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Student: Tania Bruce

Student number: 3800144

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Supervisor: Dr Jenny Rose

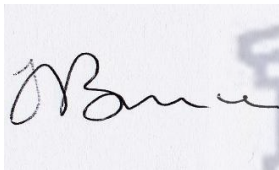
Co-supervisor: Prof Nceba Z. Somhlaba

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ABSTRACT

In a low-income community setting on the Cape Flats, lay counsellors and community workers from the non-profit organization, Community Action for a Safer Environment (CASE), have partnered with psychoanalysts affiliated to the South African Association of Jungian Analysts (SAAJA), to facilitate a therapeutic Expressive Sandwork process with local children. Volunteers from the community are recruited and trained to work therapeutically with a child over twelve weekly sessions. This enables contribution to government's task-shifting agenda, which is a strategy designed to increase access to mental health services, by shifting tasks to less-specialized or lay healthcare workers.

Following an exploratory design with qualitative methodologies, this study probed the experiences of eight volunteers who had participated in the Expressive Sandwork intervention. The purposive sampling strategy involved the selection of participants based on their ability to provide data related to the objectives of the study. Participants were therefore a homogenous sample, representing a subgroup of volunteers. Semi-structured interviews were conducted, and recordings of the interviews were transcribed verbatim. The process of thematic content analysis produced themes and subthemes, which have been discussed in the light of relevant literature and formulated within a self psychology theoretical framework. Overall, the study was conducted according to recognized norms of research ethics.

The core findings suggest that participants experienced meaningful rewards in the form of self-growth, improved relationships, and the development of practical skills, as a direct result of volunteering for the Expressive Sandwork intervention. Coupled with the development of allegiances to co-volunteers and to CASE as the facilitating organization, these rewards contributed to participants' sustained volunteering commitment. However, the psychological effects of participants' traumatic personal histories together with ongoing community violence, and the impact (in selected cases) of these effects on participants' engagement with the Expressive Sandwork children, highlighted the importance of ensuring volunteer access to mental health support.

The findings offer significant insights into ways in which the efficacy of the Expressive Sandwork intervention could be improved. As well as benefitting the children, such improvements would potentially increase compassion satisfaction on the part of volunteers,

which would promote sustained volunteering commitment. More generally, it is hypothesized that aspects of this study's findings are transferable to similar low-income community contexts, characterized by high levels of violence, in situations where volunteers service the needs of traumatized children and thereby contribute to government's task-shifting agenda.



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CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter introduces and orientates the study. Descriptions of the contextual setting as well as the organizations and stakeholders who feature in the study, will be followed by synopses of the problem statement, rationale, aims and objectives. The chapter closes with a summary of the structure of the thesis.

1.2 Contextual background

When the National Party came into power in South Africa in 1948, their system of apartheid legislated racial segregation and the misdistribution of resources. The Group Areas Act of 1950 permitted Prime Minister PW Botha to declare District Six in Cape Town a ‘Whites Only’ area in 1966. Demolition of homes and businesses belonging to coloured members of the District Six community began in 1968 and, over a period of fifteen years, people were forcibly moved to peripheral low-lying areas known as the Cape Flats (Pinnock, 2016). According to government officials, separation of races was necessary to avoid escalation of interracial conflict; they also deemed the area a dangerous crime-ridden ‘slum’ fit for clearance. These reasons justified the “emotional brutality dealt out . . . in the name of rational urban planning” (Pinnock, 2016, p. 14).

While crime and disease existed in District Six, social harm was “extremely limited” (Pinnock, 2016, p. 9), largely owing to networks of extended family which enabled social cohesion and social control (Dhupelia-Mesthrie, 2014; Pinnock, 2016). The forced removals relocated individual people and families as opposed to neighbourhoods, so that newly

constituted housing patterns eroded kinship and left working-class households socially and economically isolated. Psychological stress, unhealthy coping mechanisms and interpersonal conflict increased, with housebound mothers particularly pressurized without family networks of childcare. Such a decline in collective efficacy and social organization, together with the challenges associated with poverty and unemployment, and limited support services, provided an ideal milieu for a growing gang culture to take control (Bowers Du Toit, 2014; Kinnes, 2020; Pinnock, 2016).

Despite the country's transition to a democracy in 1994, racial segregation and inequality persist in post-apartheid South Africa, and the consequences of historical trauma coupled with ongoing social, economic, political, and structural marginalization have embedded psychosocial and socio-economic stressors in low-income Cape Flats communities (Johnson & Naidoo, 2017; Pinnock, 2016). High rates of poverty and unemployment, and pervasive exposure to trauma, which is frequently associated with gang activity, violent crime and/or abuse of chemical drugs and alcohol, can be described as endemic (Johnson & Naidoo, 2017). Gangs have evolved into sophisticated crime syndicates (Bowers Du Toit, 2014), and inadequate policing and healthcare services (amongst other infrastructural challenges) continue to reflect the traumatic foundations of Cape Flats communities (Johnson & Naidoo, 2017).

Despite these adversities, there are many examples of individual and collective resilience and cultural vibrancy on the Cape Flats; it would be inaccurate to portray Cape Flats communities as lacking in agency or ability to care for one another (Dhupelia-Mesthrie, 2014). According to Dawes et al. (2006, p. 11), "the majority people living in very difficult circumstances, are not likely to perpetrate child abuse or neglect, and struggle to do the best for their children in

spite of overwhelming odds”. Nonetheless it has been shown that contextual adversity and caregiver-child relationships characterized by abuse and deprivation do tend to be positively correlated (Dawes et al., 2006). High adversity contexts and continuous trauma exposure present a range of challenges for caregivers, who may themselves be coping with the mental and physical consequences of living in unsafe environments (Christie et al., 2020). Studies of school-age South African children reveal extreme levels of direct and indirect experiences of violence and/or maltreatment from caregivers, as well as from perpetrators outside of the family, such that in selected South African contexts, children’s exposure to what is generally considered an extraordinary traumatic event can be considered normative (Dawes et al., 2006; Kaminer & Eagle, 2010).

1.3 Volunteers: Breaking cycles of crime and violence

Community Action towards a Safer Environment (CASE) is a non-profit organization (NGO) which has been in operation since 2001. Volunteers are recruited from the surrounding community, and are trained and developed into community leaders, trauma counsellors, mentors, facilitators, and community project managers. With programs targeting individuals, family, schools and broader community systems, CASE employees and volunteers contribute towards breaking cycles of trauma and violence with community projects focusing on skills training (specifically leadership and literacy), counselling and mentorship services (individual and group sessions, and a men’s mentoring project) and aftercare and holiday programs for children (Community Action towards a Safer Environment (CASE), 2020).

The South African Association of Jungian Analysts (SAAJA) is a professional society of accredited Jungian analysts. In 2015, members of SAAJA and CASE collaborated and began co-facilitating a therapeutic Expressive Sandwork intervention with children from the

surrounding area. Children with a range of difficulties, such as excessive aggression, poor relationships, depression, social withdrawal, absenteeism and/or academic underachievement, are identified by educators at local primary schools and are referred to the intervention via CASE (South African Association of Jungian Analysts (SAAJA), 2020).

Expressive Sandwork volunteers are recruited by CASE representatives and receive four days of theoretical and experiential training in preparation for working with a child over twelve weekly sessions. The training prepares the volunteers to participate in the intervention as ‘witnesses’ to the child’s therapeutic process. ‘Witnessing’ requires an attitude of unconditional acceptance, as well as mindful awareness on the part of the volunteer, of the intersubjective exchange of affect between themselves and the child. The safe space and the volunteer-child relationship provide an opportunity for the child’s inner organizing psychological processes to be expressed and ‘witnessed’. This creates a precedent for internalization of the attentive attuned gaze that was perhaps missing in the child’s early development (Pattis Zoja, 2011).

1.4 Problem statement

In South Africa’s Primary Health Care (PHC) setting there is a move towards task-shifting, which is a strategy employed to increase healthcare access and integrate mental health services (Jacob & Coetzee, 2018). Task-shifting delegates the provision of clinical services and procedures previously reserved for higher-level specialists to mid-level and lay healthcare workers. Volunteers play a significant role in the wider task-shifting agenda, performing a range of care-related tasks in community settings (Campbell et al., 2008; Dageid et al., 2016). For example, volunteer health workers contribute to health promotion, screening, and medication adherence, and lay counsellors are often the first point of contact

for people from community contexts, who have been exposed to traumatic events (Jacob & Coetzee, 2018; Padmanabhanunni, 2019).

Studies on volunteering derive from multiple disciplines such as economics, sociology, psychology, and politics. A wide range of determinants and outcomes have been explored, such as intrinsic and extrinsic motivation, and correlates such as religiosity, dispositional traits, life trajectories, the characteristics of volunteer-organizations and the nature of the volunteer work (Hustinx et al., 2010). Cross-cultural studies have endeavored to identify universal motivational pathways (Aydinli et al., 2015; Omoto & Snyder, 2002; Penner, 2002). South African studies have explored the rewards, challenges and risks associated with volunteering, largely with a focus on the extent to which these factors correlate with compassion fatigue and burnout (Akintola, 2010; Mason & Nel, 2012; Ranjbar, 2014), but studies exploring the experiences of volunteers who facilitate therapeutic interventions with children from low-income areas with high levels of violence, are lacking.

Ultimately, the best way to protect children is to find ways of preventing child exposure to violence and trauma, but failing this, access to therapeutic support or community-based interventions can be helpful (Kaminer & Eagle, 2010). With PHC resources stretched, and a significant treatment gap in South African mental health care, which continues to grow (Jacob & Coetzee, 2018), it is hypothesized that volunteers operating from NGOs and community networks, who provide lay mental health services, will be required to play an increasingly critical role.

1.5 Rationale

Studies exploring the experiences of South African volunteers who contribute to government's wider task-shifting agenda by providing lay mental health services to children in low-income settings are limited. There is scope for exploration of the impact of this challenging work on the volunteers themselves because they too are frequently exposed to adversity and traumatic content (Akintola, 2010; Campbell et al., 2008; Dageid et al., 2014; Padmanabhanunni, 2019; Philip & Chaturvedi, 2018).

Thus, this study aimed to address this research gap by exploring in depth the experiences and perceptions of South African volunteers who had participated in a therapeutic Expressive Sandwork intervention with children, in a low-income community setting. Findings aimed to contribute to the scope of knowledge pertaining to the provision by volunteers of lay mental health services to children in low-income South African contexts. Such knowledge was deemed to be potentially useful in guiding the integration of measures to mitigate the negative psychological impact of volunteering in contexts with high levels of trauma and violence (Padmanabhanunni, 2019). Given that volunteers play a critical support role in communities (Akintola, 2010), further development of insight into volunteer experiences, specifically those who play a role in bolstering mental health care in under-resourced settings, was considered a worthy endeavor.

1.6 Aims and objectives

The study aimed to explore the experiences of volunteers in a therapeutic Expressive Sandwork intervention with children within a low-income community. To achieve this aim, the study focused on the following objectives:

- Exploration of participants' perceptions of the effects of a therapeutic Expressive Sandwork intervention process on the children and on themselves.
- Exploration of participants' understanding of their motivation to volunteer for the therapeutic Expressive Sandwork intervention within a low-income community.
- Exploration of the rewards accrued by the participants from volunteering for a therapeutic Expressive Sandwork intervention within a low-income community.
- Exploration of participants' understanding of the challenges encountered by therapeutic Expressive Sandwork intervention volunteers within a low-income community.

1.7 Thesis organization

This thesis is presented in seven chapters:

- *Chapter One* provides contextual background and introduces the participants and stakeholders who feature in the study. It outlines the rationale, aims and objectives of the study, and presents the structural layout of the thesis.
- *Chapter Two* reviews literature pertaining to themes and topics which are relevant to the study. It is presented in two sections. The first section examines the role of volunteers in the context of South African healthcare (which includes mental health), against a backdrop of theory and models of volunteering. The second section explores the development and theoretical foundations of the Expressive Sandwork intervention and presents a selection of case studies, which illustrate the process and efficacy of the intervention.
- *Chapter Three* outlines Kohut's theory of the self and formulates the Expressive Sandwork intervention within a self psychology framework.

- *Chapter Four* is divided into two sections. The first section focuses on the study's research paradigm, design and methodology and illustrates the ways in which each step in the research process has been guided by the study's aim, objectives, and research questions. The second section examines validation strategies and relevant ethical issues and illustrates the ways in which the study's design has maximized the validity of findings and addressed ethical concerns.
- *Chapter Five* presents the themes and subthemes which emerged in relation to participants' experiences of volunteering as witnesses in an Expressive Sandwork intervention. It illustrates each theme with text excerpts obtained from verbatim transcripts of interviews with participants.
- *Chapter Six* discusses and formulates each theme in the light of existing findings and the study's theoretical framework. The chapter closes with a personal reflection, which is a transparent account of researcher-situatedness, and raises questions around the suitability of psychoanalytic theory application in a community setting.
- *Chapter Seven* summarizes the core findings of the study and presents recommendations based on these findings, which include suggestions for further study. The limitations of the study are discussed, before concluding with synopses relating to the significance of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature pertaining to themes and topics which are relevant to the study. The first section focuses on the generic concept of volunteering. It examines issues pertaining to definition and conceptual complexity, which are largely a consequence of diverse theories and perspectives associated with different disciplines. Thereafter, an exploration of volunteering in the South Africa context serves to highlight the crucial role that volunteers play in South African healthcare, whilst raising questions regarding the generalizability to the South African context of results of studies conducted in the United States and Europe.

The second section of the chapter outlines the origins and theory of Jungian sandplay therapy and its adapted form, Expressive Sandwork. Case studies from Expressive Sandwork projects undertaken in China and South Africa are presented and discussed, with a view to illustrating the process and therapeutic efficacy of the intervention.

2.2 Volunteering

2.2.1 An elusive definition

The selection of a suitable definition for the term ‘volunteering’ is not a straightforward process. Generically, the term alludes to multiple activities, which are often distinct from each other and are affiliated to a variety of organizations and sectors. Volunteering activities range from sitting on a board of governance, to handing out soup to homeless people, to sterilizing dogs; volunteering can be linked to organizations ranging from civil service departments to non-governmental organizations to religious institutions (Hustinx et al.,

2010). In a review of over 200 definitions, Cnaan et al. (1996 as cited in Hustinx et al., 2010) note that concepts of time, labour and/or expertise in conjunction with free will, remuneration (or lack thereof), proximity to beneficiaries, and affiliation to a formal agency are common defining features. However, there is considerable variation within these component parts (Hustinx et al., 2010).

The concept of volunteering tends to be associated with prosocial action rather than with activities which promote hate or violence or violate the law. However, such activities may be justified as means to an end by organizations which purport to advance the development and well-being of society (Wilson, 2000). Hustinx et al. (2010) offer the example of working without remuneration for the North American white supremacist hate group, the Klu Klux Klan (Hustinx et al., 2010). Such work cannot be construed as prosocial, yet its advocates would claim that they work for the greater good. These boundaries become blurred when considering the essential role that volunteers have played in liberation movements (both legal and illegal), some of which have resorted to violent tactics to activate regime change. In such cases, Musick and Wilson (2008) distinguish between volunteering and activism, and they argue that the virtuous and compassionate nature of volunteering contrasts with activities geared toward political or social change (Musick & Wilson, 2008).

For the purposes of this project, the Collins definition of volunteerism is deemed suitable, in that Expressive Sandwork volunteers offer their time and mindful presence in service of their community. Accordingly, volunteering is defined as “the principle of donating time and energy for the benefit of other people in the community as a social responsibility rather than for any financial reward” (*Collins online dictionary*, n.d.). In addition, because it has been generated locally, the Statistics South Africa (STATSA) definition is deemed relevant too.

According to STATSA (2011), volunteering can be defined as an “activity willingly performed for little or no payment, to provide assistance or promote a cause, either through an organization or directly for someone outside one’s own household or immediate family” (p. 16).

2.2.2 Theory and models

Volunteering is studied across a range of disciplines, which each highlight or attribute different meanings and functions to the concept (Hustinx et al., 2010). The economist model of volunteering rests on the assumption that human behavior is fundamentally rational. The notion of unpaid work is therefore paradoxical, unless the work can be quantified such that it satisfies self-interest (Hustinx et al., 2010). In the light of this, acquisition of skills to enhance human capital, or to increase the provision of valued public goods and services, potentially compensates for the absence of remuneration (Hustinx et al., 2010). However, Marta and Pozzi (2008) claim that other-orientated motivation is at the root of committed volunteering, and that self-interest can initiate but not sustain volunteer behaviour (Marta & Pozzi, 2008).

Political scientists view volunteering as an integral component of active civil society and democracy. Accordingly, the formation of volunteer-driven organizations allows people to claim their rights and enrich their communities. With organization and leadership skills at the core of successful volunteer activism, organizations provide skill-acquisition opportunities.

These acquired skills are transferrable and can be used in the mobilization and empowerment of people, and the development of solidarity and social cohesion (Hustinx et al., 2010).

According to Hustinx et al. (2010), “without active volunteer participation, a society is at risk of being totalitarian and oppressive” (p. 419).

Although sociologists Musick and Wilson (2008) suggest that politically motivated unremunerated work constitutes activism as opposed to, there is considerable overlap between political science and sociological paradigms. Sociologists view volunteers as a pool of human resources who tackle social problems. In contributing to the empowerment of marginalized and/or disadvantaged people, volunteers become agents of social change. This process encourages growth and development of civic values, such as justice, integrity, social responsibility, respect, and community spirit, amongst the volunteers themselves and in the communities they serve. As such, volunteer work can be viewed as a mechanism of socialization, and the collective nature of volunteering, with its location within patterns of relationships, interactions, groups, and organizations renders a form of social solidarity, group belonging, identity and social integration (Hustinx et al., 2010; Musick & Wilson, 2008).

While sociologists focus on the social determinants of volunteering, psychologists have examined the personality traits which distinguish volunteers from non-volunteers (Omoto & Snyder, 2002; Penner, 2002). In contrast to the spontaneous acts of bystanders, where situational demands might “suppress the influence of dispositional variables on helping decisions” (Penner, 2002, p. 450), volunteering is likely to elicit enduring dispositional attributes, because it is a sustained and planned form of prosocial behavior. In the cluster of traits that are typical of volunteers and are labelled the prosocial personality type, other-oriented empathy and helpfulness are highlighted as the two core dimensions (Penner, 2002). Other dispositional qualities include social-value orientation, perspective taking, self-efficacy and positive self-esteem (Penner & Finkelstein, 1998 as cited in Hustinx et al., 2010).

Gillath et al. (2005) correlate the prosocial traits identified by Penner (2002) with engagement of the caregiving system, which is facilitated by attachment security (Gillath et al., 2005). The development of cognitive openness, compassion, humility, positivity in interpersonal relationships, and tolerance of out-group members is, according to Gillath et al. (2005), characteristic of people who have received warm, stable, and responsive caregiving. This relational dynamic is most apparent in the first years of life between parents and children, but it continues across the life span, so that social experiences with attachment figures enable stable mental representations of relational experiences. Concomitant adult attachment styles can thus be measured along dimensions of attachment-related anxiety and avoidance, with low scores indicating secure attachment (Gillath et al., 2005; Mikulincer & Shaver, 2005).

Results of studies conducted in the United States, Israel, and the Netherlands (Gillath et al., 2005) reveal correlations between low scores on attachment-anxiety and attachment-avoidance dimensions, and increased volunteering activity, motivated by altruism and exploration-orientation. Participants scoring high on the anxious-attachment dimension were also inclined to volunteer, but their motivation was associated with “the wish to fit in, to be thanked and appreciated, or to be distracted or relieved from their own problems” (Gillath et al., 2005, p. 443). Participants scoring high on the avoidant-attachment dimension engaged less in volunteering, were less altruistic and showed less interest in exploring and learning about themselves and the world (Gillath et al., 2005).

In addition, Gillath et al. (2005) identify a correlation between decreased attachment anxiety and sustained volunteering. This may suggest that volunteering is a route to improved social function, which is synonymous with increased security. However, ambiguity regarding the

causal direction of these findings points to a need for further investigation; it is possible that people are more able to sustain volunteering activities when personal problems decrease, as opposed to sustained volunteering bringing about a decrease in loneliness and interpersonal problems (Gillath et al., 2005).

2.2.3 Towards an integrated understanding

Musick and Wilson (2008) question the degree to which variations in volunteering correlate with personality differences or with social conditions. When socio-economic characteristics enter the volunteering traits regression, the impact of psychological variables decreases (Musick & Wilson, 2008). Omoto and Snyder (2002) blend psychological and social variables in their volunteer process model. In the first stage, motivation to volunteer is influenced by dispositional traits, prior personal experiences, current circumstances, and personal motives and needs. The latter variable is emphasized, as they hypothesize that for helping to be sustained, it must also serve the helper. In the second stage of the model, continued volunteering depends on the relationship between the volunteer, the organization and the community or the “psychological sense of community” (Omoto & Snyder, 2002, p. 846), which the organization supports (Omoto & Snyder, 2002).

The role identity model of volunteering uses role and identity theory, and the social structure or organizational characteristics within which volunteering occurs, to explain volunteer behavior. As people persist in volunteering, their commitment to the affiliated organization increases, which increases volunteer actions on behalf of the organization. Changes in self-concept accompany this process as the volunteer role becomes integrated into an individual’s identity and drives volunteer behavior (Grube & Piliavin, 1996).

Bekkers (2005) corroborates the validity of these models and suggests that giving and volunteering correlate more strongly with human and social capital than with psychological characteristics (Bekkers, 2005). However, according to Bekkers (2005), disciplinary boundaries serve to narrow perspective. She therefore recommends an integrated approach in which traits blend with social conditions and with political beliefs. Equating the concept of volunteering to active citizenship, Bekkers's (2005) study (conducted in the Netherlands) examines the predictive value of personality, political values, and social conditions. The results suggest that increased human and social capital, interest in politics, left-wing or Christian belief systems, and decreased conscientiousness coupled with increased empathy correlate with active citizenship. Furthermore, Bekkers (2005) suggests that the effects of personality traits vary in line with different contexts and activities, and with the nature and degree of accrued benefits. Thus, according to Bekkers (2005), both social and political characteristics interact with and mediate the effects of individual differences in personality in volunteering (Bekkers, 2005).

2.2.4 The South African context

Given that the South African context is significantly different, the extent to which international perspectives and models apply to South African volunteers is questionable. For example, in South Africa, several challenges inhibit the delivery of public healthcare services. Staff shortages, inadequate availability, and allocation of resources (and associated systemic issues) contribute to a treatment gap in mental health and chronic disease care. Each of these health areas presents challenges in themselves, and in addition bi-directional effects aggravate the problem. Chronic diseases such as tuberculosis, diabetes, and HIV serve to exacerbate mental health issues, and mental health issues impact the management of chronic disease (Jacob & Coetzee, 2018). Furthermore, mental health issues are intensified by South

Africa's violent society. The prevalence rate of exposure to trauma, both the direct experience of physical violence and the witnessing of violence, surpasses that of other countries (Atwoli et al., 2013).

