Occupational Stress and Adaptive Coping Among Clinical and Counselling Psychologists in Private Practice in the Western Cape (South Africa)

Chanan Suiza

Department of Psychology (UCT)

Masters Thesis

University of Cape Town

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

University of Cape Town

Acknowledgements

I would like to express my sincere gratitude to the following individuals and institutions for their invaluable support and contributions to the completion of this master's thesis. First and foremost, I am deeply indebted to the participants of this study, whose willingness to share their experiences and insights was essential to this research. Your cooperation and dedication made this study possible, and I am profoundly thankful for your involvement.

I extend my heartfelt appreciation to my supervisor, Dr. Wahbie Long, for his unwavering guidance, mentorship, expertise and most of all his patience. Dr. Long's insightful feedback and constructive advice were instrumental in bolstering the integrity of this research, and I am truly grateful for his commitment to my academic growth.

I would like to acknowledge the now-retired Rosalind Adams from the Department of Psychology for her near-constant administrative support. Many queries were asked, and all were answered. A more dependable person cannot be found.

Lastly, I extend my appreciation to the University of Cape Town for providing the academic environment and resources that facilitated my research. The university's support, both in terms of infrastructure and intellectual resources, played a vital role in the completion of this thesis. This research has been a culmination of the collective efforts of many, and I am deeply grateful to everyone who contributed to this endeavour. I am privileged to have had the opportunity to learn and grow in such a nurturing academic community.

Contents

Acknowledgements 2
Contents 3
Abstract 5
Chapter 1 6
Introduction 6
Literature Review 7
  Clinical and Counselling Psychology in South Africa 8
Research Aims 13
Research Questions 13
Chapter 2 14
Theoretical Framework 14
Research Design 17
  Sampling 17
  Data Collection Methods 18
  Data Analysis Plan 19
Ethical Considerations 23
  Nonmaleficence 23
  Confidentiality 23
  Informed Consent and Debriefing 24
Chapter 3 26
Results and Discussion 26
  Stressors 26
  Stress Manifestations 39
  Stress Management 45
Chapter 4 64

Summary and Conclusion 64

Limitations 66

Recommendations For Future Research 67

References 68

Appendix A: Plagiarism Declaration 75

Appendix B: Recruitment Email 76

Appendix C: Interview Schedule 77

Appendix D: Informed Consent Form 79

Appendix E: Analysis Documentation 82

Appendix F: Thematic Maps 84

Appendix G: Biographic Form Information Summary 86

Occupational Stress and Adaptive Coping Among Clinical and Counselling Psychologists in Private Practice in Western Cape (South Africa)

Abstract

This qualitative study explored occupational stress among Clinical and Counselling Psychologists (CCPs) in South Africa, highlighting its critical impact on practitioners' well-being and service quality. Despite the profession's rewards, detrimental stress levels are a major concern. Existing research lacks an experiential exploration of CCPs' stress and coping mechanisms in the South African context. The study aimed to answer two questions: What factors do CCPs perceive as underlying their occupational stress, and what strategies do they use to manage it? Using the Cognitive Theory of Stress and Coping, the study investigated subjective factors influencing stress and coping methods. Twelve CCPs in private practice in the Western Cape province were recruited through purposive sampling. Data collection involved in-person or online interviews, and qualitative content analysis following Elo and Kyngas (2007) was used to categorise the data. Findings revealed challenges such as the emotional and cognitive toll of providing therapy, occupational isolation, and institutional frustrations. 'Super-Helper Syndrome' emerged as a significant factor, leading to increased exhaustion and depersonalisation. Participants employed coping strategies like compartmentalisation, workload curation, personal investment, and self-care, stressing the importance of work-life balance. Social support, especially from professional supervisors, was crucial in stress management. The study's theoretical framework combined the Cognitive Theory of Stress and Coping with meaning-focused coping, offering insights into the stress-coping process among CCPs. The findings have implications for improving practitioners' well-being and enhancing stress management strategies within healthcare professions.

Keywords: Occupational stress, psychologists, coping strategies, South Africa, qualitative content analysis.

Chapter 1

Introduction

The occupational practice of clinical and counselling psychologists (CCPs) can result in increased states of occupational stress (Cushway & Tyler, 1994; Jordaan et al., 2007). While practising as a CCP in South Africa can be a rewarding occupation with high amounts of job satisfaction (Jordan et al., 2007), it would be irresponsible to neglect its propensity for dysfunctional levels of occupational stress (Park et al., 2017). In a quantitative study conducted by Jordaan and colleagues (2007), the prevalence of emotional and occupational stress was tested among CCPs in South Africa. Over half of their participants displayed above-average levels of work-related anxiety (56.3%) and depression (54.2%), which are recognised signifiers of unmanaged occupational stress (Park et al., 2017). Rich (2016) defines occupational stress as the psychological and physical reaction an individual has to the inconsistency between expectations of their work environment and their ability to meet those expectations with the resources available. The presence of what would be considered a constant, or chronic stressor in the workplace, can have a highly detrimental effect on the individual's general health and the quality of work output (Park et al., 2017). To explain the negative correlation between occupational stress severity and quality of work output, Rich (2016) notes the Distraction Arousal Theory. As the severity of stress continues (which is not purely chronic, but also compounds in its negative consequences), the individual's ability to focus on occupational or other cognitive tasks declines (Rich, 2016). Within the scope of a CCP, a decline in the quality of service is not purely a professional concern but is additionally ethically problematic. Facilitating a therapeutic environment is integral to the practice of a CCP; if the cognitive and emotional faculties of the practitioner are compromised by impinging experiences of occupational stress, CCPs could potentially cause harm to the client (Finlay- Jones et al.; 2015, Jordaan et al., 2007; Yang & Hayes, 2020).

Occupational stress among CCPs is not a well-documented topic of research within South Africa (Jordaan, et al., 2007). Concurrently, research on this topic seldom delves into lived experience and occupational specifics of how CCPs experience and manage occupational stress. CCPs stand to be a valuable resource within the medical health care and community support systems of South Africa (both public and private) (Jordaan et al., 2007), as South Africa is noted to have heightened rates of mental health difficulties (Bantjes et al., 2016; Herman et al., 2009; Pillay, 2016). Utilising a qualitative design, this study aims to

explore the field-specific factors that impact CCPs' experience of occupational stress and which methods are used to prevent and mitigate undesirable levels of occupational stress.

Literature Review

Throughout the literature reviewed to inform this study, multiple sources detail the causes of occupational stress and its detrimental effects that are distinct to healthcare professionals. Of the causes mentioned, the most commonly listed were workload (Farber & Heifetz, 1982; Gardner & Hini, 2006; McCormack et al., 2018), emotional labour by exposure to clients with severe mental illness (Chandrachud & Gokhale, 2019; Cushway & Tyler, 1994; Farber & Heifetz, 1982; Hannigan et al., 2004); McCormack et al., 2018), and role conflict (Gardner & Hini, 2006; Gökce et al., 2020). Emotional labour is understood to be the self-regulation an individual initiates to maintain a desired emotional state (Chandrachud & Gokhale, 2019). Within the context of CCP, this would be linked to the occupational environment of facilitating psychotherapy. Gökce and colleagues (2020) describe role conflict as an incongruency between the requirements of two or more roles one individual is expected to assume within an occupational position. According to the definition of occupational stress offered by Rich (2016), the cognitive and emotional faculties relied on by CCPs to meet the standards of quality psychotherapeutic practice, which include the management of the aforementioned factors which cause occupational stress, can quickly be exhausted (Park et al., 2017). This requires both prevention and mitigation coping strategies to counter their deleterious effects.

As for the effects heightened levels of occupational stress can have, ethical infractions due to a decreased capacity to perform (Ejaz et al., 2008; Rich, 2016; Park et al., 2017; Yang & Hayes, 2020), compassion fatigue (Ejaz et al., 2008; Farber & Heifetz, 1982; McCormack et al., 2018) and burnout (Ejaz et al., 2008; Cushway & Tyler, 1994; Hannigan et al., 2004) were the most commonly mentioned across the reviewed literature. Michael (2023) defines compassion fatigue as the "cost of caring" (Michael, 2023, p. 1) for others in emotional distress. By maintaining a prolonged state of empathetic support, the individual becomes emotionally and cognitively exhausted, decreasing their ability to continue to display empathy and show compassion (Michael, 2023). Burnout is defined as a multidimensional emotional construct characterised by two validated domains of manifestation, namely, exhaustion and social or occupational disengagement (Kim & Burić, 2020). While the manifestations of burnout can often be similar to those of chronic occupational stress, the

previously mentioned expressions manifest more persistently and at a much greater severity, making burnout a separate construct (Redfearn et al., 2020).

Clinical and Counselling Psychology in South Africa

While the causes and effects of occupational stress listed above do provide a generalised understanding of the experiences of healthcare workers, they are not accurate reflections of CCPs in the South African context. Making use of these elements allows this study to define some of the possible factors that influence stress severity; however, in the unique setting of South Africa, it would be inaccurate to presume that this list is comprehensive. Some factors may be irrelevant, whereas others may be hidden due to a lack of research. The situational factors of the individual, their surroundings, and the norms within the field's organisational structure will all create variance within the experiences of CCPs in South Africa (Cooper & Baglioni, 2013).

In a South African context, the environments within which CCPs practice would differ from other countries (Vergunst, 2018), this being due to the differences in culture, socioeconomic status, and occupational structure within South Africa (Vergunst, 2018). While great strides have been made in community-level psychosocial interventions, the distribution and accessibility of mental healthcare workers in South Africa hinder the effectiveness of service implementation (Siyothula, 2018). Insufficient numbers of trained CCPs perpetuate the imbalance between mental health needs and service provision (Siyothula, 2018). Bantjes and colleagues (2016) note this gap in treatment, acknowledging the pressure placed on CCPs to meet the heightened level of mental health issues in South Africa. Further pressure is placed on CCPs when the socioeconomic climate is taken into consideration. South Africa is classified as a low- to middle-income country (Pillay et al., 2013; Siyothula, 2018; Vergunst, 2018), with poverty, chronic illness/disability, and insufficient support from health care organisations (aforementioned treatment gap) being common issues among the general public (Siyothula, 2018; Vergunst, 2018). This is not to portray South Africa as being in deficit, but rather to acknowledge the circumstances and context from which clients may approach CCPs. Clients can approach CCPs to aid them with mental health concerns; however, individualised therapy has a restricted scope of practice and cannot be an effective solution to all the concerns of clients (Pillay et al., 2013). In a one-on-one format, CCPs may be able to help a client manage emotional trauma, but they cannot remedy socioeconomic difficulties (Pillay et al., 2013), impacting CCPs through their

frustration at the limitations of their format of practice as mental health workers in a South African context (Pillay et al., 3013). While this study does focus on CCPs working in the private sector, which is known to have accessibility barriers created by location of practice (usually in cities requiring transport) and costs of treatment (Siyothula, 2018), Pillay and colleagues (2013) note that CCPs often take on additional work outside their primary practice. The areas of additional practice have been noted as including hospitals, psychosocial community programs, police stations, fields of political influence, and educational programs (Pillay et al., 2013). Bearing that in mind, CCPs in private practice primarily cater to clients belonging to specific social and economic brackets, but through other avenues of work, they can engage with the wider public (Pillay et al., 2013).

Subjectivity and Stressor Appraisal

In the process of stressor appraisal, individualised factors play a significant role. (Cooper & Baglioni, 2013). These factors will influence the onset and duration of occupational stress, as well as the circumstances that the individual will appraise as challenging or stressful (Cooper & Baglioni, 2013). Different individuals may not find the same situations challenging and may even perceive them as stimulating (Cooper & Baglioni, 2013). To be sure, the presence of variance is not problematic but rather an opportunity to understand and appreciate complexity within this study, and the theoretical framework that is presented later attempts to accommodate that fact.

For present purposes, Marcatto and colleagues (2021) note that objective categorisations and identifications of occupational stressors can aid in creating a broad understanding of the organisational environment. They do add, however, that basing coping strategies or an intervention plan on such broad accounts cannot truly counter or eliminate the effects of occupational stress within a given field. Moreover, drawing on studies done in countries that differ significantly in their societal makeup, cannot accurately represent the experiences of CCPs in South Africa. To ascertain what factors impact occupational stress, and the effect it has on the individual, subjective accounts that acknowledge the difference in appraisal, situational variance, and lived experience are needed (Marcatto et al., 2021). In the process of combing through existing data to inform this study, it was noted that the majority of the research conducted on the topic of occupational stress and coping used quantitative methods. For this reason, a qualitative study, endeavouring to conceptualise the nuances of occupational stress and coping among CCPs, should prove beneficial in its own right.

Accordingly, this study draws on the previously listed causes and effects of occupational stress as a foundation for understanding the complexity of how CCPs experience occupational stress but does not attempt to pigeonhole the accounts of its participants in the terms of reference of previous research.

Coping Mechanisms/Strategies

Brown and colleagues (2005) state that coping mechanisms are cognitive or behavioural strategies used to moderate an internal or external experience that an individual perceives to be overwhelming. The essential goal of a coping mechanism is to either change the individual in their internal experience of a stressful environment/situation or to alter the environment/situation to be less stressful (Moritz et al., 2016). Across the academic literature that has been reviewed, multiple categories have been used to label coping mechanisms as adaptive or maladaptive. Brown and colleagues (2005) detail two classes of coping. They are *emotion-focused* and *problem-focused* coping. Emotion-focused coping refers to strategies that are used to modulate experiences of uncomfortable emotions that accompany negatively experienced events. These uncomfortable emotions are specified as anger, sadness, guilt, and shame (Lazarus, 1999). Problem-focused coping mechanisms are those that have a goal-oriented structure used to alleviate the sources of stress (Nabi, et al. 2022). Siegel and colleagues (2020) refer to an additional class of coping called *avoidant coping*. Avoidant coping mechanisms aim to shield the individual from having to engage with or experience the source of stress (on an intrapsychic and external level).

As for the verdict of adaptability within the previously listed styles of coping, some conceptions were seen as inappropriate when applied to this study. For example, Moritz and colleagues (2016) define a maladaptive coping mechanism as one that might provide temporary relief from stress but is detrimental to the individual in the long term. They further state that adaptive coping mechanisms generate long-term relief from stress, without generating patterns of recurring stress levels. As previously noted, however, some of the factors that impact CCPs' experienced severity of occupational stress pertain to the depletion of the individual's emotional faculties (Farber & Heifetz, 1982), while additionally being an inherent aspect of the practice itself. CCPs, that is, cannot 'solve the problem' of the emotional labour involved in facilitating the therapeutic environment. For CCPs in South Africa, this can also be seen in difficulties experienced with governing bodies such as the Health Professionals Council of South Africa (HPCSA). Administration requirements placed

on CCPs do have an organisational and ethical purpose; however, these requirements are not always implemented appropriately, which can often be an additional source of occupational stress (Pillay et al., 2013). While the HPCSA is often addressing these faults, progress can be slow (Pillay et al., 2013). Such systemic stressors can be considered chronic as they cannot always be solved through individual efforts of problem-focused coping. This results in CCPs needing to find methods of emotion-focused coping strategies that can be implemented over a longer duration.

Purely viewing one style of coping as adaptive over another, then, is unnecessarily reductive (Lazarus, 2000). Siegel and colleagues (2020) classify problem-focused coping as adaptive, whereas emotion-focused coping and avoidant coping are noted to be maladaptive (Siegel et al., 2020). While the maladaptive nature of avoidant coping was never disputed in the literature reviewed, the labelling of emotion-focused coping as maladaptive was contested by other readings. Siegel and colleagues (2020) and Moritz and colleagues (2018) offer a limited perspective on emotion-focused coping by only offering examples that reduce the scope of its potential, such as self-blaming, rumination, and thought suppression. While these can be considered representational of some forms of emotion-focused coping, additional actions that can be categorised under the same style include strategies such as deep breathing and other forms of nervous system regulation, cognitive reframing activities, and seeking social support (Nabi et al. 2022). Viewing emotion-focused coping from this widened scope offers a more accurate insight into its potential adaptability.

Social support also has a multi-faceted relationship with stress severity and coping. Peer or family support can have a highly influential impact on the individual's ability to seek and maintain adaptive coping by increasing positive emotional valence (Wang et al., 2014). Increased emotional valence (otherwise labelled as positive/pleasurable emotions) bolsters intrapsychic resources, creating a greater likelihood of adaptive coping (Folkman, 2007). In this way, social support is both an emotion-focused coping strategy, as emotional discomfort can be decreased through meaningful relationships (Wang et al., 2014), and a path towards better coping as a whole. For CCPs in South Africa, social support can be seen in more than just meaningful relationships with family and peers. As noted by Lohani and Sharma (2022), clinical supervision is an integral part of the occupational domains of CCPs. Clinical supervision offers CCPs ethical supervision, emotional support, and practical advice (Lohani & Sharma, 2022). While social support can be an asset in combating heightened severities of occupational stress, Cushway and Tyler (1994) note that family and peers may not be able to

empathise with the distinct difficulties associated with the practice of CCPs. A supervising psychologist or a trusted co-worker can offer CCPs an informed perspective that can be both emotionally supportive and offer particular solutions to their occupationally specific concerns (Lohani & Sharma, 2022). In South Africa, the HPCSA standardises the educational path to becoming a supervising psychologist, mandating and regulating a desired standard of service offered to CCPs (Hendricks et al., 2021).

