Using the Mmogo-method® to elicit mental health workers' coping strategies from a positive participatory perspective

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Fillipense 4:13 "Ek is tot alles in staat deur Christus wat my krag gee."

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DEDICATION

I have been blessed with the most loving parents who have supported, guided and encouraged me unconditionally. I dedicate my work to you as a small symbol of appreciation of what you mean to me.

SUMMARY

Researchers often benefit from gathering data from participants without any regard for the participants' needs. In other words, the data gathering process is often not reciprocal in nature, as the researcher is often the only beneficiary. The Mmogo-method® is proposed as a data gathering method that also benefits participants. Three distinct phases are distinguished in applying the Mmogo-method®. During the first phase the researcher gains entry into the research context an ethically sensitive manner. Participants are asked to arrange themselves into groups (not more than eight to ten people participate in a session). They are duly informed of the nature of the research topic and what it entails; namely that they will be requested to make visual representations of specific experiences by using unstructured materials such as malleable clay, dried straw and different colours and sizes of beads. The participants are also informed that only partial confidentially of the information that they share can be ensured because of the group context in which the data are obtained. The participants are, however, asked to treat all shared information as confidential. The Mmogo-method® is usually applied in a group context to allows the dynamics of group processes to inform and enrich the research context. The second phase is introduced by an open-ended prompt that requests the participants to use the unstructured material to visually represent their experiences. In this study, mental health workers were asked to visually represent their coping strategies. On completion of the visual representations, the third phase is initiated. A team of researchers (including counsellors and if needed interpreters) engage in a process of individual and group discussions. Individual participants explain the meaning of each object and action(s); the relationship between the objects and the relevance of the objects in relation to the research prompt; and finally the symbolic value of the objects. After the individual participant has explained the visual representation, the rest of the group is asked to complement the individual participant's explanation with their perceptions or experiences. Little or no literature is available on how participants experience a visual research method (Mmogo-method®).

In this study, the researcher used the Mmogo-method® to elicit mental health workers' coping strategies from a positive participatory perspective and to describe the participants' experiences of participating in the Mmogo-method® as a data gathering method to elicit the coping strategies of the mental health workers.

Mental health workers (telephone counsellors, trauma counsellors, social workers, social auxiliary workers and other professionals) are required to engage with the challenges their clients face and to assist them by means of psycho-social interventions on a daily basis.

The mental health workers from Childline who work with children deal with clients who undergo various traumatic experiences, such as severe violence and neglect; physical, emotional

and sexual abuse; abduction, homelessness and prostitution. The coping of these mental health workers is important because violence against children is one of the most prominent manifestations of violence in South Africa. More than half of the reported cases against children during the financial year of 2010 were sexual offences. There is a significant shortage of mental health workers to address children's psycho-social needs in South Africa. Due to the traumatic nature of the mental health workers' work, they often experience burnout, vicarious traumatisation and compassion fatigue. The management of Childline requested an investigation into the coping strategies of their mental health workers. Childline is a non-governmental organisation that provides a 24-hour toll-free helpline, as well as online counselling services to children and their families.

Permission to conduct the research was obtained from the North-West University's ethical committee, as well as from the heads of departments of the relevant mental health workers. The mental health workers from Childline were invited to participate in the research. The Mmogo-method® was specifically applied from a positive participatory approach and allowed for the positively focused subjective contributions of research participants to the research process. Qualitative research with a case study design was applied. Textual and visual data were gathered and analysed in two phases. First, by the researcher and participants during the research process, and second, by using thematic analysis for the textual data, and visual data analysis of the visual data.

Findings revealed themes related to the coping strategies of the mental health workers on an intrapersonal and an interpersonal level, which is not the focus of this study. In terms of the application of the Mmogo-method®, the mental health workers experienced the research context of unconditional positive regard and acceptance as a therapeutic intervention. The applied method supported the mental health workers in making a positive appraisal of their coping strategies and environment. They gained insight into their level of appreciation for their current occupation and interpersonal relationships. They also became more aware of their coping strategies in these contexts. The positive and supportive research context, the material used in applying the method and the group processes experienced were identified as factors contributing to the therapeutic experience of the process. These aspects lead the mental health workers to awareness, maintaining their focus and allowing for shared experience. The findings highlighted that research is not only a matter of obtaining data from participants, but should also allow participants to benefit from the process. Further research is recommended to explore other methodologies that could serve a dual purpose of addressing the needs of both the researcher and participant.

Key words: coping, group, Mmogo-method®, positive appraisal, positive participatory perspective, visual research method

OPSOMMING

Dit gebeur dikwels dat navorsers bevoordeel word deur die data wat hulle van die navorsingsdeelnemers ontvang sonder om die deelnemers se behoeftes te oorweeg. Met ander woorde, die data-insamelingsproses is nie altyd wedersyds voordelig nie, veral wanneer die navorser die enigste voordeel trek. Die Mmogo-metode® is ‘n data-insamelingsmetode wat ook tot die deelnemers se voordeel strek. Daar word onderskei tussen drie fases wanneer die Mmogo-metode® toegepas word. In die eerste fase word toegang tot die navorsingskonteks verkry deur middel van ‘n eties sensitiewe benadering. Deelnemers word versoek om hulleself in groepe te verdeel (met nie meer as agt tot tien deelnemers in ‘n sessie nie). Die deelnemers word inlgelig rakende die aard van die navorsingsonderwerp en wat die proses sal behels, naamlik dat hulle versoek sal word om visuele voorstellings te maak van spesifieke ervarings deur gebruik te maak van ongestruktureerde materiale soos pletbare klei, gedroogde strooi en verskillende kleure en groottes krale. Die deelnemers word ingelig dat slegs gedeeltelike konfidensialiteit van die inligting wat hulle deel gewaarborg kan word as gevolg van die groepskonteks. Die deelnemers word egter versoek om die inligting wat gedeel word as konfidensieel te hanteer. Die Mmogo-metode® word gewoonlik in ‘n groepskonteks toegepas, wat meebring dat die dinamiek van die groepsprossese die navorsingskonteks inlig en versterk. Die tweede fase word begin deur ‘n oop vraagstelling wat versoek dat deelnemers die ongestruktureerde materiaal gebruik om hulle ervaringe visueel voor te stel. In hierdie studie is die geestesgesondheidswerkers gevra om hulle hanteringsmegainismes visueel voor te stel. Na die voltooing van die visuele voorstellings het die navorsingsspan (insluitende beraders en tolke soos nodig) betrokke geraak by die proses van individuele- en groepsbesprekings. Die individuele deelnemers het die betekenis van hulle visuele voorstellings en aksies binne die konteks van die oorspronklike vraagstelling verduidelik, asook die verhoudings tussen die objekte en die relevansie van die objekte tot mekaar en laastens die simboliese waarde van die objekte. Nadat die individuele deelnemer die visuele voorsteling verduidelik het, het die individuele deelnemers die verduideliking met hulle eie persepsies en ervarings gekomplementeer. ‘n Weinige hoeveelheid of geen literatuur is beskikbaar rondom hoe deelnemers ’n visuele navorsingsmetode ervaar (Mmogo-metode®) nie.

Vir die doel van hierdie studie is die Mmogo-metode® te gebruik om die hanteringsmeganismes van geestesgesondheidswerkers te ontlok deur dit vanuit ‘n positief deelnemende perspektief te benader. Sodoende is die geestesgesondheidswerkers se ervaring van deelname in die Mmogo-metode® as ‘n data-insamelingsmetode om die hanteringsmeganises van die geestesgesondheidswerkers te ontlok, getoets.

Daar word van geestesgesondheidswerkers (telefoonberaders, traumaberaders, maatskaplike werkers en assistent maatskaplike werkers en professionele individue) vereis om op ‘n daaglikse basis die uitdagings wat hulle kliënte in die gesig staar aan te spreek met psigo-sosiale intervensies.

Die geestesgesondheidswerkers wat by Childline werk, werk met kinders wat verskeie traumatiese ervarings soos geweld, verwaarlosing, fisiese, emosionele en seksuele mishandeling, ontvoering, haweloosheid en prostitusie beleef. Die hanteringsmeganismes van geestesgesondheidswerkers is belangrik omdat geweld teenoor kinders een van die mees prominente manifesterings van geweld in Suid-Afrika is. Meer as die helfte van die aangemelde gevalle teen kinders tydens die 2010 finansiële jaar was seksuele oortredings. Daar is ’n groot tekort aan geestesgesondheidswerkers in Suid-Afrika wat die psigososiale behoeftes van kinders kan aanspreek. As gevolg van die traumatiese aard van die geestesgesondheidswerkers se pligte, ervaar hulle gereeld uitbranding, sekondêre trauma en medelye-uitputting. Childline se bestuur het versoek dat ondersoek ingestel word na die hanteringstrategieë van die geestesgesondheidswerkers wat daar in diens is. Childline is ’n nie-regeringsorganisasie wat ’n 24-uur tolvrye hulplyn en aanlyn beradingsdienste bied aan kinders en hulle gesinne.

Toestemming om met die navorsing voort te gaan is verkry van die Noordwes-Universiteit se etiekkomitee en die hoofde van die geestesgesondheidswerkers se onderskeie departemente. Childline se geestesgesondheidswerkers is genooi om deel te neem aan die navorsing. Die Mmogo-metode® is spesifiek vanuit ‘n positief deelnemende perspektief toegepas en het ruimte gelaat vir die positief gefokusde subjektiewe bydraes van die navorsingsdeelnemers tot die navorsingsproses. ’n Gevallestudie-ontwerp is gebruik as deel van die kwalitatiewe navorsingsbenadering. Tekstuele en visuele data is verkry en data-analise het in twee fases geskied. Die eerste data-analise het geskied tydens die data-insameling deur die navorser en die deelnemers. Die tweede data-analise het plaasgevind deur middel van tematiese analise van die tekstuele data en visuele data-analise van die visuele data.