Interventions which aim to improve the integration of mental health services in primary healthcare and the strengthening of community services are two of several recommendations which aim to increase access to healthcare (Jacob & Coetzee, 2018). The practice of task-shifting, whereby parts of the care process are transferred from a few highly skilled and qualified personnel to a larger number of less qualified or lay personnel, is currently underway. Psychiatric nurses providing mental health care in the form of assessment and counselling to patients with mental health and chronic disease comorbidity is an illustration of task-sharing in the formal healthcare sector (Campbell et al., 2008).

The wider task-shifting agenda involves shifting tasks from health professionals to grassroots community members, who operate from non-governmental organizations and community networking groups as volunteer community caregivers and lay counsellors (Campbell et al., 2008; Dageid et al., 2016; Padmanabhanunni, 2019). Volunteer community caregivers are a critical source of home-based care and support for people living with HIV and AIDS, and they contribute significantly to medication adherence in the management of chronic disease. Volunteer crisis and trauma counsellors provide an invaluable service, working predominantly with victims of crime (Akintola, 2010; Mason & Nel, 2012; Padmanabhanunni, 2019). Thus, in the South African context, volunteers play an important role, performing a range of care-related tasks, particularly in marginalized and impoverished communities (Swartz & Colvin, 2014).

Results of studies conducted in KwaZulu-Natal, investigating the rewards which contribute to sustained volunteering among volunteers providing home-based care, corroborate one another (Akintola, 2010; Dageid et al., 2016; Ranjbar, 2014). While empathy and altruism emerged as primary motivating factors for most participants, self-growth and improvements in self-esteem as a result of positive feedback and recognition from the community, observable improvements in health behaviors (on the part of patients) and the achievement of competencies acquired from training and volunteering experience were cited as commitment-enhancing rewards. Most participants hoped that volunteering would ultimately lead to employment in the formal healthcare system (Akintola, 2010; Dageid et al., 2016; Ranjbar, 2014).

Padmanabhanunni's (2019) study, conducted in the Western Cape with volunteer lay counsellors, offers comparable insights. Compassion satisfaction, which can be defined as an experience of personal gratification in response to contributing to the collective good of the community (Figley, 2013), correlated more with older women, as opposed to younger women and men (Padmanabhanunni, 2019), suggesting that increased self-efficacy (associated with the older volunteers) and/or the ability to meet expectations associated with gender role socialization may contribute to compassion satisfaction (Shoji et al., 2016). These results suggest that volunteer motivation among samples of South African volunteers working as home-based caregivers and lay counsellors is largely grounded in their capacity to deliver effective services. Delivery of effective services contributes to compassion satisfaction which is a buffer between caregiver burden and secondary traumatic stress and/or burnout (Akintola, 2010; Padmanabhanunni, 2019; Ranjbar, 2014; Thieleman & Cacciatore, 2014).

However, there is some concern that the task-shifting model, and by association volunteering in healthcare settings, is unsustainable (Mason & Nel, 2012). According to Dageid et al. (2016), the “retention of volunteers over time is challenging” (p. 569). There is a perceived lack of government support amongst volunteers who provide home-based care. Material equipment shortages lead to increased susceptibility, on the part of volunteers, to patients’ infectious illnesses. Irregular payment of stipends necessitates the use of personal funds to cover costs, and the coordination of tasks is often problematic, as disputes between organizations owing to competition over scarce resources intensify stress (Dageid et al., 2016). Lay counsellors providing care to a traumatized population are typically the first point of contact (Padmanabhanunni, 2019), which means that the least-qualified mental healthcare workers manage the most-challenging situations, without adequate supervision owing to constrained resources. Furthermore, the settings in which volunteer caregivers and lay counsellors work are often characterized by pervasive hardship (Dageid et al., 2016; Padmanabhanunni, 2019). Because many South African volunteers work in resource-strapped settings and are exposed to such adversity, traumatic content and challenging working conditions, burnout and/or secondary traumatic stress are common (Akintola, 2010; Campbell et al., 2008; Dageid et al., 2014; Padmanabhanunni, 2019; Philip & Chaturvedi, 2018).

Ethical concerns include the absence of a regulatory body or association which oversees the management of home-based caregivers and lay counsellors, who are vulnerable to unfair employment practices and exploitation and are often disadvantaged in terms of career progression (Madhombiro et al., 2017; Philip & Chaturvedi, 2018). Both Akintola (2010) and Dageid et al. (2016) point out that the majority of South African volunteer caregivers are poor women from marginalized communities who work in extreme physical, social and

psychological conditions with minimal support or remuneration; this can be construed as exploitation in itself (Akintola, 2010; Dageid et al., 2016).

Given that the South African government is likely to continue to rely on volunteers to play prominent roles as healthcare providers, the provision of structural support enabling effective work, and thereby strengthening commitment and motivation, would benefit all stakeholders (Akintola, 2010; Campbell et al., 2008). Prevention and intervention strategies, such as sustainable stipends, commitment from community leaders and volunteer team leaders to democratic ideals of project management, the creation of career paths, clarification of roles and rights, further skills training and the provision of frequent and regular supervision (individual and/or peer supervision) and collegial discussion would help mitigate psychological risk and improve job satisfaction, and would thereby contribute to an increase in sustained volunteering commitment (Campbell et al., 2008; Dageid et al., 2016; Padmanabhanunni, 2019).

2.3 Expressive Sandwork

2.3.1 Increasing access to psychological care

Eva Pattis Zoja is a clinical psychologist, Jungian analyst and sandplay therapist from Milan, Italy. Her book, *Sandplay Therapy in Vulnerable Communities* (Pattis Zoja, 2011), details the origins, approach, and methodology of Expressive Sandwork. The following definition is reproduced from the Expressive Sandwork website:

A trans-cultural, non-verbal method of therapeutic care for situations in which individual psychotherapy is not available. It is based on the work of volunteers who are trained by certified trainers and who are supported by these trainers throughout the project. (Expressive Sandwork, n.d.)

The method is designed to increase access to psychological care for traumatized people living in precarious situations. Pattis Zoja (2011) suggests that psychological support is least accessible to those who need it most. She suggests that psychologists tend to neglect people in situations, such as natural disasters or war, children in orphanages and refugee camps, and children living in conditions of deprivation. Many areas in South Africa fit the ‘conditions of deprivation’ category, and Pattis Zoja has worked with local volunteers and children and contributed towards addressing this gap in South African mental healthcare (Pattis Zoja, 2011).

Anticipating the question, “Can psychotherapy be useful in situations of social destitution?” (Pattis Zoja, 2011, p. 25), Pattis Zoja (2011) clarifies her position by emphasizing that psychotherapy is by no means a replacement for economic, social, and political intervention, as safety, food, education, and access to services are essential for survival. However, she goes on to illustrate the value of psychotherapy in socially impoverished situations, with descriptions of some of the changes which can be observed in children’s body language and facial expression, as they engage with Expressive Sandwork. Furthermore, she claims that “in the case of families that are both impoverished and pathological, psychological intervention is essential” (Pattis Zoja, 2011, p. 27).

Globally, volunteers play a prominent role in disasters and crises and in many cases provide vital relief (Musick & Wilson, 2008), but Pattis Zoja (2011) describes scenes following earthquakes and flooding, in which well-meaning volunteers ask pre-determined debriefing questions which appear to re-traumatize victims. She describes psychological withdrawal on the part of victims in such situations and suggests that a counter-response may be feelings of

helplessness or rejection on the part of the volunteer (Pattis Zoja, 2011). Pattis Zoja (2011) expresses concern that volunteers who provide help in socio-cultural contexts which are different to their own may expect traumatized people to talk about their feelings. She suggests that verbal communication may be less than ideal and interrogates the ‘how’ of intervening optimally, when victims are “numb and unapproachable” (Pattis Zoja, 2011, p. 28) or when victims inhabit socio-cultural contexts unfamiliar to those offering help (Cushman, 2018; Pattis Zoja, 2011).

The Expressive Sandwork therapeutic intervention was conceived by Pattis Zoja in response to these challenges. The approach is not problem specific. It requires exactness but is nevertheless simple and replicable, which enables implementation by volunteer lay therapists. Imagery and play are the primary tools of expression and communication, so that the intervention is cross-culturally appropriate and potentially more efficient than verbal strategies for assimilating trauma (both long-standing relational trauma and/or once-off traumatic events) (Pattis Zoja, 2011; Schore, 2017).

Trauma is experienced in the right hemisphere of the brain where non-verbal content is processed; this is perhaps why people often cannot talk about trauma. Intrusive symptoms such as flashbacks and/or nightmares, which are images from the unconscious, are testimony to the right hemisphere hypothesis (Pattis Zoja, 2011). In a theoretical model of affect and human relationships, which integrates mind and brain, neuropsychologist Dr Allan Schore (2017) corroborates Pattis Zoja. Locating unconsciousness in the right side of the brain, he describes this area as an affect-generating and -processing system (while the left side analyzes and controls at a conceptual level). It therefore follows that interventions combining play and imagery (as opposed to language) with a therapeutic alliance or relationship, in

which the accompanying adult offers undivided attention, interest and emotional participation, are likely to reach a more primitive level of emotion and expression, thereby initiating psychological assimilation (Pattis Zoja, 2011; Schore, 2017):

The role of the therapist is not to interpret children's play, but to co-create play contexts that can form an attachment, a bond of emotional communication and interactive regulation . . . Play allows the patient . . . not only to discover but to nurture different and more complex aspects of the right brain self. (Schore, 2017, p. 129)

Thus, the goal of Expressive Sandwork is to enable children to activate a process of psychological self-regulation, using their own creative potential, which may be buried in the unconscious right brain. The combination of the protective setting and non-verbal process offer an experience which helps the child re-establish contact with this inner self-regulating resource (Pattis Zoja, 2011).

2.3.2 Jungian origins and theory

Expressive Sandwork is an adaption of Margaret Lowenfeld's World Technique and Dora Kalff's Sandplay Therapy (Kalff, 1991), and it is grounded in Jung's theories of the personality and psyche (Pattis Zoja, 2011). Therapeutic sandplay was conceived by Dr Margaret Lowenfeld, a British Freudian psychiatrist, who developed the World Technique in the 1940's. The name of the technique stems from a child patient's description of the world they had created with sand and toys (Weinrib, 2004). In the 1950's, Swiss Jungian analyst, Dora Kalff, encouraged by her friend and mentor, Carl Jung, travelled to London to study and work with Dr Lowenfeld. Thereafter, she returned to Switzerland and set up practice,

working psychoanalytically with children, with sandplay as a play-based technique (Weinrib, 2004). According to Weinrib (2004, p. 7), Kalfff believed:

The client is given the possibility, by means of figures and the arrangement of the sand in the area bounded by the sandbox, to set up a world corresponding to his or her inner state. In this manner, through free, creative play, unconscious processes are made visible in a three-dimensional form and a pictorial world comparable to the dream experience.

However, unlike Jungian dream analysis, interpretations are not initially offered in Kalfff's Sandplay Therapy, nor is the patient confronted or pressed for associations, as this would introduce thinking, reasoning, rationalizing and, potentially, judgement. These ego processes are reserved for a later developmental phase. The developmental processes of the self, which is the central organizing feature of the psyche and the guide to psychological processes, should first take hold so as to provide inner support for growth of a stronger ego (Pattis Zoja, 2011); this can be understood as "the psychological organ of consciousness" (Weinrib, 2004, p. 213). Provided the patient is ready, this cerebral aspect might occur at the end of a series of sessions, when the ego is sufficiently evolved to integrate interpretation. When this happens, therapist and patient sit together and view photographs of the process. Observing the psychic material in this way potentially enables awareness of connections between inner and outer life on the part of the patient, thereby reinforcing development of the ego and expanding consciousness (Pattis Zoja, 2011; Weinrib, 2004). This process demonstrates the view of Jung: "Often the hands will solve a mystery that the intellect has struggled with in vain" (1916 as cited in Pattis Zoja, 2011, p. 10).

Before incorporating verbal left-brain processes, which are elicited with interpretation, sandplay encourages a therapeutic regression, with a view to enabling unconscious healing of the self. Damage to the self is rooted in maternal or caregiver loss, disruption and/or deprivation, occurring in the first four years of a child's life, when a child's self is blended with that of the caregiver. This means that early constellation and activation of the child's self depends on uninterrupted emotional and physical closeness between caregiver and child, and on timely separation. If this primal relationship is disturbed, developmental processes are hindered and the self-structure remains disorganized, undifferentiated, and unregulated. Such a self-structure gives rise to an impaired ego, which can prevail lifelong. Characteristically dependent, needy, and prone to unhealthy defenses, an ego evolving from a wounded self is vulnerable to narcissism, neurosis and/or psychosis (Pattis Zoja, 2004; Weinrib, 2004).

With a view to healing early self-wounding, the non-rational, right-brain symbolic expression that is sandplay – without interpretation – activates a pre-verbal level of the psyche. The psyche can be understood as the totality of psychological content, both conscious and unconscious (Weinrib, 2004.) At this pre-verbal level, healing and renewal can occur within a reconstituted caretaker-child union, which lives in the unspoken rapport between therapist and child. The therapist does not intrude on the child's symbolic laying out of psychological material but observes and unconditionally accepts. With knowledge of Jungian symbology, silent interpretation by the therapist does occur, but comment is reserved. Weinrib (2004) likens the sand picture symbols to “healing agents” (Weinrib, 2004, p. 45), which enable a connection between the therapist's conscious mind and the child's unconscious mind (Weinrib, 2004). In this way, the therapist participates both cognitively and empathically, sharing the child's affective experience, which may be evocative and sometimes difficult to tolerate (Pattis Zoja, 2011; Turner & Unnsteinsdóttir, 2011; Weinrib, 2004).

The therapist's non-intrusive attitude, which allows a self-directed and autonomous process on the child's part, is grounded in the belief that given the right conditions, the psyche will heal and grow towards "wholeness of the Self" (Turner & Unnsteinsdóttir, 2011, p. 8). The Sandplay Therapy space aims to provide these conditions. The edges of the box contain sand and the sand-image, the limited (though extensive) collection of miniatures, are set out in a predictable uniform way and the time frame is consistent for each session. The therapist offers a holding relationship, within which the child can experience a sense of safety. This "free and protected space" (Weinrib, 2004, p. 29) correlates with the matriarchal level of the psyche in that it is subject to the unconscious and reflects unconscious processes, but also carries qualities of awareness or non-verbal comprehension (Weinrib, 2004). Creative play within such a space provides an opportunity for self-renewal and repair, for the child's inner organizing processes to be expressed and witnessed, and for the attentive attuned gaze of the therapist to be internalized (Pattis Zoja, 2011; Turner & Unnsteinsdóttir, 2011).

2.3.3 An adapted method

One of the main differences between Expressive Sandwork and Dora Kalf's Sandplay Therapy is that the adults who accompany the children through the process are not (necessarily) trained psychotherapists, but are volunteers, who mostly live or work in the surrounding community. The volunteers receive three to four days of theoretical and experiential training, in which they experience the process of creating their own sand-worlds whilst witnessed by a co-volunteer or facilitator (Pattis Zoja, 2011).

Pattis Zoja (2011) explains why volunteers without psychotherapeutic training can provide the basic conditions required for a satisfactory therapeutic outcome: The presence of an

empathic adult witness, whose personality is sound enough to “bear the child’s inner world emotionally” (Pattis Zoja, 2011, p. 34), contributes towards the creation of the condition of safety. In conjunction with the miniatures, the sand, and the framework of precise conditions, a “free and protected space” (Weinrib, 2004, p. 29) is created, which is deemed adequate for the child to produce what he or she needs to heal (Pattis Zoja, 2011). The process is not about treating symptoms but about offering a setting in which the child’s psyche produces what is needed. The weight of treatment is therefore shifted from therapist/volunteer to the child, though mindful presence and empathic interest on the part of the witnessing adult are also fundamental to the process; the “two-person system” (Schoe, 2017, p. 130) comprising volunteer and child is the vector for self-exploration and relational healing (Pattis Zoja, 2011; Schoe, 2017).

Volunteers exude an attitude of positive expectation and interest in the child and offer as much presence as is needed. The environment is judgement free, and the child chooses what to create. At the start of the session, the child is invited to play with the sand and the miniatures within the sandtray, and thereafter a period of silent, concentrated play ensues as the child works autonomously, controlling his/her own process. When the child has worked enough, he or she is invited to speak about their creation. However, the volunteer does not extract information, nor impart personal thoughts, so the child engages only to the degree that he or she is ready (Pattis Zoja, 2011).

The group element is another addition to Kalfff’s Sandplay Therapy. Volunteer-child pairs are arranged in a containing oval shape, with adults seated on the outside and the children selecting their miniatures or standing opposite their volunteer, on the inside. The miniatures are positioned on the floor in the center of the oval. Thus, throughout the session, the children

operate within the physical boundary of this configuration, such that the larger group of volunteers, functions as an additional layer of psychological shelter (Pattis Zoja, 2011).

Children exposed to trauma and psychological stress are unaccustomed to the group dynamic offered by Expressive Sandwork. They are not required to expend energy jostling for power and there is no promise of reward, nor threat of punishment. Once settled in their space with their attentive volunteer, the children work silently side by side within a predictable, safe space which is dedicated to exploration (Pattis Zoja, 2011). For the witnessing adults, the group functions as a support structure; the presence of co-volunteers enables a silent but tangible collaboration (Pattis Zoja, 2011).

2.3.4 Research and case studies

Literature searches call up numerous studies pertaining to sandplay interventions generally, but studies pertaining specifically to Pattis Zoja's Expressive Sandwork model are scarce. Botha et al. (2017) are currently in the process of facilitating a quasi-experimental research project which aims to measure the effects of the Expressive Sandwork intervention on a sample of children's strengths and difficulties. Further studies, with larger samples, investigating the efficacy of Expressive Sandwork in low-income South African contexts would offer useful information and potentially motivate the facilitation of additional interventions in similar low-income contexts (Botha et al., 2017). This is especially the case, given that the Expressive Sandwork model fits with current efforts in the South African primary healthcare system to increase access to mental health services with task-shifting strategies (Myers et al., 2018).

According to the International Association for Expressive Sandwork's webpage (n.d.), volunteers have been trained, and the intervention has been implemented in several countries, namely Argentina, China, Columbia, Germany, Italy, Malaysia, Palestine, Romania, and Tibet. The intervention has provided support to children exposed to neglect, abandonment, domestic violence and poverty in crime-ridden and socially vulnerable neighbourhoods; children who have suffered the trauma of war and forced migration, and who have survived natural disasters but suffered loss; children with special physical and/or educational needs, and chronic or terminal illnesses; children who have been saved from sex trafficking and sex-work and children in child-care centres and orphanages (Expressive Sandwork, n.d.). In subsequent sections, selected case data from interventions facilitated in China and South Africa is presented, with a view to illustrating the process and therapeutic value for children who participate in the Expressive Sandwork intervention.

2.3.4.1 Beichuan, China

In May 2008, an earthquake struck China. With the epicentre located northwest of Chengdu in the town of Beichun, 1,700 children and 60 teachers from the local school lost their lives. For twenty hours following the earthquake, children reportedly dug with their bare hands in search of their classmates and teachers, some of whom could be heard calling from beneath the rubble, but sadly no-one was recovered alive (Pattis Zoja, 2011). Volunteers were reportedly surprised by some of the children's sandwork images following the earthquake, as they were "beautiful" (Pattis Zoja, 2011, p. 134). These images appeared at the start of a series of sessions, which suggests that what-had-been-lost may have initially been depicted. However, other children expressed destruction from the start of the process, recreating the earthquake in the sand by building the village in detail and then destroying it, and then repeating this activity time and time again (Pattis Zoja, 2011).

Repetitive re-enactment of a traumatic event, whether it involves compulsive mental re-playing of a memory fragment or physically acting it out, can be understood as the psyche's attempt to undo, or to create a different ending. Viewed this way, repetition compulsion, which is the impulse to re-enact traumatic emotional experiences (Sadock et al., 2015), can be conceptualized as a neurotic defense, the denial of reality to ward off intense emotion. Alternatively, re-enactments can be conceptualized as attempts to relive, and thereby master, the overwhelming feelings associated with the trauma. A sense of helplessness and loss of control is inextricably linked to the experience of trauma, and the restoration of a sense of efficacy and power potentially contributes towards a process of repair (Herman, 1997).

Because reliving trauma can evoke the emotional intensity of the original event, survivors tend to go to great lengths to avoid this distress. However, avoidance ultimately leads to a degree of narrowing in consciousness and/or withdrawal from engagement. In the role of surrogate attachment figure, the volunteer provides care and protection and the opportunity to not avoid but to re-enact the trauma adaptively, within a caring dyad. Within this space, the volunteer co-tolerates the child's emotional experience and, particularly if the child has had healthy resilience-building early experiences, psychological integration of the trauma can be set in motion (McMahon, 2009; Pattis Zoja, 2011). The following case study serves to illustrate this process.

Three months after losing his parents in the earthquake, an 11-year child participated in a series of eight Expressive Sandwork sessions. In the second session, without commenting on his Expressive Sandwork image, he took off his T-shirt and revealed a wound which had been left untreated since the earthquake. When asked why he had not shown anyone before, the

child explained that he needed to suffer because of the pain his mother had endured at the time she had died. Pattis Zoja (2011) speculates that his depiction of a helpless animal about to be eaten by a dinosaur may have helped him to perceive his wound differently, or that empathic attention from his accompanying adult helped release him from identifying with his mother's pain (Pattis Zoja, 2011).

According to Herman (1997), "in the aftermath of traumatic events, as survivors review and judge their own conduct, feelings of guilt and inferiority are practically universal" (p. 53). These feelings can be linked to the fantasy that something could have been done to avert the disaster. This fantasy detracts from the reality of helplessness, and Herman (1997) suggests that the experience of guilt may be "more tolerable" (p. 54) than feeling helpless. In the case of the 11-year-old child described above, his dinosaur/ helpless animal depiction suggests that he may have reconciled, to a degree, with the experience of helplessness, and this may have lifted the burden of conscience and reduced his impulse to make amends or to compensate for his mother's suffering. It is suggested that the holding relational container provided an emotional safeguard, within which the child re-enacted his experience of helplessness, with the volunteer co-regulating his affective response, while the act of witnessing the symbolic laying out of the child's inner emotional wound seems to have encouraged him to attend to his physical wound too (Herman, 1997; Pattis Zoja, 2011; Schore, 2017).