Regarding problem-focused coping, individuals are motivated to actively seek to change their environment, creating long-term changes. This can be done by any degree of change an individual engages in to actively alleviate the source of stress (Moritz et al., 2018). Using one of the common causes of occupational stress listed above, role conflict is a stressor that can benefit from problem-focused coping. If a CCP is finding it difficult to ensure their client pays for services provided (which, if they fail to do so, could halt the provision of therapy) and maintain the therapeutic relationship, the CCP can hire an intermediary to manage the accounting aspects of their practice. In turn, avoidant coping aims to disconnect from the source of stress, but not in a manner that would actively reduce long-term stress or rid one of the source entirely. An example of this is using social media as a form of distraction from experiences of emotional fatigue, rather than seeking out activities that can offer replenishment of depleted faculties. However, the coping strategies that are used, are also dependent on both the source of stress and the individual’s appraisal of the experience of stress (Folkman, 2007).

Research Aims

Despite the heightened prevalence and ethical implications (Jordan et al., 2007) of unregulated occupational stress among CCPs in South Africa, the majority of studies has been quantitative and does not display the nuances of how CCPs in South Africa experience or manage occupational stress. The present study aimed to take a qualitative perspective and utilised the Cognitive Theory of Stress and Coping to explore the subjective factors that impact stress severity among CCPs in South Africa. This study additionally aimed to acknowledge and understand the coping and stress prevention strategies used by CCPs in South Africa. In doing so, it attempted to create further interest in the management of occupational stress among healthcare professionals in South Africa.

Research Questions

1) What do CCPs in South Africa perceive as the underlying factors in their experience of occupational stress?
2) What stress management strategies do CCPs in South Africa use to manage their occupational stress?

‘

Chapter 2

Theoretical Framework

Folkman (2007) states that the Cognitive Theory of Stress and Coping (Lazarus, 1966; Lazarus & Folkman, 1984) (See Figure 1) is an appraisal-based model. The process of appraisal appears at two significant stages; namely, when evaluating initial sources of stress, and after a coping strategy has been applied. The two stages of appraisal determine the extent to which the event was perceived as harmful, threatening, or challenging. The appraisal is applied according to both the individual's beliefs and personal disposition, in accordance with the nature of the stressor, and the stressor's demands on the individual's resources (Folkman, 2007). After the initial appraisal, a coping strategy is applied to alleviate the stress. Should the event outcome prove favourable, the individual may experience positive emotions i.e. happiness, relief, or pride (Folkman, 2007). However, if the event outcome proves to be unfavourable, the individual may experience distress and repeat the appraisal process (the second stage of appraisal), in which they may attempt the same coping strategy (chronic stress loop) or they may implement a new strategy of coping (Folkman, 2007). If the event proves to be a persistent stressor that requires the individual to accept the source of stress, an alternative coping style may be applied which was not previously mentioned by Siegel and colleagues (2020). Accordingly, Folkman (2007) describes *meaning-focused coping* as an appraisal-based style, in which an individual applies their beliefs, values and existential goals to motivate and sustain other more situation-specific coping styles (Problem-focused and emotion-focused).

While the Cognitive Theory of Stress and Coping (Lazarus, 1966; Lazarus & Folkman, 1984) acknowledges the difference between the varying styles of coping, it perceives adaptive coping strategies as those that produce positive outcomes and aid in maintaining regular functioning (Folkman, 2007). This is vital to this study, as it acknowledges that the factors that impact the severity of occupational stress are multifaceted, and does not assume the applicability of a coping method based on its style. An all-encompassing coping strategy that claims to be adaptive regardless of its context or application would be too idealistic and rudimentary. The Cognitive Theory of Stress and Coping (Lazarus, 1966; Lazarus & Folkman, 1984) does not view one style of coping as favourable over another, preferring a consequentialist perspective when classifying coping strategies as adaptive or maladaptive. While this study does not intend to qualify or label

coping strategies as adaptive, Lazarus and Folkman's (1984) outcome-focused perspective offers a wider scope to conceptualise the intentions of coping efforts. That allows the present study to document strategies without dictating adaptability as an essential part of the theoretical framework, from the onset of participants' coping style choices. For example, having noted the nature of the factors that impact the severity of occupational stress, i.e. emotional labour and compassion fatigue, CCPs may need to apply emotion-focused coping to maintain long-term effective coping.

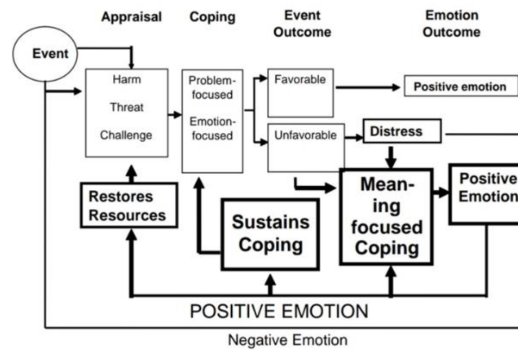
The field, practice, and governing structure of mental health care systems vary heavily in relation to a country's economic status (Pillay et al., 2013). With such variation within the contexts of health care systems, cultural differences, psychosocial needs, and efficacy of community-based practices over individualised treatment (Vergunst, 2018), it is anticipated that the factors that impact occupational stress among CCPs in South Africa will not necessarily coincide with those in other countries (Siyothula, 2018). The appraisal base of the Cognitive Theory of Stress and Coping makes it amenable to different settings as it does not prescribe context-specific definitions for its various conceptual terms. While they have identifying criteria (to ensure structural credibility and coherence), the labels are contextualised to the individual's perception (Lazarus & Folkman, 1984). This aligns with Marcatto and colleagues (2021), leaning towards subjectivity within occupational stress research, the qualitative methodology of this study, and the intention of the study to offer a theoretical perspective for a South Africa-based study.

The Cognitive Theory of Stress and Coping aided in explaining the process by which the participants select their coping strategies. The event of occupational stress can be understood as either a chronic stressor requiring both management and prevention (compassion fatigue), or a situational stressor that can be solved with a solution (role conflict), thus making the Cognitive Theory of Stress and Coping a suitable model for this study. In addition, introducing Folkman (2007)'s concept of meaning-focused coping to the styles already mentioned by Brown and colleagues (2005) and categorised by Siegel and colleagues (2020) allows a better understanding of the details of long-term adaptive coping and the possible adaptive benefits of emotion-focused coping not previously mentioned in the latter two studies. Meaning-focused coping can be a valuable resource when accounting for the South African context. As stated, some factors that increase occupational stress severity may be institutionalised within governing organisations as a result of socio-economic/psychosocial issues (Pillay et al., 2013), or may be intertwined as practice norms

that cannot be avoided or solved. CCPs may require complex or highly nuanced beliefs or values to bolster coping efforts when dealing with stressors that cannot be removed or changed.

Figure 1

Revised stress and coping model (adapted from Folkman, 1997)



Research Design

Due to the aims of this study, which desired to understand the perceived factors that impact occupational stress severity and the complexity by which CCPs prevent or mitigate occupational stress, a qualitative research design was used. A qualitative study provided a structure that enabled the subjectivity of the participants' experiences to be expressed (Elmir et al., 2011). This aided in conceptualising the multidimensional factors that affected the appraisal of stress severity and methods of coping used by CCPs. Additionally, a qualitative research design aligned with the writings of Marcatto and colleagues (2021), which emphasised the necessity of subjective accounts when ascertaining accurate information regarding occupational stress and the effectiveness of coping strategies deployed.

Sampling

The sample recruited for this study consisted of clinical and counselling psychologists in private practice, who were located in the Western Cape province of South Africa. A purposive sampling strategy was used for this study, as it allowed the study to apply the inclusion criteria and ensured that the participants recruited were congruent with the studied population. Specifications of inclusion criteria were that the participant had to be working as a clinical or counselling psychologist. Additionally, it was desirable that the practice of clinical or counselling psychology was their main or primary source of occupation. If an individual was only working part-time, or inconsistently in the field of psychology, the participant may have addressed occupational stress from fields that were not congruent with the aims of this study. Other factors of variation within the participant population, such as their appraised severity of occupational stress at the time of data collection and level of experience within the field, were not considered exclusionary or inclusionary criteria. CCPs were not sampled based on the severity of their occupational stress but rather on a desire to understand occupational stress within this specific field. Having participants with varying appraisals of occupational stress severity or differing levels of experience in practice increased the potential richness of the data set, allowing for a possibly more robust analysis that could comment on various factors that impacted stress severity and coping. Participants who did not appraise themselves as under high amounts of occupational stress, for example, were able to share coping strategies unacknowledged by those with higher severity. Participants with differing occupational experience levels, moreover, widened the scope of

data collection and offered nuances relating to the experience of occupational stress at different intersections of occupational practice.

Access to potential participants was gained by selecting registered CCPs from online therapist registries (for example: https://www.therapist-directory.co.za). Participants were contacted via email (Appendix A) or through the website's communication interface. The final sample consisted of twelve participants who all met the inclusion and exclusion criteria, a sample size that is in keeping with the recommendations of both Terry and colleagues (2017) and Braun and Clarke (2019b). As noted previously, occupational stress among CCPs in South Africa is not a frequently studied topic (Jordaan et al., 2007). While collecting academic data to inform this study, it was noted that many articles that commented on or did a study on this topic were either quantitative or opinion pieces. Articles, such as Jordaan and colleagues (2007) '*Emotional stress and coping strategies in South African clinical and counselling psychologists',* while still a valued addition to the literature review, were conducted in a quantitative style and did not accommodate for the lived experiences of their participants. Papers such as those written by Pillay and colleagues (2013; 2016), while still offering valuable insight into the experiences of CCPs in a South African context, did not involve field research. The present study may not have been able to achieve data saturation – although claiming to do so in research is discouraged (Braun & Clarke, 2019) – but was, rather, exploratory in nature. By using a qualitative methodology, this study aimed to raise the profile of this topic for further qualitative research.

Data Collection Methods

Data was collected through one-on-one, in-person interviews when the participants were amenable to meeting in person. If they were unable or unwilling to do so, online interviews were conducted through Zoom. Semi-structured interviews were deemed an appropriate method of data collection. The setting of a semi-structured interview was outlined and paced with open-ended questions that were related to the aims of the study (Elmir et al., 2011). By using broad and open-ended questions, the research could address the topics that were relevant to the study, while allowing the participant to express freely and develop a flowing dialogue that was rich in personal sentiment (Elmir et al., 2011). A semi-structured interview format allowed me to ask open-ended questions (see Appendix B) that were directed by the aims of this study while facilitating a flexible interview structure for the participants (Elmir et al., 2011). In doing so, participants could raise topics that may not have

been evident to me as the researcher (Elmir et al., 2011) or present in the reviewed literature. Lastly, the use of semi-structured interviews aligned with the writings of Marcatto and colleagues (2021), who noted the importance of accounting for subjectivity when conceptualising the causes and effects of occupational stress, and the appraised adaptability of coping strategies.

Interview length ranged from 19 minutes to 48 minutes with a mean length of 30 minutes. The 45-minute allocation proved to be an adequate amount of time to ask and probe the topics of interest and allow the participants to provide a detailed account of their experiences. Audio of the interview, whether it was online or in-person, was recorded and transcribed verbatim for data analysis. Participants were provided with an interview sheet if they had confirmed their desire to be part of the study. The interview sheet detailed the aims of the study, its desired significance, a list of the questions that were asked in the interview process and asked the participants their preference for interview format (online or in-person and location).

During the participant intake process, participants were asked to fill in a brief biographical form (Appendix C). This form covered basic personal information about the participants, including their age, the time they had worked as a CCP, the average number of hours they dedicated to the practice of psychological therapy and their appraised level of occupational stress. A table summary of the biographical information can be found in Appendix G.

Data Analysis Plan

For the process of data analysis, this study used a qualitative content analysis as defined by Elo and Kyngas (2007). Qualitative content analysis is noted as a flexible method used to systematically condense vast amounts of text-based data to accurately describe a specific phenomenon (Elo et al., 2014). Due to the aims of this study, which intended to categorise and describe underlying factors surrounding the topic of inquiry, qualitative content analysis was considered an appropriate method. Qualitative content analysis can be conducted deductively or inductively (Elo & Kyngas, 2007), with the inductive method being favourable to topics that do not have an extensive background literature. The inductive method was beneficial to the aims of this study as previous writings on CCPs' experiences of occupational stress and stress management within the context of South Africa are relatively limited (Jordaan et al., 2007). The data analytic process followed the method offered by Elo

and Kyngas (2007) and was only altered through pragmatic additions that aided the practical completion of the analysis. A full write-up of these additions can be found in Appendix D.

In the beginning stages of analysis, codes were applied to the raw data, which were then thematically collated to develop larger categorisations that were seen throughout the text (Elo & Kyngas, 2007). In the inductive style of qualitative content analysis, the codes and categories were drawn primarily from the text itself, rather than applying a theoretical perspective to guide the coding process (Elo & Kyngas, 2007). This aligned with the intentions of the study, as it aimed to be exploratory in its endeavors, taking the contexts of participants into account without framing the nuances of their lived experiences in the concepts of previous research. Relevant literature and theoretical frameworks were primarily used in the later stages of the analysis and were seen as tools to expand the captured data, creating new insights and representations (Hsieh & Shannon, 2005). The occurrence of occupational stress and its management were observed in individual accounts and confirmed through thematic consistency with the accounts of other participants (Elo & Kyngas, 2007).

Qualitative content analysis was conducted through three central stages, those being Preparation, Organisation, and Reporting (Elo & Kyngas, 2007). The preparation stage began with the development of the research design (Elo & Kyngas, 2007). Qualitative content was noted to not just be a method of analysis but also offered a practical structure to the research process (Hsieh & Shannon, 2005). A vital component was ensuring that the sampling methods, the process of data collection, and the analytical pathways were cohesive (Elo & Kyngas, 2007). This was accomplished by developing inclusion and exclusion criteria that ensured the participant group was aligned with the studied population, and the data collection procedure offered accounts that were amenable to qualitative analysis and could provide the relevant data.

Additionally, this study assumed a realist ontological position, and proceeded on the basis that information could be accurately captured through the spoken word of the participants and did not attempt to infer latent insights that could diminish the accounts of the participants (Terry et al., 2017). This proved to be viable for the majority of the codes, categories and subcategories developed. However, some themes required a latent approach to support patterns discussed by participants, an evident example being the section on stimulus reduction (seen in Stress Manifestations). The last step of the preparation stage was familiarisation with the raw data, which required me to immerse myself in the text by reading

the transcripts multiple times (Elo & Kyngas, 2007). Each transcribed Interview was read three times to ensure immersion in the data. This was carried out at several stages of the data analysis, as the process required re-engaging with the entire data set to construct the various categories and subcategories.

The organisational stage was conducted through three steps, which were: open coding, categorisation, and abstraction (Elo & Kyngas, 2007). For open coding, I was required to read through the familiarised raw data and assigned codes to words or phrases that were deemed relevant to the aims of the study (Elo & Kyngas, 2007). As stated, this was conducted multiple times and commenced after two full readings, to ensure that the full extent of meaning offered by the raw data was captured (Hsieh & Shannon, 2005). The goal of this step was to assign codes that described the specific data point (Hsieh & Shannon, 2005). For the categorisation step, the codes were collected into a separate list and were grouped into higher-order headings (Elo & Kyngas, 2007). These headings resembled themes present in the data, with the method of collation aiming to connect codes with others of congruent representation and meaning (Elo & Kyngas, 2007). A body of ten to fifteen main categories was considered an appropriate amount (Hsieh & Shannon, 2005), with the final amount being twelve. The final step of this stage was abstraction, in which I formalised the main and subcategory structure, giving definitions to each one (Elo & Kyngas, 2007). These descriptions incorporated content-characteristic terms and those derived from available literature and theoretical frameworks (Elo & Kyngas, 2007). Additionally, at this stage, patterns or relationships between categories were addressed (Hsieh & Shannon, 2005).

The final stage was reporting, where the results of the analysis and relevant literature were explained. Elo and Kyngas (2007) noted that reporting can be the hardest step of the entire process. While guidelines existed for most of the analysis process, literature on the reporting stage were not as plentiful (Elo & Kyngas, 2007). Accordingly, Elo and Kyngas (2007) advise creating a thematic map to track the results of the analysis and its process and articulating the report according to this format. These maps can be found in Appendix E. This entailed presenting each of the main headings with the relevant subcategories attached to each one. After this, the relationships between the various categories were discussed.

Trustworthiness and Reflexivity

Elo and colleagues (2014) note the need for ensuring credibility and trustworthiness when conducting a qualitative content analysis. Elo and Kyngas (2007) state that

trustworthiness can be accomplished with a few key measures, these being a thorough report of how the analysis process was conducted and clearly defined categories. The criteria for trustworthiness were accomplished through a reflexive approach. Reflexivity is a vital aspect of conducting qualitative research, as it addresses my position in relation to the research process (Corlett & Mavin, 2018; Smith & Luke, 2021). While Elo and Kyngas, (2007) do not specifically mention reflexivity, they do address the realities of conducting research from a perspective that imparts similar sentiments to that of reflexivity. They state that data analysis and the research process are littered with ambiguity, discomfort, and questions that resist answering (Elo & Kyngas, 2007). This is primarily due to the non-linear progression of conducting research (Smith & Luke, 2021). But it can also be attributed to the enormity of raw data that need to be analysed, the process by which it is done, and the practical constraints of the researcher as they wrestle with their position in the research project (Elo & Kyngas, 2007; Smith & Luke, 2021). They additionally note the importance of the perspective through which insights are drawn, with the relevance of the researcher's perspective being reflected upon in terms of its cohesion with the research aims (Elo & Kyngas, 2007). Through a reflexive approach, these factors are not to be subverted but made part of the analytic process (Terry et al., 2017). Toward this end (Smith & Luke, 2021), I made use of a reflective diary, in which conceptual thinking and feelings about the research process could be documented. Entries were made at various significant stages, through the entirety of the research process, but additionally whenever I needed to scrutinise, reflect upon, or manage aspects of this research project.

