psychoanalytic Review*, *58*(3), 419–438. https://www.proquest.com/scholarly-journals/shame-guilt-neurosis/docview/1310161519/se-2

193. Liebling, H., Davidson, L., Akello, G. F., & Ochola, G. (2016). The experiences of survivors and trauma counselling service providers in northern Uganda: Implications for mental health policy and legislation. *International Journal of Law and Psychiatry*, *49*, 84–92. https://doi.org/10.1016/j.ijlp.2016.06.012

194. Lipscomb, A. E., & Ashley, W. (2020). Surviving being Black and a clinician during a dual pandemic: Personal and professional challenges in a disease and racial crisis. *Smith College Studies in Social Work*, *90*(4), 221–236. https://doi.org/10.1080/00377317.2020.1834489

195. Loke, A. Y., Wan, M. L. E., & Hayter, M. (2012). The lived experience of women victims of intimate partner violence. *Journal of Clinical Nursing*, *21*(15–16), 2336–2346. https://doi.org/10.1111/j.1365-2702.2012.04159.x

196. Long, C. (2022). Racial identity and uncertainty in psychotherapy: Perspectives of Black clients and their therapists. *International Journal of Applied Psychoanalytic Studies*, *19*(4), 444–461. https://doi.org/10.1002/aps.1737

197. Lorber, J. (2018). The social construction of gender. In *Inequality in the 21st Century* (pp. 347–352). Routledge.

198. Lorde, A. (2003). The master's tools will never dismantle the master's house. *Feminist Postcolonial Theory: A Reader*, *25*, 27.

199. Lukac-Greenwood, J., & Van Rijn, B. (2021). Female therapists' experiences of working with male clients who are sexually attracted to them—An exploratory study using a free association narrative interview method. *Counselling and Psychotherapy Research*, *21*(4), 957–969. https://doi.org/10.1002/capr.12392

200. Lund, C. (2012). Poverty and mental health: A review of practice and policies. *Neuropsychiatry*, *2*(3), 213–219. https://doi.org/10.2217/npy.12.24

201. Maconick, L., Jenkins, L. S., Fisher, H., Petrie, A., Boon, L., & Reuter, H. (2018). Mental health in primary care: Integration through in-service training in a South African rural clinic. *African Journal of Primary Health Care and Family Medicine*, *10*(1), 1–7. doi/abs/10.4102/phcfm.v10i1.1660

202. MacRitchie, V., & Leibowitz, S. (2010). Secondary traumatic stress, level of exposure, empathy and social support in trauma workers. *South African Journal of Psychology*, *40*(2), 149-158. https://doi.org/10.1177/008124631004000204

203. Maes, K. (2015). "Volunteers are not paid because they are priceless": community health worker capacities and values in an AIDS treatment intervention in urban Ethiopia. *Medical anthropology quarterly*, *29*(1), 97-115. https://doi.org/10.1111/maq.12136

204. Mafeje, A. (1990). The" Africanist" heritage and its antinomies. *Africa Development/Afrique et Développement*, *15*(3/4), 159–183. http://www.jstor.org/stable/24486821

205. Magasana, V., Zembe, W., Tabana, H., Naik, R., Jackson, D., Swanevelder, S., & Doherty, T. (2016). An assessment of quality of home-based HIV counseling and testing performed by lay counselors in a rural sub-district of KwaZulu-Natal, South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, *13*(1), 188–196. https://doi.org/10.1080/17290376.2016.1248477

206. Magnan-Tremblay, L., Lanctôt, N., & Couvrette, A. (2020). The hopelessness effect: Counsellors' perceptions of their female clients involved in sex work in Canada. *Health & Social Care in the Community*, *28*(5), 1430–1437. https://doi.org/10.1111/hsc.12993

207. Mahalik, J. R., Good, G. E., Tager, D., Levant, R. F., & Mackowiak, C. (2012). Developing a taxonomy of helpful and harmful practices for clinical work with boys and men. *Journal of Counseling Psychology*, *59*(4), 591. https://doi.org/10.1037/a0030130

208. Maki, M. T. (1999). The effects on clinician identification when clinician and client

share a common ethnic minority background. *Journal of Multicultural Social Work*, *7*(1–2), 57–72. https://doi.org/10.1300/J285v07n01_04

209. Malach-Pines, A. (2005). The burnout measure, short version. *International Journal of Stress Management*, *12*(1), 78. https://doi.org/10.1037/1072-5245.12.1.78

210. Malacrida, C., & Boulton, T. (2012). Women's perceptions of childbirth "choices" competing discourses of motherhood, sexuality, and selflessness. *Gender & Society*, *26*(5), 748–772. doi/pdf/10.1177/0891243212452630

211. Malakoane, B., Heunis, J. C., Chikobvu, P., Kigozi, N. G., & Kruger, W. H. (2020). Public health system challenges in the Free State, South Africa: A situation appraisal to inform health system strengthening. *BMC Health Services Research*, *20*, 1–14. https://doi.org/10.1186/s12913-019-4862-y

212. Malema, R. N., Malaka, D. W., & Mothiba, T. M. (2010). Experiences of lay counsellors who provide VCT for PMTCT of HIV and AIDS in the Capricorn District, Limpopo Province. *Curationis*, *33*(3), 15–23. https://hdl.handle.net/10520/EJC13583

213. Maphumulo, W. T., & Bhengu, B. R. (2019). Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. *Curationis*, *42*(1), 1–9. https://hdl.handle.net/10520/EJC-170ff325f8

214. Martin, S. (2016). 'How can you be strong all the time?'Discourses of stoicism in the first counselling session of young male clients. *Counselling and Psychotherapy Research*, *16*(2), 100-108. https://doi.org/10.1002/capr.12062

215. Mashego, T.-A. B., Nesengani, D. S., Ntuli, T., & Wyatt, G. (2016). Burnout, compassion fatigue and compassion satisfaction among nurses in the context of maternal and perinatal deaths. *Journal of Psychology in Africa*, *26*(5), 469–472. https://doi.org/10.1080/14330237.2016.1219566

216. Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, *2*(2), 99-113. https://doi.org/10.1002/job.4030020205

217. Maslach, C., & Leiter, M. P. (2017). Understanding burnout: New models. *The Handbook of Stress and Health: A Guide to Research and Practice*, 36–56. https://doi.org/10.1002/9781118993811.ch3

218. Mason, H. D., & Nel, J. A. (2012). Compassion fatigue, burnout and compassion satisfaction: Prevalence among nursing students. *Journal of Psychology in Africa*, *22*(3), 451–455. https://doi.org/10.1080/14330237.2012.10820554

219. Masson, F., & Graham, T. (2022). The importance of reflective social work practice in a traumatised country like South Africa. *Journal of Social Work Practice*, *36*(2), 163–177. https://doi.org/10.1080/02650533.2022.2074972

220. Mathias, C. T., & Wentzel, D. L. (2017). Descriptive study of burnout, compassion fatigue and compassion satisfaction in undergraduate nursing students at a tertiary education institution in KwaZulu-Natal. *Curationis*, *40*(1). https://doi.org/10.4102/curationis.v40i1.1784

221. Matoane, M. (2012). Locating context in counselling: The development of indigenous psychology in South Africa. *Psychotherapy and Politics International*, *10*(2), 105–115. https://doi.org/10.1002/ppi.1263

222. Maultsby, M. C. (1982). A historical view of Blacks' distrust of psychiatry. *Behavior Modification in Black Populations: Psychosocial Issues and Empirical Findings*, 39–55. Bostan, MA. https://doi.org/10.1007/978-1-4684-4100-0_3

223. May, V. M. (2015). *Pursuing intersectionality, unsettling dominant imaginaries*. Routledge.

224. Maylam, P. (2017). *South Africa's racial past: The history and historiography of racism, segregation, and apartheid*. Routledge.

