On African time

When **Susan Board** went to South Africa to provide support to carers working with people living with HIV and Aids and their families, it had been a bleak year and morale was low. But the heartfelt warmth of the welcome she received there intoxicated her

Photos taken by Susan Board during her visit to Port Elizabeth, South Africa

In November and December 2011 I volunteered for four weeks at the Emmanuel Advice and Care Centre in a poor township in Port Elizabeth, South Africa. Emmanuel works in the local community to alleviate the suffering and effects of stigmatisation experienced by those living with HIV and Aids and their families. It is funded primarily by the Social Development Department of the South African Government. The staff work for minimal pay. Indeed funds often arrive after significant time-lapses: when I arrived they had not received any income for the previous six months but had just received back payment for some of that period. I was the first overseas volunteer for 2011 but over the last 15 years of their existence there has been a steady stream of volunteers each year.

My voluntary placement was organised by two NGOs working collaboratively. In the UK, Kate at People and Places (www.travel-peopleandplaces.co.uk) vetted me. I had to write a comprehensive account of my life experiences and wishes to volunteer, provide names of referees and undergo a CRB check. In Port Elizabeth, Paul at Calabash Tours (www.calabashtours.co.za) liaised with Emmanuel and oversaw my placement whilst I was there. The working ethos of both organisations is that volunteers each cumulatively provide 'a drop in the ocean', supporting the capacity of the workers in their own particular way.

My remit was to provide support and encouragement, for it had been a bleak year due to the lack of funding: many activities had ceased and morale was low. More specifically, it was agreed that I would accompany the carers on their home visits, spend time with the orphans and vulnerable children (OVCs) who visit the site, and give counselling workshops. In the end, in addition, I wrote a play with the teenage OVCs and also gave individual counselling sessions to a number of the carers. My personal goal before leaving was to go with an open attitude and to establish bonds of trust and friendship before doing anything.

I am a relatively newly qualified person-centred counsellor. I am also an experienced lecturer, working for the Open University. My first academic field is environmental ethics and politics and I teach a post-graduate module on environmental responsibility and mark the students' final projects on ecotourism. I wanted to use my counselling skills so that I could broaden and deepen my experience in this field. For the past 18 months I had combined my work for the Open University with a small private counselling practice, which I had allowed to wind down in the months leading up to my departure.

The counselling work

In this article, I will discuss the experience of working as a visiting white colleague with the staff at Emmanuel, giving workshops and counselling individuals there. Rather stubbornly, to the frustration of Paul who had weekly meetings with me and the staff at Emmanuel, I refused to determine exactly what I could contribute to the project until towards the end of the second week. I felt that I was such a foreigner in this environment – physically, culturally, and in terms of my lack of knowledge about the life experiences of my new colleagues and their clients – I wanted to simply absorb and rapidly learn. This involved a lot of sitting, drinking tea and sharing stories, and walking through the township, talking as we went, to visit clients in their homes.

I was immediately welcomed. Staff and the community in general opened up their lives to me with warmth and friendship. Within the

community, alcoholism and violence is rife; the sheer drudgery of poverty overwhelms everything. HIV and associated TB rates are extraordinarily high. In South Africa in general an estimated 5.6 million people were living with Aids in 2009 and in Eastern Cape 30 per cent of pregnant women are HIV+. These numbers are disproportionately made up from people from black ethnic groups.[1] Yet the stigma of HIV and Aids is still dominant, to the extent that HIV+ family members are literally abandoned and many hide their status.

By the time of my second weekly meeting I had a date for my first counselling workshop in person-centred counselling skills, focussing upon the core Rogerian conditions. This was held in the second children's crèche hut – a wooden garden shed in effect – with around 14 carers from the main Emmanuel site and the two satellite sites in neighbouring townships. I wanted to give this workshop as soon as possible before I gave any counselling sessions, which were now being requested. I was starting to wonder if my understanding of counselling differed from the understanding shared by the carers and their clients.