2.3.4.2 Krugersdorp, South Africa

In 2007, an Expressive Sandwork intervention was facilitated at a local primary school in a low-income area on the outskirts of Krugersdorp in South Africa's Gauteng Province (Pattis Zoja, 2011). Beset with socio-economic problems, this area is associated with high rates of

child and elder abuse. There are many child-headed households and a severe shortage of support services (Pretorius, 2019).

An 11-year old boy from the local primary school reportedly responded eagerly to the invitation to participate in the Expressive Sandwork intervention and quickly constructed a world in the sand. He depicted a figure brandishing a stick above the head of another figure, with a third figure running through an opening in a wall, and explained that this was a portrayal of his family situation: “My father is beating my mother and I am running to get the police” (Pattis Zoja, 2011, p. 84). In this child’s case, the intervention provided an opportunity for him to disclose his experience of abuse and to access help. The outcome of his situation was positive in that a social worker intervened, and his parents willingly accepted support and were motivated to change their behavior (Pattis Zoja, 2011).

This child’s story is one of several South African cases in which children have used Expressive Sandwork as a medium to disclose abusive or threatening situations. However, on occasion it can be difficult for volunteers to distinguish between fantasy and reality. In such cases, the Expressive Sandwork team of facilitators and co-volunteers are available for consultation, and assistance from external social development agencies is sometimes required (Pattis Zoja, 2011). In the case of the child described above, the route to intervening with his family was clear and accessible, but this is not always the case in low-income South African settings, where social development and child protection services tend to be bogged down by systemic and structural challenges (Roelen et al., 2017).

At the same primary school in Krugersdorp, a young teenage girl’s teacher observed a sudden deterioration in her schoolwork, accompanied by social withdrawal and worsening personal

hygiene. When asked whether anything was worrying her, the young teenager vehemently denied any problems. However, she agreed to participate in the upcoming Expressive Sandwork intervention (Pattis Zoja, 2011). In the first session, she cried whilst creating a rape scene in the center of the sandtray. The visual depiction of her unspeakable trauma seemed to enable disclosure of the sexual assault, and the young teenager explained that while her mother was away, her stepfather had raped her. Her mother was contacted by the Expressive Sandwork facilitator who, together with the young girl, described what had happened. Her mother was shocked and upset, but supportive of her daughter. The rape was reported to the police and her stepfather was arrested (Pattis Zoja, 2011).

In her second session, the young teenager was again tearful as she re-created the rape scene in the center of the sandtray, but in addition to this, she positioned two figures under an umbrella in a cordoned-off corner, and identified the figures as herself as a young child and her mother. Pattis Zoja (2011) suggests that this depiction of a sheltered mother-daughter bond indicated a healthy internalized maternal function, and that this secure relational foundation which had been activated by Expressive Sandwork, enabled her to speak out, safe in the knowledge that she would be protected (Pattis Zoja, 2011; Schore, 2017).

In her third session, the young teenager dug a tunnel-like structure in which she buried an “evil man” (Pattis Zoja, 2011, p. 88). Her mother was featured once again, drinking tea with friends, and four elephants in enclosures lined the front periphery of the sandtray. Given that elephants symbolize wisdom, strength, compassion, and deep familial connection, the young teenager’s portrayal seems to have manifested maternal energy and strength. The image conveys movement, progress, and assimilation, in that tea-drinking and burial scenes are both ceremonial and ritualistic. That the ‘evil man’ was underground or entombed, suggests that

she may have required (temporary) psychological ‘putting away’ or suppression, but this does not negate the possibility of future processing and integration of her traumatic rape experience (Pattis Zoja, 2011). In her fourth session, the young teenager reported that she was feeling better and once again created a tea-drinking scene in the sandtray. This time her mother, aunt, and grandmother were featured, while she and a friend were depicted playing nearby, as if the presence of three generations (a ‘herd’) of safe maternal energy enabled them to proceed with the work of play (Pattis Zoja, 2011).

The swift positive outcome illustrated by this young teenage girl’s process seems to indicate that her experience of trauma was non-recurring, and that she had a secure and loving relationship with her caregiver (Kaminer & Eagle, 2010; Pattis Zoja, 2011). Even if a single traumatic blow is extreme, psychologically healthy children of healthy parents seem to retain a template of adaptive behavior patterns, which are ingrained in their personalities. According to Pattis Zoja (2011), trauma can sever connection with this “treasure within” (Pattis Zoja, 2011, p. 30), but a therapeutic intervention has the potential to initiate reconnection (Pattis Zoja, 2011; Weinrib, 2004).

Lenore Terr (1991) in Kaminer & Eagle (2010) distinguishes between the “single blow event” (Kaminer & Eagle, 2010, p. 129) and multiple events or long-standing and pervasive neglect, abuse, exploitation and/or threat. The latter requires management of each abusive experience, as well as anticipatory anxiety, and cutting-off defenses such as numbing, dissociation and/or detachment may be required to shield the child from chronic and inescapable pain. In such cases, these defenses block intense feelings. In addition, surviving in an environment in which children are dependent on their abusers for physical and psychological care may encourage the splitting-off of bad experiences from good ones. This

reduces anxiety and preserves the caregiver relationships required for survival. However, these defenses are at the foundation of the development of psychiatric issues and personality problems, which equate conceptually with the notion of a vulnerable ego evolving from an un-constellated Self (Kaminer & Eagle, 2010; Sadock et al., 2015; Weinrib, 2004).

According to Pattis Zoja (2011), “the personality can only try to develop, despite, or next to, or around the unprocessed trauma” (p. 44).

If abuse is denied and/or persists over time, the Expressive Sandwork process and the child’s sand images are qualitatively different. Defenses may slow therapeutic expression, or in extreme cases, block the child from participating as they avoid all emotion-evoking experiences. The upcoming description illustrates the suitability of the Expressive Sandwork process and setting in meeting the individual needs of children who have suffered complex trauma, where friendly prompting by a well-meaning therapist or counsellor is unlikely to have an impact (Pattis Zoja, 2011). In the case of a little boy who had suffered long-term neglect, he did not initially interact with the other children, nor acknowledge his volunteer. However, despite his unwillingness to participate, he was not pressurized in any way and was unconditionally accepted as a member of the group. In the first three sessions, he reportedly sat passively in front of his sandtray, but by the fourth session his body seemed to visibly relax, and he unclenched his fists in his lap and began to tentatively touch the sand. He then gradually progressed to scooping handfuls of sand, which he squeezed in his fist. This, according to Pattis Zoja (2011), can be interpreted as the beginning of contact.

2.4 Conclusion

In this chapter, a review of the literature provided an understanding of some of the existing knowledge, research and debates pertaining to themes and topics which are relevant to the

study. The first section focused on the concept of volunteering. It described a multi-faceted construct which eludes definition because of links to various disciplines and associated theories and/or models; each seeking to explain the motivations and determinants of volunteering (Gillath et al., 2005; Hustinx et al., 2010; Musick & Wilson, 2008). Ultimately the review promoted a broader perspective which integrates a range of contributing variables (social, psychological, economic, and political) which interact multi-directionally, to influence an individual's motivation and sustained commitment to volunteering (Bekkers, 2005).

An exploration of volunteering in the South African context highlighted government's reliance on the work of volunteers, who perform a range of care-related tasks in marginalized and impoverished South African communities and thereby play a crucial role in government's task shifting agenda (Jacob & Coetzee, 2018; Swartz & Colvin, 2014). Honing-in on the experiences of volunteer community caregivers and lay counsellors, the review raised questions regarding the sustainability of volunteer commitment in these sectors, most notably owing to the impact of adverse contextual factors and community violence (Akintola, 2010; Mason & Nel, 2012; Padmanabhanunni, 2019).

The second section of the chapter outlined the origins, theory, and practice of Jungian sandplay therapy and its adapted form, Expressive Sandwork. Designed to increase access to psychological care for traumatized people living in precarious situations, the intervention relies on the participation of volunteers as opposed to trained psychotherapists (Pattis Zoja, 2011). Case studies from Expressive Sandwork projects undertaken in China and South Africa illustrated the process and therapeutic efficacy of the intervention (Pattis Zoja, 2011),

thereby reinforcing a view of the intervention as having potential to contribute towards addressing the gap in South African mental healthcare.



CHAPTER 3

THEORETICAL FRAMEWORK

3.1 Introduction

Expressive Sandwork is grounded in a Jungian therapeutic approach (Pattis Zoja, 2011), but a broadening of this frame of understanding to Kohut's theory of the self is befitting.

According to both Jung and Kohut, individuals have within themselves a central core of psycho-biological potential. Development of such potential is self-regulatory and ongoing, provided a child's caregivers supply the necessary empathic responses (Jacoby, 2000).

Convergence of Bowlby's attachment theory with this psychoanalytic concept therefore follows, in that a prerequisite for both secure attachment and for self-realization or development of the core self, is empathic understanding (Jacoby, 2000).

In this mini thesis a self psychology theoretical framework with references to attachment and object relations theory will support and elaborate exploration of participants' perceptions of volunteering for the Expressive Sandwork intervention. However, the following point of discomfort requires acknowledgement: Kohut was born in Europe, took his medical degree at Vienna University and reportedly never abandoned his European cultural roots (Strozier, 2001 as cited in Giannoni, 2004). Whether it is appropriate to import conceptual categories and philosophical systems from the West, to understand and explain the perceptions of participants from a context that lies poles apart, requires careful consideration (Mkhize, 2004).

This chapter will outline Kohut's theory and identify selected points of convergence with Jungian psychoanalysis and attachment and/or object relations theory; while Mkhize's (2004)

question will remain rhetorical, this tension will be referenced at several junctures in upcoming sections and chapters.

3.2 Heinz Kohut's theory of self psychology

3.2.1 Kohut's self

Kohut described the self as the “centre of an individual’s psychological universe” (Kohut, 1977, p. 311), and as the “centre of initiative and perception, integrated with our most central ambitions and ideals” (Kohut, 1977, p. 178). A healthy self-structure, according to Kohut (1977) is “cohesive in space and enduring in time” (p. 99). Thus, a psychologically healthy individual’s identity is stable in that features of his or her personality are integrated into a single congruent set of qualities, ambitions, ideals, and values. The individual experiences a sense of inner security and positive self-esteem. Their motivation to actualize innate potentials is grounded in realistic ambitions, and overall, their interpersonal functioning is generally harmonious (Banai et al., 2005).

The self develops through an interplay between the child’s innate potential and the responsiveness of caregivers (St. Clair & Wigren, 2004). Thus, an empathic environment, which is characterized by attentive and loving engagement, contributes to the development of a secure attachment style, which can be equated with the development of a cohesive self (Pienaar & Molteno, 2010). Such engagement facilitates healthy psychological organization as caregiver responses channel and arrange the child’s emerging self-structure (St. Clair & Wigren, 2004).

3.2.2 Selfobject experiences

Kohut's concept of selfobjects can be understood as the child's experiences of another, typically a parent or caregiver, as part of the self, or as objects that are "used in the service of the self to provide a function for the self" (St. Clair & Wigren, 2004, p. 149). A child's rudimentary self comprises two main dimensions: a primitive configuration of grandiosity and an idealized parental image. Mirroring selfobject experiences in the form of empathically attuned attention, whereby a caregiver's loving gaze reflects the child's unique and special being, are required to tame a child's primitive narcissism. Such experiences contribute to the development of a cohesive personality with positive self-esteem, the capacity for environmental mastery, ambition which is realistically pitched, and an ability to self-assert (DeRobertis, 2010; St. Clair & Wigren, 2004).

Maturing of the child's idealized parental image occurs as the child gradually begins to perceive the idealized omnipotent object (caregiver) more realistically and as separate from themselves. Initially, child and caregiver are joined in a psycho-structural merger. The child shares his or her caregiver's self structure and "participates in [the caregiver's] well-organized experience" (St. Clair & Wigren, 2004, p. 149) to satisfy his or her needs. Such reliance is particularly significant when children require help with distress regulation. Like attachment theorists, Kohut believed that this caregiver role is critical in infancy and the early stages of development, when children are helpless and completely reliant on caregivers as external sources of self-cohesion. However, gratification of the child's needs by his or her caregiver is inevitably delayed on occasion, preferably to a degree that is tolerable and non-traumatic for the child. Such optimal frustration encourages gradual withdrawal and separation by the child (Banai, et al., 2005; DeRobertis, 2010; Kohut, 1977; St. Clair & Wigden, 2004).

Transmuting internalization is the process by which aspects of the merged relationship are absorbed by the child's self, which enables his or her own inner structure to gradually take over. Inner self-regulation skills, which enable the control of tension and affect, are internalized by the child, and he or she progressively develops a sense of autonomy and ultimately consolidates a self that is distinct from that of the caregiver (DeRobertis, 2010). Simultaneously, the image of the admired caregiver figure, with whom the child has identified, is internalized and manifests as an inclination to hold high ideals and to set elevated but realistic goals (Banai et al., 2005; DeRobertis, 2010; Kohut, 1977; St. Clair & Wigden, 2004).

Selfobject experiences of twinship satisfy the child's desire to experience him- or herself as being alike to others, and to be included in relationships with them. Children need to be part of a group, such as a family, which surrounds and protects them. Such experiences promote a sense of belonging and empathic connectedness to other human beings (Banai et al., 2005; St. Clair & Wigden, 2004).

Thus, through countless repetitions, selfobject experiences satisfy the child's mirroring, idealizing, merger and twinship needs, and thereby facilitate the development of healthy grandiosity (self-esteem), morality, and the capacity for mature relationships. Empathy, attunement, security, responsiveness, and optimal frustration contribute to a gradual process of transforming a child's rudimentary self into a "strong, evolving nuclear self" (DeRobertis, 2010, p. 346), and ultimately the individual's own cohesive self becomes the primary agent of self-regulation (Banai et al., 2005).

3.2.3 Selfobject deprivation

Chronic non-responsiveness on the part of parents or caregivers translates into children being deprived of mirroring and merger experiences with idealized omnipotent selfobjects. As opposed to occasional lapses, which elicit optimal frustration and a process of transmuting internalization, it is the enduring nature of emotional deprivation which constitutes traumatic failure. This leads to developmental difficulties along the dimensions of grandiosity, idealization, and connectedness, and ultimately the structure of self is defectively organized. A primitive grandiose self and idealized object persist in an unaltered form, and the individual continues to yearn for the selfobject experiences required to fulfill these needs, whilst covering-up and/or compensating for a vulnerable self-structure with psychological defenses (Banai et al., 2005; St. Clair & Wigden, 2004).

Instead of primitive narcissism being configured such that the emotional ‘tank’ is filled with positive feelings about the self, the unmirrored self may create a façade of self-importance, an ostentatious display of beauty, achievement or power to compensate for a sense of worthlessness. This mirror-hungry personality craves attention and affirmation and is compelled to pursue external means to balance a fragile self-esteem. Goalsetting tends to be unrealistic and is driven by fantasies of power and status. Alternatively, the unmirrored self may present as flat and depressed, starved of narcissistic energy and therefore lacking in vitality (Banai et al., 2005; St. Clair & Wigden, 2004). Compensatory behaviors tend to manifest in self-stimulating activities such as promiscuity, gambling, or other sensation-seeking pursuits which serve to “combat painful feelings of deadness” (St. Clair & Wigden, 2004, p. 155).

Selfobject deprivation translates into problematic interpersonal functioning, distorted relationships, and a lack of empathy. The 'other' may be used as an object of gratification to fill an internal void and scaffold a fragile self-structure. Interpersonal dynamics characterized by overly fluid self-boundaries, difficulty differentiating between self and others, and a tendency to disintegrate when the self is experienced as unsupported by the 'other', are typical of a merger-hungry personality. Alternatively, interpersonal contact or intimacy may be shunned, and social barriers created as a form of defensive avoidance and denial of selfobject needs (Banai et al., 2005; St. Clair & Wigden, 2004). Convergence of self psychology and attachment theory is evident here, in that hunger for selfobject provisions or evasion of selfobject needs owing to deprivation correlate with the description of anxiously attached individuals "hyperactivating" (Mikulincer & Shaver, 2003, p. 64) their attachment responses to obtain love and support, owing to insufficient or unreliable bonding in childhood. In a similar way, avoidance, or "deactivation" (Mikulincer & Shaver, 2003, p. 103) of attachment needs as a defensive reaction to attachment trauma correlates with Kohut's contact-shunning personality (Banai et al., 2005).

Deficient experience of merger with a calm, omnipotent selfobject denies children the opportunity to internalize adaptive self-regulation functions. These functions include the ability to think through feelings and to self-soothe, as opposed to reacting impulsively. Such deprivation may manifest in behavioral problems relating to the regulation of tension, such as attacks of rage which are out of proportion to injury, self-harm, or inappropriate sexual behaviors and aggression (Banai et al., 2005; St. Clair & Wigden, 2004).

3.3 The impact of contextual factors

According to Kohut (1977), chronic incapacity to respond appropriately to children's selfobject needs is due to self-pathology on the part of parents or caregivers (St. Clair & Wigden, 2004). However, the context of this study lends complexity to Kohut's causal explanation and illustrates some incompatibility between Kohut's framework and a racially and economically marginalized South African community.

Contextual factors can inhibit or promote the selfobject experiences necessary for the development of self-cohesion (Donald et al., 2010), which suggests that the concept of a social developmental context can be extended beyond caregiver to include the surrounding socio-economic environment. The precarious living conditions which are characteristic of this study's contextual setting, namely poverty, unemployment, problematic service delivery, violent crime, gangsterism and substance use, serve to increase the experience of subjective stress (Pinnock, 2019). Thus, in some cases, contextual factors may contribute significantly to the dulling of empathic sensitivity and responsiveness and may undermine caregiver ability to provide their children with optimally frustrating experiences. The socio-economic environment can itself be understood in terms of self-pathology. Viewed as an attachment object, this study's developmental context can be interpreted as disorganized, unharmonious and unstable; this is in contrast to a "developmental context of well-being" (DeRobertis, 2010, p. 336), which promotes a sense of security, autonomy, empathy and self-actualization (DeRobertis, 2010).

3.4 Expressive Sandwork

Conceptualizing Expressive Sandwork within a self psychology framework rests on the assumption that children are born with a set of innate qualities which orient them in the

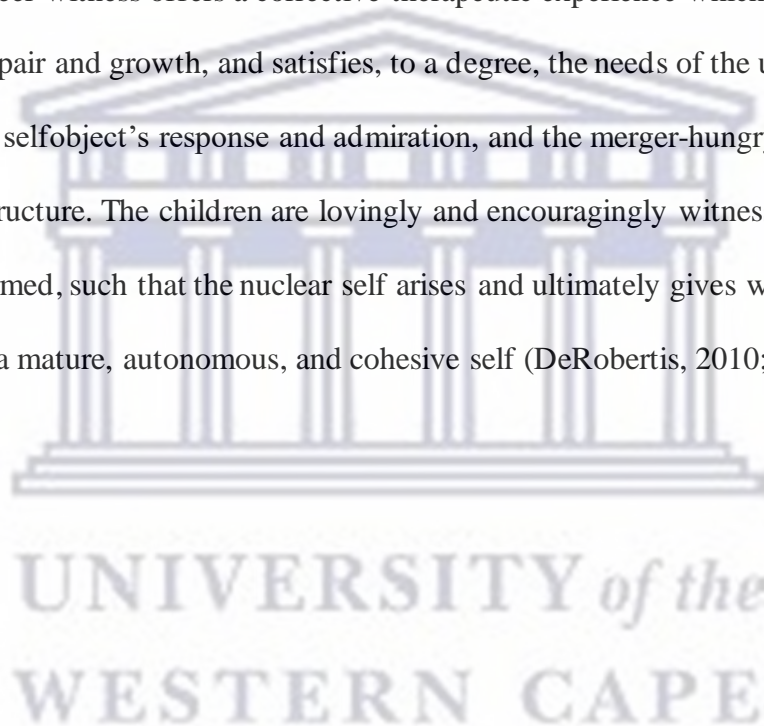
direction of healthy development. However, the formation of a psycho-emotional center of security, which is characterized by self-acceptance and a sense of vitality, is dependent on empathic relations with a strong compassionate caregiver (DeRobertis, 2010). In this study's setting, contextual stressors seem to inhibit caregivers' ability to meet children's selfobject needs, which suggests that the relational emphasis inherent in the Expressive Sandwork intervention is contextually appropriate. If traumatic (relational) failure is at the root of self-disturbance, healing is more likely to occur within a positive relational milieu (St. Clair & Wigren, 2004).

The Expressive Sandwork volunteer-witnesses serve as selfobjects to be experienced intrapsychically by the child, providing functions that "evoke, maintain, or positively affect the [child's] sense of self" (DeRobertis, 2010, p. 345). This optimal caregiver-child interaction within the protective circle of fellow children, each with their own allocated volunteer-witness, satisfies (to a degree) the need for merger, mirroring, idealization and twinship or belonging, and because the interaction is time-limited, frustration on the part of the child is inevitable. However, the predictability of the intervention, in terms of space, time and participants (both children and volunteers), prevents an experience of traumatic failure (DeRobertis, 2010; Pattis Zoja, 2011).

The role of the volunteer in witnessing the child's process is non-verbal, but the volunteer's silence does not equate to passive observation. Mirroring and merger are integral to the dynamic as the volunteer-witness responds with empathic sensitivity to the child's subjective experience, via gaze, facial expression, and countertransference. Close attunement and attendance to transference and countertransference in the relationship, on the part of the volunteer-witness, enables shared regulation of anxiety. The child absorbs the comforting,

tension-reducing presence of a calm omnipotent adult, who is herself metaphorically ‘held’ by the group (DeRobertis, 2010; Pattis Zoja, 2011). Like non-directive play therapy, the relationship is safe, containing, and non-invasive, and thereby enables integration of trauma, loss and/or failure. Images of such inner experiences are symbolically laid out in the sand, enabling “vicarious introspection” (Kohut, 1981, p. 125) on the part of the volunteer-witness, a “think[ing] . . . into the inner life of another person” (Kohut, 1981, p. 126).

Thus, the volunteer-witness offers a corrective therapeutic experience which contributes to self-structural repair and growth, and satisfies, to a degree, the needs of the unmirrored self for the idealized selfobject’s response and admiration, and the merger-hungry self for shared psychological structure. The children are lovingly and encouragingly witnessed. Their existence is affirmed, such that the nuclear self arises and ultimately gives way to the development of a mature, autonomous, and cohesive self (DeRobertis, 2010; St. Clair & Wigren, 2004).



CHAPTER 4

DESIGN, METHODOLOGY AND ETHICS

4.1 Introduction

This chapter is divided into two sections. The first section focuses on the research paradigm, design and methodology of the study, and illustrates the ways in which each step in the research process has been guided by the study's aim, objectives, and research questions. The latter part of the chapter explores validation strategies and relevant ethical issues and, illustrates the ways in which the study's design has maximized the validity of findings and addressed ethical concerns (Denzin & Lincoln, 2011).