225. Mbele, Z., & Gericke, R. (2010). *Black clinical psychologists' experiences of race in psychodynamic psychotherapy* [PhD Thesis]. Master's thesis, University of Witwatersrand). http://wiredspace. wits. ac

226. McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society*, *30*(3), 1771–1800. doi/full/10.1086/426800

227. McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*(1), 131–149. https://doi.org/10.1007/BF00975140

228. McMaster, K. J., Peeples, A. D., Schaffner, R. M., & Hack, S. M. (2021). Mental healthcare provider perceptions of race and racial disparity in the care of Black and White clients. *The Journal of Behavioral Health Services & Research*, *48*(4), 501–516. https://doi.org/10.1007/s11414-019-09682-4

229. McMullen, L. M. (2021). *Essentials of discursive psychology.* American Psychological Association. https://doi.org/10.1037/0000220-000

230. Médecins Sans Frontières South Africa. (2016 July 13). Lay Counsellors [Video]. https://www.youtube.com/watch?v=HB_8g7Y1W5U

231. Mhlanga, D., & Garidzirai, R. (2020). The influence of racial differences in the demand for healthcare in South Africa: A case of public healthcare. *International Journal of Environmental Research and Public Health*, *17*(14), 5043. https://doi.org/10.3390/ijerph17145043

232. Mhlanga, D., & Hassan, A. (2022). An investigation of the factors influencing the choice of healthcare facility in South Africa. *International Journal of Research in Business and Social Science (2147-4478)*, *11*(4), 50–58. https://doi.org/10.20525/ijrbs.v11i4.1765

233. Michelson, D., Malik, K., Parikh, R., Weiss, H. A., Doyle, A. M., Bhat, B., Sahu, R., Chilhate, B., Mathur, S., & Krishna, M. (2020). Effectiveness of a brief lay counsellor-delivered, problem-solving intervention for adolescent mental health problems in urban, low-income schools in India: A randomised controlled trial. *The Lancet Child & Adolescent Health*, *4*(8), 571–582. https://doi.org/10.1016/S2352-4642(20)30173-5

234. Michelson, T., & Kluger, A. (2021). Can Listening Hurt You? A Meta-analysis of the Effects of Exposure to Trauma on Listener's Stress. *International Journal of Listening*, 1–11. https://doi.org/10.1080/10904018.2021.1927734

235. Miller, A. F. (2013). The non-religious patriarchy: Why losing religion HAS NOT meant losing white male dominance. *CrossCurrents*, *63*(2), 211–226. http://www.jstor.org/stable/24462265

236. Modise, L., & Mtshiselwa, N. (2013). The Natives Land Act of 1913 engineered the poverty of black South Africans: A historico-ecclesiastical perspective. *Studia Historiae Ecclesiasticae*, *39*(2), 359–378. Retrieved June 20, 2023, from http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1017-04992013000200020&lng=en&tlng=en.

237. Mohamed, S. (2016). *Financialization of the South African economy*. Springer. https://doi.org/10.1057/s41301-017-0065-1

238. Moodley, R., & Dhingra, S. (2002). Cross-cultural/racial matching in counselling and therapy: White clients and Black counsellors. In S. Palmer (Ed.), *Multicultural counselling: A reader* (pp. 191–200). Sage Publications, Inc.

239. Moore, E. (2013). Transmission and change in South African motherhood: Black mothers in three-generational Cape Town families. *Journal of Southern African Studies*, *39*(1), 151–170. https://doi.org/10.1080/03057070.2013.764713

240. Morrell, R. (1998). Of boys and men: Masculinity and gender in Southern African studies. *Journal of Southern African Studies*, *24*(4), 605–630. https://doi.org/10.1080/03057079808708593

241. Morrell, R., Jewkes, R., & Lindegger, G. (2012). Hegemonic masculinity/masculinities in South Africa: Culture, power, and gender politics. *Men and Masculinities*, *15*(1), 11–30. DOI: 10.1177/1097184X12438001

242. Msimang, S. (2021). How Apartheid Endures: The Betrayal of South Africa. *Foreign Aff.*, *100*, 184.

243. Munodawafa, M., Lund, C., & Schneider, M. (2017). A process evaluation exploring the lay counsellor experience of delivering a task shared psycho-social intervention for

perinatal depression in Khayelitsha, South Africa. *BMC Psychiatry*, *17*(1), 1–12. https://doi.org/10.1186/s12888-017-1397-9

244. Myasishchev, V. M. (1995). Relations Psychology. *M.: Inst. of Practical Psychology, Voronezh: SPC "Modek*.

245. Nadkarni, A., Weiss, H. A., Velleman, R., McCambridge, J., McDaid, D., Park, A.-L., Murthy, P., Weobong, B., Bhat, B., & Patel, V. (2019). Feasibility, acceptability and cost-effectiveness of a brief, lay counsellor-delivered psychological treatment for men with alcohol dependence in primary care: An exploratory randomized controlled trial. *Addiction*, *114*(7), 1192–1203. https://doi.org/10.1111/add.14630

246. Nash, J. C. (2008). Re-thinking intersectionality. *Feminist Review*, *89*(1), 1–15. doi/pdf/10.1057/fr.2008.4

247. Nash, J. C. (2017). Intersectionality and Its Discontents [Review of *Intersectionality: Origins, Contestations, Horizons; Intersectionality (Key Concepts); Pursuing Intersectionality, Unsettling Dominant Imaginaries*, by A. Carastathis, P. H. Collins, S. Bilge, & V. May]. *American Quarterly*, *69*(1), 117–129. http://www.jstor.org/stable/26360804

248. Nason-Clark, N. (2020). When terror strikes at home: The interface between religion and domestic violence. *In Family rights and religion* (pp. 245–252). Routledge.

249. Naudé, L., & Bodenstein, L. (2017). The experiences of postgraduate psychology students regarding the development of multicultural competence. *South African Journal of Higher Education*, *31*(3), 24–45. https://hdl.handle.net/10520/EJC-8041f7ffa

250. Newell, J. M., Nelson-Gardell, D., & MacNeil, G. (2016). Clinician responses to client traumas: A chronological review of constructs and terminology. *Trauma, Violence, & Abuse*, *17*(3), 306–313. DOI: 10.1177/1524838015584365

251. Nguse, S., & Wassenaar, D. (2021). Mental health and COVID-19 in South Africa. *South African Journal of Psychology*, *51*(2), 304–313. DOI: 10.1177/00812463211001543

252. Nicolas, G., de la Fuente, M., & Fiske, S. T. (2017). Mind the overlap in multiple categorization: A review of crossed categorization, intersectionality, and multiracial perception. *Group Processes & Intergroup Relations*, *20*(5), 621–631. doi/pdf/10.1177/1368430217708862

253. Niedenthal, P. M., Tangney, J. P., & Gavanski, I. (1994). ‘ If only I weren’t’ versus" If only I hadn’t": Distinguishing shame and guilt in conterfactual thinking. *Journal of Personality and Social Psychology*, *67*(4), 585. https://doi.org/10.1037/0022-_3514.67.4.585

254. Nyoka, B. (2012). Mafeje and ‘Authentic Interlocutors’: An appraisal of his epistemology. *African Sociological Review/Revue Africaine de Sociologie*, *16*(1), 4-18.

