

Running head: SOUTH AFRICAN VOLUNTEER PERCEPTIONS

An Exploratory Study into the Perceptions of Female White South African Volunteers
Working with Black Children Orphaned by AIDS

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Declaration

I declare that this research report is my own unaided work. It has not been submitted before for any other degree or examination at this or any other University.

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Tracey Nichas

October 2010

Dedication

I would like to dedicate this research report to my family. Your support and ongoing encouragement pushed me to new heights and I will always be grateful for your patience and understanding in difficult times. I hope I have made you proud. I would also like to dedicate this to my dear friend, Daniel Radebe, who passed away on the 10th of October 2009; your examples of humility and kindness inspire me every day.

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Abstract

This study explored the perceptions of ten White female South African volunteers working with black children diagnosed HIV positive and/or orphaned by AIDS. A qualitative research strategy was used in order to explore the participants' perceptions of the role that racial dynamics and everyday racism play in their work as volunteers. Ten participants over the age of 18 years, that have been volunteering for a minimum of one month and that volunteer for a minimum of one hour a week at an organisation in Johannesburg, were interviewed. The data were transcribed and analysed using thematic content analysis and the findings were interpreted using a framework drawn from critical race theory and critical Whiteness studies. Notions of everyday racism were evidenced in the findings of the study. These findings challenge traditional notions in a novel way by expanding the current understanding of the racial dynamics at play in a country working towards equality. In doing so, the study raises theoretical and practical implications for efforts aimed to address racism in South Africa.

Keywords: AIDS, racism, South Africa, othering, volunteerism, critical race theory

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Chapter 1

Introduction

Although apartheid was formally terminated in 1994 with the removal of political and legal barriers to social integration, many authors argue that South Africa remains imprinted with the legacy of segregation and the distinct inequality established by apartheid (Rohleder, Swartz, Carolissen, Bozalek, & Leibowitz, 2008). Discrimination and oppression continue to shape race relations within the country and racism, racial stereotypes, stigmatisation and racially dominated social structures rooted in apartheid, continue to permeate contemporary South Africa (Rohleder, et al., 2008).

Various researchers argue that this system of structural inequalities that has resulted in poverty among black South Africans, has led to South Africa having one of the highest prevalence rates of HIV/AIDS in the world (Petros, Airhihenbuwa, Simbati, Ramlagah, Brown, 2006; Phatlane, 2003). This argument is rooted in evidence that poverty in South Africa is largely attributed to the history of cheap labour, poor education and the resulting disadvantaged state of many black South Africans (Petros, et al., 2006). Further inequalities in health provision, and the immense strain these forces placed on marital and familial relationships, have perpetuated the spread of the HIV virus among black South Africans (Petros, et al., 2006; Phatlane, 2003).

South Africa has been one of the countries hardest hit by the HIV/AIDS pandemic, with approximately 5.5 million South African adults and children living with HIV/AIDS at the end of 2005 (Jacobs & Johnson, 2007). The HIV/AIDS crisis in South Africa and the consequent deaths of many sufferers, has produced rising numbers of orphaned and vulnerable children, many who are HIV positive (Freeman & Nkomo, 2006). Volunteers play an important role in providing care for people living with HIV and AIDS and people that are affected by AIDS in South Africa (Akintola, 2008). It is predominantly the White middle class, in South Africa that are recognised by the public for acting in response to children affected by HIV and AIDS, often in the form of volunteerism or charity work (Meintjies & Bray, 2005). This trend appears to be unbecoming considering a large body of literature suggesting racial tensions in South Africa and the embeddedness of HIV/AIDS in the legacy of apartheid, evidenced by White South Africans' perceptions of it as a "black disease" (Amadi-ihunwo, 2008).

White volunteerism, particularly volunteerism among White South African women, appears to contradict suggestions that racism and racial stereotyping occurs among many White South African women because the act of volunteering in the context of HIV and AIDS appears to be a nonracist act. The proposed study aims to address this apparent incongruence by exploring racial dynamics and the concept of everyday racism within the context of HIV and AIDS volunteerism.

1.1 Rationale

The proposed study is an exploration of White, South African women's perceptions of the reasons they volunteer in the context of HIV and AIDS. The proposed study will explore the perceptions of these volunteers from a framework drawn from critical race theory critical Whiteness studies. This theoretical framework is fitting because this study will explore volunteers' perceptions of their reasons for volunteering in light of everyday racism in South Africa.

Critical race theorists as well as proponents of critical Whiteness studies necessitate the need to ask difficult questions and they encourage people to challenge traditional notions (Bergerson, 2003). Critical race theory and critical Whiteness studies theorise about the way White people socially construct their identities as Whites and the subtle ways in which they unconsciously keep unequal societal structures of power in place (Goldberg & Solomos, 2002). Critical race theorists and proponents of critical Whiteness studies postulate that Whiteness is considered the norm and it exists in relation to ideas about blackness (Goldberg & Solomos, 2002). These ideas are laced with racial stereotypes that construe black people to be essentially different and inferior to White people. Therefore, White people "other" black people by portraying them as being lazy, sexually defiled and uncivilised (de Kock & Wills, 2007; McKinney, 2007; Petros, et al., 2006; Thompson, 2003). These unconscious systems of beliefs are used to maintain the power that Whiteness yields to oppress and blame black people for their oppression and to maintain the perception of Whites as being good and innocent in comparison to black people, thus allowing racial domination to continue (Delgado & Stefancic, 2000; Thompson, 2003). Thus, this view of Whiteness and these beliefs are believed to have given rise to everyday racism which is a process involving the continuous and unconscious exertion of power ensuing from Whites in taking for granted the privilege of Whiteness (Bergerson, 2003; Goldberg & Solomos, 2002). These structures of power perpetuate the legacy of apartheid, racism and the inequality that make black people more

vulnerable to HIV/AIDS as well as to blame for the high prevalence of the disease (Goldberg & Solomos, 2002).

Proponents of critical race theory and critical Whiteness studies propose that, in order to uncover everyday racism, it is pertinent to investigate how racism functions in everyday life and how ordinary practices turn out to be racist ones (Goldberg & Solomos, 2002). Thus, this study attempted to take this proposition a step further by examining practices in South African society considered to be extraordinary. In light of this, AIDS volunteerism is regarded by many to be an extraordinary demonstration of compassion (Snyder & Omoto, 1992). Moreover, the South African media express admiration and praise towards individuals who voluntarily help children orphaned and affected by AIDS (Meintjies & Bray, 2005). This is evidenced in local journalists' portrayal of these individuals as heroes for their selflessness. They openly commend volunteers working in the context of HIV and AIDS and particularly with children that are HIV positive and/or orphaned by AIDS for their bravery in choosing to confront the risk factors associated with caring for those who society does not regard as their responsibility (Meintjies & Bray, 2005).

Using critical race theory and critical Whiteness studies as a theoretical framework to investigate White volunteers' perceptions of racial dynamics and the construction of their racial identities in the context of their volunteer work is significant in the South African context because critical race theory is considered an influential means of understanding how race affects everyone on a daily basis (Bergerson, 2003). The study maintains that working at furthering this understanding is crucial in a country that is working towards racial equality while simultaneously contending with the prevailing residue of apartheid manifested by unequal race relations and racism. Many advocates of critical race theory and critical Whiteness studies assert that it is imperative that White people engage in studies about White racism in order to begin conquering it (Bergerson, 2003). This study also aimed to realise this need in the South African context.

1.2 Research Aims

The primary aim of the study was to explore racial dynamics in AIDS volunteerism in South Africa. The proposed study aimed to explore the notions of everyday racism and the construction of racial identities in White females' decisions to volunteer with black children diagnosed HIV positive and/or orphans of AIDS. The research questions that informed the

study were:

What role does racism, demonstrated by the use of racial stereotypes, racial stigmatisation and “Othering” of black people, play in White female South Africans’ decisions to volunteer with black AIDS orphans? And, What role does volunteering with black AIDS orphans play in White Female South Africans’ constructions of their racial identities?

Chapter 2

Literature review

The proposed study aimed to explore White, female South Africans' perceptions of racial dynamics in AIDS volunteerism in South Africa and the role everyday racism plays in their decisions to work in the context of HIV and AIDS. In light of the impact that apartheid continues to have on South African society, a review of the literature on the legacy of apartheid in South Africa is necessary. Furthermore, it is essential to gain a deeper understanding of the literature on racism and the AIDS epidemic within the South African context in order to address these research aims appropriately.

Many authors argue that the legacy of apartheid continues to influence the lives of South Africans on a daily basis (Petros et al., 2006; Phatlane, 2003). This appears to happen in two major ways. Firstly, the legacy of apartheid has a major influence on current race relations within the country (Rohleder, et al., 2008). This is evidenced by findings suggesting that racism, rooted in the social construction of "Whiteness" and perpetuated by racial stereotypes and "othering" of black people, is pertinent within South African society (Goldberg & Solomos, 2002). Moreover, racism is believed to be maintained by unconscious mechanisms that Whites use to maintain their sense of innocence and goodness as they construct their social identities (Delgado & Stefancic, 2000; Thompson, 2003). Research findings also suggest that racism in everyday life is sometimes challenged by the experience of collective guilt amongst White people. This collective guilt has been associated with acts of charity and volunteerism (Arminio, 2001; Klandermans, et al., 2008; Quiles & Bybee, 1997).

Secondly, many theorists believe that the legacy of apartheid has exacerbated the AIDS epidemic in South Africa, particularly by giving rise to the startling high rates of poverty within the country as a result of uneven distribution of resources amongst racial groups during apartheid and the perpetuating effect poverty has been shown to have on health (Phatlane, 2003). The AIDS crisis has left many children HIV positive and/or orphaned by AIDS and these children are generally referred to as AIDS orphans. They have been presented in the media as the innocent victims of the AIDS crisis (Meintjies & Bray, 2005). White South Africans have responded by helping in various ways, including volunteering to help take care of these children (Meintjies & Bray, 2005).

2.1 The Legacy of Apartheid

According to Goldberg and Solomos (2002), apartheid denoted an assertion of the principle of White supremacy, as the basis for a more methodical radicalisation of South Africa's laws and institutions than had formerly existed. The government promised to restrain the threat of black militancy and increase the physical, social and cultural distance between races, and to preserve the principle of racial purity (Goldberg & Solomos, 2002). The removal of laws maintaining racial segregation in South Africa in 1994 signified the official end of apartheid.

However, various authors assert that racial inequality and segregation continue to impact upon race relations within the country (Rohleder, et al., 2008) and findings have revealed that "othering" and racism continue to segregate people along racial lines in contemporary South Africa (Coleman & Lambley, 1970; de Kock & Wills, 2007; McKinney, 2007; Petros et al., 2006). Moreover, recent studies have suggested that race is the most significant factor in the construction of post-apartheid identities (McKinney, 2007; Pillay & Collings, 2008) and racist perceptions and racial stereotypes are common and active in South African society (Slabbert, 2001). Thus, these findings appear to reflect the common contention put forward by critical race theorists, that racist attitudes persist because racial inequality persists and people's beliefs reflect it (Wellman, 1977). This means the stark racial inequalities established during apartheid continue to persist in the present and thus South African people's beliefs appear to reflect these inequalities. Furthermore, these findings illustrate the immense impact apartheid continues to have on South African society and highlight the need for more research into the ways in which the effects of apartheid keep these structural inequalities in place. In contemplating the legacy of apartheid, it is not only essential to consider the ways in which black people have been disadvantaged but it is also important to remain cognisant of the impact the legacy of apartheid has had on those that were advantaged and continue to be advantaged as a result of the laws of racial segregation and discrimination. One example of the ways in which the legacy of apartheid has left White South Africans advantaged is rooted in the educational and job opportunities provided to White people during the apartheid era. To illustrate this more vividly, Doob (1993) reported that in 1987, the average per capita governmental expenditure for Whites for education was R2 160, for Indians it was R1 450, for coloureds it was R818 and for blacks it was R368. Thus, the money spent on education for black people was approximately 17 percent of the per capita government expenditure for Whites alone (Doob, 1993). The result of these stark disparities was black people receiving

very limited educational opportunities that then kept them restricted to low paying jobs, thereby benefiting White people further (Doob, 1993).

2.1.1 AIDS as a disease of poverty

The fact that South Africa is one of the richest countries in Sub Saharan Africa, yet has one of the highest per capita HIV prevalence and infection rates in the world (Van Aart, 2002) appears contradictory. However, one way to make sense of the irony is rooted in the idea that the HIV and AIDS epidemic in South Africa has taken the place of apartheid (Phatlane, 2003). The income gap in South Africa is wider than in any other nation except Brazil, and the institutional divides left over from apartheid are immense (Ruden, 2000). Consequently, although South Africa has the largest number of people living with HIV and AIDS in the world (Horwitz, 2001), most of the people on the favoured side of the prosperity gap do not see AIDS as an eventual or indirect threat to their own well-being (Ruden, 2000). For example, a study by de Kock and Wills (2007) revealed that White woman teachers felt distanced from AIDS and that they positioned HIV and AIDS as separate from their everyday lives. Apartheid created a devastating poverty crisis in South Africa by denying Black people equal opportunities to resources and education (Phatlane, 2003). This poverty continues to fuel the HIV and AIDS epidemic in South Africa, resulting in poor people's ill health, malnutrition and lack of knowledge about health matters (Amadi-ilhunwo, 2008; Phatlane, 2003). The forced removal of Black people to the Bantustans during apartheid exposed them to unsanitary water supplies and inadequate health care, making them vulnerable to opportunist infections (Phatlane, 2003; Thomas & Mabusela, 1991). Therefore, apartheid left most black South Africans not only susceptible but vulnerable to HIV and AIDS because they were exposed to immunosuppressant conditions in the living conditions they were forced to accept (Phatlane, 2003). Family life is believed to have been eroded by the effect of the migrant labour system. This was the disruption and undermining of the long term monogamous relationships of black South Africans forced to move away from home. Furthermore, as a result of the extreme poverty, many black South Africans resorted to prostitution as a means of making money. These conditions contributed greatly to the spread of HIV and AIDS and the fuelling and driving of the epidemic in South Africa (Amadi-ilhunwo, 2008; Lurie, 2000; Phatlane, 2003; Thomas & Mabusela, 1991).

The link between poverty and AIDS is also supported by the fact that, although evidence suggest that black South Africans are more likely to be infected with the virus than White

people, when prevalence rates are analysed by locality, it becomes clear that it is socio-economic status rather than race in itself that creates vulnerability to HIV (Shisana & Simbayi, 2002). Although the links between poverty and HIV and AIDS appear obvious to many researchers and theorists, many people advocating medicine as the primary solution to health problems, remain sceptical or even dismissive of the relationship between poverty and AIDS (Phatlane, 2003). Many South Africans attribute the high prevalence of AIDS to people having more sex than they did in the past and they suggest a loss of morals and values pertaining to sex as being an associated cause (Phatlane, 2003). However, a global survey on rates of sexual activity from 14 countries revealed that South Africans are not more sexually active than foreigners (Whiteside & Sunter, 2000). Many people emphasise sexual health and the use of contraception as vital in hindering the spread of HIV and AIDS and advising people to practice safe sex is considered critical. However, in light of the devastating effects of poverty on poor people's health and economic opportunities, it may be argued that the most essential part of an effective strategy to target the spread of HIV and AIDS in South Africa is to counter the life circumstances which give rise to poverty, poor health, and unhealthy living in general (Graham, 2001; Phatlane, 2003). This argument is based on the premise that people's behavioural patterns may be understood as adaptive responses to their situations rather than merely as a reflection of their level of concern for or understanding of health matters (Phatlane, 2003). This argument, asserts that strategies targeting individuals and the ways in which they live their lives will not be effective because they are rooted in a belief that life style and behavioural choices are not tied to any contextual forces such as social and economic forces (Phatlane, 2003). The power of these contextual factors is illustrated by the striking reports of some poverty stricken HIV patients re-selling their anti-retroviral drugs in order to get money for food (Graham, 2001; Phatlane, 2003).

On the 9th of July 2000, Thabo Mbeki, presented a social critique about the relationship between AIDS and poverty at the 13th International Conference on AIDS in Durban, where he expressed his doubts about the causality of AIDS (Jacobs & Johnson, 2007). Mbeki highlighted the relationship between poverty and illness, specifically AIDS, and concluded that "the world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty" (Jacobs & Johnson, 2007). His argument was that AIDS in Africa is not merely limited to sexual behaviours but is rather the result of inadequate health care, unsanitary water supplies and malnutrition that are the result of poverty in the country (Jacobs & Johnson, 2007; Posel, 2005). The understanding that there is

a relationship between poverty and illness is shared by medical researchers, doctors and activists that acknowledged this association as indisputable (Phatlane, 2003). However, this position presented by Thabo Mbeki has been highly criticised, particularly by White South Africans. These critics accuse the president at that time of being ignorant and as misinforming South Africans about the cause of AIDS. Jacobs and Johnson (2007) believe that underlying many White people's criticism of the ideas put forward by the president is a desire to avoid societal, structural change that privileges them on the basis of their skin colour. This is because if AIDS is redefined as a disease of poverty, then the socio-economic conditions in which these people live become as relevant a factor as sexual practices and behaviour, in understanding the spread of AIDS (Jacobs & Johnson, 2007). Therefore, if AIDS is redefined as a disease of poverty, then people are compelled to confront the reality that the overwhelming majority of people killed by the epidemic worldwide and in South Africa, have been poor, exclusively black, Africans. Indeed, they assert that redefining AIDS as a disease of poverty illuminates the fact that Africa's underdevelopment, created and maintained by racism, debilitates the health of its citizens (Jacobs & Johnson, 2007; Phatlane, 2003). This opposition to the proposal that AIDS is a disease of poverty may also have been so vigorously opposed because of the implication it may have for White people; for if AIDS is understood as a disease of poverty and White people perpetuate this poverty by maintaining structural inequalities that privilege them, they are forced to acknowledge that they are also implicated in the disease. Research findings suggest that White South Africans feel a sense of detachment from the AIDS epidemic. The body of literature suggesting this detachment will now be discussed.

2.1.2 White people as detached and innocent in the AIDS epidemic

Despite the copious amount of evidence indicating that factors such as poverty, which is rooted in racial inequalities in society, intensify the AIDS crisis in South Africa, a large body of research suggests racism and "othering" of Black people by Whites continues to have a profound influence on the way the AIDS crisis is construed in South Africa (Phatlane, 2003). "Othering" is used by White South Africans to externalise the AIDS crisis by locating it in black people, and to blame black South Africans for the HIV/AIDS crisis in South Africa (Phatlane, 2003). Findings of various studies have revealed that White South African women and other Whites working in education dissociate themselves from the HIV/AIDS epidemic by anchoring HIV/AIDS in the context of racist cultural stereotypes (Amadi-ihunwo, 2008; de

Kock & Wills, 2007).

These stereotypes distort black sexuality and hold that black people are highly oversexed (de Kock & Wills, 2007). Moreover, these stereotypes localise the blame for South Africa's high AIDS prevalence rates within black people, thus creating a sense of denial in White people. By positioning the problem as separate from their everyday lives, White women in particular, appear to avoid a personal sense of the problem (de Kock & Wills, 2007). Consequently, White women come to see black people as defiled by promiscuity. They then unconsciously use this perception as a way of seeing themselves as innocent (Delgado & Stefancic, 2000). According to Delgado and Stefancic (2000) stereotypes like these are unconsciously embraced as a contrast to the innocent White person. Thus, research findings suggest that White South Africans view themselves as innocent and detached from the AIDS epidemic. The South African media reinforces this idea of White people as innocent and detached from the AIDS crisis by making stark distinctions setting apart "innocent" and "guilty" victims of HIV, with blamelessness generally being situated within White, middle-class, heterosexual populations (Meintjies & Bray, 2005). Thus, the moral high ground has been found to be located within White South African middle-class. These White people are deemed as heroes and the racial stereotypes are thus perpetuated and reinforced (Meintjies & Bray, 2005; Neuendorf, Atkin, Jeffres, Billman, & Laszak, 2009). Findings regarding White middle class women's sense of dissociation from the AIDS epidemic in South Africa are interesting in light of research asserting that these women primarily constitute the population of AIDS volunteers working with children affected by the virus (Snyder & Omoto, 1992). This apparent disparity begs the question of why White women volunteers choose to work with black children diagnosed HIV positive or orphaned by AIDS when research suggests that they do not feel AIDS is a salient issue in their everyday lives. Furthermore, the apparent contradiction gives rise to questions regarding the kind of racial dynamics that may be at play in the volunteer's work with the children. In light of the large body of research suggesting that apartheid is still very much alive and kicking in South Africa in terms of racial divides and "othering", one is forced to ponder the reasons underlying the apparent non-racist choices made by White women to volunteer in the context of a problem that they deem to be rooted in stereotypes that suggest blame within black people who they consequently do not feel a personal responsibility to help.

