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Feasibility and User Experience of a Lyric Analysis Peer Support Intervention (LAPSI) for Psychological Distress Among South African Women

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Abstract

Psychological distress disproportionately affects women in South Africa, especially those living with or impacted by HIV. Stigma, structural barriers, and gaps in service provision limit access to appropriate care. This qualitative study explored the experiences of women participating in the Lyric Analysis Peer Support Intervention (LAPSI), focusing on implementation feasibility, usability, motivators for participation, and perceived benefits. Semi-structured interviews were conducted with 29 South African women from two sites (Mthatha and Tshwane). Data analysis utilized reflexive thematic analysis based on Braun and Clarke's framework, revealing three interrelated themes: (1) feasibility of and barriers to engagement; (2) usability of LAPSI; and (3) motivators for engagement and perceived benefits. Participants reported ongoing barriers to mental health support, such as stigma, fear of negative judgment, and transport issues. However, they noted that LAPSI helped alleviate these challenges by creating psychologically safe peer spaces, building trust through shared experiences, and using culturally relevant song lyrics to encourage emotional expression among diverse literacy levels. Overall, the findings suggest that LAPSI could serve as a music-informed psychosocial intervention, with potential for future evaluation and integration into community-based and HIV-related services to address psychological distress among South African women.

Keywords: psychological distress; peer support intervention; implementation science; feasibility; women's mental health; music-informed psychosocial intervention; South Africa

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1. Introduction

Psychological distress has been increasingly recognised as a pervasive global public health concern, exerting substantial and far-reaching impact on emotional and psychological functioning across diverse population groups [1]. It is characterised by affective distress, typically manifested through depressive and anxiety-related symptomatology, and encompasses subjective experiences of suffering that may not meet the full threshold for formal psychiatric diagnosis [2]. Women bear a disproportionately elevated burden of psychological distress, a pattern that is especially pronounced in low- and middle-income countries, where gendered social roles, structural economic inequities, and restricted access

to health and social care systems interact synergistically to heighten their vulnerability [3,4]. Psychological distress reflects women's lived experiences of sadness, anxiety, anger, hopelessness, and emotional strain, which may temporally precede, coincide with, or overlap with clinically defined common mental disorders [2,5]. Evidence suggests that these experiences are systematically shaped by an interplay of social, economic, and environmental determinants, including, but not limited to, poverty, unemployment, stigmatisation, and exposure to violence [6].

Nationally representative survey data from South Africa indicate that approximately 19.3% of individuals aged 15 years and older experience psychological distress, with consistently higher prevalence observed among women than among men. Among adolescents and young adults aged 15–24 years, psychological distress was reported by 23.6% of females compared with 14.4% of males, underscoring the disproportionate mental health burden borne by young women [7,8]. The prevalence of psychological distress was substantially higher among females (26.3%) than among males (17.8%) [9]. Although mental health research and interventions have predominantly focused on women living with HIV, HIV-negative women residing in comparable socio-economic and relational contexts are likewise subjected to similar structural and psychosocial stressors, including stigma, economic precarity, and constrained access to health care services [4,9].

Barriers to women's utilisation of mental health services in these contexts are well documented in the literature and encompass fear of stigmatisation and negative evaluation, concerns regarding the protection of confidentiality, structural and logistical constraints (e.g., limited access to transportation), and a pervasive mistrust of healthcare systems [10–12]. These barriers are often further intensified by gendered norms related to caregiving responsibilities, emotional self-regulation, and conformity to prevailing social conventions. Such norms may constrain women's capacity to explicitly articulate experiences of psychological distress or to seek appropriate forms of psychosocial support. In response, there is increasing recognition of the need for community-based, gender-responsive psychosocial interventions that prioritize safety, cultural and social acceptability, and equitable access to care [4,13,14].