4.2 Design, paradigm, and methodology

The design of a study can be understood as the plan or the overall strategic framework of the study, which is conceived with a view to ensuring that findings are sound, and the purpose of the study is fulfilled. A coherent design integrates the different components of the study, enabling a logical connection between the study's paradigm, the purpose of the study, the context, and the techniques of data collection and analysis (Terre Blanche et al., 2011).

A paradigm can be defined as a pattern of ideas, values, and assumptions which guide and influence a study (Terre Blanche et al., 2011). Denzil & Lincoln (2011) describe a research paradigm as the "net" (Denzil & Lincoln, 2011, p. 13) which contains the researcher's ontological, epistemological, and methodological premises. Ontological premises refer to the researcher's view of the world: his or her assumptions and beliefs concerning the nature of reality. Epistemological premises are concerned with the origins, nature and limitations of knowledge, and the methods of attaining knowledge (Reber et al., 2009).

This study is situated in the interpretivist paradigm. Accordingly, reality as we know it is constructed out of complex meanings and understandings, which arise out of social interactions and experiences, and are therefore subjective (Denzil & Lincoln, 2011). Research within an interpretivist paradigm aims to explore and understand the subjectivity that “lies behind social action” (Terre Blanche et al., 2011, p. 296). In this study, the subjective experiences of a sample of volunteers, and their ‘social action’, which involved volunteering for an Expressive Sandwork intervention, are explored, and interpreted.

Within an interpretivist paradigm, the situatedness or location of knowledge and understanding are emphasised (McChesney & Aldridge, 2019). In exploring and interpreting the experiences of volunteers who live or work in a low-income community on the Cape Flats, the study aims to enhance understanding of the topic via the subjectivity of individuals who inhabit this specific socio-economic, cultural, and political context (McChesney & Aldridge, 2019). This is because “[p]eople experience the world from different embodied social, intellectual and spatial locations” (Given, 2008, p. 98).

Within this paradigm, the researcher’s social, intellectual, and spatial location are therefore relevant too. If left unchecked, researcher values may overly influence the process, which would lead to a subjectively biased study (Denzil & Lincoln, 2011). The implementation of strategies to promote credibility is therefore essential, and in the second part of this chapter, these will be elaborated. In the meantime, the views of Reiter (2013) provide useful guidance. Reiter (2013) refutes the myth of the neutral researcher. To preserve the validity of a study, he entreats researchers to be transparent about their “starting point and situatedness” (Reiter, 2013, p. 5), and the mental structures and theoretical frameworks which condition their

interpretations of reality (Reiter, 2013). Highlighting the principle of “researcher as primary instrument” (Terre Blanche et al., 2013, p. 277) in the process of collecting and interpreting the data, Terre Blanche et al. (2011) promote a similar view. Accordingly, subjectivity enables empathic understanding and meaning-making, and is not perceived as “the enemy of the truth” (Terre Blanche et al., 2011, p. 277). However, reflexivity must be integral to the process (Terre Blanche et al., 2011).

In the light of this, the fact that this study’s researcher and participants inhabit divergent socio-cultural and socio-economic contexts requires consideration, as does the choice of a Euro-centric theoretical framework and the researcher’s personal experience of volunteering in the therapeutic intervention (before undertaking the current study). This blend of contextual, theoretical, and experiential researcher-situatedness is potentially a primer for subjective bias. However, the researcher’s commitment and adherence to ethical guidelines, rigorous methodological procedure, and reflexivity will have contributed to the study’s validity, as will the researcher’s acknowledgement that themes are embedded in context and that the politics of consent can be complex.

However, despite these factors, the extent to which situatedness has impacted data collection, analysis, and reporting cannot be quantified (Reiter, 2013). According to Reiter (2013), transparency is therefore the “only option” (p. 8) in exploratory studies, so that situatedness can be considered by those who evaluate the reported patterns and themes (Reiter, 2013; Terre Blanche et al., 2011). A transparent account of researcher situatedness will therefore accompany the discussion of findings, which is presented in Chapter six.

A thorough exploration of literature relating to the central phenomenon of this study, volunteering for a therapeutic intervention with children within a low-income community, confirmed a multi-faceted and more-or-less previously unresearched area. Although the study began with a few general ideas, which are evident in the research questions cited below, the nature and relationships between variables were not initially clearly defined. The topic therefore warranted in-depth exploration (Denzil & Lincoln, 2011). The following research questions were formulated with a view to clarifying the purpose of the study and guiding the process of customizing the study's research design.

- How do volunteers perceive the experience of participating as witnesses in a therapeutic Expressive Sandwork intervention with children within a low-income community?
- What are the effects of the therapeutic Expressive Sandwork intervention process on the children and on the volunteers themselves?
- What are the motivating factors associated with volunteering for the Expressive Sandwork intervention?
- What are the rewards associated with volunteering for the Expressive Sandwork intervention?
- What are the challenges associated with volunteering for the Expressive Sandwork intervention?

Qualitative research methods are considered suitable for the purpose of exploring and interpreting research participants' subjectively constructed realities (Thanh & Thanh, 2015). In this study, all data was collected during semi-structured interviews, which enabled collaborative interaction between the researcher and participants, such that insight into the unique context of each participant, in terms of their backgrounds and experiences, and their

responses to the socio-economic surroundings could be gleaned. That each interview involved a social interaction enabled observation of participants' body language, and first-hand experience of participants' affective states, which, together with listening and recording and transcribing, served to expand a detailed and complex picture (Thanh & Thanh, 2015).

The findings of this study were therefore derived by way of in-depth exploration and interpretation, which generated meaning and speculation, as opposed to measurement or proof (Terre Blanche et al., 2011). According to Reiter (2013), “. . . exploratory studies allow us to think, not just to measure; to use our imagination, experience, insight and skill to propose new and innovative ways of how to understand and interpret reality” (p. 8). Such an approach, whereby knowledge and meaning are associated with interpretation as opposed to objective truth, fits an interpretivist epistemology. Ultimately, the study's findings produce new ideas and questions, and enable the identification of important variables and relationships, thereby providing foundational insights from which hypotheses can be developed and tested (Reiter, 2013; Terre Blanche et al., 2011).

4.3 Methods

4.3.1 Participants and sampling

The sample of participants who took part in the study comprised of eight female volunteers. This size satisfies recommended guidelines, as six to eight data sources can suffice when a sample is made up of a homogenous set of participants (Terre Blanche et al., 2011). The principle of saturation, which involves the achievement of “comprehensive understanding by continuing to sample until no new substantive information is acquired” (Palinkas et al., 2015, p. 534) was applied and interviewing ceased when data became repetitive and several themes had recurred. However, although adequate data was collected for a detailed analysis which

enabled significant depth of understanding, the process of thematic data analysis revealed untapped opportunities for further enquiry. While the small sample size does not invalidate the study, it can be considered a limitation (Palinkas et al, 2015).

Recruitment of participants was arranged through an Expressive Sandwork facilitator and trainer, who is also employed as a lay counsellor at CASE and is responsible for sourcing women from the surrounding community to volunteer as witnesses in the intervention. She began the process of recruiting participants with an announcement to her current group of Expressive Sandwork volunteers, in which she briefly explained the process and objectives of the study. She also contacted two volunteers who had participated in past Expressive Sandwork processes. Thereafter, those volunteers who expressed an interest in participating in the study were engaged individually, and the trainer/ facilitator used the study's information sheet (Appendix A) as a guide to clarify the nature and degree of input which would be required from each participant. The volunteers who were willing and available to participate, were then invited to interviews at the CASE offices.

The sample selection strategy can be described as purposive, because the choice of participants was grounded in the supposition that their contributions to the study would be information rich (Plano Clarke & Creswell, 2015). The suitability of participants was determined by their ability to provide data related to the objectives of the study, having personally experienced the central phenomenon of interest (Given, 2008). Participants were therefore a homogenous sample, who represented a subgroup of volunteers. They were all women who live and/or work in the low-income Cape Flats community, who had volunteered as witnesses in at least one therapeutic Expressive Sandwork intervention. The ages of the participants ranged in years from the late twenties to the mid-sixties. Two participants were

employed, and six participants were unemployed caregivers to either children or grandchildren. One participant lived close by, in a neighbouring area, but worked in the study's Cape Flats context, while the other participants had lived there for two or more decades (Plano Clark & Creswell, 2015; Terre Blanche et al., 2011). Further detail pertaining to participant-demographics has deliberately been omitted, with the view to preserving participant-anonymity.

4.3.2 Data collection

Semi-structured one-on-one interviews were conducted over two days, in a private office at CASE. Appointments were scheduled through a CASE representative at times which were convenient for both the participants and the researcher. Having completed four days of Expressive Sandwork volunteer training which was conducted in English, participants' language competency had been established. Interviews were therefore conducted in English. Data collection ceased when the content was deemed repetitive and several themes had recurred (Plano Clark & Creswell, 2015; Terre Blanche et al., 2011).

An interview protocol (Appendix C) guided the direction of the interviews. Short, open-ended questions in language participants could easily understand, were formulated in line with the aims and objectives of the study. The inclusion of possible responses in the questions, as well as the inclusion of multi-part questions were avoided (Terre Blanche et al., 2011). Pretesting an instrument in circumstances which simulate the formal data collection process is recommended, to help identify potential problems and enable adjustments (Hurst et al., 2015). However, in this study, pretesting did not occur. While the interviews proceeded without obvious language or content problems, pretesting would have provided an

opportunity to practice interviewing skills and may have helped to establish the expected time-length of the interviews (Hurst et al., 2015).

Selected questions were pre-planned, but the open-ended nature of the questions elicited substantial digression from the interview schedule. Conversational flow was flexible, with follow-up questions and probes by the researcher based on participants' responses, rather than on a predetermined plan (Given 2008; Plano Clark & Cresswell, 2015). The researcher utilized active listening skills and endeavoured to create a non-threatening environment with easy rapport. Participants were encouraged to become co-enquirers and to express views which were unconstrained by the perspectives of the researcher, fellow-volunteers, or past findings (Plano Clark & Cresswell, 2015; Terre Blanche et al., 2011).

However, according to Reiter (2013), there is always subtle bias in the way questions are posed, and people only reveal what they are prepared to share (Reiter, 2013). While care was taken to avoid leading questions and reinforcement of participants' responses (Terre Blanche et al., 2011), it is possible that the gesture of attending, which aimed to forge interpersonal connection and encourage communication, and/or more prolonged exploration of selected thought trains, may have been interpreted as reinforcement, at times. Reiter (2013) also cautions against believing that interviews can be free of dominance (Reiter, 2013). Reflecting on intrinsic power dynamics is particularly relevant in South African studies such as this one, where the researcher and participants inhabit different socio-economic contexts, and each is associated with racial classifications which are imbued with historical and current dynamics of power and marginalization. The interview dyad is at risk of mirroring these racial-relational dynamics, which are anchored in South Africa's abusive history (Martin-Baro et al., 1996; Terre Blanche et al., 2011).

To mitigate such risk, and in the interests of creating a comfortable atmosphere for participants to engage authentically, researcher approached the interviews with reflexivity and awareness of some of the ways in which power dynamics are constructed and sustained (Muhammad et al., 2015). The researcher's utilization of active listening skills, with a focus on empathic attunement to participants' affective states, helped to build rapport. Participants were encouraged to collaborate in a shared process; as co-enquirers rather than research subjects (Prior, 2018). The researcher explicitly acknowledged her position as an 'outsider' and expressed the wish to grow insight and understanding, to be educated by the participants. Interviews were therefore conducted with humility and an attitude of respectful curiosity, in a person-centred space, with commitment to establishing personal connections built on mutual trust and consent (Muhammad et al., 2015; Prior, 2018).

4.3.3 Data analysis

Braun and Clarke (2006) describe thematic data analysis as a process of "identifying, analysing, and reporting patterns (themes) within the data" (Braun & Clarke, 2006, p. 6). This process will be discussed sequentially in upcoming paragraphs, although in real time, the process did not unfold in consecutive stages. Tentative analysis began during data collection, as the researcher began noticing and considering repetitive and prominent refrains in participants' narratives (Castleberry & Nolen, 2018). Once the formal process of analysis began, substantial back-and-forth and overlap occurred between the stages of compiling, disassembling, reassembling, and interpreting the data (Castleberry & Nolen, 2018; Plano Clark & Creswell, 2015; Terre Blanche et al., 2011).

Interviews were audio-recorded, transcribed verbatim and organized into useable format. Transcribing was completed by the researcher, which helped with familiarization and with developing a sense of the entirety of the data. Field notes containing observations, thoughts, and reflections expanded on the transcriptions (Castleberry & Nolen, 2018; Plano Clark & Creswell, 2015). Although familiarization began during these initial phases (of data-gathering and transcription), dedicated exploration began once transcribing was complete. This part of the process involved reading and re-reading, jotting down ideas and impressions, and reflecting on the data as a comprehensive whole, as well as in individual parts (Plano Clark & Creswell, 2015; Terre Blanche et al., 2011).

The process of disassembling involved taking the data apart and creating meaningful groupings through coding, which is a systematic approach involving the conversion of raw qualitative data into working data (Castleberry & Nolen, 2018). Codes are labels or tags assigned to segments of narrative, which identify and/or describe selected features of the data, such as participants' feelings and perspectives, or recurring significant words or phrases. In open-ended or emergent coding, descriptions materialize from the data, as opposed to being predetermined, and meaning gradually takes shape as groupings of codes develop cohesion and lend themselves to hierarchical arrangement and classification (Castleberry & Nolen, 2018).

The researcher worked by hand with pencil, eraser, and coloured pens, refining and re-refining codes, recording reflections and ideas, and drawing mind-maps and flow-charts (Plano Clark & Creswell, 2015; Terre Blanche et al., 2011). Initial concerns about the absence of qualitative data-analysis software were allayed as the process unfolded. The data set was limited in size, so it was possible to maintain oversight, and Castleberry and Nolen's

(2018) claim that “the researcher’s mind is the power behind the analysis and not the software programme” (Castleberry & Nolen, 2018, p. 809) provided support for the study’s by-hand process.

Groupings of refined codes were organized into “larger patterns or ideas” (Plano Clark & Creswell, 2015, p. 377) or themes. Castleberry and Nolen (2018) describe this part of the process as reassembling the data (Castleberry & Nolen, 2018). The relationships between and amongst themes gradually developed clarity, so that minor themes could be incorporated into major themes and major themes into the broader boundary of research question. Various headings and sub-headings were contemplated with a view to capturing the essence of each theme (Terre Blanche et al., 2011). The themes were repeatedly reviewed and reconsidered to ensure that they were grounded in data and context, and they were repeatedly checked against the study’s purpose and central phenomenon. In the final stage, themes were arranged in what is judged to be a coherent, flowing, and valid account of the study’s findings (Castleberry & Nolen, 2018; Plano Clark & Creswell, 2015).

According to Castleberry and Nolen (2018), a theme’s importance is not about how often it appears, but the degree to which it captures something that is relevant to the research question (Castleberry & Nolen, 2018). This insight helped guide the process of interpretation and contributed towards maintaining the link with the raw data (Braun & Clarke, 2006). The overall process was inductive and proceeded from the bottom up, from participants’ narratives as opposed to predetermined researcher hypotheses (Terre Blanche et al., 2011).

Interpretation occurred at the level of individual themes and across the broader landscape of themes, and it involved various levels of meaning-making and understanding. The contextual

issues which gave rise to the themes, the implications of the themes, and the links to existing findings described in the literature review were considered (Braun & Clarke, 2006). Heinz Kohut's psychoanalytic theory of self psychology provided a framework for interpretation and a means of linking the theoretical foundations of the Expressive Sandwork intervention with the matrix of components and stakeholders integral to the study (Castleberry & Nolen, 2018). The inclusion of clinical conjecture in the interpretation, alongside descriptions of researcher-situatedness, was deemed fitting and in keeping with the aims of exploratory, inductive research. Accordingly, Reiter (2017), encourages researchers to "amplify and extend our conceptual tools" (p. 135).

Exploratory research . . . aims at applying new words, concepts, explanations, theories, and hypotheses to reality with the expectation of offering new ways of seeing and perceiving how this segment of reality works, how it is organized, or more specifically, how and in what way different factors relate to each other causally. (Reiter, 2017, p. 139)

4.3.4 Validation strategies

Qualitative exploratory studies produce linguistic rather than numerical data and apply meaning-based, rather than statistical, forms of analysis. Standards of reliability and neutrality associated with quantitative studies are therefore elusive. Instead, the goal is to ensure that findings are trustworthy, and thereby valid. Trustworthiness entails the establishment of four aspects, namely credibility, dependability, transferability, and confirmability (Korstjens & Moser, 2017).

Credible findings are a truthful reflection of the original gathered data, which (if credible) is an articulation of participants' authentic experiences. Triangulation is a credibility-enhancing

strategy, whereby convergence of findings by several observers indicates that intrinsic bias is markedly reduced or removed (Elliot & Timulak, 2005; Korstjens & Moser, 2017). In this study, literature on volunteering, with a focus on qualitative research undertaken in South African contexts, was examined, and is described in Chapter two. Presentation of these existing findings will enable consideration by the reader of the extent to which they corroborate the current study's thematic representations (Plano Clark & Creswell, 2015). Furthermore, an evaluation of this report by supervisors and by two examiners constitutes an additional layer of triangulation. Academics who are versed in the requisite theoretical and methodological competence will assess the veracity of the study's findings and interpretations, whilst holding researcher-situatedness in mind (Elliott & Timulak, 2005; Korstjens & Moser, 2017).

To preserve the primary lens, that of the participants in the study, it was intended that collaboration between the researcher and participants in the form of member-checking would be arranged. Participants were to be invited to comment on the process and the accuracy of findings (Creswell & Miller, 2000; Plano Clark & Creswell, 2015). However, owing to limits imposed by the Covid-19 pandemic during the process of data analysis, member-checking is deferred until after thesis submission; this is because direct dialogue (as opposed to online communication) is preferable owing to majority of participants lacking internet connectivity. However, if limitations persist beyond year-end, the researcher will endeavour to communicate telephonically with each participant.

The context-specific nature of the study limits its generalisability, as findings are not broadly applicable to a range of people and situations (Given, 2008). Instead, the transferability of findings, or the extent to which findings have relevance in a similar context, can be

considered. To assist the reader with assessment of the transferability of findings, the strategy of thick description has been utilized. Comprehensive descriptions of the specific socio-economic and political environment are included, and the impact and social meaning of contextual factors are consistently examined or alluded to (Korstjens & Moser, 2017).

Dependability refers to the extent to which a study process can be replicated by other researchers and produce findings which are consistent (Korstjens & Moser, 2017).

Confirmability refers to the degree to which findings are grounded in data as opposed to being “figments of researcher imagination” (Korstjens & Moser, 2017, p. 4). Ensuring that a research process is logical, traceable, and clearly documented, such that it includes transparent descriptions of each step of the research process, makes provision for an external auditor to track the process and assess dependability and confirmability (Korstjens & Moser, 2017). In this study, segments of raw material in the form of excerpts of interview transcripts are integrated into Chapter five’s presentation of findings, and complete transcripts, together with supervision notes, reflective thoughts and additional research material are available on request (Terre Blanche et al., 2011).

Commitment to a reflexive research process, which involves the recognition and examination of the researcher’s role and potential influence, is a fundamental validation strategy (Reiter, 2013). As the primary research instrument, researcher transparency, in terms of theoretical perspective and personal interest, is considered mandatory, and the impact of such allegiances on data collection and analysis require careful examination (Elliott & Timulak, 2005; Reiter, 2013). Reflexive elements have been assimilated into each chapter of this report, and the impact of personal views and experiences of volunteering in previous therapeutic Expressive Sandwork interventions are described and scrutinized alongside the discussion of findings in

Chapter six. In addition, two supervisors provided opportunities for acknowledgement and discussion of personal bias, and they were careful to challenge any leanings towards partiality (Terre Blanche et al., 2011).

4.4 Ethics considerations

Ethics approval and permission to conduct the study were granted by the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of the Western Cape (UWC). In accordance with the proposal submitted to this committee, the ethical principles of autonomy and respect for the dignity of participants, beneficence, non-maleficence and justice, have guided the processes of data collection, analysis, and the reporting of findings (Terre Blanche et al., 2011). The following paragraphs detail the ways in which these principles have been operationalized.

Before proceeding with the recruitment of participants, the aims and purpose of the study and rights to voluntary participation and confidentiality were discussed with the representatives from CASE, who were responsible for inviting volunteers to participate. In this way, an ethos of autonomy and respect was established from the start.

Before commencing with the interviews, participants were again provided with relevant information, and were encouraged to ask questions, and assured that they could withdraw at any point, without consequences. A copy of the information sheet, which was offered to each participant and which guided discussion around the aims and purpose of the study with participants, is attached (Appendix A). Participants were not coerced in any way, nor did they receive incentives (Plano Clark & Creswell, 2015; Terre Blanche et al., 2011). A copy of the

informed consent sheet is attached (Appendix B). Participants each signed a copy of this document to formalize their consent.

The anonymity of participants and their rights to confidentiality have been protected.

Participants' real names have been substituted with pseudonyms, and additional identifying data has been minimized (Mertens & Ginsberg, 2009). All data is secured under lock and key on a password-protected laptop. Recordings and transcripts will be stored for five years so that if queries call for scrutiny of the original data, recordings and/or transcripts can be made available (Plano Clark & Creswell, 2015; Terre Blanche et al., 2011).

Low-income contexts tend to correlate with social marginalization. This is the experience of many who live and work in the Cape Flats (Pinnock, 2016), and is potentially the experience of this study's participants. The study was conducted with awareness of the politics of consent and the ways in which power dynamics are constructed and sustained, and in support of socially marginalized people speaking their accounts and being heard. Interactions were respectful and endeavoured to promote dignity, voice, agency, and active citizenship (Fisher, 2012). It is therefore contended that the study has been conducted with the best interests of the participants in mind, and that findings address questions which are of value to the participants and to their broader community (Terre Blanche et al., 2011).

In terms of ensuring that participants were protected from psychological harm, the researcher took steps to reduce risk of unanticipated injury by confirming up-front that the UWC virtual clinic psychological services could be made available if the interviews evoked emotional distress or discomfort. During the interviews, the researcher checked in with participants, to ensure that they were comfortable with the level of exploration and discussion. Most

participants were eager to share deeply personal experiences, and this contributed to the richness of the data. However, many of these personal accounts were profoundly traumatic. Although the study did not cause psychological harm, in selected cases, interviews highlighted the presence of existing psychological harm. Although each participant was offered an appointment with a student psychologist at UWC's virtual clinic, only one participant accepted the offer and was referred for assessment and therapy (Plano Clark & Creswell, 2015; Terre Blanche et al., 2011).