2.2. Racism

The term race most frequently refers to a classification of people into categories falsely claimed to be derived from a distinct set of biological traits (Doob, 1993). Research suggest that people perceive racial groups not only as biologically discrete and exclusive, but also as hierarchically ranked based on alleged differences in natural capacity (Smedley & Smedley, 2005). Thus, racism has been defined as “the ideology contending that actual or alleged differences between different racial groups assert the superiority of one racial group” (Doob, 1993 p. 5). While racial categorisation has been accepted to be imprecise, it proves useful to the racial group that constitutes the majority of the population because once people are divided by race, membership then determines people’s access to political, economic and social rewards. Therefore, racism serves the interest of the group endorsing it and in most cases this is the majority group. The majority group, in most instances the White group, thus benefits by politically and economically discriminating against other racial groups that are not part of the majority (Doob, 1993).

The term “individual racism” is described as an action performed by one person or a group that produces racial abuse, for example verbal or physical mistreatment (Doob, 1993, p. 6). Definitions of racism such as this one emphasise overt mistreatment of a person belonging to one racial category by a person belonging to another racial category. The belief that overt acts of unkindness and abuse constitute key defining features of racism or racist acts is held by many people. The notions of everyday racism, proposed by critical race theorist as well as proponents of critical Whiteness studies, provide an alternative way of defining and conceptualising racism that is not restricted by the inclusion of these overt acts (Bergerson, 2003).

2.2.1 Everyday Racism

The term everyday racism distinguishes between periodic and isolated instances of overt racism and the various types and expressions of racism experienced by ethnic groups in everyday contact with members of the more powerful White group (Mattis, et al., 2004). This pervasive form of racism includes subtle as well as blatant degradations that transpire in daily encounters between members of different ethnic groups (Mattis, et al., 2004). In accordance with Goldberg and Solomos (2002), the notion of everyday racism postulates that racism is a process involving the continuous, often unconscious exercise of power demonstrated in the failure to acknowledge privilege inherent in Whiteness. Theorists of critical Whiteness studies propose that “Whiteness” is socially constructed and perpetuates racism, creating repeated

advantage and power for White people (Willoughby-Herard, 2007).

In line with this, Wellman (1977), drawing from ideas rooted in critical race theory, proposes that racism is best understood as a strategy for the maintenance of White privilege and that analysing racism as a defence of privilege permits detection of racism among all White people instead of a select few. Wellman (1977) cautions against the commonly held perception of racism as being synonymous with prejudice, which is defined as “a combination of rigid attitudes, hostility, prejudgement and misjudgement toward or about racial groups” (p.32), because he believes that people without prejudice may also continue to think in ways that maintain the status quo and that racism often takes subtle forms that may appear non offensive and may be accepted as common place behaviour. Thus, by assuming that racism is the same as prejudice, the pervasiveness and subtlety of racist beliefs are overlooked (Wellman, 1997).

Wellman (1997) also asserts that racism can mean culturally sanctioned beliefs which, regardless of the intensions involved, defend the advantages White people have as a result of the subordinated position of black people. Therefore, he warns that a distinctive content or kind of emotional loading is not what makes certain sentiments racist. Rather, a position is racist when it defends, protects or enhances social organisation based on racial advantage and that serve to maintain the superior position of Whites. Therefore, racism in Wellman’s (1977) view and in the view of various other critical race theorists is determined by the consequences of a sentiment, not its surface qualities. Thus, viewed through this lens, racism is not restricted to the obvious hostilities expressed by extremists, nor found exclusively among lower and working class people, but is seen to be more pervasive through class structure (Wellman, 1977). Hence, everyday racism proposes that the essential feature of racism is not hostility or misperception, but rather the defence of a system from which advantage is derived on the basis of race. The manner in which the defence is articulated, either with aggression or subtlety, is not nearly as important as the fact that it ensures the continuation of a privileged relationship. Wellman (1977) is convinced that this idea of everyday racism, put forward by critical race theorist, provides a new perspective with which to see racism in sentiments that are usually considered non-racist. Thus, the definition of racism stretches beyond prejudice to include acts and attitudes that support the racial status quo (Goldberg & Solomos, 2007; Wellman, 1977). Therefore racism may be understood as pertaining to what White people do to protect the special benefits they gain by virtue of their skin colour (Wellman, 1977). Hence,

the crucial characteristic of everyday racism is that it concerns mundane practices and discrimination and it occurs whether or not actors are aware of their motives and attitudes (Goldberg & Solomos, 2002). When racism is understood in this way it becomes essential to focus on how racism operates in everyday life and in which cases ordinary situations become racist situations (Goldberg & Solomos, 2002). This study aims to explore the role that this particular conceptualisation of racism plays in White women's choices to volunteer with black children diagnosed as HIV positive and/or orphaned by AIDS in South Africa. Thus, the study is an exploration of White female volunteers' perceptions of the reasons they engage in volunteering in this context in light of everyday racism. The key concepts used by critical race theorists as well as proponents of critical Whiteness studies will now be discussed in light of the ways that critical race theorists believe White people construct their racial identities around an image of goodness and innocence, thus maintaining their sense of distance from the racial inequalities that sustain their privileged positions.

2.3. The study of Whiteness

“But what on earth is Whiteness that one should so desire it?” then always, somehow, some way, silently but clearly, I am given to understand that Whiteness is the ownership of the earth forever and ever, amen!” (du Bois, 1903)

White identity is not simply a matter of physical characteristics such as skin colour, but is rather an effect of the practical operation of systems of privilege and material advantage (McCarthy, 2003). Notions of Whiteness emerged from the earlier writings of W. E. B. Dubois, Frederick Douglas and other African-American writers of their genre (Leonardo, 2002; Solomon, et al., 2005). Whiteness or White identity is intimately linked to White privilege or the social and economic benefits that are inherent in White identity and has been defined in many ways, including the social distance from blackness and a cultural practice that constructs race-based hierarchies (Rogers & Mosley, 2006) According to Hage (1998) “Whiteness expands constricts and changes creating a circle of privilege that produces desire through its tempting cracks and simultaneously bars entry.” This means that Whiteness is not a static notion but is considered a dynamic notion that evolves and changes as social contexts change. The study of Whiteness examines the ways in which “Whiteness” and White privilege have become institutionalised and identifies the systemic factors that underscore its continued dominance (Leonardo, 2002; Solomon, et al., 2005). Critical race theorists argue that Whiteness is associated with a sense of personhood in modern day society (Rabaka,

2007). Thus, Whiteness or the socially constructed White identity is seen as the norm because it is identified as one racial identity amongst many others, and is equated with what it essentially means to be a person. Critical Whiteness studies have served to challenge the marking of Whiteness as invisible, colourless and as the inevitable norm (Solomon, Portelli, Daniel, & Campbell, 2005). In light of this, critical Whiteness studies aim at revealing the largely invisible ways in which White identity continues to prescribe normality, even as this identity is undermined by contesting positions or critiqued from within its own self-regulating discourse (West & Schmidt, 2010). This normative nature of Whiteness is deemed problematic because White cultural interests often become confounded with national interests further strengthening White dominance and power (Tranby & Hartmann, 2008). Conversely, non-White cultures are seen as deviating from the normative cultural status and are thus perceived as abnormal and inferior to Whites (Rogers & Mosley, 2006; Tranby & Hartmann, 1997). Furthermore, because the White racial identity is considered normal it is not named as a race; thus it denies the social construction of race and the privileges associated with race (Rogers & Mosley, 2006). Therefore, by examining the notions of Whiteness it becomes clear that Whiteness is a “power laden discursive formation that privileges, secures and normalises the cultural space of the White western subject (Shome, 1997, p. 108).

2.4. White privilege

White privilege has emerged as a significant field of study within academia in recent years and provides a vantage point from which notions of race can be explored. White privilege, the way that White people benefit from a racist society, refers to unearned advantages that are based solely on skin colour and sometimes go unnoticed by White people (Rogers & Mosley, 2006). Thus, the trademark of Whiteness is the lack of insight into the privilege it bears (Steyn & Foster, 2008). Therefore, one of the privileges inherent in Whiteness is the privilege that White people have in not having to think about race because Whiteness is the norm, it is neutral, and all other colours are considered relative to it (Bergerson, 2003). Wellman (1977) argues that racism is best understood as a strategy for the maintenance of White privilege and that analysing racism as a defence of privilege permits the detection of racism among all White people instead of a select few. Thus the crucial issues lie in what is being defended in White explanations of racial issues (Wellman, 1977). According to Durrheim, Quayle, Whitehead and Kriel (2005) one of the main ironies of life in post-apartheid South Africa is that Whiteness continues to be privileged despite the fact that it is now an African country,

governed by African nationalists, who have scrapped apartheid legislation, outlawed racism and discrimination, and put in place wide-ranging policies and measures of redress. Generally speaking, Whites continue to be privileged and blacks continue to be disadvantaged by the legacy of the past and the practices of the present (Durrheim, et al., 2005).

In a country such as South Africa, there is a conflict of interest involved where gain for black people can mean serious losses for Whites. Thus, White people must simultaneously attend to black demands and avoid institutional reorganisation that may cause them to lose ground (Raab, 1962, as cited in Wellman, 1977). This means that when White people's racial advantages are threatened they have few acceptable or legitimate options for defending them. Thus, White people need to deal with the racial situation encompassing the troubles and aspirations of black people in a way that does not put them at a disadvantage and simultaneously that leaves them feeling like good people. Therefore, the ways in which White people preserve their White privilege, while simultaneously maintaining their sense of goodness and innocence, will now be detailed.

2.4.1 Preserving privilege: The "Good White" and the Unconscious Maintenance of Innocence

Critical race theorists posit that White people are uncomfortable with the implications of acknowledging White racism because they want to position themselves as "good Whites" (Thompson, 2003). There is a large body of literature on the way in which White people construct their social identities around an image of innocence (Delgado & Stefancic, 2000). The way in which White people position themselves as being "good Whites" plays a role in maintaining everyday racism in race relations in contemporary South Africa (Thompson, 2003). When Whites view themselves this way, they do not acknowledge that Whiteness is problematic in that it perpetuates racism and racial inequality by "othering" black people (Thompson, 2003). Furthermore, White people also do not have to confront the problems of their privilege because they do not perceive themselves or their positioning as harmful to others. Branscombe, Schmitt, and Schiffhauer (2006) predicted and found that the White people making up their sample responded to reminders of their privileged status with increased modern racism. When confronted with existing racial inequality, White participants justified their privileged status by denying the existence of discrimination. The authors proposed two reasons for these reactions. Firstly, the social identity of the participants as good and innocent appeared to be compromised by thoughts that the White group enjoy a

favourable position in society at the detriment of black people. Thus, by thinking about their privilege as unfairly sustaining racial inequality, the participants were faced with thoughts that they may be oppressive and thus immoral.

The second reason hypothesised by the authors asserted that the perception of illegitimate group privilege serves as a reminder that the White group will lose status if racial positions equalised. Therefore, the authors proposed that participants denied discrimination and thereby denied their privilege as a means of evading the threat to the security of the White group's high status position. This kind of reaction is believed to be common amongst White people because critical race theorists posit that when the status relations between groups are insecure, the dominant White group may be especially oppressive in their attempts to maintain their favoured position (Jackman, 1994). Another strategy of defence against the threatening suggestion that the White group illegitimately obtains benefits at the expense of another group would be to challenge the deservingness of the disadvantaged group (Branscombe & Wann, 1994, Johnson, Terry, & Louis, 2005).

In a study by Klandermans, Werner and van Doorn (2008) exploring students' feelings of collective guilt about apartheid and attitudes towards affirmative action, a substantial proportion of the participants displayed feelings of collective guilt. However, many participants reassessed the situation so that they could not be blamed personally. They did this by making the wrongdoing less salient by holding other people responsible for the crimes, thus evading a personal sense of responsibility. Therefore, students said that they were too young to be held responsible or that their decedents came from other countries or by saying that the past is the past. The authors proposed that one possible reason for the students' reactions may have been the aim of escaping guilt and thereby maintaining their identity as innocent and good (Klandermans, Werner & van Doorn, 2008).

Critical race theorists posit that racial issues are articulated in a way that ignores or disregards White people's involvement in them, thereby excusing White people from being implicated in the racial ordering of society. In this way, issues like privilege are never dealt with and White people gain distance between themselves and the racial ordering of society (Wellman, 1977). Wellman (1977) asserts that, by interpreting racial issues without implicating White people, White privilege in society is justified because White people do not have to change for equality to take place, black people are the ones that need to change. Furthermore, by excluding White people from being implicated in racial issues such as racial inequality, when White people are

faced with contemplating solutions for the obvious inequalities between races, instead of recognising inequality as a form of White privilege White people see it as blocked access, by construing the problem in this way, White people propose changes that will help black people but that do not alter institutions from which they receive benefits. Therefore, their solution implies that racial inequalities exist on an individual level and that they refer to the disadvantages of blacks rather than the advantages of Whites. Thus, these kinds of problems can be solved without restructuring society (Wellman, 1977).

2.4.2 The maintenance of White privilege and colourblindness

The hidden nature of the White racial identity has been referred to as colourblindness (Tranby & Hartmann, 2008). This hidden nature of White racial identity allows for a conflation of Whiteness with the status quo which is constituted by existing social norms, values, structures and institutions (Tranby & Hartmann, 2008). Colourblindness is conceptualised as a self imposed blindness, a refusal to see race and acknowledge White privilege (Gordon, 2005) This resistance is believed to be modelled, learned, and nurtured to protect the status quo and occurs in both the individual and systemic levels. Thus, colourblindness is defined as a complex ideology in which White people are taught to ignore race, a stance that ends by reinscribing existing power relations that privileges White people (Gordon, 2005)

One trademark of colourblind logic is that it is an ideology that notices race but dismisses its importance. Thus, colourblindness maintains that race does not exist as a meaningful category and posits that the benefits occurred to White people are earned by gifted individuals rather than systematically conferred (Gordon, 2005). Colourbliness is one logic that White people use to control talk about race and maintain the status quo (Gordon, 2005). Studies have revealed that White adults find it difficult to converse about race because they have been socialised not to talk about race, racism, and antiracism (McIntyre, 1997). Critical race theorists and proponents of critical Whiteness studies propose that this avoidance of talking about race maintains White privilege. By not talking about race, the privilege inherent in belonging to the White race is evaded. Noticing skin colour becomes perilous in that it endangers the status quo that benefits some people and disadvantages others, and it becomes impolite to “see” race (Gordon, 2005). Findings taken from a study conducted with White evangelical pastors suggest that the more people value societal norms and values centring on dismissing colour as important, the less likely they are to claim their racial identity is important to them (Tranby & Hartmann, 2008). Therefore, some Whites may resist

identifying colour because they fear being discriminatory thereby violating educational and humanitarian principles of equality (Cochran-Smith, 1995; Solomon, et al., 2005). This failure to name colour is clearly indicative of the negative associations that continue to be attached to notions of colour and race (Solomon, et al., 2005). Furthermore, these attempts retain the sense of being anti-discriminatory, neutral, and essentially non-racist. Similarly, the function of White talk spoken about by Steyn and Foster (2008), allows the definition of racism as those overt acts of blatant discrimination, vicious oppression or hate crimes in comparison with which the everyday exercise of privilege and perpetuation of advantage pales into insignificance (Wellman 1977). When White talk draws on key democratic values such as fairness and non discrimination, it flattens out and conceals ongoing inequalities that need to be acknowledged and readdressed in order to really bring about a more equal and fair situation (Steyn & Foster, 2008).

Culpability on the part of White people can be played down by making reference to all people being the same and the universality of human nature (Steyn & Foster, 2008). According to Bergerson (2003) the idea of colourblindness allows racism to persist in subtle ways. The result is that the more “White” a person of colour appears and acts, the better (Bergerson, 2003). Touted by many as being in line with ideas of racial fairness and equality, critical race theorists deem that, in reality, colourblindness amounts to a requirement that people of colour become more White (Bergerson, 2003; Wellman, 1997). Critical race theorists posit that most White people’s typical response to inequity is to feel sorry for individuals but ignore the structure that produces such inequity. This is captured in the statement that “we would prefer to prepare the dispossessed and disenfranchised to better fit in a corrupt system rather than rethink the whole system” (Guiner & Thomas, as cited in Denzin, 2002, p. 290). The underlying problem inherent in White people’s assertion that colour makes no difference to them is that Whites do not want to consider race and racism as everyday realities, because doing so requires them to face their own racist behaviours as well as the privileges that come from being White (Bergerson, 2003). The underlying notion behind this comment is that even if Whites do not consciously engage in racist acts, they are racist in that they benefit from the privilege of being White (Wellman, 1997). This is echoed in the words of Sleeter (1993, p. 14) who stated that “to discuss White racism challenges the legitimacy of White people’s very lives” (Sleeter, as cited in Bergerson, 2003, p. 53).

Colourblindness fails to acknowledge the reality of black people’s situations and the pain they

endure as a result of their oppression. Thus, this unwillingness to connect with the reality of the “other” is dismissed because “ignorance is innocuous, innocent and reasonable” (Steyn & Foster, 2008, p. 45).

The reason that colourblindness is problematic is that by continually asserting that one only sees people as opposed to black people reinforces the theorised invisibility of race and racism, thereby limiting one’s ability to interrogate notions of privilege and the de-privileging of other social groups (Solomon, et al., 2005). By denying the effects of racialisation, colourblindness is a powerful mechanism in building White consensus and enabling the reproduction of racism (Steyn & Foster, 2008). In a study by Carr (1997), survey data demonstrated how a majority of Whites hold “colour-blind” attitudes while a majority of Blacks do not. This was thought to supply further evidence for the position that “colour-blindness” upholds White interests and ignores those of minorities (Carr, 1997).

2.4.3 Defending privilege by othering and blaming the victim

As has been noted, in many societies, Whiteness functions as the norm (Goldberg & Solomos, 2002). This means that all ways of thinking and behaving that are not in line with the way White people think and behave, are perceived as different. People expressing these alternative views and behaviours are automatically viewed as “the other” by Whites (Goldberg & Solomos, 2002). In South Africa, “othering” is believed to stem from persistent essentialist beliefs grounded in Apartheid ideology, that racial groups are fundamentally different from one another (McKinney, 2007). Racism remains active in society because White people’s views of Black people as “the other” leads them to see blacks as less civilised (Goldberg & Solomos, 2002). Thus, many people attribute the persistence of racial inequality to differences and to shortcomings in the culture of black people (Wellman, 1977). Reasons for racial inequality are thus placed within the oppressed people’s biology, ways of thinking and culture (Wellman, 1977). Thus, one consistent theme in racist thinking is that the responsibility for inequality is attributed to the victim (Wellman, 1977). A large body of research suggests that people often blame the victim for the harm they experience (Ryan, 1971). Such victim blame helps perpetrators to feel less distressed by the burden that they may feel as a result of doing harm to others (Klar, 2006; Wohl, Branscombe).

Victim blaming may be thought of as an attribution error. The fundamental attribution error occurs when individuals overemphasise personal attributes and discount environmental

attributes in their judgments of others (Ross, 1978). This means that they may be more likely to attribute others' behaviour or circumstances to dispositional characteristics, which seem to provide the most readily apparent explanation (Johnson, Mullick, & Mulford, 2002). Accepting responsibility for the harm-doing for which one's group is responsible entails the incorporation of negative elements into the group's collective identity, and this is opposed to group members' desire to maintain a positive group image. Wohl, Branscombe, and Klar, (2006) outline ways that judgements of responsibility can be deflected and collective guilt can be alleviated by blaming the outgroup for the harm they experienced. According to Schlenker (1997), responsibility is the psychological glue that connects an action to the actor who committed it. Specifically, a connection is established when an action is deemed to have brought about the harmful outcome, and the action is seen as having been controllable by the actor. This connection, however, tends to be broken when the focus is instead placed on the harmed party rather than those who committed the act (Schlenker, 1997). From this perspective, the harm committed is dissociated from the perpetrator-action-harm relationship, and instead becomes associated with the behaviour of the victim. By shifting the focus, the harm committed becomes about "them" and not about "us" (Wohl, Branscombe, & Klar, 2006).