Ethical Considerations

Nonmaleficence

Cowles (1988) defines sensitive topics as those that may cause emotional stress or pain for the participant to discuss. This study did not assume the vulnerability of its participants (Matutu, 2019). However, while the subject matter of the interviews was not overtly emotionally painful or distressing, it was acknowledged that the line of questioning might require participants to reveal personal information that may have been sensitive or private. As per the writings of Cooper and Baglioni (2013), personal variables such as temperament, workload tolerance, and personal life structure play a role in an individual's ability to manage occupational stress. The questions asked in this study were anticipated to require the participants to reveal details about their personal, occupational, and family lives. Additionally, noting the prevalence and severity of occupational stress associated with CCPs (Cushway & Tyler, 1994), it was anticipated that a portion of the participants may have had emotionally distressing experiences with lapses in mental health or burnout due to their effects. This proved to be true. However, participants were forthright about their experiences and did not object to questions put to them. The study used a reflexive, person-centred approach when conducting the interviews. In doing so, I implemented an interview structure that paid close attention to the tone of the discourse and developed adequate rapport before asking questions that may have caused emotional distress (Elmir et al., 2011). Prioritising the autonomy of the participants was an essential value in the ethical considerations of this study; therefore, confidentiality and consent were verbally reiterated (Matutu, 2019) in the interview process.

Confidentiality

At the beginning of the recruitment process, participants were informed that their participation and responses would be treated as confidential and that their identities would not be linked to their responses. Participants were asked to choose a pseudonym. Audio recordings of the interview (whether they were in-person or on Zoom) were kept on an independent device that was both password-protected and had no internet access. Only I had access to the audio recordings, which were kept on a USB flash drive and were destroyed upon completion of this study. The anonymised transcripts of said audio recordings can be forwarded to the relevant UCT data storage systems if necessary. Only my supervisor and I viewed the transcribed interviews. It was not intended that the biographical forms contain the

names or any other identifying information about the participants; however, some participants did fill in their true names. These were redacted, hence maintaining an adequate level of confidentiality throughout the entire research process.

As noted by Park and colleagues (2017), severe amounts of occupational stress can lead to an impairment of occupational functioning and in certain circumstances result in ethical infractions. Due to the ethical positioning of this research, should a participant have revealed information that put themselves or a client at risk, confidentiality would have had to be broken by reporting the said information to the HPCSA Health Committee. This is a specific committee within the HPCSA that addresses ethical infractions of this nature, while additionally aiding the practitioner in their occupational difficulties and enabling them to be rehabilitated (HPCSA, 2016). Should this situation have arisen, both my supervisor and I of would have assisted the participant through the reporting process. This was stated in the confidentiality form so that participants were made aware of these parameters. However, this process was never required.

Informed Consent and Debriefing

Participants were made fully aware of the aims and intentions of the study during the recruitment process. At that stage, participants were asked to fill in and sign a consent form (Appendix C). Verbal consent was reaffirmed at the beginning of the interview. The consent form was constructed with clear and concise wording that was free of academic language. It was emphasised to the participants that they were able to withdraw from the research process at any time they chose with no negative consequences. Participants were informed that they could refuse to answer any questions they were not comfortable with or withdraw their accounts from the data set at any point in the research process. Participants were offered the opportunity to be debriefed and reflect on the interview process if it had caused them any noteworthy (according to their appraisal) distress or discomfort. As part of the debriefing process, participants were encouraged to raise any noteworthy distress or discomfort they may have experienced as a result of the interview with their relevant supervisors, since it is common practice for CCPs to engage in regular supervision to maintain workplace stability (Cushway & Tyler, 1994). This was preferred to offering the participants counselling sessions and resources, as it was reasoned that the pre-existing relationships they had developed with their supervisors (and/or therapists) would be more conducive to relieving psychological distress than having to develop a new relationship with an alternative counsellor. Participants

showed appreciation for the debriefing offer but did not take it up, with a few stating that they found the interview process cathartic.

Chapter 3

Results and Discussion

The following chapter is a detailed report of the categorised themes and subthemes that were drawn from the data. Thematic development followed the direction offered by Elo and Kyngas (2007), and their definition of qualitative content analysis. Aligning with the inductive method, the accounts of the participants and their phraseology were used to inform the structuring of these themes. After this, available literature was used to bolster the information offered by the participants. The accumulation and inclusion of academic literature were guided mostly by the semantic information gleaned from the participants' transcripts. Three main themes were derived: Stressors, Stress Manifestations, and Stress Management.

Stressors

Throughout the interview process, the participants noted numerous factors that impact the severity of their occupational stress. Park and colleagues (2017) explain that while higher severities of stress can lead to organisational dysfunction, regulated or minimal stress severities do not incite dysfunction. The differentiation in whether a factor within an occupational environment is considered a stressor, by either straining resources beyond comfortable output or being appraised as a threatening stressor event, is influenced by individual proclivities and capabilities (Cooper & Baglioni, 2013). This reiterates the subjective nature of attributing some factors as nondescript in the occupational environment and others as impacting stress severity (Cooper & Baglioni, 2013). The factors listed here, are those that the participants deemed to have a positive relationship with their occupational stress, elevating it to an undesirable intensity, and are therefore considered stressors. Two of the participants offered viable structures by which to frame and categorise the multiple stressors:

Jenny: *I think that there's kind of the institutional stress I... So, the actual context with which we work and the unique stressors that come from this kind of work.*

Jo: *Yeah. So, I guess there's different aspects… one feels like acute experience of stress, and the others kind of build up slowly.*

Jenny's demarcation of institutional and role-related stressors was deemed more appropriate for this study to utilise, as participants primarily discussed stressors from this perspective. While Jo's distinction was not favoured as a structural framework, they did highlight an important conceptual understanding of stressors. Jo's description of acute stress events and build-up (or chronic stressors) speaks to the ways in which stress is appraised; the difference between fear of damage and strain. Acute stressors are appraised as threatening as they create a need for rapid and potentially intensive resource utilisation, increasing the chance of fatigue or depletion when encountered (Lazarus, 2000). Intensive or immediate resource demand decreases the quality of emotional valence around these stressors, eliciting feelings of frustration, anxiety, and fear when experienced (Lazarus, 2000). Chronic stressors gradually deplete the individual of their resources and over time compound chances of a negative outcome and fatigue (Rich, 2016).

Occupational Role and Trends

The stressors listed below are those that were noted as common or intertwined in the everyday functions by the participants. Three domains were discussed in the participant interviews: therapeutic engagements, logistical requirements, and professional trends.

Therapeutic Engagement. The occupational role of CCPs is diverse in its required functions and places a high demand on internal resources (Farber & Heifetz, 1982; George-Levi et al. 2020; Simpson et al., 2019). The essential resources that are required to develop and maintain the therapeutic environment include the intrapsychic faculties of the psychologist. This is clearly stated by the participants in the language they used to define their position within the role.

> Melanie*: We've got to safeguard ourselves in that in that way because we are the tools as the psychologist*.
>
> Jackie: *As a psychologist you are a tool.*
>
> Josh: *See a lot of the important stuff that happens in therapy is me making myself emotionally available to my clients.*

Dan: *And it takes a lot of concentration. Sessions are quite long. So, it's quite, takes a lot of concentration that can be quite tiring mentally.*

From these sentiments, it is clear that the participants view their emotional and cognitive functioning as their central tasks when engaging with clients. When participants were asked about sources of occupational stress, the factor that was the most prevalent regarding their therapeutic practices, was exposure to clients who showed signs of suicidal contemplation or severe mental health difficulties that are resistant to therapy and require chronic or prolonged treatment interventions.

Gil: *The most stressful my work becomes, 's I've got high-risk clients who you know, where ' they're suicidality with suicide attempts or a history of suicide attempts.*

Liz: *So, I think, specifically, high-risk cases. So, there's a lot of suicide stuff.*

Melanie: *The stress does come from when you're dealing with, with clients who are high risk, or clients where there are, you know, complicated cases.*

Jo: *But the idea of a kind of suicidal client is always scary.*

Participants elaborated that the presence of suicidality was appraised as threatening due to the presence of potential harm to their clients. Participants additionally stated that clients who display behaviour that could cause harm to themselves, or others require interventions that go beyond the place of therapy, demanding greater use of personal resources (time, increased administrative responsibilities, greater amounts of care). While none said that they felt inadequate or discouraged from providing therapy to such clients, they noted that in doing so, a sense of urgency is placed on a positive therapeutic outcome, marking it as an acute stressor. In discussing client suicidality and therapeutically resistant mental health difficulties, participants additionally spoke about the dynamics of emotional labour.

Developing and facilitating the therapeutic environment is a key component of CCP's operational role (Finlay- Jones et al.; 2015, Jordaan et al., 2007; Yang & Hayes, 2020). This is often viewed as a one-way relationship that focuses on the experiences of the client

(Posluns & Gall, 2019; Simpson et al., 2019). CCPs are required to be emotionally available and open to emotionally intense narratives disclosed by their clients while regulating their own affective responses (Simpson et al., 2019). This is not to say that they portray false reactions to their client's emotional content, but rather that their personal expressions need to be aligned with what will be therapeutically beneficial for their client (McCade et al., 2021).

> Ava: *You always have to put your, your patient's best interests first. And that doesn't always equate [to] what feels comfortable for you.*
>
> Liz: *Sometimes you can have difficult feelings that you also have to manage. And yeah, so that can be stressful.*
>
> Dan: *So very much requires me to… be very careful of my own reaction[s]. So, I can be a containing influence, to the person, to the client.*

From these excerpts the necessity of self-management and affect regulation is apparent. Having to be in a near-constant state of suppressing some expressions and intentionally displaying others is notably fatiguing (Barnett, et al., 2019). While engaging with clients who struggle with chronic mental illness increases the frequency and need for emotional labour, this sensitivity and self-management is required for all therapeutic engagements, making emotional labour present in all therapeutic engagements. This is aligned with the studies of Cushway and Tyler (2011), Hannigan and colleagues (2004), McCormack and colleagues (2018), Deutsch (1984), and Farber (1979), who all noted the relationship between emotional labour and increased strain felt by the therapist.

Accompanying the relationship between emotional labour and the severity of clients' psychopathology, participants noted additional role requirements that are both emotionally and cognitively taxing. Carrick (2013) notes that one of the most important elements of the therapeutic process is the quality of the relationship between client and practitioner. CCPs invest significant amounts of effort to establish and maintain the efficacy of their therapeutic alliance with clients to ensure that sessions are beneficial (Bantjes et al., 2016). However, this is not always a smooth or simple process, despite the significant training CCPs have in this endeavour (Carrick, 2013; Jordaan et al., 2007). Participants noted that managing negative

transference, relationship disruptions, and balancing instances of role conflict required a significant amount of internal resources.

> Jackie: *[They] attack you, or they say things are really spicy. And if you're in the right frame of clinical mind, you're able to take a deep breath and be like, "Oh, ouch, that was you know, unnecessary". If we just say that, then you're able to [regulate], "Okay, I can see you". Yes, you put it back into the process in the in the relationship … between you and the client.*
>
> Ava: *And he came in raging at me about something that the psychiatrist ' hadn't done and had expected me as like a professional to be in better communication with the psychiatrists. So, you know, on the inside, I would be like, "after everything I've done for you". Yeah. But …you've got to hold it in, with your thinking mind, and think about what it means in the transference. Yeah, ' it's communicating what you can use this for to help him heal, as opposed to what's going to make you feel better in the moment.*
>
> Jo: *This year has been a bit more stressful because they only approve payment from certain dates, all the sessions before, you then have to go back to a client and explain that they're gonna have to pay for those.*

Gökce and colleagues (2020) note the strain of maintaining multiple and diverse occupational functions, especially when said roles can instigate conflict and negatively affect efficacy. From Jackie and Ava's accounts, the requirements of self-management are apparent. Both state the need to regulate their emotional discomfort when a client directs feelings of anger or frustration toward them – another instance of emotional labour. Therapeutic techniques use these moments of conflict as tools for further developing the therapeutic relationship and focusing on the experience of the client (Carrick, 2013; Lia, 2016). While this is the perspective of prevailing therapy modalities (Carrick, 2013), the energy cost required cannot be ignored. Jo's sentiment is more of an example of role conflict. In discussing prescribed minimum benefit (PMB) applications, he notes the presence of role conflict between his administrative responsibilities and his relationship with his client. He

openly states the increase in his stress severity, due to the unfavourable outcome of a PMB application and the effects it could have on the therapeutic relationship.

As an additional strain to the demand of emotional labour and therapeutic relationship management, participants addressed the cognitive requirements of facilitating the therapeutic environment. The intimate engagements of the therapeutic process require CCPs to maintain consecutively prolonged periods of concentration (Carrick, 2013; Posluns & Gall, 2019). This was most openly stated by Gil.

> Gil: *Yeah. And it requires, it requires concentration. In fact, I remember the first my first when I started training, you know how it is you kind of watch your colleagues doing intakes and working with people on the other side of the double-sided mirror, and just watching an intake session with a family. At the end of it, I was so surprised, leaving the room feeling exhausted, I've been doing nothing but just sitting there watching a conversation. Yeah, but it was really draining. And it does have something to do with the emotional content, but also just needing to focus and pay attention really carefully. So 'hat's I think, can be, you know, can take its toll.*

Participants noted that attentiveness and retention of semantic information about their clients was an integral part of offering effective mental health care. In doing so, high demand is placed on the cognitive capabilities of the CCP, by having to maintain an intensive focus on multiple clients and use cognitive recall of personal information communicated in sessions.

A stressor that was less common in the participants' accounts, but still worth noting is the sedentary nature of the CCP's work. While physical strain through exertion is not probable in this field of work, Simionato and Simpson (2018) note the detrimental effects extended periods of sitting had on CCPs. This was substantiated by Dan who stated: "in terms of the types of stress, I think t'ere's a physical component because sitting all day long". Dan indicates that there is a physical aspect of strain experienced by CCP, which can lead to undesirable health effects and contribute to physical manifestations of stress.

Logistical Requirements. The logistical and administrative requirements of CCP is a notable and, in some cases, a necessary aspect of the occupational role (HPCSA Corporate

Affairs, 2023). There was a discernible discrepancy in this stressor's influence among the participants. While some stated that they suffered no increased severity, due to gained experience or problem-focused coping strategies (to be discussed in the relevant section), others stated that it was their primary source of occupational stress.

Melanie: *But then there's also Melanie, who has to be the business owner, as well. And, you know, that also falls in with with a lot of, you know, the admin that comes with things with having to do invoices, and scheduling and a lot of things like that, that also contribute to, I'd say, my experience of occupational stress.*

Jo: *So that's been stressful, the this year so far. So that, that sort of admin-y stress.*

Sony': *I've got that sort of admin in between, that really stresses me out.*

Jenny: *It is monstrous, it has shocked me coming into private practice, the amount of admin that goes into it.*

The necessity of note-keeping, collaborating with medical aids, scheduling clients, and billing/invoicing were addressed by the relevant participants as cognitively demanding requirements of their role. The impact of these tasks can become magnified when placed under time pressure (George-Levi et al. 2020; McCade et al., 2021). McCade and colleagues (2021) note that the logistical tasks of CCPs are often accompanied by time constraints, which instils a sense of urgency. Participants noted that having to complete the abovementioned tasks, combined with their other occupational duties, absorbed a significant amount of time, often leaving limited opportunities for recuperative breaks and introducing an aspect of acute stress into tasks that were already chronically depleting.

Professional Trends. This section addresses stressors that are not discernibly connected to the everyday practices of CCPs but are rather noticeable byproducts of the wider occupational environment.

Workload in South Africa. Identifying time as a utilised and limited resource, a minority of the participants directly addressed the previously mentioned mental health-care provision gap in South Africa (Bantjes et al., 2016; Herman et al., 2009; Pillay, 2016).

However, a majority of the participants noted a high demand for their services, despite evident accessibility barriers in private health care (Siyothula, 2018).

> Josh: *We don't have the most mentally healthy country, as a generalisation.*
>
> Jackie: *I now realise that it all actually boils down to time. So if occupational stress is, for me, it boils down to time.*
>
> Jenny: *So there is this enormity of patient load. So you're just swarmed, you've got an overbooked schedule, you can't get to everyone*
>
> Wendy: *Then I was flooded, I was completely flooded. I was seeing [and] being contacted every day.*
>
> Michelle: *Yeah, I think the pressure to just especially now like, I mean, I get two or three requests a week, and I'm having to [say I'm] full …. And ' that's not just me. I mean, I know most of my colleagues, there's just not enough capacity. So I think that's a huge stressor.*

Using the information from the biographical form, the mean average of all the participant's working hours was 32 hours a week; with some working upwards of 50 hours. Given the previously mentioned high cognitive and emotional demands within the work of CCPs and the accounts of the participants, workload intensity was recognised as an influential and potentially strenuous factor. Participants stated that they felt pressure from multiple sources to increase their client-load. While this study cannot confirm if these pressures are systematically enforced, a majority of participants discussed the pressure to perform and its sources. The most commonly mentioned external source was the abovementioned mental health care provision gap, which filtered into their perceptions around reasonable workloads. On the other hand, CCPs who undertake a higher workload, are at risk of developing a much higher severity of occupational stress (Posluns & Gall, 2019; Simpson et al., 2019). The other sources of pressure mentioned by participants were pressures to perform from individualised clients and personal dispositions towards compulsive work styles. Regarding pressure to perform from clients, McCade and colleagues (2021) note that clients may transfer or impose heightened occupational standards onto CCPs. This may

include the frequency of sessions dedicated to one client, desired outcomes that are misaligned with the process of therapeutic intervention, and specific therapeutic styles that are not within the practical abilities of a given CCP (McCade et al., 2021; Simionato & Simpson, 2018), all of which can disrupt the counselling process. Even so, such disruptions were seldomly mentioned by participants. As for the role played by compulsive work styles this will be discussed in a later section, titled *Super-Helper Syndrome*.