The principle of justice overlaps with principles of beneficence and non-maleficence described above, in that when the principle of justice is enacted, participants receive what is due to them (Terre Blanche et al., 2011). In this study, participants were treated with fairness and equity. They were not wronged in any way by deceptive practices, nor placed at risk of harm or exploitation. Ultimately, the risks-benefits ratio of the study errs towards benefitting the participants and their broader community (Plano Clark & Creswell, 2015; Terre Blanche et al., 2011).

The study has been conducted in a rigorous and systematic manner. All elements fit together logically and coherently, and objectives and findings correspond. Participants were selected appropriately, with the research question in mind. The researcher has been judged competent and is supervised by two senior academics (Plano Clark & Creswell, 2015). It is therefore maintained that the process of this study has followed recognized norms of research ethics and has been conducted according to standards of good practice. The study is grounded in integrity, impartiality (or transparency) and accountability, and the rights of participants have been protected (Fisher, 2012; Plano Clark & Creswell, 2015; Terre Blanche et al., 2011).

CHAPTER 5
PRESENTATION OF FINDINGS

5.1 Introduction

This chapter focusses on the presentation of themes relating to participants’ experiences of volunteering as witnesses in an Expressive Sandwork intervention. Four main themes, which link with the study’s objectives, emerged during the process of thematic analysis. Each theme comprises two or three subthemes. Themes and subthemes are summarized below in Table 5.1 and will be presented and illustrated in subsequent sections, with text excerpts obtained from transcripts of interviews with participants. A summary of participant pseudonyms and abbreviated demographic information is presented in Table 5.2. Selected identifying information has been omitted from the table, with the view to preserving the anonymity of participants.

Table 5.1: Themes and subthemes

THEMES	SUBTHEMES
5.1.1 A rewarding experience	5.1.1.1 Personal transformation 5.1.1.2 A new way of relating 5.1.1.3 Catalysts of change a) Connection and reciprocity b) Silence and mindfulness c) Co-volunteers d) An experiential training-process
5.1.2 Shifting motivational factors	5.1.2.1 Initial motivation 5.1.2.2 Sustained motivation 5.1.2.3 Effects on the children
5.1.3 Issues and practical suggestions	5.1.3.1 An inadequate intervention 5.1.3.2 Follow-up, follow-through, and feedback 5.1.3.3 Practical suggestions
5.1.4 Context-related challenge	5.1.4.1 Traumatic countertransference 5.1.4.2 Intrusive and ongoing threat

Table 5.2: Abbreviated demographic information

PARTICIPANT (PSEUDONYM)	RESIDENCE	DURATION OF RESIDENCE	EMPLOYMENT STATUS	OCCUPATION
5.2.1 Angie	Low-income setting; Cape Flats	40 years	Unemployed	Caregiver (children and grandchildren)
5.2.2 Bev	Low-income setting; Cape Flats	28 years	Employed	Lay counsellor
5.2.3 Brenda	Low-income setting; Cape Flats	33 years	Unemployed	Caregiver (children)
5.2.4 Ellen	Low-income setting; Cape Flats	36 years	Unemployed.	Caregiver (grandchildren)
5.2.5 Jean	Low-income setting; Cape Flats	18 years	Unemployed.	Caregiver (grandchildren)
5.2.6 Lorraine	Low- to middle-income setting; Neighbouring area	2 years	Employed	Lay counsellor
5.2.7 Melanie	Low-income setting; Cape Flats	40 years	Unemployed	Caregiver (grandchildren)
5.2.8 Shelley	Low-income setting; Cape Flats	48 years	Unemployed	Caregiver (grandchildren)

5.2 Presentation of findings

5.2.1 Theme 1: A rewarding experience

Without exception, participants described their overall experience of volunteering for

Expressive Sandwork as generally rewarding. This theme dominated most interviews in terms

of the time spent in discussion, which served to highlight the overall positive value of their experience. Personal transformation in the form of improved self-esteem, self-regulation, and the development of empathy in relationships emerged most prominently, and one participant described her reward in terms of learning a new skill. She planned to use elements of the Expressive Sandwork method in sessions with children from a local primary school, where she works as a lay counsellor.

Six of the eight participants described a positive new way of relating to people. One participant referred to her spouse in this regard, but for the most part, participants described improved relationships with the children in their care, in conjunction with more successful management of children's challenging behaviours.

In general, the topic of rewards tended to be emotionally charged, with at least half the participants expressing deep gratitude to CASE organizers for having provided the opportunity to volunteer for Expressive Sandwork. One participant became emotional and tearful during the interview whilst describing the positive impact that volunteering had on her life. Despite expressing some reservation around the efficacy of the intervention, which will be further discussed in 'Theme 3: Issues and practical suggestions', participants spoke passionately about their rewarding personal experiences.

The primary catalyst for these personal rewards seems to have been the therapeutic conditions, created for the children but also accessed by the participants. With varying degrees of intensity, participants described their responses to the silent, containing atmosphere of the sessions, and to being part of the child-volunteer-dyad. The presence of supportive co-volunteers and facilitators, and a sense of belonging to the Expressive

Sandwork group, were also repeatedly mentioned. In addition to these elements, three participants described the building of their own 'worlds' in the sand, during the experiential training process, as evocative and transformational. In one case, a participant found this aspect of the training process emotionally distressing, but she nevertheless claimed that the experience was therapeutic.

The following three subthemes are presented in upcoming sections:

5.2.1.1 Personal transformation

5.2.1.2 A new way of relating

5.2.1.3 Catalysts of change

5.2.1.1 Personal transformation

Participants unanimously reported experiences of personal growth and transformation. Some described a new sense of confidence and an ability to speak more openly about their feelings. They described growth in insight and empathic understanding and correlated these developments with positive developments in their relationships. Most participants spoke with emotional intensity, using language characterized by hyperbole, but a couple of participants spoke in moderated tones, conveying thought and circumspection:

The sandbox changed my whole life. I am serious, my whole life changed . . . And I am glad. (Angie)

For a few, the process was psychologically challenging, and one participant suffered intense emotional distress as the process elicited traumatic childhood memories. At the time of the interview, symptoms of post-traumatic stress continued to worry her. However, even the participants who reportedly struggled psychologically claimed that the process was ultimately rewarding as it had contributed to their experience of personal growth.

“It made me feel worthy . . . It gave me courage. I can speak about what I felt. I can speak. I think I like the new me now . . . I came to know myself. I came to face myself. I came to accept a painful life . . . For me it was immensely good . . . Because I gained. . . I gained. I found myself.” (Ellen)

5.2.1.2 A new way of relating

Participants’ behaviors and communication styles prior to volunteering for Expressive Sandwork were described in ways which indicated past struggles with self-regulation. Participants described shouting and screaming and a tendency to discipline their children with corporal punishment, until the experience of witnessing a child’s Expressive Sandwork process enhanced their understanding of children, and their capacity to think things through before reacting impulsively. Participants attributed healthier interpersonal relationships to these elements of personal growth. They discussed the benefits of talking to children, instead of shouting or hitting, and described more compliant behavior on the part of their children, who seemed more inclined to listen and respond positively to caregiver requests:

“How can I say? . . . um . . . I started . . . I fight in many ways with my children. But I started to bring myself down to their level and talk . . . and see what they like and how to cool them down and all that, and . . . um . . . I talk softly to them . . . and when I talk softly, it’s almost like they listen.” (Brenda)

“I started changing with the children . . . Because I didn’t know how to handle things. I shout at them . . . It was almost like I went for therapy.” (Jean)

“Through these sessions, I communicate with my kids in silence at home. Because usually we as parents like to make a thingy about a small thing. You know what I am saying? So I came to that level. I don’t shout at them anymore. . . I don’t go on anymore and shout and scream and whatever. No. Not like that anymore. I’m a different person actually.” (Melanie)

One participant described a contagion effect with her husband and children, whereby her newfound way of relating, which developed during the Expressive Sandwork process, had spread to other family members. She described less shouting and aggression in her home, and an increased ability to tolerate affective discomfort, as opposed to lashing out reactively.

“Because you see, I am changed . . . now he changes . . . and my children changes.”

(Angie)

5.2.1.3 Catalysts of change

The catalysts of personal transformation and improved communication were mostly described by participants in terms of the meaningful relationships they had forged with their Expressive Sandwork child, and with co-volunteers and CASE organizers. Three participants also alluded to the silent, mindful atmosphere, which is created for the children when they attend Expressive Sandwork sessions, and three participants felt that the experiential component of the training process had activated personal growth. This subtheme is therefore divided into four sections:

- a) Connection and reciprocity
- b) Silence and mindfulness
- c) Co-volunteers
- d) An experiential training-process

a) Connection and reciprocity

Without exception, participants described a meaningful bond with the child they had witnessed in their most recent Expressive Sandwork process. For the most part, participants spoke with intensity about the connection, and expressed concern and care for the child. A couple of participants wondered aloud about how the child might be doing. One participant described a comforting experience of safety, within the emotionally contained relationship

with her child. Two participants explicitly linked their emotional connection with the child to enhanced insight and empathic understanding, while others focused on the mutuality of the relationship, and expressed pleasure and satisfaction in response to being chosen or seen by the child:

“When you go and sit opposite your child, it . . . um . . . emotionally, you know. Blocking everything out and preparing . . . for this child . . . um . . . it sort of keep you into that space. I call it a safe space for me.” (Lorraine)

“I get connected to him . . . and I really love him and that gave me . . . myself . . . my insight. I have my whole life to see again”. (Angie)

“And once you are busy with children, you realize what they are going through. I see them different. You go more out of your way.” (Melanie)

The development of a deeper appreciation and understanding of children was highlighted by a participant’s observations of a child and a co-volunteer, from her vantage point across the room (she and her child were positioned opposite this child and his volunteer). The child began his Expressive Sandwork process with a negative reputation as a troublemaker. Educators had expressed exasperation, owing to persistent failed attempts at managing his behavior in the classroom. The child’s living circumstances were described by the participant in dire terms. The participant expressed amazement as she described the child’s engagement with the Expressive Sandwork process. He defied all negative labels. He was compliant and cooperative, and worked with concentration, building elaborate architectural creations in the sand:

“He make incredible architectural creations . . . Hy doen die wonderlikse dinge! You see a different side. Now you handle the child differently. You handle your own children differently. You can see . . . It’s as if you can see further than a child just doing that thing.” (Bev)

Although all participants described their most recent volunteering experiences in rewarding terms, one participant recounted a previous Expressive Sandwork experience, in which she and her child had not bonded. She expressed disappointment in his sporadic attendance of sessions and held him accountable for having ‘led her on’, by initially choosing her as his witness. She seemed to interpret his behavior as rejecting. The lack of reflexivity conveyed in this instance prompts some concern around the extent to which volunteers’ reciprocity needs may, at times, be enacted in their dynamic with the child, and thereby interfere with the child’s therapeutic process. The following excerpts illustrate the participant’s contrasting responses to the children she witnessed. The first child failed to gratify her need, while the second child provided a rewarding experience:

“With my first child, I didn’t really feel I want to do this again. Because the first one really put me off . . . Because what . . . I was hyped up for this and then this child chose me but he’s not even there . . . what if the next person is going to do the same to me?” (Bev)

“And she would look at me and I could just see . . . man, she just wanted me to be there.”
(Bev)

b) Silence and mindfulness

When describing the elements of the process which had contributed to their rewarding personal experience, a few participants referred specifically to the silent, mindful atmosphere which prevails during Expressive Sandwork sessions with the children. This atmosphere seems to have enabled an experience of peace and relaxation, and an ability to stay focused and present. One participant described the practice of taking this state of mind home with her. She described the positive impact of her sense of calm, on family dynamics.

“Your mind is there now. You not even worried about what is going on at home. You are so calm. You just sit there . . . That hour, I was so in peace . . . So I know how to go home. Because we do everything in silence . . . and now I am silenter at home.” (Jean)

“That hour that we sit and we don’t speak. We just play and I think personally that silence . . . has gained a lot of respect . . . The silence gives me . . . it’s called respect.” (Lorraine)

c) Co-volunteers

Although participants did not explicitly link their relationships with co-volunteers to personal growth and relational change, it can be inferred that the development of meaningful relationships amongst the group of co-volunteers provided an experience of solidarity and support, which contributed to their experience of personal reward. Without exception, participants spoke about their co-volunteers and the CASE facilitators and organizers with enthusiasm and affection. The following text excerpts convey participants’ experiences of a sense of belonging, which are evident in references to “family”, “team” and “home”:

“A nice bond. I think they are more like a . . . like a family. . . There’s more teamwork.”
(Melanie)

“I feel at home also . . . Everyone is welcoming and nice.” (Shelley)

d) An experiential training process

Most participants found the experience of building symbolic sandworlds, whilst witnessed by a co-volunteer, pleasant and enjoyable, but a couple of participants described a profound impact as they resonated affectively with the sandwork scenes they had created. This experience enabled reflection and self-discovery, and simultaneously connected these participants with the therapeutic value of the process for the children:

“My first box really awoken all of it . . . You’ve opened your own little box that you’ve kept hidden inside of you . . . shocked of what you have made. The impact that it made on me was basically . . . um . . . life-changing. I never in a million years thought that sand and little animals would . . . um . . . scratch in my little brain box, that I allow nobody in.”
(Lorraine)

“Then it came that we had to do our own sandboxes and for me it was amazing because I never knew that . . . um . . . it could bring out . . . um . . . how can I say now? Your emotion, what you feel inside.” (Jean)

5.2.2 Theme 2: Shifting motivational factors

The fact that interviews with participants were conducted shortly after an Expressive Sandwork process had been concluded may have highlighted participants’ commitment to volunteering. Without exception, participants expressed a desire to continue volunteering in upcoming Expressive Sandwork programs and conveyed an eager sense of anticipation, with one participant expressing frustration with the delay in starting.

Although some of the factors which initially prompted participants to volunteer as witnesses continued to play a motivating role, the gratifying experiences presented in ‘Theme 1: A rewarding experience’, seem to have contributed significantly to participants’ sustained volunteering commitment. This factor is indicative of a motivational shift, which developed over the course of the twelve-week Expressive Sandwork process. The first two subthemes, ‘Initial motivation’ and ‘Sustained motivation’, presented in upcoming sections, will illustrate this shift, with synopses and text excerpts obtained from transcripts of interviews.

Incorporation of the third subtheme, ‘Effects on the children’ in ‘Theme 2: Shifting motivational factors’ was deemed suitable because, contrary to what the researcher had anticipated, none of the participants alluded to the positive effects of the intervention on the children, when describing their commitment to volunteering in the future. Given that the Expressive Sandwork program is a therapeutic intervention for children, the absence of this motivating factor was considered significant.

The following three subthemes are presented in upcoming sections:

5.2.2.1 Initial motivation

5.2.2.2 Sustained motivation

5.2.2.3 Effects on the children

5.2.2.1 Initial motivation

When asked about their initial motivation to volunteer, a couple of participants hesitated before answering. They seemed to have difficulty identifying self-initiated motivational factors and instead described scenarios in which the opportunity to volunteer had ‘come their way’ via friends or CASE representatives. They had agreed to take part without knowing much about what the process entailed:

“ . . . she asked us if we’d like to get involved in the Sandworks and so on . . . So then I said yes to her, and so we come for training.” (Shelley)

“I was waiting, waiting and then second week they come to me . . . and they said, you can come in.” (Jean)

One participant rationalized her lack of personal agency with reasoning grounded in religious beliefs. She spoke about her commitment and allegiance to God and explained that her love for God motivated submission to ‘His’ will. She explained that his will had directed her to work with traumatized people in this study’s challenging context:

“God has chosen it for me. If he wanted me to be anywhere, he would have put me anywhere, but this is where he has put me. I don’t know why but I know there’s a purpose so I will stay until he tells me I need to move on.” (Lorraine)

The harshness of living conditions, and the stress and challenges of day-to-day survival were brought home when one participant described her initial motivation in terms of access to

food. She explained that the invitation to volunteer had presented an opportunity to establish new contacts and thereby extend the network of people she could approach if she needed food. Volunteering was therefore a means to an end, a strategy to increase access to resources.

“Maybe I don’t have bread money and then I stress . . . I stress . . . but if, maybe someone here . . . maybe someone . . . maybe has a bread for you . . .” (Angie)

More than half the participants described their original motivation in self-orientated terms. In these cases, volunteering for Expressive Sandwork was perceived as a route to satisfying a personal interest or goal. One participant explained how she had initially pictured herself sitting and ‘chilling’. Volunteering was viewed as an opportunity to take time out for herself:

“I thought . . . okay, just go to the class and sit and chill. I’ve got nothing to do at the moment, so why can’t I just keep myself busy. I can take this break for myself. . . that hour for myself, yes.” (Shelley)

Another participant explained her initial motivation in terms of wanting to satisfy a sense of curiosity. She had initially been skeptical about the intervention, as she believed that the children in her community did not know how to play. She was inquisitive and keen to observe the ways in which the children responded to the Expressive Sandwork intervention:

“I was curious because I always thought that . . . um . . . our children don’t know how to play.” (Bev)

The prospect of developing new insights and skills, to better understand and connect with children more effectively, was repeatedly mentioned by participants. As the grandmother and primary caregiver of a special-needs child, one participant explained how she had hoped Expressive Sandwork would help her communicate with her grandchild without spoken language. In a similar vein, one of the lay counsellor participants spoke about wanting to

improve her counselling skills repertoire, so that she could work more successfully with children:

“I got a grandchild and he got developmental impaired problems. Because he can’t talk he has to show me something . . . So I can do at home also . . . doing things with him, with the sandbox. Maybe then we can communicate better.” (Melanie)

Only two of the eight participants explicitly linked their initial motivation to volunteer with wanting to help and contribute towards children’s emotional healing. Other participants may have implied a similar other-orientated incentive, in that they spoke about their positive feelings towards children when asked about their initial motivation, but this link is inferred as opposed to stated:

“I said yes, because . . . I like children. I am very curious about children. I like working with them. I feel kind of excited to think that I can be . . . um . . . you see . . . that I can help another child. For that few weeks, there will be someone that he can depend on. Someone that can be there.” (Ellen)

5.2.2.2 Sustained motivation

When discussing their reasons for wanting to continue volunteering for Expressive Sandwork, for the most part, participants spoke about their experiences and perceptions discussed in ‘Theme 1: A rewarding experience’. This suggests that motivational factors shifted as participants developed meaningful relationships with their co-volunteers, CASE facilitators, and with CASE as an organization. Participants described a sense of allegiance to the organization, and a sense of comfort from the experience of being accepted and supported by co-volunteers. This experience of belonging and safety seems to have been the primary motivator for participants’ continued commitment to volunteering:

“I belong. I am happy. You know . . . These people care for each other.” (Angie)

“When we got together in the meeting and we spoke about each and every child. It was so amazing . . . We supported each other . . . no, you must come. We were excited to see each other every week.” (Jean)

In addition to the benefits inherent in the personal growth aspects of volunteering, and the sense of security offered by the group and process, a few participants described a satisfying sense of intrigue and interest, which contributed to their willingness to continue volunteering.

Their involvement in the process stimulated thought, learning, and personal reflection:

“You see. I am interested. I am really interested . . . It is like exploring myself.” (Ellen)

“Every week it’s different. You get every week a different box, so it’s interesting.”

(Melanie)

The pursuit of time out and relaxation, which was mentioned by one participant when she described her initial motivation to volunteer, was reiterated by a few when they identified sustained motivational factors:

“While I’m here I forget the problems at home. As long as I am out, it makes me feel happy. My mind is clear. I love that . . .” (Angie)

“. . . to me, it’s like a break for me. An hour away, relaxing. Leaving my problems at home to be with the children.” (Brenda)

5.2.2.3 Effects on the children

Given that the Expressive Sandwork intervention aims to assist children in distress, the fact that no participants explicitly linked the positive effects of the intervention on the children with their motivation to continue volunteering was deemed significant. A few participants expressed reservations around the efficacy of the intervention (which will be discussed in ‘Theme 3: Issues and practical suggestions’), but this does not imply that participants

disregarded the value of the intervention. At least half the participants spoke positively about the intervention and its effects. They acknowledged that the process offered so-called ‘problem children’ a ‘free and protected’ space, within which they experienced different sides of themselves. They also acknowledged the impact of the silent, mindful atmosphere and the development of a trusting relationship, within which the children were seen and accepted:

“Holding that silence . . . holding it creates a certain space for them. I’m not going to use the word a safe space. It’s just a different space for them . . . I know a lot can be done with Sandworks for these children.” (Lorraine)

“Even the children, they changed immediately. They weren’t saying anything when they came in. They went to their boxes and they were standing. And then the lady will just say, ‘You can start now.’ . . . Silent . . . And it was so nice because . . . I mean, these are problem children. Then she said to me, ‘That boy can’t sit still’ . . . Then I said to her, ‘That’s funny. That boys is with us a hour. Plus-minus, not more than. But he is so quiet.’” (Jean)

“I could see . . . um . . . there was a rebelling inside of him. A kind of bitterness was starting to grow inside of him. I could recognize it . . . But every time I look into his eyes, I can see how it subsided. It was for me, like a miracle . . .” (Ellen)

One participant highlighted the dangers inherent in her living environment, when she explained that for her, the value of the Expressive Sandwork intervention lay in the fact that it taught the children a different way of playing, which would encourage them to stay indoors and off the streets, safe from gangsters:

“It will learn the children to play at home, to stay at home, do your thing at home. Don’t wander the streets.” (Shelley)

5.2.3 Theme 3: Issues and practical suggestions

Although participants regarded aspects of the Expressive Sandwork intervention as beneficial for the children, seven out of the eight participants offered criticism and practical suggestions as to how it could be improved. For the most part, these views were expressed in an outspoken manner, which contrasted with the passivity conveyed by selected participants (and presented in ‘Theme 2: Shifting motivation’).

Although most participants conveyed enthusiasm and interest, and a strong desire to improve the intervention, a few expressed feelings of frustration, and a sense of disillusionment regarding the intervention’s limitations and perceived inadequacies. The children in their community are burdened with overwhelming problems and stress, and participants’ reservations were mostly grounded in the fact that the intervention did little to address these ‘actual’ stressors and thereby improve the lives of the children. They also criticized Expressive Sandwork organizers’ failure to follow up with Expressive Sandwork children and suggested that it is not enough to offer a therapeutic intervention once a week. The children require more extensive psychosocial intervention, with people tracking their progress and development, and feeding information back to the volunteers, so that volunteers acquire insight into the effects of the intervention on the children.

The following three subthemes are presented in the upcoming section:

5.2.3.1 An inadequate intervention

5.2.3.2 Follow-up, follow-through, and feedback

5.2.3.3 Practical suggestions

5.2.3.1 An inadequate intervention

Participants' concerns about the intervention spanned a range of issues, the majority of which were grounded in perceptions of the inadequacy of the intervention in the face of ongoing, pervasive contextual trauma. "It's not enough", was a recurring refrain. A few participants referred specifically to the time-period of the intervention and the number of sessions. One hour each week over a twelve-week period was deemed wholly insufficient. One participant felt that the number of sessions should be doubled.