Racial stereotypes are prevalent in South African society and they reinforce these views of the "other" and of oppressed groups being responsible for their unfavourable circumstances (de Kock & Wills, 2007). These patterns of thinking are often unconscious and the behaviours they birth keep racism alive in the South African context (Goldberg & Solomos, 2002). Othering and blaming the victim are considered to be features of racist thinking according to Wellman's (1977) definition of racism because these mechanisms remove the White person as a complicator in the problem and simultaneously place the responsibility for alleviating oppression with the oppressed (Wellman, 1997). Thus, this kind of thinking serves to maintain White privilege because, by focusing on individuals, it does not call into question the system of racial privilege and thereby ensures that it will continue (Wellman, 1977). Critical race theorists posit that White people, need negative and demeaning stereotypes of black people to give them some relief from the guilt of participating in and benefiting from a society that betrays a principle that all people are created equal (Lensmire, 2008).

2.4.4 Asserting the superiority of Whiteness

Dolby (2001) conducted a study on the ways in which White students in Durban attempt to

defend their White privilege in a predominately black high school. She found that the primary strategy used by the White students to “remake” and “resuscitate” their Whiteness was to re-centre themselves as victims when faced with questions pertaining to the historical and contemporary positions of their black classmates. Dolby (2001) postulates that underlying the resentment the students expressed towards the black students is fear that Whiteness is no longer in control in South Africa and that the “other” threatens White economic prosperity in post-apartheid South Africa. The students re-centred themselves as victims and expressed their resentment by expressing that Whites today, particular young Whites, pay a bitter price for previous generations’ actions and by positioning black people as violent and morally inferior beings. Therefore, the White students repositioned Whiteness as morally defensible through a negation of blackness. Thus, Dolby (2001) stated that, by focusing on black violence, White students cling to a sense of moral superiority.

In order to solve the problems of inequality, White South Africans appear to adopt a stance as “moral saviours” and as holding the solutions to the problems of black people. Moreover, these solutions most often centre on what Steyn and Foster (2008) call the “Eurofication” of black people as the object of transformation. Thus, assimilation into White ways is advanced through tropes of “progress” and “upliftment” and the onus of adaptation still falls on black South Africans, thereby minimising the amount of adjustment required of White South Africans (Steyn & Foster, 2008) . Findings also suggest that the newer class of successful black people in South Africa appear to be the target of resentment of many White South Africans and black politics tends to be equated with corruption (Gabriel, 1998) or with incompetence. Wealthy black people are seen as self-serving opportunists who are betraying their own people. Steyn and Foster (2008) describe this mechanism as black wealthy people being a decoy, drawing attention away from the fact that the bulk of South Africa’s wealth is found in middle and upper class White South Africa.

Dolby (2001) also identified “escape” as a defining trope of Whiteness in her study. Dolby (2001) found that students “escaped” in order to detach from facing the flaws in their Whiteness and threats to their White privilege. The students in Dolby’s (2001) study did this by associating themselves with other countries. Thus, she concluded that White youth often fantasise about repositioning themselves as part of a global Whiteness that promises the power and privilege they feel is threatened by the confines of the new South Africa. They escape to White dominated nations that they believe can provide the safety they desire

(Dolby, 2001).

2.4.5 Maintaining privilege by minimising racism

Another form of maintaining privilege in the face of racial inequality is by White people minimising racism when explaining the situation of black people, thereby putting distance between them and the problems involved (Wellman, 1977). A study was conducted by Durrheim, et al. (2005) exploring the discursive practices deployed by mainstream newspapers in response to allegations of racism. Relativising racism was apparent in the data. Anti-black racism of White South Africans was relativised by contextualising it against other forms of racism found all over the world. Thus, racism is construed as a universal phenomenon or a “universal disease” and in this way it is construed as something natural and commonplace. Racism is thus treated as an inevitable, benign, and even dull, part of human history and circumstance (Durrheim, et al., 2005). These strategies of trivialising and relativising racism serve to minimise the importance of it by contrasting it with other forms of racism and other values. According to Siedel (1988), relativising serves two functions. The first is drawing attention away from specific instances of racism and suggesting that such practices are commonplace elsewhere; and the second is that it serves to equate the oppressors with the oppressed by suggesting that people of all races are guilty of racism (Durrheim, et al., 2005).

Another way that White people maintain their privilege and their identity as innocent is by spreading the blame for discrimination and unfair circumstances. Thus, by making reference to other countries that have faced racial oppression and risen above it, White people minimise the magnitude of oppression of black people in South Africa. Furthermore, they turn the attention away from the effects of apartheid on racial inequality (Steyn & Foster, 2008). Thus, questions of moral accountability are side-stepped (Steyn & Foster, 2008). These tactics deny the realities and experiences of the oppressed and mystify the causes and processes that constructed ongoing social divisions (Steyn and Foster, 2008).

In sum, on one hand, many South Africans appear to feel committed to democracy and do not want their opposition to apartheid to be questioned. Yet on the other hand, it appears that many have not given up their faith in White superiority (Wohl, Branscombe, & Klar, 2006). White people’s construction of their racial identities around an image of innocence and goodness means that accepting responsibility for the current racial inequalities in South Africa

will reflect negatively on their identities and compromise their sense of innocence. Furthermore, accepting their part in creating these inequalities presents a threat to their privilege as it opens up possibilities for changes in societal structures and positioning (Wohl, Branscombe, & Klar, (2006). Thus, bearing in mind Wellman's (1997) definition of racism as being the mechanism White people use to secure their privilege, the notions of othering, racial stereotyping, and blaming the victim appear to serve as mechanisms by which White people maintain their sense of innocence and, at the same time, detach from the problems their privileges cause to others. These mechanisms prevent White people from feeling implicated in the problems and thus in the solutions which are targeted at individuals, thereby maintaining their privileged position.

2.5. White identity theories

White identity theories describe the psychological shifts that White people undergo in moving toward a fully committed form of anti-racism (Rogers & Mosley, 2006). These theorists suggest distinct stages that White people go through in the development of a racialised identity (Tatum, 1992; Rogers & Mosley, 2006). Helms's (1995) racial identity model proposes six distinct stages or statuses through which the White individual's ego evolves. These stages include the following: contact, disintegration, reintegration pseudo-independence, immersion/emergence, and autonomy.

In the contact status, the individual is aware of racial differences but is satisfied with the status quo. Disintegration refers to the process of recognising that being White has social implications and comes with profound feelings of guilt and confusion. As the disintegration status resolves, the person moves into reintegration, at which point they begin to idealise White culture, adopting an attitude that Whites have the best because they are the best. They deny any responsibility for racism and may feel hostile or fearful of people of colour. White people who move beyond this status grow into pseudo-independence, which signals the first major movement toward a positive non-racist identity (Helms, 1995). The pseudo-independent White person is dependent on people of colour, however, to help him or her, define their racial identity, uncover unconscious racism, and validate his or her non-racist principles (Blitz, 2006). In immersion/emergence, the individual engages in a sincere search to develop a White identity that feels right and moral and that brings with it powerful emotions about how other White people deal with racial issues. Those who continue in this evolution will eventually reach autonomy, where they no longer depend on people of colour

for validation of their identity (Blitz, 2006). At this point they have internalised a realistic view of Whiteness that can be nurtured and thoughtfully examined. In autonomy, an individual realises a strong sense of self, a capacity to relinquish the privileges of racism, and maintains an active commitment to social justice (Helms, 1995).

It is important to note that this development process is not linear. Thus, individuals frequently revisit prior statuses as they progress in their growth and do not always proceed through all six stages (Blitz, 2006). Thus, people may become “stuck” at a particular phase and intentionally or not perpetuate racism. Helms’s (1995) racial identity model will be used to investigate the volunteers’ current racial identity as it is developed within the context of their roles as volunteers assisting with black children.

2.6. Volunteerism

Volunteering is any activity in which time is given freely to benefit another person, group or cause (Wilson, 2000). Volunteering is part of a cluster of helping behaviours entailing more commitment than spontaneous assistance, but narrower in scope than the care provided to family and to friends (Wilson, 2000). Volunteers in South Africa play an important role in providing care for people living with HIV/AIDS (Akintola, 2008). AIDS volunteerism is perceived by many to be a compelling testimonial to human kindness (Snyder & Omoto, 1992). Moreover, as previously discussed, much affirmation and praise is directed through the media to those that intervene and newspaper articles “heroise” these individuals for the self-sacrifice, compromise and risk taking involved in caring for those who are implicitly not considered to be their immediate responsibility (Meinyjes & Bray, 2007). Volunteerism is understood as a form of prosocial behaviour. Prosocial behaviour is defined by Penner (2004) as “behaviour intended to provide some benefit to another person or group of people” (p. 645). Penner (2004) posits that volunteerism has four important attributes that define it and serve to distinguish it from other kinds of prosocial behaviour. Firstly, it is a planned behaviour. Secondly, it is long term behaviour. Thirdly, it involves “nonobliged” helping, meaning there are rarely any personal ties or associations between volunteers and recipients of their help. Finally, volunteering occurs within an organisational context.

2.6.1 Volunteerism and identity construction

Volunteerism empowers and supports identity construction. In experiencing voluntary

actions, people are allowed to assess their identities through action and to appraise themselves as producers, rather than just consumers (Logan, 1985). They develop an “occupational identity” and volunteerism assumes a pedagogic function (Erikson, 1963, as cited in Marta & Pozzi, 2008). Identity is a crucial factor in assuring intention to volunteer (Youniss & Yates, 1997, as cited in Marta & Pozzi, 2008). In particular, research on volunteerism has explored how commitment to prosocial role identity develops and how such identity leads to prosocial action (Piliavin, et al., 2002). The role identity model of volunteerism put forward by Piliavin and colleagues asserts that individuals engage in voluntary actions because of a strong volunteer or service “identity” (Grube & Piliavin, 1996; Skoglund, 2006). The model asserts that as people continue to be volunteers, their commitment to the organisation increases. Commitment in turn increases the incidence of action on behalf of the organisation. Accompanying the increased commitment and continued volunteer activities is a change in the volunteer’s self-concept as the volunteer’s role becomes part of his or her identity. It is this role identity that directly drives the volunteer’s behaviour, because the person strives to make his or her behaviour consistent with a volunteer’s role identity. Indeed, the analysis conducted by Marta and Pozzi (2008) confirmed that role identity is the best predictor of intention to volunteer. This may mean that integrating one’s own identity, being aware and caring of others, as well as being satisfied and integrated in the organisation, could affect the length of service. Thus, volunteer identity is very important in the decision and in the will to continue volunteering.

2.6.2 Volunteerism and Collective Guilt

Research findings on volunteerism have revealed that some volunteers seem to put major motivational emphasis on the self-actualisation possibilities of volunteering, while others put a contrasting emphasis on duty and repayment of debt (Schmidler-Rainman, 1975). The concept of collective guilt has been explored in relation to the act of volunteerism. The functional approach in psychology has been utilised to understand the motives behind volunteering. One function served by volunteerism is called the protective function, whereby a person volunteers to reduce feelings of guilt and of being more fortunate than others (Houle, Sagarin, & Kaplan, 2005). Guilt is a self-conscious emotion (Klandermans, Werner, & van Doorn, 2008) and collective guilt is defined by Tollefsen (2006) as the guilty feelings one has in response to the actions of one’s group. Collective guilt is functionally similar to individual guilt and thus is a genuine form of guilt. It acts as an attitude of self-assessment, however, in

this case, the self is not one's self but the collective or group of which one is a part (Tollefsen, 2006).

Predispositional guilt has been associated with volunteerism (Quiles & Bybee, 1997). "Race related guilt", "White guilt" or "collective guilt" occurs when White people begin to recognise the moral dilemma of being White (Arminio, 2001). They appreciate and enjoy the privileges of being White, but realise that those privileges are denied to those who are not White (Arminio, 2001). Collective guilt can lead to debilitation, escapism, denial and can even become pathological, leading White people to continue defending their White supremacy and privilege by blaming Black people for past injustices (Arminio, 2001). This guilt takes Whites to a place of imagined innocence, perpetuating selfishness and passivity (Arminio, 2001). Findings from several studies (Arminio, 2001; Klandermans, et al., 2008; Quiles & Bybee, 1997) have suggested that the legacy of Apartheid has left many White South Africans with feelings of collective guilt. Collective guilt can lead privileged White people to accept some responsibility of past injustices. As a result, White people engage in compensatory action, sometimes in the form of volunteering (Arminio, 2001; Klandermans, et al., 2008; Quiles & Bybee, 1997). Therefore, collective guilt may motivate White people to engage in volunteer activities. However, it is also important to note that collective guilt appears to be a relatively rare social emotion, at least as a widespread phenomenon across citizens (Wohl, Branscombe, & Klar, 2006).

2.6.3 Volunteerism in the bigger picture

There are two arguments on the value of volunteerism; the pro-volunteering argument and the argument of those who seriously question whether volunteering is a viable or even a good way to address social problems (Penner, 2004). Volunteers, while well-intentioned, may fail to address the root causes of the problems of the people they are helping. Indeed, by providing short-term solutions to some problems they may lessen the perceived need to change the social structures and practices that are causing these problems. As a result, in the long run, volunteerism could actually do more harm than good (Penner, 2004). For example, politicians who advocate policies that perpetuate or even exacerbate certain social inequalities in a society often simultaneously encourage people to volunteer to help victims of these inequalities. Some might argue that this call to people's "noble" instincts is really being used as a means to reduce pressures to change inequitable and flawed social policies (Penner, 2004). Thus, utilising the parable of the river often used in community psychology, the risk of

placing emphasis on volunteering in order to address societal problems may allow the saving drowning people, instead of working for the kinds of social change that would prevent them from falling into the water in the first place (Penner, 2004).

The central tenets of critical race theory and critical Whiteness studies will now be reviewed in light of the findings discussed. The appropriateness of the use of critical race theory and Whiteness studies as a theoretical framework for the proposed study will also be explained.

2.7. Critical Race Theory

The theoretical literature that encompasses critical Whiteness studies and critical race theory is ample and continually growing (Tranby & Hartman, 2008). Critical race theory (CRT) is an intellectual theory derived from a set of frameworks drawn from critical legal studies (Rogers & Mosley, 2006). CRT recognises racism as an enduring and pervasive part of life and works toward eliminating racial oppression as part of the broader goal of ending all forms of oppression (Rogers & Mosley, 2006). CRT distinguishes racism as a lasting and pervasive part of life and strives toward abolishing racial oppression as part of the ultimate goal of ending all forms of oppression (Rogers, & Mosley, 2006). Whiteness studies are related to the intellectual movement of CRT and seek to theorise and problematise the construction of Whiteness as an absent racial category and dominant social norm (Rogers & Mosley, 2006). The majority of Whiteness scholars posit that White identity or Whiteness is linked to institutionalised power and privileges that benefit White people (Giroux, 1997; Karenga, 1999).

One of the main tenets of Critical Race Theory is the centring of race and racism (Steele, 2002). This centring of race and racism shapes the central themes of CRT (Bergerson, 2003). CRT is sceptical of neutrality, merit, and colour-blindness arguments (Bergerson, 2003) CRT challenges claims of objectivity, meritocracy, colour and gender blindness, race and gender neutrality, and equal opportunity (Solorzano, 1998). Colour-blindness is a problematic notion for critical race theorists because proponents of colour-blindness argue that decisions should be made without taking race into consideration. However, Whites consider Whiteness the norm (Steele, 2002) and thus CRT theorists postulate that colourblindness is impossible because the more “White” a person appears to be the better. Therefore, colour-blindness

allows racism to persist in subtle ways (Steele, 2007).

In fact, Whites attribute negative stereotypes to people of colour while at the same time espousing their opposition to blatant racism (Brown, 1997, as cited in Bergerson, 2003). For example, in a classroom, a teacher may say that she treats all of her pupils the same regardless of their race, while at the same time referring to students of colour as slow learners or educationally disadvantaged. The result is that the more “White” a person of colour appears and acts, the better (Bergerson, 2003).

The proposed study aims to explore racial dynamics in general and the notions of everyday racism in particular in the context of AIDS volunteerism as well as the way White women construct their identities in the context of their volunteerism with black children diagnosed as being HIV positive and/or orphaned by AIDS. Therefore, the key tenets of CRT are aligned with the aims of the proposed study. For Whites, centring race and racism means seeing the privilege that comes with their race and rejecting the privilege, along with challenging manifestations of racism (Bergerson, 2003). Proponents of critical Whiteness studies aim to understand how, and in what ways, people subscribe to an ideology that still works covertly to preserve racial inequality (Steele, 2002).

In accordance with Goldberg and Solomos (2002), the crucial characteristic of everyday racism is that it concerns mundane practices. Discrimination occurs whether or not actors are aware of their motives and attitudes. In order “to expose racism in the system, it is relevant to focus on how racism operates in everyday life, how and when ordinary situations become racist situations” (p. 214). Therefore, critical race theorists assert that, on all levels of society, people ought to question what seems normal and acceptable (Goldberg & Solomos, 2002) because racism continues to function at all levels of society (Bergerson, 2003). Critical race Theorists encourage people to investigate acts that appear normal and to question everyday notions. Therefore, the proposed study aims to explore the act of volunteering with AIDS orphans. This practice is frequently considered normal and is also commonly viewed as extraordinary and non-racist. An exploration of the perceptions of individuals working in the context of HIV and AIDS using Critical White Studies is valuable, because findings may reveal how transformation is working on a deeper level and where racism still exists (Walker, 2005).

It is important to note that CRT has been developed in the context of minority exclusion in the

US (Walker, 2005). Therefore, it is essential to remain cognisant of the relevant differences between the US and South Africa when using CRT as a framework to guide the interpretation of research findings taken from a South African sample. The South African case bears broad similarities but is far from identical given the majority black population, a majority black political grouping, and the African National Congress holding state power. Despite the differences between the US and South Africa, much value may be attained by utilising CRT in South African research on race. Walker (2005) asserts that, because race and racism is produced in and through relations of power, it is essential to hear the voices of White South Africans as well as those of their black peers to compare and contrast their lives and the discourses through which they make meaning of their experiences and construct their identities in post-apartheid South Africa. Furthermore, CRT alerts us to the ways in which dominant narratives change slowly, and limit how individuals are able to analyse and critique racism in themselves and society (Tate, 1997). The point then is that qualitative narrative inquiry can generate fruitful insights not only in relation to the lives being investigated, but also about the wider context in which that life is lived (Walker 2005). This means that research utilising CRT may in this context provide useful evidence as to the way that the greater White South African population construe race.

Chapter 3

Methodology

This chapter presents a description of the research paradigm, research design and the research methods used to address the research questions posed by the study. The sample used in the study is described and followed by a description of the methods used to collect the data as well as the data analysis process that was used. Finally the ethical considerations pertaining to the study are presented.

3.1 Research Paradigm

A paradigm can be defined as a “set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organised study of that world” (Ponterotto, 2005). The paradigm selected guides the researcher in philosophical assumptions about the research and in the selection of tools, instruments, participants and methods used in the study (Denzin & Lincoln, 2000). This study is located in both the interpretivist and critical paradigms. The interpretivist paradigm assumes multiple and equally valid realities (Schwandt, 1994). This approach also espouses that meaning is concealed and must be brought to the surface by reflection which is stimulated by the researcher-participant dialogue (Schwandt, 2000). Proponents of the interpretivist paradigm emphasise aiming to understand “lived experiences” from the point of view of those who live these experiences every day (Schwandt, 1994, 2000). The interpretivist paradigm provides the primary foundation and anchor for qualitative research methods (Ponterotto, 2005). This study is located in the interpretivist paradigm because it aims to explore participants’ perceptions of the reasons they choose to volunteer, as opposed to objective facts. In order to make sense of the data uncovered in the study, the researcher played a major role in interpreting the data and thus was an essential part of the data analysis process.