255. Okoroafor, S. C., & Christmals, C. D. (2023). Task Shifting and Task Sharing Implementation in Africa: A Scoping Review on Rationale and Scope. In *Healthcare* (Vol. 11, No. 8, p. 1200). MDPI. doi.org/10.3390/healthcare11081200

256. Ortlepp, K., & Friedman, M. (2002). Prevalence and correlates of secondary traumatic stress in workplace lay trauma counselors. *Journal of Traumatic Stress*, *15*(3), 213–222. https://doi.org/10.1023/A:1015203327767

257. Ospina, J. H., Cleveland, J. N., & Gibbons, A. M. (2019). The relationship of employment scarcity and perceived threat with ageist and sexist attitudes. *Work, Aging and Retirement*, *5*(3), 215–235. https://doi.org/10.1093/workar/waz003

258. Padmanabhanunni, A. (2020a). Caring does not always cost: The role of fortitude in the association between personal trauma exposure and professional quality of life among lay trauma counselors. *Traumatology*, *26*(4), 420–426. https://doi.org/10.1037/trm0000262

259. Padmanabhanunni, A. (2020b). The cost of caring: Secondary traumatic stress and burnout among lay trauma counsellors in the Western Cape Province. *South African Journal of Psychology*, *50*(3), 385–394. https://doi.org/10.1177/0081246319892898

260. Padmanabhanunni, A., & Gqomfa, N. (2022). "The Ugliness of It Seeps into Me": Experiences of Vicarious Trauma among Female Psychologists Treating Survivors of Sexual Assault. *International Journal of Environmental Research and Public Health*, *19*(7), 3925. **https://doi.org/10.3390/ijerph19073925**

261. Parent, M. C., Hammer, J. H., Bradstreet, T. C., Schwartz, E. N., & Jobe, T. (2018). Men's mental health help-seeking behaviors: An intersectional analysis. *American Journal of Men's Health*, *12*(1), 64–73. DOI: 10.1177/1557988315625776

262. Patel, V., Weiss, H. A., Chowdhary, N., Naik, S., Pednekar, S., Chatterjee, S., ... & Kirkwood, B. R. (2010). Effectiveness of an intervention led by lay health counsellors for depressive and anxiety disorders in primary care in Goa, India (MANAS): a cluster randomised controlled trial. *The Lancet*, *376*(9758), 2086-2095. https://doi.org/10.1016/S0140-6736(10)61508-5

263. Patel, V., Weiss, H. A., Chowdhary, N., Naik, S., Pednekar, S., Chatterjee, S., ... & Kirkwood, B. R. (2011). Lay health worker led intervention for depressive and anxiety disorders in India: impact on clinical and disability outcomes over 12 months. *The British Journal of Psychiatry*, *199*(6), 459-466. DOI: https://doi.org/10.1192/bjp.bp.111.092155

264. Patel, V., Weobong, B., Weiss, H. A., Anand, A., Bhat, B., Katti, B., Dimidjian, S., Araya, R., Hollon, S. D., & King, M. (2017). The Healthy Activity Program (HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India: A randomised controlled trial. *The Lancet*, *389*(10065), 176–185. https://doi.org/10.1016/S0140-6736(16)31589-6

265. Peltzer, K. (2012). Prevalence and correlates of posttraumatic stress in HIV lay counsellors in Nkangala District, South Africa. *Journal of Psychology in Africa*, *22*(3), 387–391. https://doi.org/10.1080/14330237.2012.10820542

266. Peltzer, K., & Davids, A. (2011). Lay Counsellors' Experiences of Delivering HIV Counselling Services in Public Health Facilities in a Eastern Cape Province District of South Africa. *Journal of Psychology in Africa*, *21*(1), 53–61. https://doi.org/10.1080/14330237.2011.10820429

267. Peltzer, K., Matseke, G., & Louw, J. (2014). Secondary trauma and job burnout and associated factors among HIV lay counsellors in Nkangala district, South Africa. *British Journal of Guidance & Counselling*, *42*(4), 410–422. https://doi.org/10.1080/03069885.2013.835788

268. Petersen, I., Bhana, A., Baillie, K., & Consortium, M. R. P. (2012). The feasibility of adapted group-based interpersonal therapy (IPT) for the treatment of depression by community health workers within the context of task shifting in South Africa. *Community Mental Health Journal*, *48*, 336–341. https://doi.org/10.1007/s10597-011-9429-2

269. Petersen, I., Fairall, L., Egbe, C. O., & Bhana, A. (2014). Optimizing lay counsellor services for chronic care in South Africa: A qualitative systematic review. *Patient Education and Counseling*, *95*(2), 201–210. https://doi.org/10.1016/j.pec.2014.02.001

270. Petersen, I., Fairall, L., Zani, B., Bhana, A., Lombard, C., Folb, N., Selohilwe, O., Georgeu-Pepper, D., Petrus, R., & Mntambo, N. (2021). Effectiveness of a task-sharing collaborative care model for identification and management of depressive symptoms in patients with hypertension attending public sector primary care clinics in South Africa: Pragmatic parallel cluster randomised controlled trial. *Journal of Affective Disorders*, *282*, 112–121. https://doi.org/10.1016/j.jad.2020.12.123

271. Petersen Williams, P., Brooke-Sumner, C., Joska, J., Kruger, J., Vanleeuw, L., Dada, S., ... & Myers, B. (2020). Young South African women on antiretroviral therapy perceptions of a psychological counselling program to reduce heavy drinking and depression. *International Journal of Environmental Research and Public Health*, *17*(7), 2249. **https://doi.org/10.3390/ijerph17072249**

272. Petsko, C. D., Rosette, A. S., & Bodenhausen, G. V. (2022). Through the looking glass: A lens-based account of intersectional stereotyping. *Journal of Personality and Social Psychology*. https://doi.org/10.1037/pspi0000382

273. Pfifferling, J. H., & Gilley, K. (2000). Overcoming compassion fatigue. *Family practice management*, *7*(4), 39.

274. Phillips, A. (2016). 2. Religion: Ally, Threat, or Just Religion? In *Religion, Secularism, and Constitutional Democracy* (pp. 47–65). Columbia University Press. https://doi.org/10.7312/cohe16870-003

275. Pieck, J. H. (1976). The male sex role: Definitions, problems, and sources of change. *Journal of Social Issues*, *32*(3), 155–164. https://doi.org/10.1111/j.1540-4560.1976.tb02604.x

276. Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, *20*(1), 7–14. DOI: 10.14691/CPPJ.20.1.7

277. Pillay, A. L., & Nyandeni, L. N. (2021). Is post-apartheid South Africa training more black African clinical psychologists and addressing the historical imbalance? *South African Journal of Psychology*, *51*(1), 147–157. doi/pdf/10.1177/0081246320977985

278. Posel, D. (2001). Race as Common Sense: Racial Classification in Twentieth-Century South Africa. *African Studies Review*, *44*(2), 87. https://doi.org/10.2307/525576

279. Potter, J. (2002). Two kinds of natural. *Discourse Studies*, *4*(4), 539–542. doi/pdf/10.1177/1461445602004004090l

280. Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: Problems and possibilities. *Qualitative Research in Psychology*, *2*(4), 281–307. https://doi.org/10.1191/1478088705qp045oa

281. Price, T. A. (2015). *The Black therapist-White client counselling dyad: The relationship between Black racial identity and countertransference*.[Doctoral thesis, Lehigh University] http://preserve.lehigh.edu/etd/2769

282. Priest, N., & Ryke, E. (2020). The influence of specialised training on the experience of compassion fatigue and compassion satisfaction among social workers conducting child sexual abuse investigations. *Child Abuse Research in South Africa*, *21*(1), 10–19. doi/abs/10.10520/EJC-1d47444730

283. Raskin, N. J., & Rogers, C. R. (2005). Person-centered therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (pp. 130–165). Thomson Brooks/Cole Publishing Co.

284. Reiss, S. (1980). Pavlovian conditioning and human fear: An expectancy model. *Behavior Therapy*, *11*(3), 380–396. https://doi.org/10.1016/S0005-7894(80)80054-2

285. Reyes Cruz, M., & Sonn, C. C. (2015). (De) colonizing culture in community psychology: Reflections from critical social science. *Decolonizing "Multicultural" Counseling through Social Justice*, 127–146. https://doi.org/10.1007/978-1-4939-1283-4_10

286. Rice, K. L. (2020). *Professional quality of life: Compassion fatigue, compassion satisfaction and professional burnout in lay trauma counsellors in Cape Town*.[Master's thesis, University of the Western Cape] http://hdl.handle.net/11394/7844

287. Rodham, K., Fox, F., & Doran, N. (2015). Exploring analytical trustworthiness and the process of reaching consensus in interpretative phenomenological analysis: Lost in transcription. *International Journal of Social Research Methodology*, *18*(1), 59–71. https://doi.org/10.1080/13645579.2013.852368

288. Rogers, C. R. (1995). *A way of being*. Houghton Mifflin Harcourt.

289. Rogers, C. R., & Farson, R. E. (1957). Active listening. *Chicago, IL*.

290. Roothman, B., Kirsten, D. K., & Wissing, M. P. (2003). Gender differences in aspects of psychological well-being. *South African Journal of Psychology*, *33*(4), 212–218. /doi/abs/10.10520/EJC98250

291. Ruane, I. (2010). Obstacles to the Utilisation of Psychological Resources in a South African Township Community. *South African Journal of Psychology*, *40*(2), 214–225. https://doi.org/10.1177/008124631004000211

292. Saakvitne, K. W., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization.* WW Norton & Co.

293. Sacco, T. L., & Copel, L. C. (2018, January). Compassion satisfaction: A concept analysis in nursing. In *Nursing forum* (Vol. 53, No. 1, pp. 76-83). https://doi.org/10.1111/nuf.12213

294. Sarikhani, Y., Bastani, P., Rafiee, M., Kavosi, Z., & Ravangard, R. (2021). Key barriers to the provision and utilization of mental health services in low-and middle-income countries: A scope study. *Community Mental Health Journal*, *57*, 836–852. https://doi.org/10.1007/s10597-020-00619-2

295. Schaffer, F. C. (2015). *Elucidating social science concepts: An interpretivist guide*. Routledge.

296. Scharff, A., Roberson, K., Sutherland, M. E., & Boswell, J. F. (2021). Black therapists working with Black clients: Intervention use and caseload preferences. *Practice Innovations*, *6*(2), 77. https://doi.org/10.1037/pri0000147

297. Schierenbeck, I., Johansson, P., Andersson, L., & van Rooyen, D. (2013). Barriers to accessing and receiving mental health care in Eastern Cape, South Africa. *Health & Hum. Rts.*, *15*, 110.

298. Scott, K., Beckham, S. W., Gross, M., Pariyo, G., Rao, K. D., Cometto, G., & Perry, H. B. (2018). What do we know about community-based health worker programs? A systematic review of existing reviews on community health workers. *Human Resources for Health*, *16*(1), 39. https://doi.org/10.1186/s12960-018-0304-x

299. Seedat, S., Williams, D. R., Herman, A. A., Moomal, H., Williams, S. L., Jackson, P. B., Myer, L., & Stein, D. J. (2009). Mental health service use among South Africans for mood, anxiety and substance use disorders: Mental health. *South African Medical Journal*, *99*(5), 346–352. /doi/abs/10.10520/EJC69476

300. Seidler, Z. E., Wilson, M. J., Trail, K., Rice, S. M., Kealy, D., Ogrodniczuk, J. S., & Oliffe, J. L. (2021). Challenges working with men: Australian therapists' perspectives. *Journal of Clinical Psychology*, *77*(12), 2781–2797. https://doi.org/10.1002/jclp.23257

301. Selohilwe, O., Fairall, L., Bhana, A., Kathree, T., Zani, B., Folb, N., ... & Petersen, I. (2023). Challenges and opportunities for implementation and dissemination of a task-sharing counselling intervention for depression at primary health care level in South Africa. *International Journal of Mental Health Systems*, *17*(1), 1-13. https://doi.org/10.1186/s13033-023-00575-w

302. Shah, S. A., Garland, E., & Katz, C. (2007). Secondary traumatic stress: Prevalence in humanitarian aid workers in India. *Traumatology*, *13*(1), 59–70. https://doi.org/10.1177/1534765607299910

303. Shaw, R. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology*, *7*(3), 233–243. https://doi.org/10.1080/14780880802699092

304. Shell, E. M., Teodorescu, D., & Williams, L. D. (2021). Investigating race-related stress, burnout, and secondary traumatic stress for Black mental health therapists. *Journal of Black Psychology*, *47*(8), 669–694. DOI: 10.1177/00957984211033963

305. Shirinda-Mthombeni, K. *Exploring the life stories of HIV/AIDS lay counsellors: from burnout to resilience* [Doctoral dissertation, University of South Africa].