Peer-delivered psychosocial interventions have been increasingly identified as a promising strategy for addressing these gaps by fostering interpersonal trust, reducing stigma, and promoting shared meaning-making processes that are explicitly grounded in lived experience [15,16]. Similarly, culturally grounded methodologies, such as the systematic analysis of song lyrics, may offer developmentally and contextually appropriate avenues for emotional expression, self-reflection, and meaning-making. This is particularly important in settings where verbally oriented or strictly clinical interventions are perceived as alienating or as insufficiently adapted to participants' lived experiences and sociocultural realities [17,18]. Notwithstanding the spread of low-intensity psychosocial interventions, qualitative evidence on how women experience such interventions in routine practice—particularly regarding feasibility, usability, and perceived benefits—remains limited. The LAPSI was developed to address these intersecting challenges by integrating peer support with a structured engagement modality that employs song lyrics as a culturally relevant medium.

This study is guided by an integrated conceptual framework that synthesizes the Health Belief Model (HBM) and the Bio–Psycho–Social model to situate women's psychological distress within intersecting psychological, social, and structural determinants. The Health Belief Model and Bio-Psycho-Social Model were used as interpretive frameworks during later stages of interpretation rather than as predetermined coding structures.

As illustrated in Figure 1, women's experiences of distress are shaped by factors such as stigma, socioeconomic adversity, gendered role expectations, and limited access to

culturally responsive mental health services. Collectively, these factors influence core HBM constructs, including perceived barriers to care, perceived susceptibility to psychological morbidity, and perceived severity of distress [4,18,19]. Within this framework, peer support and lyric analysis function as psychosocial mechanisms that mitigate stigma, strengthen self-efficacy, and promote affective expression and shared meaning-making through culturally relevant, non-clinical modalities of engagement [15,17,18].