Isolation. A prevailing sentiment that was discussed by a high majority of the participants was the isolation that occurs due to the secluded nature of their occupational setting (George-Levi et al. 2020). The therapeutic process necessitates individualised attention and privacy (George-Levi et al. 2020). Prolonged work hours, coupled with the need for one-on-one attention with clients, result in an isolated working environment.

> Melanie: *Compared to… other friends of mine who have recently started their private practices, it can be quite lonely.*
>
> Wendy: *The work can be quite a lonely profession.*
>
> Josh: *It seems like it feels more lonely and, and that becomes, everything becomes sort of harder.*
>
> Dan: *That's just some of the aspects of the stress, you know. Isolation and other things. I think that's a very important topic. I definitely feel isolated.*
>
> Jackie: *I think the psych journey is quite an isolated one.*
>
> Jo: *But I'm aware that a lot of the work that happens is very private, very individualised, you know, like, I'm in this room, 25 hours a week, whatever doing face-to-face sessions.*

Melanie, Wendy, Josh and Dan indicate the isolation as either lonely or bearing a positive relationship with their occupational stress severity. Jackie and Jo only acknowledge the presence of the isolation with no emotional valence in their statements. This indicates a subjectivity within the appraisal of isolation and its propensity to be a stressor among the participants. George-Levi and colleagues (2020) state that isolation is only disruptive or straining when there is a discrepancy between desired and perceived quality of the

individual’s social engagements. When present, loneliness can be a significant stressor, which decreases feelings of accomplishment and increases perceptions of alienation (George-Levi et al. 2020; Miyake et al., 2022; Posluns & Gall, 2019; Santas et al., 2016).

Concurrently, a central and foundational value of the therapeutic relationship is protecting the privacy of the client through mandated confidentiality (Carrick, 2013). While none of the participants conveyed the intention to breach the confidential nature of their engagements with clients, they stated that they were unable to depend on their interpersonal relationships as an avenue for positive venting, due to the strictness of confidentiality. This was best stated by Gil, who said, “It’s hard in this line of work to talk to family because of confidentiality and what have you”. This limits opportunities to relieve occupational stress through social support. In line with Rupert and colleagues’ (2009) perspective, which broadens the scope of personal resources to include social support, limited quality supportive relationships can make CCPs susceptible to appraise usually unthreatening stressors as harmful (Simionato & Simpson, 2018). This would increase the severity of stress experienced (Lazarus, 2000).

Systematic Barriers and Dysfunction

The stressors listed below are institutional factors that hinder CCP’s occupational efficacy and ability to manage stress. These stressors were phrased as barriers to providing optimal care and decreasing autonomy in their field of work.

Medical Aid Influence and Dysfunction. CCPs work as independent practitioners within healthcare systems (Pillay, 2016). In doing so, the outcomes and functioning of their practice can be negatively affected if the standards or regulations of these healthcare systems are not attuned to CCPs’ practice realities (Bantjes et al., 2016). Participants primarily discussed the difficulties experienced regarding PMB coverage for their clients. The main issues mentioned were administrative mistakes, provision delays, and provisions that did not align with therapeutic prescriptions.

> Jo: *And waiting for it to come back. This year has been a bit more stressful because they only approve payment from certain dates, all the sessions before, you then have to go back to a client and explain that they're gonna have to pay for those.*

Josh: *They just question everything, and they want additional motivation for everything. So, it depends on the insurance company, sometimes it can be a hassle. It is, it is one of the less fun parts of being a private practice, insurance. And they [insurance companies] are generally very stingy when it comes to paying for therapy.*

Jackie: *Yes, all of those PMBs is applying the thing being rejected because you didn't use the right code, or you've used the right code. But for some odd reason, they don't want it to go in a certain benefit of someone, [or] somebody didn't push the right button in this in whatever way they are.*

Jenny: *But there's the same issue in private practice where we're dealing with the broader context of working within a medical aid structure, that your medical aids matter. "Yes, well, we only are allowing six sessions because the patient only has funding for six sessions". And then you're limited in a way where you're possibly dealing with someone that has a diagnosable mental illness, and it's just not realistic to be treating them ... within six sessions.*

Discrepancies between the provisions of private healthcare insurance companies, and therapeutic care realities indicate a communicative gap between healthcare governance and medical aid systems in South Africa. Participants stated such discrepancies were caused by medical aid systems placing greater importance on their income infrastructure than the fidelity of their service provisions; however, this was also regarded as not true of all medical aid companies, some being noted as better to work with than others. The outcome of these discrepancies can be a poorer prognosis for clients, and lower work efficacy and job satisfaction (Bantjes et al., 2016; Pillay, 2016). CCPs who experience such difficulties can be prone to higher rates of occupational stress, as managing said systemic hindrances requires increased cognitive commitments, additional time, causes frustration, and generates role conflict by having to mitigate therapeutic relationship disruptions caused by coverage mishaps and logistical complications (Simpson et al., 2019).

Lack of Macro Support. The participants were forthright in indicating their grievances with a lack of governing support from macro-level organisations that are intended to regulate practices of, or support, CCPs. The organisations mentioned by the participants were the HPCSA and the Psychological Society of South Africa (PsySSA), although support from the data was not easily observable for this category. Participants often vocalised and

discussed their frustration at what they regarded as the mismanagement of external organisations, but they did not offer much specificity as to its practical implications.

> Ava: *And we often speak about the lack of adequate debriefing or support to all kinds of healthcare workers, doctors, nurses.*
>
> Jo: *I must do everything myself, ..., I don't feel like I can really trust the bodies to represent me.*
>
> Josh: *Look I mean obviously the Health Professions Council is a necessary thing and we have a professional body, but I mean, what is there, I… find myself getting frustrated with them.*
>
> Jackie: *I don't think there's enough protection for health workers.*
>
> Jenny: *And I need to be as ethical as possible [or] the institution is coming [for] me … I hold my ethical standards really, really high. And it frustrates me when I see other people in the industry working in maybe unethical ways.*

Jenny was the only participant who referred to instances of unethical practice, whereas the remaining participants expressed displeasure with the standard of institutional support. Simpson and colleagues (2019) note that support is only effective if it is appraised as such, by addressing the felt needs of those to whom it is offered. It is clear that, by whatever standard organisational support is measured by the participants, it is not readily apparent to them.

Super-Helper Syndrome

The factor described in this section was not deemed a direct stressor by the participants. It was discussed as an aspect of their role and individual inclinations that increases the influence of other stressors by increasing the probability of those stressors being appraised as harmful, by acting as an internal pressure to perform that inclined them to take on a greater workload and develop exacting occupational standards.

When discussing occupational stress variables and their intersection with personal proclivities, participants recurringly used the term “helper” or “giver”. This phenomenon can

be understood in terms of the *Super-Helper Syndrome* construct, as articulated by Baker and Vincent (2022). In particular, participants addressed two characteristics of Super-Helper Syndrome that played a role in their occupational functioning: maladaptive helper identification and output guilt.

> Michelle: *Yeah, I mean, the one thing I learned about recently, which I didn't know was actually a thing called this was helper syndrome, which is that compassion fatigue.*
>
> Dan: *And obviously, in our profession, we're givers. We were one of the people. So maybe you burn out, maybe you, you've given too much of yourself? Maybe you're like a helper syndrome, or you're trying to take on too much.*
>
> Josh: *As the pattern and as my therapist said, professionalised my ability in my family to become the mediator and sort of block my needs for the for the needs of others.*
>
> Ava: *It's very easy to get sucked into being the helper. It's such a cliché.*
>
> Jackie: *Which means even if they [other CCPs] don't necessarily anchor themselves in their work, they anchor themselves in the quality of work they provide, because they want to give to people, what they didn't have in their childhood. Wounded healer thing.*

Dan, Josh, Ava, and Jackie openly comment on the dysfunction generated from overly identifying as a helper, where the ability to be empathetic or compassionate becomes a metric by which to measure personal worth, necessitating that they always maintain the helper persona, discouraging them from engaging in less exacting behaviours that could perceivably threaten the helper identification (Simpson et al., 2019). This can create a compulsion to favour the occupational role over one's well-being, thereby minimising and neglecting one's personal needs, which, in turn, are framed as selfish (Posluns & Gall, 2019; Simpson et al., 2019). This can additionally result in increasing one's workload beyond sustainable functioning to better align with the helper identification. While CCPs are intended to be caregivers through their occupational role, participants confirmed that conflating their personal worth with their occupational efficacy was not a positive trait. Through said

conflation, the occupational output becomes moralised as the CCP endeavours to maintain a standard of function that is beyond reasonable ethical requirements, viewing any relaxation of standards as an ethical infringement, evoking feelings of guilt (Simpson et al., 2019). This was observed in Melanie and Jenny’s statements.

Melanie: *In terms of, you know, there's a huge demand at the moment. And I'm sort of also, I suppose, learning in terms of that I don't have to take every request that comes my way. But also, perhaps feeling, you know, dealing… feelings of guilt, that, you know, there are people out there looking for help. So, it seems, you know, that's all kind of mixed up in that.*

Jenny: *But, I'm still trying to figure out exactly. I mean, this is the other thing that adds to stress is that then I do have like a degree of guilt [when] taking leave.*

Participants stated that Super-Helper Syndrome negatively affected the severity of their occupational stress by decreasing their attention to self-care practices, discouraging them from observing work-life boundaries, and appraising ordinarily unharmful (according to previous appraisals) occupational factors as threatening.

Stress Manifestations

When discussing their experiences of heightened occupational stress severities, participants noted that they frequently engage in exercises of self-monitoring, by appraising their occupational stress severity through introspection and interoception. While the presence and effects of heightened occupational stress are not always consciously perceptible (Folkman, 2007), familiarity with personalised indicators can increase one’s awareness of higher stress intensities (Folkman, 2007, Posluns & Gall, 2019). A majority of the participants acknowledged that self-monitoring plays a significant role in their relationship with occupational stress.

Michelle: *So it's all about internal stuff, like paying attention to yourself.*

Melanie: *You know, those are the kinds of things [personalised indicators] that definitely give me a hint or clue that I'm feeling stressed.*

Gil: *Notice when you're stressed before it gets to a point where you're burning out, you know, we can't brush subtle levels of anxiety and stress and distress under the carpet.*

Dan: *... and monitor yourself.*

Participants showed an intimate understanding of the behavioural, relational, emotional, and physical manifestations that accompany states of increased stress. While this level of self-awareness is acknowledged as a protective factor when managing stress (Posluns & Gall, 2019), it additionally allows for the documentation of how heightened occupational stress impacts the participants' lives. The demarcation of these manifestations – according to the sentiments of participants – can be placed into the categories of Exhaustion and Depersonalisation, which also aligns with the extant literature.

Exhaustion

Exhaustion can be described as a feeling of fatigue or depletion, exhibited by low energy and reduced capabilities for occupational or personal functioning (George-Levi et al. 2020; McCade et al., 2021; Simpson et al., 2019). Exhaustion can be categorised into three separate domains of expression: emotional, cognitive, and physical (Kim & Burić, 2020). Manifestations were organised by participants into these domains, all of whom made mention of at least one of them, with the majority noting that they had experienced at least two.

Emotional Exhaustion. The most prevalent domain mentioned by the participants was emotional exhaustion. Emotional fatigue is characterised by low or depressed mood, irritability, and mood regulation difficulties (Mathieu, 2019; Mcormack et al., 2018; Yang & Hayes, 2020), all of which were behavioural patterns noted by the participants.

Jackie: *It's difficult to get up in the morning, compassion fatigue, that's a big one.*

Ava: *So just being really tired. At the end of the day, when I come home, I don't want to talk to anyone.*

Michelle: *My family will tell me I'm grumpy. So I do get very short, I get like, my temper gets very short. My energy just drops. I literally feel empty inside.*

Gil: *And maybe being a little bit short, you know, having a little bit less bandwidth. I'm usually tolerant and even-keeled. And noticing myself being a little, having a little bit of a shorter fuse.*

Josh: *After a hard day, or hard week's work, I'm like, more irritable, more emotional, more impulsive, less rational, less sensible.*

Liz: *For me, I get quite irritable and tired.*

All these accounts allude to a topic that was not found in the literature but was acknowledged by a few of the participants, which one might refer to as a form of *stimulus reduction*. Participants noted being emotionally depleted through exertion and overstimulation by their client's emotional content. This is characteristic of compassion fatigue (Barnett, et al., 2019; McCormack et al., 2018), which was mentioned by some of the participants, particularly Jackie (above quotation). The connection between compassion fatigue and stimulus reduction is understandable, as compassion fatigue involves a reduced ability to draw on emotional faculties relating to empathy due to prolonged periods of caregiving, often manifesting as indifference (Barnett, et al., 2019; McCormack et al., 2018). Depressed mood can result in reduced engagement, irritability can be caused by unwanted stimulation, while mood regulation can be difficult because it requires already depleted internal resources.

Michelle: *Oh, and the other thing is I, I stopped being able to listen to my family, like, I'll end up saying to them after [work], "my ears are full like ears like I can't like, listen the whole day, my ears are full".*

Jo: *I kind of watch the clock sometimes. And count how many more minutes of this day is left.*

Ava: *Yeah, and tired of listening to people. I'm tired of listening to people and want some quiet.*

Wendy: *Just exhausted and not have anything to give at home at all, and often just be like, quite grumpy, or just want to kind of cocoon up for a weekend just to recover from the week.*

Michelle, Ava, and Wendy note their resistance to additional stimulation and the consequent seeking of muted environments, as both an expression of and reaction to exhaustion. Jo expresses his anticipation of sessions ending when he is discussing his experiences of emotional fatigue.

The topic of stimulus reduction is noticeable in the upcoming subcategories of stress manifestation, despite lacking an explicit base in the literature, and it was not discussed overtly by a majority of participants. For this reason, it remains a discernible, worthy annotation in understanding the relationship between depletion and stimulus-reducing behaviour, while not being a formative category in its own right.

Cognitive Exhaustion. Regarding cognitive exhaustion, the majority of the participants referred to difficulties with their cognition when they were in a state of severe occupational stress. This would be in accordance with the previously mentioned Distraction Arousal theory, which states that moderate to severe levels of occupational stress have a detrimental effect on general cognitive functioning (George-Levi et al. 2020; McCade et al., 2021; Rich, 2016; Simpson et al., 2019). In the detailing of their cognitive exhaustion, participants mentioned feelings of mental fatigue and reduced functioning due to prolonged exertion.

Sonya: *Yeah, well, I guess I'm aware of attention. But it feels more like a mental tension than anything else.*

Ava: *Like you get brain fog or fatigued.*

Jackie: *When I start to make mistakes, and when I don't remember a patient's details.*

Dan: *So, it's quite, takes a lot of concentration that can be quite tiring mentally.*

Josh: *Less rational, less sensible, you know?*

From the accounts of Sonya, Ava, Dan, and Josh, who frame their experiences in terms of sense perceptions, the negative impact of cognitive exhaustion is evident. Jackie's excerpt acknowledges the occupational dysfunction that can occur due to cognitive disorganisation.

Physical Exhaustion. Marc and Oşvat, (2013) explain the interconnection between domains of exhaustion, where emotional or cognitive exhaustion can be accompanied by physical expressions of fatigue. They further note that, due to stress often being experienced by the body, exhaustion caused by chronic occupational stress can be accompanied by a manifestation of physical exhaustion. A minority of participants affirmed this point, describing symptoms of muscular tension, compromised immune systems, and respiratory issues that occurred at heightened stress levels.

Ava: *Yeah, so everything crashes and then and then I get sick …. Headaches, high anxiety levels, you know, just kind of the physiological feelings of anxiety.*

Dan: *There is this physical tension in the body [that] can feel … Sometimes, for me, the biggest sign I get is my diaphragm tends to tighten up.*

Melanie: *Oh, gosh, I definitely, I somatise hard, I feel it in my body. Definitely, digestive problems, you know, some kind of feelings of sort of physical tension in my muscles.*

All the manifestations above are recognised symptomatology of prolonged and depleting states of stress (Simionato & Simpson, 2018). In a different section of his interview, Dan also acknowledged the detrimental effects of CCPs' occupational mode and the undesirable implications it can have for their physical health.

Dan: *[Being] sedentary definitely has an impact. So, I think that, that that's one thing I'm aware of, you know, it has impact on my health … less movement, and there's tension in the body as a result. Over time certain muscles get, getting shortened.*

Depersonalisation

In psychological terminology, depersonalisation is defined as an experiential detachment or dissociation from one's perceived identity (Thomson & Jaque, 2020). In the context of occupational stress research, depersonalisation is defined as disengagement from occupational norms due to heightened stress severity and is characterised by negative attitudes and decreased motivation (George-Levi et al. 2020; McCade et al., 2021; Simionato & Simpson, 2018). When asked about their attitudes toward their occupational role in times of heightened occupational stress, all participants indicated that despite their exhaustion they did not develop persistent feelings of contempt for their work. However, a majority of the participants mentioned decreased engagement in multiple domains due to heightened occupational stress. Specified domains of detachment were occupational function, social engagements, and interpersonal relationships.