3.2 Research Design

Qualitative research methods refer to a broad class of empirical procedures designed to describe and interpret the experiences of research participants in a context-specific setting (Ponterotto, 2005). This study used a qualitative approach. The researcher utilised semi-structured interviews consisting of open-ended questions developed by the researcher to collect data. The interviews were then transcribed and analysed using thematic content

analysis.

The use of a qualitative research methodology was well suited to this study for various reasons. Firstly, qualitative methods are most suitable in exploratory, in-depth research, and this is what the study aimed at achieving (Marincowitz, Jackson, & Fehresen, 2004). Secondly, qualitative research is emergent and is fundamentally interpretative (Moorse, 1994). In qualitative research the researcher plays a central role in interpreting the data (Parker, 1994). Therefore, the researcher aims to find perceptions as opposed to truths in an effort to understand the intricacy of the real world (Flick, 1998). Qualitative research designs are valuable in exploring perceptions because these designs are rooted in the premise that reality is complex and ultimately subjective (Moorse, 1994). Thirdly, the aim of the study is to explore and interpret volunteers' perceptions of why they chose to volunteer with black children diagnosed as HIV positive and/or black children orphaned by AIDS, with particular emphasis placed on their perceptions of the role racial dynamics play in these decisions. Finally, a qualitative research design is well suited to the study as a theoretical framework drawn from critical race theory and critical Whiteness studies is used to guide the interpretation of the data.

The semi-structured interviews followed an interview schedule guided by critical race theory and critical Whiteness studies, as well as literature regarding the legacy of apartheid and its relation to the present HIV and AIDS epidemic in South Africa, collective guilt, and contemporary race relations in South Africa. The aim of the study was to explore White, female volunteers' perceptions of why they choose to engage in volunteer work with black children that are HIV positive and/or orphaned by AIDS in South Africa. All interviews were tape recorded so that information could be captured without the omission of any important data.

3.3 Sample

The participants used in the study were recruited using a purposeful sampling procedure. The sample is described as a purposeful sample because it is comprised of the community under investigation; White women who volunteer with black children diagnosed as HIV positive and/or orphaned by AIDS (Coyne, 1997). Thus, the sampling was directed by the researcher's decision to sample participants according to a pre-conceived, but reasonable set of criteria (Coyne, 1997). Furthermore, the sample was not varied according to theory that emerged as

the data collection process proceeded but was rather selected for the information-rich data that it could yield on White female volunteers' perceptions of their choices to volunteer with the specific population (Coyné, 1997).

In order to access the sample, the researcher approached the resident psychologist of a volunteer organisation located in Johannesburg. The researcher verbally explained the study, the research aims and the proposed methodology and ethical considerations of the study to the resident psychologist. The researcher then requested permission to access a list of White female volunteers' names and contact details. The researcher also provided the psychologist with a letter explaining the proposed research study and requesting permission to access the research setting in order to conduct interviews (see Appendices A and B). Once the resident psychologist had agreed to grant consent, she provided the researcher with a list of contact details of White female volunteers that had been working at the organisation for a minimum of one month. The researcher then contacted the volunteers via telephone and briefly explaining the proposed research study and what participation in the study would involve should they decide to take part. The researcher also informed the volunteers that taking part in the study would not lead to any volunteers being rewarded or penalised. The researcher then arranged appointments with ten volunteers in order to conduct interviews. The appointments were arranged at times that were convenient for the participants.

The participants consisted of ten White women, all over the age of eighteen years, who currently engage in volunteer work with black children who have been diagnosed as HIV positive and/or have been orphaned by AIDS, and who are in the care of the organisation in Johannesburg. All of the participants had been volunteering for the same organisation for a minimum of one month and work at the organisation for a minimum of one hour at least twice a month. The participants' volunteer work is consensual and none of the volunteers have ever experienced financial gain as a result of their work at the organisation. All of the volunteers that participated in the study were fluent in English and were willing to dedicate approximately 60 minutes of their time for interviews.

3.4 Data collection

Once the researcher was granted ethical clearance from the University, she proceeded to collect the data. Interviews are one of the most common used methods of data collection in qualitative research (DiCicco-Bloom & Crabtree, 2006). An interview has been defined as a

method of data collection in which one interviewer asks questions of a respondent either face-to-face or telephonically (Polit & Beck, 2006). Open-ended questions developed by the author were used to conduct one-on-one, face-to-face, semi-structured, in-depth interviews with participants. The questions were kept open-ended in order to encourage participants to identify and elaborate on their true feelings and perceptions (DiCicco-Bloom & Crabtree, 2006). Semi-structured, in-depth interviews use open, direct and verbal questions to elicit detailed narratives from participants (DiCicco-Bloom & Crabtree, 2006). The semi-structured interviews lasted between 45 and 90 minutes and followed an interview schedule developed by the researcher and guided by the research questions, Critical Race Theory and Critical White studies as well as reviewed literature (see Appendix G for interview guide).

The data in this study consists of the answers volunteers gave verbally during interviews with the researcher. All interviews were tape recorded in order for the data to be transcribed and analysed. Interviews were then digitally transferred to the researcher's computer and protected by password. The researcher conducted interviews in a private room when it was possible. It has been suggested that participants should be given the choice of venue (Braun & Clarke, 2006). Thus, the researcher conducted interviews in venues that the participants chose. Five interviews were conducted at participants' homes and the other five interviews were conducted at the organisation. The importance of building rapport with participants has been emphasised (Coyne, 1997). Therefore, the researcher made an effort to build rapport with participants prior to and throughout the interview process. Prompts were used in order to encourage participants to provide more detailed information and to move participants to elaborate on points relevant to the research questions.

3.5 Data Analysis

The interviews were tape-recorded and then transcribed verbatim. The interview transcriptions served as data for the study. Thematic content analysis was then utilised to analyse the data. Thematic content analysis is a method of analysing written, verbal, or visual communication messages (Cole, 1998). The aim of content analysis is to obtain a condensed and broad description of the phenomena, and the outcome is that the analysis produces concepts or categories describing the phenomena (Cole, 1998). The method is used for identifying, analysing and reporting patterns (themes) within data (Braun & Clarke, 2006). It minimally organises and describes the data set in rich detail. Some of the benefits of using thematic content analysis include its flexibility in terms of research design (Harwood & Gary,

2003) and the fact that it is a content-sensitive method (Krippendorff, 1980). Thematic content analysis is fitting to the aims of the study because it is not tied to any pre-existing theoretical framework (Braun & Clarke, 2006). Therefore, it can be used within different theoretical frameworks, such as a Critical Race theoretical framework.

The data was analysed using the guidelines stipulated by Braun and Clarke's (2006) model of thematic content analysis. During the initial phase of analysis, the researcher became familiar with the data by transcribing the audio-transcripts, reading and re-reading the transcripts and writing down initial ideas. The second phase of analysis involved generating initial codes. In this phase, the researcher coded interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code. During phase three, the researcher searched for themes by collating codes into potential themes and gathering all data relevant to each potential theme. Phase four entailed reviewing themes. This phase involved the researcher checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2). During this phase of analysis the researcher generated a thematic 'map' of the analysis and then proceeded into the fifth stage of analysis which involved defining and naming themes (Braun & Clarke, 2006). This phase entailed ongoing analysis to refine the specifics of each theme, and the overall picture that the analysis paints, generating clear definitions and names for each theme. In the final phase of the thematic content analysis, the researcher produced the report. During this phase, the researcher selected vivid extract quotes to use in the research (Braun & Clarke, 2006) The researcher also completed a final analysis of selected extracts, relating back to the analysis and to the research questions and the literature review (Braun & Clarke, 2006) Critical race theory and critical Whiteness studies were used as theoretical frameworks to guide the analysis of the data.

3.6 Ethical Considerations

All of the participants signed a consent form prior to being interviewed. The researcher provided the participants with a copy of a "Participant Information Sheet", which provided the researcher's contact details as well as her supervisor's contact details, should the participants have had queries. The form was used to notify the participants that participation was entirely voluntary, that participants were free to withdraw at any stage in the research process if they chose to, and that they would not face any penalties as a consequence of their decision. The form also stated that the research was being conducted in partial fulfilment of a degree and explained the purpose of the study. The form indicated the fact that the

participants would complete one interview that would last approximately 60-90 minutes. The form also explained that no compensation would be made available as a result of participation in the study. The participants were informed that their identities would not be linked to any information that they provided and would never be publicly divulged, thus ensuring their confidentiality (Polit & Beck, 2006).

The participants were also provided with a “Participant Consent Form”, a “Consent to use direct quotes” form, and a “Consent to record interviews” form (Refer to Appendices D, E and F). These forms provided participants with all of the relevant information they required to make an informed decision regarding participation. The digital voice-recorder containing the data was kept in a safe place throughout the duration of the study and will be stored in a safe and secure place at the University for up to five years upon completion of the study. The data will be destroyed once the duration of five years has elapsed. Participants were made aware of the fact that anonymity cannot be guaranteed because of the small number of participants in the study and the face-to-face interviews with the researcher. Participants were also informed that their statements may appear in quotations in the research report, but that their biographical data, including their names, would be omitted. The opportunity for debriefing was made available to participants as some questions asked in the interview were considered sensitive. Resources such as Lifeline were made available to the participants for this purpose.

Chapter 4

Results

The primary aim of this study was to explore the role that racial dynamics play in AIDS volunteerism in South Africa. The key findings of the thematic content analysis are presented in this chapter. A number of themes were prominent across transcripts. The main themes and sub-themes that were identified from the thematic content analysis process will be introduced. Participants will be directly quoted to support the findings. It is important to note that participants are quoted verbatim; therefore, the grammar may not necessarily be correct. The names of the participants and the organisation have been changed in order to secure confidentiality.

4.2 Main themes and sub-themes

The three main themes that were identified in the analysis include: “I’m not here because of AIDS”, “We show the children a different, better life”, and “Volunteers are good people.” Each theme was further divided into sub-themes. The first theme, “I’m not here because of AIDS”, was divided into “All children are the same” and “Why say they’ve got AIDS?” The second theme, “We show the children a different, better life” was divided into “Black people are different to us”, “Volunteering highlights my privilege”, “We teach the children about society”, and “I inspire the children to strive for a better life”. The third theme, “Volunteers are good people”, consists of the sub-themes “I don’t see colour”, “I don’t feel guilty”, and “I make a difference by volunteering”. These themes are illustrated in Table 4.1 below:

Table 4.1

Main Themes and Sub-themes

Themes	Sub-Themes
I'm not here because of AIDS	All children are the same Why say "they've got AIDS?"
We show the children a different, better life	Black people are different to us Volunteering highlights my privilege We teach the children about society I inspire the children to strive for a better life
Volunteers are good people	I don't see colour I don't feel guilty I make a difference by volunteering

4.2.1 Theme 1: "I'm not here because of AIDS."

A thorough analysis of the data revealed that the participants reported feeling that HIV and AIDS did not influence their choices to volunteer and to continue volunteering with black children that are HIV positive and/or are orphaned by AIDS. Therefore, the participants appeared to minimise the role HIV and AIDS played in their choices to volunteer at the organisation. Hence, none of the volunteers reported choosing to volunteer at the organisation because many children at the organisation are HIV positive. Moreover, none of the volunteers reported continuing volunteering on the basis that they felt a special desire to work with children diagnosed with the illness. The data analysis revealed that participants' reasons for being drawn to work with the children rested primarily on the fact that they have been orphaned or abandoned by their biological parents. When participants were asked if they chose to volunteer with the children because they felt a particular desire to help children that are HIV positive and/or orphaned by AIDS, they responded in the following ways:

I must be very honest with you that choosing to volunteer here had nothing to do with AIDS. It could have been an orphanage where children didn't have a mom and dad, I don't get involved very much in that whole AIDS thing and I don't advertise that Zama* has it (Participant 2).

But you know I suppose you could get more involved with HIV, I haven't really thought about that I must say (Participant 4).

So I wouldn't say I'm drawn to AIDS kids or that I'm repelled by them. I'd say I'm quite impartial to working with either. It's just general people who have come out of a bad situation and that need love and care that I'm keen to help, so I think that's really the bottom line of it (Participant 7).

It's just orphans in general; any kids without parents are a sad state of affairs. It doesn't matter that they [the children's parents] died of AIDS. I mean the thing is that it's an epidemic in the country so therefore most orphans will be AIDS orphans so, no, the fact that they have HIV or AIDS doesn't sway me either way (Participant 8).

I don't think it was so much the fact that they had HIV. It was more the fact that they were orphaned and abandoned (Participant 10).

Thus, the data revealed that the volunteers appear to feel a sense of indifference to HIV and AIDS. One reason the volunteers believed that AIDS did not influence their work with the children or their decisions to continue volunteering was that the children do not look ill and do not display any outward symptoms of AIDS. Thus, the participants reported not thinking about AIDS while interacting with the children because the children do not look like they have AIDS. Many participants expressed that they felt the children's HIV status would be more of a salient issue to them if the children were visibly ill.

No as a matter of fact I don't even think that you go there [to the organisation] with that in mind, so you don't tell yourself "I'm going now to an orphanage or a home or whatever that's got AIDS children." It's because it's not something that you see. It's not with you... Zama* comes here and she bathes with us, she eats with us, she sleeps in her bed and all that, it's not something that you can see (Participant 2).

Their personalities come out and you forget that they are orphans. You forget that they have AIDS; they are just innocent children (Participant 7).

A second reason the participants reported feeling indifferent to volunteering with children with HIV and AIDS was because they felt that all children are the same despite their HIV statuses. This sub-theme will now be discussed.

4.2.1.1 *“All children are the same”*

All of the participants reported choosing to remain unaware of which children have been diagnosed HIV positive. Thus, none of the participants reported ever asking the caregivers which children have been diagnosed HIV positive. The participants reported not caring which children are HIV positive because they believe the children are no different from other children without the virus and thus believe all of the children should be treated the same, regardless of their statuses. Thus, the participants appeared to normalise the children's statuses as HIV positive by creating a sense of “sameness” in their approach to perceiving and working with the children. This conviction that the children are all the same regardless of their HIV statuses also became evident in the participant's referral to a positive diagnosis as a “small thing” that “doesn't matter” to them.

I don't know which child has got HIV and which one hasn't so it doesn't matter to me (Participant 4).

I don't care who has AIDS or not, I treat them as the same (Participant 5).

I don't know which ones have got HIV so it doesn't really matter to me no. They're all the same and I don't see them sick and fading away I think I would probably feel more passionate or sorry for them but so far they're all doing well (Participant 4).

In the previous extract, it is clear that participant 4 feels that if she saw the children experiencing symptoms of AIDS, the fact that they are HIV positive may lose its invisibility and this may influence her cognisance of the virus at work and her feelings towards the child. Some of the participants reported feeling that they do not want to know which children have been diagnosed HIV positive because they think this is likely to impact their work negatively by influencing the way in which they perceive the children and treat them. These participants

reported fearing that if they knew which children are HIV positive they would pity them or treat them differently to the way they would treat the other children. This would then influence their principle of seeing all of the children as the same and treating them all equally.

I mean I don't even know which children are or aren't HIV positive. I've never asked so I don't want to know because to me they're all the same. And I don't want to feel that, you know, I would pick out some out of the others, to me they are all the same. If I knew it would just sort of be there you know um and I don't want that. I really don't want that (Participant 3).

Moreover, the participants' reported believing it is best to not talk about the virus in order to protect the children from negative reactions from the outside world.

4.2.1.2 Why say "they've got AIDS?"

Some of the volunteers referred to a positive HIV status as being "a small thing" in the child's life. Volunteers expressed their beliefs that HIV and AIDS should not be spoken about as it is "not necessary" and because doing so evokes negative reactions from others. Thus, participants appear to think that one way of protecting HIV positive children is to be quiet about the disease and to behave as if it is "not a big deal." Participants reported feeling that negative reactions from others stem primarily from a person having the label "AIDS" and this label's association with sickness and death. Thus, another way the participants appear to normalise AIDS and abstain from thinking about it is by limiting talk around the disease.

I do not tell new people that I come into contact with that I go to an AIDS home. I say I go to an orphanage and that's it (Participant 6).

Um I don't necessarily tell Zama* that AIDS is such a huge thing and that she's not the only one with it. She knows that, she comes from a home where AIDS is prominent so there's no need to make her have that label, because the label is what worries me. Why say "I've got AIDS?" why? It's something that is very personal and that you must open up about when the time is right for you whoever you are. Otherwise if you are just going out for a glass of wine, why would you want to tell whoever you're meeting at the pub that you've got AIDS? (Participant 2).

Zama is young now, I'm protecting the young ones, I'm protecting Zama* from being pointed at. When I visit friends and take Zama* with me I tell them I'm bringing Zama* and you know she's got AIDS, and then they will say "no we're fine with it" and that's it. One small thing. It doesn't even get brought up again (Participant 2).

When asked if she felt that AIDS is stigmatised, participant 2 replied by saying:

It could become, purely because it becomes a saying, "I've got AIDS so now people must back off or people are going to be more kind to me." It's not something that you need to talk about; I mean do you go around and say "I've got a new car" as you walk in anywhere? (Participant 2).

So you know you forget about that word AIDS...over all you just treat the things that happen as every day sort of situations you know? (Participant 2).

These extracts are illustrative of the way in which the participants minimise the impact of AIDS by normalising and trivialising it. Participant 2 does this by comparing disclosing ones status to minor everyday occurrences such as informing people that you have bought a new vehicle. It appears that the reason the participants believe it is important to avoid speaking openly about AIDS is because they wish to avoid negative reactions from the public stemming from peoples' stigmatising attitudes towards the disease.

You will find that if people knew the children have AIDS, they would back off...because of the word AIDS, it's it's because you know you you die from it, I mean there's no other word for it, you know you can die from it and that is something that you try and prevent (Participant 1).

The stigma reported by the participants centres around the association between AIDS and death. This death is reported to evoke fear in others causing them to choose to stay away from people they know have the virus. Participants appear to abstain from contemplating the magnitude of HIV and AIDS in South Africa and in the lives of the children by minimising the impact of the disease. This also appears to be a means by which they reinforce their conviction that everybody is the same regardless of their HIV status.

By repeatedly emphasising their perceptions that all of the children are the same, the

participants appear to be implying that there is something inherently wrong with considering or treating someone as different because of their HIV status. Moreover, there is an implication that negative associations to AIDS are present in society and in the minds of the participants, and that the participants do not want to contaminate the innocent children with these negative associations. The participants appear to believe that acknowledging and being cognisant of the fact that somebody has AIDS is insulting to that person. Moreover, the participants appear to believe that knowing someone is HIV positive taints one's views of that person and leads one to respond to that person unfairly, with pity and kindness, or with hostility and rejection rooted in fear, as opposed to responding to that person authentically. The participants desire to be fair to the children and to remain unaffected by the children's statuses is evidenced by their efforts to remain unaware of the children's statuses and by their references to the children as "all the same" and to the virus as "not mattering" to them.

Furthermore, the fact that the children do not present with physical symptoms of AIDS allows the participants to continue construing all of the children as the same because they all physically look the same on the outside. Thus, the participants appear to hold the perception that "sameness" is equated with the idea of fairness and equality. This is illuminated by the participants' references to other people's stigmatising attitudes towards the children. By expressing what they feel is unfair about others' attitudes towards people that HIV; namely that they see them as different from everybody else and therefore treat them differently, the participants are implying that they feel that this is wrong because all people are essentially the same and should be treated as such. Thus, it appears that by brushing over the children's statuses as being an important factor in the participant's interactions with them and in their choices to volunteer, the participants appear to be maintaining a standard of behaviour that they deem as good and respectable and that is rooted in the premise that treating all people the same and minimising their differences is good and moral.

4.2.2 Theme 2: "We show the children a different, better life"

An overarching theme extracted from the data is that the participants believe that the high prevalence of HIV and AIDS amongst black people may be attributed to the differences between black people and White people. Thus, the volunteers appear to believe that their values and way of life is different and better than those of black people. The participants appear to believe that they are helping the children by teaching them to be more like the volunteers and to be integrated into the society of which the volunteers are a part.

A discussion will first focus on the ways in which participants believe black people and White people differ, namely in terms of their education, culture and sexual behaviours. Following this, the participant's perceptions of the ways in which their own lives are different and better than the lives of the children will be discussed. Finally, the ways in which the volunteers try to help the children have a different and better life, namely by teaching them how to become part of the volunteer's world, will be discussed.