I soon became aware that a pervasive cultural condition and persistent legacy from the apartheid era is that of a resigned waiting to be told what to do. This manifested in the lack of punctuality in starting events at Emmanuel, so support meetings for clients always ran to 'African time', whilst the clients waited docilely, and then the content involved much lecturing to the clients about what they should be doing for themselves. This format was replicated in the public meetings that I attended. It is not uncommon for people to sit and wait all day for a prescription. When visiting clients, the carers could not phone ahead and arrange times but would call on an ad-hoc basis when in the area and following any news heard 'on the grapevine'. They would respond to the client's concerns and largely give advice, usually urging the client to continue with their medication and advising them in the weeks leading up to Christmas about how they could claim for a Christmas food parcel. I am starting to sound a little critical but my overwhelming impression was one of enormous admiration for their roles and appreciation of the necessary support – therapeutic and practical – they offered to their clients and the community at large.

However, I had started to question whether I had a different understanding of counselling than my African colleagues. It transpired, however, at my first workshop that they all understood person-centred counselling; indeed one person brought along a copy of the poem, *Listen*.[2] Yet they also felt compelled, either due to their emotional involvement with their clients and/or cultural habit and expectations, to give advice when visiting clients. I gave them time to break away in pairs to practise and feed back at the end of the person-centred counselling sessions. Discussion was lively; evidence that they had enjoyed the experience of being counselled/counselling.

The second workshop in existential therapy followed in the third week. Here I focused on the themes of death and dying, acceptance, creatively determining one's life, freedom, and anxiety. I also wanted to introduce the phenomenological method (also known as epochê) which focuses upon the world as it appears to the client. This process involves following a number of guidelines: 1) bracketing or setting aside one's own personal preconceptions; 2) staying with a description of the client's experience; 3) horizontalising the client's experience; that is, not thinking that any one experience is more significant than another; and 4) verifying or checking out that we have understood the client correctly.

I followed the same format of giving handouts with the main ideas, which I went through in the workshop, allowing for questions along the way, followed by time to practise and final feedback. Once again, I wanted to emphasise the autonomy of the client. As clients in practice and in sessions with me, they appreciated this core aspect and yet there was still some resistance to applying it in their visits to clients. In a sense it was only natural that a carer should be angry when a HIV+ client who is solely parenting dependent children, refuses to take anti-retroviral drugs.

From the end of the second week, I started individually counselling a number of the carers – those who voluntarily requested it. These carers, all women, were members of their community and were not untypical representatives, living in difficult conditions of poverty, experiencing the ravaging effects of alcoholism, violence and often chronic ill health. I counselled six women in total: three just the once, one for two sessions and two for three sessions. The sessions did not always reach the counselling hour of 50 minutes. In this environment, where the clock rarely precisely determined events, I felt this mattered little.

I was conscious of the need to establish clear boundaries for each of these counselling sessions. I used the second crèche room and I tried to ensure we were not interrupted, which was not always feasible as noise drifted in and/or a child curiously opened the door to watch. Although the content divulged to me was invariably widely known amongst some of the carers, I never joined in discussions about material that was shared in a counselling session. On the other hand, occasionally in private, following a session, I felt it would have been considered insensitive if I had not enquired how an event had transpired, how their child was etc. In the final sessions with the two clients with the most difficult life

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circumstances at the time, I focused upon positive developments and the good upon which the New Year could be founded, encouraging them to see their capabilities and power to overcome the last year's difficulties in a purposefully directional way.

On the other hand, I did not belittle their fears of getting through the Christmas and New Year period unscathed. I had to tussle with letting be and trusting and wishing to make everything alright for them, knowing I was leaving. On reflection, I realise this was a form of transference of exactly how the carers themselves worked. For I, too, was becoming emotionally involved, particularly with the two carers with whom I had developed fond friendships and whose complex lives astounded me. I created sound therapeutic relationships with these clients, where I listened with empathy and gave unstinting unconditional positive regard. Their openness and trust in me touched me to my core. I felt honoured and humbled to hear their confidences for they knew that I led a very different life. That never mattered. We had created bonds of relational depth; they felt safe with me. For my self-care I kept a journal and could also speak to Paul who understood the parameters of confidentiality of counselling as well as the complex and challenging lives of the Emmanuel women. At the township, I never felt unprotected.