306. Shoji, K., Cieslak, R., Smoktunowicz, E., Rogala, A., Benight, C. C., & Luszczynska, A. (2016). Associations between job burnout and self-efficacy: A meta-analysis. *Anxiety, Stress, & Coping*, *29*(4), 367–386. https://doi.org/10.1080/10615806.2015.1058369

307. Sidanius, J., Hudson, S. T., Davis, G., & Bergh, R. (2018). The theory of gendered prejudice: A social dominance and intersectionalist perspective. *The Oxford Handbook of Behavioral Political Science,* 1-35 https://doi.org/10.1093/oxfordhb/9780190634131.013.11

308. Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic-Kondejewski, J., & Smith-MacDonald, L. (2017). Compassion fatigue: A meta-narrative review of the healthcare literature. *International Journal of Nursing Studies*, *69*, 9–24. https://doi.org/10.1016/j.ijnurstu.2017.01.003

309. Siyothula, E.-T. B. (2019). Clinical psychology service distribution and integration into primary health care in KwaZulu-Natal, South Africa. *South African Journal of Psychology*, *49*(3), 391–402. /doi/10.1177/0081246318815337

310. Smith, J. A., & Nizza, I. E. (2022). *Essentials of interpretative phenomenological analysis.* American Psychological Association.

311. Smith, J. A., & Osborn, M. (2007). Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology and Health*, *22*(5), 517–534. https://doi.org/10.1080/14768320600941756

312. Smith, R. D., Holmberg, J., & Cornish, J. E. (2019). Psychotherapy in the# MeToo era: Ethical issues. *Psychotherapy*, *56*(4), 483.

313. Smith, T. W. (1992). Hostility and health: Current status of a psychosomatic hypothesis. *Health Psychology*, *11*(3), 139. http://dx.doi.org/10.1037/0278-6133.11.3.139

314. Sober, E., & Wilson, D. S. (1998). Unto others. *Cambridge/Mass*.

315. Sodeke-Gregson, E. A., Holttum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European Journal of Psychotraumatology*, *4*(1), 21869. https://doi.org/10.3402/ejpt.v4i0.21869

316. Soedirgo, J., & Glas, A. (2020). Toward active reflexivity: Positionality and practice in the production of knowledge. *PS: Political Science & Politics*, *53*(3), 527–531 doi:10.1017/S1049096519002233.

317. Sorotzkin, B. (1985). The quest for perfection: Avoiding guilt or avoiding shame? *Psychotherapy: Theory, Research, Practice, Training*, *22*(3), 564. https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=ffc66ef6ddae60b5f6df8799a2a5507061455543

318. Sorsdahl, K., Stein, D. J., Grimsrud, A., Seedat, S., Flisher, A. J., Williams, D. R., & Myer, L. (2009). Traditional healers in the treatment of common mental disorders in South Africa. *The Journal of Nervous and Mental Disease*, *197*(6), 434. doi: 10.1097/NMD.0b013e3181a61dbc

319. South African Police Service. (2022). Second Quarter Crime Statistics 2021/2022. Retrieved from *https://www.saps.gov.za/services/crimestats.php*

320. South African Society of Psychiatrists (2019) SASOP Submission NHI Bill 2019 Final Retrieved from: *https://docs.mymembership.co.za/docmanager/f447b607-3c8f-4eb7-8da4-11bca747079f/00146360.pdf*

321. Spalding, B., Grove, J., & Rolfe, A. (2019). An exploration of Black, Asian and Minority Ethnic counsellors' experiences of working with White clients. *Counselling and Psychotherapy Research*, *19*(1), 75–82. https://doi.org/10.1002/capr.12194

322. Speer, S. A. (2002a). Natural'and contrived'data: A sustainable distinction? *Discourse Studies*, *4*(4), 511–525. https://study.sagepub.com/sites/default/files/susan%20a%20speer%2002.pdf

323. Speer, S. A. (2002b). What can conversation analysis contribute to feminist methodology? Putting reflexivity into practice. *Discourse & Society*, *13*(6), 783–803. https://doi.org/10.1177/0957926502013006757

324. Squires, A. (2009). Methodological challenges in cross-language qualitative research: A research review. *International Journal of Nursing Studies*, *46*(2), 277–287. https://doi.org/10.1016/j.ijnurstu.2008.08.006

325. Stamm, B. H. (2002). *Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test.* Routledge

326. Stamm, B. H. (2013). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. In *Treating compassion fatigue* (pp. 107–119). Routledge.

327. Stanfield, M. H., & Baptist, J. (2019). Compassion satisfaction among camp counselors: A pilot study. *Journal of Experiential Education*, *42*(2), 121–139. https://doi.org/10.1177/1053825918824617

328. Statista Research Department (2022 October 26) *Gini Index - countries with the biggest inequality in income distribution 2021*. Statista. https://www.statista.com/statistics/264627/ranking-of-the-20-countries-with-the-biggest-inequality-in-income-distribution/

329. Statistics South Africa. (2020). *Census 2011: Statistical release* [Data set]. Retrieved from: *https://www.parliament.gov.za/storage/app/media/1_Stock/Events_Institutional 2020/womens_charter_2020/docs/30-07-2020/A_ Statistical_Overview_R_Maluleke.pdf*

330. Statistics South Africa. (2021). *South African labour market is more favourable to men than women.* Retrieved from: *https://www.statssa.gov.za/?p=14606*

331. Staub, E., & Vollhardt, J. (2008). Altruism born of suffering: The roots of caring and helping after victimization and other trauma. *American Journal of Orthopsychiatry*, *78*(3), 267–280. https://doi.org/10.1037/a0014223

332. Striley, K. M., & Field-Springer, K. (2014). The bad mother police: Theorizing risk orders in the discourses of infant feeding practices. *Health Communication*, *29*(6), 552–562. https://doi.org/10.1080/10410236.2013.782225

333. Strous, M., & Eagle, G. (2004). Anti-client and pro-client positions in interracial psychotherapy. *South African Journal of Psychology*, *34*(1), 25–54. https://hdl.handle.net/10520/EJC98263

334. Stukas, A. A., Hoye, R., Nicholson, M., Brown, K. M., & Aisbett, L. (2016). Motivations to volunteer and their associations with volunteers' well-being. *Nonprofit and Voluntary Sector Quarterly*, *45*(1), 112–132. DOI: 10.1177/0899764014561122

335. Suchet, M. (2004). A relational encounter with race. *Psychoanalytic Dialogues*, *14*(4), 423–438. https://doi.org/10.1080/10481881409348796

336. Sui, X.-C., & Padmanabhanunni, A. (2016). Vicarious trauma: The psychological impact of working with survivors of trauma for South African psychologists. *Journal of Psychology in Africa*, *26*(2), 127–133. https://doi.org/10.1080/14330237.2016.1163894

337. Sultana, A. (2010). Patriarchy and women s subordination: A theoretical analysis. *Arts Faculty Journal*, 1–18. https://doi.org/10.3329/afj.v4i0.12929

338. Swartz, A., & Colvin, C. J. (2015). 'It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalisation. *Critical Public Health*, *25*(2), 139–152. https://doi.org/10.1080/09581596.2014.941281

339. Swartz, S. (2007). The power to name: South African intersubjective psychoanalytic psychotherapy and the negotiation of racialized histories. *European Journal of Psychotherapy and Counselling*, *9*(2), 177–190. https://doi.org/10.1080/13642530701368485

340. Swartz, S. (2012). The broken mirror: Difference and shame in South African psychotherapy. *International Journal of Psychoanalytic Self Psychology*, *7*(2), 196–212. https://doi.org/10.1080/15551024.2012.656351

341. Sweet, H. B. (2012). *Gender in the therapy hour: Voices of women clinicians working with men* (Vol. 12). Routledge.