Daar is bevind dat die hanteringsstrategieë van die geestesgesondheidswerkers op ’n intra- en interpersoonlike vlak ontlok is deur middel van die Mmogo-metode®. Die geestesgesondheidswerkers het die navorsingskonteks van onvoorwaardelike positiewe agting en aanvaarding as ’n terapeutiese intervensie ervaar. Die toegepaste metode het die geestesgesondheidswerkers ondersteun om ’n positiewe waardering van hulle hanteringsstrategieë en omgewing te kry. Hulle het insig bekom oor hulle vlak van waardering vir hulle huidige beroep, asook hulle interpersoonlike verhoudinge. Hulle het ook meer bewus geword van hulle hanteringsstrategieë in hierdie kontekste. Die positiewe en ondersteunende navorsingskonteks, die materiaal wat gebruik is, en die groepsprosesse is geïdentifiseer as faktore wat bydra tot die geestesgesondheidswerkers se ervaring van die proses as terapeuties. Hierdie aspekte lei die

geestesgesondheidswerkers tot bewustheid wat hulle help om hulle fokus te behou en ŉ geleentheid bied vir gedeelde ervarings. Die bevindinge benadruk dat navorsing nie net oor die insameling van data moet gaan nie; die deelnemers moet ook baat by die proses. Verdere navorsing word aanbeveel om ondersoek in te stel na meer metodologieë waarmee data ingesamel kan word vir die navorser én ŉ wat tegerlykertyd voordeel inhou vir die deelnemer.

Sleutelwoorde: hanteringsmeganismes, groep, Mmogo-metode®, positief deelnemende perspektief, visuele navorsingsmetode

PERMISSION TO SUBMIT

The candidate opted to write an article, with the support of her supervisor. I hereby grant permission for her to submit this article for examination purposes in partial fulfilment of the requirements for the degree of Magister Artium in clinical psychology.

_____

Prof. Vera Roos

DECLARATION BY RESEARCHER

I hereby declare that this research**,** *Using the Mmogo-method® to elicit mental health workers' coping strategies from a positive participatory perspective*, is entirely my own work and that all sources have been fully referenced and acknowledged.

_____

Jenni van der Westhuizen

GUIDELINES FOR AUTHORS

This article was written in accordance with the guidelines set out in the sixth edition of the American Psychological Association.

LITERATURE ORIENTATION

This research proposes to discuss how mental health workers experienced the application of the Mmogo-method® as a data gathering method to elicit their coping strategies. Researchers often benefit from gathering data from research participants without providing for the research participants' needs. In other words, the data gathering process is often not reciprocal in nature as the researcher is often the only beneficiary. The application of the Mmogo-method® will be illustrated in how mental health workers experienced participating in a visual research method which elicited their coping strategies from a positive participatory perspective. Throughout the rest of the article the term elicit will refer to the process of drawing forth the existing latent or potential coping strategies of the mental health workers. The discussion will focus first on the Mmogo-method® as a visual projective research method, the rationale for using visual research methods and the types of visual research methods employed. Thereafter research relating to visual research methods will be discussed. This will be followed by a discussion of the epistemological and ontological assumptions of the Mmogo-method® as a research method as well as its theoretical framework. Application of the Mmogo-method® in general, as well as within a group context, will also be addressed. The positive participatory perspective is discussed in terms of the context of visual research methods and their application for this study. An exploration of interventions that have been used to support mental health workers completes the literature review.

Visual Research Methods

Recent interest has focused on visual research methods because the inherent nature of this kind of data-gathering method can benefit not only the researcher, but also the participants (De Lange & Geldenhuys, 2012). Instead of merely gathering data, researchers can now access and engage issues that are usually difficult to address because of their sensitive nature or culturally-bounded contexts. By enabling this approach, visual research methods can make a difference to research participants' lives as they engage with issues that are of relevance to them (Walsh, 2012). This can be attributed to the fact that visual research methods are not only a manner of enquiry, but are also a mode of representation and dissemination (De Lange & Geldenhuys, 2012).

Types of Visual Research Methods

Mitchell (2008) states that it is vital to "ensure that the term 'visual methodologies' is not simply reduced to one practice or to one set of tools" (p. 365). The scope of visual research materials can include any sensory material and can range from self-constructed materials, videos, photographs, drawings, collages, cultural materials, the Mmogo-method® to films (Mitchell, 2008; Roos, 2012).

Research using visual research methods. Different visual research methods are used for different purposes: for example, kinetic family drawings to explore the resilience of children of HIV-positive mothers (Ebersöhn et al., 2012); everyday visual artefacts for self-study and social change (Pithouse-Morgan & Laren, 2012); participatory videos to explore young people's understanding of gender-based violence (De Lange & Geldenhuys, 2012); drawings of sexuality educators' perception of what children need to know about sex (Beyers, 2012) as well as the use of drawings to promote resilience (Theron, 2012); photo voice methodology to discover children's experiences as citizens of democratic South Africa (Joubert, 2012); visual graphics to portray human rights, social justice, democracy and the public good (Nanackchand & Berman, 2012) and photography to understand the experiences of compulsive hoarders (Singh & Jones, 2012). These visual methodology studies are used to research various topics that are otherwise difficult to access with more traditional data-gathering methods such as interviewing or using questionnaires (De Lange & Geldenhuys, 2012). These studies also contribute to discovering the implicit meanings of participants' personal portrayals, generating social change as well as encouraging participants to self-reflect in an attempt to change their behaviour.

Rationale for Using Visual Projective Research Methods

Visual projective research methods are generally used to portray unconscious thoughts, feelings and experiences (Roos, 2012). Projective methods enable the researcher to access the participants' personal perspectives. Visual projective methods are especially effective when they are applied to topics that are sensitive in nature as participants are able to project their personal experiences on to the visual material. This enables the participants to remove themselves from the sensitive topics to an extent that they can feel more willing to work with the difficulties they have experienced.

The Mmogo-method® as visual research method

The Mmogo-method® was developed in an attempt to find an alternative method for gathering data from participants because traditional methods such as questionnaires and focus groups had limited application possibilities (Roos, 2008, 2012). The ontological assumption underpinning the Mmogo-method® is that social reality is a co-constructed and reciprocal process that is embedded in a specific context (Braun & Clarke, 2006; Gergen, 2001; Grix, 2002; Lock & Strong, 2010; Roos, 2012). Gergen (2001) explains that "once one begins to describe or explain what exists, one inevitably proceeds from a forestructure of shared intelligibility" (p. 806). Social reality is created by subjective and diverse interpretations by individuals of their environment (Gergen, 2001). In terms of the epistemological assumptions, it is assumed that the researcher can gain insights from understanding participant's perspectives of their social worlds by exploring these in a co-constructed group context (Braun & Clarke, 2013). Social reality is created by means of

dialogue and the sharing of thoughts in conversation (Gergen, 2001). Co-construction or constructivism is based on the assumption that meaning does not exist without the construction of the meaning by means of the interpretation and interaction of individuals in dialogue with one another (O'Leary, 2004). In other words, the Mmogo-method® can be seen as an appropriate tool for eliciting the coping strategies of mental health workers because the philosophical grounding coincides with the methodological nature of the method.

The ontology of the method emphasises the importance of a co-constructed reality whereas the epistemology recreates this reality by means of a group context for the co-construction of meaning within this context. The ontological and epistemological viewpoints of the Mmogo-method® will be manifested by means of a positive participatory approach as the research participants can create meaning by means of interaction with each other, the researcher and the process within a group context. The research participants will also form part of the data gathering and analysis process in order to co-construct meaning around the coping strategies that they employ.

Theoretical framework of the Mmogo-method®

Theories of social constructionism, community psychology and symbolic interactionism are combined with theory from psychoanalytic psychology on projection to form the basis of the theoretical framework for the Mmogo-method® and will be discussed accordingly (Roos, 2012). Social constructionism is based on the principle that the way people interact, explain, describe and account for the world they live in creates the subjective reality of that world (Gergen, 2001; Howitt, 2010; Lock & Strong, 2010). Community psychology views people as active participants within different systems and subsystems that are socially co-constructed (Jozefowicz-Simbeni, Israel, Braciszewski & Hobden, 2005). The participatory action process is regarded as a co-constructed environment in which individuals co-create their experience. The Mmogo-method® is grounded on the principle that the participants' take co-ownership of co-constructing their projections (Roos, 2012). Each participant is a valuable contributor in creating an understanding around their own visual projections. Symbolic interactionism is based on the notion that people interact with the environment based on the meaning that the environment has for them (Burbank & Martins, 2009). The meanings are created and modified when social interaction takes place. Projection is regarded as a process of elicitation of subconscious material that is otherwise difficult to access with more structured approaches such as interviews or questionnaires (Roos, 2012). Projective methods help the researcher to create personalised accounts of the participants' experiences. The Mmogo-method® accordingly emphasises the importance of conscious and subconscious interactions with the environment within a socially co-constructed group setting. The projective nature of the process enables mental health workers to engage critically with their personal belief systems and

intrapsychic processes (Nanackchand & Berman, 2012). The Mmogo-method® is one of the few research methods that can focus simultaneously on the personal level of experience (aspects that are perceived without implying awareness of these aspects) as well as the collective level (experiences that are unique to the participating group) (Roos, 2012). This method enables the researcher to gain unstructured and spontaneous versions of the individual's perspective of topics that are usually challenging and sensitive in nature.

The Mmogo-method® is a creative projective technique that involves participants' using their imagination to create their own representations according to their own initiative. The method was applied in this study as a visual research method to provide insight into the ways that the mental health workers create, continuously maintain and transform the symbolic objects of their personal world (Roos, 2008; Roos, 2012). The projective technique of the Mmogo-method® allows mental health workers to co-construct an external visual narrative of their coping strategies which brings their intrapsychic material to their awareness.

Applying the Mmogo-method®. The application of the Mmogo-method® is guided by ethical principles (Roos, 2008, 2012). Between eight and 10 participants are grouped in a circle in order to enhance interaction within the group. The participants are first informed about the exact proceedings of the process, following which their informed consent is obtained. It is emphasised that confidentiality can be ensured only partially, as many individuals partake in the group process. It is however stressed that the information shared in this context should be treated with confidentiality by the participants and the researchers. If the participants agree, they sign an informed consent letter. It is also emphasised that they can withdraw from the research process at any stage. If participants are illiterate, interpreters are used during the research process to interpret their responses to the researchers.

The mental health workers receive materials such as clay, beads and straws to visually construct representations based on a prompt, which in this instance was: "Please use your material and make anything visual that will tell us about your experience of working within an environment characterised by a lot of trauma, when you have coped at your best." This process usually takes between 35 and 45 minutes. After completing the representations, the mental health workers are each given the opportunity to discuss their individual representations. Participants are prompted by questions from the researcher, such as: "What did you make?"; "Why did you make this in response to the question?" and "Can you explain the specific objects that you have made?" After this initial phase, the group members ask questions and comment on one another's visual representations.