In addition to the insufficient time-period, participants commented on the intervention's failure to address the children's tangible problems. In an annoyed tone, one participant pointed out that the symbolic representation of the children's problems in the sandbox was simply not enough:

"It's not enough. I don't think it's enough. His problem isn't solved yet because it's just thrown into the sandbox . . . It feel unfinished . . . Unfinished because twelve weeks is too little." (Jean)

Two participants highlighted problems with the children's educators and parents and explained that many of the people who play a vital role in the children's lives are also personally impacted by strife and trauma. Again, the suggestion here was that the intervention is inadequate in the face of pervasive contextual trauma:

"You need to go further. You need to go to the teachers, the parents, the home." (Jean)

Participants described a lack of compassion and empathic understanding on the part of educators and spoke about the ways in which these attitudes manifest, in educators' engagement with the children and management of the children's behaviour:

"The teacher, né . . . they have their own pressure and all that, and they are not prepared. We don't know what kind of environment is in their homes. Now they come to our

children, also traumatized. Maybe they're not really a help to our children. I hear the way they speak to the children. They don't have that compassion, that connection. They can't connect to a child's feelings.” (Ellen)

“Maybe teachers are handling the children wrong . . . If I can stand and talk to that child, and his attitude change, then why can't a teacher also do that?” (Jean)

One participant was concerned that the children's participation in the intervention served to exacerbate their troubles. In her opinion, the 'safe and protected' Expressive Sandwork space creates a false sense of security which increases the children's vulnerability. She felt that it was confusing and difficult for the children to re-adapt to their harsh living environments after experiencing the psychological shelter of the Expressive Sandwork space:

“We're actually . . . uh . . . 'dinges' . . . We're actually making it worse for them. A false 'dinges' of safety . . . because they must again come out of this safety net into the same environment and it's making it difficult for them.” (Ellen)

5.2.3.1 Follow-up, follow-through, and feedback

A few participants expressed dissatisfaction with the lack of follow-up with the children once the Expressive Sandwork process is complete. Not checking in on the children post-intervention was perceived as neglectful, and in addition, participants suggested that the volunteers themselves were negatively impacted by this practice, because lack of follow-up translated into lack of feedback to the volunteers, which meant that they were deprived of insight into the effects of the intervention:

“I want to know . . . These children that we are seeing, what happens afterwards with them?” (Ellen)

“We don't even know if that child changed after being in Sandworks for twelve weeks. We know nothing.” (Jean)

Follow-through with mental health referrals for volunteers was identified as an issue by one participant. In her case, the experiential training process, followed by the Expressive Sandwork process with her child, activated repressed trauma memories and she struggled with post-traumatic stress symptoms during and beyond the twelve-week program. In a support meeting, one of the CASE facilitators became aware of her symptoms and offered to organize a psychologist referral. However, although the participant readily agreed to the referral, the offer was not followed through, and despite ongoing symptoms, the participant did not enquire further:

“When I got so emotional . . . so Roslyn [pseudonym] said she was going to make an appointment for me, to see a ‘dingese’, but it never came. I don’t know . . . She didn’t ‘dingese’ talk about it afterwards again.” (Ellen)

5.2.3.3 Practical suggestions

Having personally experienced the transformative personal rewards of volunteering for Expressive Sandwork, two participants proposed that the Expressive Sandwork intervention be extended to include educators and caregivers. They suggested that the experience of silently witnessing a child, in a setting which was removed from the chaos of the classroom, would offer a different perspective and new insights into the children, this with a view to enabling the development of compassion, empathic understanding, and a different approach to managing the children:

“The teachers must be involved because they are with the children every day. Let them do what the children is doing, with the Sandworks. And the mothers . . . so that they can understand their children . . . where their children is at, and what they are experiencing . . . how they see life.” (Ellen)

“You are constantly shouting because you have twenty-nine learners. You can’t handle everybody. I think you people also need the Sandworks, so that you can see how to handle the children.” (Jean)

All but one participant offered an opinion as to how the Expressive Sandwork intervention could be improved. From time to time, sessions are disturbed when educators or learners enter the classroom without realizing Expressive Sandwork is underway. One participant spoke with irritation. She felt that organizers needed to ensure fewer interruptions:

“The minute you have that disturbance it totally throws you off.” (Lorraine)

Both lay counsellor participants explained why they would prefer morning as opposed to afternoon sessions. They described busy workdays filled with exertion, such that when they stopped rushing around and settled down to witness their Expressive Sandwork child, they were overcome with exhaustion. Morning sessions, according to the lay counsellor participants, would enable volunteers to be alert and present:

“You up and down the whole day and then when you finally sit, it’s like you don’t realize that tiredness.” (Lorraine)

And lastly, bi-weekly sessions, or an extension of the intervention beyond twelve weeks so that the benefits of the intervention are maximized, were recommended repeatedly by participants:

“I mean, if it’s twice a week, maybe we can go further.” (Jean)

5.2.4 Theme 4: Context-related challenges

In this final theme, participants once again highlighted the pervasiveness of trauma and strife in their environments. As well as current and ongoing contextual challenges, the impact of longstanding, enduring and/or historical adversity came to the fore. Ultimately, participants’ responses to interview questions which probed the difficulties and challenges associated with volunteering for Expressive Sandwork all referenced personal suffering which was

inextricably linked to environmental variables. Challenges included trauma, grief, loss, and hardship, as well as arousal and intrusion symptoms reinforced and amplified by repeated physical and emotional threat within the immediate environment.

Participants described childhood abuse and neglect, physical and sexual violence, substance dependence and poverty. They spoke about husbands and sons who had been shot, stabbed, maimed, or killed; one participant had lost eleven family members in the past year. As a result, at least half the participants described intense affective responses and difficulty managing the resurgence of their own traumatic memories during the therapeutic process. One participant had an overwhelmingly distressing experience and described a muddled exchange of traumatic transference and countertransference in the dynamic with her Expressive Sandwork child.

In addition to the psychological and emotional challenges linked to participants' personal histories, the palpability of physical danger was described as challenging. The sound of close-proximity gunshots during Expressive Sandwork sessions activated reality-based survival anxiety, and in selected cases, exacerbated existing trauma-related symptoms.

The following two subthemes are presented in upcoming sections:

5.2.4.1 Traumatic countertransference

5.2.4.2 Intrusive and ongoing threat

5.2.4.1 Traumatic countertransference

In a detached, flat tone of voice, one participant spoke about enduring five years of sexual abuse as a child, at the hands of a close family member. As if minimizing her trauma, she explained that most of the volunteers had “had a knock”. Judging by participants' revelations,

most had endured more than a ‘knock’. Sexual and physical abuse and/or chronic neglect when they were children seem to have been the norm rather than the exception. Although the experience of volunteering was unanimously perceived as rewarding, in selected cases, participants’ traumatic histories intensified the emotional challenges inherent in volunteering as witnesses in the Expressive Sandwork process.

A few participants spoke about the burden of care accompanying therapeutic engagement with traumatized children, the painful weight of the child’s transference:

“You feel the pain of that child.” (Lorraine)

“I really felt like crying that day, because it was so emotional, because I was thinking ‘Yoh, what is going on in this child’s mind? . . . I felt disturbed about it.’” (Melanie)

They described being transported back to their own childhoods and the revival of unhappy memories, such that in some cases, participants identified strongly with the child’s experience:

“When stuff happens to a child, né . . . then it goes down to your subconscious, and then you don’t think about it, you don’t experience it, you don’t feel it. It doesn’t exist. For this past years, it was laying dormant in my subconscious mind . . . And being with that child awakened it. It was like a lion rearing its head and I was that scared little girl again.” (Ellen)

“That for me was like a magnet because I could relate to that boy, because I had lost family members. I think that is why the magnet was so very strong. I lost the people that was most important in my life. So, I could just imagine the story he’s telling, is the people that is most important in his life.” (Lorraine)

For the most part, participants were aware of the boundary between their personal experience and that of the child they witnessed:

“Sometimes you go back to your own, and you connect with something that happened in your past you can relate to, and it’s got nothing to do with the child.” (Lorraine)

However, one participant had a particularly strong and distressing reaction, such that the boundary between her personal experience and that of the child became blurred.

Identification with the child’s story and feelings led to a confusing blend of transference and countertransference, which she described in terms of a ‘collision’. She spoke about dissociative experiences in the form of derealization and depersonalization and described debilitating somatic symptoms. At times, her personal suffering seems to have enabled empathic understanding and connection with her Expressive Sandwork child, but sometimes her capacity to remain present was compromised by her experience of traumatic countertransference:

“I recognized myself, even in his standing. In his looking at me, I recognize. I could see that his personality . . . it’s going away from him. I could feel that he was . . . starting to be like me . . . how I was that time. The softness was . . . er . . . fading . . . and his aggressiveness was being born inside him . . . and that was making me on my nerves . . . When you get hurt and then you change . . . you get ugly. You get aggressive. Feelingless. You don’t mind hurting people because you are hurting inside.” (Ellen)

“The first meeting while I was talking about my child, it hits me . . . I was actually talking about myself . . . Dit was eintlik a terrible crash gewees . . . I wasn’t myself. It was like somebody else is doing what I was doing. I was like zoned out . . . It was my hands and my feet going up and down, but it wasn’t me. . . Sometimes I felt so nauseous and my stomach started cramping. I was even dizzy when I had to go. But I never told . . .” (Ellen)

5.2.4.1 Intrusive and ongoing threat

In addition to the challenges associated with managing distressing countertransference, participants spoke about the intrusiveness of tangible physical threat in the surrounding environment. They spoke about regulating their affective responses, remaining calm and

present with the Expressive Sandwork children, whilst facilitators decided whether to shorten the session or proceed, when the sound of gunshots penetrated the ‘safe and protected’ Expressive Sandwork space. One participant described flashbacks, triggered by the sound of shooting. Her son had been shot and killed in the street outside her house four years ago.

“When there was violence . . . When you are seated, and you hear the guns shooting. I think fear would then kick in.” (Lorraine)

“But the moment I saw the running and the shooting, then it all comes back . . . I hear the gunshots then I . . . ‘Where are the children?’ . . .” (Shelley)



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CHAPTER 6

DISCUSSION AND REFLECTIONS

6.1 Introduction

The present study aimed to explore in depth the experiences and perceptions of South African volunteers who had participated in a therapeutic Expressive Sandwork intervention with children, in a low-income community setting. In Chapter two, a range of local and international studies associated with topics and concepts relevant to this study were explored and discussed, and pertinent findings were presented. In Chapter three, Heinz Kohut's self psychology theory, together with selected attachment and object relations concepts was explained. In Chapter five, themes and subthemes relating to participants' experiences of volunteering as witnesses in an Expressive Sandwork intervention were presented, together with text excerpts obtained from verbatim transcripts of interviews with participants. In this chapter, each theme will be discussed and formulated in the light of existing findings and the study's theoretical framework, with a view to deepening an understanding of participants' experiences of volunteering for the Expressive Sandwork intervention. The chapter closes with personal reflections, which are a transparent account of researcher-situatedness and thereby an essential validation strategy.

6.2 Discussion of themes

6.2.1 Theme 1: A rewarding experience

According to this study's findings, participants unanimously described a rewarding volunteering experience, and attributed their enhanced empathic understanding and mindfulness, improved self-esteem and self-regulation and deeper appreciation of children, to the experience of having volunteered as witnesses in the Expressive Sandwork intervention.

The experiential training process, specifically the symbolic laying out of their inner worlds in the sand, whilst witnessed by a co-volunteer (Pattis Zoja, 2011), as well as the intervention's therapeutic conditions, created for the children but also accessed by the volunteers over the twelve-week process, were identified by participants as catalysts of personal transformation and improved relationships, particularly with the children in their care.

That the paradigm guiding this study “allows one . . . to use our imagination, experience, insight and skill to propose new and innovative ways of how to understand and interpret reality” (Reiter, 2013, p. 8) lends support to the inclusion of clinical conjecture by this study's researcher, in the process of interpretation. Because the therapeutic process and intention of Expressive Sandwork have been explained and rationalized utilizing a self psychology theoretical framework, with integrated attachment and object relations concepts, it is deemed suitable to explore and formulate participants' development in the realms of self and relationships, in conjunction with the facilitating conditions which catalyzed these changes.

Within a self psychology framework, the difficulties participants experienced prior to volunteering for Expressive Sandwork, with affect modulation and the control of tension, and their tendency to react impulsively and sometimes destructively in relational exchanges, can be attributed (in part) to selfobject deprivation during their childhoods. The omnipotent merger experience, which can be understood as a caregiver-child union in which the child relies on the caregiver as an external source of self cohesion, is particularly important in the first year of life; however, the need persists, albeit to a progressively lesser degree, throughout the child's developmental process (Teicholz, 2015). Merger with a strong, competent caregiver, who provides soothing and comfort, serves to ward off overwhelming

feelings of terror for the helpless infant, and over time, the developing child absorbs aspects of the merged relationship such that his or her capacity for self-regulation develops (St. Clair & Wigren, 2004).

The absence or the inadequacy of an omnipotent merger experience can be equated with an inadequate holding environment, whereby the child is deprived of an experience of a caregiver who is attentive, supportive, and nurturing, in other words, who is both literally and figuratively ‘holding’ (Teicholz, 2015). That seven of the eight participants described or alluded to early relational trauma, in the form of loss, neglect and/or abuse, supports the likelihood that most of this study’s participants were deprived, to greater or lesser degrees, of relational interactions which supported the development of self-cohesion, and thereby the ability to self-soothe and self-regulate.

It is hypothesized that pervasive socio-economic stress, with high levels of violence in the environment will have contributed to the prevalence of adverse selfobject experiences.

Contextual dysregulation can inhibit caregiver capacity to contain and modulate their own affect, such that their ability to respond to children as calm and idealizable omnipotent caregivers is compromised (Donald et al., 2010). Participants described extreme physical and emotional violence in their immediate surroundings. These descriptions are corroborated by the Western Cape government’s crime statistics, which cite 205 murders in 2018 in the area where seven of the eight participants live (Western Cape Government, 2018). According to Pinnock (2019), such contextual stress has prevailed for decades, which suggests that most participants will have been raised in environments devoid or severely lacking in ‘holding’ or containment. Such a view can be understood as an extension of traditional self psychology

and object relations theory, in that it reaches beyond the caretaker-child dyad and integrates the impact of the broader context.

With these factors in mind, it is surmised that the nature of the Expressive Sandwork volunteering offered participants an atypical experience of ‘holding’ or psychological shelter, which was provided by the relational configurations and mindful atmosphere, integral to both the training and the witnessing processes (St. Clair & Wigden, 2004). The suggestion here is not that participants underwent a miraculous transformation from self-fragmentation to self-cohesion, nor that their Expressive Sandwork experiences were analogous to the countless repetitions of selfobject experiences in childhood. However, it is hypothesized that some degree of repair in capacity for self-regulation and participants’ internal working models occurred in response to the intervention’s therapeutic conditions. It is surmised that the “free and protected space” (Weinrib, 2004, p. 29) created for the Expressive Sandwork children was also accessed and utilized by the participants.

That the attachment system is potentially activated by volunteering is a hypothesis supported by the results of studies by Gillath et al. (2005). These results illustrate correlations between adult attachment styles and caretaking (in the form of volunteering), and they suggest that sustained volunteering may ameliorate the interpersonal problems of individuals who score high on attachment anxiety (Gillath et al., 2005). While the environmental context and the nature of the volunteering activities are incomparable to those of the current study, the notion that volunteering (or caretaking) is therapeutic, and potentially contributes to attachment repair or growth in self-cohesion, corresponds with this study’s interpretation of participants’ experiences. However, in addition to enabling the gesture of caretaking, volunteering for Expressive Sandwork provided protective therapeutic conditions for the participants. The

significance of these conditions was repeatedly referenced by participants and linked to their attainment of personal reward.

Participants' relationships with their Expressive Sandwork child, and with facilitators and co-volunteers, can be interpreted as selfobject experiences, within which their mirroring, merger, idealization and twinship needs were activated and to some extent gratified. Participants' descriptions suggest that these experiences enabled relational healing, as well as development in self-esteem, self-security, and affect regulation (St. Clair & Wigden, 2004). As with the development of attachment security, such development and transformation require empathic understanding within a safe and consistent two-person system (Schoore, 2017). The volunteer-child and volunteer-co-volunteer pairs, surrounded by the broader constellation of co-volunteers and 'omnipotent and idealized' facilitators, seem to have supplied these two-person systems; they reconstituted caretaker-child unions which nourished participants' mirroring and merger needs. In addition, the broader group of co-volunteers and facilitators seem to have developed bonds of shared intention and experience, thereby functioning as a psycho-structural support system and a containing framework of belonging or likeness (Pattis Zoja, 2011; St. Clair & Wigden, 2004).

Of some concern were subtle suggestions, implicit in participants' descriptions, that a few may have unconsciously used the relationship with their child to satisfy unfulfilled needs, such that mirror hunger was enacted in these volunteer-child dynamics. Traces of primitive narcissism, which is associated with wounding within the primal relationship, were evident as some participants seemed to look to their Expressive Sandwork child for confirmation and admiration, to counteract an inner experience of worthlessness (St. Clair & Wigden, 2004). A few participants conveyed pleasure and fulfillment as they described their experience of

being ‘chosen’ and/or ‘seen’ by their child. At face value, such pleasure can be positively interpreted as an experience of delight in response to a warm reciprocal connection.

However, in the case of the participant who compared the two children she had witnessed over two different Expressive Sandwork processes, her description of her first “crappy” experience, in which she felt hurt by the child’s sporadic attendance, exposed her sensitivity to perceived rejection, while her description of the pleasing child in her second, more satisfying process, suggested a tendency to use the child as an object of gratification.

Therefore, in certain cases, the child-volunteer unions may have offered less-than-ideal merger and mirroring opportunities for the children (this will be further discussed under ‘Theme 4: Context-related challenge’). However, this aspect does not diminish participants’ unanimous experience of personal reward, which evidently contributed to their sustained commitment to volunteering for Expressive Sandwork.

6.2.2 Theme 2: Shifting motivational factors

According to the findings, most participants described their initial motivation to volunteer for Expressive Sandwork in self-orientated terms. Volunteering constituted a strategy for the fulfillment of a need or a personal goal, such as access to food, or skills and/or time-out relaxing. A few participants described a desire to help children, and in a couple of cases, similar motivation can be inferred, because participants spoke about their love for children and their motivation to develop skills which focused on working with children. Although several of the factors which initially prompted participants to volunteer as witnesses continued to play a motivating role, the gratifying experiences presented in ‘Theme 1: A rewarding experience’ contributed significantly to participants’ sustained volunteering commitment. This factor is indicative of a motivational shift, which developed over the

course of the twelve-week Expressive Sandwork process. The fact that no participants spoke about the positive effects of the Expressive Sandwork intervention on the children, when discussing their motivation to volunteer in the future, is also considered significant. Given that the Expressive Sandwork program is intended as a therapeutic intervention for children, the absence of this motivating factor prompts questions around participants' perceptions of the efficacy of the intervention.

It is interesting that personality traits such as other-orientated empathy and helpfulness, which are the core dimensions of Penner's (2002) pro-social personality type and are traditionally associated with volunteering, were not generally indicated by participants' interview responses (Penner, 2002). This does not necessarily imply that participants' motivations were exclusively self-seeking or un-altruistic. The tendency to respond in a passive manner, which was conveyed by three of the eight participants' when they struggled to identify self-initiated motivational factors, may have inhibited expression of pro-social traits when they described their initial volunteering motivation. Such passivity, or lack of agency, in conjunction with the understanding that most participants experienced relational trauma during childhood, can be interpreted within a self psychology framework, as indicative of deficits in self-esteem. Passivity may imply a lack of confidence on the part of these participants, in their effectiveness and worth as individuals (St. Clair & Wigden, 2004). Self-belief and confidence in one's worth, is grounded in what Kohut referred to as the "gleam in the mother's eye" (Kohut, 1968, p. 489), a gesture or gaze, expressing appreciation and admiration by an attuned caregiver (St. Clair & Wigden, 2004).

In the South African context, especially the socio-economic, racial and gender categories inhabited by this study's participants, the 'gleam in the eye' metaphor (or lack thereof) can be

extended. These marginalized South African groups are the ‘unmirrored’ categories, the neglected or sidelined categories, ‘unseen’ by the ‘parent’ state. The relationship between the powers that be and socio-economically, politically, and structurally sidelined communities, can be likened to selfobject experiences, characterized by deprivation. It therefore follows, that in such cases, passivity, or a lack of volition, can be understood in terms of socio-political marginalization or disempowerment:

We are in a state of emergency, but the emergency is that our government (local and national) is clueless about what is going on in the Cape Flats. We are also in an emergency because the government seems to think that it’s acceptable to let its people live in a war zone. (Odendaal, 2019, para.1)

Gillath et al.’s (2005) description of the volunteering motivational factors which tend to correlate with adults who are situated on the attachment anxiety dimension include the desire to fit in, to be thanked and appreciated, and/or to be distracted and relieved from personal problems (Gillath et al., 2005). These factors match several motivational descriptions by this study’s participants, which included personal needs or motives and, in some cases, the perceived rewards of volunteering, such as a sense of belonging and the experience of acknowledgement, which were discussed under ‘Theme 1: A rewarding experience’. Coupled with the knowledge that most participants experienced relational trauma in their childhoods, these motivational factors lend support to Gillath et al.’s (2005) claim that attachment anxiety correlates with self- as opposed to other-orientated motivational factors, which is in contrast to adults situated on the secure attachment dimension (Gillath et al., 2005).

In terms of sustained motivation, the benefits perceived by participants, which were discussed in ‘Theme 1: A rewarding experience’, illustrate a link between this study’s participant responses and what sociologists Musick and Wilson (2008) refer to as the collective nature of

volunteering. In the language of sociology, the social bonds which are integral to volunteering facilitate experiences of solidarity, belonging, identity, and social integration for the volunteers (Musick & Wilson, 2008). Within a self psychology framework, social bonds can be likened to aspects of selfobject experiences, which, in the case of this study's participants, gratified (to some extent) participants' needs for twinship, mirroring and idealization, and enabled a degree of psychological repair (St. Clair & Wigden, 2004). In addition to benefits such as cognitive stimulation, learning, and skills-development, it is suggested that the rewards associated with social bonding contributed to sustained motivation.

The way in which this study's participants' motivation shifted can be compared to Omoto and Snyder's (2002) Volunteer Process Model, which was discussed in Chapter two. Blending social and psychological variables, Omoto and Snyder (2002) claim that initial volunteering motivation can be linked to dispositional traits, prior personal experience, and/or personal motives and needs, whereas in the following stage, motivation depends on the relationships cultivated with co-volunteers, the organization and the community (Omoto & Snyder, 2002). Participants' reported motivational factors, together with this study's theoretical interpretation, are therefore comparable to the developmental course proposed by the Omoto and Snyder's Volunteer Process Model (2002).