Josh: *But, you know, I don't want to get to the stage where I'm sort of fatigued and not being as present with my clients as I could be.*

Gil: *Noticing that I'm struggling to be present in my personal life and at work.*

Ava: *Like strain on your primary relationships is the biggest thing.*

Wendy: *So, if I'm working too hard, then I feel like I'm neglecting my family.*

Jackie: *Like it was just to the bone, I didn't want to work in a hospital, I didn't want to see another person.*

As an individual strives to reduce their emotional and cognitive burden, their actions will reflect this objective (Simionato and Simpson, 2018). In their statements, participants linked detachment and depletion, noting a reduction of internal resources necessary for adhering to normed functioning during periods of elevated stress. The potential work-life (or life-work) conflict that can occur from higher occupational stress severities (Rupert et al., 2009) is most easily seen in the quote from Jackie, who states that her fatigue from work affected both her motivation toward occupational tasks and social engagement. Aligning with the concept of stimulus reduction, depersonalisation can be seen as a short-term coping activity that aims to lower demand and strain on one's cognitive and emotional faculties. This

is not dissimilar to the clinical definition of depersonalisation (Thomson & Jaque, 2020), differing primarily in terms of the purpose of detachment. In the clinical sense, dissociation aims to protect threatened aspects of identity (Thomson & Jaque, 2020) whereas, with occupational stress, the goal is to conserve internal resources (Rupert et al., 2009). However, this connection between exhaustion and depersonalisation is not often stated in the reviewed literature, which may be attributable to the dominant quantitative orientation of occupational stress research. Acknowledging the connection between exhaustion and depersonalisation seems significant, because it allows for a better understanding of the internal process at play, as opposed to viewing detachment as simply a discrete symptom that accompanies heightened occupational stress and burnout.

Insofar as work-life balance was concerned, referenced by Wendy in the above quotations, a minority of the participants acknowledged a decrease in their ability to maintain their work-life balance when experiencing higher levels of stress. Additionally, several participants acknowledged a decreased ability to stick to their stress management strategies when under a higher degree of stress.

Ava: *So, yeah, definitely self-care suffers. Eating, you know.*

Sonya: *I don't get to the things that actually maintain my well-being, so I exercise less. I'm more likely to work after hours, which usually I'm very good at not doing that I'm a little bit preoccupied about work even in my, like free time.*

Ava and Sonya explain that their regimes of self-care, which form a part of stress management, are harder to maintain when they are under increased strain. In this way, the manifestations of stress develop circular patterns of compounded impact, devolving into greater stress severities and dysfunction (Posluns & Gall, 2019).

Stress Management

The following section relates the stress management strategies used by CCPs to regulate the severity of their occupational stress and maintain functionality in their work and personal lives. The initial conceptual understanding of this section was that CCPs utilise methods of prevention and mitigation by maintaining regimes that decrease the risk of severe

occupational stress and develop intervention plans for when occupational stress becomes impinging. The accounts of the participants did not support this perspective entirely, as all related that they placed greater reliance on prevention methods, increasing the intensity of said methods when occupational stress became dysfunctional. The only outlying mitigation method mentioned was taking time off work according to the immediate perceived need for stimulus reduction and scheduled leave periods. Participants stated that they took time off work when they noticed resistant feelings of depletion that would not subside to conventional efforts at stress reduction.

A majority of participants explained that they developed their stress management methods through a process of trial and error, operating from a consequentialist perspective, by incorporating techniques based on their efficacy. This process was noted to begin in their community service, where burnout is highly prevalent due to lower resources and high workload (Jordaan et al., 2007). Participants additionally noted that the regimes used were individualised, with the most effective stress management methods being those that aligned with their personal preferences and practice realities. This process was best stated by Daniel.

> Daniel: *Yeah, my own, my own journey, my own research my own looking to see what what can alleviate my stress levels … I think health, health, and wellness is one of my values. So I will always try to actually be interested in it. So, I can get through the process of experimentation, and trying to find out what works.*

Whilst there is an extensive body of available research on adaptive stress management (Posluns & Gall, 2019), and some methods (supervision) are advocated in CCPs' tertiary education (Pillay et al., 2013), personal preference was perceived as the primary indicator of successful stress management practices. A majority of the participants stated that the development of their stress management systems was an ongoing process, often altering the intensity and frequency of some of the practices according to their needs. Acknowledging the individualised nature of the coping process additionally showcases the extensive self-monitoring CCPs engage in to maintain optimal stress regulation. This was mentioned by multiple participants but was best stated by Gil.

> Gil: *But to also notice, to notice when you're stressed before it gets to a point where you're burning out, you know, we can't brush subtle levels of anxiety and stress and distress under the carpet. But to be conscious of it, and go, where am I? What's going on? What is this about? So you can start working on it earlier?*

Folkman (2007) alludes to the beneficial exercise of stressor reappraisal, stating that reassessing a stressor's threat level can aid in generating a favourable outcome through altering maladaptive coping efforts. This will prove to be a notable point throughout this section: CCPs' frequent stressor appraisal and self-awareness inclined them to constantly improve the efficacy of their stress management practices. To be sure, regular self-monitoring allows CCPs to engage proactively with their stress severity, practising occupational stress regulation before the severity becomes detrimental (Posluns & Gall, 2019).

Despite the overt subjectivity in the development of these strategies, there was little variation in the results of this category of stress management. The subcategories were derived from prevalent stress management techniques used by the participants and elements of stress management that were collectively viewed as impactful. The notable stress management practices described by the participants were work-life balance, social support, and sustaining narratives. It was noted from the accounts of participants that some of these practices played multiple roles, offering more than one of the benefits or functions described below.

Work-life Balance

As previously noted, one of the most essential tenets of sustaining functioning and well-being is maintaining a work-life balance (Rupert et al., 2009). Viewing CCPs' internal and external resources as divisible and finite (Rupert et al., 2009), when one domain requires a disproportionate amount of energy, generalised functioning can deteriorate and incite dysfunction (Sirgy & Wu, 2009). This aligns with what has been discussed, regarding depletion and depersonalisation, with the importance of maintaining work-life balance stated openly by a majority of the participants.

> Josh: *So, I really prioritise, you know, making space to do stuff that I enjoy. Spending time with friends, going hiking or running, whatever it is. And, you know, I think I think having that balance.*

Gil: *Don't forget that stuff. Get out there. And, and because because sometimes when you're stressed and anxious, it's hard to think about or remember, you know, that there's this there's more to life than just work.*

Jenny: *But I'm becoming a lot stronger in those boundaries and being able to kind of separate my guilt from like the reality of the situation, which is like, people take leave and that's absolutely adequately fine.*

Dan: *Find something that you're passionate about, [so] that you have it work work-life balance.*

Sonya: *I guess I guess the way that I currently do things made such a difference in that I started to feel like I had more resources available.*

Wendy: *So, if I don't schedule time, time to take off in advance. Yeah, then then I'm not doing myself [and] my patients justice.*

From the above accounts, it seems clear that CCPs place a great deal of importance on balancing and regulating their exposure to occupational stimuli. Participants often discussed the process of balancing, with the sentiment of developing boundaries between occupational and personal aspects, as seen in Jenny’s quotation above. Lazarus (2000) states that coping styles and interventions are seldom composed of purely problem-focused or emotion-focused practices. This was a pivotal factor in this section, as participants indicated the use of both to maintain their work-life balance. Work-life balance is additionally noted to bolster general emotional valence and increase chances of adaptive coping, by having the individual appraise stressors as less threatening due to effective internal resource delegation (Lazarus & Folkman, 1984). Participants displayed multiple coping styles to achieve work-life balance, which were demarcated into four categories: compartmentalisation, workload curation, personal investment, and self-care.

Compartmentalisation. As noted, the role and responsibility placed on CCPs in their occupational functioning can develop significant psychological pressure on them as individuals (Posluns & Gall, 2019; Simpson et al., 2019). Participants stated that ruminative thoughts about work and clients’ well-being can interfere with their personal lives. To offset the psychological weight of their occupation, participants indicated a necessity to develop psychological boundaries to disengage from overbearing or intrusive work-related content. A

method mentioned by the participants was a therapeutic form of compartmentalisation. The construct of compartmentalisation is predominantly perceived as a process of dissociation, utilised as a psychological defence mechanism against undesirable emotional experiences or thought patterns (Bowins, 2012). Bowins (2012) states that compartmentalisation may also be used as a therapeutic tool, however, to momentarily ease uncomfortable emotions and thoughts, which may be dealt with accordingly at a more opportune time. A minority of participants explicitly used the term “compartmentalisation”, their description of which was corroborated by the accounts of a majority of participants.

> Michelle: *And we are lucky that it’s a calling, and we are lucky that’s it’s a, so incredibly powerful and impactful work, but ultimately it is just a job and we are more than that.*
>
> Ava: *Where you hold your patients in mind and safe, but also kind of shielded from the rest of your life. And so when I'm out and about, I can be myself and I [don’t] think about it.*
>
> Wendy: *And then having to kind of mindfully leave, leave the office, and then tune into family life.*
>
> Melanie: *Transition, you know, from Melanie, the professional back into Melanie, the person who's, you know, I've got my, my own things going on, you know, my own relationships, things like that. You know, it's, it's very important for me to be able to make sure that I'm not bringing that occupational stress home with me.*
>
> Dan: *I think a lot of people [other CCPs] are overly empathic. They take on too much. Try figure out, are you taking on too much stuff, you take it home with you. You [have] got to learn to detach and let go.*

Unlike the preconscious stress manifestation of depersonalisation (linked to dissociation), compartmentalisation is an intentional and directed detachment from occupational responsibilities during the time designated for personal life (Bowins, 2012). The

strategies used by the participants include intentionally separating occupational identity from their personal lives, restricting the internal resources directed to work endeavours during non-work hours, and resisting client enmeshment (Baker & Vincent, 2022). This separation of one's various identities, most explicitly mentioned by Melanie in her quote above, speaks to the impact of Super-Helper Syndrome as it helps to disrupt the pairing of self-worth and occupational efficacy. Using cognitive re-framing to accomplish this disruption, was described by Michelle when discussing psychological techniques to maintain generalised functioning.

> Michelle: *And because we like helping others. But if you're not going to maintain yourself, then you're not going to be good at what you do. So, it's all about internal stuff, like paying attention to yourself first. Separating identity from your work, your worth from your work.*

By engaging in intentional dissociation, CCPs maintain the balance between their work and personal lives by allocating internal resources appropriately and decreasing interference and strain. This likely aids in limiting demands on one's faculties to designated working hours and assists in reducing the effects of compassion fatigue, and emotional and cognitive exhaustion, making possible a more sustainable occupational lifestyle.

Workload Curation. The strain caused by heightened workload, coupled with exhaustive cognitive and emotional demands, has been recognised as a prominent source of occupational stress (Jordaan et al., 2007; Yang & Hayes, 2020). Accompanying the internal boundaries created through compartmentalisation, developing behavioural or physical boundaries can be a useful tool for maintaining work-life balance and regulating the intensity of workload impact (Posluns & Gall, 2019). Participants indicated that they had multiple methods of behaviourally separating occupational content from their personal lives.

Michelle: *It's great. I mean, I've learned the boundary … I do most evenings. I'll work until about six. But I've only started 9:30 in the morning. I take half an hour lunch every day.*

Josh: *Because, because I could, I could choose, yeah, I choose how much work I take on I choose who I say I'm gonna choose my I always choose everything.*

Liz: *So you know, I suppose, because I'm in private practice … it's just me so I can make it work for me. I can choose how much I need to work I can make the hours fit around me. So I've got a lot of control.*

Sonya: *I have a practice manager, but she, she just does the billing for me. And she, she communicates with medical aid[s].*

Wendy: *So, at the end of each week, I just tell her who I saw and what the codes are, and then she bills them and if there's any problems, she sorts them out. And then lets me know.*

Jenny: *And I think that's also big prevention stuff for me is that like, I only do work four days a week.*

The behavioural methods mentioned here were prevalent among the majority of participants; however, a quote displaying each has been chosen for concise reporting. Michelle, Josh, Liz, and Jenny discussed their ability to curate their work format to their personal capacities, due to the independence enjoyed by CCPs in private practice. In detailing workload curation, participants stated that being able to regulate their schedule and the clients they operate with, increases their feelings of occupational efficacy and tailors their workload in a way that would not disrupt their work-life balance. This may seem divorced from the associations of altruism and compassion with CCPs: however, recognising the limitations of personal capacity is also congruent with the ethical value of non-maleficence (Jungers & Gregoire, 2013). Taking on clients that stretch the CCP beyond their functionality could be detrimental to the client and contravene ethical obligations in mental health care. Participants noted this, as a majority stated that in completing their required community service, the strenuous workload often resulted in feelings of depletion and fatigue.

Sonya and Wendy explain the benefits of outsourcing their logistical and administrative requirements to paid professionals. This decreases the cognitive load placed on them and reduces the risk of role conflict resulting from administrative mishaps. By building an occupational format that aligns with their capabilities, CCPs greatly increase their ability to maintain functioning without depleting internal and external resources. As a final curation effort, participants explained the necessity of scheduling holidays at regular intervals within their annual work calendar. Decreased engagement with stressors mitigates the compounded strain brought on by continuous exposure. In doing so, holidays offer CCPs an opportunity to completely detach from occupational activities and fully recuperate from the depletion of their resources (Posluns & Gall, 2019).

Personal Investment. Aligning with the holistic perspective offered by Rupert and colleagues (2009), the maintenance of work-life balance requires more than restricting the presence of occupational stimulus in personal affairs: it additionally requires investment in personal interests (Simionato & Simpson, 2018). Engaging in personal interests and activities was noted by the participants to be an important aspect of their mood regulation (related to emotional valence and stressor appraisal), occupational functioning, and general well-being.

> Josh: *Yeah, just general balance. I think it's so important in this profession to have something else that's not psychology, that's a big, that's a big part of your life.*
>
> Ava: *And find your quirky hobby, I guess. It's really important. And develop your identity outside of being a professional as well. I'm very different from my professional self.*

Josh and Ava expressed the importance of not having their occupational role be their primary form of personal identification, decreasing the chances of conflating occupational efficacy with self-worth. Supporting personal interests and developing a personal identity outside of their occupational role was seen as preventing exhaustion as it counterbalanced the extended periods spent providing therapy and being involved in work-related activities (Simionato & Simpson, 2018).

Creative hobbies have a dual relationship with occupational stress, bearing a positive and negative correlation depending on the situational factors (Thomson & Jaque, 2020). Thomson and Jaque (2020) state that if stress levels are high, creative endeavours can become stunted. Participants confirmed this relationship when discussing decreased coping efficacy and occupational stress resembling burnout. However, creative hobbies can be used as a method to maintain a lower stress level when regularly pursued (Simionato & Simpson, 2018; Thomson & Jaque, 2020). A majority of participants mentioned the negative relationship between creative expression and occupational stress, of which Wendy's articulation was perhaps the most illustrative.

> Wendy: *So, I am a dancer. So I always have to go like to a dance class. Even if I was there, like an hour early, I couldn't go home first, I had to do that. And like leave it on the dance floor, and then go home. And that's that was the most helpful.*

Creative hobbies can be used for a range of benefits in managing stress (Simionato & Simpson, 2018). From Wendy's account, dancing plays the role of cathartic physical exercise, emotional regulation, and emotional processing, all of which play adaptive roles in decreasing the severity of occupational stress (Di Benedetto & Swadling, 2013).

Occupational Individualisation. Within the context of personal investment, participants stated that developing an occupational persona that was congruent with their identity was advantageous to decreasing the strain on their faculties. In interviews, participants were asked what advice they would give to a colleague who had difficulty managing occupational stress. Participants stated a need to align their occupational demeanour with their identity, describing how they had developed a therapeutic style of practice that was congruent with their actual personalities.

> Jackie: *As a psychologist you are a tool, and if you yourself are not happy with how you work … you will burn out.*

> Dan: … *working with your clients, for example, a lot, I noticed a lot of counsellors there, they tend to be quite robotic. In that day, they're just like, a blank slate. Yeah, you know what I mean? Kind of reflecting back, but to me that that that must be stressful to maintain. It's not genuine, it's not sincere. [You need]to try and be yourself.*

> Ava: *And the person I've always been that I've brought with me, and you got to hold on to that. You've got to find a way to merge that with your professional self.*

In developing this cohesion between occupational persona and personal identity, CCPs decrease the strain experienced by emotional labour, by aligning their affect, attitudes, and therapeutic modality with their personalities (Barnett et al., 2019; Brotheridge & Grandey, 2002). This can decrease the frequency and intensity of the self-regulation required to maintain their occupational role and decrease the discrepancy between experienced emotion and reflected affect (Barnett et al., 2019).

Self-care. Posluns and Gall (2019) define self-care as the act of rejuvenating emotional, cognitive, and physical faculties by engaging in activities that promote well-being. Self-care is accompanied by an awareness of personal limitations, with the intention to replenish internal resources through actions of self-compassion that maintain the health and functioning of the individual (Colman et al. 2016). Self-monitoring, often framed as mindfulness or self-awareness in this context (McCade et al., 2021), plays a pivotal role in self-care practices as it allows the individual to ascertain the severity of their occupational stress and engage in appropriate regulation practices (Di Benedetto & Swadling, 2013). Due to the heightened risk of depletion intertwined with the occupational role of CCPs, investing in practices that foster internalised empathy and strategic replenishment can be advantageous (Posluns & Gall, 2019).

Self-care was acknowledged as an element of maintaining work-life balance, as participants seldomly mentioned the two separately, often discussing self-care practices when intending to offset occupational engagement. Activities such as daily leisure, scheduled emotional processing, frequent exercise, and general physical health maintenance, were all

noted as self-care techniques by the participants. Expanding further, participants commented on the importance of self-care practices being more than an occupational necessity.