342. Tamale, S. (2020). *Decolonization and Afro-feminism*. Journal of Contemporary African Studies.

343. Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, *70*(6), 1256. DOI: 10.1037//0022-3514.70.6.1256

344. Taylor, J. C., Bates, E. A., Colosi, A., & Creer, A. J. (2022). Barriers to men's help seeking for intimate partner violence. *Journal of Interpersonal Violence*, *37*(19–20), NP18417–NP18444. https://doi.org/10.1177/08862605211035870

345. Taylor, S. (2002). Exposure. In M. Hersen & W. Sledge (Eds.), *Encyclopedia of Psychotherapy* (pp. 755–759). Academic Press. https://doi.org/10.1016/B0-12-343010-0/00090-8

346. Tracy, J. L., & Robins, R. W. (2006). Appraisal antecedents of shame and guilt: Support for a theoretical model. *Personality and social psychology bulletin*, *32*(10), 1339-1351. DOI: 10.1177/0146167206290212

347. Thornicroft, G., Deb, T., & Henderson, C. (2016). Community mental health care worldwide: current status and further developments. *World Psychiatry*, *15*(3), 276-286. https://doi.org/10.1002/wps.20349

348. Thurling, C. H., & Harris, C. (2012). Prevention of mother to child transmission lay counsellors: Are they adequately trained? *Curationis*, *35*(1), 7 pages. https://doi.org/10.4102/curationis.v35i1.64

349. Tibber, M. S., Walji, F., Kirkbride, J. B., & Huddy, V. (2022). The association between income inequality and adult mental health at the subnational level—A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, *57*(1), 1–24. https://doi.org/10.1007/s00127-021-02159-w

350. Tollefson, D., Ntombela, N., Reeves, S., Charalambous, S., O'Malley, G., Setswe, G., & Duerr, A. (2023). "They are gaining experience; we are gaining extra hands": A mixed methods study to assess healthcare worker perceptions of a novel strategy to strengthen human resources for HIV in South Africa. *BMC Health Services Research*, *23*(1), 1–13. https://doi.org/10.1186/s12913-022-09020-z

351. Tracy, J. L., & Robins, R. W. (2004). Putting the Self Into Self-Conscious Emotions: A Theoretical Model. *Psychological Inquiry*, *15*(2), 103–125. https://doi.org/10.1207/s15327965pli1502_01

352. Trippany, R. L., Kress, V. E. W., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development*, *82*(1), 31–37. https://doi.org/10.1002/j.1556-6678.2004.tb00283.x

353. Truth, S. (1851). Ain't I a woman. *December*, *18*, 1851.

354. Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of Healthcare Communications*, *2*(4), 52. DOI: 10.4172/2472-1654.100093

355. Turgoose, D., & Maddox, L. (2017). Predictors of compassion fatigue in mental health professionals: A narrative review. *Traumatology*, *23*(2), 172. http://dx.doi.org/10.1037/trm0000116

356. Umberson, D., Anderson, K. L., Williams, K., & Chen, M. D. (2003). Relationship dynamics, emotion state, and domestic violence: A stress and masculinities perspective. *Journal of Marriage and Family*, *65*(1), 233–247. https://doi.org/10.1111/j.1741-3737.2003.00233.x

357. Vawda, N. B. (2014). Depressive symptoms, burnout and the impact of events in non-professional volunteer counselors in Durban, South Africa. *Journal of Psychiatry*, *17*(2), 512. doi: 10.4172/Psychiatry.SL1000101

358. Vehovar, V., Toepoel, V., & Steinmetz, S. (2016). *Non-probability sampling* (Vol. 1). The Sage handbook of survey methods.

359. Vergunst, R. (2018). From global-to-local: Rural mental health in South Africa. *Global Health Action*, *11*(1), 1413916. https://doi.org/10.1080/16549716.2017.1413916

360. Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015). The role of

empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers. *Social Work*, *60*(3), 201–209. https://doi.org/10.1093/sw/swv014

361. Walby, S., Armstrong, J., & Strid, S. (2012). Intersectionality: Multiple inequalities in social theory. *Sociology*, *46*(2), 224–240. DOI: 10.1177/0038038511416164

362. Wall, J. T., Kaiser, B. N., Friis-Healy, E. A., Ayuku, D., & Puffer, E. S. (2020). What about lay counselors' experiences of task-shifting mental health interventions? Example from a family-based intervention in Kenya. *International Journal of Mental Health Systems*, *14*(1), 1–14. https://doi.org/10.1186/s13033-020-00343-0

363. Wang, P. S., Aguilar-Gaxiola, S., Alonso, J., Angermeyer, M. C., Borges, G., Bromet, E. J., Bruffaerts, R., De Girolamo, G., De Graaf, R., & Gureje, O. (2007). Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys. *The Lancet*, *370*(9590), 841–850. https://doi.org/10.1016/S0140-6736(07)61414-7

364. Watson, J. C., Steckley, P. L., & McMullen, E. J. (2014). The role of empathy in promoting change. *Psychotherapy Research*, *24*(3), 286–298. https://doi.org/10.1080/10503307.2013.802823

365. Webster, E., & Francis, D. (2019). The paradox of inequality in South Africa: a challenge from the workplace. *Transformation: Critical Perspectives on Southern Africa*, *101*(1), 11-35. doi:10.1353/trn.2019.0035.

366. Wentzel, D. L., & Brysiewicz, P. (2018). A survey of compassion satisfaction, burnout and compassion fatigue in nurses practicing in three oncology departments in Durban, South Africa. *International Journal of Africa Nursing Sciences*, *8*, 82–86. https://doi.org/10.1016/j.ijans.2018.03.004

367. Willems, R., Drossaert, C., Vuijk, P., & Bohlmeijer, E. (2020). Impact of crisis line

volunteering on mental wellbeing and the associated factors: A systematic review. *International Journal of Environmental Research and Public Health*, *17*(5), 1641. https://doi.org/10.3390/ijerph17051641

368. Willig, C. (2013). *EBOOK: Introducing qualitative research in psychology*. McGraw-hill education (UK).

369. Wintersteen, M. B., Mensinger, J. L., & Diamond, G. S. (2005). Do gender and racial differences between patient and therapist affect therapeutic alliance and treatment retention in adolescents? *Professional Psychology: Research and Practice*, *36*(4), 400. DOI:10.1037/0735-7028.36.4.400

370. Wolf, J., Williams, E. N., Darby, M., Herald, J., & Schultz, C. (2018). Just for women? Feminist multicultural therapy with male clients. *Sex Roles*, *78*, 439–450. https://doi.org/10.1007/s11199-017-0819-y

371. Woolman, S., Sprague, C., & Black, V. (2009). Why State Policies That Undermine HIV Lay Counsellors Constitute Retrogressive Measures That Violate The Right Of Access To Health Care For Pregnant Women And Infants. *South African Journal on Human Rights*, *25*(1), 102–125. https://doi.org/10.1080/19962126.2009.11865194

372. World Bank. (2022). Inequality in Southern Africa: An Assessment of the Southern African Customs Union. https://doi.org/10.1596/37283

373. World Health Organisation (2021) .South Africa HIV Country Profile 2021 Retrieved from: https://www.who.int/health-topics/hiv-aids#tab=tab_1 and https://cfs.hivci.org/