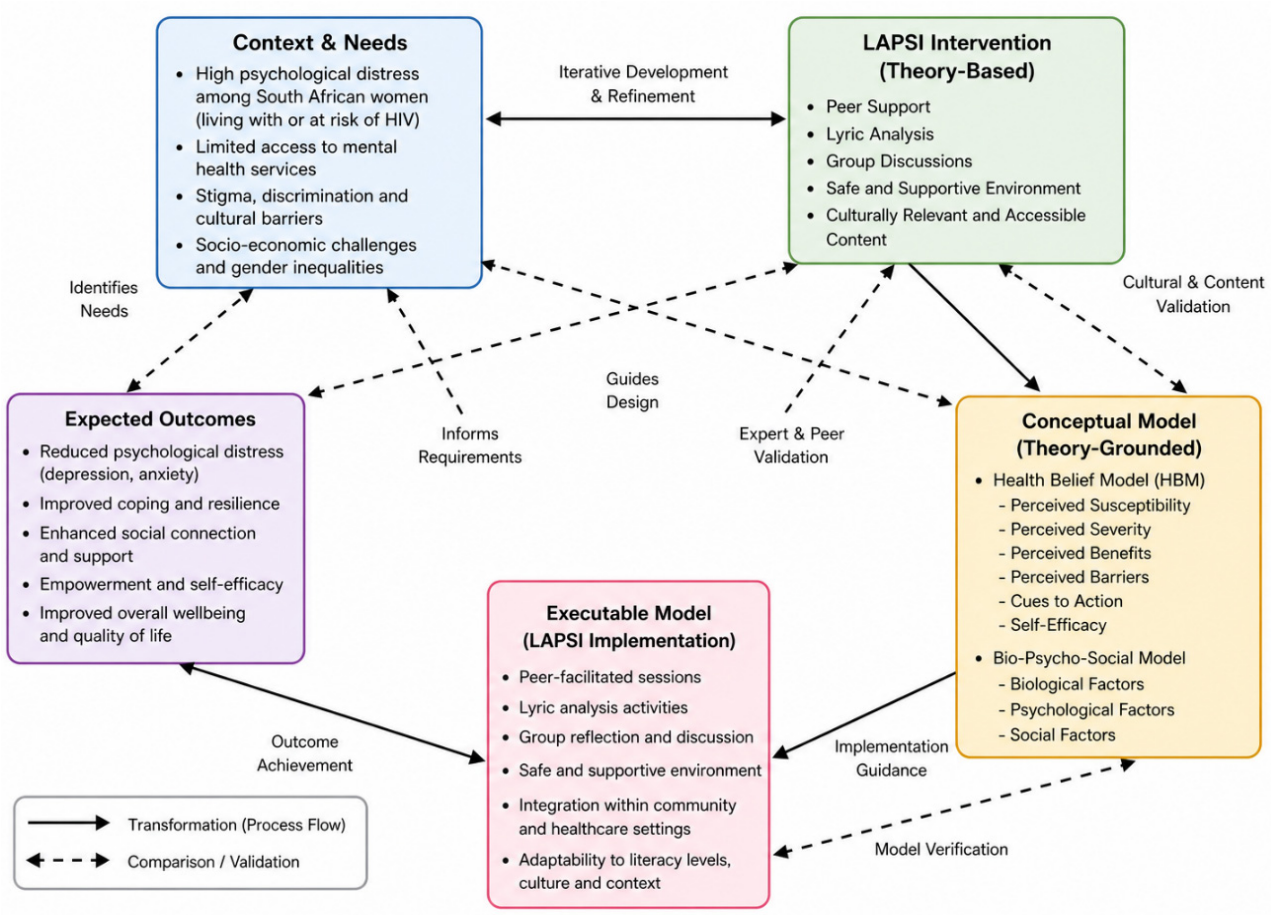

Figure 1. Conceptual framework underpinning the development and implementation of the Lyric Analysis Peer Support Intervention (LAPSI). This framework was formulated a priori and informed the intervention design, content development, and subsequent interpretation of study findings. Grounded in the Health Belief Model and the Bio-Psycho-Social Model, it delineates hypothesised relationships among contextual determinants, core intervention components, implementation processes, and anticipated outcomes. The outcomes depicted within the framework represent theoretically derived expectations rather than endpoints empirically assessed in the current qualitative investigation. Solid arrows denote primary implementation and process pathways, whereas dashed arrows represent processes of validation, iterative refinement, and feedback.

Guided by this conceptual framework, the article reports qualitative findings derived from Objective 5 of a larger doctoral research project and explores women's experiences of engagement in the LAPSI, with particular attention to implementation feasibility, usability, and perceived motivators and benefits. By foregrounding women's perspectives, the study produces gender-sensitive empirical evidence to inform the development and integration of culturally responsive, music-informed psychosocial interventions within community and healthcare settings in resource-limited contexts.

2. Results

The central analytic construct that emerged from the dataset was the feasibility of implementing, and the user experience associated with the LAPSI. Participants' narratives illuminated how LAPSI operated within real-world contexts, the contextual and structural conditions that enabled or constrained engagement, and the psychosocial outcomes women attributed to their participation.

The analysis generated three interrelated themes. Theme 1 examined participants' perceptions of the practicalities of engaging with LAPSI, encompassing both barriers to, and facilitators of, participation (Figure 2). Theme 2 focused on participants' experiential accounts of interacting with the intervention, including the extent to which the lyric-analysis and peer-support components were perceived as accessible, meaningful, and straightforward to engage with (Figure 4). Theme 3 investigated participants' motivations for enrolling in LAPSI and the perceived personal, interpersonal, and emotional benefits arising from their involvement (Figure 6).

To aid visual representation of the findings, supplementary word clouds were generated following completion of the thematic analysis. These visualisations were created solely for illustrative purposes and were not used in coding, theme development, theme refinement, or validation of findings. Theme development was guided exclusively by the principles of reflexive thematic analysis, which emphasise patterns of shared meaning over lexical frequency.

2.1. Theme 1: Feasibility and Barriers to Engagement with LAPSI

In the present study, feasibility is conceptualised as participants' subjective evaluations of the intervention's practicality, acceptability, and perceived implementability, rather than in terms of formal feasibility indicators such as recruitment efficiency, intervention fidelity, resource utilisation, or scalability. Theme 1 encompasses participants' narratives regarding determinants of their willingness and capacity to engage with LAPSI. While many participants initially anticipated obstacles—including stigma, perceived judgement, transport-related challenges, and limited trust—their accounts also highlighted the contextual and relational conditions that enabled and sustained their participation. Across the dataset, feasibility was conceptualised not merely as a logistical consideration but as a complex social and emotional process influenced by psychological safety, interpersonal trust, peer acceptance, and opportunities for collective or community-level ownership. Taken together, these subthemes elucidate how participants navigated and mitigated implementation barriers while also delineating potential mechanisms and pathways for successfully implementing and sustaining LAPSI within community settings (Figure 2).