> Jo: *Let's say, self-care shouldn't be, it's not just a box on a page that you tick to say that, 'yes, I have self-care'. I think it has to be a very actively grasped aspect of life that has to be very, very alive alongside of practice.*
>
> Wendy: *I think it's about making time for yourself and self-care as part of your [being] that isn't just as part of your job.*
>
> Michelle: *And so that's when I was like, yes, like, you got to put us first so that you don't become a burden to others. And so I think that was a, that it's not selfish.*
>
> Josh: *So, you have to learn to be more selfish, which is health first, and take care of yourself and meet your own needs first.*
>
> Gil: *See that, [and] respond, care for yourself before you get to a point where it's gonna be harder to self-soothe.*
>
> Jenny: *I just brought up the exercise thing. I'm like, 'have you tried to exercise for your mental health', were like, I would rather die than go for a run… what I [have] kind of learned [that] maybe ties into the values a little bit is like, I feel like self-care should be as easy as possible and feel as [though it] should [offer] maximum benefit.*

In these accounts, participants explained their values and thoughts surrounding self-care, incorporating self-compassion, and placing an emphasis on their individual well-being. Jo and Wendy discuss self-care as being more than a work-related component, offering a holistic and personalised framing, viewing their individual well-being as occupationally essential but additionally intrinsically important. Michelle and Josh openly discuss resisting the notion that self-care is selfish, a belief that has been linked to Super-Helper Syndrome (Baker & Vincent, 2022) and often incentivises neglecting personal needs to be an effective caregiver (Simpson et al., 2019). Gil and Jenny discuss self-care from a consequentialist

perspective that evaluates stress management techniques by the quality of the outcome, implementing stress reduction strategies before occupational stress becomes chronic. The points made above indicate a great deal of introspection on the role self-care plays for CCPs.

Daily leisure and physical health maintenance are recognised as generally adaptive stress management strategies (Di Benedetto & Swadling, 2013). Daily leisure functions as a necessary means of reducing strain and demands on one's cognitive and emotional faculties: while sometimes labelled as avoidant and maladaptive (Siegal et al., 2020), participants stated it was an appropriate way to recover energy when done in moderation to stave off daily exhaustion. A majority of participants stated that they engaged in regular exercise and were proactive in maintaining their physical well-being. Stier-Jarmer and colleagues (2016) and Reiser and McCarthy (2017) note the strong correlation between physical health maintenance, exercise, and decreased occupational stress.

Of the several techniques mentioned, emotional processing produced the most in-depth discussion. Participants often mentioned the mechanisms of personal reflection and catharsis as opportunities to process emotional content. Emotional processing involves a combination of physical and psychological methods used to engage, introspect, and express negative emotional content derived from current and past lived experiences (Lumley et al., 2021; Yamin et al., 2023). Participants noted that unprocessed personal traumas, insecurities, and day-to-day frustrations could intrude on their ability to self-regulate, creating a higher risk for client conflict, negative countertransference, and decreased work tolerance, which can be threatening to occupational functionality (Yamin et al., 2023). They also detailed multiple ways in which they emotionally processed pent-up frustrations and regulated disruptive or strenuous emotional content. The prominent methods mentioned were physical exercise, designated time for reflection through journaling, and cognitive re-framing conducted with a supervisor or personal therapist.

Social Support

Participants noted social support as a crucial part of their stress management systems. Three distinct categories of relationships were mentioned by participants: domestic, collegial, and therapeutic (supervision and personal therapy). However, the accounts of the participants regarding the utility of these relationships were inconsistent and at times contradictory.

Liz: *Sometimes peer supervision can be helpful, but sometimes it actually makes things worse. Because sometimes you just give too many opinions about something that and it actually it can make it worse, especially because I think supervision is actually a very, very skilled area.*

Sonya: *I find that it's more important actually, for me to have support on sort of the outside of my work. So when I'm tired at the end of the day that my partner can maybe like pick up the slack a little bit or, you know, that sort of thing. It's more being able to talk about my patients all day to someone [a supervisor] who you know, can relate. Yeah, and I guess supervision sort of like meets that need.*

Wendy: *Yeah, and I get something else that helps us I've got quite a few friends and colleagues in the fields and we, we talk quite a lot. So we offer each other quite a lot of support.*

Josh: *We all have blind spots. And I think it's really important to have that [supervision] and it also helps to share the load of the stress of what, what it was like for you and someone to point out.*

Gil: *So, they [family and friends] don't get it, you know. So [I have] regular meetings with colleagues. I mean, I've got a couple of groups where we meet online, so at least once every two weeks… Like a normalising, also that normalising component.*

Jackie: *It's kind of like the supervision as part of the whole it's part of the whole, the whole package of kind of checking in every now and then. But I think the reason why I haven't sorted [it] out is because I don't think I've needed it.*

Evidence for the noted contradictions can be specifically seen when comparing the quotations from Gil and Sonya. While Gil regards domestic relationships as insufficient for offering comprehensive social support, due to the restrictions of confidentiality and limited identification when expressing work-related issues, Sonya prefers receiving social support from both domestic relationships *and* supervision. What was seen as thematically

correlational, was the intended outcome of engaging with the various types of Participants stated that they used alternative (from each other) sources to gain collectively desirable benefits. This can additionally be seen in the comments of Gil and Sonya, while Gil turns to his colleagues for identification with work-related issues, Sonya receives this desired outcome through supervision.

Nils and Rimé's (2012) writings on the regulatory modality of social venting outline two distinct methods of interpersonal support: socio-affective and cognitive regulatory. Socio-affective interactions are short-term soothing engagements, that focuses on offering comfort and relief from emotional distress (Nils & Rimé, 2012), additionally requiring an intimate social bond to create the desired effect (Thorson & Baker, 2019). The intention of these interactions is commiseration, decreased loneliness through social integration, and managing but not necessarily resolving emotional dysregulation (Nils & Rimé, 2012). Cognitive regulatory interactions utilise goal-orientated discourse to stimulate reappraisal and aim to alter or resolve emotionally distressing memories and experiences (reframing) (Nils & Rimé, 2012). Social intimacy between individuals who engage in cognitive regulatory interactions can increase the likelihood of, but is not essential to, a positive outcome (Nils & Rimé, 2012). In discussing their desired outcomes from social support, participants demonstrated a need for both social-affective and cognitive regulatory-styled interactions.

> Ava: *And after a session, I can always jump on the line with you know, my best friend [who] is a psychologist, that is very helpful. Yeah, sorry, I can jump on WhatsApp and be like, 'I had just had the worst session', and describe a little bit to her. And she because she understands she can really be there for me.* (Colleagues)
>
> Michelle: *You know, there's the stuff that I can't share with my family or can't offload. And so those mean, one for confidentiality, but it also always helps to have, it always helps to give off to someone who's informed.* (Therapy and Supervision)
>
> Liz: *Oh it really is, you and you also because you are taking your most you take your most vulnerable work there [supervision]. You don't take any cases that are going well, where you feel you've been really helpful, and the clients do really well.* (Supervision)

Josh: *Talking to friends and family as well. Not so much about the work per se, but just about your life and how you['re] doing and support. You know, having people that are there for you is important as well.* (Domestic)

Melanie: *... that I'm not alone, or to be like, oh, gosh, like, I'm not sure about, you know, this kind of thing dealing with medical aids or whatever, you know, can you help me.* (Colleague)

Ava and Michelle state that they appreciate interactions that offer informed empathy, which invites speaking more openly about personal issues and provides commiseration regarding field-specific distress. Liz, who previously avoided colleague relationships due to the intrusion of other people's countertransference, values supervision as it invites vulnerability, practical guidance, and personal development. Josh cleaves to his domestic relationships as they enable work-life balance, replenish his faculties, and counteract loneliness. Melanie prizes her collegial relationships for their work-based companionship, practical advice/guidance, and the normalisation of her occupational difficulties. All of the aforementioned quotes indicate interactions that combine socio-affective relief from distress and recovery by way of practical utility, involving the following aspects: companionship (occupational or personal), informed empathy, opportunities for vulnerability, normalisation of occupational difficulties, and professional guidance. While some relationship types may be better suited to one or more of these roles (for example, informed empathy and collegial relationships), participants valued these aspects more than the relationship type itself. This is supported by Wang and colleagues (2014) who note the benefit of developing multi-functional interpersonal relationships to prevent and mitigate heightened stress and depressive symptoms.

Supervision and personal therapy were considered highly advantageous with a majority of the participants, as they embodied many of the above-mentioned aspects. For the participants who engaged in supervision, it was perceived as an adaptive precaution against higher occupational stress as it replenished internal resources, increased positive emotional valence towards stressors, offered practical guidance for field-specific stressors, and helped them maintain a consequentialist perspective when evaluating coping strategies; similar attributes were ascribed to personal therapy. The minority of participants who did not

undertake regular supervision perceived it as a mitigation strategy, noting that they had a pre-existing relationship with a formalised supervisor and would utilise sessions as an intervention for observably high occupational stress. The only distinguishing factor noted between supervision and personal therapy was the former's focus on occupational guidance: participants stated that personal therapy aided their occupational function but was primarily focused on their personal well-being, which, in turn, could improve their occupational functioning (Rupert et al., 2009).

Hendricks and colleagues (2021) regard clinical supervision as an essential part of CCP in South Africa – both in tertiary institutions and in independent practice. Indeed, participants discussed the relationships they had developed with supervisors in their tertiary education but stated that educational supervision and professional supervision were not synonymous. Professional supervision was seen as more effective at aiding the process of stress management, as the educational context of supervision incorporated an evaluation of them as practitioners and, therefore, limited opportunities for vulnerability and informed empathy.

Sustaining Narratives

Meaning-focused coping is a style of stress management validated by Folkman (2007) and plays an important role in the Cognitive Theory of Stress and Coping. Meaning-focused coping, unlike the previously mentioned styles, does not indicate functionally specific mechanisms of decreasing stress: rather, it relates to the attitudes, values, and beliefs of the individual (Folkman, 2007) that are used to increase motivation toward positive outcomes and decrease the threat factor of stressors (Hewstone et al., 2007). Hewstone and colleagues (2007) state that meaning-focused coping arises through narratives that are used to sustain the coping process or imbue stress events with positive and affirming emotions. Within the context of CCPs, participants displayed meaning-focused coping by their perceived "goodness of fit" with the occupational role and existential value of mental health care.

Role Alignment. The roles of CCP in South Africa are diverse and not always standardised to a specific list of functions (Pillay, 2016; Bantjes et al., 2016). To be sure, there was a great deal of variance in participants' workloads, occupational formats, and personal life constraints. Even so, participants did appear to construct a certain narrative

around what might be called *role alignment* and how this might affect stressor appraisal and subsequent demands on their cognitive and emotional faculties.

> Michelle: *And I'm now loving it, I think, the individual work, the ability to, you know, develop deep relationships with, with clients see the shifts, you know, that people go through.*
>
> Sonya: *Listening to people all day. I don't find it tough. Yeah, so I think other people think of it as stressful in a particular way that I don't find stressful.*
>
> Gil: *I imagine that that for some psychologists that kind of work can be very difficult indeed. Like I'm I'm lucky in that I'm able to weather that storm perhaps better than average although I've got no evidence of that.*
>
> Ava: *Teaching pilates was beautiful. And I loved it. ... but it wasn't, wasn't feeding me emotionally, and this [working as a CCP] does.*

The above quotes are a combination of statements relating to an affinity for the occupational role (Michelle) and a greater ability to manage occupational stress due to personal proclivities aligning with occupational demands (Sonya) or stress management requirements (Gil). These various forms of role alignment act as a source of positive emotion in the stress process and can be noted at both the appraisal and coping outcome stages (Folkman et al., 1997). Folkman (2007) notes that pleasurable emotional experiences can temper the appraised harmfulness of a stressor and validate a desirable coping outcome when a stressor has been successfully mitigated or prevented. In cases of role alignment mentioned by participants, the experience of occupational stress was imbued with ameliorative, positive emotions that counterbalanced depletion (Hewstone et al., 2007). Ava, for example, stated that working as a CCP was emotionally recuperative, despite her previous acknowledgement (quoted in other chapters) of the fatigue caused by the occupational role. What can be drawn from these accounts is that frequent experiences of enjoyment, identification, and self-fulfilment within occupational functioning can positively influence attitudes toward the occupational role, and the impact threat appraisals have on continued functioning.

Existential Value. When asked if their stress levels ever influenced their attitudes toward practising as CCPs or their clients, all participants stated that despite previous experiences of burnout, they had never developed persistent feelings of resentment. A majority of participants openly stated the self-fulfilment and actualisation they gained from their occupational role.

> Jackie: *And so, the mental awareness is great. Spreading mental awareness, learning, learning from your patients, because the learning never stops being a part of their process.*
>
> Dan: *The work itself is stimulating. It's always learning. It always has its challenges there's no doubt, but that…positive aspect of a feeling like let's say, if I wasn't doing something that I didn't resonate with, maybe I don't know, marketing? I don't know. I wouldn't resonate with that. But I think if I knew I wanted to do something in the helping professions, so this is what I do.*
>
> Liz: *I don't think I've ever, since I've changed into this, thought I wish I'd done something else. I do. I'm always very glad that this is what I do.*
>
> Sonya: *And that I actually feel really honoured to be able to do, because people are sitting here sharing really tough stuff with me, I get to be part of this journey with them. And it's, it’s such a rewarding experience to see them grow and to see them experience more ease in themselves and to start taking up more of their own space.*

The quotations above all indicate some form of self-fulfilment or self-actualisation of participants’ personal goals as a result of practising as CCPs. Through these positive experiences within the CCP role, the strain produced by intense cognitive and emotional demands is counterbalanced by the positive emotions gained from cohesion between personal identity and occupational functioning. This is most notably seen in Ava’s quotation where she states that being a CCP emotionally “feeds” her. Folkman (2007), too, acknowledges that positive emotions within the stress process itself mitigate distress as well as replenish internal resources. Participants did not attribute these meaning-based narratives to specific stressors,

but rather drew upon them as a frame of reference when making sense of their occupational functioning.

Hewstone and colleagues (2007) discuss specific narratives that act as archetypes for meaning-focused coping: the foregoing discussion on self-fulfilment and actualisation can be categorised as "Infusing Ordinary (Hewstone et al., 2007, p. 202) For some CCPs, the practice of psychotherapy is far from ordinary, as they assign personal and existential meanings to commonly experienced situations, imbuing them with positive emotional qualities (Folkman, 2007). All participants expressed a high valuation of the field of psychotherapy and the benefits it offers practitioners and clients alike. Participants acknowledged that it was not without its struggles and high degrees of stress, as stated by Dan above, yet practising as CCPs allowed them to realise important values in their everyday lives.

Chapter 4

Summary and Conclusion

The focus of this study was to delve into private practice CCPs' lived experiences of occupational stress and stress management in the Western Cape. CCPs are required to operate in a highly demanding field of work that necessitates significant use of their internal resources. Occupational stress was conceptualised as having two types of experiential categories: acute stress events that require significant resources or are appraised as harmful when encountered, and chronic stressors that gradually deplete resources over time. Facilitating the therapeutic environment can be costly to the emotional and cognitive faculties of CCPs; this demand is increased when clients require intensive and long-term treatment plans. Additionally, the occupational format tends generally towards a sedentary work life and isolation. The workload of the participants was reportedly exhausting and, coupled with increased usage of their cognitive and emotional faculties, appeared to be a strong contributor to stress severity. The institutional setting, which is influenced by medical aid systems and HPCSA governance, can be a source of frustration, too, in cases of organisational inefficiencies. This is presumably a result of how intertwined the practices of CCPs are with the aforementioned institutions. Regarding strenuous occupational elements that can compound the influence of stressors, the most widely reported in this study was Super-Helper Syndrome. While the construct has been explored by previous researchers, its definition was expanded to include how Super-Helper Syndrome and its symptomatology interact with personal identity. While occupational guilt was seen as a common signifier of Super-Helper Syndrome, the connection between occupational efficacy and self-worth was the more distinctive attribute.

The manifestations of severe occupational stress were categorised into two primary domains of expression: exhaustion and depersonalisation. Exhaustion has three areas of manifestation, with emotional and cognitive exhaustion being the most prevalent in this study, resulting from such stressors as emotional labour, role conflict, and client relationship disruptions. Exhaustion was characterised by depressed mood, irritability, decreased ability for emotional regulation, cognitive disorganisation, and compromised immune systems. Depersonalisation, characterised by detachment from personal roles or behavioural norms, rather than being seen as an additional symptom of severe occupational stress, was framed as an understandable outcome of exhaustion and its manifestations. This was illustrated through

the concept of stimulus reduction as a reaction to being overstimulated and depleted by work-related content. The detachment from occupational, personal, and social engagements was discussed as an integrated response to exhaustion by the participants, rather than an additional and separate manifestation of occupational stress. The manifestations of occupational stress were additionally regarded as having a negative relationship with coping abilities, decreasing CCPs' ability to manage occupational stress levels effectively.

Utilising self-monitoring practices, CCPs constructed personally tailored methods of managing their stress. Compartmentalisation, curating workloads, personal investment, and self-care were all reported strategies for maintaining work-life balance, a central factor in stress regulation. Such practices increased general emotional wellbeing, which decreased the propensity to appraise stressors as harmful while assisting with recuperation of depleted internal resources. Additionally, maintaining a work-life balance offered CCPs the prospect of restricting their exposure to occupational content and conserving internal resources for personal matters. Social support was shown to be another crucial element of stress management, although there was variance among participants as to which of the three identified relationships (domestic, colleague, and supervisor/therapist) was the most preferred for social support. A majority of participants, however, affirmed the advantages of pursuing and maintaining a relationship with a professional supervisor.

The last and arguably most influential stress management strategy involved the nurturing capacity of sustaining narratives. Participants alluded to the use of meaning-focused coping to motivate them to pursue better coping techniques, while aiding them in maintaining general occupational functioning despite partial depletion of internal resources. The narratives used, imbued their occupational role with existential meaning aligning with their personal beliefs and their positive engagement with the role. This generated a positive emotional valence, leading to the potential recovery of internal resources from within the occupational role and offsetting negative emotional experiences correlated with occupational stress.