4.2.2.1 *"Black people are different to us"*

The participants were asked about their perceptions regarding the reasons why the HIV and AIDS epidemic is alarmingly high in South Africa and particularly amongst black people. The participants' perceptions that black people and White people are essentially different were consistent across transcripts. Moreover, the participants revealed their perceptions that the reasons that the HIV and AIDS epidemic is so high amongst black people is located within these racial differences. When the participants were asked what accounts for the high prevalence of HIV and AIDS in South Africa in general and amongst black South Africans in particular, they responded by saying that the central reason is that black people are uneducated in general and specifically regarding the virus. In the extract below, Participant 7 reports feeling that black people are uneducated about the severity of AIDS and about the ways in which it is spread. Furthermore, Participant 7 reported feeling that White people have been educated about the virus and that black people have not been informed because they were not as privileged as White people to receive important information. Thus, Participant 7 believes this has resulted in black people being naive about the virus and believing myths about how it is spread.

I think the number one problem is education. I think that it's probably a huge contributor to the black community being unaware and uneducated about how drastic and destructive HIV is and how it's spread and why it's spread. At school we were taught about what not to do and how AIDS really spreads and I don't think the black community were as privileged to be exposed to that. So there are silly things we were taught to not believe like if a mosquito bites you and it goes to the next person they can catch AIDS. I think also for the black community some of them spread AIDS because of cultural things and rumours. There are terrible things like the belief that if you rape a baby you'll be cured of AIDS. I mean that's absolute rubbish but that comes through, the different

hierarchies within the culture or whatever and it's just actually such deception and lack of education really. I think apartheid's really separated the two races in that way. So I think that not having education has a big impact on them (Participant 7).

Many of the participants reported that they felt that apartheid played a role in black people not receiving an education and thus being uneducated about AIDS in the present.

I think it's definitely got to do with education and obviously in the apartheid era with all the pass laws education was not as readily available, freely available or easily accessible for a lot of the black population so definitely it started with an era of lack of education then and I think that's obviously linked to a lack of education now (Participant 9).

Thus, participants asserted that they believe that black people being uneducated leads them to believe myths about the disease and to be uninformed of the facts about HIV and AIDS, and thus spreading the virus. In light of this, when the participants were asked the ways in which the high prevalence of HIV and AIDS can be lowered, they reported that black people being educated would bring the prevalence down. Moreover, the participants asserted their belief that White people educating black people about the virus is the number one solution. For example, when Participant 3 was asked about the ways in which the AIDS prevalence can be reduced she replied by saying:

Just by going into the rural areas and talking to people and talking to the women and just saying be careful... that's all it is to me, it's us letting them be aware of what is going on (Participant 3).

Thus, it appears that the participants believed that black people do not have the same understanding of AIDS that White people do and, furthermore, that the understanding that White people have is superior. Thus, White people are construed by the participants as intellectually superior to black people. Therefore, the participants believe that the only means of helping black people understand the facts about HIV is for White people to educate them about HIV and AIDS.

To me a lot of these things are just pure education and who gets it out there properly, who explains it properly and who doesn't. I think any issue like that

comes down to basic education...telling people, explaining to people, helping people (Participant 3).

If educated people started programmes where they go into communities and did more educational work and talked to people one on one, maybe that would help even more but I don't know. People just need to talk about things or be told they can survive with AIDS and that they just need the right medication and of course that they mustn't spread it because of X, Y and Z (Participant 7).

The idea of White people educating black people in order to influence their behaviours and thus bring down the prevalence of HIV and AIDS implies that White people are different from black people in the sense that they are intellectually superior, as they take the role of teachers and black people take the role of students. Thus, the responsibility to solve the AIDS problem by educating black people so that they will not spread the virus is seen as resting on competent and educated White people.

Some of the participants expressed their feelings that apartheid and the resulting lack of education amongst black people has lead black South Africans to mistrust White people and thus to discard the information White people share with them regarding HIV and AIDS. This is perceived by some of the participants as perpetuating the high prevalence of HIV and AIDS amongst black people and as hindering any progress regarding decreasing the prevalence rates. For example, Participant 8 expressed her belief that HIV and AIDS prevalence is high amongst black people because they do not make use of contraception as a result of their mistrust of the White people who advocate it.

I think it's paranoia in the country whereby it's a White thing to say use contraceptives, to use condoms wah wah wah and there's a paranoia based around the belief that is some negative evil twist to our diabolical plan. I mean I would tell anybody that when having sex with people you must use a condom or contraception. I mean in the White community the girls are going on contraception as early as 15, 16 and the parents are saying you are not having a baby because you have not finished school yet and that's just the way it is. The point of the matter is that this is what we need to do to in order to not ruin the rest of our lives. So I think it's really just based around...I don't I don't like to call it ignorance 'cause I don't think it is ignorance because they know it's

there so it's not that people don't know it's there, I think it's just a conspiracy theory around AIDS which is the problem. The reluctance to use contraception and let go of the trust issues will die out as generations carry on and they see more and more of their people dying (Participant 8).

Participant 8 expresses her belief that black peoples' refusal to use contraception is a result of their mistrust of White people as opposed to their lack of education. However, although this participant does not attribute the cause of black people's refusal to use contraception to lack of education, she expresses a perception of black people being mistrusting and blinded by their own paranoia. The participant appears to be expressing her own belief that this is unintelligent by contrasting the refusal of black people with the compliance of White girls that take contraception because they think about and value their futures. Thus, black people are set up as inferior to White people on the basis that they allow mistrust to cloud decisions that are serious and potentially life-threatening.

When asked why they think the prevalence of HIV and AIDS is so high amongst black South Africans, many participants reported black peoples' sexual behaviours as being a core reason. Furthermore, the participants appear to believe that these sexual behaviours differ from the sexual behaviours of White people and thus contribute to the large numbers of people with AIDS in the black population when compared to the numbers of people infected with AIDS in the White population. A thorough analysis of the data revealed that the participants hold a close association between their ideas regarding education, culture and sexuality. Thus, some participants reported feeling that black people's culture, which is different to White people's culture, influenced their sexual behaviours and beliefs. Furthermore, participants reported feeling that "African culture" plays a role in the high prevalence of HIV and AIDS amongst black people, although they simultaneously expressed not knowing much about the culture. In the extract below, Participant 2 expresses the belief that one possible explanation for the high prevalence of AIDS amongst black South Africans may be that black people who are homosexual or bisexual spread the virus to others.

I know in terms of culture you know there's such differences, such huge differences...I don't know if in the black South African culture, if you are not allowed to be openly gay... I know if you take a place like Holland it's ok for gays to even have weddings in public...I mean it is the 21st century or whatever... because in the end we know AIDS gets transferred that way so

we've got to know that somewhere on the line there is quite a huge amount of people that are gay or both ways. Otherwise why would we have such an explosion of AIDS in Africa? Especially if they go both ways you see, it goes from there and the girlfriends and the wives and the many wives or whatever your culture is you know it obviously then spreads (Participant 2).

In this extract, the participant implies that black culture is different to White culture in the sense that people in Holland are allowed to be gay and that she does not know if black people allow this. Thus, black culture is portrayed as different to White culture in the sense of it being less sophisticated and modern than White culture. Furthermore, the participant implies that black people who are gay are also promiscuous because they spread the virus from their girlfriends to their wives. This appears to suggest that black people are morally deviant because they are promiscuous and reckless in their relationships and sex lives.

An analysis of the data revealed that participants believe black people's lack of material possessions and money and their segregation from the "outside world" leads them to use sex as a form of entertainment. Therefore, when asked why HIV and AIDS prevalence is so high amongst black South Africans, some participants reported that they felt it is because black people use sex to entertain themselves. This is encompassed by the following two extracts:

I think it could be more of an escape for them to sleep with other people because they don't have money and because they can't go to the movies and that type of thing. It could be an escape or a social thing (Participant 7).

Somebody the other day funnily enough said that because the rural areas have not got much connection with the outside world, sex is black people's form of entertainment... I contribute a lot of the AIDS problem to the fact that there's a lot of cut off from the outside and you know it's almost like being in a prison (Participant 3).

Now if you're talking about a village full of Whites for instance coming away from this black story and there they are not allowed to have cell phones, they're not allowed to have boyfriends at some stage the kids will try and find out what it's like so they do it amongst themselves. I'm trying to think of the word and I can't think of the word but you know then you're doing it with your

half-sister or your half-brother, you know? (Participant 2).

In these extracts, the participants are expressing their beliefs that AIDS spreads among black people because they differ from White people in that they do not have material possessions or are “cut off from the outside world,” a world of which the participants, as White people, are a part. Thus, this world is depicted as modern and as possessing many forms of entertainment and a sense of freedom. Therefore, the world to which White people belong is construed by the participants as economically superior to that of black people. The participants assert that, because black people are isolated from this world and cannot access it (this is depicted by statements such as they are “*not allowed* to have cell phones”, and are “*not allowed* to have boyfriends”, and by comparing black peoples’ distance from the outside world to being in prison), they use sex as an escape or a form of entertainment. The notion of using sex as a form of entertainment implies that sex is not taken seriously by black people. This, in turn, implies moral inferiority among black people in comparison to White people. Another way in which the participants presented their perceptions of White people as being different and better than black people was by holding the government partly responsible for the high prevalence of HIV and AIDS amongst the black population in South Africa at present.

But I believe that with the change of government in 1994 when Mandela took over and uh I have the greatest respect for him but nevertheless he was aware fully aware that AIDS is a very big problem but because he was an aged man, it wasn’t the done thing to speak out and his particular um set up they don’t like an older man talking about sex and talking about issues of AIDS and he did speak out on occasions, it has been recorded where he said that people must realize that this is going to be a huge problem. If it had been a young female black president, she could have then made more of a difference on that issue because she could have spoken out about AIDS and it would have been accepted, that’s the difference (Participant 6).

And then after Mandela came Thabo Mbeki and he put us in even more trouble because he just denied things, he prevented medicine from being officially allowed for all people so 330000 died under his time until they allowed the medicine to come into effect (Participant 6).

To me a lot of these things are just pure education and who gets it out there

properly, who explains it properly and who doesn't and I mean as I said you heard our revered president and his views on AIDS and that's not helping anybody at all (Participant 3).

In the extracts provided above, the participants express their beliefs that the South African government has failed to educate people about HIV and AIDS, and has also perpetuated the AIDS crisis. The participants that held the government responsible for contributing to the AIDS crisis in South Africa only made reference to black presidents governing since the end of apartheid. This is interesting in light of the fact that most of the participants acknowledged a link between the effects of Apartheid on the present AIDS crisis in South Africa. Thus, by holding the post-Apartheid government responsible, the participants are contrasting black people's approaches to dealing with pertinent social issues with White people's approaches that are inherently portrayed as better.

In light of the differences that the participants perceive to exist between black people and White people, an analysis of the data revealed that the differences implied an evaluation of the participants' ways of thinking and behaving as different and as better than those of black people. Thus, White volunteers' perceptions of black people as less educated, sexually promiscuous and irresponsible, lacking in material possessions, and handling social problems erroneously in comparison to Whites, implies that they are intellectually, morally and economically inferior to White people. The participants also perceived stark differences between their own circumstances and the circumstances of the children. A discussion of these perceptions follows in the next sub-theme.

4.2.2.2 *"Volunteering highlights my privilege"*

One theme that emerged in the analysis is the White volunteers and the black children both gaining new perspectives as a result of the volunteer work. The participants reported feeling that their volunteer work has given them a new sense of appreciation for the privileges they have in their lives. This appreciation is rooted in the participants comparing their own situations to those of the children and evaluating their positions as starkly different and as much more desirable. Thus, all of the volunteers reported feeling that volunteering with the children leads them to appreciate their own, better, circumstances.

When you start going to the organisation you start realizing what you have in

terms of material things, and in terms of love and affection. I mean the mere fact that I could go home from school and have two parents who devote complete attention to me, helping me with homework, feeding me, helping me just giving me love then going there and just seeing that they don't have that. You imagine that they probably didn't have any of that, they were abandoned and didn't have that you do think that wow I'm so lucky (Participant 10).

Volunteering helps humble you... it gives you a reality check of who you are as a person and the privileges you've been given or I've been given um and the opportunities you have in life. These kids weren't chosen to be born into these families and into these circumstances and with parents who had HIV you know what I'm saying? So um for me I think it's a very sobering and humbling thought to know that I've been really given the best opportunity in life and to go and help people (Participant 7).

I suppose that volunteering gets me out of myself. Every now again I think, "oh poor me", and I've been left a widow and I've got this, this and this problem, and then I think, "for heaven's sake what's wrong with you girl? You know there's so much hardship out there". So the children do me good, they're doing me a favour as well. I just have fun and I think, "look at what I've got and look at what they've got", so I tell myself to shut up and stop complaining (Participant 3).

I suppose I was really privileged to come from a good background and my parents were lucky enough to have good jobs and I suppose the other volunteers, even though we're not all very rich, we come from really good backgrounds. I mean I don't know I suppose maybe sometimes you just think that you are lucky to have come from that side (Participant 9).

And my kids also learnt to think about how lucky they are, not only because they have a mommy and a daddy, but also that they have always had the things they want and need, these things are always there for them, it could be so different (Participant 6).

These texts are illustrative of the participants' perceptions that by spending time with the

children and seeing how little they have, the participants have come to realise and appreciate how privileged they are and how disadvantaged the children are in comparison. Therefore, by comparing their own circumstances with those of the children, the participants appear to become more cognisant of the stark differences between their own lives and those of the children. It appears the participants' perceptions that they are much better off than the children moves them to "better" the lives of the children by contributing to their development; cultivating new perceptions within the children. Thus, the participants expressed that, by showing the children what is out there, they feel they are contributing to the children's development because they are teaching them valuable lessons and helping to "shape" them, thereby enhancing their lives.

It's amazing to see people develop, it's quite rewarding, to see you spend time with them and have shown them love and care and it really has impacted on their lives and they change as people so you feel like you are contributing and shaping or helping in their development (Participant 7).

At least now I've given them tools on how to think, how to handle situations and what to do in certain situations. And I'm very happy with that. And I taught my kids that same sort of lesson (Participant 1).

Hence, it appears that the participants' perceptions that their world is better than that of the children moves them to try and improve the lives of the children by making them more accustomed to the participants' ways of life and by encouraging the children to aspire to be more like, and think more like, the participants. Thus, the participants expressed their beliefs that they are contributing to the development of the children by showing them "what is out there" and by teaching them how to act appropriately in the outside world. Thus, an overarching theme is that the participants perceive their world to be better than that of the children and thus believe that the children will have better lives if they experience the things that are familiar to the participants and to become more like the participants.

4.2.2.3 "We teach the children about society"

The participants reported that they believe it is important for the children to see unfamiliar sides of life. It is interesting to note that the participants appear to construe the events and practices to which they are familiar as normal. Thus, the participants reported giving the

children the opportunity to experience events they consider “normal,” such as going to shopping malls and movie theatres.

I suppose I wanted to do a good thing really and also show them things that they don't get to do you know what I mean? They don't always get to go to the mall and to do normal stuff like other kids do you know what I mean? (Participant 8).

They need stimulus. You know and they just need something else. I hope to provide that by taking them to the movies you see because by doing that they seeing as well what else is out there (Participant 3).

Every experience to them is an educational one isn't it? They are always learning something even if it's going to Monte Casino. For us that's a normal, everyday thing, but for them seeing other people and places is good (Participant 10).

These extracts are illustrative of the volunteer's perceptions that the things they do on a regular basis are “normal.” Thus, by showing the children the “world out there” the participants appear to be presenting their own world to the children. Furthermore, by considering the children's world to be estranged from practices such as going to shopping malls, the participants are not only implying that the world of the black children is different from their own world, but also that their world is out of the norm or abnormal. In addition to bettering the lives of the children by providing them with the opportunity to do normal activities, the volunteers also believe that they improve the lives of the children by teaching them how to act in society so that they may be acculturated and accepted by others.

The participants expressed the belief that it is essential that the children become integrated in society and learn how to behave in public in order for them to become acculturated and have a better life.

I also can't let him run round. At the end of the day you've also got to groom him for society you know what I mean? If they want to be in a society where I'm taking them to my friends' houses they have to be able to say please and thank you at least (Participant 6).

I make her see in different ways so that people can't turn around one day and say "because you are black, because of your culture, because you are not White, because you are thinking differently." I'm making her see that when you go to a restaurant you sit and behave, not because I want her subdued or whatever, but because that's what one does when you go to a restaurant you behave (Participant 2).

The other ladies that help around the home with the cleaning are probably also not educated people so they [the children] are not going to be given reinforcement. So maybe from that perspective maybe it could be a black and White thing because if it was White caregivers they might be saying please thank you whereas for us these are important things. Unfortunately in this time we live these are important things no matter where you come from. If you're going to a social environment and you can't say please and thank you won't be accepted...these people don't go into those environments so I suppose they are just not getting that reinforcement which is problematic...and I don't think they're going to be able to actually go into a normal work environment and blend because they don't learn those things (Participant 8).

Participant 8 thus expressed her belief that providing these experiences is important as the children are not raised to prioritise good manners because they are raised by black caregivers. She expressed her belief that if the children were raised by White caregivers they would not be in as much need of "grooming" as they are at present. These extracts are illustrative of the volunteers' perceptions of the society of which they are a part as being the society which prescribes what is normal and acceptable. The participants expressed the belief that they felt the need to teach the children how to be accepted into society and how to fit into society so that they can be accepted by others and have a better life. The volunteers also believe that seeing what else is out there will inspire the children to strive for a better life.

4.2.2.4 *"I inspire the children to strive for a better life"*

The participants reported believing that the children will be inspired by seeing the ways in which the participants live and will thus strive to attain the things they have by working hard, such as the privilege of travelling abroad and having a high level of education

I think one thing that is rewarding is helping their minds develop. They don't have our children's privilege of travelling all over the place so if we can bring in these kind of experiences by bringing them things from overseas and talking to them about these places it helps. Hopefully then they will they start to think when I'm grown up I want to go there, I want to do what *Louise did and what *Jenny did. I do these things so that they will be inspired to have more (Participant 5).

The rewarding thing for me is that I made her see and appreciate better things, and maybe even strive for them. Well she's too young now but when she gets older, maybe she will do better at school and university having seen what is out there. If we are around then we would love her to go to college, university or whatever it is. To do better (Participant 2).

I feel that if she sees all that we have then when she is a teenager she will be able to turn around and say that she knows we had to work for it. She will know that all she needs she must work hard for, even if it means washing dishes. She will get this way of thinking one day and understand that people get far in life by hard work; things just don't happen you know (Participant 2).

Thus, these extracts are illustrating the participants' perceptions that by acculturating the children into society they are providing them with the chance to have a better life. This illuminates the underlying perception that the world to which the participants belong is superior to the world of the children, and the only way for the children to do better is to conform to the ways of that world. Moreover, it is also expressed that by showing the children this other world, the participants are teaching them that good things come through hard work, and the value of work and of money. Thus, the participants imply that with enough hard work and motivation, the children can achieve the things they desire in life. Participants also expressed the perception that showing the children a different type of life may lead them to feel deprived of things that they do not have. Furthermore, participants expressed the belief that the children may never be able to have the things of the "world out there."

I think unfortunately they as I think all kids of this sort might look and say "they've got that and that and that" and I mean that is actually just life unfortunately you know if you go to places like Monte Casino, you're going to

see people with a lot of money. You're going to see people doing this, you're going to see people doing that but I think if they can grow up and realize that there are other people out there and it is going to be different because they've got to learn to live a life as well. Unless they live here in the home, they're actually going to need to go into the big wide world so if they can learn now that not everybody's the same and they never are going to be and they can see them and just say "ok that's where I sort of fit in" I think that's quite good. I do think they should be allowed to have as many opportunities as they can to actually go out and see and do things they want if they can. I think the volunteers we just try to do different things with them just to give them a better life. You can't you can't live here 24/7 you know even though the people are so wonderful, they need to get out and be assimilated (Participant 3).

You have to overcome people's opinions that I made her life more difficult because she saw part of the world that she might not have, But I don't see that I'm doing wrong in that but I can see how people can conceive that idea that life be...maybe when she's older, maybe she won't be able to separate those two worlds and maybe we would have to take a step back (Participant 2).