Importance of a group context. The Mmogo-method® is always used in a group context throughout the research process. The development of groups can be an intricate process (Corey & Corey, 2010). The group setting makes a significant contribution to the effectiveness of the applied

method in terms of shared experience and co-created realties. Participants have the opportunity to share their own perceptions in an accepting environment while receiving the insights of other group members. It is accordingly of significance to look at some of the phases of group development as they can be applied to the research process. The five identified phases of group development, namely *forming, storming, norming, performing* and *adjourning,* will be discussed. The first phase of a group is described as *forming*, during which members are orientated, create boundaries and establish relationships (Bonebright, 2010). This takes place as a continuous process from the initial point of presenting the method to the participants. The researcher creates a norm for the *forming* process, which is modelled by means of interaction with the participants. The researcher tells them what they can expect from the process, for example that they will be having a relaxed and pleasant conversation about their representations. The second stage, *storming*, is characterised by conflict and a lack of unity within the group. Discomfort and uncertainty can also take place during this phase and manifest when participants have many questions, such as what to expect from the process, or if they start laughing because they feel uneasy. *Norming* is the third phase, in which cohesion is developed within the group and the members become accepting of each other. *Performing* is the phase in which the group's energy is focused on group tasks and members play roles in the group that contribute to problem-solving within the group. *Adjourning* is the final stage of group development, in the course of which members perform as a unit that enhances harmony within the group. The advantages of group processes are that collective group feedback and support from other group members are available (Corey & Corey, 2010). Vinogradov and Yalom (1989) describe the group process as an essential aspect of human developmental experiences because we live in a socially-constructed society. This is why the research was conducted within a group context where social input could form part of participants' experiences of their personal perspectives of their coping strategies.

The factors that should be dealt with adequately within groups include the norms of the group, the level of trust within the group, group cohesion, the reactions between members, the manner in which resistance manifests, conflict arises and is dealt with, the forces that bring about healing as well as the stages of group development (Vinogradov & Yalom, 1989). The participants have the opportunity to share their experience of the techniques and processes that are applied during the research process, which takes place during a single contact session. The contact session usually occurs for the duration of approximately three hours; which consists of 45 minutes to create the visual representation and two hours to complete the data analysis and discussion regarding their insights into the process.

Corey and Corey (2010) describe short-term groups as being time limited in nature with structured sessions (Corey & Corey, 2010). Short-term psychotherapy groups in general are

described as being economic and resource -effective as many participants are interacted with simultaneously as opposed to individual approaches. The applied research method provides the opportunity for data gathering whilst research participants can interact meaningfully with their own projections and with fellow group members.

A Positive Psychology Perspective

In this research, the Mmogo-method® was specifically applied from a positive psychology perspective to elicit the coping strategies of mental health workers as a data gathering technique. A positive psychology perspective is different from a focus on addressing problems because it focuses on times of functioning well (Seligman, 2002). In positive psychology, the focus is on positive thoughts and emotions that can enhance subjective and psychological wellbeing, broaden thought-action ranges, increase mental abilities and contribute to meaning-based coping (Bolier et al., 2013; Garland et al., 2010). Focusing on the positive aspects of people who are constantly confronted with problems and challenges could provide the mental health workers with the opportunity to develop a subjective positive appraisal of their coping strategies. A positive perspective is based on the assumption that positive language and aspects that we focus on are the aspects that develop and influence how we view and describe our worlds (Kelm, 2005; Watkins, Mohr, & Kelly, 2011). It can thus be seen as the opposite of problem solving. The mental health workers were full contributors to the positive approach of the participatory process (Duraiappah, Roddy, & Parry, 2005). The positive participatory approach took place as the research participants took part in the data gathering and analysis process themselves by focusing on the positive aspects such as the ways in which they have coped with trauma in the past. The positive participatory perspective adheres to both the poetic principle and the positive principle (Watkins, et al., 2011). The poetic principle is based on the notion that the aspects we explore will be those that we expand on; this is why the focus of this study is on the coping strategies of the mental health workers. The positive principle is based on the notion that focusing on positive aspects creates positive upward spirals. It is also focused on the notion that by building on strengths, greater leverage is provided for change as opposed to fixing weaknesses. The findings should clarify aspects of the mental health workers' current coping strategies regarding their coping strategies and expand the knowledge base of the individuals as well as the group (Cowling & Repede, 2010).

The broaden-and-build theory of emotions states that positive emotions broaden an individual's temporary thought-action ranges and build their enduring personal resources (Fredrickson, 2004). Positive emotions can broaden the mental health workers' thought-action ranges, for instance where curiosity or interest can spark exploration and the discovery of new and creative actions, ideas or social connections. In other words, focusing on the positive aspects of coping despite being continuously exposed to trauma can broaden the thoughts and actions of the

mental health workers (Fredrickson, 2002). This in turn can build their personal, physical, emotional, intellectual and or social resources. Taylor, Kemeney, Reed, Bower and Gruenewald (2000) describe the positive illusion, explaining that regardless of whether the positive feelings are real or self-created in order to feel better about the difficult events of a trauma, the positive illusion can prove to be successful in helping mental health workers feel better and make way for the possibility of longer-term personal growth.

The positive perspective is designed to focus on people's potential by framing questions positively and focusing on the positive aspects of the individual or organisation (Cooperrider &Whitney, 1999). In this study, questions were focused on the occasions on which the mental health workers used their coping strategies optimally. A positive perspective makes a unique contribution because it moves the focus away from the "What is wrong" approach to the "What are the alternatives and what is working?" approach (Watkins et al., 2011). During the research process this subjective truth is focused positively on "What are the possibilities?" instead of the more traditional approach of "What is wrong?" This is of particular importance in a group of people who have to deal with trauma consistently.

Mental health workers' coping strategies

For the purpose of this study a mental health worker can be described as an individual who is competently trained to help clients reach their goals, address difficulties with their emotions, cognitions, behaviours, problems and distresses by providing supportive and therapeutic intervention (The free dictionary by Farlex, 2013). This can include among others: telephone counsellors, trauma counsellors, social workers, social auxiliary workers and other professionals that assist clients by means of psycho-social interventions. Mental health workers are at the forefront of the taxing and ongoing task of helping children to cope with various incidences of violence and childhood trauma (Hornor, 2005; Robins, Meltzer, & Zelikovsky, 2009; The Centre for the Study of Violence and Reconciliation, 2007).

There are many instances of violence occurring in South-Africa daily (South Africa, 2009). The statistics that indicate that 10.5% of all non-natural deaths were due to assault during 2010 is one example of information on the subject of violence (Statistics South Africa, 2010). According to The Centre for the Study of Violence and Reconciliation (2007) the aspects that legally constitute violence can be defined as:

> Applications, or threats, of physical force against a person, which can give rise to criminal or civil liability, whether severe or not and whether with or without a weapon. When more severe, such violence may be associated with intimate violations of the person or the potential to cause serious physical pain, injury or death (p. 33).

Violence against children and neglect of children are one of the more prominent manifestations of violence in South Africa (The Centre for the Study of Violence and Reconciliation, 2007). Of the 54.225 reported crimes against children during the financial year of 2010 and 2011 in South Africa, more than 50% were sexual offences (South African Police Service, 2011). Of these, 60.5% were committed against children younger than 15 years, of which 29.4% were sexual offences involving children younger than 10 years. Over 24% of the reported crimes against children were common assault and more than 20% were due to assault with grievous bodily harm. More than 3% of the reported crimes against children were murder or attempted murder. The nature of problems that the clients at Childline deal with includes physical, emotional and sexual abuse (Childline, 2011). Childline is a non-governmental organisation that provides a 24-hour toll-free helpline as well as online counselling services to children and their families. They also provide social services for the children and families who have been victims of violence.

Gobert (2002) and Hensley (2002) have found that victims of rape and sexual abuse during childhood experience persistent post-traumatic stress symptomatology –distress, fear, anxiety and difficulties with interpersonal functioning – for many months after the incident had occurred. These findings can be supportive of what Jensen et al. (2011) found in their quantitative study, that the prevalence of mental health disorders among adolescents and children is estimated at 15% and more.

As there is a significant shortage of mental health services for children and adolescents in South Africa, most of these affected children are not being seen by mental health workers (Lund, Petersen, Kleintjes, & Bhana, 2012). Mental health workers often struggle with burnout, vicarious traumatisation and compassion fatigue because of the often psychologically taxing nature of their clients' realities (Arnold, Calhoun, Tedeschi, & Cann, 2005; Devilly, Wright, & Varker, 2009; Hesse, 2002; Najjar, Davis, Beck-Coon, & Doebbeling, 2009). Mental health workers who deal with childhood trauma become exposed to the children's traumatic realities and this can alter the workers' psychological functioning in their personal and professional lives (Newell & Gordon, 2010). Work-related stress (for instance, as a result of burnout or a lack of experience in this special area) has been found to be the strongest predictor for the distress mental health workers experience (Devilly et al., 2009). Joseph and Linley (2008) describe the process of traumatisation as a shattering of an individual's perceptual schemas of himself and the world.

Mental health workers cope with the stresses of their work environment in various ways. The main goal of coping strategies is to decrease stress and to find a resolution for their problems (Peacock & Wong, 1996). Coping can be described as the cognitive and behavioural processes that take place in order to lessen and endure the external demands of a stressful encounter (Lazarus & Folkman, 1984). The two types of coping include, first, problem-focused coping whereby the

individual deals with the problem that causes distress, and second, emotion-focused coping where the individual regulates emotions. Coping can help individuals to experience situations as challenging rather than threatening. This is a unique contribution because the identification of coping strategies can provide the mental health workers with the resources to experience their work and environment as challenging rather than threatening.

Interventions to support mental health workers with coping. A literature review by Morse, Salyers, Rollins, Monroe-DeVita and Pfahler (2012) emphasises the critical need for the support that mental health workers require to prevent burnout and draw attention to the limited availability of research to study interventions in this field, not to mention the lack of research methods that intervene as a simultaneous process. Some of the most recent intervention studies include work by Scarnera, Bosco, Soleti and Lancioni (2009), who implemented a pre-test, post-test and follow-up on assertiveness training and cognitive restructuring workshop to handle emotions and support the staff with varying efficacy in the targeted areas. Salyers et al. (2011) applied a one-day training session with a pre- and post-test intervention after six weeks to improve the mental health workers' awareness and skills.

Other programmes that have been used to help individuals deal with burnout include the study by Krasner et al. (2009), which over a period of eight weeks applied courses on mindfulness practices and self-awareness exercises to help prevent burnout and increase awareness in the mental health workers. A 10-month maintenance phase followed, with assessments at baseline, and at two-, five- and 15-month intervals. Morse et al. (2012) remarks that apart from the study by Krasner et al. (2009), very few focus on preventing burnout by improving other positive characteristics such as meaning and purpose in life.

Interventions to support mental health workers to cope with post-traumatic stress disorders have focused mainly on interventions on the individual level (Ehlers, Clark, Hackmann, McManus & Fennell, 2004; Germain, Marchand, Bouchard, Drouin, & Guay, 2009; O'Donnell et al., 2012). Ehlers et al. (2004) describe a cognitive therapy approach applied individually to 20 post-traumatic stress disorder patients, with improved results over three and six months. Another study describes a cognitive behavioural approach via videoconferencing over 16 to 25 weeks (Germain et al., 2009). This involved 16 individuals in a videoconference, and 32 with a control face-to-face approach. O'Donnell et al. (2012) applied cognitive behavioural therapy individually as part of an early intervention approach of four to 10 sessions on 24 individuals. These approaches all indicate an improvement in post-traumatic stress symptoms as a result of individual interventions. The individual approach is usually applied in three distinct phases, namely a needs assessment, an intervention and a post-intervention evaluation.

The individual approaches are driven by the structure of the research process and require more time and human resources than a group intervention approach (Corey & Corey, 2010; Vinogradov & Yalom, 1989). These interventions also have a remedial focus whereby the researcher concentrates on a problem that has been identified as an area of improvement (Ehlers et al., 2004; Germain et al., 2009; O'Donnell et al., 2012). High-risk clients are identified, evaluated and often diagnosed before they are selected for the studies to remediate their various symptoms. The problem-focused approach that is usually applied leads to the identification of issues which need to be addressed. According to Garland et al. (2010) negative, problem-focused thoughts can lead to self-destructive spirals of negative and impoverished thoughts and experiences in life. Iyamuremye and Brysiewicz (2012) found that that the most common coping strategies that the 30 mental health workers interviewed used to cope with their work environment included verbalisation, letting go, a sense of humour and personal hobbies. The mental health workers struggled with aspects such as loss of control, emotional fatigue and dysfunctional relationships. It can be concluded that due to the prevalent difficulties that mental health workers have to endure in their work environment, a research approach that not only gathers information but also intervenes on an individual and group level is of value.

Layout of the dissertation

The dissertation will first discuss relevant literature, following which the problem statement and aim of the research study will be examined. The research method, design, participants and context will be discussed before the procedures, data-collection methods, data analysis and ethical aspects will be addressed. The findings will follow, with a discussion thereof. Limitations and recommendations will also be noted. The conclusion will form the final part of the dissertation.

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TITLE OF DISSERTATION, AUTHORS AND CONTACT DETAILS

Using the Mmogo-method® to elicit mental health workers' coping strategies from a positive participatory perspective

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Abstract

The researcher explored the participants' experience of participating in the Mmogo-method® from a positive participatory perspective during a process where their coping strategies were elicited. The aim of the research was to describe how mental health workers experienced the Mmogo-method® in research that attempted to elicit their coping strategies. The Mmogo-method® is proposed as a data gathering method that also benefits participants. It is projective in nature, which allows for conscious and subconscious material to be elicited. It is furthermore applied within a group context, which allows the dynamics of group processes to enrich the research context. The Mmogo-method® splits up into three distinct phases during its application, namely the entry phase were the research context is approached in an ethically sensitive manner; the second phase where the participants use unstructured materials to visually represent their coping strategies; and lastly the phase during which the researcher (including counsellors and if needed interpreters) and the participants engage in discussions on the individual visual representations, as well as experiences relating to the research process.

The elicitation of mental health workers' coping strategies is used as an example to describe how participants experience the application of the Mmogo-method®. The particular group of mental health workers that participated in this study are mental health workers at Childline who are constantly exposed to children and families who have experienced various forms of violence, including physical, psychological and sexual abuse. Childline is a non-governmental organisation that employs various counsellors, social workers and telephone counsellors, i.e. mental health workers. Data on the experiences of mental health workers who participated in the Mmogo-method® were obtained by means of a qualitative case study design. Visual data were obtained from the visual representations, while textual data were gathered by means of the explanations of the individual participants and the group discussions. Textual data were analysed thematically, and visual data were analysed using visual analysis. Findings indicate that the Mmogo-method® elicited the mental health workers' coping strategies on an intrapersonal and an interpersonal level. The research context was described as therapeutic, with unconditional positive regard and acceptance. This research context helped the mental health workers to achieve a positive appraisal of their coping strategies and their environment; they became more aware of their coping strategies and gained insight into their personal value and their occupational satisfaction and interpersonal relationships. Specific aspects related to the material of the method, the positive and supportive research context and the group processes were identified as contributing to awareness, maintaining focus and allowing for shared experience.

Key words: coping, group, Mmogo-method®, positive appraisal, positive participatory perspective, visual research method

MANUSCRIPT FOR EXAMINATION

Using the Mmogo-method® to elicit mental health workers' coping strategies from a positive participatory perspective

The Mmogo-method® as a data gathering method, has provided valuable subjective and participatory data from research participants. However, it is not clear how participants experienced participation in this data gathering method and it was decided to obtain the experiences of mental health workers' who shared their coping strategies by participating in the Mmogo-method®. The Mmogo-method® has a projective nature and in this particular instance, was applied from a positive participatory approach. Many of the research methods that are found in literature are often in contrast to the Mmogo-method®, problem focused and structured in their approach.

Little or no literature is available on how participants experience their participation in a visual research method. In this study, mental health workers shared their experiences after visually demonstrating their coping strategies.

The article sets out to discuss the Mmogo-method® as a visual method, followed by defining the role of mental health workers and the kinds of challenges they face within their work environment. Thereafter coping strategies and the available literature on interventions for these will be explored. The positive participatory perspective will then be addressed. The research method and design as well as the research participants and context, procedure and data gathering methods will follow, with a discussion of the trustworthiness of the findings. The findings will be discussed, and the study's limitations, recommendations and the conclusion will be presented.

Mmogo-method® as Visual Research Method

Visual research methods are often applied in research studies because of their projective nature, which brings the true subjective perspective of the participant to the fore (De Lange & Geldenhuys, 2012). Visual methodology can be described as a mode that enables critical engagement with conceptual and methodological concepts (De Lange & Geldenhuys, 2012) and that portrays unconscious thoughts, feelings and experiences (Roos, 2012). Visual studies use various sensory media, such as cultural material, drawings, video, photography, films, advertisements (Mitchell, 2008) and visual graphics (Nanackchand & Berman, 2012). The Mmogo-method® was applied during this study because of the research method's inherent properties: the projective nature makes it easier to address sensitive research topics such as the coping mechanisms that mental health workers employ (De Lange & Geldenhuys, 2012; Roos, 2012); the materials used are culturally sensitive which makes it accessible to a diverse group of research participants (Roos, 2008); the subjective experiences of the research participants can come to the fore which makes the

data more realistic in terms of reliability; the process can occur within a socially co-constructed group environment (Roos, 2012).

The Mmogo-method® is based on the ontological assumption that reality is a reciprocal and socially co-constructed process rooted in a specific context (Braun & Clarke, 2006; Gergen, 2001; Grix, 2002; Lock & Strong, 2010; Roos, 2012). It is accordingly assumed that the researcher can gather valuable findings from understanding research participants' viewpoints of their social realties by exploring these in a co-constructed group context (Braun & Clarke, 2006). This is why each individual makes his or her own visual representation and explains the individual representations within a group context.

The norm of respect within the group is introduced by the researcher's modelling of unconditional acceptance and respect. The researcher implements this as part of the positive participatory approach by accepting each individual's viewpoint as a unique and valuable contribution. The positive participatory approach took place as the research participants took part in the data gathering and analysis process themselves by focusing on the positive aspects such as the ways in which they have coped with trauma in the past. Adhering to the principles of the positive participatory approach, each participant is accordingly considered a valuable contributor to the process. This is why each participant explains his or her own visual representation and all participants as well as the researcher subsequently ask about the individual's viewpoint of the representation. During the process the researcher does not participate as an expert, but rather as a co-constructer of reality in liaison with the mental health workers (Roos, 2008).

At the start of the process participants of about eight to 10 people are grouped in a circle. The research context is constructed around ethical principles by giving participants a detailed explanation of the nature and aim of the research before the research commences and allowing them to choose if they want to participate in the research or not. Participants are told that they would be required to make visual representations by using clay, coloured beads and straws to visually express their coping and that the process of construction usually takes around 35 to 45 minutes. They will be asked individually to explain their visual representations, and the group will be asked to join in the discussion regarding each of the research participants' visual representations and their understanding thereof. Informed consent is obtained before the start of the process and participants are assured that they can withdraw from the research study at any moment.

Participants are provided with clay, coloured beads of different sizes, and with dried grass stalks. A prompt is given to stimulate ideas for constructing visual representations, such as: "Please use your material and make anything visual that will tell us about your experience of working within an environment characterised by a lot of trauma, when you have coped at your best.' The completed representations are used as a stimulus for individual and group discussions

elicited by the following questions: “What did you make?”; “Why did you make this in response to the question?”; “Can you explain the specific objects that you have made?”; “What is the relationship between the objects?”; and “What is the relevance of the specific symbols you have made?” When the individual participant has given an explanation, members of the group are invited to complement the discussion of the research participant’s individual visual representation and to add their own interpretation.

After this initial phase, the group usually engages in an informal discussion regarding the Mmogo-method® elicited by questions such as: “How did you experience the session?” Questions like these also serve to debrief the participants. If the participants indicated thoughts, feelings, or behaviours which they had become aware of, more probing questions are asked, such as: “You said you had become aware of more coping strategies you have been using by listening to the other participants’ description. Would you like to tell us more about that?”

The Mmogo-method® accordingly aims to elicit personal experience as well as collective experience. Personal experience refers to the subjective experience of people of which they do not necessarily have a propositional knowledge (Lincoln, 2009). The aspects or material can include intrapsychic processes such as thoughts, feelings and experiences as well as personal belief systems (Nanackchand & Berman, 2012; Roos, 2012). The Mmogo-method® is based on the assumption that the visual representation can be an expression of aspects that are not yet conceptually formulated or knowingly recognised. Material that is not in the mental health workers’ direct awareness relating to the coping skills that they employ can be elicited by the Mmogo-method® by means of constructing visual images. The collective experience refers to shared meaning within a group setting arising from aspects such as shared experiences unique to a group. The Mmogo-Method® is administered within a group setting because the interactive nature of the group environment can allow for feedback and support from other group members (Guttmacher & Birk, 1971). The group process can provide the context for social input concerning the mental health worker’s individual perspectives of their coping strategies. In other words, by utilising the Mmogo-method®, the mental health workers are participant-observers of their own position by taking part in the discussion of their visual projection within in a group context (Roos, 2012).

Mental Health Workers

Mental health workers operate at the forefront of challenges and trauma faced by their clients in a variety of contexts. For the purpose of this study a mental health worker can be described as an individual who is proficiently qualified to give therapeutic and supportive intervention in order to help their clients reach individual goals by facilitating individual achievement of human development goals and remediate cognitive, emotive or behavioural problems and distresses (The free dictionary by Farlex, 2013). The incidence of childhood trauma

is a taxing and prevalent occurrence which mental health workers need to address (Robins, Meltzer, Zelikovsky, 2009; The Centre for the Study of Violence and Reconciliation, 2007). According to Hornor (2005) mental health workers form an integral part of helping children to cope with various kinds of violence that occur in society. South Africa, as a developing country, is one of the countries in the world with some of the highest statistics regarding violence and crime (The Centre for the Study of Violence and Reconciliation, 2007). During the financial year of 2010/2011 more than 50% of the reported crimes against children in South Africa were sexual offences (South African Police Service, 2011). The mental health workers included in this study work with children who endure physical, psychological and sexual abuse (Childline, 2011). The situations that the children endure include being victims of violence, neglect, rape and sexual assault, feelings of anxiety, fear and difficulties with interpersonal functioning as well as various mental health disorders (Childline, 2011; Gobert, 2002; Hensley, 2002; Jensen et al., 2011; The Centre for the Study of Violence and Reconciliation, 2007). The challenging material which mental health workers have to deal with on a daily basis can cause them to develop compassion fatigue, burnout and or vicarious traumatisation (Arnold, Calhoun, Tedeschi, & Cann, 2005; Devilly, Wright, & Varker, 2009; Hesse, 2002; Najjar, Davis, Beck-Coon, & Doebbeling, 2009). A study by Robins et al. (2009) found that 39% of their mental health worker sample experienced an overall level of compassion fatigue in the moderate to extremely high risk categories. The study attributes this to routine occupational exposure to traumatic aspects of child illness and injury.

Repeated engagement with children's traumatic experiences can provoke various adjustments to a mental health worker's cognitive schema, identity and belief system (Figley, 2002; McCann & Pearlman, 1990). The changes they experience in their belief system changes the way mental health workers views themselves, others and the world. Those who have not worked through vicarious traumatisation material may choose to avoid the confronting traumatic material presented by the children they work with. They may violate boundaries or fail to remember important therapy material (Sexton, 1999).

Mental health workers can use positive coping strategies as tools to help them with their clients if they have explored their own stressful life experiences (Collins & Long, 2003). The degree to which mental health workers have worked their own traumatic events contributes strongly to the extent to which they are able to assist others.

Positive appraisal during times of distress carries significant adaptational value as it can sustain positive affect by means of coping processes (Folkman & Moskowitz, 2000).
Coping processes during distressing times can enhance meaning. There is a significant call for information about strategies for coping, which is directly correlated to positive growth during distressing times (Matthieu & Ivanoff, 2006; Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler,

2012; Sabin-Farrel, & Turpin, 2003). Research into coping strategies for the mental health workers who work with distressing material on a day-to-day basis is of significance because awareness of their coping strategies can increase their ability to cope with the distressing material. Preventative research interventions that can help mental health workers to become aware of the coping strategies that they already employ are also of value.

Research studies that focus on the coping strategies of mental health workers often approach the studies by making use of pre-intervention needs assessments and post-intervention assessments to determine the effectiveness of the intervention (Carson et al., 1999; Morse et al. 2012; Scarnera, Bosco, Soleti, & Lancioni, 2009). The research methods they apply are often quantitative in nature and include existing diagnostic scales and questionnaires (Carson et al., 1999; Ehlers, Clark, Hackmann, McManus, & Fennell, 2004; Germain, Marchand, Bouchard, Drouin, & Guay, 2009; Halberg, 1994; O'Donnell et al., 2012; Salyers et al., 2011) as well as open-ended interviews (Halberg, 1994), semi-structured and structured diagnostical interviews (Germain et al., 2009; O'Donnell et al., 2012).

Examples of these studies include training mental health workers in psychosocial interventions to improve their coping skills (Ewers, Bradshaw, McGovern, & Ewers, 2002). This intervention involves psycho-education on mental health disorders and intervention strategies enhanced by cognitive restructuring and relaxation techniques. Other interventions that aim to reduce burnout include: a psycho-dynamic group intervention approach (Halberg, 1994); social support groups (Carson et al., 1999), assertiveness training (Scarnera et al., 2009) as well as a one-day workshop to reduce burnout (Salyers et al., 2011). Iyamuremye and Brysiewicz (2012) conducted an explorative study by interviewing 30 mental health workers about the difficulties they experience as a result of their work environment. This explorative study was used to gather data regarding the difficulties mental health workers experience, but without implementing any interventions that could help them to deal with their difficulties.

In other words, the available literature generally either follows a structured pre- and post-assessment problem-focused approach or gathers data without intervening. Little, if anything, has emerged about the coping strategies of mental health workers dealing with childhood trauma by applying a visual data gathering method and a positive participatory perspective.

Positive Perspective

A positive perspective shifts the dialogue from enquiries into times of difficulty and failure to times of optimal functioning and potential (Watkins, Mohr, & Kelly, 2011). The positive perspective builds on this: positive emotions have been proven to broaden temporary thought-action ranges and to build on enduring personal resources (Fredrickson, 2004). The appraisal process (the way in which an individual perceives or judges internal and external processes) has a significant

influence on how the individual experience the world (Moors, Ellsworth, Scherer, & Frijda, 2013). When attention is focused on the problem, it is likely that the problem will be emphasised while all other contributing factors such as natural coping strategies are neglected. In other words, the focus of an individual's appraisal of his environment and or experiences strongly influences the result of his appraisal process (Moors et al., 2013). Cognitive behavioural studies implement their interventions by enabling participants to change their cognitions (including appraisal) in order to change their behaviour (Foa, 2008). The research is usually conducted by means of an intervention together with pre- and post-assessment. Bee, Bower, Gilbody and Lovell (2010) accordingly intervened over a 12-week period with a telephonic cognitive behavioural intervention, with a three-month progress follow-up. Lloyd, Bond, and Flaxman (2013) assessed the value of psychological flexibility by means of acceptance and commitment therapy as part of cognitive behavioural therapy. The intervention involved three half-day sessions over two -and-a-half months. Four datasets were collected, with a follow-up after six months. The main focus of the intervention was to make use of metaphors, mindfulness and cognitive diffusion techniques to teach participants how to deal with psychological barriers.

Although the literature gives many examples of research and intervention methods concerned with coping strategies (Ehlers et al., 2004; Germain et al., 2009; Iyamuremye & Brysiewicz, 2012; O'Donnell et al., 2012) little, if anything, is known from a positive participatory perspective and visual research method perspective of the coping strategies mental health workers use to deal with their clients' childhood trauma. Accordingly the research question that will guide this research is: What are the experiences of mental health workers who participated in a positive participatory perspective and a visual research method to elicit their coping strategies?

Research Method and Design

Qualitative research has been applied in this study by means of the Mmogo-Method® as data gathering method. Janesick (2000) argues that for those of us who are interested in the in-depth understanding of the humanities, the traditional thinking of generalisation is limiting and falls short when it comes to acknowledging the individual, which is why the individual data of the research participants is applied in this study. The individual participants took part as co-enquirers within the group, where the primary data generation was based on mutual dialogue, reflection and action between the participants and the researcher as a group (Cowling & Repede, 2010). The participants took part within a group context in which they formed an integral part of the data-gathering and analysis process by explaining their individual representations and discussing one another's visual representations within the group. A case study design was used as being capable of enriching individual participants' descriptions (Howitt, 2010). A case study can be defined as an empirical in-depth enquiry that is used to investigate a phenomenon within a real-world context

(Yin, 2009, 2013). The interaction between the case study and its context is of utmost importance. Silverman (2009) argues that a case study approach provides an opportunity to examine how certain phenomena are embedded in various patterns of social organisation.

Research Participants and Context

The research was conducted at Childline Gauteng. Childline is a non-governmental organisation (NGO) that employs various counsellors, social workers and telephone counsellors, i.e. mental health workers (Childline, 2013). The Childline mental health workers participated voluntarily and adhered to the inclusion criteria (Brinkmann & Kvale, 2008; Gravetter & Forzano, 2009).

These criteria incorporated mental health workers who were working at Childline Gauteng with at least six months' experience in a non-governmental organisation that intervenes in childhood trauma. Mental health workers who had intervened in at least one trauma-related case per week during the six months were included. Convenience sampling was used and the data was gathered until data saturation was reached as all the themes in the dataset have been addressed (Ritchie, Lewis, & Elam, 2009).

The participants in this study came from different training backgrounds including social workers and telephone counsellors. Ten participants (of which nine were female and one was male) between the ages of 26 and 56 years took part in order to form one group. Most of the participants spoke English as a first language, but those who did not were able to speak it adequately. The content of the trauma-related cases included experiencing sexual and/or physical violence as well as witnessing it.

The nature of problems that Childline deals with includes physical, emotional and sexual abuse that children experience (52% of the clinical cases), the abduction and kidnapping of children, school problems and bullying, refugee children and their rights, the trafficking and prostitution of young boys and girls, homelessness and neglect, pornography, grief and loss, as well as other forms of trauma (Childline, 2011). The mental health workers provide a 24-hour toll-free helpline as well as online counselling services to children and their families who come to Childline for assistance.

Procedure and Data Gathering

The management of Childline Gauteng contacted North-West University and suggested that a research study of the counsellors' coping strategies could be of value. Permission was first obtained from the University's ethical committee (NWU-005-10-S1). Written consent to undertake the research was also obtained from the different departments of Childline Gauteng. In their turn they extended a written invitation to mental health workers to participate in the research. A date for data gathering was agreed.

Informed consent and ethics pertaining to the study were discussed before participants were asked to sign a consent form to cover their participation in the research as well as any data captured by video and audio recordings. The participation was voluntary and the Childline participants had the opportunity to remove themselves from the study at any time (Brinkmann & Kvale, 2008, Gravetter & Forzano, 2009). The process was transparent and it was explained to the mental health workers that they would participate as co-enquirers throughout the process (Cowling & Repede, 2010). It was explained that partial confidentiality during this data gathering was applicable since the data would be gathered in a group context. For this reason pseudonyms were used to protect participants' identities (Brinkmann & Kvale, 2008; Willig, 2008).

Even though no psychological or physical harm was experienced by the participants during the research process, precautions were put in place for referral to a social worker or psychologist should a situation of harm arise (Brinkmann & Kvale, 2008). Due to the potentially traumatic content of the research, the research was supervised by a clinical psychologist. The positive nature of the research with reference to the broaden-and-build theory focused on positive content. The emphasis remained on the coping strategies the mental health workers had employed and not on the traumatic material to which they had been exposed. In other words the chance of engaging with traumatic content was reduced, as there was less focus on the traumatic material.

Participants were organised in a group and provided with the Mmogo-method® materials of clay, beads and sticks before they were asked to use this method to create their own individual visual representation of the coping strategies that they personally employed. The instructions were given as follows: "Please use the material that you have and make us something visual that will tell us when you coped at your best while working in an environment with a lot of trauma." After completion, each participant was asked: "What did you make?"; "Why did you make this in response to the question?"; "Can you explain the specific objects that you have made?"; "What is the relationship between the objects?"; and "What is the relevance of the specific symbols that you have made?" Opportunity for the group members to enquire or add to what had been discussed was then given. This discussion regarding the Mmogo-method® was elicited by questions such as: "How did you experience the session?" After the process the participants were asked about their experience of the method. Their reported experiences were used to illustrate the research findings. Other questions that were asked in order to enhance the findings include questions such as: "You said you became aware of more coping strategies that you are using by listening to the other participants' descriptions. Would you tell us more about that?" Follow-up questions also included: "How did you experience this method?" "How did you experience engaging in a process like this?" and "How did you feel about sharing your experiences in this group?"

Photos were taken of each visual representation as part of the visual data. Fully transcribed textual data were captured verbatim with the help of audio recordings of the whole process. Each phase of the Mmogo-method was included in the textual data.

Data analysis

Textual data. The six steps of Braun and Clarke (2006) were applied in order to interpret the data from groups in such a way as to provide knowledge, new insights and presentation of the findings. The steps included, first, becoming familiarised with the data through transcriptions and studying the data. Second, the data was coded systematically across the entire data set. The third step was to search for themes, following which a thematic map of coded data was created as part of the fourth stage. The fifth step was to define and rename themes in order to create a clear picture of the data analysis; and last, a scholarly report was created on the extracts that support the themes (Braun & Clarke, 2006). The researcher accordingly made use of data analysis that involved multiple readings of the data as well as labelling and describing the meaning of categories. Data associated with categories were cross-identified and key themes identified from the raw data (Johnson & Christensen, 2010).

Different kinds of information were analysed (transcriptions, video and textual data) from various research participants, and the data examined from different perspectives, thus aiding with the process of crystallisation. A visual representation of the data was collated, with different notes and summaries. Literature studies were compared and verified against common themes (Matthews & Ross, 2010).

Visual data. The visual data were analysed by the mental health workers themselves as they explained the subjective meaning of their individual representations as they related to the coping strategies they employ consciously (Roos, 2008). They were encouraged by the researcher to provide insight into the unconscious and projective meanings of the visual representations.

Trustworthiness

Tracy (2010) found that good quality qualitative research can be characterised by eight universal criteria. All eight principles will accordingly be discussed as they apply to this study. First, the research study complies with the principle of a *worthy topic*; the topic is under-researched and accordingly provides a relevant contribution to current literature. *Rich rigour* has been applied by explaining all relevant theoretical constructs, with an in-depth discussion of the process and methods applied. Third, the principle of s*incerity* is applied by means of transparency regarding the methods applied and the limitations that arose. The fourth criterion, namely the *credibility* of the study was enhanced by means of various data-collection methods and by direct testimonies by the participants. In adherence with the fifth principle, the researcher attempted to enhance *resonance* by generating transferable findings so that international data could be compared with the findings.

The study provided an approach to data gathering that can also be of an interventionist nature which can be seen as adherence to the sixth principle of making a si*gnificant contribution* to future research methodology. The seventh principle of an *ethical* study was of utmost importance during the process as data collection and data analysis took place in an ethically sensitive manner. In adherence to p*rocedural ethics*, informed consent and the mental health workers' safety was of utmost importance. *Relational ethics* were adhered to as the researcher was mindful of her character and the consequences that her actions may have had on others. The participants were encouraged to attend debriefing if they deemed it necessary in order to provide ethically for their emotional needs (Shweder, 2006). In accordance with the principles of the final criterion of *meaningful coherence*, the researcher applied methods and procedures that were relevant to the goals of the study and attempted to interconnect the literature review, findings and conclusions in a coherent manner (Tracey, 2010).

The mental health workers participated as co-enquirers and determined the meaning of their visual representations. This makes for a collaborative research process in which the mental health workers' perspectives are used as the main analysis of the data. Direct quotes were used in order to give an authentic account of the participants' narratives. This also correlates with Krefting's (1991) description of the "truth value" as the most important consideration for trustworthiness, i.e., accurate descriptions of human experience. The data were discussed by referring to photographs of the visual representations and direct quotes in order to add depth and understanding to the discussion (Ellingson, 2009). According to Krefting (1991), in qualitative studies, the use of sufficient descriptive data allows for comparison with other studies and can accordingly be considered as applicable.

Findings

The coping strategies elicited by the Mmogo-Method® and the positive participatory perspective included intrapersonal coping strategies and relational coping strategies (Keyter, 2013). Intrapersonal coping strategies included awareness/self-awareness, self and environmental regulation, positive attitude, meaningful disengagement, personal and professional boundaries, self-care and coping through spirituality (Keyter, 2013). Relational coping strategies refer to unconditional reciprocal acceptance from family members, supportive friend networks as well as an organisational culture of care (Keyter, 2013). However, the aim of the research was to obtain mental health workers experiences of participating in the Mmogo-method® as a data gathering method to elicit their coping strategies. It was found that the research scene and the participants' reactions together with the research process and materials were significant contributors to eliciting the mental health workers' coping strategies. The quotations of the research participant's words

directly answer to their view and experience of the method as it elicited their coping strategies. The findings are provided in Table1 below.

Table 1.

Themes and subthemes that emerged from the data

Setting the research scene and participants' reactions	Researcher's actions Unconditional positive regard Unconditional acceptance Positive perspective Safe and supportive context Participants' reactions Authentic presentation of the self Mental awakening
Research process and materials	Observation of behaviour and visual representation Research materials

Setting the Research Scene and Participants' Reactions

Researcher's actions. The researcher constructed the research context by interacting with the participants in a manner that communicated unconditional positive regard and acceptance.

Unconditional positive regard. The researcher introduced the norm of unconditional positive regard to the group by emphasising that there were no right or wrong answers and that every participant's experiences were valuable. It was also emphasised that the participants and the researcher would treat the information that would be shared during the research process as confidential. The mental health workers were welcomed and encouraged to contribute at any time during the process. The researcher modelled unconditional positive regard when one of the mental health workers, *Nandi (*names have been changed throughout to protect the identities of the participants), was welcomed to the research process even though she was a little late.
When Nandi apologised again for being late, the researcher assured her that her input would nevertheless be very valuable. When Nandi explained her visual representation, the researcher confirmed her contribution by saying: "I am so glad you have joined us to share this insight." The researcher introduced the norms for the group's interactions by demonstrating respect and appreciation for the participants' visual representations. She said: "I am always so impressed with what people make with this clay."

Unconditional acceptance. Unconditional acceptance can be seen as the basic acceptance and support of an individual regardless of what that person says or does. The researcher modelled

unconditional acceptance by being accepting about learning from the participants. Nandi was explaining to the group that it was necessary to be able to say to others that you need them for social support. She suggested that one could say: "I need you; I need you to talk to you. I didn't have a good day at work and I need to need you." The researcher responded to this by saying: "Awesome! I have learned something."

One of the participants related how the group had accepted her regardless of her actions. Nokwando recounted that she was sometimes self-centred in her interactions with others: "I was talking so much about my work. When I went home, I didn't really hear what she does." It made Nokwando wonder "what's wrong with me and [am I] being obsessed with me?" Her observation that one should try to focus on what others do "so that you don't always talk about these abuse cases" received accepting and confirmatory reactions from the group in support.

Positive perspective. The researcher maintained a focus on the positive without ignoring the challenges the mental health workers have to deal with. For example, Nokwando (Figure 1) made a monster in a cage to represent the traumatic material that she had to deal with at Childline. The researcher acknowledged the presence of the monster, but focused on the container which contained it: "You made very sure that the monster cannot get out of that container. What do you use then to deal with that monster there? What do the sticks represent?" Nokwando replied to this by saying:

> The sticks represent... the positivity that I have... This is life, hey, we do have a monster, but somehow in my mind there is a lot that the child also brings in, into the therapy session that doesn't really relate to this monster. Something that is within them, that positivity that also grounds me to say that, you know what, as much as there is this monster, we can … psychologically decide to put this monster in a container and deal with that positivity in that child to help them cope better to be more resilient in their own situation. *Ja*, I think that is how I also cope better.

A projection of Nokwando's coping strategies can be seen in Figure 1 where it is portrayed by a piece that represents her positivity and hope. She also portrayed a monster which is representing the traumatic material that she works with.

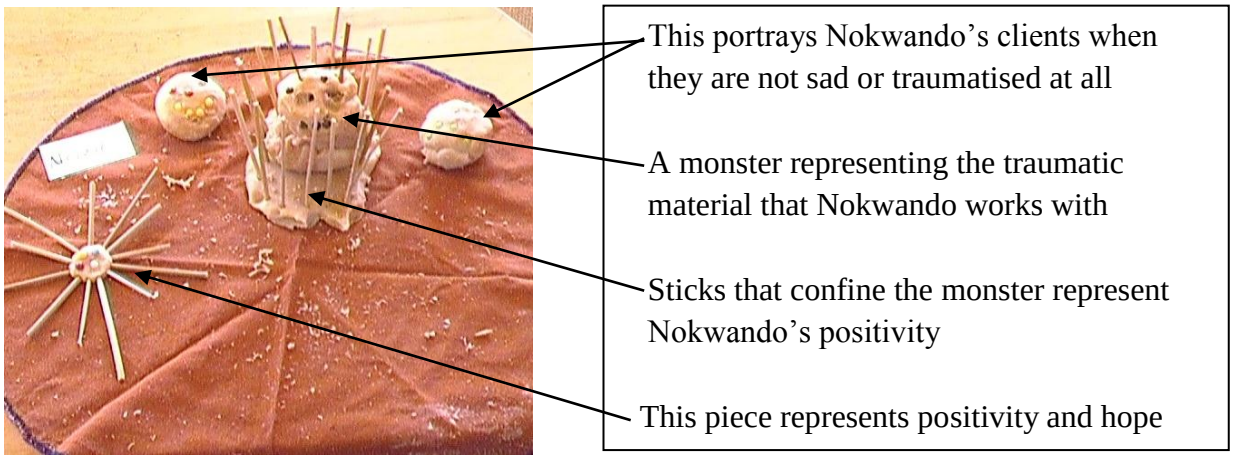

Figure 1. Monster in a cage (Nokwando)

Safe and supportive research context. The research context in which the research took place was experienced by the participants as supportive and safe. This safe context in which participants could share their coping strategies was experienced as a healing space. Arnold described the research process as "another way of dealing with burnout". He compared the research process with a facilitating therapeutic space. Martina confirmed that she had experienced the research process as therapeutic because it "provided some release... [which] enabled me to see things in a different light in a supportive environment".

Gandile described the essence of the value of the shared experience: "Knowing that… as different as we are… we share the same experience… and that is good for us you know so for me it's helpful that you know I am not alone." Arnold contributed the remark that "share[ing] your experience" made the process "very, very supportive".

Participants' reactions. The mental health workers interacted congruently in the group. They were able to laugh and share stories in an unconditional, accepting environment.

Authentic presentation of self. The participants used humour and shared their personal details of their lives with the rest of the group. For example, Arnold's remark that "Legendary Bob Marley says much work and no play makes Jack a dull boy" made the health workers laugh. Belinda shared personal details about her home life by saying she "introduced a new term at home-that it's my 'me time' and now my children have adopted that. Now they say 'it's my 'me time' also". This too made the others laugh.

Mental awakening. Initially, some of the participants indicated that they experienced some coping difficulties and that they did not always have the resources they required to cope with their work and home environments. Later on in the process they realised they had gained insight into coping strategies they could draw upon of which they had been unaware previously.

Nandi described how the use of clay as material created mental awakening: "This whole process just made me aware; sometimes you just do things not being aware how you cope. So this helped me to be aware, you know, that oh, okay, this is what I do to cope … sometimes you do things and you're not aware what you are doing, but this helped me to be aware what I do to cope." Anne realised that the process had raised her awareness. "It made me aware of things that I... already naturally do... I've actually now remembered, oh wait, I have like a lot of awesome things I do to support myself."

The process elicited some components that related to insights regarding the value of interpersonal relationships and occupational contexts. For example, Martina rediscovered her passion for her occupation: "I feel very negative about the work that I have been doing because it is

according to me not what I really wanted to do but now I discovered that I do have a passion for that work and I feel that I would like to continue."

Mayflower realised that she could improve on her relationship with her daughter.

> I would like to [be] accepting... [towards my] ... eight year old daughter. When I get back home from work usually we are tired and I'm tired most of the time and she would offer to help: mama can I wash the dishes for you and I offer you a massage and I'm like, no... I want to do it quickly; I want to do it my way. I'm beginning to think it's not okay. Maybe I should give her the chance and also to relax and accept it.

After the end of the first phase Anne realised that she had been made aware of new coping strategies she had not mentioned, but that she had been employing on a subconscious level: "I've actually now remembered, oh wait, I have a lot of awesome things I do to support myself ..I remember all of them, which I didn't even think of including." Anne mentioned various strategies that she became aware of throughout the group process:

> Anne has a "reading ritual on the Gautrain, this is my special time, everybody always says *ag* shame you have to drive to the train again; you know it's so terrible, but no it's actually fantastic because I can read there and do whatever. And then my easel and paint is [sic] permanently set up... so it's also ready whenever I feel like painting." Belinda had a similar experience: "I also think [it] really challenged us, because... [I was] able to see some of the things I was not even aware of. And I thought that maybe unconsciously I did it but I'm not aware of [that]."

Research Process and Materials

The construction of the visual representations contributes to additional information which the researcher used to access the deeper meaning, which in this instance was to explore the coping strategies of mental health workers. The specific materials which were used during the constructing process were identified as valuable.

Observation of behaviour and visual representation. The observations of the behaviour of participants during the construction of the visual representations provided additional information. The researcher asked Martina, who struggled to stabilise her representation, what it meant for her. Martina said that she had experienced difficulties with support. Arnold (Figure 2) was asked about the effort that he put into stabilising his representation of his support. He replied by saying that it was significant because he saw his support system as stable and unwavering.

Figure 2 is a portrayal of what Arnold lives for and what he believes in. Going to church and interacting with his friends at church constitute his main coping strategy and a solid support system.

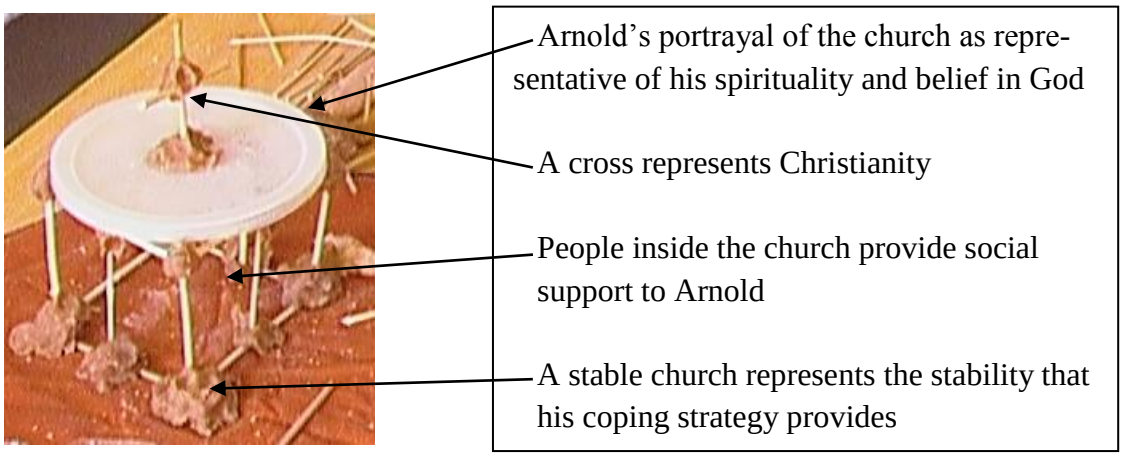

Figure 2. A church with a cross as symbol of Christianity (Arnold)

The visual representation is a physical object which is positioned in a specific manner. The researcher asked why Belinda (Figure 3) projected herself away from the client. She replied: "I didn't take it from that perspective, but it's me and the client partially looking at the client but at the same time, you know, trying not to be very much absorbed to the client." Belinda realised that she had portrayed one of her coping strategies, of not becoming too involved.

Belinda used a lot of brightly-coloured beads, as can be seen in Figure 3, to symbolise her hope and positivity. She created a book to show that she often consulted her books in order to gain more knowledge to use as tools to help her clients. She placed herself in a position where she partially looks at her client to indicate that she wanted to be present with her clients, but at the same time not be too absorbed with the client's problem.

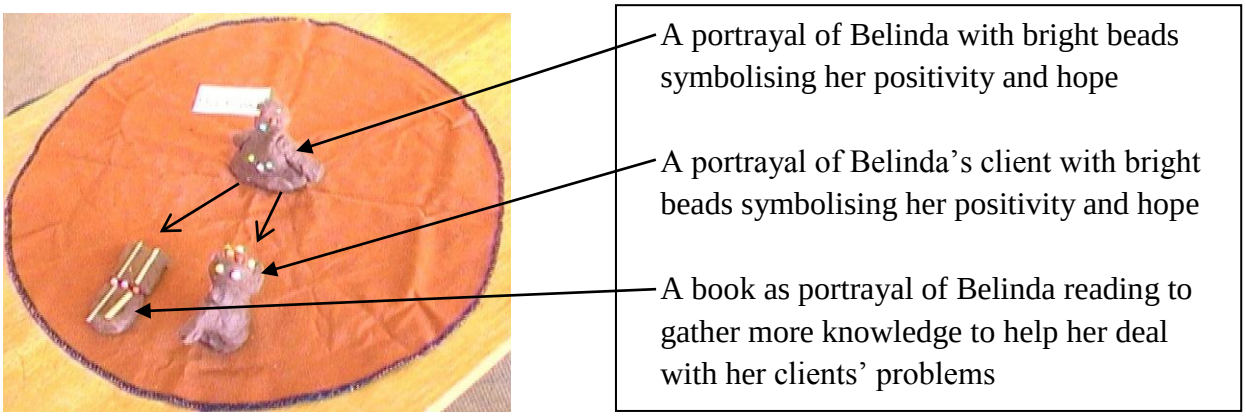

Figure 3. A book, Belinda and her client

The researcher asked Fathima (Figure 4) about the compartmentalisation of her clay model. She replied that she tried "to have some boundaries in place so that I don't take my [work] home with me."

In Figure 4 Fathima created two people holding hands to indicate social support as coping strategy during difficult times. She also made a doughnut-shaped figure to portray the support that she gets from her team. She placed her friends and family as social support within the house figure with her cat, also included as a source of support.

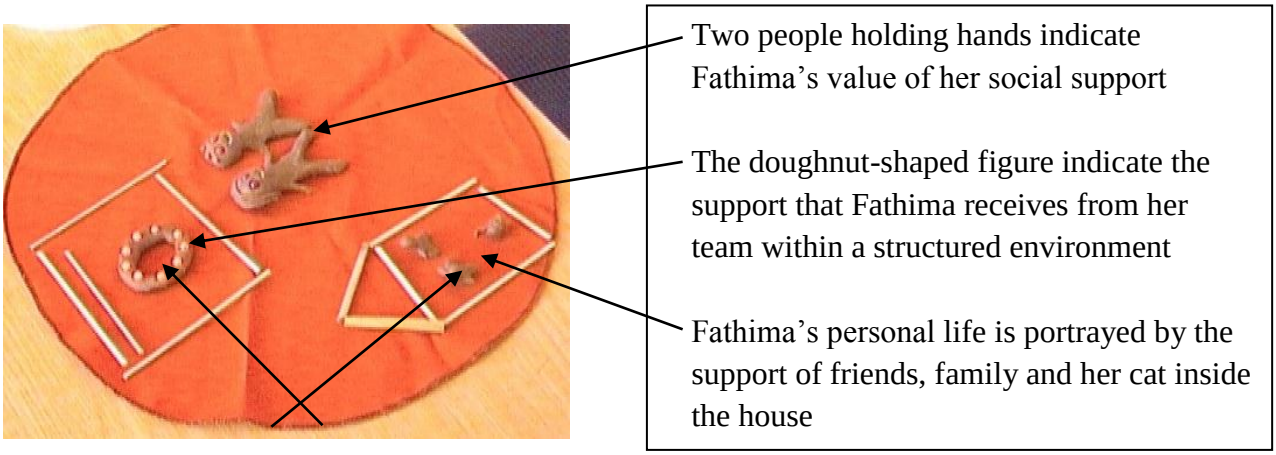

Figure 4. Two people holding hands, a house and Fathima's team.