374. World Health Organization. (2007). Task shifting: rational redistribution of tasks among health workforce teams: global recommendations and guidelines. https://apps.who.int/iris/bitstream/handle/10665/43821/9789?sequence=1

375. Yarrow, C., & Churchill, S. (2009). Counsellors' and psychologists' experience of working with male survivors of sexual trauma: A pilot study. *Counselling Psychology Quarterly*, *22*(2), 267–277. https://doi.org/10.1080/09515070903171926

376. Yuval-Davis, N. (2006). Intersectionality and Feminist Politics. *European Journal of Women's Studies*, *13*(3), 193–209. https://doi.org/10.1177/1350506806065752

Appendix A: Information Sheet for NPOs

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
PSYCHOLOGY

Greetings,

My name is Sherwyn Naidoo, and I am currently a Master's student enrolled at the University of Witwatersrand. I am conducting a study on the experiences of volunteer lay counsellors (VLCs) who live in marginalised backgrounds and are working in the area of trauma. This research is required for the completion of my degree in Psychology.

I would kindly like to request your assistance in retrieving potential participants for my research project. My cohort should consist of those between the ages of 18-75 who live in marginalised communities. In this study, marginalised community refers to any historically disadvantaged low-income community. Furthermore, participants should be VLCs who counselled clients with trauma and have had at least 3 months of counselling experience. Lastly, participants should be able to speak and understand English.

Participation in this study is voluntary and none of the participants will be forced to participate against their will. Participants can also withdraw from the research at any point with no consequence. Participation in this study will involve one in-depth interview where I will be asking the participants questions about their experiences as VLCs. I am hoping to understand the motivations, the experiences of training and support, and the impact of counselling clients with trauma among VLCs from marginalised backgrounds. In taking part in this research, they will assist in learning about the possible challenges and benefits experienced by VLCs from marginalised contexts.

Risks of being involved in the study: Participants will talk about the experiences of counselling clients with trauma which could be potentially uncomfortable for them for two reasons. First, this discussion could potentially lead to participants talking about their trauma and this might be psychologically discomforting. Secondly, participants may have been adversely affected by their client's trauma. In any event, participants will be debriefed after the interview and be given the contact information of the Emthonjeni Centre, where they can receive professional counselling services for free.

Benefits of being in the study: In many studies, there is no direct benefit to the participant. However, in this study, it is hoped that by understanding the experiences of VLCs from marginalised backgrounds, we may be better equipped in aiding them to overcome challenges and providing necessary support. Thus, in this study, the longer-term objective is the possibility of better treatment for subsequent clients of participants and the mental well-being of participants.

Requirements: Interviews with participants will be conducted online and therefore participants would require a stable internet connection.

Confidentiality: Participants' personal information will be treated in the strictest confidence and will only be available to the Principal Investigator (PI) and his/her Supervisor.

The only exceptions - and all of them are rare - would normally be:

1. Personal information may be disclosed if required by law
2. The Human Research Ethics Committees of the University may exceptionally require personal data to respond to a formal complaint, or for a compliance audit
3. The South African Health Products Regulatory Authority (SAHPRA), which is the successor body to the South African Medicines Control Council (SAMCC), might conceivably require access to personal data if conducting an investigation into a drug trial

I request that you give potential participants the participant information form so that they can contact me directly. Participants who call me with an interest to participate in this study will be given a summary of the study. Thereafter, should the participant still be interested in participating, I will email them the interview consent, and audio and video recording consent forms. Participants will be required to email their electronically signed consent forms to me before the interview. Furthermore, during data analysis, participants will be contacted to reflect on the researchers' interpretations. Finally, at the end of the study, all the findings and a full research report are available to participants upon request. I am available for questions and queries, and I can be reached telephonically or via email (Please see the **researcher's** contact details below).

Your assistance will be greatly appreciated. You are welcome to contact me directly or contact my supervisor using the details below.

Yours truly,

Sherwyn Naidoo

Researcher

Sherwyn Naidoo,

Tel: +27 (0)7********

Email: sherwynwsp@gmail.com

Researcher Supervisor

Ruby Patel,

Tel: +27 (0)*********

Email: Ruby.Patel@wits.ac.za

University of Witwatersrand's Human Research Ethics Committee (Non-Medical)

Shaun Schoeman,

Tel: +27 (0)117171408

Email: Shaun.Schoeman@wits.ac.za

or

Charmaine Khumalo,

Tel: +27 (0)117171788

Email: Charmaine.khumalo@wits.ac.za

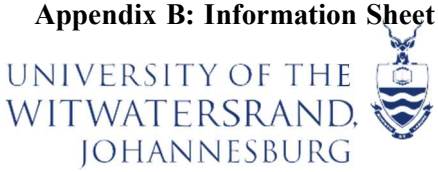
Emthojeni Centre

Paballo Lepota

Tel: +270)1117513

Email: paballo.lepota@wits.ac.za

Appendix B: Information Sheet for Participants



SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
PSYCHOLOGY

INFORMATION SHEET

Greetings,

My name is Sherwyn Naidoo, and I am currently a Master's student enrolled at the University of Witwatersrand. I am conducting a study on the experiences of volunteer lay counsellors (VLCs) who live in marginalised backgrounds and are working in the area of trauma. This research is required for the completion of my degree in Psychology. I would like to invite you to participate in my study.

Participation in this study will involve one in-depth online interview where I will be asking you questions about your experiences as VLCs by trying to understand your motivations, experiences of training and support, and the impact of counselling clients with trauma. This interview will be approximately 90 minutes long. In taking part in this research, you will assist in learning about the possible challenges and benefits experienced by VLCs from marginalised contexts.

Please note, that participation in this study is completely voluntary. This means that you can decide to participate or not in this study. You will face no consequences should you choose not to participate. If you agree to participate in this study, you will also have the option to withdraw at any point from the research study with no consequence.

Because it is of utmost importance that what you say to me, the researcher, is not misconstrued, I would like to request your permission to audial and video record you during the interview. Furthermore, during data analysis, after the interviews, I will share my interpretation of your experiences with you so that you have an opportunity to correct any misunderstandings. The risks, benefits and requirements of participating will be explained below.

Risks of being involved in the study: You will talk about the experiences of counselling clients with trauma which could be potentially uncomfortable. Note, that you will not be asked to identify your clients or provide any of their personal information. However, after the

interview, you will be debriefed and given the contact information of Emthonjeni Centre where you can receive professional counselling services for free should you need more support.

Benefits of being in the study: In many studies, there is no direct benefit to the participant. However, in this study, it is hoped that by understanding your experiences of being a VLC from a marginalised background, we may be better equipped in aiding you to overcome challenges and providing necessary support. Thus, in this study, the longer-term objective is the possibility of better treatment for your subsequent clients and your mental well-being.

Requirements: Interviews with participants will be conducted online and therefore you would require a stable internet connection.