Therefore, Musick and Wilson's (2008) sociological thesis, Gillath et al.'s (2005) attachment repair hypothesis, and Omoto and Snyder's (2002) Volunteer Process model compare favorably with this study's participants' perceived rewards and motivational factors. Whether described in terms of social bonds, relationships, selfobject experiences or activation of the attachment system; or solidarity, belonging, reciprocity or twinship; or identity development,

attachment repair, self-structure development or improved self-esteem (Gillath et al., 2005; Musick & Wilson, 2008; Omoto & Snyder, 2002; St. Clair & Wigden, 2004), there appears to be consensus across disciplines, with the common thesis being that volunteering relationships grow psychological factors which shift motivational factors.

That the impact of the distinguishing variables in the current study, namely, contextual factors and the nature of the volunteering task, are not factored into the above comparison and interpretation makes the similarities and relative consensus among the studies discussed above, and perceptions of this study's participants, very interesting. One of the participants' initial motivations to volunteer related to food security, and although it cannot be assumed that other volunteers were equally anxious about obtaining food, this participant's plight offered a relative gauge of the level of deprivation within the participant group. Yet, despite the survival challenges, the development of meaningful relationships seems to have taken precedence over tangible survival elements, when sustained motivation was considered.

According to Musick and Wilson (2008), when socio-economic and contextual factors enter the regression, the correlation between volunteer disposition and motivation to volunteer is disturbed (Musick & Wilson, 2008); additionally, according to Bekker (2005), the effects of personality on motivation vary with different contexts and activities, and with the nature of accumulated volunteering benefits (Bekker, 2005). Given the nature of these findings, whether this study's participants' motivational factors compare with results of studies conducted in similar contexts, when volunteering activities have elements in common, requires consideration. The South African studies (Padmanabhanunni, 2019; Dageid et al., 2016) discussed in Chapter two are located in similarly distressed contexts, characterized by poverty, crime and socio-economic and socio-political adversity. In addition, participants'

volunteering tasks, namely lay counselling and home-based care, both involve the act of helping within an interpersonal dynamic (Padmanabhanunni, 2019; Dageid et al., 2016). It therefore seems reasonable to suggest that significant contributing factors relating to context and to volunteering tasks are common to these studies and the current study.

In addition to factors such as an empathic disposition, and the accruing of personal rewards such as self-growth, the development of competencies, improved self-esteem and acknowledgement from the community, findings from both Dageid et al.'s (2016) and Padmanabhanunni's (2019) studies, suggest that the delivery of effective services and the accompanying personal gratification, are significant volunteer commitment-enhancing factors (Dageid et al., 2016; Padmanabhanunni, 2019). These findings are particularly relevant to the current study, given that participants in the current study did not explicitly link the effects of the therapeutic Expressive Sandwork intervention on the children, with their ongoing commitment to volunteering. This can be interpreted in a couple of ways. It could reflect a self- as opposed to other-orientation, which is a corresponding feature of the attachment anxiety dimension (Gillath et al., 2005); or it might suggest that participants have reservations about the effectiveness of the Expressive Sandwork intervention.

Compassion satisfaction, which can be defined as an experience of personal gratification in response to contributing to peoples' well-being, is linked to an experience of success (Figley, 2013). Findings from Dageid et al.'s (2016) study illustrate this link clearly. The volunteers in Dageid et al.'s (2016) study observed improvements in health-promoting behaviors on the part of their patients, and these positive outcomes were viewed as a direct result of the volunteers' work (Dageid et al., 2016). In contrast, the effects of the Expressive Sandwork intervention on the children are not necessarily perceptible. In fact, children's behavior may

become increasingly challenging as their defenses ease (Pattis Zoja, 2011). It is therefore possible that these nebulous effects may have inhibited participants' experience of contributing to a successful intervention and therefore their experience of compassion satisfaction. Judging by participants' feedback, most did not view the intervention as wholly ineffective, but perceived it as inadequate (these views will be elaborated in 'Theme 3: Issues and practical suggestions'). This perspective may have denied them an experience of contributing to a successful intervention and by association, the experience of compassion satisfaction.

6.2.3 Theme 3: Issues and practical suggestions

Participants tended to be outspoken about their issues with the intervention. "It's not enough" was a stand-out phrase, with one participant suggesting that the intervention is inadequate because it fails to solve the children's 'actual' problems. Another participant suggested that the intervention "makes things worse" for the children, by providing a false sense of security. Issues in the children's environments, such as a lack of empathic understanding on the part of educators and caregivers, were highlighted as problematic, as was the lack of follow-up with the children after completion of the twelve sessions. This issue related to participants' concerns about the children's welfare and was perceived as hindering in terms of participants' development of insight into the effects of the intervention.

In one instance, a participant had been offered a psychologist referral by a facilitator, owing to the development of distressing symptoms in response to the Expressive Sandwork process. She evidently required additional mental health support, but the offer was not followed through by the facilitator, and the participant's symptoms had persisted.

In addition to raising the above issues, participants offered several practical suggestions, which are summarized and listed below.

- Organizers to ensure that Expressive Sandwork sessions are free from interruptions.
- Sessions to take place twice a week (as opposed to once a week).
- Sessions to take place in the mornings (as opposed to afternoons).
- Educators and caregivers to be offered Expressive Sandwork sessions.

Children to be followed up and volunteers to receive feedback, after their completion of the Expressive Sandwork process.

A few of the issues raised by participants have the potential to be addressed with minimal effort by Expressive Sandwork organizers and facilitators. However, it is debatable whether bi-weekly, morning sessions are feasible or desirable, given the various constraints (most obviously, the children's school attendance in the mornings) and the established boundaries of the therapeutic framework. Nevertheless, the lack of follow-through by Expressive Sandwork facilitators with mental health referrals should be addressed without delay for the ethical integrity of the intervention is to be maintained. Referral protocols and pathways require streamlining and clarification, and the possibility that volunteers may not come forward with their referral needs, should be taken into consideration.

In terms of following up and providing feedback to volunteers regarding the effects of the intervention on the children, formalization and integration of suitable processes are certainly worth considering. For example, requesting feedback from educators and caregivers before and after the intervention might provide insight into the impact of the intervention, which could be fed back to volunteers. Whether educators and caregivers would willingly participate is uncertain, and if they did, it is possible that they would respond with minimal

effort, or unwittingly distort reality with feedback filtered through self-concepts and defensive structures. On the other hand, valid feedback from educators and parents may not be positive, which would not necessarily indicate that the intervention has been ineffective, given that children's behaviors and feelings in the first several weeks of therapy tend to intensify (Bratton et al., 2005). Therefore, feedback from educators and caregivers may or may not contribute to an experience of success on the part of volunteers, which may or may not enhance their experience of compassion satisfaction. Challenges such as these, which are integral to determining the efficacy of the intervention, seem to warrant further discussion with the volunteers during training and support meetings, so that volunteers are encouraged to recognize the value of their input, despite the intervention's elusive outcomes.

The suggestion that the intervention may be inappropriate for children living in this study's setting, and participants' frustration with the intervention's failure to alleviate the children's 'actual' problems, plus the repeated refrain, "It is not enough", bear testament to the presence of overwhelmingly challenging contextual stressors. For children, these stressors are often unmediated by protective caregiver relationships, which implies that ongoing damage may be inflicted on the child during the therapeutic process, and therapeutic benefits undone (Hawkrige, 2007). Whether therapy is appropriate for children in such environments, particularly if caregivers are unable to participate and provide stable structural containment during the process, has traditionally been questioned (Hawkrige, 2007). Given that child therapeutic outcomes are indisputably improved with caregiver involvement (Bratton et al., 2005), participants' appeal for educators and caregivers to attend Expressive Sandwork and/or undergo their own therapeutic processes certainly warrant consideration: "Every attempt must be made to engage the caregivers of distressed children in processes that will

lessen their own psychic pain and assist them in meeting their children's emotional needs” (HawkrIDGE, 2007, p. vi).

Lack of caregiver engagement can indeed be viewed as a limitation of the Expressive Sandwork intervention. However, considered from a different angle, the same element can be regarded as adaptive, in that it addresses problems related to lack of access to therapy, or non-attendance, by children deprived of parental supervision or motivation to bring their child to therapy (HawkrIDGE, 2007). That the Expressive Sandwork process is confined to twelve sessions can also be viewed as a limitation. Bratton et al.'s (2005) meta-analytic review of ninety-three play therapy outcome studies identifies optimal treatment effects at between thirty-five and forty therapy sessions (Bratton et al., 2005). Nevertheless, it can be assumed that Expressive Sandwork's twelve-session limit is a well-considered concession and is perhaps a realistic timeframe within which volunteers can reliably commit.

Overall, the Expressive Sandwork intervention can indeed be judged inadequate. The limited sessions, and failure to transform influential components of the child's system, mean that the intervention will neither reverse existing damage, nor prevent additional harm. However, it is also true that the process supplies an accessible and atypical experience for marginalized children, and potentially heals some of the wounds already inflicted and builds cohesion and resilience (HawkrIDGE, 2007; Pattis Zoja, 2011; St. Clair & Wigden, 2004). For HawkrIDGE (2007):

The opportunity to think the unthinkable, feel the unbearable . . . in the presence of a reliable empathic adult who can hold their pain without being destroyed by it . . . suffer their anger without retaliating, may offer these children their best chance to deal with their life circumstances in a new way. (p. vi)

The varying degrees of frustration, disappointment and disillusion conveyed by participants may indicate a need for acknowledgement and further containment by facilitators, with additional discussion around the limitations of the intervention. 'Theme 4: Context-related challenge' will offer further insight into the effects on participants of environmental stressors. In light of the severity of some of these effects, some of participants' issues with the intervention can be interpreted as a reflection of unmanageable and traumatizing contextual factors, and as a defense against feelings of helplessness, rather than shortcomings with the intervention. Nevertheless, participants' frank accounts of their concerns during interviews bode well for productive engagement between and amongst facilitators and volunteers, around realistic expectations, and the limitations of the intervention.

6.2.4 Theme 4: Context-related challenge

The inherent challenges of working with traumatized children (Kaminer & Eagle, 2010) were compounded, for this study's participants, by the effects of their distressing personal histories and ongoing intrusive threat in the environment. Seven of the eight participants told life-stories characterized by enduring adversity, with devastating and repeated trauma and loss. These experiences contributed to their experience of distressing countertransference, which in the case of one participant, developed into debilitating symptoms. In addition, participants described reality-based threat in the form of community violence, which on occasion loomed uncomfortably close during Expressive Sandwork sessions. One participant described the challenge of managing feelings of intense fear when nearby gunshots disturbed the silent atmosphere, while another described gruesome flashbacks, which had persisted for four years following her son's murder.

Discussion of this final theme will initially focus on some of the broader features of context-related challenge and will thereafter hone-in on the experiences of one participant. To personalize her story and the accompanying formulation, the participant's pseudonym, Ellen, will be used. While Ellen's experiences are not generalizable, a quasi-case-study discussion was deemed appropriate, because selected case features are potentially transferable to volunteers, lay counsellors, or lay health workers who work in similar contexts. The case illustrates a scenario which is likely recur in one way or another if mental health support for the Expressive Sandwork volunteers is not bolstered by the overseeing organizations.

Chronic exposure to physical, emotional, and psychological danger heightens the experience of subjective vulnerability, which tends to involve fear, distrust, cynicism about the motivation of others, and pessimism about the human condition (Herman, 1997). This implies that a baseline state of calm and comfort on the part of participants who live in this study's context is implausible. In fact, according to Kimble et al. (2013), the practice of characterizing hyperarousal and/or hypervigilance as problematic in an environment which has been equated to a war-zone is inappropriate (Kimble et al., 2013). With this in mind, it is hypothesized that hyper-aroused baseline states, and in Ellen's case, the development of complex trauma syndrome, will have increased participants' susceptibility to painful countertransference and, in few cases, the enactment of fluid self-boundaries with the Expressive Sandwork children (Carveth, 2018; Herman, 1997; Kimble et al., 2013).

According to Herman (1997), "vicarious traumatization" or "traumatic countertransference" (Herman, 1997, p. 141) include "the entire range of the therapist's emotional reactions to the [trauma] survivor" (Herman, 1997, p. 141). Participants' descriptions of the anguish they experienced, in response to the emotional pain of the children, were mostly an indication of conscious grappling with transference and countertransference. These were challenging but

nonetheless appropriate and valuable encounters, because when countertransference is recognized and explored, it can provide useful insights into unconscious dynamics (Walker, 2004). However, when countertransference is overwhelmingly distressing, it is no longer informative or helpful (Walker, 2004). “Trauma is contagious” (Herman, 1997, p. 140) and can lead to disruptions in the therapeutic alliance. Empathic sharing of the experience of helplessness may lead to therapists, or in this study, volunteer-witnesses, doubting their competence and consequently withdrawing, either emotionally or physically (Herman, 1997; Walker, 2004).

Ellen’s experience is a case in point because volunteering as a witness for Expressive Sandwork revived her childhood trauma. Although she claimed that the experience was ultimately rewarding, Ellen suffered dire psychological distress. Her suggestion that the intervention made things worse for the children (discussed in ‘Theme 3: Issues and practical suggestions’) can be interpreted as a projection of her own vulnerability, in that the intervention amplified, or ‘made worse’, Ellen’s suffering, by evoking disturbing memories and intolerable affect.

Ellen described prolonged and repeated abuse in her childhood, which is synonymous with the origins of what Herman (1997) refers to as complex post-traumatic syndrome. This is a “progressive form of post-traumatic stress disorder that evades and erodes the personality” (Herman, 1997, p. 86), resulting in problems with relationships and identity and a spectrum of conditions, which include depression, anxiety and dissociative symptoms (Herman, 1997). Ellen referenced each of these symptoms, when describing her experience of volunteering for Expressive Sandwork and the enduring psychological effects.

Formulated within a self psychology framework, elements of Ellen's complex post-traumatic syndrome can be understood in terms of relational injury, occurring at the stage of development preceding establishment of a nuclear self. Chronic non-responsiveness on the part of caregivers, and the absence of a target for idealization, will have deprived Ellen of the mirroring and empathic selfobject merger experiences, required for the development of a stable and cohesive self (St. Clair & Wigren, 2004). In a therapeutic dynamic, the feelings and experiences of therapist and patient inevitably overlap to a certain extent (Walker, 2004), but in Ellen's case, the muddled exchange of traumatic transference and countertransference are suggestive of an overly 'merged' character. In regarding the child as a reflection of her 'self', as a 'collision' of feeling and experience, Ellen treated him as part of herself. She enacted a merger transference, indicative of incomplete self-differentiation, which can be understood as a manifestation of Ellen's unfulfilled primal relationship needs (Carveth, 2018).

Such a formulation suggests that a self, "sound enough to bear the child's inner world emotionally" (Pattis Zoja, 2011, p. 34), "who can hold their pain without being destroyed by it" (Hawkridge, 2007, p. vi) is sometimes more of an ideal than a reality. In the cases of Ellen and the mirror-hungry participant discussed in 'Theme 1: A rewarding experience', and other volunteers suffering from complex post-traumatic syndrome, the child may serve a selfobject function in the witness-child relational dynamic. This allows volunteers to unconsciously resume a developmental process and operate to assimilate relational trauma (Carveth, 2018). Whether such a dynamic constitutes 'too-much' traumatic failure for the child is an important question: To what extent is the free and protected Expressive Sandwork space compromised, if the child functions to gratify an adult need? Is there a risk of replicating a dynamic inherent in the child's original abuse (Walker, 2004)? Or does the predictability of the intervention, in

terms of space, time and participants, with the group of volunteers and facilitators, provide sufficient psycho-structural support and protection?

On occasion, volunteers from outside the community are recruited as Expressive Sandwork witnesses, but for the most part, volunteers live and/or work in the surrounding area. This is an essential and integral feature of the intervention. The importance of recruiting volunteers from the same context as the children, to model resilience and offer hope to the children, was reiterated by participants. However, it is hypothesized that susceptibility to traumatic countertransference is likely to increase for volunteers recruited from economically disadvantaged communities, who are repeatedly exposed to community violence, and who themselves may not have experienced physical or emotional safety, either within or outside of the home (Kaminer & Eagle, 2010). This should be understood in terms of contextual pathology, as opposed to participant-volunteer pathology (Cushman, 2019). Participants' accounts validate this hypothesis. Although the volunteering process was ultimately rewarding, both current and historical context-related challenge exacerbated participants' experiences of distressing countertransference, and to a greater or lesser degree, this will have impacted their ability to serve as idealizing and mirroring selfobjects for the children.

The small-group meetings every four weeks were perceived as valuable by participants. For Ellen, this support helped her find meaning in her trauma (Kaminer & Eagle, 2010).

However, at the time of interview, Ellen's distressing memories and symptoms of depression were persistent, and she eagerly accepted an offer of follow-up psychological care. The emergence of 'Theme 4: Context-related challenges' suggests that volunteers may sometimes require additional therapeutic support, to safely explore and examine their feelings and thoughts, against the backdrops of their personal histories, so that countertransference

becomes a tool for identifying unconscious dynamics, and the children are not required to gratify volunteer needs (Walker, 2004). In conjunction with testing the efficacy of the intervention, which was discussed in ‘Theme 3: Issues and practical suggestions’, it is anticipated that supplementary therapeutic support for volunteers would enhance therapeutic outcomes and thereby grow compassion satisfaction and personal reward, which would ultimately help to buffer against burnout (Padmanabhanunni, 2019; Walker, 2004).

6.3 Reflections

In this study, the collection of data involved interpersonal interaction, and processes of analysis and interpretation are meaning-based as opposed to statistical. As the primary instrument of collection, analysis and interpretation, the researcher is therefore committed to ensuring that reflexivity and transparency are integral to the process (Terre Blanche et al., 2011), because in such cases the reader requires insight into researcher’s mental, social, and cultural situatedness, in order to judge the veracity of findings and interpretation (Terre Blanche et al., 2011): “. . . instead of pretending to be neutral, we need to be aware, transparent, and honest about our starting position, standpoint, situatedness or positionality” (Reiter, 2013, p. 5).

Before concluding this report, I will therefore describe my socio-economic and cultural status and theoretical allegiances and reflect on how such situatedness may have impacted this study’s findings (Terre Blanche et al., 2011).

6.3.1 Researcher’s situatedness

I am a middle-aged, middle-class woman. White privilege has ensured that I am well educated, and that I have never worried about food or shelter, nor experienced racial

discrimination. I live in a house with my children and dogs. I feel safe. The first time I heard gunshots was a few years ago, whilst volunteering as a witness for the Expressive Sandwork intervention.

I was initially skeptical about the intervention. I did not believe it could help children who had experienced complex trauma. However, my attitude changed once I engaged in the process. I began exploring self psychology theory, which helped me to formulate and better understand the process and my role as a volunteer-witness. I stopped volunteering in late 2017, when I enrolled for further studies at UWC.

I was conscious of being an outsider while volunteering, conducting interviews, and during the write up of this mini thesis. My position added complexity to the research situation, particularly given South Africa's legacy of oppression and discrimination. I was aware of the risk of replicating an interpersonal power dynamic, characteristic of interactions between South Africans who inhabit divergent socio-economic contexts. I was ashamed of my whiteness, of the privilege of heading home to the southern suburbs when shooting started. However, despite this discomfort, rapport with participants during interviews seemed positive. Whether unconscious dynamics impacted the results remains unclear (Mertens, 2011). At face value, participants seemed to engage with authenticity and enthusiasm.

Having volunteered as a witness for the Expressive Sandwork intervention, I am invested in the intervention. This motivated the pursuit of valid findings. I am convinced that the raw data and emerging themes accurately reflect participants' experiences. That the findings do not match my predictions is perhaps an indication of their validity, though perhaps also

evidence of outsider status. Ultimately, I learned from the data as opposed to using the data to ‘flesh out’ existing assumptions (Terre Blanche et al., 2011).

On realizing that participants had unanimously described a rewarding volunteering experience, I scanned the transcripts for leading questions, or some indication of having encouraged a particular viewpoint. It is evident that I responded with a degree of pleasure when participants described rewards, but rather than reinforcing a single viewpoint, I am inclined to believe that my genuineness served to build rapport and encourage co-enquiry, such that participants comfortably criticized the intervention and shared their challenges. Overall, I am satisfied that interviews were competently conducted. With hindsight, I should have enquired as to whether any volunteers declined an invitation to participate. It is possible that ‘rewarded’ volunteers were more interested and eager to participate in the study. This may account for their unanimous perceptions of a rewarding experience.

The personal stories of loss and trauma which surfaced during interviews were numerous and devastating. Participants’ incomprehensible suffering prompted a range of feelings on my part and I was moved to reflect on the nature of my own countertransference. I was humbled by participants’ resilience and resourcefulness. I felt horror, anger, and heartbreak, together with guilt. It is possible that my impulse to assume an advocacy role was an expression of reparation, or a defense against my own experience of helplessness.

6.3.2 Theory and context

According to Cushman (2019), “. . . the problem arises when commitment (to theory) becomes unthinking belief. When this happens, ideas that were originally tailored to their contexts start to be treated as timeless truths” (p. 199). Prior to this study, I may have erred

towards “unthinking belief”. Within my socio-cultural arena, self psychology and attachment theory suffice as a means of making sense of personality development and relationships. However, this study has prompted skepticism about the appropriateness of transporting and applying a theory from a dissimilar cultural and historical context, which prescribes a particular way of being, and thereby inclines one towards “pathologizing instead of contextualizing” (Cushman, 2019, p. 201).

Thus, interpretation of participants’ experiences occurred within a self psychology framework, with references to attachment theory. Awareness of the impact of contextual factors motivated the positioning of selfobject and attachment experiences within a broader ecological picture, with the understanding that interactions between and amongst eco-systemic components can be formulated in terms of transference, countertransference, and defenses too. The socio-economic environment is thereby conceptualized as a ‘fragmented self’ and an unhealthy developmental context (Cushman, 2019). With the view to integrating contextual variables, I have extended the parameters of self psychology and attachment theory. In this way, I have endeavored to maintain a connection with the people represented in the study and to apply theory in a way that is useful and supportive, whilst simultaneously maintaining a link between the theoretical foundations of the Expressive Sandwork intervention and the study’s findings.

CHAPTER 7

CONCLUSION

7.1 Introduction

This final chapter summarizes the core findings and links these with the aims and objectives of the study. It presents recommendations based on the findings, which include suggestions for further study. The limitations of the study are discussed, before concluding with synopses pertaining to the significance of the study.