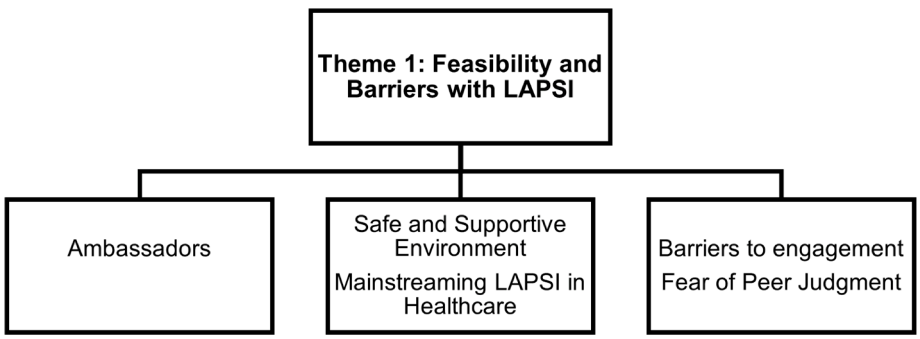

Figure 2. Hierarchy chart showing the thematic structure of Theme 1, "Feasibility and Barriers to Engagement with LAPSI." The theme comprises five subthemes: Ambassadors, Barriers to Engagement, Fear of Peer Judgement, Safe and Supportive Environment, and Mainstreaming LAPSI in Healthcare.

Participants reported initially engaging with the intervention while experiencing pronounced apprehension, largely attributable to anticipated stigma, fears of community gossip, and previous adverse experiences related to disclosure. These concerns were particularly prominent in community settings characterised by low levels of interpersonal trust. Over time, however, participants consistently described a gradual diminution of these anxieties as the sessions progressed and as they observed respectful, non-judgemental interactions among group members. The establishment of a psychologically safe, supportive, and confidential group environment was identified as a key mechanism facilitating increased openness and emotional expression. Furthermore, participants underscored the importance of systematically integrating LAPSI into routine healthcare delivery, particularly within HIV clinics, where existing psychosocial support was perceived as fragmented and largely confined to counselling at the point of diagnosis.

2.1.1. Table 1 Illustrative Participant Quotes for Theme 1:2 Feasibility and Barriers to Engagement with LAPSI

Participants commonly articulated an intention to extend the perceived benefits of LAPSI beyond their own direct involvement by actively motivating other women to engage with the intervention. Rather than limiting their role to offering simple recommendations, many participants envisaged former beneficiaries functioning as community ambassadors who could ease fears, challenge stigma, and foster trust among prospective participants. Collectively, these accounts indicate that implementation was conceptualised as a shared responsibility embedded within the community, rather than as the exclusive remit of researchers or formal health services (Table 1).

Table 1. Illustrative Participant Quotes for Theme 1—Feasibility and Barriers.

Subtheme	Illustrative Quotes
Worry about peer judgment	Fear of judgment emerged as an important concern prior to participation. Many participants entered LAPSI expecting that their experiences might be criticised, dismissed, or exposed to others. These fears were often rooted in previous experiences of stigma, gossip, rejection, or discrimination. However, a notable pattern across the accounts was that concerns about judgement frequently diminished as participants observed respectful and supportive interactions within the group. Participant 19 stated: "I was scared that people would judge me when I talk about my life." Participant 24 similarly reflected: "I was hesitating to come. I was asking how will I be treated by these people." Participant 20 described nearly leaving: "When I saw that lady who knew me I wanted to leave." Participant 22 explained broader concerns regarding privacy and how others might perceive her participation. Although fear of judgment was evident before participation, many participants reported that these concerns diminished once they observed supportive interactions and shared experiences within the group.

Table 1. *Cont.*

Subtheme	Illustrative Quotes
Safe and supportive environment	Participants consistently described psychological safety as a key factor underpinning meaningful engagement with LAPSI. Safety was expressed not only in relation to confidentiality but also in terms of feeling respected, listened to, and free from coercion or criticism. For many participants, the intervention provided a rare opportunity to speak openly about experiences that they would not ordinarily discuss within family, healthcare, or social settings. Participant 1 stated: "It was easy for me to open up. . . it was a safe space." Participant 25 explained: "I did not know there are people who can accept a person as they are without judging them." Participant 27 reflected: "You were given time and you would be free and you were not forced." Participant 2 added: "You allowed us to be free and consider our emotions." Taken together, these accounts indicate that psychological safety was not an incidental by-product but was deliberately cultivated through structured facilitation processes, explicitly articulated expectations regarding confidentiality, and supportive peer-to-peer interactions.
Barriers to engagement	Participants recognised several practical and psychosocial factors that could limit participation in LAPSI. Although many reported relatively few personal challenges in attending the sessions, they often reflected on barriers that could affect other women within their communities. Transport difficulties, mental-health stigma, fear of disclosure, lack of trust, family responsibilities, and reluctance to discuss personal experiences with unfamiliar people were frequently identified as potential obstacles to engagement. Participant 26 reflected: "I think the challenge might be transport issues." Participant 23 stated: "People do not want to talk and are not easy to talk to." Similarly, Participant 20 suggested: "It could be a stigma issue." Participant 25 highlighted concerns regarding trust: "People do not trust and talking to a person you do not know, it is difficult." These descriptions indicate that barriers to participation extended beyond logistical constraints to encompass broader sociocultural and psychological determinants that shape help-seeking behaviours among women experiencing psychological distress.

Table 1. *Cont.*

Subtheme	Illustrative Quotes
Mainstreaming in healthcare	Participants repeatedly positioned LAPSI as a resource that could fill perceived gaps in existing mental-health support services. Many described traditional healthcare encounters as focusing primarily on diagnosis or treatment while providing limited opportunities for sustained emotional support. Consequently, participants frequently recommended integrating LAPSI into health and community services where women already access care. Participant 22 explained: "The only time you get counselling is after finding out your status. The rest of the journey, you fold your arms." The same participant further explained: "They tell you it is normal, but it had to cost me my mental health." Participants therefore suggested that LAPSI be introduced within clinics and community-based settings where women already seek healthcare services. Participant 23 suggested: "What could work is visiting clinics because people have problems in clinics." Similarly, Participant 25 noted: "There must be someone who will speak about it in clinics." These explanations suggest that participants regarded LAPSI as a potentially valuable mechanism for bridging the gap between conventional clinical care and sustained psychosocial support, particularly for women experiencing ongoing stressors and enduring emotional difficulties.
Ambassadors	Participants frequently described a desire to extend the benefits of LAPSI beyond their own participation. Many felt that women who had previously completed the intervention could play an important role in encouraging participation among others, particularly within communities where mental-health stigma and mistrust may discourage engagement. Rather than viewing themselves as passive recipients of support, participants often positioned themselves as future advocates who could help normalise mental-health conversations and encourage other women to seek support. Participant 17 explained: "We who went through the programme, we can also be there and tell them how much it helped us." Similarly, Participant 24 suggested: "Us who have been there may be ambassadors and tell others that there is such a programme." Participant 6 further emphasised outreach within communities: "Those who have been in this intervention, we must go about telling people about it so that people must not think that it is over with their lives." These narratives suggest that participants regarded peer advocacy as a critical mechanism for enhancing both the acceptability and the potential dissemination of LAPSI.

The quotations presented in Table 1 illustrate that participants frequently perceived LAPSI as a feasible and accessible intervention within their local contexts. Participants' narratives indicated that psychological safety, opportunities for peer connection, and the establishment of a supportive group environment were key determinants facilitating

engagement. At the same time, concerns relating to stigma, disclosure, trust, and transport were also reported, underscoring that participation was shaped by an interplay of logistical and psychosocial factors.

2.1.2. Word Cloud for Theme 1

The accompanying word cloud (Figure 3) is provided as a supplementary descriptive visualization of frequently occurring lexical items in participant narratives pertaining to Theme 1. This visualization was not employed to generate, validate, or confirm thematic categories. Instead, it serves as a graphical representation of the language most commonly used by participants when articulating barriers to, engagement with, and participation in LAPSI.

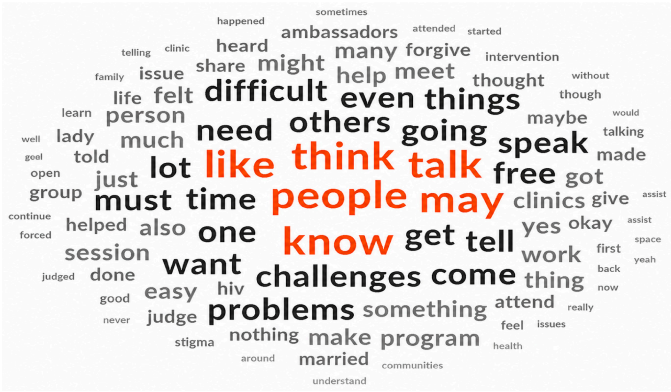

Figure 3. Feasibility and Barriers: Word cloud generated from participant narratives corresponding to Theme 1, "Feasibility and Barriers to Engagement with LAPSI." Word size represents the relative frequency of terms occurring within the interview dataset associated with this theme. The figure is provided as a supplementary descriptive visualisation and was not utilised in the processes of coding, theme development, or theme validation.

2.2. Theme 2: Usability of LAPSI

Theme 2 reveals participants' phenomenological accounts of the usability and accessibility of the Lyric Analysis Peer Support Intervention (LAPSI). This theme reflects participants' lived experiences of engaging with LAPSI and the degree to which its constituent elements were perceived as comprehensible, accessible, and relevant. Participants consistently characterised lyric analysis as an approachable modality that did not necessitate specialised expertise or formal mental health training. Notably, perceived usability extended beyond procedural or practical ease of engagement to include emotional accessibility, opportunities for self-reflection, and the facilitation of interpersonal connection through the sharing of lived experiences (see Figure 4).

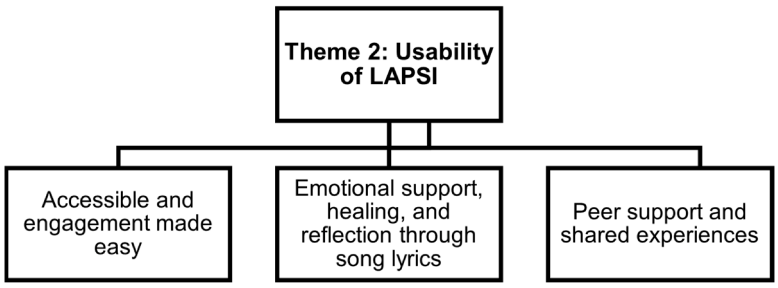

Figure 4. Hierarchy chart showing the thematic structure of Theme 2, "Usability of LAPSI." The theme comprises three subthemes: Accessible and Engagement Made Easy, Emotional Support, Healing and Reflection Through Song Lyrics, and Peer Support and Shared Experiences.

As illustrated in Figure 4, the usability of LAPSI was conceptualised as emerging from the dynamic interplay among accessibility, cultural resonance, emotional support, and peer interaction. The interrelationships among these subthemes suggest that participants understood usability not merely as ease of participation, but also as contingent on the extent to which the intervention enabled substantive emotional engagement and fostered collaborative learning processes.

2.2.1. Table 2 Illustrative Participant Quotes for Theme 2: Usability of LAPSI

Participants' narratives highlighted multiple dimensions of the intervention's usability, including the procedural simplicity of engagement and the contributory roles of music and peer interaction in fostering reflection and learning. The quotations presented in Table 2 indicate that participants perceived the intervention as highly accessible, affectively supportive, and conducive to intrapersonal development.

The quotations presented in Table 2 demonstrate that participants consistently characterised lyric analysis as an accessible and emotionally valuable component of LAPSI. Numerous women indicated that music constituted a familiar and culturally resonant modality through which challenging experiences could be examined and discussed. Rather than providing evidence of a direct therapeutic effect, participants' accounts suggest that lyric analysis may have created opportunities for emotional reflection, the development of personal insight, and collaborative meaning-making. Several participants additionally reported continued engagement with music and lyric analysis following the conclusion of the intervention, indicating that this approach was perceived as comprehensible and transferable beyond the structured workshop context.