Confidentiality: Your personal information will be treated in the strictest confidence and will only be available to me and my Supervisor. I will not use your name in the final report. I may quote you in my final report but even in those cases, fake names will be used. Also, I will not specify the name organisations at which you volunteer. Additionally, only my supervisor and I will be allowed to watch and listen to the audio and video recordings. Furthermore, confidentiality will be always maintained throughout the interview process and afterwards when data is being transcribed and reported on in the form of my research report. All recordings and transcripts will be kept locked away in a password-protected folder on my computer.

However, confidentiality will be broken under these rare exceptions:

1. Personal information may be disclosed if required by law
2. The Human Research Ethics Committees of the University may exceptionally require personal data to respond to a formal complaint, or for a compliance audit

Willing participants who accept to partake in this study will be contacted at the end of the study to be given a summary of all the findings and a full research report is available to participants upon request. I am available for questions and queries, and I can be reached telephonically or via email (Please see the **researcher's** contact details below).

Your participation will be greatly appreciated. You are welcome to contact me directly or contact my supervisor using the details below.

Yours truly,

Sherwyn Naidoo

Researcher

Sherwyn Naidoo,

Tel: +27 (0)7********

Email: sherwynwsp@gmail.com

Researcher Supervisor

Ruby Patel,

Tel: +27 (0)*********

Email: Ruby.Patel@wits.ac.za

University of Witwatersrand's Human Research Ethics Committee (Non-Medical)

Shaun Schoeman,

Tel: +27 (0)117171408

Email: Shaun.Schoeman@wits.ac.za

or

Charmaine Khumalo,

Tel: +27 (0)117171788

Email: Charmaine.khumalo@wits.ac.za

Emthojeni Centre

Paballo Lepota

Tel: +270)1117513

Email: paballo.lepota@wits.ac.za

Appendix C: Interview Consent Form



SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
PSYCHOLOGY

I, _____, consent to being interviewed by Sherwyn Naidoo, for their study exploring the experiences of volunteer lay counsellors from marginalised backgrounds who are working in the area of trauma.

Please tick relevant boxes. I understand that:

- Participation in this study is voluntary. ☐
- I may refrain from answering any questions. ☐
- I may withdraw my participation and/or my responses from the study at any time before the research report is examined. ☐
- I understand the potential risks or benefits associated with participation in this study. ☐
- All information provided will remain confidential, although I may be quoted in the research report. ☐
- If I am quoted, a pseudonym (Participant A, Respondent B etc.) will be used. ☐
- None of my identifiable information will be included in the research report. ☐
- I am aware that the results of the study will be communicated in the form of a research report or journal articles. ☐
- The research may also be presented at a local/international conference and published in a journal and/or book chapter. ☐

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

For any queries, please contact:

Researcher

Sherwyn Naidoo,

Tel: +27 (0)7********

Email: sherwynwsp@gmail.com

Researcher Supervisor

Ruby Patel,

Tel: +27 (0)*********

Email: Ruby.Patel@wits.ac.za

University of Witwatersrand's Human Research Ethics Committee (Non-Medical)

Shaun Schoeman,

Tel: +27 (0)117171408

Email: Shaun.Schoeman@wits.ac.za

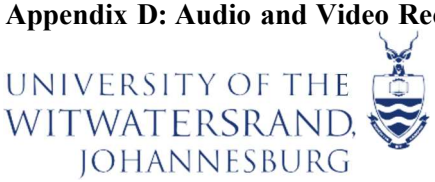
or

Charmaine Khumalo,

Tel: +27 (0)117171788

Email: Charmaine.khumalo@wits.ac.za

Appendix D: Audio and Video Recording Consent Form



SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
PSYCHOLOGY

I, _____ give my consent for my interview with Mr Sherwyn Naidoo, to be audio and visually recorded for their study.

Please tick the relevant boxes. I understand that:

- The audio and visual recordings and transcripts will not be seen or heard by anyone other than the researchers and/or their research assistants. ☐

- The audio and visual recordings and transcripts will be kept in a password-protected computer. ☐

- No identifying information will be used in the transcripts or the research report. ☐

- Although direct quotes from my interview may be used in the research report, I will be referred to by a pseudonym. ☐

- The anonymised data (recordings) will be digitally stored and may be used after the completion of this study. ☐

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

For any queries, please contact:

Researcher

Sherwyn Naidoo,

Tel: +27 (0)7********

Email: sherwynwsp@gmail.com

Researcher Supervisor

Ruby Patel,

Tel: +27 (0)*********

Email: Ruby.Patel@wits.ac.za

University of Witwatersrand's Human Research Ethics Committee (Non-Medical)

Shaun Schoeman,

Tel: +27 (0)117171408

Email: Shaun.Schoeman@wits.ac.za

or

Charmaine Khumalo,

Tel: +27 (0)117171788

Email: Charmaine.khumalo@wits.ac.za

Emthojeni Centre

Paballo Lepota

Tel: +270)1117513

Email: paballo.lepota@wits.ac.za

Appendix E: Ethical Approval (Note the title of the study has since changed)

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MAPSYC-22-07**
PROJECT TITLE:	The Experiences of Voluntary Lay Counsellors from Marginalised Backgrounds who are Working in the Area of Trauma.
INVESTIGATOR	Naidoo Sherwyn (1225523)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	20 June 2022
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	No Risk
EXPIRY DATE	31 December 2024

ISSUE DATE OF CERTIFICATE 11 July 2022 **CHAIRPERSON** (Dr Nkululeko Nkomo)

cc: Ms Ruby Patel (Supervisor)

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 I/we undertake to resubmit the protocol to the Committee.

Signature **Date** 18 / 07 /2022

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix F: Interview Schedule

Semi-structured interview Schedule

- Interpretative phenomenological analysis (IPA) aims to explore how participants make sense of their personal and social world in detail.
- Looking for meanings particular experiences, events, and states hold for participants.
- Not an attempt to produce an objective statement of the object or event itself.
- In keeping with the intersubjectivity biographical approach

THEMES OF NARRATIVES

1. **Building Rapport**
    - ❖ Introductions
    - ❖ Formalities
    - ❖ Putting the participant at ease
    - ❖ Tell me a little about yourself
2. **Open up the narrative on being a VLC from a marginalised background**

❖ Can you tell me about the socioeconomic status of your family?

❖ How has your socioeconomic status impacted your choice to become a counsellor?

❖ Can you tell me how you identify yourself?

❖ How has your identity impacted your experience as a counsellor?

❖ What motivated you to become a VLC?

❖ How do you stay motivated?

3. **Experiences of the training and support offered by their organisations**

❖ What are some of the training and support programs offered by your organisations?

❖ What are the challenges and advantages of these training and support programs?

❖ How do these programs help you as a counsellor?

4. **Experiences of counselling clients racially dissimilar from them.**

- ❖ How has it been counselling clients from a different race?
- ❖ What challenges do you face when counselling clients of a different race?
- ❖ Why do you think you experience these challenges?

5. **Experiences of counselling clients with trauma**

- ❖ How has counselling a client with trauma impacted you emotionally or mentally?
- ❖ What challenges do you face when counselling clients with trauma?
- ❖ How do you cope after counselling clients who have experienced trauma?

6. **Ending of Interview**

- ❖ Has your identity in any way affected your experiences as a counsellor?
- ❖ Is there anything else that you'd like to tell me that has not been discussed today?
- ❖ How did you find this interview?