This perception of the two different worlds may be thought of as representing the dividing line that the stark differences in socio-economic standings amongst South African people draws in terms of financial wealth, lifestyles and opportunities to do things that are expensive. The extracts reveal that although the participants want to show the children good things that they hope the children will aspire to achieve, the participants appear to believe that this aspiration may never culminate in the children having the things the life they desire. Thus, an analysis of the data revealed that the participants appeared to perceive two worlds that are separate and that may never be reconciled.

In conclusion, the participants appear to believe that White people are different and better than black people, primarily in terms of education, sexual behaviours and culture. The participants also perceive their own lives and their own ways of thinking and behaving to be better than those of the children. Thus, the volunteers appear to feel that the best way to help the children have a different and better life is to become more like the participants, by becoming part of the society to which they belong, and by working hard. However, the participants also appear to believe that there is a possibility that the children will never have

similar lives to those of the participants.

4.2.3 *Theme 3: “Volunteers are good people”*

The data revealed that participants did not feel that racial dynamics played a role in their decisions to volunteer or in their day to day interactions with the children. They emphasised their beliefs that race does not mean anything to them because all people are the same and should be treated as such. Thus, they appeared to associate being cognisant of race or construing racial dynamics as significant in their work as bad and undesirable. This became evident in the way the participants associated seeing race and being cognisant of colour with stigmatisation and with people that they believe to be racist. Thus, it appears that volunteers equated seeing colour and being cognisant of colour with ideas of being racist. In contrast to this, they associated not seeing colour or not understanding the meaning of colour with innocence, and thus with goodness.

4.2.3.1 *“I don’t see colour”*

All of the volunteers reported their beliefs that racial dynamics did not come into play in their work as volunteers despite the fact that all of the children at the home are black and all of the volunteers are White. All of the participants reported that racial dynamics did not come into play in their decisions to volunteer as well as in their experiences as volunteers with black children. The participants reported the reason they felt this way is because they “do not see colour” and that colour does not influence their interactions with the children. Furthermore, the participants associated not seeing colour with children and with innocence. Conversely, seeing colour was always spoken about as something undesirable.

That little girl [the black child] goes with my daughter ice-skating, they are White, she’s black, and they don’t even think a thing. We don’t see that. I speak to my staff you know about things that are black and White and we don’t see it from each other so I don’t know where it comes from (Participant 2).

All of the participants reported not seeing colour and colour not being important in their relations with black people. Not seeing colour was associated with children and the innocence of children. Interestingly, some participants reported noticing evidence that children see colour as they often comment on the colour differences between people or question the participants about colour differences between black and White people. However, it is not

merely noticing physical colour that appears to have a negative connotation in the eyes of the participants, but rather *understanding what colour means*. Thus, understanding what colour means implies that the meaning of colour is something that is taught and is learned. This became apparent in participants saying that they educate the children in a way that makes them understand that, although people may be different colours, they are all the same inside. Understanding the meaning of colour was reported to be undesirable as is evidenced by participants reporting that they do not teach the children to see colour. Moreover, children noticing colour appears to be accepted as reasonable in the views of the participants. However, the participants rather linked children not understanding *the meaning of colour* to their innocence. These aspects of colour-blindness are illustrated in the following extracts

She knows that she's black but she doesn't understand what that is because she will say to me she's nearly the same colour as me but she's not the same colour as my one daughter who is incredibly White, pale the sun will burn her to smithereens you know, she will compare and talk that way. She knows she's black, she knows she got the darker colour but she doesn't understand what black is. She is just a child (Participant 2).

But from what I've noticed there's never been a racial thing between the children and volunteers because the volunteers or the parents of the home don't show them that so I think because they're innocent and they actually don't understand colour it's not really an issue, well not that I've picked up (Participant 7).

The kids don't judge you for what you look like, what colour you are, they are just innocent children who are grateful that you there and that you want to play with them (Participant 10).

The main reason colour-blindness was portrayed as negative by the participants appeared to be the association they made between colour-blindness and the "dividing line" between the races. Thus, it appears that the participants viewed colour-blindness as representing the absence of racial segregation and a sense of "sameness" between races. Therefore, colour-blindness appears to imply that people from different races are essentially the same and that this is a positive step towards racial equality in South Africa.

I think we've tried to give the children a sense of non-colour and it does happen often where the children will always question why is our skin different to their skin but we just try to educate them about the fact that everyone might look different on the outside but everyone's the same on the inside (Participant 9).

I think maybe my generation haven't been swayed or taught to see colour as much as it used to be a problem obviously with the whole apartheid thing. So I think there is an attachment to black kids having AIDS and I think you find more black kids with AIDS. I haven't really come across too many White kids with AIDS to be honest. So for me that [race] isn't really an issue or a separation problem (Participant 7).

I think it's really becoming a lot more common that children can't actually see colour. Or they see it but it doesn't mean that dividing line you know? A lot of the younger kids that you deal with now almost don't see colour... a lot of South Africans still do. Especially the older generation still do see it so distinctly and still believe each colour has its own specific role to play. There's still so much inequality there and they still view the two cultures and the two races as completely different (Participant 10).

The link between older people seeing colour and this representing the "dividing" and segregating the different races was made by several participants. Thus, the older generation is associated with seeing colour and understanding its meaning as something that separates and divides people of different races, thereby construing people of other races as different. Conversely, the younger generation appears to be associated with colour-blindness because they have been in school with White children and thus White children see them as the same.

We have been brought up in more of an equal society and have been exposed to black people since we have been going to school and learning. We have a lot more socialization and interaction with blacks and not as much segregation so I don't think younger people or younger generations see as much of a divide between races as previously. I still feel that there's definitely still a lot of racism, in the older generations (Participant 9).

When I left school I realized that race was so divided because I also went to private school so we had black children in our school so it wasn't alien to us. It was just the way things were and then I went to the U.S for six months after I finished school and then I realized wow people really don't like people from South Africa (Participant 8).

The data analysis revealed that participants feel that colour becomes an unavoidable and salient issue when they are out in public with black children from the organisation. The participants reported that the public are not colour-blind and not only see colour but appear to feel the need to make this known to the participants.

I actually had a little run in with a man in the supermarket because he was so rude to us and I know I just feel it's because of the black children... I can just feel that complete racist attitude and I was like you know I suppose I became like a mom or like protective and stuff (Participant 8).

I think what I have found in terms of the colour differences is when you take the children on outings and see that there is still such a stigma in the society. You can see it when someone will come up and ask you are these your kids or who's kids are these and you'll say mine and they almost look at you as if you know really? They can't be yours because your colour's different, your skin colour's different so I found that's a massive thing is when you go out into society and people still look at you differently when you walking with a whole lot of black children (Participant 9).

Therefore, the volunteers appear to perceive themselves, and want to be perceived by others, as non-racist because they do not construe colour to be important and because they do not see colour as the dividing-line that segregates black and White people. Thus, the participants believe that, although racism is still prominent in the South African population, and particularly among older South Africans who lived during apartheid, the participants are not racist.

Another way in which the volunteers appeared to construe themselves as good people is by positing that they are not to blame for the high prevalence of HIV and AIDS amongst black South Africans.

4.2.3.2 *“I don’t feel guilty”*

Most of the participants believe that apartheid had some influence on the current AIDS epidemic in South Africa and on the high numbers of black people being diagnosed with HIV or AIDS in South Africa. However, when the participants were asked whether or not they believe that White people have a responsibility to make reparation for the past by consciously making efforts to tackle the current AIDS crisis, all of the participants expressed a belief that White people do not and should not feel a sense of responsibility to engage in behaviours aimed at correcting the wrongs of the past or making reparation for what was done during apartheid and the effects this had on the current AIDS crisis in South Africa. Furthermore, all of the participants denied feeling that a sense of guilt over what was done in the past motivated them to volunteer with the children. Although the participants believed that Apartheid contributed to the high prevalence of HIV and AIDS among black South Africans in the present, they did not feel that, as White people, they should feel a sense of guilt about this. Thus, when asked if they believe White people volunteer with black children orphaned by AIDS and who are HIV positive, as a means of making reparation and undoing the “injustices of the past”, the vast majority of participants said they do not believe this to be true. Furthermore, all of the participants expressed that this is not the reason they volunteer at the organisation. Moreover, the participants also expressed their beliefs that other White South Africans are not making a concerted effort to restore what was damaged during the apartheid era by volunteering with black children that are HIV positive and/or orphaned by AIDS. For example, Participant 7 stated

I don’t know if people are going back and feeling regret...I don’t know how much in that effort that they’re going back and trying to almost restore what they broke down (Participant 7).

Some of the participants reported not feeling a sense of guilt about apartheid because they were too young to remember it and thus did not participate in it. This was articulated by Participant 8

I really don’t see it [apartheid] as my responsibility. What’s happened in the past is a terrible legacy for the White people in the country but I don’t feel responsible for it because I mean even though I was actually around during apartheid I matriculated in ’94 when Nelson Mandela became president and

before that I was in school (Participant 8).

Furthermore, participants made reference to other countries in order to detach themselves from a feeling of guilt about Apartheid. This was done in two ways. Firstly, some participants reported not feeling responsible for the damage done by apartheid because their families did not originally come from South Africa. Thus, they expressed a sense of detachment from the country as a whole. For example, this was the case with Participant 2. When she was asked if she thought White South Africans feel a sense of responsibility to right the wrongs of apartheid in the present, she explained not feeling a sense of responsibility for apartheid because she is not a South African as she was not born in South Africa.

You know people often tell me that I volunteer because I feel sorry for the blacks. It's got nothing to do with that. That's why I said to you in the beginning I'm not even South African so if you want a true South African you'll have to go and ask them because I don't even think of black AIDS, it's a child, full stop (Participant 2).

This same participant later contradicted this statement by saying:

I've been here for 35 years, I'm South African. In my heart I'm South African (Participant 2).

Thus, when the participant was asked a question about feeling a sense of responsibility to fixing the wrongs of apartheid, she replied by withdrawing her identity as a South African. Similarly, when Participant 8 was asked the same question she responded by emphasising her parents' European heritage.

My dad's Scottish and my mom's German from Namibia so her parents are from Germany so I'm the first South Africa per se. Do you know what I mean? So really, also my mom became a South African when she moved to South Africa when they were...she must have been in her early 20's so technically my parents aren't even from South Africa so they didn't have a part in apartheid (Participant 8).

Both of these extracts are illustrative of the participants' use of referring to allegiances with other countries as a means of explaining why they do not feel responsible for the negative

effects of apartheid. Participants also reported not feeling responsible for the effects that apartheid had on the present AIDS crisis amongst black South Africans because they feel as if they are unfairly discriminated against in order to correct past injustices. Thus, participants appeared to believe that they are also victims of apartheid.

The weird thing is it's the younger generations who are feeling it. I guess maybe we are the ones that are discriminated against now you know what I mean? So we are feeling the brunt of what former generations have done I guess it's also a double-edged sword because on the one hand why should we feel guilty for something we never did? (Participant 8).

In the extract below, Participant 9 explains that she does not believe she, as a White person, has benefited much from apartheid. Furthermore, she expresses her belief that White people are also the victims of apartheid as they are being discriminated against on the basis of the colour of their skin in the present.

I don't feel that we are the way we are or that we come from the backgrounds we have because we are White, because I have lots of friends where that's not the case at all. But I mean it did play a role in positioning us but my parents work very hard, very very hard to send us to good schools and to do things like that. I suppose it's annoying when people just say that if you White it means that you had a future. I mean even now if we think about the problems with jobs in the country like the fact that a lot of black people are getting jobs over White people because of past apartheid. Well I agree that they should be given a chance but it also should be based on the content of your character and how hard you work and I think there's a tendency to blame everything in our country on the past and on race and things like that whereas it shouldn't be like that (Participant 9).

When asked about whether or not White people should feel obligated to help black people who have AIDS because of its link to apartheid, some of the participants shifted the focus away from the problems of black people to the problems of White people. Thus, avoiding having to talk or think about black people's struggles. The following text depicts Participant 4's response when asked if she has any thoughts on why there appears to be more black children with HIV than White children with HIV in South Africa:

I think because it's more widespread under the black population and then they obviously get born with HIV. You know like we've got a case where we have a holiday home in Mpumalanga and that a lady's daughter was raped, gang raped and she landed up with HIV and so I think that was the first time I was exposed to a White person with HIV. She's battling, she has her ups and downs going in and out of the clinics but she's coping, she's fine, she's a young woman now and she's uh doing okay (Participant 4).

This participant's response is similar to the response given by Participant 10 in that Participant 4 is shifting the focus to White people as victims when speaking about the reasons that black people seem to be affected by HIV and AIDS more often.

Another way in which the participants denied a sense of guilt regarded the high prevalence of HIV and AIDS amongst black South Africans was by normalising apartheid and the South African AIDS epidemic by comparing it to the AIDS epidemic in other countries. By doing this participants appeared to minimise the impact of apartheid on AIDS in South Africa because other countries also experience the same problems. This appears to contribute to their feeling that they, as White people, and White people in general, are not to blame for the high numbers of black people infected with AIDS in South Africa.

In this land there was less apartheid than in Holland and France. In those countries, there has been more apartheid than here. The South Africans wouldn't know about that but you will find that there are orphans there too. Children would go to school with no school uniforms and the ones that could afford school clothes would pointing fingers at the ones that didn't have. So in this country, you're talking about black and White, it's all over and I speak from my opinion and it can only be my opinion but overseas there was apartheid worse than here (Participant 2).

If you go to places like Russia today, Russia has an ongoing huge AIDS epidemic, it's not through anything of to do with race, it's to do with drugs, and it's to do with the fact that people use needles. So you'll find they've got AIDS there too. I don't think it's to do with apartheid at all (Participant 6).

In conclusion, the participants do not feel that they, being White people, have played any role

in the high prevalence of HIV and AIDS amongst black South Africa. Therefore, the volunteers perceive themselves to be innocent in the HIV and AIDS epidemic, and to be good people who are uninvolved in the perpetuation of the virus.

4.2.3.3 *“I make a difference by volunteering”*

The participants believe that they are making a positive difference in the greater AIDS epidemic in South Africa by volunteering. Participants reported that their work as volunteers is important because they educate the children about ways to reduce the spread of HIV and they help the children to manage the disease with medication. Furthermore, the participants believe volunteering is important because it leads people to feel compassion for others. Thus, volunteering makes the participants feel good about themselves.

Participants reported feeling that, by educating the children about how not to spread the illness and how to protect others from contracting HIV from them, they are influencing the bigger picture of HIV and AIDS in South Africa. When asked how they believe their work as volunteers in influencing the greater epidemic of AIDS in South Africa, Participant 7, 9 and 10 replied in the following ways:

So volunteering alleviates the problem and helps AIDS kids manage the disease or the sickness. By helping them manage it we as volunteers are giving them more of a chance of surviving. We also want them to have an education so they don't go and spread it further (Participant 7).

We try to educate the kids so that they can hopefully make wise decisions... especially some of our girls and boys that are obviously HIV+. We aim to help them know not to spread the disease. Hopefully educating them and helping them in volunteering and investing in their lives here will almost be like a pay it forward where they'll be able to go and do the exact same in other people's lives (Participant 9).

Hopefully we are able to teach the children about HIV and transmitting it so they will be educated enough to know how to prevent transmitting it further (Participant 10).

The participants highlight their perceptions that they are non-racist and thus different to racist

South Africans by explaining that volunteerism has enlightened them and has helped them to perceive black people and people with AIDS in a better, fairer light. Hence, participants reported volunteering leads them to be less judgemental towards black people. Thus, the volunteers come to feel good about the fact that they gain a better perspective of black people by interacting with them.

I think it [volunteering] opens up your heart for the black people more, the more you work with them 'the more you realise they're actually very nice people like everybody else so I think it just widens the horizon (Participant 4).

When you work with them [black children] together you really recognise that they are human beings like you and as soon as you know them personally they become dear to you. I think that is a healthy thing and people should be more exposed to that to know people at a personal level (Participant 5).

So it's actually quite amazing you know I think when you know black people I think you become more compassionate with them (Participant 1).

You see that's why I say, it's not just the children that gain something, and we gain something too by having our eyes opened or thinking more or not judging as much as we would have done. We all get something out of it (Participant 2).

The above extracts illustrate the participants' beliefs that through spending time with black people and people with HIV or AIDS, they have also come to be less racist and judgemental and have come to see black people in a more positive light. This is contrasted with racist people who they encounter in public; people that hold unfair judgements of the children as different and unlovable. Thus, through volunteering, the participants come to perceive themselves as compassionate and non-judgemental. In conclusion, the volunteers appear to perceive themselves as good people because they believe they are not racist and they are not guilty of perpetuating the AIDS virus amongst black South Africans. Furthermore they reported feeling good about the fact that they make a difference in the context of AIDS by teaching the children about the virus and helping them manage it. Finally, the volunteers perceive themselves to be good people as they see black people as similar to themselves and come to define themselves as being compassionate and non-judgemental.

Chapter 5

Discussion

The aim of this study was to explore White women's perceptions of the reasons they volunteer in the context of HIV and AIDS. The study explored the perceptions of these volunteers through the lens of critical race theory and critical Whiteness studies in order to explore the role that everyday racism plays in their work as volunteers. Furthermore, the study aimed to investigate the ways in which the White volunteers construct their racial identities in the context of volunteering with black children. The findings will now be discussed.

The findings of this study suggest that the volunteers feel and portray a sense of indifference towards the HIV and AIDS epidemic in South Africa, despite the fact that they choose to work in the context of HIV and AIDS on a regular basis. Therefore, instead of contradicting previous findings on racism that suggested that White women in South Africa feel a sense of detachment from AIDS in their everyday lives (de Kock & Wills, 2007; Petros, et al., 2006), this study appeared to qualify these findings to a certain extent. However, this study is unique because it is the first study exploring the perceptions of White volunteers, whereas previous studies have explored the perceptions of White women working in education and White university students. The findings of this study suggest that aspects of everyday racism such as racial "othering" underlie this sense of detachment or indifference reported by the volunteers. Furthermore, there is reason to believe that this indifference is partly a portrayal of how the volunteers really feel and partly a reflection of how they wish to be perceived by others. Thus, the volunteers' desires to be identified as non-racist and non-discriminatory and thus as "good people" appear to contribute to their apparent indifference towards HIV and AIDS evidenced by their minimisation of the impact of HIV and AIDS and their reluctance to talk about or to acknowledge HIV status among the children with which they work. These findings will now be discussed in more detail in light of previous studies that have explored racial dynamics and the notions of everyday racism among White participants.

5.1 Volunteers' indifference towards HIV and AIDS

"Othering" of black people with HIV and AIDS, rooted in essentialist beliefs about race and culture, appears to underlie the volunteers' sense of detachment or indifference to the AIDS virus. This "othering" is rooted in their beliefs that black people and White people are

essentially different in terms of education, culture and sexual behaviours. Similarly, a study conducted by McKinney (2007) on South African university students, revealed that black and White students also produced essentialist views about culture and race. This is interesting in light of the fact that cultural differences were the ultimate justification of apartheid because culture represented a means of insisting on difference without the need to define precisely on what grounds the difference was predicted (Dubow, 1995,). The essentialist belief that the students in McKinney's (2007) study as well as the volunteers in this study expressed positing that racial groups in South Africa are homogenous, share the same culture and are fundamentally different from each other, is not only incorrect but may be understood as a direct expression of apartheid ideology as it is morphed into the present (McKinney, 2007).

These assumptions are thought to lead to a strong "othering" of racial groups and continue to construct divisions within society (McKinney, 2007). Similarly, Carrim and Soudien's (1999) study on student identities in desegregated schools in the Western Cape and Gauteng provinces in South Africa revealed students' tendencies to portray people of different racial groups as being culturally different. Their research highlights the way in which cultural differences are given as the reason for continual segregation among students in racially desegregated schools. Additionally, the students in this sample always spoke about the differences negatively (Carrim & Soudiens, 1999). The volunteers also portray black people as being culturally different and they attribute the high prevalence of HIV and AIDS in the black population to these differences. Therefore, the volunteers also exhibit a tendency to speak about the perceived differences between racial groups negatively with their own White group being construed as superior.