7.2 Summary of core findings

The study aimed to explore the experiences of volunteers in a therapeutic Expressive Sandwork intervention with children within a low-income community. To achieve this aim, the study focused on the following objectives:

- Exploration of participants' perceptions of the effects of a therapeutic Expressive Sandwork intervention process on the children and on themselves.
- Exploration of participants' understanding of their motivation to volunteer for the therapeutic Expressive Sandwork intervention within a low-income community.
- Exploration of the rewards accrued by the participants from volunteering for a therapeutic Expressive Sandwork intervention within a low-income community.
- Exploration of participants' understanding of the challenges encountered by therapeutic Expressive Sandwork volunteers within a low-income community.

The following four sections will illustrate the link between these objectives and the study's core findings.

7.2.1 Participants' perceptions of the effects of the therapeutic Expressive Sandwork intervention process on the children and on themselves

Participants' perceptions of the effects of the intervention on the children were varied. A few spoke positively about the intervention and acknowledged the inherent value in what they considered an atypical experience for the children. Nevertheless, while the 'free and protected' space, the silent, mindful atmosphere, and the safe, containing relationships were perceived as valuable, participants expressed reservations about whether the process necessarily had a positive effect on the children's lives. A few participants explicitly expressed their uncertainty about the efficacy of the intervention, and one participant perceived negative effects on the children, suggesting that the intervention offers a false sense of security which may serve to increase the children's vulnerability in the real world. Overall, the intervention was perceived as inadequate and as having little positive effect in the face of pervasive and overwhelming contextual challenges.

Nevertheless, participants' criticism of the intervention was constructive and grounded in commitment to enhancing the process for the children, which seemed to indicate a belief in the potential positive effects of the Expressive Sandwork intervention on the children. Several participants offered practical suggestions as to how the intervention could be improved, and these will be referenced in the upcoming 'recommendations' section.

Essentially, the participants' perceptions of the effects of the intervention on themselves were expressed in terms of personal rewards, the impact of these rewards on their motivation, and the challenging psychological effects. Summaries pertaining to the fulfillment of this aspect of the first objective will therefore be integrated into the subsequent three sections.

7.2.2 Participants' understanding of their motivation to volunteer for the therapeutic Expressive Sandwork intervention

Without exception, participants expressed the desire to continue volunteering in upcoming Expressive Sandwork programs. In conjunction with the development of meaningful relationships with co-volunteers, CASE facilitators, and with CASE as an organization, participants' rewarding personal growth experiences were at the root of their motivation to continue volunteering. Most participants described their initial motivation in terms of practical strategies for the fulfillment of concrete needs, such as access to food, skills and/or time-out and relaxing, and although some of these factors continued to play a motivating role, relationship-based motivations took precedence when ongoing commitment was considered. This indicated a motivational shift on the part of most participants.

That no participants alluded to the positive effects of the intervention on the children, when describing their commitment to volunteer in future Expressive Sandwork interventions was considered significant. In conjunction with the reservations explicitly expressed by participants, this omission raised questions regarding their belief in the therapeutic value of the intervention.

7.2.3 Participants' experiences of reward, from volunteering for the Expressive Sandwork intervention

Without exception, participants described their overall experience of volunteering for the Expressive Sandwork intervention as generally rewarding. They described the development of new ways of relating, to themselves and to others, and linked this growth to the experience of having volunteered as witnesses. With varying emphasis, participants spoke about personal transformation in the form of improved self-esteem, self-regulation, and the development of

empathy in relationships. Such personal transformation seems to have had a contagion effect; participants described improved relationships with the children in their care, and increased success with the management of children's challenging behaviours.

Participants' personal growth rewards were catalysed by the emotional bonds developed with the Expressive Sandwork children and the group of co-volunteers, by the silent, mindful atmosphere, and the experiential training process. This suggests that the therapeutic conditions, which are fundamental to the Expressive Sandwork intervention and are created with the view to providing a safe and protected space for the children, were also accessed, and utilized therapeutically by the participants over the twelve-week process.

7.2.4 Participants' understanding of the challenges encountered by Expressive Sandwork volunteers

The impact of harsh and unrelenting contextual factors featured prominently in participants' descriptions of the challenges associated with volunteering for Expressive Sandwork. In addition to their experience of reality-based physical threat, often made palpable by the sounds of close-proximity gunshots, participants described personal histories beset with trauma and loss. These factors served to activate participants' reality-based survival anxiety and intensified their experience of painful countertransference. Half the participants described extreme affective responses and the resurfacing of their own traumatic memories, in response to witnessing the child's process. One participant endured severe emotional distress and continued to suffer a range of trauma-related symptoms at the time of her interview.

Participants' descriptions of the psychological challenges associated with volunteering for Expressive Sandwork, highlighted the importance of ensuring that the mental health needs of the volunteers are better addressed. This point will be elaborated in the recommendations section.

7.3 Summary of recommendations

In the light of the themes which emerged in relation to participants' volunteering experiences, integration is recommended of the practices, described below, into Expressive Sandwork training and therapeutic processes. Participants' practical suggestions included fewer interruptions during sessions, twice-a-week sessions, in the mornings (as opposed to once a week in the afternoon), the provision of Expressive Sandwork sessions for educators and caregivers, and follow-up with the children once the process is complete, so that volunteers are provided with feedback. While some suggestions will be deemed more fitting and/or logistically viable than others, organizers and volunteers are encouraged to openly discuss each suggestion, and to work together to ensure that volunteers' issues and practical suggestions are acknowledged and considered.

Participants' suggestions that educators and caregivers participate in Expressive Sandwork sessions reflected their deep concern around the damaging impact of the children's broader environments. If offering Expressive Sandwork sessions is deemed unfeasible by Expressive Sandwork organizers, an exploration of alternative ways to engage educators and caregivers and other components of the child's system, such as meetings or telephonic contact, is encouraged. Although one of the advantages of the Expressive Sandwork intervention is that children can access therapy regardless of caregiver participation, the evidence is conclusive: therapeutic outcomes with children improve, if caregivers are simultaneously supported and

provided with alternative skills to practice with their child (Bratton et al., 2005). In a community setting, it is considered acceptable to extend the psychoanalytic frame and provide more active support (Twemlow & Parens, 2006). Sustained efforts in this regard, on the part of Expressive Sandwork organizers, would therefore potentially enhance therapeutic outcomes.

Participants' reservations around the efficacy of the intervention require acknowledgement and should be addressed as far as possible. If volunteers perceive their input as contributing towards a successful outcome, compassion satisfaction increases and helps to buffer against burnout (Akintola, 2010; Padmanabhanunni, 2019). Securing feedback for the volunteers, regarding the children, from educators and/or caregivers before and after the intervention seems to warrant ongoing effort. In addition, the limits (as well as the benefits) of the intervention may require clarification and continued discussion during volunteer training and small-group support meetings, with reiteration of the fact that the intervention does not claim to be a cure-all. It also seems evident that volunteers would benefit from additional containment and support, in tolerating the limits of the intervention and their perceptions of 'inadequacy' in the face of overwhelming contextual factors.

Although participants experienced volunteering for Expressive Sandwork as generally rewarding, ongoing efforts on the part of Expressive Sandwork organizers are required, to ensure that rewards outweigh the challenges and continue to contribute to sustained volunteering commitment (Omoto & Snyder, 2002; Padmanabhanunni, 2019). The integration of referral protocols enabling access to mental health services on the part of volunteers is likely to contribute to sustained volunteer motivation and enhanced therapeutic outcomes for the children. This is particularly relevant in cases where the process of

witnessing evokes traumatic countertransference on the part of volunteers, and when distressing symptoms persist. With resources in the public healthcare sector stretched, alternative ways of accessing mental health services may require exploration. Pro bono therapeutic services are available through clinical psychology programs at the University of the Western Cape (UWC) and the University of Cape Town (UCT), and alternatively (or in addition), members of the broader network of mental health professions affiliated to SAAJA could be approached to offer clinical services.

7.4 Opportunities for further research

The findings of the study motivate further investigation into the factors which contribute to the personal growth and sustained commitment of Expressive Sandwork volunteers, as well as ways to improve the therapeutic outcomes of the intervention.

The creation of a research design for testing the efficacy of the Expressive Sandwork intervention which considers all relevant variables and produces valid and reliable data, would be a complex task (Bratton et al., 2005), but it is hypothesized that evidence of the intervention's positive effects would contribute to compassion satisfaction on the part of volunteers. Because compassion satisfaction has been shown to reduce volunteer burden and ward off burnout (Padmanabhanunni, 2019), enabling volunteer insight into the efficacy of the intervention would encourage sustained commitment, such that the children would ultimately benefit too. An investigation of the efficacy of the intervention is therefore strongly recommended.

A follow-up project with a larger sample of participants, which produces both qualitative and quantitative data, would potentially build on this study's findings, whilst promoting

continued reflection on the relevance of psychoanalysis in South African community settings. Ideally, the same participants would be tracked, and their experiences and perceptions further explored, with additional Expressive Sandwork volunteers recruited as research participants too. Findings would deepen insight into the factors which contribute to volunteers' personal development and the contagion effect of such development in the broader community. Given that the practice of task-shifting is closely associated with volunteering in the field of mental health in low-income communities (Jacob & Coetzee, 2018), findings would also contribute to the scope of knowledge pertaining to this practice, and to the field of volunteering in the wider South African context.

7.5 Limitations of the study

Although the findings of this study contribute useful insights which will be elaborated in the subsequent section, several hindsight omissions require acknowledgement and can be interpreted as limitations of the study. These are described below.

During the interview process several themes quickly became repetitive. The sample of eight participants was therefore deemed adequate because, at face value, saturation seemed to have occurred. However, during the process of thematic data analysis, additional ideas and perceptions emerged which, with hindsight, could potentially have been elaborated with a larger sample of participants. Although generalizability of findings is not expected in exploratory research (Terre Blanche et al., 2011), it is possible that exploration of the experiences of a larger sample would have more adequately represented the views of the target population of volunteers.

Incorporation of interview questions which explored how often volunteers tended to drop out of the witnessing process, and why they dropped out, would potentially have expanded insight into factors related to volunteer motivation and burnout. Clarification from CASE organizers as to whether any volunteers had refused an invitation to participate in the research project, and why they refused, might also have contributed. It is possible that the volunteers who experienced the process as rewarding were more willing to participate in the study, and that this factor contributed to a biased finding.

While the interviews proceeded without obvious language or content problems, pretesting the questionnaire in circumstances which simulated the formal data collection process, would have provided an opportunity for the researcher to practice interviewing skills and may have helped to establish the expected time-length of the interviews (Hurst et al., 2015).

Further discussion with CASE organizers regarding referral protocols and the extent of contact with the children's educators and caregivers would have provided useful foundation information.

Because the processes of thematic data analysis and the writing up of this mini thesis occurred during the Covid-19 pandemic lockdown, member checking was deferred and will likely occur after submission of this mini thesis.

There is further scope for reflection on the suitability of Kohut's self psychology as a theoretical framework than this study provides. This framework is fitting in that it links the interpretation of findings with the theoretical foundations of the Expressive Sandwork intervention. Nevertheless, it is imported from a different context and, as such, seems to

contribute more successfully when nested in a broader ecological approach. Applied in isolation, Kohut's theory formulates the environment as non-conducive, and the 'selves' inhabiting this environment as 'incohesive' (St. Clair & Wigren, 2004). The framework therefore tends to pathologize and fails to capture participants' resilience, and their resourcefulness and perseverance in the face of chronic adversity (Ahmed et al., 2004).

7.6 Significance of the study

The following synopsis, which pertains to the significance of the study, is separated into three sections. The first section focuses on the target group of Expressive Sandwork volunteers and the Expressive Sandwork intervention, and highlights the ways in which insights gleaned from the study, can be utilized to improve the volunteering experience, and by association, the therapeutic outcomes for the Expressive Sandwork children. The second section highlights the study's theoretical contribution. The third section focuses on the transferability of findings to similar low-income community contexts, characterized by high levels of violence, in situations where volunteers (or lay mental health workers) service the needs of traumatized children.

7.6.1 Significance of the study for the Expressive Sandwork intervention

- The study highlights the inherent therapeutic value of volunteering as a witness in the Expressive Sandwork intervention. It is hypothesized that the therapeutic conditions created for the Expressive Sandwork children, tend to be accessed and utilized by the volunteers themselves.
- The study identifies a potential contagion effect, whereby therapeutic benefits are transmitted to the children and/or families of volunteers, via changed behaviors and

new-found ways of relating. It suggests that the therapeutic reach of the Expressive Sandwork intervention extends beyond the volunteer-child dyad.

- The study highlights the value of experiential and process learning, which occurs via seeing and doing and undergoing, as opposed to receiving information didactically. This is evident in volunteers' reportedly improved communication skills and management of children's challenging behaviors.
- The study draws attention to the potentially negative impact on therapeutic outcomes for the children if volunteers unconsciously use the relationship with their Expressive Sandwork child to satisfy their own unfulfilled needs.
- The study identifies the salient motivational factors contributing to sustained commitment on the part of Expressive Sandwork volunteers. It is hypothesized that, despite pervasive contextual adversity, the achievement of personal growth, with the development of meaningful relationships and a sense of belonging, took precedence over tangible survival-related benefits.
- The study highlights the need to address volunteers' reservations regarding the efficacy of the intervention. The experience of personal gratification in response to delivering an effective service contributes to compassion satisfaction, which buffers against burnout (Akintola, 2010; Padmanabhanunni, 2019).
- The study identifies opportunities for further research, most notably, the efficacy of the Expressive Sandwork intervention.
- The study highlights the impact of current and historical contextual challenges on volunteers' mental health. It is hypothesized that these challenges contributed to increased vulnerability, on the part of volunteers, to the experience of traumatic countertransference and ongoing psychological distress, in response to witnessing their child's process.

- The study highlights the need for additional containment and support by Expressive Sandwork facilitators, with ongoing dialogue pertaining to realistic expectations and the implicit limitations of the intervention.
- The study highlights the necessity of integrating robust referral protocols to ensure that the mental health needs of volunteers are addressed and suggests ways to access pro bono mental health services outside of over-burdened PHC settings. It emphasizes the fact that this would be in the interests of the Expressive Sandwork volunteers, as well as the Expressive Sandwork children.

7.6.2 Theoretical contributions

- The study offers a framework for extending the parameters of traditional self psychology and/or object relations theory beyond the child-caretaker dyad, such that the impact of the broader context can be integrated.
- The study contributes to current debate around the suitability of psychoanalysis in community settings.

7.6.3 Transferability of findings

One of the most significant findings of this study relates to participants' utilization of the Expressive Sandwork therapeutic conditions to achieve personal growth and develop new ways of relating. The fact that these conditions are unique to the experience of volunteering for the Expressive Sandwork intervention inhibits the transferability of the findings pertaining to the volunteer rewards and motivations, because this variable will have significantly influenced volunteers' experiences. Nevertheless, it is hypothesized that several findings are transferable to volunteers and/or lay healthcare workers, who carry out comparable tasks, such as helping or caregiving within an interpersonal dynamic, particularly

with children, in similar low-income community settings. Given that the practice of task-shifting is closely associated with volunteering in the field of mental health in low-income community settings (Jacob & Coetzee, 2018), findings also contribute to the scope of knowledge pertaining to government's task-shifting agenda.

- The study contributes to knowledge about factors which contribute to the retention of volunteers' services. It identifies a link between the achievement of personal growth, the development of meaningful relationships and a sense of belonging, and sustained volunteering commitment.
- The study calls attention to the pervasiveness of trauma in South African low-income community settings and highlights the impact of current and historical contextual challenges on volunteers, lay counsellors and/or lay healthcare workers, who live and/or work in these settings.
- The study identifies how the impact of community violence and adverse contextual factors on the mental health of volunteers, lay counsellors, and/or lay healthcare workers may inhibit their ability to carry out tasks optimally.
- The study highlights the importance of providing access to mental health support for volunteers, lay counsellors and lay healthcare workers, who are themselves suffering with mental health issues; it also suggests ways to access pro bono mental health services outside of over-burdened PHC settings. The goal of this would be to ease suffering, enhance volunteer commitment, and enable optimal task performance.

7.7 Conclusion

This study explored the experiences of volunteers who participated as witnesses in a therapeutic Expressive Sandwork intervention with children, in a low-income community on the Cape Flats. Exploration focused on the challenges and rewards associated with

volunteering, the motivational factors, and the effects of the intervention on the children and on the volunteers themselves.

The findings of the study provide insights which are relevant to the target group of Expressive Sandwork volunteers, the Expressive Sandwork intervention, and to current debate regarding the suitability of psychoanalysis in community settings. Several insights also contribute to the pool of knowledge relating to the broader area of study, which encompasses volunteering in the field of mental health, particularly with traumatized children, in low-income settings with context-related challenges. Because volunteers play a significant role in South Africa's wider task-shifting agenda (Jacob & Coetzee, 2018), insights are relevant to this practice too.



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APPENDICES

Appendix A: Information sheet

Project title: An exploration of the experiences of volunteers in a therapeutic Expressive Sandwork intervention in a low-income community

What is this study about?

This is a research project being conducted by Tania Bruce at the University of the Western Cape. We are inviting you to participate in this research project because you have volunteered as a witness in a therapeutic Expressive Sandwork intervention. The purpose of this research project is that it will contribute to the scope of knowledge pertaining to volunteering in the field of mental health in low-income South African contexts.

What will I be asked to do if I agree to participate?

You will be asked to participate in a semi-structured interview, 45-60 minutes in length at the CASE offices in Hanover Park. You will be asked questions about your experience of volunteering in a therapeutic Expressive Sandwork intervention.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity by using pseudonyms and minimizing identifying data.

To ensure your confidentiality, by storing data under lock and key and/or on a password protected laptop.

If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities, any information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we need to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimize such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study.

Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about volunteer perceptions and experiences in the South African context. We hope that, in the future, other people might benefit from this study through improved understanding of volunteer rewards, challenges and motivations.

Must I participate in this research and can I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Tania Bruce at the Faculty of Community and Health Science at the University of the Western Cape. If you have any questions about the research study itself, please contact Tania Bruce at 3800144@myuwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Maria Florence

Head of Department: Psychology

University of the Western Cape

Private Bag X17

Bellville 7535

mflorence@uwc.ac.za

Prof Anthea Rhoda

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

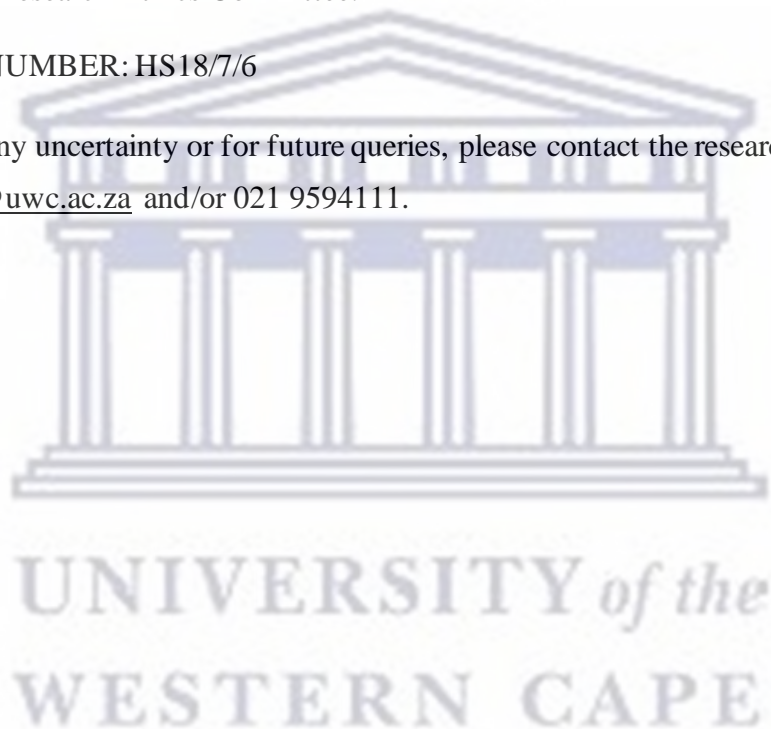
Bellville 7535

chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

REFERENCE NUMBER: HS18/7/6

In the event of any uncertainty or for future queries, please contact the research office research-ethics@uwc.ac.za and/or 021 9594111.



Appendix B: Consent form



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2283

E-mail: rklink@uwc.ac.za

CONSENT FORM

An exploration of the experiences of volunteers in a therapeutic Expressive Sandwork intervention within a low-income community

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I consent to having my interview audio-recorded

I do **not** consent to having my interview audio recorded

Participant's name

Participant's signature

Date

In the event of any uncertainty or for further queries, please contact the research office research-ethics@uwc.ac.za and/or **021 959 4111**.

Appendix C: Interview schedule

INTRODUCTORY QUESTIONS

Where are you from?

How are you connected to the Hanover Park?

How did you start working with Community Action for a Safer Environment (CASE) and with Expressive Sandwork (ES)?

How many times have you volunteered in the ES intervention?

MOTIVATION

What motivated you to volunteer for ES?

In your opinion, which of your personality traits led you to volunteer?

What did you expect?

What were you hoping for?

Why do you volunteer in Hanover Park?

Why do you think other people volunteer in Hanover Park?

TRAINING

How was the training process?

What did you gain from it?

What did you enjoy about it?

What did you not enjoy?

How do you think the other volunteers found the training process?

‘WITNESSING’ PROCESS

What was it like to ‘witness’ your child?

How did you feel?

How do you think the process affected your child?

How did it affect you?

How did it change you?

How did you feel towards the child you ‘witnessed’?

What do the other volunteers say they felt about the ‘witnessing’ process?

GROUP MEETINGS

What are the group meetings about?

How did you find the group meetings?

How did the other volunteers find the group meetings?

How did you get on with the other volunteers?

LOOKING BACK

How was the overall volunteering experience for you?

How did it affect you?

How was it for the other volunteers?

What did you gain from it?

What did you find difficult?


How did you cope with the difficult parts?

CONCLUDING QUESTIONS

Will you volunteer for ES again? Why/ Why not?

Is there anything else that you would like to share about working as an ES volunteer?

Appendix D: Ethics approval letter



**OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION**

Private Bag X17, Bellville 7535
South Africa
T: +27 21 959 4111/2948
F: +27 21 959 3170
E: research-ethics@uwc.ac.za
www.uwc.ac.za

28 August 2018

Ms T Bruce
Psychology
Faculty of Community and Health Science

Ethics Reference Number: HS18/7/6

Project Title: An exploration of the experience of volunteers in a therapeutic expressive Sandwork intervention within a low-income community.

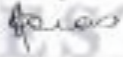
Approval Period: 21 August 2018 – 21 August 2019

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.



**UNIVERSITY of the
WESTERN CAPE**

*Ms Patricia Jonas
Research Ethics Committee Officer
University of the Western Cape*

PROVISIONAL REC NUMBER - 130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE