Coping strategies and resources of volunteer telephone counsellors at a South African organisation: An exploratory study

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ABSTRACT

Telephone counsellors are significant assets in communities where numerous treatment barriers restrict individuals from accessing professional mental health care. However, working on a crisis line can be detrimental to volunteers' well-being, creating risk for secondary trauma, burnout and vicarious trauma. While these risks are well-established, there is considerably less research on the coping strategies and resources that can support telephone counsellors in their work and protect them from negative impacts. The current study explored telephone counsellors' work-related challenges and the coping strategies and resources they use to manage the impact of their work on their professional and personal lives. A qualitative study was conducted with twelve participants at a South African telephone counselling organisation. Participants were interviewed using a semi-structured interview schedule and reflexive thematic analysis was used to interpret and make meaning of the participants' lived experiences. The following eight themes emerged: challenging calls, negative impacts on the self, frustration with telephone counselling conditions, mindful practices to cope with telephone counselling challenges, active engagement with counselling experiences, actively disengaging from counselling experiences, coping through connection, and hopes for coping in the future. The findings indicate that although participants felt professionally and personally challenged by the nature of telephone counselling work, they were cognisant of how best to support themselves and seemed to find their role manageable and meaningful even when faced with adverse counselling experiences. The coping strategies and resources identified by the participants could inform counsellor support initiatives at crisis lines in South Africa and elsewhere.

Keywords: telephone counsellors, telephone counselling, coping strategies, South Africa

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CHAPTER 1: INTRODUCTION

Globally, mental health disorders pose one of the top ten disease burdens worldwide (GBD 2019 Mental Disorders Collaborators, 2022). Most of the global burden of mental health disorders is in low-and-middle-income countries (LMICs) because of limited governmental expenditure on mental health in resource-scarce contexts (GBD 2019 Mental Disorders Collaborators, 2022). Globally, mental health receives a fraction of health budget expenditures, which significantly aggravates the burden of mental illness (Knapp & Wong, 2020). In addition, the mental health budget in most African countries goes towards hospitalisation at psychiatric facilities, rather than more accessible community-based care earlier in the development of mental health conditions (World Health Organisation, 2011). There are 10.5 psychiatrists per 100 000 population in high-income countries (HICs), in comparison to an average of 0.05 psychiatrists per 100 000 population in LMICs (Burns, 2011). Access to mental health resources is therefore severely constrained in many lower-resource contexts.

In South Africa, 30% of adults experience a mental health disorder in their lifetime (Stein et al., 2008), yet three-quarters are not treated (Seedat et al., 2009). This treatment gap arises from various barriers to accessing mental health care services. Structural barriers to accessing mental health care in South Africa include insufficient national resources allocated to mental health care, a lack of facilities and adequately trained staff, geographical distance from mental health services, and a scarcity of mental health professionals in the public health system (Bruwer et al., 2011; Murray et al., 2013; Schierenbeck et al., 2013). An additional challenge is the lack of comprehensive estimates on current resources and mental health care expenses, which prevents the scaling up of mental health care services (Docrat et al., 2019). Compounding these structural barriers are attitudinal barriers to accessing mental health care in South Africa, including the low perceived need for treatment, perceiving treatment as ineffective, and stigma about having a mental health disorder or visiting a mental health professional (Andrade et al., 2014; Patel et al., 2011; Schierenbeck et al., 2013). Attitudinal barriers were reported by 100% of participants in the South African Stress and Health (SASH) study, which outweighed structural barriers to treatment and contributed towards a 20% treatment dropout (Andrade et al., 2014; Bruwer et al., 2011; GBD 2019 Mental Disorders Collaborators, 2022). Because of the above-mentioned mental health treatment gap and barriers to mental health care access, existing mental health services are not sufficient to meet the needs of most South Africans.

Failure to access reliable mental health care exacerbates the social and economic burden of mental illness (Burns, 2011; Lund et al., 2013).

To help address treatment barriers and the resulting treatment gap**,** telephone counselling services are an essential, easily accessible mental health care resource in resource-scarce contexts (Meehan & Broom, 2007). Such services have been available in South Africa for several decades. Telephone counselling organisations like the South African Anxiety and Depression Group (SADAG) and Childline South Africa train telephone counsellors (TCs) in basic counselling skills to provide short-term support for callers who require immediate access to a mental health care worker (Gould et al., 2007; Pirkis et al., 2016). In 2021, SADAG reported 466,407 received calls, of which 85,516 were suicide helpline calls (SADAG, n.d.). Childline South Africa received a total of 370,256 calls between 2021 and 2022 (Childline, 2022) and its overall call volume increased by 6.27% between 2021 and 2022 (Childline, 2021-2022), with calls regarding emotional and physical abuse and rape being most common (Childline, 2021-2022). The above statistics clearly indicate the growing usage and necessity of telephone counselling services in LMICs like South Africa. However, an increase in the use of telephone counselling services is apparent globally, therefore telephone counselling is an essential and necessary addition to current mental health care services across all contexts (Lester & Rogers, 2012).

Evidence suggests that telephone counselling can have negative psychological impacts on volunteers, but this literature has mainly emerged from high-income countries (HICs). There is minimal research on coping strategies and coping resources that TCs' utilise to support them in their role and, again, these studies were conducted in HICs. TCs in LMICs might be exposed to particular challenges in their work (for example, more callers exhibiting untreated mental illness, and fewer referral pathways) and have less access to support than TCs in HICs. Therefore, there is a need to explore the lived experiences of coping with the challenges of volunteering among TCs in LMICs like South Africa. By addressing this gap in the literature, South African telephone counselling organisations may be able to address volunteers' challenges and possibly implement additional support.

1.1 Aims of the Current Study

This research aims to identify challenges experienced by TCs in fulfilling their role. It further aims to explore volunteer TCs' current coping strategies and coping resources within a telephone counselling organisation in South Africa. It also aims to identify unmet support needs

and additional support strategies that telephone counselling organisations could offer to volunteers to support them in carrying out their roles. The following specific research questions guided the study:

1. What challenges do TCs experience in their work?
2. What coping strategies and coping resources do volunteer telephone counsellors use to manage any difficulties and challenges in their work and how effective are these?
3. What coping resources or support do telephone counsellors need to better assist them in their role?

1.2 Dissertation Structure

Chapter two will review the existing literature on volunteer TCs' experiences of coping with their work, internationally and in the SA context, and will also trace developments in coping theory. Chapter three will explain the methods used for the current study. Chapter four will present the findings of the study. The final chapter summarises the major findings of the study, the study's limitations, and recommendations for future research and the practice of telephone counselling.

CHAPTER 2: LITERATURE REVIEW

This chapter will begin by describing the role and contributions of telephone counselling lines in providing mental health support. It will then review existing literature on the challenges that volunteer TCs experience in their work and the psychological impacts of these challenges, internationally and in the South African context. Thereafter, the chapter will trace developments in coping theory, to provide a theoretical framework for understanding the coping strategies and resources of TCs. Finally, research on coping amongst TCs will be reviewed and evaluated.

2.1 Telephone counselling lines

Telephone counselling lines, also referred to as crisis helplines, are an accessible 24-hour mental health care service provided by organisations that offer a brief, community-based intervention to assist individuals who are in distress (Assing Hvidt et al., 2016). Telephone counselling services were developed to assist mental health care workers with their burden of work and to increase the availability of accessible and immediate mental health support (Davidson & Harrison, 2020; Hall & Schlosar, 1995; Willems et al., 2020). Because of the societal stigma associated with mental health challenges, which is then internalised, the anonymous, indirect, and non-face-to-face nature of telephone counselling lines offers a safe space for callers to share their difficulties (Christogiorgos et al., 2010; Gould et al., 2006; Ingram et al., 2008; Mazzer et al., 2021; Székely et al., 2015; Willems et al., 2021).

Telephone counselling was initially introduced in the late 1950s in Western countries as an immediate suicide prevention and crisis intervention service, however, some organisations have adapted and progressed into general helplines to meet the varied mental health care needs of callers (Dadfar & Lester, 2021; Székely et al., 2015). The variety of services that general helplines provide includes support for callers attempting to stop smoking, suicide prevention, domestic violence, sexual abuse, depression, family and relationship problems, and alcohol/drug addiction (Dadfar & Lester, 2021; Ingram et al., 2008; Lester & Rogers, 2012; Spittal et al., 2005).

There is minimal empirical evidence on the effectiveness of telephone counselling lines, particularly at suicide prevention centres, owing to the policy of caller anonymity (Assing-Hvidt et al., 2016; Mishara et al., 2007). Evaluating their effectiveness is also limited by possible selection bias and the possibility of confounding variables skewing the overall positive proximal and distal outcomes of suicide crisis interventions (Hoffberg et al., 2020). Further factors, such as participant dropout impacting the measurement of distal outcomes and the absence of standardised tools to measure crisis line effectiveness also need to be taken into consideration when reviewing the literature on the effectiveness of telephone counselling lines (Hoffberg et al., 2020). Despite these limitations, there is evidence to support the immediate and short-term positive outcomes of telephone counselling, as discussed below.

Counselling lines are effective in helping callers cope in distressing times, preventing suicidality, reducing hopelessness, meeting callers' immediate needs and improving mental health states (Gibson et al., 2016; Gould et al., 2006; Gould et al., 2007; Kalafat et al., 2007; King et al., 2003). Contacting a helpline can facilitate access to ongoing mental health care. For example, approximately 50% of callers at the National Suicide Prevention LifeLine in the United States followed through with a referral to other mental health care provided by the helpline (Gould et al., 2012). In some studies, callers reported a decrease in suicidality during the call as well as up to a two-to-three-week follow-up, but there was no longer-term follow-up (Assing-Hvidt et al., 2016; Gould et al., 2007; King et al., 2003). Several pediatric emergency departments referred high suicide-risk youth to crisis counsellors, and it was found that the helpline played a significant role in suicide risk management of callers (Busby et al., 2020). Counsellors engaged with youth callers by enquiring about their coping strategies, history of suicide attempts, and forms of support and collaborated on a plan to manage suicidal thoughts and behaviour (Busby et al., 2020). In other studies, the accessibility of receiving help did not necessarily change a caller's suicidal behaviour or improve their overall mental health, however, contacting a helpline resulted in a reduction in callers' levels of distress, anxiety, depression, feelings of overwhelm and hopelessness (Assing-Hvidt et al., 2016; Kalafat et al., 2007).

Additionally, studies have reported significant caller satisfaction with using a helpline (Mishara et al., 2007). Counselling qualities valued by callers include empathic engagement, a supportive approach, offering referrals, collaborative problem-solving, and active listening (Mishara et al., 2007). In a systematic review of youth helplines, 55% of studies found TCs'

questions, level of engagement and care empowered young people and helped them to feel heard and seen (Mathieu et al., 2021).

In summary, research on the effectiveness of crisis helplines is quite limited, possibly due to the methodological limitations of an anonymous and often once-off caller population. However, existing evidence indicates that helplines can offer valuable benefits to callers experiencing a mental health crisis and that the qualities of TCs are important in imparting these benefits. It is therefore important to support TCs as much as possible in providing empathic and responsive care to callers in crisis and maintaining their own wellbeing.

2.2 Telephone counsellors

Telephone counsellors are either paid or unpaid volunteers who receive basic counselling training through telephone counselling organisations (Middleton et al., 2014; Mishara et al., 2016; Spittal et al., 2015). These volunteers are not trained mental health professionals, but rather citizens with a variety of educational and career backgrounds telephonically providing emotional support to individuals experiencing a crisis. Across the literature, they are referred to as crisis counsellors, telephone crisis supporters, telephone crisis-line workers or crisis support volunteers, amongst other terms (Burgess et al., 2008; Hall & Schlosar, 1995; Howlett & Collins, 2014; Hunt et al., 2018; Kinzel & Nanson, 2000; Mishara et al., 2007). For the present study, the term ‘telephone counsellors’ (TCs) will be used.

2.3 Challenges of TCs

TCs deal with a range of complex crises, such as depression, grief, self-harm, suicidality, loneliness and experiences of abuse and violence, for which callers require immediate crisis interventions (Boness et al., 2021; Middleton et al., 2017; Willems et al., 2020). Counsellors are constantly shifting between different complex caller topics, without referral cards or advance information about callers (Willems et al., 2021). Across research studies, counsellors have expressed several difficulties in carrying out their role arising both from caller needs and from their own training and role limitations.

Regular or frequent callers use the telephone counselling service multiple times, phoning with complex mental health problems that can be emotionally draining for TCs (Middleton et al.,

2017; Pirkis et al., 2016; Vivekananda et al., 2021). A study at Lifeline Australia estimated that 3% of callers are frequent callers who make 60% of all calls (Pirkis et al., 2016). TCs have reported frustration with regular callers after realising the caller does not seem to be in an immediate crisis, thus reducing the availability of counsellors to assist other callers in need of urgent help (Kinzel & Nanson, 2000; Middleton et al., 2014; Watson et al., 2006). Further, TCs often doubt their effectiveness and competency in counselling frequent callers with serious and persistent mental health challenges (Burgess et al., 2008; Ingram et al., 2008). Regular callers often present with bipolar disorder, schizophrenia, anxiety, and depression and are at more risk of suicidal behaviours than non-regular callers (Middleton et al., 2016; Spittal et al., 2015). Callers with severe mental health disorders result in TCs feeling limited in their scope of practice, unequipped with the knowledge and skills that mental health professionals receive in specialised training, which directly affects their sense of competence (Willems et al., 2021). Thus, TCs can feel out of their depth and in need of further training to better assist callers with serious or complex psychological disorders (Howlett & Collins, 2014).

TCs are required to stay within the boundaries of their role, which is usually restricted to listening, empathising, exploring support structures, and referring to other services, within the scope of a single call and without having any follow-up contact with the caller (Willems et al., 2021). The inability to intervene outside of their counselling role and responsibilities creates feelings of distress and powerlessness for some TCs (Arthur et al., 2009; Vattøe et al., 2020; Willems et al., 2021). Furthermore, the absence of non-verbal communication with clients, the inability to follow up with callers, the unpredictability of callers' presenting problems and the probability of less organisational support (supervision and ongoing professional development) due to resource constraints are unique telephone counselling challenges (Baird & Kracen, 2006; Coman et al., 2001).

TCs also face difficult ethical dilemmas. For example, a faith-based crisis line in Norway allows volunteers to contact professional emergency units if callers are at risk of committing suicide and are willing to share identifying information (Vattøe et al., 2020). However, some suicidal callers do not want professional service help and reach out to the crisis line to support them in the process of committing suicide on the line. Counsellors reported feeling conflicted about respecting callers' wishes as well as preventing suicide by contacting emergency services (Vattøe et al., 2020). This ethical dilemma was greatly distressing as it conflicted with the organisation and some volunteers' religious values (Vattøe et al., 2020). Further, non-religious

counsellors were uncomfortable and in distress when asked to pray by callers (Vattøe et al., 2020).

A further challenge for TCs is harassment by callers seeking sexual gratification rather than crisis counselling (Willems et al., 2020; Willems et al., 2021). TCs are at risk of violation and abuse by callers who take advantage of the anonymous and non-face-to-face nature of telephone counselling.

2.4 Psychological impact on volunteer TCs

The combination of severity and complexity in the range of calls and limitations in counsellor training and scope can place TCs at risk of developing negative psychological impacts. The mental well-being of TCs needs careful attention as studies have revealed that they are emotionally affected by listening to the trauma of others and are at risk of burnout, secondary traumatic stress, and vicarious trauma (Williams et al., 2021).

Burnout is conceptualised as the result of the work environment rather than a problem within the individual (Maslach & Goldberg, 1998). TCs work in an emotionally charged environment, listening to and processing the emotional stressors of the callers. The emotional cost of this work potentially puts volunteers at risk of the three dimensions of burnout: emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach & Goldberg, 1998; Schutte et al., 2000). The consequences of burnout include hopelessness, cynism or a negative attitude towards callers (depersonalisation), chronic exhaustion, insomnia, depression, anxiety, and an internalized sense of failure and inadequacy to help (reduced personal accomplishment) (Maslach & Goldberg, 1998; Maslach et al., 2001). At an organisational level, emotionally drained volunteers are unable to provide their usual quality of care to callers. Thus, the emotional demands of volunteering result in absenteeism and high volunteer turnover (Fox & Cooper, 1998).

Secondary traumatic stress (STS) refers to the psychological distress that occurs as a result of indirect exposure to trauma through listening to the traumatic experiences of callers (Craig & Sprang, 2010). By empathically engaging with callers, the distressing material manifests in volunteers' subconscious and at times they can experience Post Traumatic Stress Disorder (PTSD) symptoms, such as anger, nightmares, and intrusive thoughts (Newell & MacNeil,

2010). Through vicarious traumatisation (VT), a related concept, counsellors may start to experience feelings of powerlessness, distrust, and lack of safety in their own personal lives, arising from the traumatic material of their clients (Iqbal, 2015). Several studies in high-income countries (HICs) have reported that telephone counsellors are at risk of STS and VT (Figley, 2013; Kinzel &Nanson, 2000; O'Connor et al., 2018). A personal history of trauma and high caseloads with trauma-related material can increase the risk of these outcomes (Dunkley & Whelan, 2006; Furlonger & Taylor, 2013; Leung et al., 2023). Both of these risk factors are likely to be prevalent amongst TCs in South Africa because of high levels of trauma exposure in the general population. The possible detrimental effects of VT on telephone counselling are cause for concern as they not only negatively impact counsellors' emotional functioning, interpersonal relationships, cognitive schemas and worldview, but also their empathic abilities, resulting in high volunteer turnover (Howlett & Collins, 2014; Padmanabhanunni, 2020; Roche & Ogden, 2017). For example in one organisation that provides telephone counselling to abuse survivors in South Africa, nine out of ten counsellors left the organisation because of the detrimental effects of listening to the trauma experienced by callers (Chandler & Kruger, 2005). Thus, it is imperative for TCs to have effective coping strategies and access to support resources to reduce, or manage, these work-related risks as the role of listening can negatively impact the overall well-being of volunteers.

2.5 Coping theory

Across coping theory literature, the definition of coping with stress and adversity varies and has been problematised for lacking consensual agreement. According to Lazarus and Folkman (1984, p. 141), coping is "*constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person*" (emphasis in original). Compas et al. (2001) suggest that an individual's response to stressful encounters is intentional and conscious, however, Lazarus and Folkman (1984) argue that coping can either be an intentional, conscious process or an unconscious response to stress. The above examples of coping definitions reveal the lack of a universal, conceptually clear understanding of what constitutes coping. Therefore, the definition of coping formulated by Lazarus and Folkman (1984) will be used for the current study. Their concept acknowledges the importance of the individual shifting flexibly between their responses to stress to deal with and recover from adversity. It is of the utmost importance to shift between coping strategies as situations change (Folkman & Lazarus, 1980). By emphasizing the effort that individuals make to cope in a manner that is deemed most efficient for each situation, this coping definition rejects the concept of automatised, effortless behaviour proposed by some coping theorists (Lazarus & Folkman, 1984; Skinner & Wellborn, 1994;

Snyder & Pulvers, 2001).

2.5.1 Problem-focused vs emotion-focused coping

The distinction between problem-focused coping (PFC) and emotion-focused coping (EFC) proposed by Folkman and Lazarus (1980), has been given significant attention over the last few decades, particularly because these ways of coping are neither mutually exclusive nor conceptually clear (Carver et al., 1989; Skinner et al., 2003). PFC entails managing the stressor itself by addressing it with a plethora of techniques, such as seeking information to take the necessary action to change the situation, planning, and restraint coping (Carver et al., 1989; Folkman & Lazarus, 1985; Skinner et al., 2013). EFC refers to a process of regulating one's emotional thoughts and reactions towards a stressor (Lazarus & Folkman, 1984). Some EFC strategies include denial, venting emotions related to the stressor, positively reinterpreting the event, and seeking social support (Baker & Berenbaum, 2007; Stanton et al., 2002). However, some coping responses could serve both functions and, therefore, fall under both categories (Compas et al., 2001; Skinner et al., 2003). For example, planning is a problem-solving strategy that can simultaneously calm an individual's emotions towards the stressor. Seeking social support may have both instrumental (getting advice about what to do) and emotional (receiving sympathy and emotional support) purposes (Carver et al., 1989). Therefore, PFC and EFC do not always occur as distinct binaries.

EFC is often negatively depicted as avoidant and escape coping which can heighten rather than reduce distress (Folkman & Moskowitz, 2004). Examples of avoiding a stressful situation are restricting thoughts about the stressor and procrastinating (Roth & Cohen, 1986). The negative connotations attached to escape and avoidance coping strategies have led to the perception that EFC, in general, is maladaptive and can cause significantly negative psychological outcomes, such as emotional numbness and highly disruptive avoidance behaviours (Roth & Cohen, 1986). Lazarus and Folkman (1984) propose that neither coping strategy is inherently more effective, but that coping is rather dependent on selecting a suitable response to a specific stressor.

In the hopes of resolving the ambiguity and negative perception of EFC in existing research, Roth and Cohen (1986) expanded EFC strategies by not only considering avoidant coping behaviour but also including approach coping behaviour, which overlaps with engagement vs disengagement coping theory (Compas et al., 2001). When a situation is perceived as controllable, meaning the individual has the resources or capacity to achieve a positive outcome, approach coping or moving towards the stressor (engagement) is a more suitable response (Compas et al., 2001; Roth & Cohen, 1986). Approaching a stressful demand entails

actively engaging with the problem by taking the necessary steps to solve it, for example, breaking the problem into smaller, manageable parts. Some of the engagement coping behaviours are problem-solving or seeking social support, which are both problem-focused and emotion-focused coping strategies (Connor-Smith et al., 2000; Lazarus & Folkman, 1984). Conversely, avoidant coping behaviour (which is similar to disengagement coping) is a process an individual undergoes if they lack the resources to achieve a desirable outcome, thus, avoiding dealing directly with the stressor as they lack control to change the stressful condition (Compas et al., 2001; Roth & Cohen, 1986).

Baker and Berenbaum's (2007) theory of emotion-focused strategies encompasses a subset, called emotional-approach coping. It entails an individual's active engagement in processing and expressing their emotions, which allows for subsequent decision-making, consisting of problem-solving strategies (Baker & Berenbaum, 2007). A further example of emotional-approach coping is finding meaning in a stressful situation. This also resonates with Folkman's revised transactional theory of coping and stress, which recognises meaning-focused coping (Folkman, 2008). By directing attention to the positive aspects of a stressor, the individual's negative emotional appraisal is reduced, and they ultimately experience a sense of growth in the face of adversity (Baker & Berenbaum, 2007). Hence, emotional-approach coping is considered an effective and adaptive coping strategy that benefits psychological and physical health (Austenfeld & Stanton, 2004; Baker & Berenbaum, 2007).

2.5.2 The Coping Circumplex Model (CCM)

Due to the challenges with prior coping models and theories covered in this review, particularly the predominant coping model of PFC and EFC, the Coping Circumplex Model (CCM) was developed (Stanislawski, 2019). CCM incorporates the shortcomings of existing coping theories by conceptualising eight coping styles (Stanislawski, 2019). The principal assumption of this theoretical framework is that people have two tasks when faced with a stressor: to address the problem and to manage their emotions. Coping strategies are organised into two dimensions: problem coping (whether the person solves the problem or avoids the problem) and emotion coping (how the person regulates their emotions under stress). The CCM includes eight coping styles; some relate to only one dimension and others to both dimensions (see Figure 1). In this way, the model does not view the problem and emotion aspects of coping to be mutually exclusive.

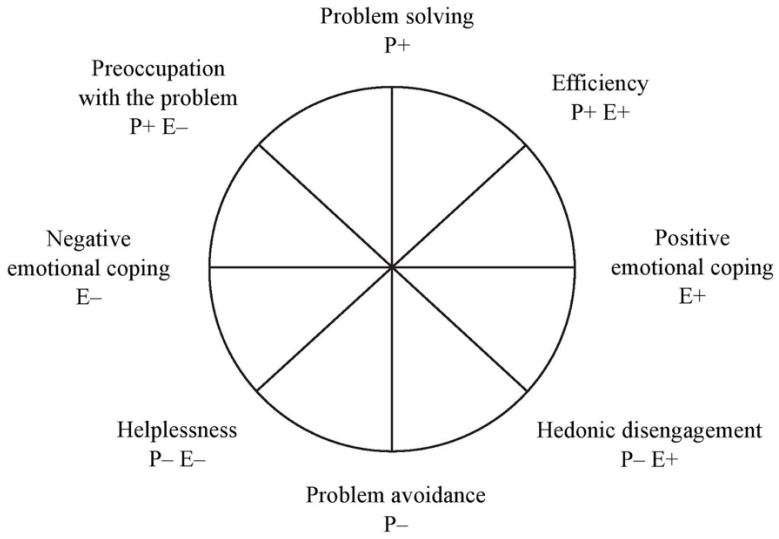

Figure 1. The Coping Circumplex Model

According to the CCM model, the problem-coping dimension expands into problem solving (P+) and problem avoidance (P-) while the emotion coping dimension expands into positive emotional coping (E+) and negative emotional coping (E-) (Stanislawski, 2019). Problem-solving entails active, cognitive, and behavioural measures to deal appropriately with the problem by gauging an understanding of the situation and putting consistent efforts in place to solve the problem with the most suitable solution (Stanislawski, 2019). The notion of problem-solving shares similar features to problem-focused coping and approach coping (Lazarus & Folkman, 1984; Roth & Cohen, 1986). Problem avoidance involves disengaging from the problem by avoiding one's thoughts and minimising the effort required to solve the problem or relinquishing efforts to achieve a desirable outcome (Stanislawski, 2019). This is identical to coping strategies that encompass denial, avoidance, and disengagement (Carver et al., 1989; Compas et al., 2001; Roth & Cohen, 1986).

Positive emotional coping encompasses a positive self-attitude when attempting to solve a problem (successful or not) (Stanislawski, 2019). This approach would evoke positive emotions and assist the individual in calming down, which relates to previous study findings of the benefits of self-kindness, utilising humour in the face of stress and positively reinterpreting events causing distress (Carver et al., 1989; Neff, 2003). Therefore, it seems effective as it eliminates possible negative and counterproductive cycles of harsh self-criticism alluded to as negative emotional coping (Gilbert & Procter, 2006). Negative emotional coping primarily focuses on the negative aspects and emotions towards a stressful situation (self-blame, feelings of anger and venting of emotions) which are covered in other coping research, (Carver et al., 1989; Carver, 1997; Connor-Smith et al., 2000; Stallman, 2020; Stanislawski,

2019). Studies have linked anxiety to the exacerbating effects of negative emotional coping on mental health (Cunha & Paiva, 2012; Liverant et al., 2004). Negative emotional coping hinders an individual from effectively coping with and adapting to adversity.

There are a further four coping styles in the CCM that entail various combinations of P+, P-, E+ and E-. Efficiency is a combination of problem-solving and positive emotional coping and focuses on both the problem and emotions (Stanislawski, 2019). Efficiency is an adaptive coping strategy as the individual acknowledges thoughts and feelings about the stressor and concurrently engages in cognitive transformations that yield new avenues for problem solving as well as positive emotions and expectations for solving the problem (Stanislawski, 2019). The opposite pole of efficiency is helplessness, a fusion of problem avoidance and negative emotional coping (Stanislawski, 2019). Preoccupation with the problem involves a failure to acknowledge thoughts and feelings about the stressor while engaging in cognitive transformations (such as preoccupation with one's limitations) that yield negative emotions and negative expectations of addressing the problem (Stanislawski, 2019). Hedonic disengagement consists of problem avoidance and positive emotional coping. It is a short-term strategy that provides immediate relief, through cognitive transformations that exaggerate the person's control over the problem, devalue the importance of the problem, and postpone dealing with the problem, while engaging in diversions that bring positive emotions (Stanislawski, 2019). However, it can become maladaptive if used for a longer period by delaying the attempt to address the issue. Its polar opposite is a preoccupation with the problem, a combination of problem solving and negative emotional coping (Stanislawski, 2019). This involves a high focus on solving the problem while neglecting to maintain one's needs and well-being. Such preoccupation is associated with anxiety, distress and other negative emotions (Stanislawski, 2019).

The CCM offers a more nuanced perspective on coping than the more binary previous models. Having reviewed the ways in which coping is conceptualized in the psychological literature, findings on the coping strategies used by TCs will now be reviewed.

2.6 Coping strategies used by TCs

Understanding how phone counsellors cope with the demands of their role, and what their support needs are, is important to providing a sustainable and effective phone counselling service. However, research on coping amongst TCs is limited.

A few quantitative studies in HICs have examined whether coping strategies and organisational support, such as regular supervision, are associated with negative psychological outcomes amongst TCs.

A study was conducted across nine telephone counselling organisations in three Australian states that offer domestic violence, suicide, sexual health, and grief telephone counselling services (Dunkley & Whelan, 2006). The study aimed to measure internal (personal history of trauma and coping style) and external (supervision) influences on VT. VT mean scores were low to average across participants, however, there were some individual scores that signified volunteers' vulnerability to developing VT . About a third (37.1%) of volunteers had a personal trauma history and demonstrated high levels of PTSD symptoms, due to identifying with what callers had shared Most volunteers reported receiving no training on VT and a third did not have supervision. It was suggested that self-awareness training should be implemented in the organisation for counsellors to be aware of the impact of, and their reaction towards, clients who share similar traumas. Dealing independently with the problem was the most utilised coping strategy and predicted lower rates of VT. As measured by the Coping Scale for Adults, this form of coping encompassed problem-solving, working hard, and using humour. However, the study does not report how counsellors solved problems, what 'working hard' entails, and how using humour helped them to cope. Volunteers who received supervision reported a lower disruption in cognitive beliefs, however, it is not stated what these cognitive beliefs were and how supervision helped. The second most utilised coping strategy was sharing, such as talking to colleagues and friends, which related to acts of self-care, however, this did not predict levels of VT. The use of 'non-productive' coping strategies (worry, self-blame, ignoring the problem or keeping to oneself) predicted higher levels of VT. It was suggested to address the impact of VT by improving the quality of supervision and for TCs to develop and utilise effective coping styles (Dunkley & Whelan, 2006).

A longitudinal study was conducted at three Lifeline Australian centres that provide crisis intervention services (Kitchingman et al., 2018). The study aimed to measure TCs' functional impairment during the week before and after a shift as well as establish the causes of impairment. The study used standardized measures to assess functional impairment, psychological distress, depression and anxiety, burnout and VT, and coping strategies at various intervals (the week before, immediately after and one-week post-shift). Significant psychological distress, such as symptoms of stress, secondary trauma, and anxiety a week prior to their shift was reported, even though most volunteers' self-report measures of psychological distress fell within a normal range. Acceptance and positive reframing (such as searching for the positive in an experience) were the most common coping strategies

(assessed with the Brief COPE scale). Seeking help from a mental health professional and implementing active coping strategies were protective against psychological distress and impairment while coping strategies such as denial and substance use increased the risk for psychological distress (Kitchingman et al., 2018).

Roche and Ogden (2017) conducted a study across seven UK Samaritan branches that support suicidal or non-suicidal distressed callers. The study assessed the possible role of demographic variables and psychosocial factors in determining burnout and overall health status amongst TCs. According to the study, UK Samaritans exhibited low levels of burnout and overall good health status. However, younger age and the frequent use of avoidant coping (as measured with the Brief COPE) were associated with emotional exhaustion, a symptom of burnout. Avoidant coping strategies seemed to be the primary predictor of burnout in the study, but no examples of this way of coping were given. Further, a declined health status was predicted by working more shifts per week, having insufficient social support, and avoidant coping strategies (Roche & Ogden, 2017).

There have also been a number of qualitative studies exploring TCs' experiences of their work, which have included some questions about coping strategies and support resources (Davidson & Harrison, 2020; Rath, 2008; Vattøe et al., 2020; Willems et al., 2021). From these studies, it has emerged that supervision, peer debriefing and support, setting professional and personal boundaries, self-compassion, practising self-care, and adequate training helped TCs manage the stressors of their role (Davidson &Harrison, 2020; Vattøe et al., 2020; Willems et al., 2021). However, TCs have reported a lack of adequate training and organisational support (Taylor et al., 2019). A study was conducted at a youth helpline in New Zealand that provides once-off and ongoing support to young people between the ages of six and eighteen. The study's purpose was to explore TCs experiences of the work they do and work-related factors which shape their unique experiences (Davidson & Harrison, 2020). The participants reported that sharing a workspace with fellow colleagues and instantaneous access to an in-shift supervisor were effective coping tools; the ability to vent, or offload, onto other TCs regarding their frustrations and sharing challenges with certain calls was a form of debriefing; and the supervisory relationship created a safe space where TCs felt heard when openly discussing complex feelings that arose by listening to callers (Davidson & Harrison, 2020). The positive impact of using other TCs as a method of support, and ultimately, a way of coping was further expressed in a study conducted on women's experiences of working at a Rape Crisis Centre in Wales and England (Rath, 2008). This study aimed to explore volunteer rape crisis counsellors' meaningful experiences in relation to their role. Some TCs reported a change in their relationship with men

by asserting boundaries, intimate relational expectations, and behaviours. However, some counsellors stated the training was not beneficial to their personal development. Counsellors were concerned about not being selected as fully-fledged counsellors if they openly shared with trainers any personal issues related to the training; thus, the personal development training was experienced as an unsafe space to be vulnerable. Volunteers made use of informal personal development by meeting outside of the work environment to freely express and discuss thoughts on their training. The researcher suggested that the organisation should provide opportunities for volunteers to gather informally to sustain supportive friendships (Rath, 2008).

Vattøe and colleagues (2020) were interested in identifying the emotional stressors of volunteers at a church-affiliated suicide prevention crisis line in Norway and their subsequent management of distress. Personal coping strategies for participants involved focusing on experiences of meaning and growth. This mindful approach involved directing attention to the calls that were experienced as having gone well for counsellors, the personal growth observed by callers, as well as the TCs' own personal growth experienced during the conversation. Personal reflection on counsellors' life problems and the sense of gratitude and appreciation for what they have helped volunteers cope with emotionally distressing calls. Furthermore, regular pre-shift meetings and post-shift debriefing with colleagues provided a safe and supportive environment for counsellors to share distressing experiences and 'let go' of the residual effects of calls. Reflection-based group supervision meetings were highly valued as an additional support offered by the organisation. Connecting with fellow helpers in the presence of supervisors by sharing challenging calls was helpful and was additionally used as a space to gain advice or guidance on how to counsel certain calls more effectively. In response to the ethical dilemmas expressed by religious counsellors employed at this faith-based suicide prevention crisis line, training on how to provide the same level of care and support to various degrees of suicidal calls was suggested (Vattøe et al., 2020).

Willems and colleagues (2021) explored the emotional impact on TCs volunteering at the Listen Line in the Netherlands, their work-related challenges, and their coping resources. TCs shared the emotional impact of the work and their personal challenges. However, personal and organisational resources protected their mental well-being. Some of the personal resources included self-compassionate thinking (letting go of the content of calls, and self-acceptance when making mistakes) and setting professional boundaries (taking a break between calls and outside of the work environment. Further, peer debriefing and check-in calls with trainers are forms of support offered by the organisation. Even though the researchers received overall positive feedback on the organisation's training and support, some volunteers stated that the

suicide-prevention training added no value and certain caller-related topics (suicidality and child abuse) were distressing. The researchers recommended that volunteers should be made aware of the emotional impact and challenges within the role during selection week and that the organisation should explore volunteers' support needs in advance (Willems et al., 2021).

Finally, a study at multiple helplines across the South-West of England interviewed volunteer TCs who provide support to survivors of domestic violence and abuse (Taylor et al., 2019). The study aimed to explore helpline workers' perceptions of the training received, the impact of their work on their lives, and their support needs. Volunteers expressed the need for external clinical supervision and additionally felt there was a lack of regular support. It was shared that the supervisors are not adequately trained to support them with distressing calls and how to cope with them. TCs suggested the organisation should offer training on trauma and its potential triggers and how to manage the emotional impact of working on the line (Taylor et al., 2019).

Although coping was included amongst other variables and foci in these studies, none of these studies focused specifically on exploring telephone counsellors' coping strategies and coping resources. Further, there is a lack of research on the experiences of TCs at crisis helplines in resource-scarce and lower-income contexts like Africa, where the burdens on telephone counsellors may be different and the resources for support scarcer. To the researcher's knowledge, there is only one published study on helpline TCs in South Africa. Keyter and Roos (2015) conducted a qualitative focus group study amongst mental health care workers at Childline Gauteng to establish what coping strategies they utilise when exposed to continuous secondary trauma. They found that coping occurred on three different levels: intrapersonal coping, relational coping, and organisational norm of care. Intrapersonal coping involved flexibly shifting between different perceptions of callers' presenting problem, setting professional boundaries by taking a lunch break outside of the work environment, constant reflection after calls, and using resources (such as the internet or supervisor) to assist them with helping future callers with a similar problem. Relational coping entailed relying on support networks and relationships within the organisation or friends and family. However, it is unclear what took place in these supportive interactions that produced favourable results for counsellors. Lastly, the organisational norm of care was expressed as the immediacy of accessing a supervisor and colleagues to debrief on specific counselling experiences (Keyter & Roos, 2015). It is evident that self-care and social support-seeking behaviours contributed to participants' well-being and served as a protective factor from developing negative psychological outcomes. However, the sample consisted of a mix of face-to-face and telephonic mental health care workers with varying qualifications and levels

of training, including social workers, auxiliary social workers, trauma counsellors and lay counsellors, and secondly, it focused on counselling for child cases only. The specific coping experiences of TCs with less professional training, and those working with adult clients in the South African context, may differ. In addition, the coping experiences of TCs may differ across different organisational contexts.

Overall, research on coping among TCs is limited and largely based in HICs. Despite the important role of telephone counselling services as a mental health resource in South Africa, there is insufficient research on the strategies that South African volunteer TCs use to manage their work or what their ongoing support needs are.

2.7 Summary

In summary, both quantitative and qualitative research suggests that telephone counsellors are professionally and personally impacted by the work they do. Quantitative research has suggested that telephone counsellors are at risk of negative psychological impacts while qualitative research has provided a broader understanding of the organisational and personal resources TCs require to cope in their role. Within the South African context, there is minimal literature on telephone counsellors' experiences of volunteering in a resource-scarce context. Telephone counsellors' coping strategies and resources have not been comprehensively explored, particularly in LMIC settings like South Africa, and warrant a deeper understanding through research focused specifically on richly describing and understanding TC experiences of coping with their work.

CHAPTER 3: METHOD

This chapter will describe the researcher's approach to conducting the current study, including the philosophical assumptions of interpretive phenomenological research. The sample and the data collection method will be described in detail. Thereafter, the steps for analysing the results using the technique of reflexive thematic analysis are discussed. The issue of trustworthiness and the strategies used to enhance the validity and credibility of the study's findings are then addressed. Finally, the ethical considerations are highlighted.

3.1 Study design

The present research used a qualitative approach based on the assumptions of an interpretive phenomenological approach. A phenomenological method of inquiry involves a detailed exploration of participants' lifeworld by understanding their personal experiences, perspectives of their reality and the ways in which individuals interact with others (Sundler et al., 2019). Furthermore, *lifeworld* is a core assumption of interpretive phenomenology, which expresses that people's realities are influenced by the world they live in (Sundler et al., 2019). The interpretive phenomenological approach aims to understand the content and complexity of the meanings that participants associate with their realities (Smith & Osborn, 2008). The researcher is then interested in the narrative associated with an individual's experience or account of their worldview. Another key concept is *situated freedom*. Although individuals are free to make their own choices, freedom is situated as it is shaped by specific conditions or the context of a person's life (Neubauer et al., 2019).

Furthermore, the interpretive phenomenological researcher is actively involved in co-constructing knowledge with participants by interpreting the meaning of participants' experiences through the researcher's lens of interpretation (Chen et al., 2011). Therefore, the researcher is cognisant of the intersubjective nature of understanding how participants interpret their world, whilst the researcher attempts to make sense of participants' interpretations of their reality (Willig, 2013).

This particular research design was selected as the purpose of the current qualitative study is to gain a deeper understanding of South African volunteer TCs' coping strategies and resources. The goal of utilising an interpretive phenomenological research design is to understand volunteers' perceptions of their lived experiences in the context of their work environment. However, the researcher maintains the assumption that there is no single interpretation of participants' narratives, including the researcher's interpretation. Thus, the findings reflect only one version of participants' lived experiences. Furthermore, the researcher is also a volunteer

TC at the same organisation. While a potential advantage of this is being perceived as relatable to group members, which facilitates the open sharing of their experiences, a possible disadvantage is that the researcher's personal experience at the organisation could influence their assumptions and interpretations of participants' experiences. Following guidelines for reflexive qualitative research (Braun & Clark, 2019), the researcher used journalling to reflexively engage in the process of data analysis and interpreting the data and discussed emerging themes with the research supervisor. This ensured that interpretations were grounded in the data as far as possible, and that the role of the researchers' own positioning was acknowledged.

3.2 Sample

The study was conducted with volunteer TCs from the Cape Town branch of LifeLine Western Cape. LifeLine is a community-based organisation that was established in the Western Cape in November 1968 and provides twenty-four-hour telephone counselling services as well as face-to-face counselling by appointment (LifeLine, n.d.). It is a general telephone helpline, meaning that volunteer TCs are trained to provide support to callers with any presenting problems (LifeLine, n.d.). LifeLine has eighteen centres across South Africa and the Western Cape branch has approximately sixty volunteer TCs who either counsel from home (this applies to more senior TCs) or the counselling offices provided by the organisation. All the participants in the current study provide counselling support from the LifeLine offices workplace.

To volunteer at the organisation, individuals are required to complete LifeLine's personal growth and counselling skills courses. Thereafter, potential candidates are interviewed and, if successful, a six to eight-month probation period commences before becoming a fully-fledged counsellor. During the probation period, volunteer TCs are given the same duties as fully-fledged counsellors, however, probation includes monthly group supervision which fully-fledged counsellors do not have access to. This study sampled only fully-fledged counsellors, as they have had more telephone counselling experience and time to develop coping strategies after no longer having access to monthly group supervision post-probation.

After sending a recruitment advert to all the LifeLine counsellors at the Western Cape branch, specifying that only fully-fledged counsellors were required, twelve counsellors volunteered to participate. Ten of the participants had either completed or were in the process of completing their honours degree in psychology. The eleventh participant had been a high school teacher for over thirty years. These 11 participants' telephone counselling experience ranged from three months to two years after their probation period and one participant has twenty years of experience and is a senior supervisor at LifeLine. The twelfth participant was a clinical educator and senior supervisor at LifeLine, and had twenty years of experience as a TC. Eight

participants were female and four were male. Participants were between the ages of twenty-two and sixty-three.

Interpretative phenomenological researchers typically use purposive sampling to recruit participants with shared experiences, conditions or situations (Willig, 2013). For the current study, participants were homogenous to the extent that volunteers had undergone the same training and fulfilled the same duties as TCs at LifeLine. Purposive sampling is appropriate to gain an in-depth understanding of participants in a particular community, as it provides "useful manifestations of the phenomenon of interest" in qualitative research (Patton 2015, p.46). This sampling technique aims to gain insight into an individual's lived experiences instead of generalising findings from a sample to a population (Patton, 2015; Silverman, 2016). Therefore, purposive sampling is appropriate to address the current study's research questions and aims.

3.3 Data collection

Semi-structured interviews were used to collect data. This method is suitable when the researcher is interested in collecting a detailed account of participants' experiences and their subjective interpretations of them (Doody & Noonan, 2013). The interview questions explored any work-related challenges TCs are experiencing, the personal and organisational-related coping strategies and resources that TCs utilise, whether these have been helpful and whether there are challenges with implementing their coping strategies or accessing coping resources. It also aimed to gauge an understanding of what other resources they would need to assist them in carrying out their role.

The semi-structured interview method allowed the researcher to ask impromptu follow-up questions whilst using the language participants used to describe their realities. The flexible nature of this style of interviewing made provision for participants to move freely between their thoughts and feelings. This was useful as coping strategies are a broad topic, so the semi-structured interview refined the questions for each participant to further explore and make sense of the specific coping strategies and resources they mentioned. The reoccurring follow-up question, 'How was that helpful?' allowed volunteers to reflect on the ways in which their coping strategies function to support them in their work.

Two pilot interviews took place with the first two TCs who contacted the researcher. Pilot interviews offered the researcher the opportunity to trial the interview questions to ensure participants' responses corresponded with the aims of the research (Terreblanche et al., 2006). Thereafter, a few questions were removed and adapted for subsequent interviews. Because one

participant was both a telephone counsellor and senior supervisor, the first part of the interview followed the interview schedule and the second half of the interview explored supervisor-related challenges in carrying out her role, what the general challenges are for TCs, TCs methods of reaching out to the organisation for support and possible future developments within the organisation.

3.4 Procedure

To adhere to South Africa's POPI Act, an advert for the study was sent to all LifeLine counsellors by the management co-ordinator of LifeLine. Counsellors who wished to take part in the study contacted the researcher directly. Thereafter, the researcher sent an introductory email to prospective participants to invite them to take part in the present study, attaching the informed consent form for signing. For those who gave consent, interview scheduling took place over WhatsApp as it was a more convenient method of communicating.

The researcher emailed the informed consent form for participants to electronically sign before they attended the interview. If they were unable to do so, the researcher brought the informed consent form to the interview to be read and signed before the interview commenced. Three interviews were conducted via MS Teams to accommodate participants' schedules. The remaining interviews were conducted at the University of Cape Town's Child Guidance Clinic where the researcher was based (in this case, three participants were reimbursed for transport costs at a standard rate of R100). All the interviews were conducted in English by the researcher. The majority of the interviews were 90 to 110 minutes in length.

After the researcher welcomed participants, the researcher reiterated the consent form which highlighted the purpose of the study, their participation requirements and the ethical procedure. The interviews were recorded with an iPhone and the researcher's laptop. Participants were then thanked for their participation and reminded that the interview was confidential. Thereafter, the interviews were transcribed by previous or current honours in psychology students who provided research assistance. Each transcribed interview was proofread by the researcher before data analysis. The audio recordings and interview transcripts were removed from transcribers' devices once transcription was completed. The password-protected transcriptions and data related to the study will be stored on the researcher's USB stick for five years before being deleted.

3.5 Data analysis

Once the data were collected, the researcher searched for codes informed by a data-driven inductive approach (Willig, 2013). An inductive approach involves the process of coding data that emerges from the data, rather than from a pre-existing coding framework (known as deductive thematic analysis) (Willig, 2013). For this study, the researcher was interested in establishing themes that are grounded in the participants' lived experiences within their specific context, thus an inductive approach to thematic analysis was most suitable (Willig, 2013).

Braun and Clarke's (2019) reflexive thematic analysis was used to analyse the collected data. The purpose of this approach is for the researcher to maintain an awareness of the active role they play in producing knowledge and interpreting the data (Braun & Clarke, 2019). Therefore, the researcher is involved in and engages with the data and the analytic phase thoughtfully and reflectively, which honours and respects the subjectivity of participants' narratives (Braun & Clarke, 2019), whilst acknowledging the researcher's reflexive interpretation of what is shared (Byrne, 2022). Reflexive thematic analysis aims to organise codes into themes that represent individuals' common or shared experiences which the researcher attempts to make sense of whilst interpreting the data (Braun & Clarke, 2019). This approach to data analysis invites the researcher to embrace their role and subjectivity in producing knowledge. Essentially, the researcher co-constructed knowledge with the participants through the double hermeneutic process (interpreting the participants' interpretations). Reflexive thematic analysis is appropriate for this study because the researcher is interested in generating themes to identify broader patterns that can be generalised across the dataset to draw conclusions.

A constructionist epistemology was appropriate for this study because participants' realities and knowledge are constructed by their interaction with the world (Byrne, 2022). Language plays a significant role in determining the meanings that individuals assign to their experiences (Byrne, 2022). Therefore, identified themes during the process of data analysis do not represent 'the truth' but rather participants' and researchers' perspectives and interpretations of the meaningfulness of codes and themes (Byrne, 2022).

Phase one involved actively listening to the recordings so the researcher could familiarise themselves with the data before transcribing (Byrne, 2022). Once the data were transcribed, the researcher was immersed in an active way that consisted of repeated reading to search for patterns and meanings in the content of the data (Terry et al., 2017). Once patterns and meaning started to emerge, the researcher was able to note down the initial ideas of the data. The researcher also reflexively journalled any thoughts and feelings that arose from the data and the analytical process (Byrne, 2022).

Phase two entailed generating initial codes from the collated data that could be useful in addressing the proposed study's research questions (Byrne, 2022). The researcher initially coded one interview which was reviewed with the research supervisor. Thereafter, the researcher commenced coding the transcripts phrase by phrase, referred to as open coding. After coding two transcripts, the codes were entered into a coding schedule. Thereafter, the researcher assessed whether subsequent transcripts' data matched an established code in the coding schedule or whether a separate code needed to be created to highlight new information. This process refers to the constant comparison of codes with the overall raw data and already established codes (Fram, 2013).

In phase three, all the codes on the coding schedule were examined and compared and similar codes were grouped into higher-order categories. These categories were organised and named based on the relationship across participant's subjectivities. The supervisor was approached to review the categories before establishing initial (potential) themes by combining conceptually related categories (Braun & Clarke, 2006).

The researcher then compared across all the categories to assess whether they could be grouped together into broader conceptual themes and sub-themes (Byrne, 2022). At this phase of reflexive thematic analysis, it is imperative to review at two levels. Level one involved reviewing data items and codes across all potential themes to ensure a coherent pattern which addressed the research questions (Braun & Clarke, 2006). Once coherent patterns were confirmed, level two involved determining whether the potential themes accurately reflected and interpreted the data set (Byrne, 2022). These aforementioned levels are crucial to producing a thematic 'map', which reflects a convincing story of the data (Braun & Clarke, 2006). For example, codes such as "uses movement", "breathing exercises to help cope" and "taking a break between calls" were categorised as "mindful things that counsellors do on their shift." This category was combined with other mindful activities that counsellors practice after their shift to form the theme, "Mindful practices to cope with telephone counselling challenges".

Phase five involved refining, defining and naming the distinct themes, in relation to the research questions (Braun & Clarke, 2019). The definitions of these themes represent how the researcher made sense of key aspects of the participants' experiences. The researcher chose data extracts under each theme which captured the essence of the theme's argument (Braun & Clarke, 2019). Once concrete themes were identified and named, the researcher ordered the themes in a logical and meaningful way to present a narrative of the data (Braun & Clarke, 2019).

3. 6 Trustworthiness

Qualitative research is often critiqued for producing unscientific and biased data because of the sole reliance on the researcher's interpretations and inferences (Cope, 2014). Because of this, Lincoln and Guba (1985) developed criteria to assess trustworthiness in qualitative research which relates to the principles of scientific measures such as reliability and validity. Trustworthiness refers to the degree of trust or confidence readers have in a qualitative study's data, interpretations and methods (Daniel, 2018). Four general criteria are employed by researchers to establish trustworthiness: credibility, transferability, dependability, and confirmability (Stahl & King, 2020). These will be discussed in turn.

3.6.1 Credibility

Credibility entails accurately representing participants' perspectives and lived realities through various techniques to ensure the researcher's interpretations are congruent with participants' realities (Stahl & King, 2020). Credibility requires the researcher to establish credible and relevant findings (Daniel, 2018). This was achieved by carefully describing the data analysis process in this chapter. Additionally, ensuring credibility requires the researcher to focus their analysis within the parameters of the topic of research (Daniel, 2018). The researcher sought input and feedback from the supervisor (referred to as peer debriefing) at various stages of the research process to ensure the credibility of the research process and findings (Stahl & King, 2020). Credibility was further promoted through collaborating with the supervisor which allowed the researcher to discuss any ideas and interpretations of the findings whilst shedding light on any possible biases and preferences as the researcher is a LifeLine volunteer telephone counsellor (Shenton, 2004).

3.6.2 Transferability

The goal of transferability is to determine the extent a study's findings are applicable in other settings or similar contexts (Lincoln & Guba, 1985, cited in Daniel, 2018). Thus, qualitative research relates to transferring findings from one context or population to another without aiming for generalisability (Stahl & King, 2020). The researcher provided detailed descriptions of participants, the research context, and the data collection process for the readers to determine whether the findings are transferable to another context (Cope, 2014; Stahl & King, 2020).

3.6.3 Dependability

The third criterion of trustworthiness is concerned with the reliability of the research process and findings over time if needed to be replicated or repeated (Elo et al., 2014). One strategy to enhance the dependability of qualitative research is to document the research procedure logically and clearly (Tobin & Begley, 2004, cited in Nowell et al., 2017). The researcher thoroughly documented the research design, data collection method and reflexive thematic analysis in case future research with similar participants and conditions would like to replicate the study (Creswell & Miller, 2000). Dependability was further promoted through seeking the supervisor's consensus on decisions made throughout the research process (Cope, 2014). Additionally, a coding schedule was in constant review by both researcher and supervisor to discuss the data and make sound interpretations.

3.6.4 Confirmability

Confirmability is maintaining objectivity in presenting the research findings, thus, the findings are a result of participants' experiences and not a reflection of the researcher's perspectives or biases (Morse, 2015; Shenton, 2004). However, as discussed above, reflexive thematic analysis proposes that the researcher is always co-constructing the findings and cannot bracket off their subjectivity. Nevertheless, confirmability can be promoted when researchers demonstrate their justifications for theoretical, methodological and analytical choices throughout the research report (Koch, 1994, cited in Newell et al., 2017). The researcher provided a detailed description of the analysis process. Furthermore, each main concept or theme was linked to the data by direct quotes to confirm the relationship between the results and the data (Elo et al., 2014). The researcher has used reflexivity as a technique to strengthen confirmability, which is discussed below.

3.7 Reflexivity

Reflexivity allows the researcher to acknowledge their subjectivity, biases and assumptions which may affect data collection and analysis (Weiner-Levy & Popper-Giveon, 2013). By critically examining their own experiences, values and assumptions, both as a person (personal reflexivity) and as a theorist (epistemological reflexivity), researchers can be cognisant of how these factors shape and influence the research (Haynes, 2012; Willig, 2013). Personal reflexivity entails reflecting on the researcher's assumptions, interests, experiences and beliefs influencing the research process (Willig, 2013). It also invites the researcher to reflect on how the research has personally and professionally impacted them (Willig, 2013). Epistemological reflexivity focuses on the researcher unpacking their assumptions about knowledge, and considering how the research questions and study design informed the findings (Willig, 2013).

The researcher is a psychology student and a LifeLine counsellor. Throughout the research process, the researcher held an awareness of possibly identifying with participants' experiences and of how their positionality might have influenced what participants were willing to disclose or not share. The researcher's positionality could have also impacted how data were collected and interpreted. As a LifeLine telephone counsellor, the researcher is an insider, which could have made it comfortable or easier for participants to share their experiences or hindered them from truly expressing themselves.

3.8 Ethical considerations

The study received ethical approval from the Faculty of Humanities at the University of Cape Town (PSY2023-007). The following sections discuss the ethical considerations considered in this study.

3.8.1 Informed consent

Participants who agreed to participate received the informed consent form (see Appendix A) before the interviews commenced and signed it electronically beforehand. The form highlighted that participation in the study is voluntary and participants have the right to withdraw at any point.

3.8.2 Confidentiality and anonymity

The researcher ensured participants' confidentiality and anonymity were upheld by assigning a participant number (for example, 'P1') during the interview, which was used in the analysis stage and when writing the findings of the research. The transcribers signed a confidentiality agreement stating their responsibilities and duties to keep all information in the research interview confidential. Identifying information (such as age, gender, where participants live etc) was not included in the thesis. Additionally, the researcher informed participants that the organisation would have access to the de-identified thesis.

3.8.3 Risks and benefits

There was some risk to all participants in the study as they were probed to discuss challenges and difficulties they faced in their role as telephone counsellors. Possible risks were described in the consent form and again on the day of the interview and participants were reminded of their right to withdraw from the interview at any given point. The researcher also tracked verbal and non-verbal distress cues during the interviews and would have followed up privately

afterwards with any participants who displayed signs of distress or discomfort, however, there were no such cases. A potential benefit was that participants might have found it meaningful to openly discuss and reflect on their coping resources, or lack thereof, and which strategies they want to implement in the future.

3.9 Summary

This chapter outlined the suitability of the interpretive phenomenological approach used in this study. It further provided a background of the participants, the sampling process, and the procedure. Reflexive thematic analysis was used to interpret the semi-structured interviews. The researcher provided a section on reflexivity to document some of the experiences and assumptions before, during and after data collection. Lastly, confidentiality, anonymity and the risks and benefits of participating in the study were highlighted under the ethical considerations.

CHAPTER FOUR: FINDINGS

This chapter will present the findings from the twelve interviews with volunteer TCs at a South African organisation. Eight themes were commonly expressed across participants' accounts of their subjective experiences of their telephone counselling work. Three themes demonstrate the most common challenges that participants encounter and provide a context for understanding what it is that they need to cope with in their TC role. Five themes pertain to prominent ways that participants cope with their work challenges. Sub-themes under each theme will also be discussed. Direct quotes from the participants' interviews are used to provide evidence to support each theme.

Table 1.
Themes

Challenges		
Themes	**Sub-themes**	**Total participant frequency (*n*=12)**
Challenging calls	Domestic abusive callers	3/12
	Suicidal callers	5/12
	Regular callers	4/12
Negative impacts on the self	Questioning counselling abilities	5/12
	Personal history of trauma	3/12
Frustration with telephone counselling conditions	Wanting to offer more support than the role allows	5/12
	Busy shifts	5/12
Coping		
Themes	**Sub-themes**	
Mindful practices to cope with telephone counselling challenges	Mindful and intentional practices during shift	9/12
	Self-compassion towards counselling abilities	5/12
	The drive home as a separation ritual	7/12
	Mindful and intentional practices after shift	5/12
Active engagement with counselling experiences	Reflective writing as an effective coping tool	7/12
	Recognising personal and professional growth	6/12

Actively disengaging from counselling experiences		3/12
Coping through connection	Supervisor support	5/12
	Personal life support	7/12
	Peer support	7/12
	Request for organisational support	6/12
Hopes for coping in the future	Connecting with the telephone counselling community	6/12
	Leaning on supervisors	4/12

4.1 Challenging Calls

Working on a general crisis line, volunteers do not have a choice about which calls they receive and so are exposed to callers with various presenting problems. Some of these presenting issues evoke powerful feelings and attitudes in participants, creating feelings of emotional strain that are not always easy to manage. The following types of calls were repeatedly reported across interviews as causing significant feelings of being overwhelmed, powerless and emotionally triggered: domestic abusive callers, suicidal callers and regular callers. The impact of these calls on participants is discussed below.

4.1.1 Domestic Abusive Callers

TCs sometimes have to listen to perpetrators of domestic violence graphically explaining what they have done to their partners. Three participants expressed that counselling abusers strain their capacity for empathic engagement with the client and challenge their attempts to remain neutral. They attempt to compose themselves or keep their reactions contained during these types of calls but find it challenging to manage their initial emotional reactions and be non-judgemental.

One volunteer shared her internal mental conflict of trying to hold space for a caller who was vividly sharing details of violence they had engaged in. The participant's internal battle demonstrates her empathy towards the caller but, simultaneously, her feelings that their actions are unacceptable:

"… there is a part of me that, that feels sad for and sorry for this guy who got into this loop through drugs or alcohol… but then… the part of me that would just like to say, "You got to grow up sometimes and just learn to manage your feelings and emotions and you can't do that to people", but tha —that's not my role." (P3)

P6 and P9 similarly convey strong feelings towards domestic abuse perpetrators, rooted in their own personal relationships with survivors of abuse:

"… I know, I know my mom grew up in that type of house, you know, where her father was an abuser and then sort of then hearing, "Oh but this is still going on in today's environment"... I think it's more just the anger of knowing that it's out there… It's a sense of, "Okay but now I wanna [sic] hang up on you sort of thing."" (P6)

"…if I can ever get my hands or, or a conversation with someone like that (abusers), you know, how[sic] I'd confront them about it. But then in these circumstances (telephone counselling), I had to… stick with this guy and hear him out or understand his situation…" (P9)

P6 is particularly triggered due to one of his own caregivers being raised in an abusive home. His anger is connected to his realisation of the ongoing perpetuation of violence in society. It is also about not being able to end the call abruptly because of his telephone counselling duty. P9 is also challenged by empathising with perpetrators, especially because his girlfriend was severely abused in her previous relationship. This counsellor initially has an aggressive reaction to domestic abusive callers but attempts to step into his empathic and non-judgemental counselling role. Both volunteers are required to prioritise the perpetrators' needs for counselling over their own feelings about gender-based violence.

The findings in this sub-theme indicate counsellors' difficulties with providing mental health care services to perpetrators of violence because of the conflict between moral values. Caller and counsellor are already disconnected by their distinct views on violence, while still trying to establish a therapeutic relationship. Unlike practitioners in private practice, who can select the clients they wish to work with, working on a crisis line challenges counsellors to engage with clients they struggle to empathise with. They need to find ways to withhold their instinctive, personal reactions to violence to step into their professional, non-judgemental role. While they manage to put their personal feelings aside to offer support, there is a degree of emotional strain and moral compromise in this process.

4.1.2 Suicidal Callers

Individuals who are attempting or considering suicide require immediate intervention. Counsellors are tasked to engage with the caller's plans to commit suicide by actively listening and questioning for details. This process of suicidal callers vividly mapping out their plans is distressing and often leaves counsellors feeling helpless because of their inability to intervene

further. Five participants described their general hesitancy to pick up any call in case it was a suicidal caller, in addition to their challenges with counselling suicidal callers. One volunteer shared:

"… we've been taught that we cannot stop them (suicidal callers), but we can create the space to just give — to paint the picture with them, what can happen if they do it or who will find them, for example. How is that a solution (committing suicide) for [sic] what you're gonna [sic] do?" (P7)

P7 emphasised their attempt at preventing the caller from committing suicide. However, the policy at LifeLine, like most telephone counselling organisations, is not to intervene if callers want to end their suffering. Even though this participant is aware of their responsibility for suicide calls, the act of committing suicide troubles him personally and professionally. P5 and P6 commented on the inability of telephone counsellors to intervene outside of their scope of practice, as they are trained only in basic counselling skills:

"… I think one of the challenges is that we don't have… a lot of skill… we've got the ability to contain, reflect and all of those sorts of things. But… you do hit the point where you can't intervene much more…" (P5)

Here P5 feels a sense of helplessness in her duty to suicidal callers because of insufficient skills to intervene in the ways that "specialised professionals can" and only having the option to refer the client elsewhere. For P6, it was anxiety-provoking to have no control over the direction a call could go with a suicidal caller, whilst attempting to be at peace with the decision the caller could ultimately make:

"… we haven't necessarily received the full training on what to do in a particular situation like that. We were also told, okay, you have to understand if something happens, there really isn't anything you can do. You're not to blame, you can only do so much, and you can do so much as they are willing to do with you. But beyond that, that's it." (P6)

Most participants in the current study are psychology students who have learned, to some extent, therapeutic modalities such as Cognitive Behavioural Therapy (CBT) but are trained as telephone counsellors to stay within the organisation's Rogerian modality. Volunteers who have a background in psychology are required to refrain from applying modalities outside of the organisation's scope of practice, as is the case in most telephone counselling organisations. P5, P6 and P7's challenges with suicidal callers are related to the organisation's policy of non-intervention in addition to their emotional difficulties with counselling suicidal callers. The policies of the TC organisation, while in place for good reasons, can compound more personal feelings of powerlessness in the face of suicidal callers.

4.1.3 Regular Callers

Depressed, lonely regular callers and other regular callers are regarded as challenging because of counsellors' frustration towards callers' stuckness and lack of desire to make real change. Participants find it difficult to counsel individuals who are not taking active steps to help themselves:

"… people… who are depressed who want to call…the South African organisation sort of… phone to complain, if that makes sense? That's a frustrating call because… it's like they just want to take you on this… journey, on this route of… complaining and this is wrong and that's wrong…" (P11)

" I do tend to get frustrated coz [sic] I, I can sometimes hear like you're just calling with the same thing to complain about again, you [sic] not actually interested in working on it and bettering the problem?" (P1)

P4 and P7 feel a sense of frustration when a regular caller's number or name appears because they prefer to attend to callers who need 'serious' help:

"… feel a bit of discomfort when I'm for instance, talking to someone, that [sic] just wants to talk because they don't have anyone else to talk to, when I know there are so many other calls coming in that I can't attend to and they might be having like a proper crisis…" (P4)

" I am always willing to help them (regular callers)…but you also feel like in [sic] this time, if somebody phones in that's suicidal, isn't that the more important phone call?" (P7)

The participants above shared their growing frustration and impatience towards regular callers who do not seem to make any progress or have no inclination to improve their situation. It further indicated counsellors' growing concern of allocating counselling time to regular callers when they feel that the crisis line should be dedicated to individuals who need immediate and critical intervention. This can affect the sense of value and meaningfulness that they derive from their work.

4.2 Negative Impacts on the Self

Although participants do not seem to experience volunteering as causing substantial psychological distress, the work that they do does negatively impact their perception of their counselling abilities. This is because brief counselling interventions and no follow-up contact with callers contribute towards counsellors doubting their skills and counselling effectiveness. The abrupt ending of a counselling relationship after a single call leaves participants to wonder

whether their counselling made a long-lasting impact on callers' well-being. In addition, some participants are confronted with traumas they have witnessed or experienced when relating to certain callers.

4.2.1 Questioning Counselling Abilities

Volunteers answer numerous calls per shift and place significant pressure on themselves to counsel each call effectively, especially when there is limited time to intervene. It appears that participants sometimes question their counselling abilities because of not meeting their personal and professional standards with calls. For these interviewees, their self-esteem is affected by not making the 'right' counselling decisions which ultimately causes them to doubt their capability to provide mental health care. The quotes below illustrate that it is not the content of calls (what callers say) per se that is causing counsellors to doubt their skills, but rather the shift in their self-perception when they make a 'mistake' or mistrust their counselling decisions.

P3 and P4 both describe doubting the counselling path that they have chosen to facilitate a conversation with callers in the hopes of getting to the core of their presenting problem:

" I guess there [sic] times that I felt disappointed, like on a little bit of reflection I felt like I could've done x or y." (P3)

"… Also doubt in my, in, in myself. Um, because, uh, you might… I might decide, okay let's go down this avenue with the caller, but, um, having doubts is [sic] that actually the right avenue to go down." (P4)

P5 felt disappointed in herself for forgetting to disclose useful information to a caller, which has affected how she views herself as a counsellor:

"… just because I felt like I didn't do enough… and I should have done things differently." (P5)

This sub-theme indicates that, at times, participants feel that they have failed the caller and experience a lack of trust in themselves and their capabilities. While this reflects their deep commitment to their work and to delivering a meaningful and effective service to callers, it creates feelings of discomfort and doubt.

4.2.2 Personal History of Trauma

Volunteering at a crisis line puts individuals at risk of revisiting their own woundedness. The

TCs in this study are aware of these risks and feel a deep inclination to offer support to individuals with shared pain. Some participants have worked with survivors of similar traumas that counsellors either directly experienced or witnessed in their own lives:

" … something reminded me of the trauma that happened to me many years ago… I might connect with an aspect of the caller or the situation that might impact me on a more personal level" (P8)

"… I've had a friend, um, make a suicide attempt and, and me being the last person that they message, uhm… luckily, they failed. And then also when I was eighteen, my father also made a suicide attempt…Um, but obviously with that then I think those are the calls that I put the most pressure on myself to deal with well..." (P9)

P9 shared a double-edged sword of counselling suicidal callers. Firstly, he suggests his devotion to counselling suicidal callers because of his experiences in preventing his friend's suicide attempt. He later shared in the interview that he managed to downregulate his father who intended to commit suicide. However, these distressing experiences are associated with feeling overwhelmed or push him to actively engage with suicidal callers.

P10 is not affected by a caller disclosing that she was raped, but by the woman believing that it was her fault:

" I thought the trauma of hearing someone say, "I've been raped"… I thought *that* would be the ones [sic] that would catch on me… what is hard about that call is sitting on the other end and wanting to give the person- it's a hard word to use, but a shakeup, to say- because very often- and I know this is what happened for me as well, is we take on the blame..." (P10)

P10's memories of self-blaming flooded her which is why she can relate to the caller blaming herself. P10 later adds the importance of separating her woundedness from her counselling role to be able to sit alongside the caller in their pain.

Participants' reactions to callers' traumas range from evoking distressing memories to physiological responses and withholding anger, which are possible signs of vicarious traumatisation.

4.3 Frustration With Telephone Counselling Conditions

The aspects of participants' challenges that have been discussed relate to negative feelings

towards certain callers, frustrations regarding their counselling skills and a few participants vicariously reliving their traumas on the line. However, some organisational conditions and policies amplify participants' frustrations. The following sub-themes shed light on volunteers' frustrations within their role: wanting to offer more support than the role allows and busy shifts.

4.3.1 Wanting To Offer More Support Than The Role Allows

Five participants shared that they would like to offer more support to callers than their role allows. These counsellors express resisting their impulse to intervene outside of the organisation's policy. However, they are personally and professionally challenged by the inability to offer support in ways they feel are more beneficial to callers.

P4 and P5 both describe their desperation to step outside of their role to solve callers' problems but then remember their responsibility to clients and not being responsible for their challenges:

"… sometimes you just want to jump in and help this person, um, like in a practical way. Um, but, um, practically, as a counsellor, you can't do that, um, even if you wanted to." (P4)

"… I know it's not my role to solve people's problems, and I remind myself that just my presence and my listening and caring for these people, while they were talking to me, is my role…I think, I [sic] just the bigger scheme of things, maybe I would want to do more." (P5)

Along with P4's and P5's sentiments, P2 and P7 express their concerns for callers' well-being and wanting to call them back, which is against the organisation's policy:

"… and I did really wish that I could have like a follow-up call with people like, you know, like two weeks later or something." (P2)

"… [sic] other challenge also [sic] that you're not allowed to phone back. That- that's- that is- is a bit of, I would say that [sic] "why not?" If it's situational— what if it's a death or life situation? "No, but you are not allowed to phone back, that's our policy." (P7)

Working at a crisis line requires counsellors to be at peace with the unknown of callers' lives once the call ends, however this is challenging at times and creates feelings of frustration and not doing enough for callers. These feelings need to be tolerated in order to adhere to the organisational policies.

4.3.2 Busy Shifts

Telephone counselling is a demanding role. Volunteers do a minimum of two shifts per month, with each shift being four hours in length. Throughout one shift, volunteers could receive numerous calls which affect their engagement with the following calls. Additionally, some participants are often alone on shift and are unable to take a break to process the impact of calls. These contextual factors of working at a crisis line can at times be emotionally draining for participants. The quotes below highlight participants' experiences of work overload:

" … you know you will see a landline call and you just finish that and then the WhatsApp call…Do you tear yourself [sic] and make yourself frantically busy or do you just go "Not going to look at that?"" (P3)

P3 is inundated with counselling various people in a short time frame. Once she feels that she is reaching her personal and counselling capacity, the volunteer engages in an intrapersonal conversation on how to handle a busy shift. However, the decision of "Not going to look at that" is complex when the landline continues to ring, whilst knowing it is your responsibility to take the call.

Both P4 and P10 express frustration about being alone on a busy shift, especially because they cannot attend to themselves or be attentive to callers' needs:

"…it's [sic] just happened to work out that I'm, I'm mostly alone on shift…it's sometimes hard on those shifts to… to give your full focus to the caller, knowing that there are so many other calls coming in…" (P4)

"… there were times where I felt that I couldn't take care of me [sic] in that [sic] four hours that I was there. I've had times where I didn't have a moment to have a sip of water or go to the bathroom." (P10)

As demonstrated in the themes and sub-themes about challenges with volunteering, participants in this study are personally and professionally impacted by the work they do. These volunteers engage in a plethora of coping strategies to support themselves in their role which will be discussed in turn.

4.4 Mindful Practices to Cope with Telephone Counselling Challenges

A common coping response identified across participants' narratives is intentionally choosing to immerse themselves into their thoughts, feelings, experiences and, at times, their triggers. The four most common mindful ways to cope that participants reported were: mindful and intentional practices during a shift, self-compassion towards counselling abilities, the drive home as a ritual of separation from their work, and mindful and intentional practices that continue after a shift. These sub-themes are discussed below.

4.4.1 Mindful and Intentional Practices During a Shift

Nine participants reported using mindful and intentional practices during a shift to cope with the emotional challenges of their counselling role. These practices range from connecting with their bodies through movement, taking a break, immediately processing calls internally and connecting with their breath. These distinct practices provide immediate relief to volunteers between calls and allow them to continue with their shifts.

Both P8 and P10 have found ways to connect with their bodies. The action of moving parts of their body to release the content of calls helps these participants to remain present and connected to callers when difficult feelings or triggers arise. Thus, they are aware of the impact counselling has on their mental health and body so they make a conscious effort to respond adequality to their challenging experiences:

"…I physically shift myself away from the table and I will pull myself back in…uhm, it's taking a step back, and just stepping back into it because the desk represents that space. It's stepping out of the space." (P8)

"…it's important for me to move my body. So, when I'm on that call and it gets tough, I will move…I will-and even if it's miniscule- and I find that especially with things related to sexual trauma, my hips start to move. So, I'll just move my pelvis back and forth, round and round. Uhh-there's safety in it because I think what it reminds me is that I-I have got control." (P10)

Some participants prioritise taking a break in between calls to re-centre themselves. Taking intentional breaks gives them the chance to disconnect from calls that have ended and briefly recharge before their next call. It additionally provides space for counsellors to connect with and process any emotions, thoughts and feelings that occur whilst counselling:

"… I'd probably make myself like a cup of tea or something and just take a few minutes to just really like, be sort of — I'd practice mindfulness a bit as well — also sort of like really be mindful, drink my tea, take a few deep breaths, and just sort of get to a calm and like sort of processed state before I take my next call." (P2)

"…have a cup of delicious rooibos chai tea or whatever. Ya [sic], uh — and now I'm ready for the next call. Go to the bathroom. It could be something simple, ah like splash my face with water…" (P3)

The counselling line can be very active, which requires TCs to shift between a range of caller's presenting problems whilst attempting to allocate time to reflect on their experiences. Five participants reported that they immediately processed calls by checking in with themselves. P10 and P11 directly engage with their counselling experiences by asking themselves the same question to unload their thoughts or feelings:

"… check in with myself, "So how [sic] you feeling about it?", "Yeah well, it's okay, I'm okay" Then I know, "Oh girl no. Stop it already. Try again."" (P10)

P10 is in tune with how she initially attempts to deny her feelings, so she actively encourages herself to engage with these by having a dialogue with herself. This process of choosing to check in with herself has helped to explore masked feelings.

"… and also just because there's that dual sense of self, that [sic] like… I'm Angie and then I put down the phone, I'm Courtney, and how do you feel about this? And… how does this make me feel, you know? So you know, it's like — it really is, it's, it's like two people." (P11)

For P11, "Angie" is the pseudonym she uses at the organisation to help detach from her identity and feelings while counselling. She then makes it a habit to reconnect with her experiences and emotions after a call ends.

Participants also commonly use breathing exercises as a mindful and intentional practice to connect with themselves to help cope with a difficult call or shift. This helps volunteers to regulate their nervous system moments before answering a call or when observing the emotional impact certain calls have on their well-being:

"Um, I think during the call it's sort of less challenging almost. Um, I think I kind of — before each call, I kind of like take a couple of deep breaths and I almost sort of step into this sort of

counsellor role…Um, that sort of separates my own emotions a little bit from the call." (P2)

"… and then I'll just take a few minutes, just breathing and breath [sic] out… I will never start the telephone conversation with the person (caller) at the South African organisation if my mindset is not okay." (P7)

As can be seen above, participants use a variety of mindful and intentional practices to cope during a shift with calls that trigger difficult or intense emotional responses. It is evident that the participants who reported this theme are aware of how the content of calls impacts their emotional well-being and their bodily reactions towards stress. They then use mindfulness techniques or other intentional practices to create space during or after specific calls to emotionally down-regulate. This is a form of emotional-approach coping (Baker & Berenbaum, 2007), whereby participants track and accept their emotional responses and then work with them in the moment so that they can step back into their counselling role feeling re-connected with themselves. This differs from emotional-avoidant coping, which entails distancing, denial or avoidance of negative feelings related to a stressor. It also aligns with positive emotional coping in the Coping Circumplex Model (Stanislawski, 2019).

4.4.2 Self-Compassion Towards Counselling Abilities

A further coping strategy that five out of twelve volunteers utilise during their shift is centred around a positive internal conversation. Calls that are perceived as difficult to counsel can negatively impact telephone counsellors' views of their counselling skills. However, these volunteers choose to not engage in harsh and self-critical thoughts about their counselling abilities. Rather, these participants demonstrate self-kindness towards their counselling abilities through acts of self-compassion and learning from their counselling mistakes.

P2 copes with the unknown of whether her counselling made an impact on callers' lives by making "peace" with her counselling skills. This helps her to realise the importance of trying her best, regardless of the counselling outcome:

"… you sort of reach a point where you make peace of [sic] it (the counselling session) and you know, you know you did the best you could in that moment of connection with that person. And then they sort of carry on doing their journey, and you just hope that you did the best you could when your paths interacted and crossed." (P2)

P3 gives the same level of counselling effort to all callers. His belief in doing the best that he can for each caller prevents him from criticising his counselling skills:

"… you can only do the best that you can when you are there. You can only give, give what you can give. And I think that is, that is really kinds [sic] where I'm coming from in all of this because I'm not going to make it happier or more pleasant if I go away and beat myself and say, " You should have [sic] this" and analyse…" (P3)

P5 initially doubted her ability to counsel on a crisis line because of her lack of experience. Over time, she became confident and saw potential in her counselling skills:

"…one of the things was building that confidence in myself that my skills were good enough and that they were helping people." (P5)

An additional technique to practising self-compassion towards volunteers' counselling abilities entails appreciating counselling mistakes. Participants accepted their humanness and no longer perceived making a mistake as equivalent to failure. Participants needed to adjust their self-expectations to notice their process of growth:

"…I came to a realisation where I thought, you know, sure, maybe you could have told her about this… this place that they could go to. Hmm… but that was a mistake and now I'll know for next time. So I…made it a learning experience as opposed to, "Ah, you are such a bad counsellor." So I didn't shame myself for it." (P5)

"…being more accepting of that (making mistakes) and seeing it as learning curves is [sic] has definitely helped me." (P9)

This sub-theme sheds light on how participants challenge their cognitive distortions through acts of self-compassion and openness to making mistakes. All five participants initially doubted their counselling skills when calls were perceived as difficult. However, they managed to comfort themselves with gentle and thoughtful affirmations that reassured them of their counselling abilities. P5 and P9's newly found appreciation for learning from their counselling mistakes signifies their positive interpretation of making mistakes. They find meaning in not knowing certain counselling procedures initially because they will be better prepared in future. Therefore, they utilise meaning-focused coping which protects them from a negative self-appraisal about their counselling abilities (Folkman, 2008). These coping strategies also align with positive emotional coping in the CCM (Stanislawski, 2019), which entails being kind to

oneself as one grapples with a problem and using cognitive transformations or reinterpretations that yield positive feelings and a sense of calm in the face of a stressor.

4.4.3 The Drive Home as a Separation Ritual

Seven out of twelve participants in the study consciously used the car drive home after their shift to release the emotional impact of their counselling experiences by listening to music or internally processing their shift. The car is a symbol of safety for participants to engage with what they had experienced on their shift in any manner that serves them. Essentially, it is a transitional space that ensures that participants do not carry difficult calls and the associated feelings into their private lives. The process of detaching from their role during the drive facilitates a healthy way of reintegrating themselves back into their life outside of volunteering. Thus, these participants are cognisant of the impact calls have on their well-being, and deliberately use this time to let go of their counselling experiences. The quotes below describe the distance from the organisation to their home as a chance to emotionally separate from their role:

"…. I also do put a lot into my drive home after, after my session where I'm like, um, like I either listen to my favourite songs or I just talk to myself on the drive home. It's creating that clear line for myself, where it's like there's home and then there's counselling…" (P1)

"… I like reflecting in the car, so… [laugh], uh… I'll usually always think a bit about the calls, and… that's like a nice symbolic transition for me… I feel like I can start putting some distance between me and whatever happened." (P9)

"… turning the music up loud and screaming… *screaming*, then that is what I do because when I put my hand on this door handle, I want to have my internal landscape as cleared [sic] as I can so that I don't bring someone else's trauma or even my trauma into my space." (P10)

All of these practices during the drive home help participants manage their emotional responses to the stress of their work, which is a form of emotion-focused coping (Lazarus & Folkman, 1984) and, specifically, emotional-approach coping (Baker & Berenbaum, 2007). While the feelings that are released on the drive home are sometimes negative feelings of frustration or distress, the active process of reflecting on and releasing these feelings is a positive form of emotional coping that facilitates adjustment to the stress of the work and offers participants a healthy transition back into their personal lives.

4.4.4 Mindful and Intentional Practices After a Shift

Many of the same volunteers who habitually practise mindful and intentional practices during their shift continue to connect with and work through their counselling experiences in nature or at home after their shift.

Time in nature allows them to disconnect from their various responsibilities and roles in their life to reconnect with their feelings and emotions. Nature serves as a safe space with a healing undertone to either connect with themselves again or to find time to deal with the difficulties of working as a TC:

" I usually go to some kind of nature spot, like I either hang out with my plants or I go for a walk on the beach, or I go to Newlands Forest or something just to clear my mind and like almost refocus on my life. Um, I don't do that half as often as I want to…" (P1)

"Um, yeah, so I think most of the time, you know, my sort of technique of, uh, processing it and as you said, being out of [sic] nature…" (P2)

P7 would like to implement meditation in his life to dedicate a part of his day to stillness:

"… but not forgetting the mental side- must also be nourished as well, an emotional side. So, through having my prayer sessions or meditation or having those quiet-quiet times with yourself. Being present, that's the thing." (P7)

P10 meditates the next day if calls with survivors of sexual abuse still impact her. She is attentive to what her mind and body need and readjusts her ways of coping when emotionally unsettled:

"…sometimes that's hard, especially if my central nervous system is in overdrive, then it takes me a while to settle." (P10)

Participants are often deeply emotionally affected by working on a crisis line. Listening to callers' crises whilst navigating how to counsel effectively and putting their personal feelings and experiences aside is challenging. Spending time in nature and meditating helps participants manage volunteer-related stress by actively engaging with their physical and emotional self-care needs. Thus, these volunteers choose to address their counselling experiences rather than avoid uncomfortable feelings. It seems that counselling situations that are appraised as stressful harness the current study's participants to assess their well-being and practice forms of

engagement coping, as proposed by Compas and colleagues (2001).

4.5 Active Engagement with Counselling Experiences

Participants in this study find it meaningful to engage with their counselling experiences. The following sub-themes are discussed to present participants' various ways of actively engaging with their experiences: reflective writing as an effective coping tool and recognising personal and professional growth.

4.5.1 Reflective Writing As an Effective Coping Tool

Reflective writing, in this context, entails processing counselling experiences. This can either occur in the debriefing form that TCs are required to complete for their supervisors toward the end of their shift, or in their private journals before stepping into their role as well as in between calls. The quotes below highlight how seven participants deal with the impact of calls by actively engaging with reflective writing.

Both P6 and P9 value the compulsory debriefing form as it allows them to acknowledge unprocessed feelings:

"I think writing up those reports helps me to reflect on it as well. So, then I say the report is- is my release. So, I say, okay I noticed I felt this and this after this call and —so, it helps me look back and say, "Interesting, this may be an area that I want to look into or think about later." (P6)

"… the form helped me to move away from "Okay, reserve myself in a certain way for the sake of the caller," and then, "Okay, the call's ended so now I need to forget about the caller and think about how I felt about it.'" (P9)

For P6, engaging in reflective writing brings awareness to his "blind spots" which is useful for him to unravel in his personal time. It seems that the compulsory form prompts a deeper exploration into his psyche. P9 uses the form to release his true feelings that were suppressed while counselling domestic abusive callers.

In addition to the compulsory debriefing form, some participants in this sub-theme journal at various points of their day of volunteering. P2 frequently journals at home after her shift as she can feel "quite emotional afterwards". Journalling helps her to write reflectively on her counselling experiences, and especially to process her emotions:

"… I journal a lot, so often journalling in the evenings when I get home just to sort of process, you know, what's happened and how I felt and how the day went and that sort of thing." (P2)

By contrast, P7 journals at his desk before his counselling shift starts as a tool to put his personal life matters aside. This process helps him to feel calm and also better prepares his mindset to be of service to the community:

"… whatever you felt for the day, you put it down on a piece of paper, you leave it there and then you start with a clean slate..." (P7)

The debriefing form and personal journalling provide participants with a moment in their day to debrief themselves. The process of writing to engage actively with their counselling experiences suggests that reflective writing is an effective coping tool that ameliorates volunteer-related stress. Reflective writing is a tool for participants to approach their emotions in order to express and process them. These volunteers are confronting their emotions and challenging experiences which relates to the principles of emotional-approach coping (Baker & Berenbaum, 2007).

4.5.2 Recognising Personal and Professional Growth

Participants also voiced the distinct ways that being faced with difficult calls contributes towards their overall growth and development. Participants in this sub-theme expressed their gratitude for the way that the individuals they counsel positively impact their personal and professional lives.

Both P7 and P10 have counselled individuals in problematic relationships. Listening to callers' relational challenges lead these volunteers to question their own relationships. Callers unintentionally helped these volunteers to let go of and "walk away" from hurtful friendships:

"… I used to attach to stuff… hold onto stuff. Yes. But that also taught me a lot of, like, friendships and stuff. If you want to go, it's fine." (P7)

"… I've been able to walk away from the friend situations, the family situations that have been toxic…" (P10)

P7 and P10 both detached from harmful friendships. Callers helped them realise the issue in some of their interpersonal relationships (problem-focused coping) which led them to "walk

away" from people who negatively impacted their mental health (emotion-focused coping). Therefore, they simultaneously used problem-focused and emotion-focused coping strategies (Carver et al., 1989).

P6 and P9 attach importance to counselling domestic abuse perpetrators as they are then able to work through their triggers and traumas. These volunteers honour the complex counselling relationship with these callers which forces them to face their woundedness. They suggest that over time, volunteering can help alleviate the negative impact that personal tragedies have on their well-being and counselling experiences:

"… I want to understand why people are the way that they are. So, in other words, why was my father like that, why was my grandfather like that, you know? Why is this man (the caller) like this, what happened?… I'm trying to understand what they [sic] going through so perhaps I can try and understand other things." (P6)

"… it can be difficult and bring up some alarming… [sighs] memories or feelings. But I think for me, um, in the sense that also—feel—it feels positive to me to continue building my ability to… be in tune with my scars, or not have them overwhelm me." (P9)

Volunteers who reported appreciation for callers allowing them to confront their traumas and triggers demonstrate meaning-focused coping (Folkman, 2008). Volunteers in this sub-theme find meaning in the face of adversity which indicates a positive interpretation of their difficult counselling experiences.

4.6 Actively Disengaging from Counselling Experiences

While several participants actively engage with the stressors of their work as a way of coping, three participants expressed that they cope by actively disengaging from certain counselling experiences once they are back in their personal lives. They are aware of the inevitable impact trauma work has on their psychological well-being and consciously detach from their counselling experiences through avoidant coping behaviour and withdrawing from interpersonal relationships:

"… I'm less keen to reach out to the people in my life, maybe keep to myself. Um… yeah, just wait until… my… batteries [sic] recharged on its own…" (P4)

"… the people in my life, you — generally know what's going on with me in any given week or day. Um, when it —if it, if it happens that I don't talk to someone about it (triggering calls) in my personal life, then I'll see, okay, I'm withdrawing." (P9)

".. if you don't want to deal with the shift and you [sic] actually just over it, and you just want to forget about it… then you just avoid thinking about it…when I start a Monday like that — because I've been avoiding the shift, I haven't properly, like, decompressed— like, overwhelmed by sort of like, simple tasks. I start the week feeling very fatigued, hm… and yeah, you just feel like you start the week on the back foot." (P11)

It appears that all three participants are aware of how their usual and adaptive coping strategies change as a result of difficult calls that impact them. In these rare instances, they tend to disengage from their counselling experiences in order to cope in their personal lives. Withdrawing from social interactions and "avoiding the shift" are examples of avoidant coping behaviours used to protect themselves from emotionally distressing experiences (Roth & Cohen, 1986).

4.7 Coping through Connection

Participants in the current study expressed that they require emotional and practical support from individuals in the organisation's community or their personal lives to address their unique counselling challenges. The following sub-themes demonstrate the supportive relationships volunteers form to cope in their role but also highlight their suggestions for greater organisational support.

4.7.1 Supervisor Support

During a six to eight-month probational period, volunteers attend monthly group supervision. These mandatory meetings are organised to offer support to volunteers and help them learn about other telephone counsellors' approaches to counselling similar callers. Although group supervision was no longer available to the study's participants during data collection, five out of twelve volunteers took it upon themselves to contact supervisors at LifeLine for emotional and practical support.

P1, P5 and P9 all rely on LifeLine supervisors for emotional support to help navigate distressing feelings about calls. TCs expressed that at times counselling can emotionally rupture their inner world, which is why they require external support to deal with the emotional impact of counselling. Supervisor support appears to be a protective factor for volunteers experiencing distress as a result of challenging calls:

"… it happened I think once after one of those calls that I phoned my supervisor. I was like, "I need to talk about this because this is actually like really hard for me…"" (P1)

"…I needed someone to say, "It's okay. You're also a human being who makes these mistakes… and yeah, I got that." (P5)

"… If I feel that I'm still thinking of something or it's still sticking with me… then I would either call someone at the organisation, talk to them — like my um… probation supervisor and[sic] I have quite a close relationship." (P9)

Along with supervisors offering emotional support to volunteers, three participants approached supervisors for practical support only, or in addition to, emotional support. P4 only contacts a supervisor when practical and logistical challenges affect his counselling duty whereas P5 and P6 require practical advice to counsel effectively:

"…I have reached out when there was, like, practical difficulties when like the line was disconnected, or, um, something like that. Um, logistically, if I need to do like — change shifts or whatever." (P4)

"…asking, "What would you have done?" if I was really stuck and didn't… know. It was just to see what you (supervisor) would have done just so I can learn…" (P5)

"… I went to a particular person who sits close by, and I ask them " So, you've then worked with other people. What would you — What did you tell them? — And then she (a supervisor) then informed me, "Okay, you know, try this…"" (P6)

The above quotes illustrate that participants who depend on emotional and practical support from supervisors are generally satisfied with the help they receive. Contacting supervisors for emotional support is associated with emotion-focused coping whereas receiving practical help is a form of problem-focused coping (Lazarus & Folkman, 1984). It is also a form of efficient coping as participants acknowledge their difficult thoughts or feelings, recognise the need for support and then actively engage in setting up supervisory contact which helps them to feel more resourced. Supervisory support seems to reduce these participants' feelings of being overwhelmed and any negative thoughts towards their counselling abilities.

4.7.2 Personal Life Support

The above sub-theme indicates that not all volunteers request emotional or practical support from supervisors. However, the majority of participants seek support or debriefing with familiar people, such as partners, friends or therapists. This suggests that volunteers feel comfortable processing their emotions and sharing their adverse counselling experiences in

familiar relationships, as opposed to utilising supervisors as a resource. The quotes below illustrate these forms of interpersonal contact and social support were helpful in managing the impact of trauma-related work.

P1 notes that when she is unable to separate her role from her personal life, she relies on talking about her experiences with her therapist, while P8 and P9 emphasise the importance of personal psychotherapy in managing the impact of triggering calls:

"…if that line hasn't been found and if something has followed me home and if it's followed me all the way to therapy then usually that—I do process it there." (P1)

"… I didn't realise it was a sex caller until an hour in. And *that* was the thing that got me, how could I — How did it take me an hour to realise it? So it wasn't even what he did, I was angry at *myself.* And then that one (sex call), I definitely took to my therapist." (P8)

"…if ever I have a call, like a suicidal call or relating to my own triggers and I can feel that I'm overwhelmed by my own history or it's like coming into play again, then I just go to my therapist…" (P9)

All three participants are cognisant of the impact certain callers have on their emotional well-being. Thus, they depend on therapy instead of supervisors for emotional support because of the already established and supportive therapeutic relationship.

Some participants debriefed or spent time in the company of their friends and considered this type of interpersonal relationship an effective personal life support:

"…if I was still feeling like, you know, sort of tender about it (a counselling session), um, I'd probably just, you know, uh, call a good friend… spend, you know, the evening with them…" (P2)

"… you will try to speak to friends that — that's kind of on the same wavelength as you. So, it—it's the idea of someone just to listen to you and just to give a perspective, not advice." (P7)

A few volunteers also found it effective to debrief with their partners when challenged by the content of calls or negative self-talk. This indicates the positive role volunteers' partners play in helping them to cope with their role:

"…so my husband will say to me, "How'd it go today?" and I'll say to him, "Ah, it was a little slow"…or "It was [inaudible — 01.31.28], there was, there was a hectic call…" (P3)

“I found that I would speak to my partner…I’d go to that space to get validation… So I’d, like say, “This was the situation, do you think I was a terrible person for not having suggested this?” (P5)

The participants utilise all three kinds of personal life support to manage the aspects of their work. These ways of coping relate to emotion-focused coping strategies (Lazarus & Folkman, 1984). Moreover, the majority of the volunteers who utilise personal life support additionally seek support from their colleagues, as illustrated below.

4.7.3 Peer Support

Participants reported that they predominantly build strong relationships with other TCs for support. As presented above, personal life support is effective, but only to a certain extent because volunteers are not allowed to provide detailed accounts of counselling experiences outside of the organisation. Within the telephone counselling community, volunteers can discuss openly and in detail their counselling experiences with fellow volunteers. They can additionally relate to similar experiences, which is perceived as an effective coping resource to the participants. The quotes below demonstrate that sharing similar experiences is essential to feel connected to their colleagues:

“… it’s really nice to also be able to sort of discuss similar calls with other counsellors…” (P2)

“…I think maybe it’s looking for the same experience from my fellow counsellor? Like, um, again, maybe that theme of connectedness… Yeah, I’m not the only one that felt this way.” (P4)

“… it’s actually very nice when I do go on duty and the person is in the office with me… we always have a conversation, general ones even of cases and stuff, not specific cases but challenges.” (P7)

Participants find meaning in using interpersonal interactions with their colleagues to make sense of their counselling experiences. Vulnerably sharing and relating to other volunteers helps with feeling supported and connected to the broader community. It seems that relating to other counsellors’ experiences helps with validating their emotions. Therefore, participants use emotional-approach coping as they discuss strong emotions and reactions to challenging counselling situations with colleagues (Baker & Berenbaum, 2007).

4.7.4 Request for Organisational Support

Several participants voiced a need for additional emotional and practical support from the organisation. The former involves a request for check-ins and scheduled debriefing meetings which would essentially make volunteers feel more supported in their role. The latter entails the provision of practical knowledge to feel more equipped in their telephone counselling duty:

"… It would be really nice if they (the organisation) continued having… sort of support meetings or, you know, just groupings together… like checking in, sharing how your calls have been." (P2)

"… if there's somebody that checks in, " Are you okay? How's [sic] things going down there at the organisation? [sic] Just wanted to make sure everything's fine…I feel —"Sjoe, [sic] I feel much better now." (P7)

Participants have recently finished probation and commented on the drastic shift in support when their training period had ended. Therefore, their requests are based on transitioning from a probationer to a fully-fledged counsellor as they no longer receive monthly group supervision.

Some volunteers require practical support to better manage their role. Both P5 and P6 provided suggestions to make the referral book more user-friendly. They felt that the process of referring a caller is unclear, which amplifies participants' anxieties when counselling a caller in need of immediate intervention. Therefore, they proposed ways to increase their confidence in using the referral system:

"… it is a lot to try to find the answers in the stack of… numbers (referral book)… rather than just have steps…we need to know, like who we should be referring to, who is supposed to be dealing with a case like this?" (P5)

"… to give us more informative posters in the actual room so that we have references that we can quickly refer to. I think that it will give counsellors a lot more safety, if that makes sense, or a little bit more guidance if they need it." (P6)

Volunteers who require emotional support from supervisors demonstrate that they need assistance or guidance to make sense of their emotional challenges. Thus, requesting supervisors to check in or debrief them is a form of social support that is categorised as

emotion-focused coping (Lazarus & Folkman, 1984). Requiring more information on telephone counselling procedures falls under problem-focused coping (Lazarus & Folkman, 1984). These individuals would like to be better prepared for future problems they might encounter. Therefore, these participants hope to address and solve the issue by highlighting their concerns in the interviews.

4.8 Hopes For Coping in the Future

Volunteers reflected on coping strategies they would like to implement in future to better cope in their role. These plans especially pertain to relying on members of the organisation for support. The final question in the interview schedule requested that participants think about a new way of coping they would like to try. The following sub-themes capture how they would like to engage with the organisation's resources of support: Connecting with the telephone counselling community and leaning on supervisors.

4.8.1 Connecting With the Telephone Counselling Community

Before being selected to volunteer at the organisation, individuals completed a personal growth and counselling skills course. This provided the opportunity for people to build intimate relationships with other prospective TCs. If selected to volunteer at the organisation, they further formed strong relationships during probation with other telephone counsellors in their supervision group. However, after the probation period, TCs only come into contact with a second volunteer on a shared shift. Hence, six out of the twelve participants would like the organisation to create opportunities to connect with other TCs. This is because these volunteers would like to feel more connected with the broader telephone counselling community.

P2 and P3 suggest informal gatherings with other volunteers would make them feel more connected to the organisation. Sharing a monthly shift with one volunteer seems isolating from the rest of the community:

" I think it would feel, you know, that there was more of a connection to the broader organisation's community…it's also nice to be able to sort of hang out with the other people who are sort of out there and part of the community that you don't really connect with them." (P2)

"…a walk in the park…a walk on the grass, sit on the bench…just get together and chat, how's your month gone you know." (P3)

P6 requests that the organisation hosts events to give volunteers the opportunity to form

friendships that could continue outside of their volunteering role:

"…once every six months you — you have an event at the organisation…a way for us to also get to know each other as well…" (P6)

The quotes above demonstrate how participants desire to connect with other TCs. Working on a crisis line consists of a community of people who share the same values and dedicate their time to providing mental health care services to South African society. These participants would like to feel part of this community. Their suggestions highlight that volunteers want to learn through each other's experiences, share their challenging counselling calls and build relationships. It seems that they are seeking social support which is a form of emotion-focused coping (Baker & Berenbaum, 2007), but could also learn from each other as a form of problem-focused coping.

4.8.2 Leaning on Supervisors

Participants in this sub-theme would like to increase their contact with supervisors as they need more emotional support. Even though they are sufficiently supported by individuals in their personal life and their colleagues, certain counselling experiences trouble them and require support from supervisors.

P2 and P9 infrequently lean on supervisors, but recall how helpful it has been. Thus, they would like to make regular use of the support the organisation offers:

"… I have thought about this, but I haven't actually done it, but potentially sort of just routinely checking in…um, just to sort of talk about calls more generally…" (P2)

" I think I wanna [sic] break the ice with talking to…um, some of the senior people, or like the people that they put on shift for the week that you can talk to, like a senior organisation member…" (P9)

Both P4 and P7 realised that they should make an effort and contact supervisors when faced with call-related counselling difficulties:

"[sighs] Um… to be honest, um, sucking it up and… reaching out to the supervisors…and not seeing it as a threat to my self-image — of, um, admitting that I might have had a difficult call." (P4)

"…I've been counselling the whole time, but I haven't debriefed for a year and-and I think that- that is a challenge that I need to work on, maybe just to have like every three months —I

need to speak to someone." (P7)

It appears that P4 worries that confronting his challenges with a supervisor might fracture his sense of self. He is willing to take this risk by "sucking it up" because he requires support whereas P7 wants to change his attitude towards supervisor support. P7 originally expressed that he preferred supervisors to initiate contact for debriefing. However, he realises that it is his responsibility to change this perception as he does need their support.

Although these participants have expressed their personal challenges with depending on supervisors as a coping strategy, this sub-theme signifies that volunteers would like to engage in emotion-focused coping proposed by Lazarus and Folkman (1984) with senior members of the organisation after recalling the benefits of learning through the supervisors' experiences.

4.9 Summary

Participants in the study find it challenging to counsel individuals who are a reminder of their personal triggers and traumas. It also appeared that some volunteers were frustrated with availing telephone counselling services to individuals who were not at immediate risk (for example, the regular callers). Most notably, many participants were affected by the inability to help callers in ways they deemed to be more beneficial. TCs are required to stay within the organisation's scope of practice, which poses a challenge in counselling situations that call for immediate intervention. However, participants in the current study adhere to the organisation's policy and navigate their personal frustrations towards certain callers by utilising a range of coping strategies which seem to help effectively and offer immense support.

These TCs were cognisant of emotionally difficult counselling experiences impacting their psychological well-being and subsequently practised various forms of emotion-focused, emotional-approach and problem-focused ways of coping. Their intrapersonal as well as interpersonal ways of acknowledging and simultaneously processing their emotional experiences suggest that these volunteers established diverse coping strategies (such as reflective writing and peer support) which prevented possible negative psychological impacts. Volunteers in this study have experienced an array of challenging calls which caused them to question their ability to be of service to those who are in mental health care need. Their level of attunement to their emotional well-being and awareness of the impact calls have on their sense of self seems to help mitigate signs of psychological distress and emotional overwhelm.

CHAPTER 5: CONCLUSION

This chapter summarises the research findings that were presented in chapter four and discusses the implications of these findings. Thereafter, a discussion of the study's limitations and researcher reflexivity will be presented. This will be followed by suggestions to support TCs at this organisation (and possibly other ones) and recommendations for future research.

This research aimed to identify challenges experienced by TCs in fulfilling their role. It further aimed to explore volunteer TCs' current coping strategies and coping resources within a telephone counselling organisation in South Africa. It also aimed to identify unmet support needs and additional support strategies that telephone counselling organisations could offer to volunteers to support them in carrying out their roles. The following specific research questions guided the study:

1. What challenges do TCs experience in their work?
2. What coping strategies and coping resources do volunteer telephone counsellors use to manage any difficulties and challenges in their work and how effective are these?
3. What coping resources or support do telephone counsellors need to better assist them in their role?

5.1 Summary of Findings

This research aimed to explore TCs' challenges, coping strategies and support needs at a telephone counselling organisation in South Africa. It also aimed to identify other supportive strategies that telephone counselling organisations could implement to assist volunteers in carrying out their duties. Overall, findings indicate that participants are personally and professionally impacted by counselling callers with various presenting problems, which calls for distinct ways to cope effectively in their role.

5.1.1 Challenges experienced by TCs in fulfilling their role

It was observed that participants in the current study face numerous personal and professional challenges working on a crisis line. Of significance was how certain calls were regarded as challenging because of volunteers' frustration and anger towards perpetrators of violence, and regular callers and their inability to intervene further with suicidal callers. Similar to this research findings, telephone counsellors at a Dutch crisis line reported parallel challenges with the philosophy of non-intervention at "the Listen Line" which resulted in feelings of powerlessness in their duty to suicidal callers (Willems et al., 2021). Furthermore, the issue of

counselling regular calls is a common theme in studies conducted with TCs. Most notably, counsellors have negative feelings and frustrations towards frequent callers for taking a lot of time and resources (Vivekananda et al., 2021). An additional concern was encouraging regular callers' dependency on the organisation's services, which meant TCs could not attend to those in need of "serious" help (Watson et al., 2006). The issues with counselling regular callers in the literature mirror several of the participants' frustrations in the current study.

Findings in the literature indicate that TCs often show signs of emotional distress and negative psychological impacts such as vicarious traumatisation, secondary trauma and burnout (Craig & Sprang, 2010; Figley, 2013; Iqbal, 2015). In the current study, participants reflected on their personal and professional difficulties with counselling challenging calls but showed no obvious signs of burnout. As indicated in the sub-theme "Personal History of Trauma", some participants seemed to show symptoms of vicarious traumatisation but appeared to know how to manage their emotional reactions while counselling certain calls. It may be that non-face-to-face counselling helps with containing strong emotions and distressing memories, which they deal with in personal therapy or self-care practices after their shifts. It is also possible that LifeLine counsellors struggling with high levels of burnout, STS or VT did not choose to come forward for this study, due to feeling overwhelmed or exhausted at the thought of talking about their work and its impact. As such, their experiences have remained hidden.

The findings further indicate that participants internalise challenging counselling situations which triggers the belief that "I am not good enough". Difficult calls lead numerous participants to doubt their counselling abilities and question their effectiveness of providing mental health care services to people who cannot access professional help. The inability to intervene outside of the organisation's scope of practice re-affirms the notion that "I'm not doing enough". These findings highlight the impact telephone counselling has on these participants' inner world and sense of self, which has not been explored in the literature on telephone counsellors' volunteering experiences. Telephone counselling lines run by volunteers who are not mental health professionals necessarily have a limited scope of practice, but these limitations can create internal conflict and self-doubt for TCs, who may need more preparation and support for dealing with these feelings.

5.1.2 Volunteer TCs' coping strategies and coping resources

Participants in this study engaged in intentional practices to cope with their role and negative self-beliefs, such as breathing exercises and movements to connect with their bodies, time in nature, immediately processing calls internally, separating from their counselling role,

recognising personal and professional growth, reflective writing and acts of self-compassion. These various intentional, emotion-focused coping practices seemed to offer participants a high level of protection from the negative impacts of working on a crisis line. Similarly, TCs in previous studies reported using various coping strategies in order to support themselves with distressing calls. Some of the personal resources to cope included setting a clear boundary between work and home (referred to as "The Car Drive Home as a Separation Ritual" in the current study), relaxing activities after a shift (such as meditation and exercise) and their appreciation for counselling experiences offering personal growth and insight into their personal relationships (Howlett & Collins, 2014; Keyter & Roos, 2015; Vattøe et al., 2020). Willems and colleagues' (2021) findings pertaining to volunteers' self-compassionate thinking, such as allowing themselves to make mistakes, reflect some of the current study's participants' openness to learning from their mistakes. The sub-theme "Reflective Writing as an Effective Coping Tool" was a primary method of support in this study. However, this specific strategy did not occur in previous research. In other studies, volunteer TCs placed importance on their spirituality and religion as acts of self-care to accept and deal with challenging counselling experiences, which were not mentioned by the current study's participants (Howlett & Collins, 2014; Keyter & Roos, 2015).

An unexpected finding of this study was that the majority of participants preferred to seek emotional support from other TCs or individuals in their personal lives, as opposed to supervisor support. The transition to fully-fledged counsellors, particularly the end of mandatory group supervision, suggests that these primary resources of personal life support and peer support were more accessible during and after their shifts. When the interviews were conducted, the organisation only offered supervision meetings for probation counsellors. However, in the last few months, the telephone counselling organisation has provided two scheduled supervision meetings a month for all their members. TCs in previous research studies report receiving ongoing support from their organisation in the form of scheduled discussions with volunteers and debriefing with supervisors, in-shift supervision, 'Wellness Days' for volunteers and check-in calls from trainers (Biggs et al., 2019; Davidson & Harrison, 2020; Howlett & Collins, 2014; Keyter & Roos, 2015; Kitchingman et al., 2018; Sundram et al., 2018; Vattøe et al., 2020; Willems et al., 2021). Across these studies, TCs demonstrated satisfaction with the organisation offering continuous support. However, volunteers in Taylor and colleagues (2019) study experienced irregular organisational support and requested external clinical supervision, while almost a third of participants in an earlier study disclosed receiving no supervision (Dunkley & Whelan, 2006). In the current study, supervisors are available for formal debriefing, but TCs need to initiate the process, which seems to differ from the practices of organisations sampled in previous studies. In the interviews, participants

reflected on contacting supervisors in future for emotional support as they are generally aware that they require supervisory interventions to better cope in their role. Addressing practical and psychological barriers to accessing supervisors for debriefing when needed could be a helpful focus for the organisation when facilitating the transition from probation to post-probation.

Along with adaptive coping strategies, this study found that a few participants are sometimes overwhelmed by the content of calls and cope with this by avoiding thinking or talking about their counselling experiences and withdrawing from social interactions. It seems that these rarely used ways of coping provide short-term relief but negatively affect their relationships and routines. These findings relate to Dunkley and Whelan's (2006) research on TCs utilising non-productive coping, such as ignoring the problem and avoiding contact with others. Although it was the least used coping strategy, the study found that TCs were not actively dealing with symptoms of vicarious traumatisation, which predicted heightened disruptions in cognitive beliefs (Dunkley & Whelan, 2006). An additional study confirmed that avoidant coping strategies used by Samaritans' volunteers in the UK result in poor well-being (Roche & Ogden, 2017).

Another significant finding in the current study was that several participants appreciated adverse counselling experiences as they offered the opportunity for self-growth and development. This is similar to previous research findings reporting that some TCs experience personal growth through dealing with traumatic telephone calls and choose to find meaning and self-development in the face of adversity (Keyter & Roos, 2015; O'Sullivan & Whelan, 2011; Vattøe et al., 2020). The above is referred to as post-traumatic growth which is an example of meaning-focused coping (Folkman, 2008).

The findings in this study demonstrate that participants seem to predominantly use emotion-focused coping strategies. It may be that problem-solving strategies are ineffective in dealing with the complex nature of challenging calls within the limitations of the TC role. Hence, emotion-focused coping responses are probably particularly useful for TCs. The majority of participants also draw on strategies that combine emotion and problem-focused coping strategies, such as seeking advice and support from supervisors or other TCs. Participants also appear to use more approach than avoidant emotional responses, particularly efficiency, positive and negative emotional coping styles (Stanislawski, 2019). It might be that the majority of participants' educational backgrounds as psychology honours students played a role in their ability to identify useful and sustainable coping strategies, particularly emotion-focused ways of coping. Their studies, as well as some participants' access to therapy, probably informed them about a range of emotion-focused coping strategies which seem to benefit them in their volunteering role.

The findings of this study overall highlight volunteers' various uses of coping strategies to manage challenging counselling experiences which seem to help in their telephone counselling role. It seems that none of the participants showed signs of psychological distress but rather the findings represented their resilience as a result of utilising effective coping strategies. It was evident in the findings that the participants in this study were attuned to their emotional well-being. This understanding of themselves and their needs is likely to strengthen volunteering longevity.

5.2 Limitations

The current study has several limitations pertaining to the sample size and generalisability and the researcher's positionality. This study consisted of a group of twelve participants. While this represents about 20% of all the volunteers at LifeLine Western Cape, the sample may be skewed. Ten out of the twelve participants are psychology students. It is likely that their educational background promotes their level of self-awareness and offers access to a repertoire of coping resources and tools to support themselves in adverse counselling situations. Thus, the sample of participants could consist of more resilient TCs at the organisation, while those who are struggling to cope may not have volunteered to participate.

It can also be argued that the participants' years of telephone counselling experience at the organisation may have limited what could be found in the study. Eleven participants had less than two years of telephone counselling experience, excluding probation counselling experience. It might be that more experienced counsellors' coping strategies change over time along with a shift in their perceptions of challenging calls. Sampling more experienced TCs' experiences would further contribute towards an understanding of how TCs cope with their role over time. Similarly, TCs who are still on probation may use different coping strategies, as a result of their inexperience; it would be valuable to understand more about their coping needs and resources, compared to TCs who are post-probation.

5.3 Reflexivity

At the beginning of the interview, the researcher disclosed that they were a TC at the same organisation as the participants. The researcher initially observed many participants' body language changing, which was perceived as participants' discomfort. It is possible that they felt the researcher was collecting data for the organisation which portrayed the researcher as an "outsider" to the participants. However, the researcher made it clear that their research was not being conducted on behalf of the organisation but rather for a Masters degree. Thereafter, a

noticeable shift was observed in their non-verbal communication. Throughout the interviews, it seemed that participants felt that the researcher was "one of them" which made it comfortable to disclose their experiences. Most of the participants commented that the process felt like counselling or debriefing, which they seemed to appreciate. Based on their feedback, it is possible that the researcher's positionality helped to facilitate the interview, creating the safety to delve into their counselling experiences and personal difficulties with counselling because of the researcher's understanding of the telephone counselling context participants referred to. However, at the same time, the researcher identified personally with many of the participants' experiences which may have resulted in a deeper understanding of their challenges and experiences. This raises the possibility of confirmation bias as the researcher might have unconsciously sought out or gave more attention to themes that aligned with the researcher's experiences and views. Additionally, the researcher could have overlooked themes that challenged their professional identity and assumptions due to a shared background with the participants. To mitigate potential biases, the researcher maintained a reflexive journal to document thoughts, feelings and their reflections. This assisted the researcher in interrogating their own assumptions and biases. Furthermore, regular discussions with the supervisor on the researcher's data interpretation and theme development provided an external perspective which was useful for the researcher to re-assess their interpretations.

Finally, the researcher worried about causing harm when participants spoke about their shared history of trauma with callers. During the interviews, participants did not show any signs of distress. After the interviews, the researcher checked in with them by asking how they were feeling and if they required support. Thereafter, the researcher continued to check in with them post-interviews. In the researcher's reflections, it was acknowledged that the interview question, 'What are challenging calls for you to counsel on?" did not consider the possibility of participants speaking about their traumas. The researcher could have shared the interview schedule in advance for participants to decide if they were still willing to participate. This will inform future research decisions.

5.4 Recommendations for Supporting TCs at This Organisation

Based on the findings, a few themes arose regarding TCs' support needs which will be discussed in turn. It is evident that participants' wide range of coping strategies help them to maintain their role as volunteers, without causing significant distress. Thus, it might be beneficial for this organisation (and possibly other ones) to develop workshops in order to share emotion-focused coping strategies used by this study's participants such as mindfulness practices, reflective writing, connecting with supervisors, utilising personal support networks and other TCs for support.

Although only two participants mentioned their concerns with the referral process, other TCs at the organisation may experience a similar challenge. Offering workshops to gain better clarity on the referral procedure as well as an easily accessible referral pathway document could make counsellors feel better equipped to deal with crisis interventions.

Lastly, numerous participants expressed their appreciation for the compulsory debriefing form providing them with the opportunity to process and reflect on their counselling experiences. However, some participants requested the organisation to do check-ins and scheduled debriefings. It might be helpful to make the debriefing form completion optional so that volunteer TCs could receive debriefing with the weekly assigned supervisor if preferred.

5.5 Recommendations for Future Research

It may be useful to conduct focus group interviews with more experienced and less experienced counsellors to compare their coping strategies, as discussed under limitations. Participating in a group discussion might yield richer findings on a similar topic. It is further recommended that future research conduct studies on TCs experiences from various South African organisations to get a broader overview of what their challenges are and the various methods of personal and organisational resources of support. It would be meaningful to collect data on local telephone counselling organisations to shed light on TCs' unique experiences in a context with minimal access to mental health care resources. For many South Africans, telephone counselling services are their primary source of mental health care. Therefore, volunteers in the current study are exposed to distressing call content which could be prominent in other South African telephone counselling organisations. Future research could capture a larger sample group of TCs and provide suggestions on the various ways organisations could assist volunteers. It is also essential to identify which TCs in South Africa are at risk of burnout and VT and whether and how this is linked to coping styles.

5.6 Conclusion

TCs in this study seem to cope effectively in their role owing to emotion-focused coping strategies and their various support systems which better equip them in difficult counselling situations. However, volunteering often negatively impacts their self-perception as a “good enough” TC when calls are perceived as emotionally challenging. This suggests that greater organisational support is necessary to deal with these difficult feelings and to better cope with the demands of working on a crisis line. Although there is insufficient research in LMICs exploring volunteer TCs' experiences, this study’s findings demonstrate the importance of conducting future studies to gain a deeper narrative of volunteers’ resources of support and possible support requirements as they might differ across telephone counselling organisations.

REFERENCES

Andrade, L.H., Alonso, J., Mneimneh, Z., Wells, J, E., Al-Hamzawi, A., Borges, G., Bromet, E., Bruffaerts, R., de Girolamo, G., de Graaf, R., Florescu, S., Gureje, O., Hinkov, H.R., Hu, C., Huang, Y., Hwang, I., Jin, R., Karam, E.G., Kovess-Masfety, V., …Kessler, R.C. (2014). Barriers to mental health treatment: Results from the WHO World Mental Health surveys. *Psychological Medicine, 44(6),* 1303-1317. doi:10.1017/S0033291713001943

Arthur, D., McNeil, W. and Russell Small, S. (2009). In one ear: The practice and process of telephone counselling. In T. Cottis (Eds.), *Intellectual Disability, Trauma and Psychotherapy* (pp. 162-176). East Sussex: Routledge.

Assing Hvidt, E., Ploug, T., & Holm, S. (2016). The impact of telephone crisis services on suicidal users: A systematic review of the past 45 years. *Mental Health Review Journal*, *21*(2), 141-160.doi:10.1108/MHRJ-07-2015-0019

Austenfeld, J. L., & Stanton, A. L. (2004). Coping through emotional approach: A new look at emotion, coping, and health-related outcomes. *Journal of Personality*, *72*(6), 1335-1364. doi:10.1111/j.1467-6494.2004.00299.x

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

Baker, J. P., & Berenbaum, H. (2007). Emotional approach and problem-focused coping: A comparison of potentially adaptive strategies. *Cognition and Emotion*, *21*(1), 95-118. doi:10.1080/02699930600562276

Ben-Zur, H. (2009). Coping styles and affect. *International Journal of Stress Management*, *16*(2), 87-101. doi:10.1037/a0015731

Biggs, L. J., McLachlan, H. L., Shafiei, T., Small, R., & Forster, D. A. (2019). Peer supporters' experiences on an Australian perinatal mental health helpline. *Health Promotion International*, *34*(3), 479-489. doi: doi:10.1093/heapro/dax097

Boness, C. L., Helle, A. C., & Logan, S. (2021). Crisis line services: A 12-month descriptive analysis of callers, call content, and referrals. *Health & Social Care in the Community*, *29*(3), 738-745. doi:10.1111/hsc.13325

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

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative*

Research in Sport, Exercise and Health, *11*(4), 589-597. doi: 10.1080/2159676x.2019.1628806

Bruwer, B., Sorsdahl, K., Harrison, J., Stein, D. J., Williams, D., & Seedat, S. (2011). Barriers to mental health care and predictors of treatment dropout in the South African Stress and Health Study. *Psychiatric Services*, *62*(7),774-781. doi:10.1176/appi.ps.62.7.774

Burgess, N., Christensen, H., Leach, L., Farrer, L., & Griffiths, K. (2008). Mental health profile of callers to a generalist telephone counselling service. *Journal of Telemedicine and Telecare, 14*(1), 42-47. doi:10.1258/jtt.2007.070610

Burns, J. K. (2011). The mental health gap in South Africa: A human rights issue. *The Equal Rights Review*, *6*(99), 99-113. https://www.researchgate.net/publication/249315140_The_mental_health_gap_in_South_Africa_a_human_rights_issue

Busby, D. R., King, C. A., Brent, D., Grupp-Phelan, J., Gould, M., Page, K., ... & Pediatric Emergency Care Applied Research Network (PECARN). (2020). Adolescents' engagement with crisis hotline risk-management Services: A report from the emergency department screen for teen suicide risk (ED-STARS) study. *Suicide and Life-Threatening Behavior*, *50*(1), 72-82. doi:10.1111/sltb.12558

Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, *56*(3), 1391-1412. doi:10.1007/s11135-021-01182-y

Carver, C. S. (1997). You want to measure coping but your protocol 'too long: Consider the brief cope. *International Journal of Behavioral Medicine*, *4*(1), 92-100. doi:10.1207/s15327558ijbm0401_6

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, *56*(2), 267- 283. doi:10.1037/0022-3514.56.2.267

Chandler, F., & Kruger, D. J. (2005). Volunteers at risk! Experiences of lay counsellors at a support centre for abused women. *New Voices in Psychology*, *1*(1), 70-80. https://journals.co.za/doi/abs/10.10520/EJC112539

Chen, Y. Y., Shek, D. T., & Bu, F. F. (2011). Applications of interpretive and constructionist research methods in adolescent research: Philosophy, principles, and examples. *International Journal of Adolescent Medicine and Health, 23*(2), 129-139. doi:10.1515/ijamh.2011.022

Childline (2021-2022). *Data analysis report.* Childline South Africa. https://www.childlinesa.org.za/wp-content/uploads/Childline-SA-Data-Analysis-Report-FY2021-2022.pdf.

Childline (2022). *Annual general meeting report.* Childline South Africa. https://www.childlinesa.org.za/wp-content/uploads/Childline-SA-Annual-General-

Report-2021-2022.pdf.

Christogiorgos, S., Vassilopoulou, V., Florou, A., Xydou, V., Douvou, M., Vgenopoulou, S., & Tsiantis, J. (2010). Telephone counselling with adolescents and countertransference phenomena: Particularities and challenges. *British Journal of Guidance & Counselling*, *38*(3), 313-325. doi:10.1080/03069885.2010.482394

Coman, G. J., Burrows, G. D., & Evans, B. J. (2001). Telephone counselling in Australia: Applications and considerations for use. *British Journal of Guidance & Counselling*, *29*(2), 247-258. doi:10.1080/03069880124904

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, *127*(1), 87-127. doi:10.1037/0033-2909.127.1.87

Connor-Smith, J. K., Compas, B. E., Wadsworth, M. E., Thomsen, A. H., & Saltzman, H. (2000). Responses to stress in adolescence: Measurement of coping and involuntary stress responses. *Journal of Consulting and Clinical Psychology*, *68*(6), 976-992. doi:10.1037/0022-006x.68.6.976

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

Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping*, *23*(3), 319-339. doi:10.1080/10615800903085818

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice*, *39*(3), 124-130. doi:10.1207/s15430421tip3903_2

Cunha, M., & Paiva, M. J. (2012). Text anxiety in adolescents: The role of self-criticism and acceptance and mindfulness skills. *The Spanish Journal of Psychology*, *15*(2), 533-543. doi:10.5209/rev_sjop.2012.v15.n2.38864

Dadfar, M., & Lester, D. (2021). A case study of callers to a telephone counselling service. *Illness, Crisis, & Loss, 29*(4), 275-289. doi:10.1177/1054137319833299

Daniel, B. K. (2018). Empirical verification of the "TACT" framework for teaching rigour in qualitative research methodology. *Qualitative Research Journal*, *18*(3), 262-275. doi:10.1108/qrj-d-17-00012

Davidson, D., & Harrison, G. (2020). Heard but not seen: Exploring youth counsellors' experiences of telephone counselling. *Aotearoa New Zealand Social Work*, *32*(1), 73-85. doi:10.11157/anzswj-vol32iss1id708

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

Doody, O., & Noonan, M. (2013). Preparing and conducting interviews to collect data. *Nurse Researcher*, *20*(5), 1-10. doi:10.7748/nr2013.05.20.5.28.e327

Dunkley, J., & Whelan, T. A. (2006). Vicarious traumatisation in telephone counsellors: Internal and external influences. *British Journal of Guidance & Counselling*, *34*(4), 451-469. doi:10.1080/03069880600942574

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE Open*, *4*(1), 1-10. doi:10.1177/2158244014522633

Figley, C. R. (2013). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge. https://psycnet.apa.org/record/1995-97891-000

Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, Stress, and 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. doi:10.1037/0022-3514.48.1.150

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*, 745-774. doi:10.1146/annurev.psych.55.090902.141456

Fox, R., & Cooper, M. (1998). The effects of suicide on the private practitioner: A professional and personal perspective. *Clinical Social Work Journal*, *26*, 143-157. doi:10.1023/a:1022866917611

Fram, S. M. (2013). The constant comparative analysis method outside of grounded theory. *Qualitative Report*, *18*(1), 1-25. http://www.nova.edu/ssss/QR/QR18/fram1.pdf

Furlonger, B., & Taylor, W. (2013). Supervision and the management of vicarious traumatisation among Australian telephone and online counsellors. *Journal of Psychologists and Counsellors in Schools*, *23*(1), 82-94. doi:10.1017/jgc.2013.3

GBD 2019 Mental Disorders Collaborators. (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, *9*(2), 137-150. doi:10.1016/s2215-0366(21)00395-3

Gibson, K., Cartwright, C., Kerrisk, K., Campbell, J., & Seymour, F. (2016). What young people want: A qualitative study of adolescents' priorities for engagement across psychological services. *Journal of Child and Family Studies*, *25*, 1057-1065. doi:10.1007/s10826-015-0292-6

Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical*

Psychology & Psychotherapy: An International Journal of Theory & Practice, *13*(6), 353-379. doi:10.1002/cpp.507

Gould, M. S., Greenberg, T., Munfakh, J. L. H., Kleinman, M., & Lubell, K. (2006). Teenagers' attitudes about seeking help from telephone crisis services (hotlines). *Suicide and Life-Threatening Behavior*, *36*(6), 601-613. doi:10.1521/suli.2006.36.6.601

Gould, M. S., Kalafat, J., HarrisMunfakh, J. L., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 2: Suicidal callers. *Suicide and Life-Threatening Behavior*, *37*(3), 338-352. doi:10.1521/suli.2007.37.3.338

Gould, M. S., Munfakh, J. L., Kleinman, M., & Lake, A. M. (2012). National suicide prevention lifeline: Enhancing mental health care for suicidal individuals and other people in crisis. *Suicide and Life-Threatening Behavior*, *42*(1), 22-35. doi:10.1111/j.1943- 278x.2011.00068.x

Guttman, L. (1954). A new approach to factor analysis: the Radex. In P. F. Lazarsfeld (Ed.), *Mathematical thinking in the social sciences.* (pp. 258-348). Free Press. https://psycnet.apa.org/record/1955-02329-001

Hall, B., & Schlosar, H. (1995). Repeat callers and the Samaritan telephone crisis line—a Canadian experience. *Crisis*, *16*(2), 66-71. doi:10.1027/0227-5910.16.2.66

Haynes, K. (2012). Reflexivity in qualitative research. In G. Symon & C. Cassell (Eds.), *Qualitative Organizational Research: Core Methods and Current Challenges* (pp.72-89). SAGE publications. doi:10.4135/9781526435620.n5

Hoffberg, A. S., Stearns-Yoder, K. A., & Brenner, L. A. (2020). The effectiveness of crisis line services: A systematic review. *Frontiers in public health*, *7*, 1-14.doi: 10.3389/fpubh.2019.00399

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

Hugo, C. J., Boshoff, D. E., Traut, A., Zungu-Dirwayi, N., & Stein, D. J. (2003). Community attitudes toward and knowledge of mental illness in South Africa. *Social Psychiatry and Psychiatric Epidemiology*, *38*, 715-719. doi:10.1007/s00127-003-0695-3

Hunt, T., Wilson, C., Caputi, P., Wilson, I., & Woodward, A. (2018). Patterns of signs that telephone crisis support workers associate with suicide risk in telephone crisis line callers. *International Journal of Environmental Research and Public Health*, *15*(2), 1-13. doi:10.3390/ijerph15020235

Ingram, S., Ringle, J. L., Hallstrom, K., Schill, D. E., Gohr, V. M., & Thompson, R. W. (2008). Coping with crisis across the lifespan: The role of a telephone hotline. *Journal of Child and Family Studies*, *17*, 663-674. doi:10.1007/s10826-007-9180-z

Iqbal, A. (2015). The ethical considerations of counselling psychologists working with trauma:

Is there a risk of vicarious traumatisation. *Counselling Psychology Review*, *30*(1), 44-51. doi:10.53841/bpscpr.2015.30.1.44

Kalafat, J., Gould, M. S., Munfakh, J. L. H., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 1: Nonsuicidal crisis callers. *Suicide and Life-Threatening Behavior*, *37*(3), 322-337. doi:10.1521/suli.2007.37.3.322

Keyter, A., & Roos, V. (2015). Mental health workers' coping strategies in dealing with continuous secondary trauma. *The Social Work Practitioner-Researcher*, *27*(3), 365-382. doi:10.25159/2415-5829/724

King, R., Bambling, M., Reid, W., & Thomas, I. (2006). Telephone and online counselling for young people: A naturalistic comparison of session outcome, session impact and therapeutic alliance. *Counselling and Psychotherapy Research*, *6*(3), 175-181. doi:10.1080/14733140600874084

King, R., Nurcombe, B., Bickman, L., Hides, L., & Reid, W. (2003). Telephone counselling for adolescent suicide prevention: Changes in suicidality and mental state from beginning to end of a counselling session. *Suicide and Life-Threatening Behavior*, *33*(4), 400-411. doi:10.1521/suli.33.4.400.25235

Kinzel, A., & Nanson, J. (2000). Education and debriefing: Strategies for preventing crises in crisis-line volunteers. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 21*(3), 126–134. doi:10.1027//0227-5910.21.3.126

Kitchingman, T. A., Caputi, P., Woodward, A., Wilson, C. J., & Wilson, I. (2018). The impact of their role on telephone crisis support workers' psychological wellbeing and functioning: Quantitative findings from a mixed methods investigation. *PLoS One*, *13*(12), 1-23. doi:10.1371/journal.pone.0207645

Kitchingman, T. A., Wilson, C. J., Caputi, P., Woodward, A., & Hunt, T. (2015). Development and evaluation of the telephone crisis support skills scale. *Crisis*: *The Journal of Crisis and Intervention and Suicide Prevention, 36(6),* 407-415. doi:10.1027/0227-5910/a000341

Knapp, M., & Wong, G. (2020). Economics and mental health: The current scenario. *World Psychiatry*, *19*(1), 3-14. doi:10.1002/wps.20692

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

Lester, D., & Rogers, J. R. (2012). *Crisis intervention and counselling by telephone and the internet*. Charles C Thomas Publisher.

Leung, T., Schmidt, F., & Mushquash, C. (2023). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. *Psychological Trauma: Theory, Research, Practice, and Policy. 15*(Suppl 2), S213-S221. doi:10.1037/tra0001277

LifeLine. (n.d.). *Mental and emotional help for all.* https://lifelinesa.co.za/centres/

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.

Liverant, G. I., Hofmann, S. G., & Litz, B. T. (2004). Coping and anxiety in college students after the September 11th terrorist attacks. *Anxiety, Stress & Coping*, *17*(2), 127-139. doi:10.1080/0003379042000221412

Lund, C., Myer, L., Stein, D. J., Williams, D. R., & Flisher, A. J. (2013). Mental illness and lost income among adult South Africans. *Social Psychiatry and Psychiatric Epidemiology*, *48*, 845-851. doi:10.1007/s00127-012-0587-5

Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and Preventive Psychology*, *7*(1), 63-74. doi:10.1016/s0962-1849(98)80022-x

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*(1), 397-422. doi:10.1146/annurev.psych.52.1.397

Mathieu, S. L., Uddin, R., Brady, M., Batchelor, S., Ross, V., Spence, S. H., ... & Kõlves, K. (2021). Systematic review: The state of research into youth helplines. *Journal of the American Academy of Child & Adolescent Psychiatry*, *60*(10), 1190-1233. doi:10.1016/j.jaac.2020.12.028

Mazzer, K., O'Riordan, M., Woodward, A., & Rickwood, D. (2021). A systematic review of user expectations and outcomes of crisis support services. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *42*(6), 465-473. doi:10.1027/0227-5910/a000745

Meehan, S.A., & Broom, Y. (2007). Analysis of a national toll-free suicide crisis line in South Africa. *Suicide and Life-Threatening Behaviour, 37*(1), 66-78. doi:10.1521/suli.2007.37.1.66

Middleton, A., Gunn, J., Bassilios, B., & Pirkis, J. (2014). Systematic review of research into frequent callers to crisis helplines. *Journal of Telemedicine and Telecare*, *20*(2), 89-98. doi:10.1177/1357633x14524156

Middleton, A., Woodward, A., Gunn, J., Bassilios, B., & Pirkis, J. (2017). How do frequent users of crisis helplines differ from other users regarding their reasons for calling? Results from a survey with callers to Lifeline, Australia's national crisis helpline service. *Health & Social Care in the Community*, *25*(3), 1041-1049. doi:10.1111/hsc.12404

Mishara, B. L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., ... & Berman, A. (2007). Which helper behaviors and intervention styles are related to better short-term outcomes in telephone crisis intervention? Results from a silent monitoring study of calls to the US 1-800-SUICIDE network. *Suicide and Life-Threatening Behavior*, *37*(3), 308-321. doi:10.1521/suli.2007.37.3.308

Mishara, B. L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., ... & Berman, A. (2007). Comparing models of helper behavior to actual practice in telephone crisis

intervention: A silent monitoring study of calls to the US 1-800-SUICIDE network. *Suicide and Life-Threatening Behavior*, *37*(3), 291-307. doi:10.1521/suli.2007.37.3.291

Mishara, B. L., Daigle, M., Bardon, C., Chagnon, F., Balan, B., Raymond, S., & Campbell, J. (2016). Comparison of the effects of telephone suicide prevention help by volunteers and professional paid staff: Results from studies in the USA and Quebec, Canada. *Suicide and Life-Threatening Behavior*, *46*(5), 577-587. doi:10.1111/sltb.12238

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, *25*(9), 1212-1222. doi:10.1177/1049732315588501

Murray, L. K., Dorsey, S., Haroz, E., Lee, C., Alsiary, M. M., Haydary, A., ... & Bolton, P. (2014). A common elements treatment approach for adult mental health problems in low-and middle-income countries. *Cognitive and Behavioral Practice*, *21*(2), 111-123. doi:10.1016/j.cbpra.2013.06.005

Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*(3), 223-250. doi:10.1080/15298860309027

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, *8*, 90-97. doi: 10.1007/s40037-019-0509-2

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health*, *6*(2), 57-68. https://www.ingentaconnect.com/content/follmer/bpmh/2010/00000006/00000002/art00006

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1), 1-13. doi:10.1177/1609406917733847

O'Sullivan, J., & Whelan, T. A. (2011). Adversarial growth in telephone counsellors: Psychological and environmental influences. *British Journal of Guidance & Counselling*, *39*(4), 307-323. doi:10.1080/03069885.2011.567326

O'Connor, K., Neff, D. M., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, *53*, 74-99. doi:10.1016/j.eurpsy.2018.06.003

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

Patel, V., Chowdhary, N., Rahman, A., & Verdeli, H. (2011). Improving access to

psychological treatments: Lessons from developing countries. *Behaviour Research and Therapy*, *49*(9), 523-528. doi:10.1016/j.brat.2011.06.012

Patton, M. (2015). *Qualitative research & evaluation methods: Integrating theory and practice*. SAGE Publications.

Pirkis, J., Middleton, A., Bassilios, B., Harris, M., Spittal, M. J., Fedszyn, I., ... & Gunn, J. (2016). Frequent callers to telephone helplines: New evidence and a new service model. *International Journal of Mental Health Systems*, *10*(1), 1-9. doi:10.1186/s13033-016-0076-4

Rath, J. (2008). Training to be a volunteer Rape Crisis Counsellor: A qualitative study of women's experiences. *British Journal of Guidance & Counselling*, *36*(1), 19-32. doi:10.1080/03069880701716208

Roche, A., & Ogden, J. (2017). Predictors of burnout and health status in Samaritans' listening volunteers. *Psychology, Health & Medicine*, *22*(10), 1169-1174. doi:10.1080/13548506.2017.1280176

Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist*, *41*(7), 813-819. doi:10.1037/0003-066x.41.7.813

SADAG (n.d.). *World Mental Health Day 2021.* https://www.sadag.org/index.php?option=com_content&view=article&id=3091&Itemid=483

SAMHSA (n.d.). *988 Lifeline Performance Metrics.* https://www.samhsa.gov/find-help/988/performance-metrics.

Schierenbeck, I., Johansson, P., Andersson, L., & van Rooyen, D. (2013). Barriers to accessing and receiving mental health care in Eastern Cape, South Africa. *Health & Hum. Rts., 15*(2)*,* 110- 123. https://heinonline.org/HOL/LandingPage?handle=hein.journals/harhrj15&div=33&id=&page=

Schutte, N., Toppinen, S., Kalimo, R., & Schaufeli, W. (2000). The factorial validity of the Maslach Burnout Inventory-General Survey (MBI-GS) across occupational groups and nations. *Journal of Occupational and Organizational Psychology*, *73*(1), 53-66. doi:10.1348/096317900166877

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

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*(2), 63-75. doi:10.3233/efi-2004-22201

Silverman, D. (2016). *Qualitative Research*. SAGE Publications. https://uk.sagepub.com/sites/default/files/upm-assets/75407_book_item_75407.pdf

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, *129*(2), 216-269. doi:10.1037/0033-2909.129.2.216

Skinner, E.A., & Wellborn, J.G. (1994). Coping during childhood and adolescence: A motivational perspective. In D. L. Featherman, R. M. Lerner, & M. Perlmutter (Eds.), *Life-span Development and Behavior* (pp. 91-133). Lawrence Erlbaum Associates, Inc. doi:10.4324/9781315789255-3

Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith (Eds.), *Qualitative psychology: A Practical Guide to Research Methods* (pp. 51-80). Sage Publications. doi:10.4135/9781848607927.n11

Snyder, C. R., & Pulvers, K. M. (2001). Dr Seuss, the coping machine, and 'Oh the places you'll go.' In C.R. Snyder (Ed.), *Coping with Stress: Effective People and Processes.* (pp.3-29). Oxford University Press. doi:10.1093/med:psych/9780195130447.003.0001

Spittal, M. J., Fedyszyn, I., Middleton, A., Bassilios, B., Gunn, J., Woodward, A., & Pirkis, J. (2015). Frequent callers to crisis helplines: Who are they and why do they call? *Australian & New Zealand Journal of Psychiatry*, *49*(1), 54-64. doi:10.1177/0004867414541154

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, *44*(1), 26-28. https://www.jstor.org/stable/45381095

Stallman, H. M. (2020). Health theory of coping. *Australian Psychologist*, *55*(4), 295-306. doi:10.1111/ap.12465

Stanisławski, K. (2019). The Coping Circumplex Model: An integrative model of the structure of coping with stress. *Frontiers in Psychology*, *10*, 1-23. doi:10.3389/fpsyg.2019.00694

Stein, D. J., Seedat, S., Herman, A., Moomal, H., Heeringa, S. G., Kessler, R. C., & Williams, D. R. (2008). Lifetime prevalence of psychiatric disorders in South Africa. *The British Journal of Psychiatry, 192(2),* 112-117. doi:10.1192/bjp.bp.106.029280

Sundler, A. J., Lindberg, E., Nilsson, C., & Palmér, L. (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, *6*(3), 733-739. doi:10.1002/nop2.275

Sundram, F., Corattur, T., Dong, C., & Zhong, K. (2018). Motivations, expectations and experiences in being a mental health helplines volunteer. *International journal of environmental research and public health*, *15*(10), 1-13. doi:10.3390/ijerph15102123

Székely, A., Hal, M., Tóth, M. D., & Ádám, S. (2015). Telephone emergency services of

Europe: Survey on volunteer satisfaction and motivation. *Budapest: Végeken Egészséglélektani Alapítvány*.

Taylor, A. K., Gregory, A., Feder, G., & Williamson, E. (2019). 'We're all wounded healers': A qualitative study to explore the well-being and needs of helpline workers supporting survivors of domestic violence and abuse. *Health & Social Care in the Community*, *27*(4), 856-862. doi:10.1111/hsc.12699

Terreblanche, M., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied methods for the social sciences (2nd edition).* Cape Town: UCT Press.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 17-37). London: Sage.

The University of Auckland. (n.d.). *Doing Reflexive TA*. https://www.thematicanalysis.net/doing- reflexive-ta/.

Vattøe, I. E., DeMarinis, V., Haug, S. H., Lien, L., & Danbolt, L. J. (2020). Emotional stressors among volunteers operating a diaconal suicide-prevention crisis line in Norway: A qualitative study. *British Journal of Guidance & Counselling*, *48*(4), 563-575. doi:10.1080/03069885.2019.1646409

Vivekananda, K., Bamford, H., Allen, C., Evans, A., Woodward, A., & Leckie, S. (2021). A trial to address the complex needs of counselling helpline callers. *Advances in Mental Health*, *19*(2), 152-163. doi:10.1080/18387357.2019.1675477

Watson, R. J., McDonald, J., & Pearce, D. C. (2006). An exploration of national calls to Lifeline Australia: Social support or urgent suicide intervention?. *British Journal of Guidance & Counselling*, *34*(4), 471-482. doi:10.1080/03069880600942582

Weiner-Levy, N., & Popper-Giveon, A. (2013). The absent, the hidden and the obscured: Reflections on "dark matter" in qualitative research. *Quality & Quantity*, *47*(4), 2177-2190. doi:10.1007/s11135-011-9650-7

Willems, R. C. W. J., Drossaert, C. H. C., Vuijk, P., & Bohlmeijer, E. T. (2021). Mental wellbeing in crisis line volunteers: Understanding emotional impact of the work, challenges, and resources. A qualitative study. *International Journal of Qualitative Studies on Health and Well-being*, *16*(1), 1-13. doi:10.1080/17482631.2021.1986920

Willems, R., Drossaert, C., Vuijk, P., & Bohlmeijer, E. (2020). Impact of crisis line volunteering on mental wellbeing and the associated factors: A systematic review. *International Journal of Environmental Research and Public Health*, *17*(5), 1-22. doi:10.3390/ijerph17051641

Willig, C. (2013). *Introducing Qualitative Research in Psychology*. McGraw-Hill education.

World Health Organisation (2011, January 1). *Mental Health Atlas 2011.* https://www.who.int/publications/i/item/9799241564359.

World Health Organisation. (n.d.). *Preventing suicide: A resource for establishing a crisis line.* https://policycommons.net/artifacts/543053/preventing-suicide/1520099/.

APPENDIX A

Consent form

University of Cape Town

Department of Psychology

Consent form to participate in a research study

Study title:

Coping strategies and resources of volunteer telephone counsellors' at a South African organisation: An exploratory study

Researcher: Tayla C. Cerf

Supervisor: Associate Prof. Debbie Kaminer

Dear _____

What is the purpose of the study?

Telephone counselling is an important but potentially demanding role. This study would like to explore volunteer telephone counsellors' coping strategies and resources that they use in their work environment, to develop an understanding of what is working and not working for them, as well as what support is needed to better assist telephone counsellors in their role. The study is being conducted as part of a Master's in clinical psychology degree. The researcher is a telephone counsellor at LifeLine but is conducting this research in her capacity as a Master's student rather than on behalf of the LifeLine organisation.

Why are you invited to participate?

As a volunteer telephone counsellor at LifeLine, you have valuable experiences of what the demands of this job are and different ways that counsellors try to cope with this. The views that you share will be valuable to this study.

What does my participation require?

If you would like to participate in this study, you will be invited to an interview with the researcher. The interview will either be held in a room at LifeLine, if one is available, or at the UCT Child Guidance Clinic in Rosebank, on a day that you are available. The duration of the interview will be about one and a half hours.

Financial information

You will not be paid to participate in this study. If the study takes place at the Child Guidance Clinic, the researcher will reimburse you for your travel costs if necessary.

Risks

The interview questions will ask you about your work at LifeLine, how it affects you and how you cope with this. There is a small risk that talking about these issues may make you feel uncomfortable or distressed. You do not have to respond to questions that make you feel

uncomfortable, and you can also withdraw from the interview if you wish, without any consequences for your position at LifeLine.

Benefits

It is possible that you might find it meaningful to openly discuss and reflect on your experiences in a safe environment. A further benefit is the findings could provide recommendations on how the organisation can better support its volunteers.

Confidentiality of identity and information

The information that you provide will be used in the final write-up of the study, however, your identity will remain anonymous by referring to you with a participant number (for example, 'P1'). The name of your workplace will also be kept anonymous.

The interview will be audio-recorded to assist with the analysis part of the discussion. The recordings will be securely stored, password protected and only accessed by the researcher and the transcriber. The recording will be transcribed by myself and a research assistant, and then the recording will be deleted. The transcripts will be stored in an encrypted file on a password-protected computer for a duration of five years and then deleted.

Can I withdraw at any point?

If you decide that you no longer want to participate in the study, you can withdraw at any point, as your participation is voluntary. You do not need to provide a reason for your withdrawal. Any information that you shared in the interview will not be included in the final write-up of this study.

If you have questions about the study, you can contact the following people:
Tayla C. Cerf (Researcher): 083 375 5174 or taylachante@gmail.com
Associate Professor Debbie Kaminer (Supervisor): 021 650 3414 or Debbie.kaminer@uct.ac.za

Should you have any questions regarding your rights as a research participant, or if you wish to report any problems you have experienced related to the study, please contact Ms Rosalind Adams at the Department of Psychology, University of Cape Town: 021 650 3417 or rosalind.adams@uct.ac.za

I, _____ (participant name), confirm that I have read and understood the

purpose of the study, its potential risks and benefits. I understand that my participation is voluntary and that I am free to withdraw at any time.

I, _____(participant name), agree to the interview being recorded. I am aware that the findings of this study will be processed into a research report, but my identity will be kept anonymous.

Participant Name (Printed) _____

Signature of Participant_____ Date_____

Signature of Researcher _____ Date_____

APPENDIX B

Interview Schedule

I. Opening

Hello, my name is Tayla Cerf. I am completing my master's degree in psychology at the University of Cape Town. Thank you for putting time aside to be here today. I would like to understand more about telephone counsellors and how you manage in the role that you play for your organisation. Volunteer telephone counsellors are important assets to our community, but we don't know enough about how they experience their work, how they try and cope with the challenges of the work, and what their support needs are. I am a LifeLine counsellor myself and my role here today, as the researcher, is not at all related to my work with LifeLine as a counsellor. What you share with me today will be meaningful to my research topic and will not affect your position at LifeLine in any way. Before we start our interview, I would like to remind you of some important points form the informed consent form that I sent you previously. Your participation in this interview is voluntary, you are under no obligation to participate, it is entirely your choice. If you choose not to take part, it won't affect your position at LifeLine. During the interview, if you experience any discomfort, you can stop and withdraw at any point, and the information that you provided will not be used in the write up of my research. By participating in this study, your identity will remain anonymous, and your name will not be used. Instead, you will be referred to as 'Participant A' etc. If you have any queries about the informed consent form, please ask me. The interview will be audio-recorded to assist with transcribing at a later stage, after which the recording will be deleted. Do you have any questions before we start?

II. Interview questions

1. How do you define your role as a telephone counsellor?

2. Can you tell me a little about some of the challenges that you have in carrying out your role?

Possible prompts:
Are there particular challenges you have with any callers? The organisation?
Are there challenges with how your role impacts your life?
If yes, how does your role impact your life?
If no, what do you do to not allow for it to impact your life? Is it helpful?

3. What type of calls are difficult for you to counsel on? Why?

Possible prompts:

What do you do during the call to help manage these types of calls?

What do you do after the call to help manage these types of calls?

4. How do you cope in your role as a telephone counsellor?

Possible prompts:

How does that help you?

Do you find there are times when that strategy does not help you enough?

What stops it from helping you?

If this does not work, do you find you can do something else or is it difficult?

5. What support does the organisation offer to help with any challenges that you are having with calls?

Possible prompts:

How do you experience it?

Is it helpful?

Is there any more support that they can offer you?

6. What support were you hoping to get from the organisation when you first started?

Possible prompts:

Have you mentioned this to the organisation?

If no, how come you did not?

If yes, how did they assist you?

7. What more do you need to help you cope in your role?

Possible prompts:

What ways of coping do you want to try out for yourself?

What support do you need from the organisation?

8. Is there anything else you would like to add to our discussion?

APPENDIX C

Letter of permission from LifeLine

LifeLine Western Cape
Member of LifeLine International
Member of LifeLine National
PBO No: 18/11/13/1085
NPO No: 002-837

Crisis Line: (021) 461 1111 WhatsApp Line: 063 709 2620 www.lifelinewc.org.za

19th April 2023

To the UCT Masters Psychology Ethics Committee,

We, the LifeLineWC Board grant Tayla Cerf the permission to conduct her Master's research with our volunteer telephone counsellors on our premises and if preferred on the UCT campus.

Fiona Drummond
Chairperson
LifeLine Western Cape

APPENDIX D

Letter of invitation

Dear volunteer telephone counsellors at LifeLineWC,

My name is Tayla Cerf. I am a postgraduate student currently completing a master's degree in Clinical Psychology at the University of Cape Town, and I am also a LifeLine counsellor. I would like to invite you to participate in my research study that will explore the coping strategies that volunteer telephone counsellors' currently use to manage their work and what other support needs they have. This study could be helpful in identifying effective coping strategies that could be shared with other volunteer counsellors in telephone counselling organisations. This study could also be helpful to gain an understanding of what support needs telephone counsellors have in carrying out their roles. I am conducting this research in my capacity as a Masters student, rather than on behalf of the LifeLine organisation.

I would like to have individual interviews with volunteers who are fully-fledged telephone counsellors (not under probation) with no face to face counselling experience. If you are interested in my topic, please consider taking part in my study. A google spreadsheet of interview time slots will be made available for you to indicate all the possible times that you could attend the interview. Please specify your years of experience as a LifeLine volunteer telephone counsellor too.

The individual interviews will take place at the LifeLine offices in Mowbray or, if space is not available there at a suitable time, at the UCT Child Guidance Clinic (CGC) in Rosebank, where I am based. Should the interviews occur at the CGC, I will reimburse you for your travel costs at a standard rate of R100.

Your participation in this study is voluntary and you are under no obligation to take part. If you prefer not to take part, this will not affect your position at LifeLine in any way. If you do take part, your identity will remain anonymous in the final report of my study – no names will be used.

I hope you will consider taking part in my study, your views and perspectives would be hugely valuable.

If you are interested in participating, please email me at taylachante@gmail.com by 28th of May 2023.

If you have any questions about the study before you decide, you are welcome to email me at taylachante@gmail.com

Regards,
Tayla