The volunteers appeared to "other" black people living with AIDS by using racial stereotypes of African sexuality as promiscuous, perverse and uncontrollable. These stereotypes have been found in similar studies examining the ways in which White South Africans explain the origin and spread of HIV and AIDS in the country (Petros, et al., 2006; Seidel, 1993; Slabbert, 2001; Strebel, 1996, Strebel & Lindegger, 1998,). In the study by de Kock and Wills (2007), White teachers anchored the HIV and AIDS epidemic in cultural stereotypes rooted in essentialist beliefs about the differences between black and White people's sexuality and morality. Thus, the volunteers appear to use this same mechanism; locating the HIV and AIDS epidemic in essentialist beliefs about black people in order to "other" HIV and AIDS and thus feel distanced from any risk pertaining to the disease. The findings of the study

conducted by de Kock and Wills (2007) suggest that another reason the White teachers feel detached from the AIDS virus is because they are never confronted with people known to have HIV and AIDS. One possible reason the volunteers in this study appear to exhibit a similar sense of indifference or detachment from the AIDS virus, despite the fact that they spend a significant amount of time with children known to have the disease, may be their reports that they do not see the symptoms of AIDS in their work. The volunteers report finding it easier to overlook the fact that some children are HIV positive because they look healthy and this may account for the reason they construe the disease in a similar way to the participants in de Kock and Wills's (2007) study, despite these differences in exposure to the virus.

Another way the volunteers' indifference to the HIV and AIDS epidemic may be understood as a function of "othering" the AIDS epidemic in black people is by their minimisation of the impact of the disease and by their belief that it is not important to speak about AIDS. This avoidance of acknowledging the immensity of HIV and AIDS and of resisting speaking about the virus has also been noted in a study conducted by Petros, et al. (2006) exploring the concept and practice of "othering" as it operates in modern day South Africa. Racial "othering" as well as racial blaming for the AIDS epidemic was evidenced in this study and the authors concluded that processes of "othering" on the grounds of race enable some groups to live with a false sense of security and to feel that they can ignore AIDS as something out there in other communities and not in their own (Petros, et al., 2006). Therefore, in a similar light, the volunteers' feeling of indifference to working in the context of HIV and AIDS may stem from their own sense of security in terms of how at risk they feel they are of contracting the virus and how much they feel AIDS affects their personal, everyday lives. The volunteers' perception of AIDS as an unimportant aspect of their volunteer work and their belief in limiting talk about the children's HIV statuses may serve to reinforce their tendency to "other" the AIDS virus and view it as something that affects others as opposed to themselves (Petros, et al., 2006).

The belief expressed by the volunteers that White people and black people essentially differ in terms of education and that black people's inferior education is primarily to blame for the high prevalence of HIV and AIDS among black South Africans has been found in a study exploring South African public school managers' ways of making meaning of HIV and AIDS (Amid-unwhayo, 2008). The participants in this study understood HIV and AIDS in South

Africa as a “black disease” and reported their beliefs that White children are not orphaned by AIDS as much as black children because White people have better knowledge about AIDS (Amid-unwhayo, 2008). The volunteers in the present study also attributed the high prevalence of HIV and AIDS amongst black South Africans to the inferiority of black people’s education when compared to that of White people. By positing these perceived differences as the main reason for the discrepancies in prevalence rates, the volunteers imply that White ways are superior to black ways. This has been found in other studies exploring White people’s construction of their identities (Carrim & Soudiens, 1999; Wieviorka, 1997).

A concept that is intimately related to the “othering” of black people by White people is that of the normality or neutrality of Whiteness. In the present study, the volunteers not only “othered” the AIDS crisis in general within black people, they also expressed a perception of the black children as “the other.” This was evidenced by their desires to educate the children by showing them “normal things” and by teaching them how to behave in the society of which the volunteers are a part.

A significant observation made in the findings of this study, and in the findings of all the studies previously mentioned, is that none of the White participants factored contextual features into their understanding of the high prevalence of HIV and AIDS amongst black South Africans. The volunteers in the present study located the reasons for the high prevalence of HIV and AIDS amongst black South Africans within individual factors, and thus implied that solutions should also be targeted at an individual level. Thus, black people are seen by the participants as needing to change in order to lower the AIDS prevalence and White people are seen as serving the purpose of helping black people to change. This overarching finding will now be discussed in more detail.

5.2 The volunteer’s acontextual perspective of the AIDS epidemic

The volunteers appear to “other” the virus and locate it in the ways black people think and act by drawing from essentialist beliefs regarding the differences between black and White people in their understanding of the HIV and AIDS epidemic in South Africa. By “othering” the virus using these essentialist beliefs, the volunteers perceive HIV and AIDS to be a problem perpetuated by individuals that make irresponsible choices as a result of their cultural beliefs or practices and their level of education. Thus, although the volunteers reported that they believe apartheid played a role in educational disadvantage amongst black people, they

did not demonstrate a contextual understanding of the reasons HIV and AIDS affects the black population to such a high degree in South Africa. For example, some of the volunteers attributed the high prevalence of AIDS in the black population to black people's refusal to use contraception. However, none of the participants considered the contextual difficulties involved in poor black people accessing contraceptives, such as travel costs, the travel time it may take to reach clinics, and the availability of condoms once people get there (Whiteside, 2001). Furthermore, only one volunteer cited poverty as a contributing factor for the disparities in AIDS prevalence amongst racial groups. The volunteers' dismissal of previous South African President Mbeki's approach to the AIDS crisis may also indicate their lack of insight into the strong association between poverty and HIV and AIDS.

5.2.1 Black people are to blame for the AIDS crisis

In light of critical race theory, the volunteers' understanding of HIV and AIDS as an acontextual problem dismisses White people in general, and the volunteers in particular, from being implicated in the problem. Thus, the volunteers' belief that the differences between races in terms of education, culture and sexuality account for the racial differences in HIV and AIDS prevalence rates, leads them to locate the solution to the rising HIV and AIDS prevalence in interventions aimed at educating black people. This is in contrast to the view that AIDS can only be targeted effectively if poverty and other contextual factors that privilege White people and oppress black people are addressed first (Phatlane, 2003). In light of this, the volunteers are thought to engage in victim blaming because they all overemphasise the personal attributes of black people and discount contextual attributes in their judgements of black people and the reason AIDS prevalence is high in the black population (Johnson, Mullick, & Mulford, 2002). Thus, by shifting the focus onto black people's personal qualities and behaviours, the focus is placed on them instead of on White people (Wohl, et al., 2006).

5.2.2 Black people need to become more like White people

The volunteers appeared to construct their identities around a sense of being normal. This is evidenced in the volunteers taking pride in showing the children the 'normal' world and in teaching the children how to become more integrated into this normal world from which the volunteers are a part. The volunteers' efforts to teach the children how to behave in the society of which they feel a part may be interpreted as an attempt to help the children better themselves by encompassing more of a White identity (Steyn & Foster, 2008). This process of

pushing black people to adopt values and practices deemed normal by White people is termed “eurofication” and has been described as a kind of cultural and linguistic dominance that requires black people to become more like White people in order to solve their own problems and the problems of society (Campbell, 1995).

In light of everyday racism, the volunteers’ attempts to teach the children that the onus is on them to better their lives maintains White as the norm and as the standard for which to strive. Therefore, as long as Whiteness is the standard for which to strive, White people never have to do any work but rather remain in their privileged positions while black people work towards attaining what White people have. In light of this, the volunteers reported feeling that, because the HIV prevalence is a result of differences in black people’s sexuality, education and culture, and because they believe education is intimately linked to sexuality and culture, the solutions to the problems lie primarily in black people being educated by White people. White people’s idea that the liberation of black people is dependent on an effective education has been cited in the studies and works of many critical race theorists (Dixson & Rosseau, 2005; Gilborn, 2005; Hooks, 1989). These theorists claim that this implies that one is responsible for his or her one own success regardless of one’s positioning in social systems that privilege White people and disadvantage black people (Kowalski & Reitzug, 1993). Furthermore, the neutrality, innocence and goodness of White racial identity are maintained because it is White people who are appointed to help black people become more like them in order to overcome obstacles (Wellman, 1977). This is resonated in Gabriel and Makgoba’s (1998) point that Whites are seen as the ones solving the problems of black people, thus the oppressor becomes the saviour (Steyn & Foster, 2008).

Therefore, in light of the volunteers’ beliefs that the number one solution to the AIDS epidemic is receiving education from White people, the volunteers appear to construe themselves as more sophisticated and as saviours of the dire AIDS situation. This resembles Steyn and Fosters (2008) findings that the South African media create an impression that White South Africans drive whatever change is believed to be occurring for the betterment of black South Africans. Furthermore, the onus remains on black people to change their circumstances by “striving for better”, thus proposing that black people need to make changes in order to rise above their circumstances and that privilege stems from hard work as opposed to systematic inequalities in society (Gordon, 2005). A study conducted by Rosseau and Tate (2003) illustrates how White people’s solutions to black people’s adversity function on an

individual level. These authors used a critical race framework to examine the beliefs of high school mathematics teachers regarding the nature of equity. When asked about their responses to the need of a diverse student population the teachers described “treating students equally” as their approach to ensuring equality. The authors concluded that, as long as the teachers believed that they had treated the students equally, disproportionately negative outcomes for students of colour were not questioned. Thus, the structural inequalities that privilege the White teachers were never questioned. Therefore, the failure of many black students is often times explained, rationalised and dismissed as a product of influences that do not emphasise the influence that historical structures have on contemporary culture (Goldberg, 1993). Thus, CRT illuminates the glaring shortcomings of liberal attempts to provide equal opportunities in education and other areas because Western civilisation is built around liberalism, which results in reproducing inequity, not creating impartial situations for the non-dominant races (Goldberg, 1993).

Thus far, the volunteers’ apparent indifference towards the HIV and AIDS epidemic in general and the children’s HIV statuses in particular, has been discussed in terms of the volunteers tendency to “other” the HIV and AIDS virus in essentialist beliefs about racial differences, and in their perception of the AIDS crisis as an acontextual problem located within black individuals. The volunteers’ apparent need to be identified as non-racist and non-discriminatory and thus as “good people”, evidenced by their reluctance to talk about or acknowledge HIV status or race as meaningful among the children, may also be understood as contributing to their reported indifference towards HIV and AIDS. Therefore, the notion of colourblindness put forward by critical race theorists and proponents of critical Whiteness studies will now be discussed in light of the major findings.

5.3. Volunteers efforts to be good people in the New South Africa

The volunteers’ dismissal of race and HIV and AIDS as salient features in their work has been discussed in terms of “othering” up to this point. However, although the volunteers’ responses indicate “othering” of HIV and AIDS in essentialist ideas about differences between races, this appears to be only part of the story. The volunteers’ dismissal of race and HIV status as important also appears to be an attempt to present themselves as non-discriminatory and non-prejudiced. Thus, one major theme that emerged was the volunteer’s perspective that “everybody is the same regardless of the colour of their skin.” The participant’s emphasis on all people being the same regardless of colour appeared to stem from their tendency to equate

seeing colour with racism and thus with something undesirable. Hence, when the participants spoke about the public and the older generations as being racist and as maintaining the “dividing line” between races birthed by apartheid, the volunteers equated these behaviours with seeing colour and with openly speaking about it as something meaningful. By making reference to the public’s racism and by speaking about older generations or racist friends, the volunteers appeared to be distancing themselves from racism and thus construing it as if it is “out there”, further illuminating their feeling of being good people. This is one mechanism that Wellman (1977) asserts is common in White people’s construction of themselves as good.

In light of these findings, Patricia J Williams (1991), a founding member of the critical race theory movement, suggests that race within the scheme of Whiteness is seen as a malady. This means that if people accept the notion of Whiteness as normal, then any person that is not White is abnormal. Thus, within polite, middle class mores, it is impolite to see when someone is different, abnormal, and thus not White. Similarly, Thompson (2003) points out that “politely pretending not to notice people’s colour makes no sense unless being of different colours is somehow shameful” (p. 524). Therefore, although the volunteers appear to believe that not noticing colour is non-racist, everyday racism is present in these behaviours because there is an implication that being black is shameful.

The way in which the volunteers spoke about HIV and AIDS appeared to be grounded in the same principles as their efforts to be colourblind. Thus, when participants spoke about choosing to remain unaware of the children’s HIV statuses, they appeared to hold the belief that there was something immoral and bad about acknowledging differences in terms of HIV status. Therefore, the participants appeared to draw from their beliefs that all people are the same and should be treated as such regardless of their HIV status, and thus appeared to believe that by doing this they were being what Thompson (2003) referred to as “good Whites.” This appears to support the assertion that some Whites resist identifying colour for fear of being discriminatory, thereby violating humanitarian principles (Cochran-Smith, 1995; Solomon, et al., 2005). However, undertones of racism are present in the volunteers’ reports because, as Solomon, et al. (2005) point out, construing black people as exactly the same as White people indicates the negative associations that continue to be attached to notions of colour and race. The volunteers’ underlying appraisal of race as something negative, and the underlying notions of everyday racism inherent in their colourblind and neutral approach to

AIDS and race, is encapsulated by a vivid metaphor provided by Frankenberg (1993) who argues that, when Whites “politely” pretend not to notice the race of someone different from themselves, it results in a feeling of superiority, “as if one is overlooking a blemish or an imperfection” (p. 145).

McKinney (2003; 2004) conducted two studies that analysed the way in which White students’ resistant responses to South African literature about the apartheid past are tied to the undesirable ways in which they felt positioned by the texts under study (McKinney, 2003; McKinney, 2004). She has argued that the students resist such positioning when that aspect of their identities, which they attempt to construct as “new” post-apartheid South Africans, is threatened (McKinney 2003; McKinney, 2004). In light of this, the volunteers’ colourblind outlook and their assertion that knowing the children’s statuses means nothing to them may represent their attempts to present as non-racist and anti-discriminatory. Therefore, although the volunteer’s tendency to “other” the AIDS epidemic in differences between black and White people can possibly be attributed to their feeling detached from AIDS, the volunteers’ attempts to feel like good people also appear to influence the extent to which they emphasise the salience of HIV and AIDS and skin colour in their work as volunteers.

Furthermore, the volunteers’ denial of a sense of responsibility or guilt regarding the high prevalence of HIV and AIDS amongst black South Africans was evidenced in their reporting being too young to be blamed for apartheid, feeling a stronger allegiance to countries other than South Africa and denying being South African, by shifting the focus to themselves as victims, and by normalising the AIDS crisis in South Africa in order to minimise perceptions of the impact of AIDS. All of these mechanisms have been reported in research investigating collective guilt in White populations. For example, a study by Dolby (2001) revealed that White South African students re-centre themselves as victims when confronted with the past and present positions of their black classmates, and associate themselves with different countries in order to maintain a sense of their own Whiteness, innocence and goodness, as well as to maintain their own privilege (Dolby, 2001). Furthermore, these findings appear to support other findings suggesting that collective guilt is rare (Wohl, et al., 2006). Thus, the volunteers’ reports that they feel they are not to blame for the high prevalence of HIV and AIDS amongst black people may also be an attempt to feel and to present as good White South Africans. The volunteers’ maintenance of goodness and innocence reflect aspects of everyday racism as it serves to preserve the volunteer’s privilege as White people. Thus, the

abovementioned findings will now be discussed in relation to the notions of everyday racism and Wellman's (1977) definition of racism.

5.4. Everyday racism playing a role in volunteerism

The reason that these mechanisms of colourblindness and blindness to AIDS are considered acts of racism is that they inevitably maintain the status quo which places White people at the top of the societal racial hierarchy. Thus, these mechanisms are considered racist because, regardless of the volunteers' intent, the outcome is that these actions secure the privilege of the volunteers because they limit people's ability to interrogate notions of privilege (Solomon, et al., 2005; Wellman, 1977). Furthermore, colourblindness and consciously choosing not to acknowledge differences in colour denies the realities and experiences of black people (Steyn & Foster, 2008).

The construal of Whiteness as the norm is also evidenced in the volunteers' reports that volunteering has led them to see black people and people with AIDS as "human beings" just like them. This implies that they once held the perception that these people were not human like them. These findings may be understood as supporting the assertion put forward by critical race theorists and by proponents of critical Whiteness studies that, not only is White the norm, but it also constitutes humanity and personhood (Walker, 2005). In light of this, Du Bois (1903) demonstrated that White supremacy robs people of colour of their right to be human and to self-definition and self-determination, thus it reduces human beings to the status of things or objects (Rabaka, 2007). Thus, his critique targets White supremacy and the issue of White personhood and black sub-personhood. This sub-personhood of black people was implied by White people only seeing black people as human after getting to know them as people similar to themselves. This is also in line with Thompson's (2003) assertion that Whites have long designated people of colour as good when are friends of the White man. Thus, the volunteers came to see the children as "nice people" once they had a relationship with the volunteers.

When viewed through the lens of critical race theory, the volunteers' tendency to undermine the meaning of race may be understood as perpetuating everyday racism because this behaviour limits people's thinking about the hardships of black people and the privilege of White people. Therefore, the disparities in racial benefit are never addressed and thus the volunteers' race-based privilege is maintained and so is the status quo. Furthermore, the

volunteers' understanding of AIDS as an acontextual problem removes White people from being implicated in the problem, and thus averts any examination of the structural inequalities that simultaneously benefit White people while oppressing black people. This is in line with Gotanda's (1991) suggestion that colourblindness fails to recognise connections between the race of the individual and the real and the social conditions underlying constitutional disputes (Gotanda, 1991). He notes that this disconnection to social realities places severe limitations on the possible remedies for injustice and thereby maintains a system of White privilege. Thus, the lack of historical or social context is one of the mechanisms through which colourblindness can support inequity.

5.5. The volunteers' racial identities

Volunteerism has been shown to empower and support people's identity construction (Marta & Pozzi, 2008). One aim of the present study was to explore the development of White female volunteers' racial identities within the context of their roles as volunteers caring for black children. The findings pertaining to this question are interpreted using Helms' (1995) model of White racial identity development. This model proposes six distinct stages through which White individuals ego evolves. These stages include the following: contact, disintegration, reintegration pseudo-independence, immersion/emergence, and autonomy. In light of the findings, the volunteers appear to oscillate between the stages of disintegration and reintegration and, although they appear to display characteristics of pseudo-independence, they appear to fall short of fully realising this stage in their development towards becoming non-racist Whites.

The volunteers acknowledge that racism exists and they appear to feel relatively upset and frustrated by the presence of racial oppression and prejudice in society. This frustration appears to be manifested in their descriptions of the racist public that they say believe race implies segregation and that are not colour-blind. Thus, the fact that the volunteers feel a sense of discomfort in the face of racial injustice suggests that they are in the disintegration stage (Blitz, 2006). However, it appears that when the volunteers' discomfort becomes overwhelming and threatens their perceptions of themselves as good and non-prejudice people, they appear to revert to the reintegration stage by idealising their racial group and by blaming black people for their troubles (Sue, et al., 1998). This became apparent when the volunteers were asked questions regarding the role apartheid played in the high prevalence of HIV and AIDS amongst black South Africans, and whether or not they feel White people are

obligated to make reparation in the present for past injustices. The volunteers responded to these questions by denying feeling guilty about what White people did in the past and by minimising the impact of HIV and AIDS. Furthermore, the volunteers located the blame within black people by attributing the high prevalence of HIV and AIDS amongst black South Africans to their inferior education; loose moral standards regarding sexuality, and their culture. Thus, the volunteers' dissatisfaction and frustration towards racism and racial prejudice appears to be mediated by their belief that racial injustice is warranted in some cases (Blitz, 2006). This is suggested in the volunteers' belief that AIDS is an acontextual problem that black people have created. They also appear to mediate their disapproval of racism and their thoughts that in some instances it is warranted by maintaining the stance that racism is not something to which "good" people ascribe (Blitz, 2006).

The volunteers also appear to exhibit characteristics of the pseudo-independent stage. This is suggested by their attempts to overcome racism in their work with the children by asserting that race does not matter to them. Hence, this colour-blindness is considered a defining characteristic of this stage of development (Blitz, 2006). The volunteers' desire to help the children and to overcome racism is not characteristic of the more advanced immersion/emergence or autonomy stages because, although they are aware of the children's disadvantage in comparison to their own circumstances, they believe the best way to help the children is to give them what the participants have and to make the children more like the volunteers. Thus, the volunteers' attempts to help the children perceive and strive for a better life, as evidenced in their desire to do "normal" things with them and to integrate them into society, appears to represent the volunteers' assumption that the best way to help the children is to make them more like the volunteers. This pseudo-independence is also evident in volunteers' belief that the best way to lower the prevalence of HIV and AIDS in South Africa is for White people to educate black people and for black people to become more like White people in terms of their sexual behaviours. Thus, the volunteers' construction of White people as good and as superior appears to rely on a comparison between these qualities and their perceptions of the qualities of black people as inferior. This means that the volunteers are dependent on black people in general and the black children in particular, in order to define their own racial identities and to validate their non-racist principles (Sue, et al., 1998). Therefore, it appears the volunteers have not progressed beyond the pseudo-development phase of Helm's (1995) model.