It cannot be understated that the CCPs in this study invested an enormous amount of effort in ensuring the efficacy and proficiency of their stress management strategies. Their focus on stress management speaks to the extreme demands placed on them in their occupational roles. This dedication to their well-being and occupational functioning is well aligned with the nature of their work and care for their clients. The importance of

individualisation throughout this process cannot be understated, as stress appraisal and management processes were influenced by the personal proclivities and personae of individual participants.

Limitations

In conducting this research study there were notable limitations. A primary limitation was the lack of rootedness in the South African context. While it was hoped that the sample population and interview questions would provide data sensitive to context, the data seldom confirmed participants' grounding in South Africa, the only notable time being in the section discussing *Systematic Barriers and Dysfunction.* This contextual lack can likely be connected to two main factors: the positioning of private practice CCPs in South Africa who predominantly cater to a middle-class demographic and the method of questioning in the interviews. Had I probed further the study could have offered a more considered commentary that was more revealing of the South African context. However, more directive questions that would have intentionally addressed this point may have been somewhat incongruous with the semi-structured interview style and the exploratory intentions of this study.

The infrequent acknowledgement of the broader socio-political backdrop of South Africa could additionally be seen as indicative of the apolitical stance often attributed to psychologists (Pillay, 2016). In light of that fact, without deliberate inquiry discussions concerning the interdependent relationship between the wider political landscape and the milieus of mental healthcare practitioners working in private practice may be unlikely to emerge. A contributing limitation on this point is that I, as the researcher, am neither a clinical nor a counselling psychologist. While this kind of 'outsiderness' can offer the benefit of a curious and unassuming interview style, unfamiliarity with the ingrained subtleties of being a psychologist may have impacted the thoroughness of my explorations, where an availing intuition could have aided me in guiding interview inquiries. This is a limitation not easily addressed, although I did note my positioning in the reflexive journaling I used to support the process of this research.

An example of the salience of the wider social context could be seen in the way participants reflected on the severity of their occupational stress when completing their community service, as compared to working in a private practice setting. This sentiment suggests a potential intersection between the traditionally explored psychological topic of occupational

stress and the importance of recognising socio-economic factors that impact psychologists' abilities to work effectively. Palpable though this sentiment was, the investigation of this intersection was admittedly limited given the specific parameters of the present study. Even so, while this study may not be an accurate depiction of the wider setting of mental health services in a country like South Africa with its spate of social contradictions, these reflections do suggest the importance and necessity of further exploratory research.

Recommendations For Future Research

With this exploratory study conducted specifically with a qualitative orientation, further studies on the provision of mental healthcare in public settings would be an appropriate follow-up area of inquiry. Comparing the accounts of this study's participants with research more attuned to the topic of public mental health care in South Africa would be a worthy continuation. As stated, many participants spoke of the discrepancy between the quality of their work environment/format in private practice when compared to that of their community service years, is the latter being more consistent with public healthcare settings. Research with a more socio-politically acclimated epistemology and theoretical perspective, that is, could serve as the basis for a comparative study. Based on the aforementioned limitations regarding myself as the researcher and my own positioning, it may be advisable to conduct such research in a more collaborative manner, for example, involving research participants in the data analysis through a process of member checking.

The influence of meaning-focused coping was another notable aspect of this study. The importance and subjective complexity of meaning-focused coping could be a valuable avenue for advancing occupational stress research. Lastly, the participants expressed their dissatisfaction regarding the quality and efficiency of macro-level institutions. Further research into these criticisms could improve the overall functioning and efficacy of the mental health-care system.

References

Baker, J., & Vincent, R. (2022). *The super-helper syndrome: A survival guide for compassionate people*. The History Press.

Bantjes, J., Kagee, A., & Young, C. (2016). Counselling psychology in South Africa. *Counselling Psychology Quarterly, 29*(2), 171–183. https://doi.org/10.1080/09515070.2015.1128401

Barnett, M. D., Hays, K. N., & Cantu, C. (2019). Compassion fatigue, emotional labor, and emotional display among hospice nurses. *Death Studies*, *46*(2), 290-2=296. https://doi.org/10.1080/07481187.2019.1699201

Braun, V., & Clarke, V. (2019a). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676x.2019.1628806

Braun, V., & Clarke, V. (2019b). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health, 13*(2), 201-216. https://doi.org/10.1080/2159676x.2019.1704846

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brotheridge, C. M., & Grandey, A. A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of Vocational Behavior, 60*(1), 17–39. doi:10.1006/jvbe.2001.1815

Brown, S. P., Westbrook, R. A., & Challagalla, G. (2005). Good cope, bad cope: Adaptive and maladaptive coping strategies following a critical negative work event. *Journal of Applied Psychology*, *90*(4), 792–798. doi:10.1037/0021-9010.90.4.792

Carrick, L. (2013). Person-centred counsellors' experiences of working with clients in crisis: A qualitative interview study. *Counselling and Psychotherapy Research, 14*(4), 272–280. https://doi.org/10.1080/14733145.2013.819931

Chandrachud, A., & Gokhale, M. (2019). Effect of emotional labour on job satisfaction and burnout of restaurant employees. *International Journal of Social Sciences*, *7*(1), 99-102.

Cohen, D. (2016). RWJF - Qualitative Research Guidelines Project. Semi-structured Interviews. *Semi-structured Interviews*. www.Qualres.org.

Colman, D. E., Echon, R., Lemay, M. S., McDonald, J., Smith, K. R., Spencer, J., & Swift, J. K. (2016). The efficacy of self-care for graduate students in professional psychology: A meta-analysis. *Training and Education in Professional Psychology, 10*(4), 188–197. https://doi.org/10.1037/tep0000130.

Cooper, C. L., & Baglioni, A. J. (2013). A structural model approach toward the development of a theory of the link between stress and mental health. *From Stress to Wellbeing Volume 1*, 47-65. https://doi.org/10.1057/9781137310651_3

Corlett, S., & Mavin, S. (2018). Reflexivity and Researcher Positionality. *The SAGE Handbook of Qualitative Business and Management Research Methods: History and Traditions*, 377–398. https://doi.org/10.4135/9781526430212.n23

Cushway, D., & Tyler, P. A. (1994). Stress and coping in clinical psychologists. *Stress Medicine, 10*(1), 35-42. https://doi.org/10.1002/smi.2460100107

Di Benedetto, M., & Swadling, M. (2013). Burnout in Australian psychologists: Correlations with work-setting, mindfulness and self-care behaviours. *Psychology, Health & Medicine*, *19*(6), 705-715. https://doi.org/10.1080/13548506.2013.861602

Ejaz, F. K., Noelker, L. S., Menne, H. L., & Bagaka's, J. G. (2008). The impact of stress and support on direct care workers' job satisfaction. *The Gerontologist, 48*(suppl 1), 60-70. https://doi.org/10.1093/geront/48.supplement_1.60

Elmir, R., et al. (2011). Interviewing people about potentially sensitive topics. *Nurse Researcher*, *19*(1), 12-16. https://doi.org/10.7748/nr2011.10.19.1.12.c8766

Elo, S., & Kyngas, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107–115. JAN Research Methodology. https://doi.org/doi: 10.1111/j.1365-2648.2007.04569.x

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis. *SAGE Open, 4*(1). https://doi.org/10.1177/2158244014522633

Farber, B. A., & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. *Professional Psychology*, *13*(2), 293-301. https://doi.org/10.1037/0735-7028.13.2.29

Michael, L. M. (2023). Impact of Compassion Fatigue on Healthcare Professionals in Selected Hospitals in Lusaka: A Comprehensive Study. *EC Psychology and Psychiatry, 12*(9), 1-12.

Folkman, S. (1997). Positive psychological states and coping with severe stress. *Social Science & Medicine, 45*(8), 1207-1221. https://doi.org/10.1016/s0277-9536(97)00040-3

Folkman, S. (2007). The case for positive emotions in the stress process. *Anxiety, Stress, & Coping*, *21*(1), 3–14. doi:10.1080/10615800701740457

Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology, 48*(1), 150-170. https://doi.org/10.1037/0022-3514.48.1.150

Folkman, S., Moskowitz, J. T., Ozer, E. M., & Park, C. L. (1997). Positive meaningful events and coping in the context of HIV/AIDS. *Coping with Chronic Stress*, 293-314. https://doi.org/10.1007/978-1-4757-9862-3_11

Gardner, D.H., & Hini, D. (2006). Work-related stress in the veterinary profession in New Zealand. *New Zealand Veterinary Journal*, 54:3, 119-124, doi: 10.1080/00480169.2006.36623

George-Levi, S., Schmidt-Barad, T., Natan, I., & Margalit, M. (2020). Sense of coherence and burnout among school psychologists: The moderating role of loneliness. *Current Psychology*, *41*(4), 2390-2397. https://doi.org/10.1007/s12144-020-00766-5

Gökce, S., Diken, A., & Kahraman, U. M. (2020). The impact of role conflict originating from mid-level manager actions on intention to leaving the job and performance. *Selcuk University Social Sciences Institute Journal*, 43, 368–379.

Hannigan, B., Edwards, D., & Burnard, P. (2004). Stress and stress management in clinical psychology: Findings from a systematic review. *Journal of Mental Health, 13*(3), 235-245. https://doi.org/10.1080/09638230410001700871

Hendricks, S., Cartwright, D. J., & Cowden, R. G. (2021). Clinical supervision in South Africa: Perceptions of supervision training, practices, and professional competencies. *South African Journal of Science, 117*(3/4). https://doi.org/10.17159/sajs.2021/7428

Herman AA, Stein DJ, Seedat S, Heeringa SG, Moomal H, Williams DR. (2009). The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. SAMJ. *South African Medical Journal. 2009;99*(5):339–344

Hewstone, M., Schut, H., Wit, J. D., Bos, K. V., & Stroebe, M. (2007). *The scope of social psychology: Theory and applications (A festschrift for Wolfgang Stroebe)*. Psychology Press.

HPCSA Corporate Affairs. (2023, February 20). *Patient records - HPCSA ethical principles and professional conduct - HPCSA*. HPCSA. https://www.hpcsa-blogs.co.za/patient-records-hpcsa-ethical-principles-and-professional-conduct/

HPCSA Corporate Affairs. (2016, September 5). *Assistance for impaired professionals*. HPCSA. https://www.hpcsa-blogs.co.za/assistance-for-impaired-professionals/

HPCSA Professional Practice. (2022, June). *Frequently asked questions for practitioner impairment*. HPCSA. https://www.hpcsa.co.za/Content/upload/professional_practice/management_of_impaired/FAQ_2023.pdf

Hsieh, H. F., & Shannon, S. E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*, *15*(9), 1277–1288. https://doi.org/10.1177/1049732305276687

Jordaan, I., Spangenberg, J. J., Watson, M. B., & Fouchè, P. (2007). Emotional stress and coping strategies in South African clinical and counselling psychologists. *South African Journal of Psychology, 37*(4), 835-855. https://doi.org/10.1177/008124630703700411

Jungers, C. M., & Gregoire, C. M. (2013). *Counselling ethics: philosophical and professional foundations*. Springer Publishing Company, LLC.

Kim, L. E., & Burić, I. (2020). Teacher self-efficacy and burnout: Determining the directions of prediction through an autoregressive cross-lagged panel model. *Journal of Educational Psychology, 112*(8), 1661–1676. doi:10.1037/edu0000424

Lazarus, R. S. (1966). *Psychological stress and the coping process*. New York: McGraw-Hill.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. *New York: Springer*

Lazarus, R. S. (1999). Stress and Emotion: A New Synthesis. *Springer Publishing Co.*

Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist, 55*(6), 665–673. https://doi.org/10.1037/0003-066x.55.6.665

Lia, M. (2016). Reflections, and relative examples, regarding countertransference, empathy, and observation. *International Forum of Psychoanalysis*, *26*(2), 85-96. https://doi.org/10.1080/0803706x.2016.1200197

Lumley, M. A., Krohner, S., Marshall, L. M., Kitts, T. C., Schubiner, H., & Yarns, B. C. (2021). Emotional awareness and other emotional processes: Implications for the assessment and treatment of chronic pain. *Pain Management*, *11*(3), 325-332. https://doi.org/10.2217/pmt-2020-0081

Marcatto, F., Di Blas, L., Luis, O., Festa, S., & Ferrante, D. (2021). Perceived occupational stress scale. *PsycTESTS Dataset*. https://doi.org/10.1037/t81612-000

Matutu, H. (2019). “On the way to Calvary, I lost my way”: Navigating ethical quagmires in community psychology at the margins. *Decolonial Feminist Community Psychology*, 111-128. https://doi.org/10.1007/978-3-030-20001-5_8

McCade, D., Frewen, A., & Fassnacht, D. B. (2021). Burnout and depression in Australian psychologists: The moderating role of self-compassion. *Australian Psychologist*, *56*(2), 111-122. https://doi.org/10.1080/00050067.2021.1890979

McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018). The prevalence and cause(s) of burnout among applied psychologists: A systematic review. *Frontiers In Psychology*, *9*. https://doi.org/10.3389/fpsyg.2018.01897

Miyake, F., Odgerel, C., Hino, A., Ikegami, K., Nagata, T., Tateishi, S., Tsuji, M., Matsuda, S., & Ishimaru, T. (2022). Job stress and loneliness among desk workers during the COVID-19 pandemic in Japan: Focus on remote working. *Environmental Health and Preventive Medicine, 27*(0), 33-33. https://doi.org/10.1265/ehpm.22-00107

Moritz, S., Jahns, A. K., Schröder, J., Berger, T., Lincoln, T. M., Klein, J. P., & Göritz, A. S. (2016). More adaptive versus less maladaptive coping: What is more predictive of symptom severity? Development of a new scale to investigate coping profiles across different psychopathological syndromes. *Journal of Affective Disorders, 191*, 300–307. doi:10.1016/j.jad.2015.11.027

Nabi, R. L., Wolfers, L. N., Walter, N., & Qi, L. (2022). Coping with COVID-19 stress: The role of media consumption in emotion- and problem-focused coping. *Psychology of Popular Media, 11*(3), 292–298. https://doi.org/10.1037/ppm0000374

Nils, F., & Rimé, B. (2012). Beyond the myth of venting: Social sharing modes determine the benefits of emotional disclosure. *European Journal of Social Psychology*, *42*(6), 672-681. https://doi.org/10.1002/ejsp.1880

Park, J., Yoon, S., Moon, S. S., Lee, K. H., & Park, J. (2017). The effects of occupational stress, work-centrality, self-efficacy, and job satisfaction on intent to quit among long-term care workers in Korea. *Home Health Care Services Quarterly*, *36*(2), 96–111. doi:10.1080/01621424.2017.1333479

Pillay, A. L., Ahmed, R., & Bawa, U. (2013). Clinical psychology training in South Africa: A call to action. *South African Journal of Psychology, 43*(1), 46–58. https://doi.org/10.1177/0081246312474411

Pillay, A. L. (2016). Psychology's health and future in South Africa. *South African Journal of Psychology*, *46*(2), 149-154. https://doi.org/10.1177/0081246316642699

Posluns, K., & Gall, T. L. (2019). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling*, *42*(1), 1-20. https://doi.org/10.1007/s10447-019-09382-w

Redfearn, R. A., Van Ittersum, K. W., & Stenmark, C. K. (2020). The impact of sensory processing sensitivity on stress and burnout in nurses. *International Journal of Stress Management*, *27*(4), 370–379. doi:10.1037/str0000158

Reiser, J. E., & McCarthy, C. J. (2017). Preliminary Investigation of a Stress Prevention and Mindfulness Group for Teachers. *The Journal for Specialists in Group Work, 43*(1), 2–34. doi:10.1080/01933922.2017.1338811

Rich, S. (2016). A brief examination of the effects of occupational stress on creativity and innovation. *The Psychologist-Manager Journal*, *19*(2), 107–121. doi:10.1037/mgr0000042

Rupert, P. A., Stevanovic, P., & Hunley, H. A. (2009). Work-family conflict and burnout among practicing psychologists. *Professional Psychology: Research and Practice*, *40*(1), 54-61. https://doi.org/10.1037/a0012538

Santas, G., Isik, O., & Demir, A. (2016). The effect of loneliness at work; work stress on work alienation and work alienation on employees' performance in Turkish health care institution. *South Asian Journal of Management Sciences*, *10*(2), 30-38. https://doi.org/10.21621/sajms.2016102.03

Siegel, M., Adlmann, E., Gittler, G., & Pietschnig, J. (2020). Bite the stress away? Nail biting and smoking predict maladaptive stress coping strategies. *Journal of Individual Differences*, 41(1), 53–60. doi:10.1027/1614-0001/a000303

Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology*, *74*(9), 1431-1456. https://doi.org/10.1002/jclp.22615

Simpson, S., Simionato, G., Smout, M., Van Vreeswijk, M. F., Hayes, C., Sougleris, C., & Reid, C. (2019). Burnout amongst clinical and counselling psychologist: The role of early maladaptive schemas and coping modes as vulnerability factors. *Clinical Psychology & Psychotherapy, 26*, 35–46. https://doi.org/10.1002/cpp.2328

Sirgy, J. M., & Wu, J. (2009). The pleasant life, the engaged life, and the meaningful life: What about the balanced life? *Journal of Happiness Studies, 10*(2), 183–196. https://doi.org/10.1007/s10902-007-9074-1.