Research materials. Working with the clay was experienced as particularly valuable. Participants said it evoked different senses, such as smell, touch and sight.

> "The clay sort of helped me to come back here. It was cold, I smelled it so there was a sensory connection I had with it, it just helped me to come back here to this room, and I was feeling it. I was smelling it and I was thinking how it was feeling... I found myself thinking it is just bringing me back to where I am supposed to be today…" (Nandi).

Nokwando also elaborated:

> ...that clay has got this, it makes you relaxed" and "[we do not] necessarily spend so much time tapping into ourselves and when we came here today I felt a bit overwhelmed with so much focus on me... But just like what Nandi said, it just brought a bit of awareness of the work that we do. Because, sometimes you don't step back and really look at... how [am I] really...coping?

Nokwando further explained that "the clay... makes you relaxed. It has an awesome effect, it's so perfect, the touch, the smelling of it, sort of like relaxes you, makes you really tap into yourself". Arnold added to this by saying: "I have literally been playing and I feel refreshed and I [found] the exercise very rewarding."

Discussion

Various intra- and interpersonal coping strategies were identified by applying the Mmogo-method®, which will not be the focus of this discussion.

The manner in which the researcher introduced and facilitated the research process by unconditional regard and acceptance set the research scene in which mental health workers could share their coping strategies freely. The norms introduced to construct an enabling research context, the supportive group context and the nature of the research materials all contributed to the "mental awakening" which Lincoln (2009, p. 154) refers to as ontological authenticity. According to

Lincoln (2009), this particular authenticity refers to a process participants become aware of for the first time (p. 154). The Mmogo-method® functioned as the initial stage of bringing awareness to the mental health workers of the coping strategies they employ (Theron, 2012). In the context in which mental health workers could become overwhelmed by the impact of continuous trauma, this mental awakening is important because it facilitates a heightened awareness and knowledge of the mental models of coping, the first steps toward taking "meaningful action" (p. 154).

The positive perspective provided an opportunity to the mental health workers to develop a positive appraisal of their coping strategies. This can help the appraiser to search for more positive things in the environment (Moors et al., 2013). The mental health workers' positive appraisal processes could affect their cognitions, emotions and behaviours so that they became more positively attuned to their coping environment. The positive appraisal could increase their appreciation for other domains in their lives, including their relations with significant others and the way they value their current occupations. They were willing to take action in order to improve their coping strategies as well as their home and work environments. They also became more appreciative of the coping strategies they had already been employing and they were more willing to use new coping strategies. The interactive environment of the group setting with the feedback of others provided a clearer picture of the participants' coping strategies (Guttmacher & Birk, 1971). This process allowed for affective re-creation and integration by expressing basic stressors and feelings in an environment where reality testing could take place within a group setting.

The group context of the Mmogo-method® and the positive participatory perspective contributed to the therapeutic experience of the mental health workers. All the elements that Vinogradov and Yalom (1989) describe as necessities for groups were present in this research study, namely: a safe environment, supportive interactions, open feedback and honest reactions. The mental health workers were able to portray personal information and they were positively supported by their fellow group members. Vinogradov and Yalom (1989) describe a group process as a "therapeutic cafeteria" (p.28) where various mechanisms of change are generated and every individual can apply the mechanisms that suit his or her personal needs. The mental health workers were able to incorporate the coping strategies and ideas that they experienced as relevant to themselves. The mental health workers' group became a therapeutic cafeteria with a safe and secure atmosphere that encouraged interactions as well as open and sincere feedback (Vinogradov & Yalom, 1989). Despite the importance of the group, the visual representation allowed mental health workers to present their own experiences as individuals. It is important to recognise the individual in the group since group conformity often presents a challenge to group processes. Lastly, it could be stated that this study contributes by identifying a data gathering method that also provides beneficial therapeutic properties to the research participant.

Limitations and Recommendations

It is possible that some participants may experience initial discomfort and hesitance during the start of the process, when they are asked to create a visual representation (Roos, 2008). These feelings are, however, usually transient in nature and the participants relax as they start engaging with the materials. The Mmogo-method® can be enriched by using it concurrently with other data-capturing methods such as reflexive journaling and individual interviews. The researcher can keep a reflective journal to critically explore the influence of the process on the researcher and vice versa (Ortlipp, 2008). Follow-up interviews can also be conducted with individual participants to gain insight into their personal experiences of the process and its effects (Howitt, 2010).

The positive participatory perspective is often neglected at workplaces where mental health workers engage with traumatic content. The use of a positive participatory perspective and the Mmogo-Method ® can help mental health workers to become more aware of the coping strategies that they apply, without having to focus on traumatic content. The positive nature of the questions could be regarded as a negation of the personal needs of individual participants. It is also possible that a skewed picture of coping could be obtained because the focus is mainly positive. However, negative aspects were not denied; the focus was merely placed on the positive aspects. Because of the therapeutic benefits of the process, it is of utmost importance that the researcher be trained and experienced in working with individuals and groups in a therapeutic context. Individuals should be informed of the process as well as their right to stop participating at any time. Further therapeutic support should be provided to the participants during and after the research process in order to ensure their psychological safety.

Conclusion

A positive participatory perspective and the Mmogo-method® are in combination not only effective research methods, but they also have therapeutic properties when used together within a group setting. This combination has potential for future research methods which could be applied in different contexts.

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CRITICAL REFLECTION

According to a literature search on various databases such as NEXUS, ProQuest and Sabinet, no literature is currently available on the coping strategies of mental health workers from a visual research method and a positive participatory perspective. Various studies that do focus on the coping strategies of mental health workers often make use of pre- and post-assessments of the their intervention needs and intervene only on the individual level (Ehlers, Clark, Hackmann, McManus, & Fennell, 2004; Germain, Marchand, Bouchard, Drouin, & Guay, 2009; O'Donnell et al., 2012). Other studies explore the difficulties that mental health workers experience without providing any interventions (Iyamuremye & Brysiewicz, 2012).

The Mmogo-method® and the positive participatory perspective are valuable research tools because they make provision for mental health workers to become active participants. The co-constructed research environment is conducive to identifying known coping strategies, learning from other people about their coping strategies, and, more important, to discover coping strategies of which they had only tacit knowledge previously. The group process allowed for shared experiences, which enabled the group members to feel safe and secure. The mental health workers were able to make the process their own by applying coping strategies that were of personal significance. They were accordingly not subjected to *groupthink,* because they were able to maintain their individual, subjective perspectives.

The five identified phases of group development, namely *forming, storming, norming, performing* and *adjourning,* usually take time to deploy within a group (Bonebright, 2010). However, it is of significance to note how these phases occurred during a single contact session in the course of approximately three hours. During the process the group members experienced the *forming* process in which they were orientated, created boundaries and had the opportunity to establish relationships. The researcher created a norm for the *forming* process, which was modelled by means of unconditional positive regard as well as interaction with the participants. The researcher also enhanced the *forming* process by informing the participants about what they could expect from the process; for example, a relaxing and pleasant conversation about their representations. The second stage, *storming* is characterised by conflict and a lack of unity within the group. The mental health workers did experience some initial discomfort and uncertainty when they needed to create their representations, but they eased into the process as they worked with the research material. They did feel unclear about the process itself as it was properly introduced by the researcher. *Norming* was present early in the process, when cohesion developed within the group and the members were accepting of one another. They were able to accept similarities and differences within the group.

Performing occurred naturally as all members had a voice during the process. Every mental health worker had an opportunity to explain an individual point of view within a safe environment. The mental health workers were focused on the group tasks and made a positive contribution to the process. The group reached a*djourning* by performing as a unit in order to think of ways in which they could improve their own coping environments. Factors contributing to the mental health workers' experience include the positive participatory method, positive appraisal, the group context, the Mmogo-method® and the projective nature of the process.

The positive participatory perspective allowed for a positive and sharing environment in which the mental health workers experienced unconditional positive regard. They were able to address the difficult material they work with by focusing on the ways in which they had been coping. The positive participatory perspective contributed to the positive focus and questions that were asked during the process. The importance of the researcher was significant during the process as she introduced the norms of unconditional positive regard by modelling unconditional acceptance. A positive appraisal assisted the mental health workers to appreciate the coping strategies that they had already been implementing and to identify new strategies that could be implemented. It also enabled them to be more appreciative of other aspects of their lives, such as their work environment and significant others.

As the applied methods have various contributing benefits, they could usefully be applied within other mental health contexts in order to gather more data regarding the coping strategies of mental health workers while at the same time providing valuable interventions. Because mental health workers do not always possess the coping strategies to deal with the difficulties of their occupation, they often struggle with compassion fatigue, burnout and vicarious traumatisation (Arnold, Calhoun, Tedeschi, & Cann, 2005; Devilly, Wright, & Varker, 2009; Hesse, 2002; Najjar, Davis, Beck-Coon, & Doebbeling, 2009;). Accordingly, the practical implication is that there is a need for intervention and information regarding the coping strategies of mental health workers. The applied method can address both these needs in a cost- and time- effective manner.

When research can be combined with secondary outcomes, the research participants as well as the researchers benefit from the process. Participants discover their strengths and abilities as part of the process, while data are being gathered to promote the well-being of other people in similar contexts. This time-effective approach is also cost-effective, because it is ideally applied within a group context, which costs less than research carried out in individual contexts. The research methods were applied within a group context because our everyday realities are co-constructed by individuals within groups.

It is concluded that research should not only be for the gain of the researcher, given that it forms part of the researcher's ethical obligation to provide assistance with participants' intervention needs. Research tools such as the Mmogo-method® and a positive participatory perspective could effectively be applied to provide an intervention for participants. Other research methodologies that provide a similar contribution should also be explored.

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