There is also reason to believe that the volunteers may not be in the pseudo-independence stage entirely. A key feature of the pseudo-independence stage is White people's conscious desire to reach out and interact with people from another racial group, and to understand them more authentically (Blitz, 2006). Thus, in light of the volunteers' assertion that they did not choose to volunteer because of AIDS or because the children are black, there is evidence to suggest that they do not desire to help and understand black people in particular. This is emphasised by the volunteers' assertion that racial factors played no role in their decisions to volunteer and that they would be just as motivated to volunteer if the children were White. In sum, the volunteers appear to be moving forward in their evolution towards embracing identities as non-racist Whites. However, in light of the volunteers' tendency to "other" black people and blame them for their undesirable circumstances, and in light of their belief that the solutions to the problem of AIDS does not require them to change the findings, it appears that the volunteers are not yet ready or willing to give up the privilege they experience as a result of racism.

5.6 Conclusion

Work on everyday racism in the US and in the UK has firmly established that even well-intentioned actions can have racist consequences (Gillborn, 2005). The findings of the present study appear to qualify this assertion. Findings from this study suggest that the volunteers "other" black people with HIV and AIDS by attributing the high prevalence of HIV and AIDS amongst black South Africans to essential differences between White and black people in terms of education, culture and sexual behaviour. Furthermore, all of the volunteers placed minimal emphasis on contextual factors that perpetuate the HIV and AIDS crisis. The volunteers did not appear to feel implicated in the AIDS epidemic in South Africa, as was evidenced by their feelings that they are not responsible for past injustices that perpetuate the AIDS crisis amongst black people in the present. However, the participants expressed their beliefs that White people in general, and that volunteers working at the organisation in particular, can help alleviate the prevalence of AIDS amongst black South Africans by educating black people.

The volunteers also feel they are helping the black children at the organisation by teaching them the value of not seeing colour and by showing them a better life for which they can strive. Thus, the volunteers appear to locate the blame for the HIV and AIDS prevalence within black people and they appear to locate the solutions within black people changing as a

result of being helped by superior White people. Therefore, the overarching finding is that volunteers perceive AIDS to be a non-contextual problem existing primarily in the black South African population as a result of essential differences between races. This perception dismisses the importance of social structures that have stemmed from apartheid and that continue to privilege White people and oppress black people. Therefore, this understanding of HIV and AIDS serves to maintain White privilege because White people do not have to change their lifestyles or social positioning in order to reduce the high prevalence rates of AIDS. Thus, volunteering in the context of HIV and AIDS appears to be a way that White people exercise their desire to feel and present as good and non-racist people, while simultaneously maintaining their own privilege. Therefore, volunteerism in the context of HIV and AIDS appears to be a way in which White people exercise racism as defined by Wellman (1977) as the ways in which White people maintain their privilege while maintaining their identities as good at the same time.

In light of the two arguments put forward by theorists on the value of volunteerism, the findings of this study appear to support the argument that volunteerism may be doing more harm than good in terms of addressing social problems (Penner, 2004). In light of the findings of this study, the well-intentioned volunteers not only fail to address the root causes of the children's problems, critical race theorists would argue that it is in their interest as privileged Whites to do so. This study appears to support the premise that merely providing short term solutions to problems pertaining to the AIDS epidemic in South Africa lessens the perceived need to change the social structures and practices that cause and perpetuate these problems (Penner, 2004). This is not to say that there is no place for volunteerism, indeed, people living with HIV and AIDS have been shown to benefit greatly from the efforts of volunteers and volunteer organisations (Snyder & Omoto, 1992).

Rather the findings of this study suggest that that by focusing on volunteering as the primary way for White people to address the problem of AIDS, a false sense of security may be fostered regarding an assumption that White people have done their part in addressing the AIDS crisis. Thus, by volunteers feeling good about their work with the children, and by the tendency of the media and others to "heroise" these volunteers, a sense of security may result in people feeling that White people, having played their part, and are exempt from further dealing with the HIV and AIDS crisis in South Africa. This is dangerous because the structural inequalities in South Africa that are rooted in apartheid and that perpetuate the

poverty crisis amongst black people are overlooked as urgent factors to address.

5.7 Limitations and delimitations of the study

The fact that many interview questions concerned race and apartheid may have led participants to feel that these questions were of a sensitive nature. Therefore, this may present limitations to the validity of the findings of the study because participants may have answered questions in ways that they believed would impress the researcher. Consequently, there is a possibility that the data may not represent the participants' true perceptions. Another important possible limitation of the study stems from the fact that most studies utilising Critical Race Theory and Whiteness Studies as theoretical frameworks have been used on American populations (Brown, 2008). Moreover, these frameworks were developed in the context of the racial history of the US and this history differs from that of South African history (McDowell, 2004). Furthermore, these frameworks were developed in order for critical analyses to take place in the context of the legal system and have also been widely used in education, social sciences, sociology, education, history and multicultural studies (Blitz, 2006). However, an important aspect of critical race theory as well as Whiteness studies is their interdisciplinary nature (Dixson & Rosseau, 2005; Bergerson, 2003). There is a need for more studies utilising Whiteness studies to be conducted in the field in community psychology and this research has aimed to meet this need. The eclecticism of critical race theory allows it to be used to examine and incorporate aspects of a methodology or theory that effectively enables a move towards understanding racism and towards establishing racial justice (Matsuda, et al., 1993).

The study used a qualitative strategy and this may be considered a strength because rich data was generated from an in-depth interview. The use of qualitative methods in this type of investigation is consistent with Critical Race theory (Dixson & Rosseau, 2005). The use of a semi-structured interview schedule allowed for flexibility and this gave the researcher the opportunity to develop additional appropriate questions as the study developed, which assisted in yielding rich data. The relatively small sample limits the reliability of the research findings. However, the sample size proved sufficient to ascertain definite and consistent themes from the data set. The findings cannot be generalised to all White female volunteers working with black children diagnosed as being HIV positive and/or orphaned by AIDS because this sample is homogenous, meaning that all of the participants volunteer at the same organisation. Although this study cannot be generalised to the wider South African

population, it has yielded some remarkable findings. This is the first study to explore notions of everyday racism as well as racial identity in a sample of volunteers working in the context of AIDS. In this respect it has made a small contribution to meeting the need for research in this area. The results ascertained from a thematic content analysis depend on the skills, insights and analytic abilities and style of the investigator (Hoskins & Mariano, 2004). Researchers using thematic content analysis must judge what variations are most appropriate for their particular problems (Weber, 1990). Therefore, in light of this, a section on self-reflexivity is deemed necessary.

5.8 Self-reflexivity

The critical frameworks that will be used when analysing the data are inherently reflexive (Rogers & Mosley, 2006). Research reflexivity is meant to advance the understanding of both the researcher and readers about how past experiences and beliefs shape the ways in which stories get told and findings get interpreted. Gordon (2005) thus asserts that through interrogation and disclosure of preconceptions and attitudes, researchers reveal their personal positions and this openness becomes a strength of qualitative work, tying it to an interpretivist paradigm. Furthermore, many theorists argue that critical race theory is a powerful tool for understanding how race affects everybody on a daily basis (Bergerson, 2003). This means that White scholars have an important role in creating an environment that recognises the need to ask difficult questions and challenge traditional notions (Bergerson, 2003).

Thus, Gordon (2005) maintains that it is important for all people to interrogate their racism instead of deflecting attention to the racism of others. He posits that, although it is certainly more comfortable to analyse racism located elsewhere, turning attention away from ourselves suggests that somehow we have “got it right”; a stance which reinscribes the very racism we claim to want to overturn (p. 300). In light of this, the researcher engaged in a process of self-reflexivity throughout the research process.

As the study evolved and the researcher became more familiar with the notions of everyday racism, she was moved to follow one of the central tenets of critical race theory and ask herself difficult questions (Bergerson, 2003). The central question she reflected on throughout the research process was the role that everyday racism in general and the desire to be seen as a “good White” played in the generation of the study. Furthermore, the researcher reflected on the role that everyday racism plays in her daily interactions with black people. Grappling with

these questions proved to be both challenging and gratifying. The way in which everyday racism influences the researcher's interactions with black people became evident in a situation whereby a black volunteer met the researcher in order to participate in the study. The researcher felt too ashamed to turn the woman away by simply explaining that the focus of the study is on White women. Thus, the researcher proceeded to conduct the interview which she later discarded. After this incident, and throughout the rest of the research process, the researcher reflected on the underlying notions of everyday racism that were at play in her interactions with the black woman.

The researcher came to interpret her actions as stemming from a fear of coming across as "racist" by turning the woman away. Thus, the incident uncovered the researcher's desire to come across as a "good White." The researcher's response may be considered an act of colourblindness, whereby she felt that there was something inherently wrong with expressing, out loud, that differences in race are meaningful, even if in they were meaningful in light of the aims of study. Thus, the researcher was led to reflect honestly on her own feelings that there is something racist and therefore immoral in acknowledging and making salient racial differences, particularly in the presence of a black person. This self-reflection was valuable for the researcher as it allowed her to gain a more meaningful and personal understanding of how ordinary situations become racist ones, regardless of intent. At first, the researcher's realisation of the impact that everyday racism has on her interactions with black people led her to question whether or not she was competent and unbiased enough to detect all of the aspects of everyday racism at play in the volunteers' perceptions. Therefore, she questioned whether or not she could do justice to the research questions by remaining objective.

After much deliberation, the researcher cultivated the idea that being free of all racist influences is not what would make her suitable to conduct this research. Rather, the influence of everyday racism in her life is precisely what makes her apt to conduct this research. This idea is based on the premise that in qualitative research the researcher, which is the medium of critique, is not always aware of what their personal theories are until they engage in a dialogue with the data. Thus, the process of critical reflection then helps the researcher to manage her own beliefs while enduring conflict, uncertainty, ambiguity and inconsistency (Freshwater & Avis, 2004). Furthermore, no researcher is believed to have the capacity to be completely objective in qualitative analysis. This is evidenced in a large body of literature regarding the effect of researcher identity on how research questions are conceptualised, how

data is collected, and how studies are written up (Denzin & Lincoln, 2000; Gordon, 2005). This means that by coming to see certain blind-spots in herself, the researcher uncovered the possibility to conduct research that is rich and that encourages other White researchers to be reflexive and ask difficult questions.

The researcher's insight into her own racism and into the likelihood that she has many more blind spots of which she is currently unaware may be considered a strength of the study. This is because, as Thompson (2003) asserts, "when we start congratulating ourselves on how far along we are, it is easy to stop thinking of ourselves as on a journey and start thinking of ourselves as having arrived. Not only have we not arrived but we cannot know, either in a pragmatic or in a visionary sense, what the end of the journey looks like. What will come to count as antiracist will change as we take on new lived possibilities" (Thompson, 2003, p. 20).

5.9 Future recommendations

Quantitative methods may be used to further explore the notions of everyday racism in the context of volunteerism. It may be interesting to conduct the same study using a black sample and then compare the results in order to observe the differences and similarities in participants' answers. This may shed light into racial differences regarding people's motivation to work in the context of HIV and AIDS in South Africa. A quantitative study could be conducted using surveys in order to investigate notions of racism and othering occurring in White peoples choices to volunteer in with black children orphaned by AIDS. It may also be interesting to explore differences and similarities in participants' responses to questions in relation to their ages. It may be interesting to investigate the differences and similarities in volunteer's perceptions of why they choose to volunteer with black children orphaned by AIDS in relation to their stage of life and through the lens of critical race theory. Furthermore, a similar study exploring White men's perceptions on AIDS volunteerism may also yield interesting results as men are vastly under-researched in this area. Matsuda, et al. (1993, as cited in Rogers & Mosley, 2006) argue that the goal of using any critical race method is to further the cause of racial justice. Thus, it is important to continue investigating White people's motivations and perceptions in order to gain insight into subtle ways in which racial inequity is kept in place.

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Appendices

Appendix A

Letter to Institution Regarding Consent to Access Institution



School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg,

South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Hello,

My name is Tracey Nichas and I am currently studying community-based counselling psychology. I am conducting research for the purposes of obtaining a Masters degree at the University of the Witwatersrand. I am interested in exploring why White female South African volunteers work with black children orphaned by AIDS.

I would like to request your permission to access the organisation in order to meet with volunteers and conduct interviews. Participation in this research will entail volunteers being interviewed by me, at a time that is suitable for the organisation and for them. If your permission is granted, some of the interviews will take place at the organisation, should participants chose this as a suitable venue. Interviews will last approximately 60 – 90 minutes.

Confidentiality will be guaranteed because the name of the organisation and all participants will be omitted and information will be anonymised within the final research report. Additionally, all research material will be only accessed by me and my supervisor. A summary of the research findings will be made available to you once the research report is completed if you would like to have one. The results of the study will be disseminated as a Master's Thesis and possibly a published journal article.

Confidentiality will be guaranteed because the name of the organisation and all participants will be omitted and information will be anonymised within the final research report. Additionally, all research material will be only accessed by me and my supervisor. A summary of the research findings will be made available to you once the research report is completed if you would like to have one. The results of the study will be disseminated as a Master's Thesis and possibly a published journal article.

Confidentiality will be guaranteed because the name of the organisation and all participants will be omitted and information will be anonymised within the final research report. Additionally, all research material will be only accessed by me and my supervisor. A summary of the research findings will be made available to you once the research report is completed if you would like to have one. The results of the study will be disseminated as a Master's Thesis and possibly a published journal article.

Should you choose to grant me access to conduct interviews at the institution, please complete the "Consent to Access Institution" form and return to me. Please contact me or my supervisor by telephone or via e-mail if you have any further queries or concerns.

Your participation would be deeply appreciated. This research will contribute to a larger body of knowledge on AIDS volunteerism in South Africa.

Yours Sincerely,

Tracey Nichas

Tel: 0725056012 or Email: tnichas@hotmail.com

Appendix B

Consent to Conduct Research

SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

UNIVERSITY OF THE WITWATERSRAND

Private Bag 3, WITS, 2050

Tel: (011) 717 4500

Fax: (011) 717 4559



Consent to conduct research

I _____ grant Miss Tracey Nichas permission to conduct research at the organisation, subject to her following the ethical and moral guidelines which guide the research process.

Date _____

Signature _____

Appendix C

Participant Information Sheet



School of Human and Community Development
Private Bag 3, Wits 2050, Johannesburg,
Tel: (011) 717-4500 Fax: (011) 717-4559

Hello,

My name is Tracey Nichas and I am currently studying community-based counselling psychology. I am conducting research for the purposes of obtaining a Masters degree at the University of the Witwatersrand. My area of focus is that of the perceptions of White female South African volunteers. I am interested in why you volunteer to work with black children orphaned by AIDS and how such work forms part of your identity.

Participation in this research will entail being interviewed by me, at a time that is suitable for you. The interview will last approximately 60 – 90 minutes. Should you choose to participate in the study, you may choose not to answer any questions you do not wish to answer. Participation is completely voluntary and no person will be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. Should you choose to participate you will be free to withdraw at any stage in the research process. There will be no penalties as a consequence of your decision to do so.

With your permission, this interview will be recorded so that the data can be analysed with accuracy. Further consent will be requested to use direct quotes from interviews in the final report. However, your name and any other identifying information will not be included in any quotes. Confidentiality will be guaranteed and the devices containing the data will be kept in a safe place throughout the duration of the study and the data will be destroyed once the research project is marked and completed. My supervisor and I are the only individuals that will have access to the interview material (tapes and transcripts). Anonymity cannot be guaranteed because of the face to face interviews. However any information that could identify you, including your name, will not be included in the research report. Interviews will take place in a room at the organisation and other people will not have access to the room during the interview.

A summary of the research findings will be available to you once the research report is completed if you would like to have one. The results of the study will be disseminated as a Master's Thesis.

Should you choose to participate in the study please complete the form below and return to me. Please contact me or my supervisor by telephone or via e-mail if you have any further queries or concerns. Your participation in this study would be deeply appreciated. This research will contribute to a larger body of knowledge on AIDS volunteerism in South Africa. Some questions asked in the interview may be of a sensitive nature. Consequently, the opportunity for debriefing, free of charge, will be available you should the need arise. Please contact the following organisation if you feel that this is the case.

Lifeline: 011-728-1347

Yours Sincerely,

Tracey Nichas

Contact Details

Miss Tracey Nichas

(Masters Student and researcher)

Tel: 0725056012

Email: tnichas@hotmail.com

Dr. Lakeasha.Sullivan

(Research supervisor)

Tel: 011 787 8329

Email: Lakeasha.Sullivan@wits.ac.za

Appendix D

Participant Consent Form

SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

UNIVERSITY OF THE WITWATERSRAND

Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559



I _____ am over the age of eighteen years and I consent to participate in the exploratory study on the perceptions of female, White South African volunteers conducted by Tracey Nichas. I understand that:

Confidentiality will be maintained at all times.

Anonymity cannot be guaranteed because of the face to face nature of the interviews.

Participation is voluntary and I am free to withdraw from the study at any time, should I choose to do so.

I can refuse to answer any questions I do not wish to answer.

No identifying information will be used in the transcripts or the research report.

Participant Signature:

Appendix E

Use of Quotations Consent Form

SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

UNIVERSITY OF THE WITWATERSRAND

Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559



I have read and understood the purpose of this research.

I, _____, hereby give my consent to the researcher to use direct quotations from the interview in her final write up, on the condition that:

The data remains confidential.

The data will not be accessed by anyone except the researcher and her supervisor and will be destroyed upon completion of the report.

My identity is protected.

I understand that anonymity cannot be protected and that I have the right to withdraw from the study at any time. I also understand that I have the right to not answer any questions I do not want to study during interviews. I understand the risks involved, and undertake this willingly and knowingly.

Signed: _____

Date: _____

Appendix F

Recording Consent Form

SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT
UNIVERSITY OF THE WITWATERSRAND

Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559



I _____ consent to my interview with Tracey Nichas for her exploratory study on the perceptions of female, White South African volunteers who work with black AIDS orphans, being tape-recorded. I understand that:

The tapes and transcripts will not be seen or heard by any person in this organisation at any time, and will only be processed by the researcher and supervisor.

All recordings and transcripts will be kept locked away in a safe place while the researcher is not working with them.

All tape recordings of data and transcripts will be destroyed after the research is complete.

No identifying information will be used in the transcripts or the research report.

Participant Signature:

Appendix G

Provisional Interview Schedule

Hello, how are you? Thank you so much for meeting with me today, your participation in this study is deeply appreciated. I would like to start by chatting about what it is that you do at the organisation and what made you decide to start volunteering here.

1. What made you decide to volunteer here?
2. How long have you been working at the organisation?
3. How often do you work here?
4. What are your main responsibilities at the organisation?
5. What do you believe has influenced your decision to volunteer with the children?
6. Do racial dynamics ever come into play in your work with the children?
7. Do you feel a special desire to work in the context of HIV and AIDS?
8. What do you believe accounts for the high prevalence of HIV and AIDS in South Africa?
9. Why do you believe so many AIDS orphans are black?
10. Do you feel that White people feel a special sense of responsibility to help black people suffering from AIDS in light of South Africa's history of apartheid?
11. What are the personal benefits/rewards you experience as a result of volunteering here?
12. What are the difficult aspects of the work (if any)?
13. How does your choice to volunteer with the children influence the way you perceive and experience yourself?
14. Does volunteering here influence your identity in any way?
15. How do you believe your choice to volunteer at this organisation influences the way others perceive you?
16. What role, if any, do you believe AIDS volunteerism plays in targeting the AIDS epidemic in South Africa?
17. If you were asked advice about the benefits or negative aspects of volunteering at the organisation, what would you say?

Thank you so much for your time and for sharing your thoughts and experiences with me.

Appendix H

Statement of Principles of Postgraduate Supervision