Siyothula, E.-T. B. (2018). Clinical psychology service distribution and integration into primary health care in KwaZulu-Natal, South Africa. *South African Journal of Psychology*, *49*(3), 391–402. https://doi.org/10.1177/0081246318815337

Smith, E. B., & Luke, M. M. (2021). A Call for Radical Reflexivity in Counseling Qualitative Research. *Counselor Education and Supervision*, 60(2), 164–172. https://doi.org/10.1002/ceas.12201

Stier-Jarmer, M., Frisch, D., Oberhauser, C., Berberich, G., & Schuh, A. (2016). The Effectiveness of a Stress Reduction and Burnout Prevention Program. *Deutsches Aerzteblatt Online*. doi:10.3238/arztebl.2016.0781

Terry, G., et al. (2017). Thematic analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (2nd ed., pp. 17-37). Sage

Thomson, P., & Jaque, S. V. (2020). Multifaceted self-consciousness: Depersonalization, shame, flow, and creativity in performing artists. *Psychology of Consciousness: Theory, Research, and Practice*. doi:10.1037/cns0000228

Thorson, J., & Baker, C. (2019). Venting as epistemic work. *Social Epistemology*, *33*(2), 101-110. https://doi.org/10.1080/02691728.2018.1561762

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

Wang, X., Cai, L., Qian, J., & Peng, J. (2014). Social support moderates stress effects on depression. *International Journal of Mental Health Systems, 8*(1): 41. doi:10.1186/1752-4458-8-41

Yamin, J. B., Cannoy, C. N., Gibbins, K. M., Krohner, S., Rapport, L. J., Trentacosta, C. J., Zeman, L. L., & Lumley, M. A. (2023). Experiential training of mental health graduate students in emotional processing skills: A randomized, controlled trial. *Psychotherapy*. https://doi.org/10.1037/pst0000495

Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A Practice-Oriented Review of Recent Empirical Literature. *Psychotherapy*. Advance online publication. http://dx.doi.org/10.1037/pst0000317

Appendix A: Plagiarism Declaration

PLAGIARISM DECLARATION

1. I know that plagiarism is wrong. Plagiarism is to use another's work and to pretend that it is one's own.

2. I have used the *American Psychological Association (APA)* convention for citation and referencing. Each significant contribution to, and quotation in, this essay / report / project / from the work, or works, of other people has been attributed, and has cited and referenced.

3. This essay /report /project / is my own work.

4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing if off as his or her own work.

5. I acknowledge that copying someone else's assignment or essay, or part of it, is wrong, and declare that this is my own work.

Appendix B: Recruitment Email

Dear __________

My name is Chanan Suiza, I am currently doing my Master's Degree in Psychological Research at the University of Cape Town. As a part of my master's thesis, I am researching your perception of the causes and effects occupational stress has on Clinical and Counselling Psychologists. Additionally, I am investigating the process and strategies used by Clinical and Counselling Psychologists to cope with occupational stress. I have selected you by reviewing the Therapist Directory website (www.therapist-directory.co.za) to ask if you would consider being a participant in my study. Accepting to join the study would involve a 45-minute – 1-hour interview, conducted by me. Meetings can be either in person (at a location of your choosing) or on Zoom. Participation in this study will require filling in a form and consenting to involvement.

An interview schedule will be provided to you, should you accept to be involved, so that there are no surprises at the questions being asked. You can retract your account or withdraw from the study/interview at any point that you feel necessary. You are not required to answer any or all of the questions. Additionally, the study will not divulge any information linking you to this study, this includes any accounts or disclosure of possible ethical infractions. All participants will be asked to choose a pseudonym. Identifying information (name, specification of location, or contact information) will be redacted.

This study has been ethically approved by the Ethics Committee of UCT's Department of Psychology. If you would like to contact UCT about any ethics matter, please feel free to contact Ms Rosalind Adams (rosalind.adams@uct.ac.za). If you have any queries about anything regarding this study, you are welcome to email me back at this email address or my supervisor, Dr Wahbie Long at wahbie.long@uct.ac.za.

I look forward to your reply.

Have a wonderful day further.

Chanan Suiza

Appendix C: Interview Schedule

Interview Information

Date of interview:

Start time of interview:

End time of interview:

Participant Information

Name (pseudonym):

Age:

Number of years in private practice:

Average hours worked a week:

Appraisal of current occupational stress severity: Low/Moderate/High

Questions

1. Please tell me a bit about yourself.
2. Why were you interested in participating in this study?
3. How would you describe your experience working as a CCP?
4. How do you understand the idea of occupational stress in working as a CCP?
5. What leads to your experience of occupational stress? What contributes to your experience of occupational stress?
6. How do you know you are stressed? How does stress manifest for you?
7. What are the consequences associated with the occupational stress that you have experienced?
8. Do your stress levels impact how you interact with your clients? If so, how does it impact the interaction?
9. Do you have a strategy for attempting to prevent occupational stress? If so, please describe how you do this.
10. Do you have any strategies in place that allow you to cope when you feel that you are stressed? If so, please describe these strategies.
11. How have you come to use these coping strategies as opposed to other methods?

12. What advice would you give another psychologist experiencing stress because of their occupation?

Appendix D: Informed Consent Form

Informed Consent Form

UNIVERSITY OF CAPE TOWN

DEPARTMENT OF PSYCHOLOGY

Purpose

This study aims to explore the unique experiences of occupational stress and the coping strategies used by clinical and counselling psychologists in Cape Town, South Africa.

Procedures

- You will be asked to take part in an interview, facilitated by me (Chanan Suiza), about your perception of the causes and effects occupational stress has on you, as a Clinical or Counselling Psychologist. I am also interested in understanding the coping strategies you use to prevent or mitigate occupational stress.
- The interview will be conducted in a semi-structured style and will require 45 minutes to 1 hour of your time.
- This study is completely voluntary, and you may withdraw at any time with no penalty or consequences.

Risk

- This study poses low to medium risk. You will be asked questions that may require you to reflect on uncomfortable experiences you have had with occupational stress. Debriefing will be offered, should you desire it.

Confidentiality and Privacy

- Interviews will take place in a private place of your choosing or will be conducted in a closed Zoom meeting. The zoom platform has end-to-end encryption that provides additional safety to this interview. Uninvited members cannot join.
- Audio recordings of either in-person or Zoom meetings will be made. These recordings will remain on a password-protected device that has no access to the

internet and will only be heard by me. Transcriptions of the audio recording will only be seen by me and my supervisor. You can request the audio recording to be turned off at any time during the interview.

- Your pseudonyms will be applied to your audio recording, transcript, and personal information form so that no personal connections can be drawn. If any publications are made from this study, you will not be personally identifiable
- If you express information that puts yourself or a patient at risk, I am obliged to report this to the HPCSA. Should this occur, my supervisor and I will also try to assist you through this process .

Contact Information

If you have any queries or complaints about this study, please contact me (Chanan Suiza) by email (chanan18suiza@gmail.com) or cell phone (0760313492). Alternatively (not primary contact), you may contact my supervisor, Dr Wahbie Long at the Department of Psychology (UCT) at wahbie.long@uct.ac.za.

Should there be any questions or queries you may have regarding the ethics of this study, please email Rosalind Adams (rosalind.adams@uct.ac.za)

Signatures

The participant has read through and understood the specifications of the Informed Consent form, and has had the nature, procedures and risks of this study explained to them in detail. They have been given the opportunity to query or question and have had said queries or questions answered to the best of the primary researcher's ability. A signed copy of this form will be made available to the participant.

Signed by Primary researcher: ______________________

Signature: ____________________

Date: _______________________

I (Participant's Pseudonym) _______________ have read through and understood the specifications of the Informed Consent form, and have had the nature, procedures and risks of this study explained to me. I have received and read the Interview Schedule. I agree to take part in this research project. I know that I am free to withdraw, request or redact any

information I choose, at any time of the research process, and I will not be subject to any penalty for doing so.

Signed by Participant (Pseudonym): ______________________

Signature: ____________________

Date: _______________________

Audio Recording

For the data collection portion of this study, audio recordings of the interview will be required. These recordings will be kept on a password protected device, which does not have access to the internet. Your name and any other identifying information will not be attached to these recordings, or the transcripts drawn from them. The recording of your interview will be deleted once the transcripts have been written and checked for accurate dictation. Only the primary researcher (Chanan Suiza) will have access and listen to the recordings. Parts of the transcriptions may be used in the presentation of this study; however, these references will have no identifying information attached that would signify your involvement or identity.

By signing this form, I am permitting the primary researcher (Chanan Suiza), to audio record me as part of this study.

Signed by Participant (Pseudonym): ______________________

Signature: ____________________

Date: _______________________

Appendix E: Analysis Documentation

Data Collection

- Interviews were arranged with each participant at a time, date and place of their choosing.
- When conducted in person, interviews were recorded on the designated device (that has no internet access and is password protected)
- When conducted over Zoom, interviews were recorded on the same device mentioned above (placed next to the speaker of the researcher's laptop)

Data Processing

- Using a USB jack for cell phones, the audio recordings were copied onto a protected USB in case any data was lost from the device.
- The audio recordings were manually transcribed from the devise onto separate Word documents (in this process identifying information of the participants was removed)
- Transitions read 3 times each over a 2-day period.

Data Analysis

- Broad thematic coding was conducted on the transcripts. Themes that could be seen at a cursory level were noted and compiled to appraise if desirable data saturation had been achieved.
- Open coding begins with attributing codes to significant words or phrases used by the participants. Codes were a combination of the terminology used by participants and those used in academic literature surrounding the topic.
- Open coding was repeated 3 times per interview to ensure as much data as possible could be extrapolated (developed/created). Open coding was conducted with the "comment" function on Microsoft Word.
- All codes were marked with the participant who stated it and the line number the word or phrase can be found in.
- The coding process was conducted again to create any codes that may have been missed.
- The literature review, as well as any other necessary articles that were made relevant by the themes in the data were read.
- Codes were collectively exported onto a single Excel spreadsheet.

- The code sheets were read over multiple times to familiarise the many different data points and the possibility of theme development.
- Themes were highlighted in the coding lists with corresponding colours. Codes that were seen to have either semantic or dialectic similarities were highlighted. Codes were exported to a 2nd worksheet in Excel. The Initial themes used were those that corresponded with the aims of the study, that being stressors and stress factors, and coping/stress management.
- Within each subheading additional subheadings were generated from codes that either semantic or dialectic similarities. These were grouped into further categories.
- Categories were labelled with terms that corresponded to their meaning or were drawn from the wording of the participants within the coded quote.
- Labels were arbitrated to give each a defined understanding of the contents within the category.
- Search terms were generated from the arbitrated concept or label and used to gather additional literature pertaining to the data points.
- additional literature was gathered and read.
- Code collation, category labelling and arbitration were carried out again, to ensure any additional information gained from the gathered literature could enable better articulation of the derived terms and concepts.
- Thematic maps were generated, with all categories and supporting codes.
- Relationships between categories were addressed by connecting semantically correlated information. An example of this would be connecting stressors, to stress manifestations (high demand and emotional exhaustion)
- Thematic maps were updated with relational connections.

Appendix F: Thematic Maps

Figure 1

Thematic Map A: Stressors

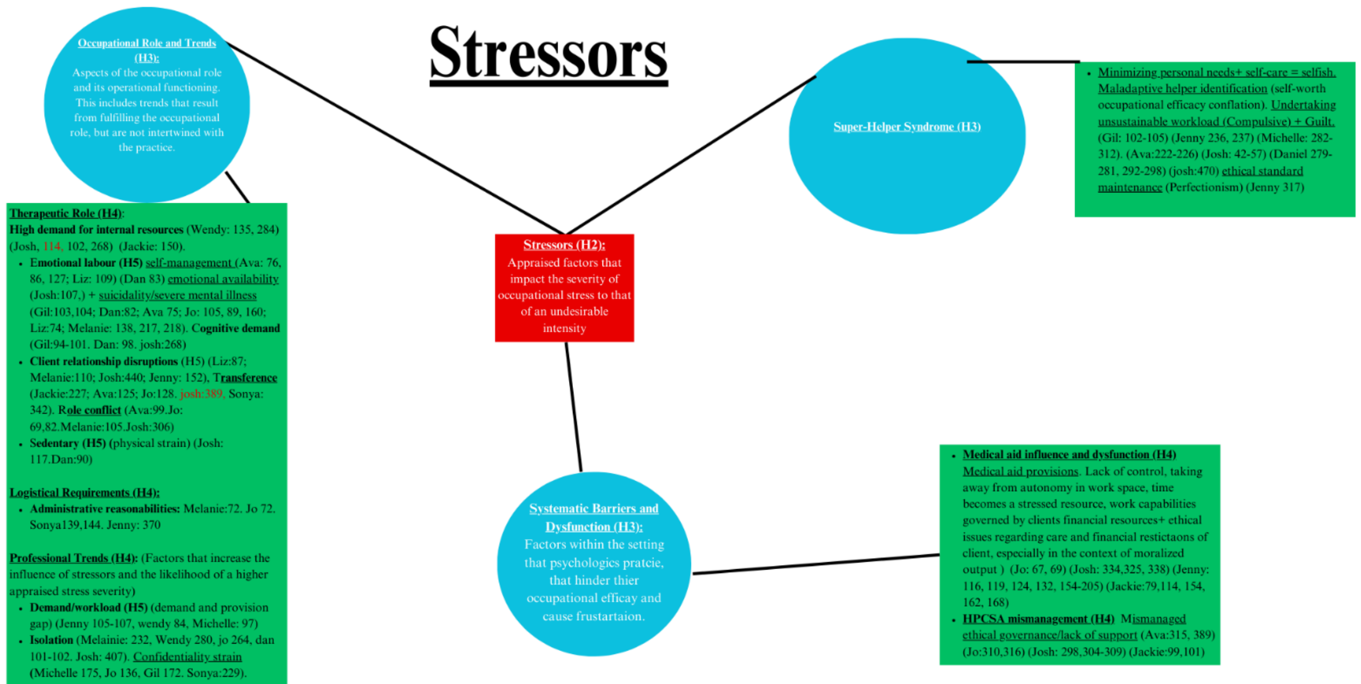
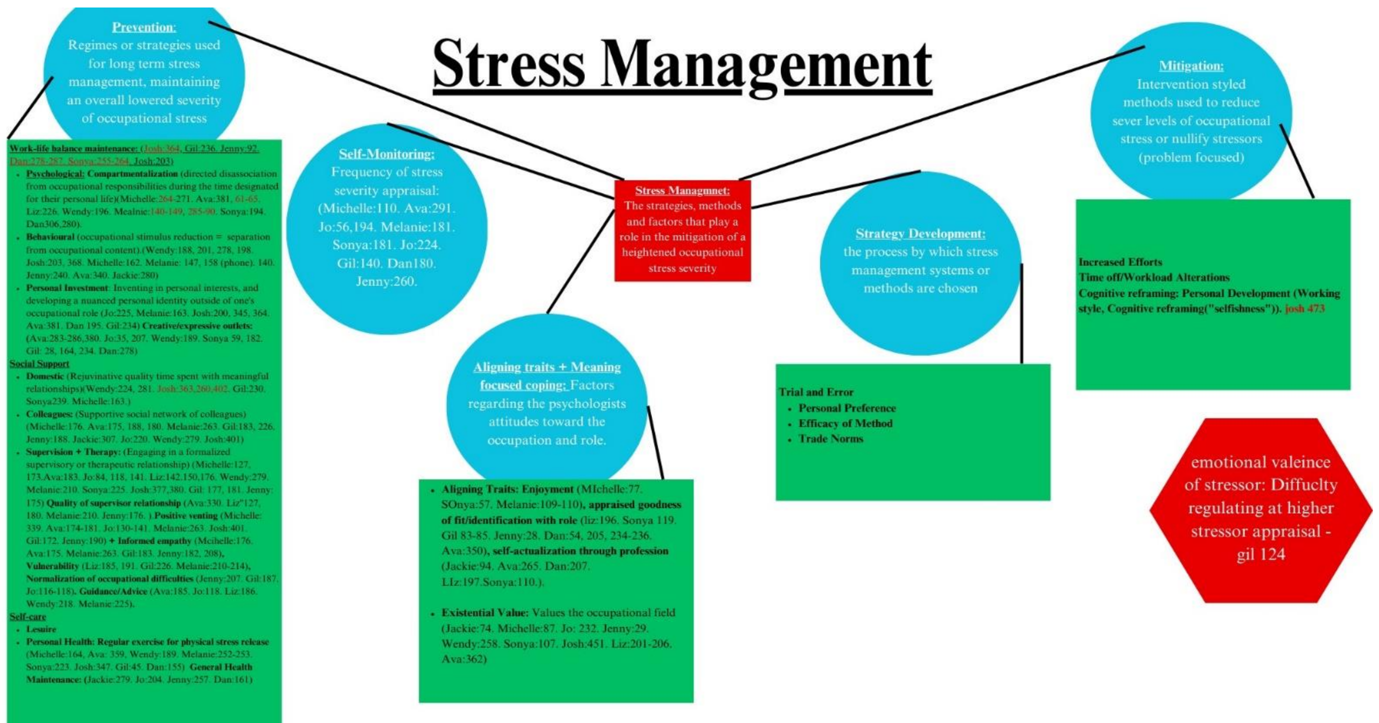


Figure 2

Thematic Map B: Stress Manifestations

Figure 3

Thematic Map C: Stress Management



Appendix G: Biographic Form Information Summary

Table 1

Participants' Biological Information

Name (Pseudonum)	Gender	Years in Private Practice	Occupational Stress Severity Appraisal
Gil	Male	8	Low
Melanie	Female	1	Moderate
Michelle	Female	19	Low/Moderate
Josh	Male	1	Low/Moderate
Liz	Female	6	Low
Ava	Female	5	Moderate/High
Jackie	Female	4	Moderate
Jo	Male	8	Low/Moderate
Wendy	Female	3	Moderate
Daniel	Male	17	Low/Moderate
Sonya	Female	6	Low
Jenny	Female	1	Moderate/High