Some learnings

Back here in the cold UK winter I find the memories fading fast. The physical warmth of the climate and the warmth of the people who expressed such gratitude for my presence was intoxicating and I miss it enormously. I felt freed of my own responsibilities there and free to be me, largely because I was so readily welcomed and embraced – literally and metaphorically; each counselling session ended with a heartfelt hug. I won't be concluding my counselling sessions here in the same way but it felt absolutely appropriate there and then.

Differences of skin colour, culture and education although transparent became less important when we worked in unity and collaborated to give back to the local community. As in the therapeutic relationship, there was an imbalance in expertise: the carers were experts in the community and of the difficulties therein; I was a student, rapidly learning. I learned, too, a huge amount about the prevalence and treatment of HIV and Aids. On the other side, I was able to share my knowledge – in the counselling workshops, in my professional role as a counsellor, and everyday demeanour. Language could have been a barrier to mutual understanding. Xhosa or Afrikaans are the native languages and people often speak English as a second language. People are used to switching languages and not quite being fluent in one. It made me listen hard; infrequently pronouns 'he' and 'she' were used incorrectly and I had to listen to really grasp whether a daughter or son was being discussed, for instance. This is no bad thing for a counsellor.

I wasn't shocked but genuinely empathised with the dire conditions of poverty in which the people of the township lived (I stayed with a family in another relatively comfortable township whilst there). But I couldn't rationally understand why, when the links between alcoholism, violence against women and children, and Aids were all so involved, that the women still drank to excess and placed themselves in positions of vulnerability. When they knew that children grew up in fear due to the havoc that ensued from drinking, it was hard for me to understand why they would 'have a jolly' on the children's annual residential trip. But I know that is my logic and life is far more messy. And I know that they had hearts of gold in loving their clients and caring for the OVCs – in giving back to their community in spite of their own personal challenges.

My emotional involvement with my colleagues was unavoidable and necessary, for it was the basis of our mutual trust and friendships. It also allowed me to facilitate therapeutic relationships of immediate connectivity, even depth, whilst being mindful and authentic. I believe I created a therapeutic environment where the clients felt safe, proving that containment is not merely about the space, the clock or the fee. I was able to contact my inner supervisor to give me some objective insight into the combination of parallel process and projection that I was experiencing, related to the recognition that I too was trying to make it all alright for my clients before I left, knowing that ultimately the power resided in them. In the end, I hope this experience relays my successful struggle to be congruent, empathic and boundaried in an environment outside the norm.

Even though the counselling work I did there was for a short time, I feel that it was of value and an empowering step for the people whose lives I came to know: 'a drop in the ocean', to repeat Kate's words. In the spring of 2012, three more volunteers spent time at Emmanuel; two of these have counselling skills and so I hope that they will have continued to sustain the capabilities and encourage the invaluable work of the carers there. ■

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Susan Board is an associate lecturer for the Open University where she teaches modules in environmental ethics and politics, counselling and psychotherapy, and social sciences. She has a postgraduate diploma in person-centred counselling. Email: s.e.board@open.ac.uk

References

1. www.avert.org/aidssouthafrica.htm
2. www.learningplaceonline.com/relationships/communication/please-poem.htm

> *Differences of skin colour, culture and education although transparent became less important when we worked in unity and collaborated to give back to the local community*

Your thoughts please

If you have any thoughts or responses in relation to the issues raised in Liz's story, we want to hear from you. You can write a letter for the Letters pages or respond with an article or story of your own. Email privatepractice.editorial@bacp.co.uk

Do you have a story to tell?

Do you have a personal story you would like to share with readers? It could be the story of what led you into the therapy profession, the circumstances and experiences that brought you to where you are today. Or it could be an account of a particular event or experience which has been a turning point in your life and informed your view of the world and your work with clients. Email your story to privatepractice.editorial@bacp.co.uk