Table 2. Illustrative Participant Quotes for Theme 2: Usability.

Subtheme	Illustrative Quotes
Accessible and Engagement Made Easy	Participants consistently described LAPSI as accessible and easy to engage with regardless of educational attainment, previous exposure to psychological interventions, or familiarity with mental-health concepts. Many participants emphasized that the intervention avoided complicated language and did not require specialised knowledge or therapeutic skills. Instead, the use of music, storytelling, and group discussion created an approachable environment that encouraged participation and reduced anxiety about "saying the wrong thing." Several participants explained that the intervention's simplicity allowed them to engage comfortably from the outset. Participant 25 described LAPSI as: "A beautiful thing and unusual and make it easy for a person to understand and engage." Similarly, Participant 6 emphasised the inclusiveness of the approach: "Anyone can take part. You don't need education for this." Participant 23 reflected on the enjoyable and informal nature of the sessions: "It was exciting and funny and it made things easy. You hear a person quoting songs and it was exciting. When we started it just flowed and it worked easily." Likewise, Participant 28 highlighted how even first-time participants could easily become involved: "It was amazing though it was the first time I used it." Taken together, these narratives indicate that participants experienced LAPSI as both comprehensible and accessible, thereby mitigating barriers that commonly constrain engagement with conventional mental health interventions.

Table 2. *Cont.*

Subtheme	Illustrative Quotes
Emotional Support, Healing, and Reflection Through Song Lyrics	Participants frequently described song lyrics as a powerful mechanism for emotional expression, reflection, and healing. Rather than functioning solely as entertainment, music became a tool through which participants could examine difficult life experiences, give meaning to emotional challenges, and explore alternative perspectives on their circumstances. The lyrical content appeared to provide a safe and culturally familiar medium through which participants could discuss painful experiences that might otherwise remain unspoken. For many participants, specific songs became deeply connected to their personal experiences. Participant 26 reflected: "The song Ungayeki, it is my song now because it spoke to my life and strengthened me." Similarly, Participant 14 described the impact of the song 7 Years: "Music has helped me a lot. That song of 7 Years. Whatever you want you can do in life. Do not blame yourself for what happened. Lyrics was a brilliant idea." Other participants reported continuing to apply lyric analysis beyond the intervention setting. Participant 9 explained: "It makes me analyse and look at my life through the words of a song." Likewise, Participant 22 reflected that the intervention transformed the way music was experienced: "When I listened to some of the songs, I never actually got to sit down and listen to the lyrics and engage with it. For me, it was the song. It did a lot for me." These interpretations indicate that lyric analysis served as an emotionally viable psychosocial intervention, enabling participants to engage in reflective processing of their experiences, regulate and work through distressing affective states, and identify or construct potential trajectories toward psychological recovery and intrapersonal development.
Peer support and Shared Learning Experiences	Peer support emerged as a central component of participants' experiences of LAPSI. Many participants described entering the intervention believing that they were isolated in their struggles, only to discover that other women were experiencing similar challenges. This recognition appeared to reduce feelings of loneliness while fostering a sense of belonging and mutual understanding. Participant 22 described this experience: "I realised that I am not the only one who is actually going through this." Similarly, Participant 7 reflected: "Happy about others encouraging me. And the way people talked about their issues. They helped me." Participant 4 explained: "I thought I was the only one who had problems and I saw that others have problems and when we speak we heal each other." Likewise, Participant 1 noted: "Some were listening to my situation. It can work because a lot of people want to talk but do not know who to talk to." Participant 2 noted: "You hear other people's views, and you learn from them." Across the interviews, participants consistently underscored that listening to the narratives of others was equally as valuable as sharing their own experiences. These narratives illustrate that peer support within LAPSI extended beyond providing emotional validation and served as a mechanism for participants to learn from one another, normalise their experiences, and cultivate a stronger sense of social connectedness.

2.2.2. Word Cloud for Theme 2

The accompanying word cloud (Figure 5) is provided as a supplementary descriptive visualisation of frequently occurring terms associated with participants' experiences of engaging with LAPSI. This figure is included solely for illustrative purposes and did not contribute to the coding process, the development of themes, or their subsequent interpretation.

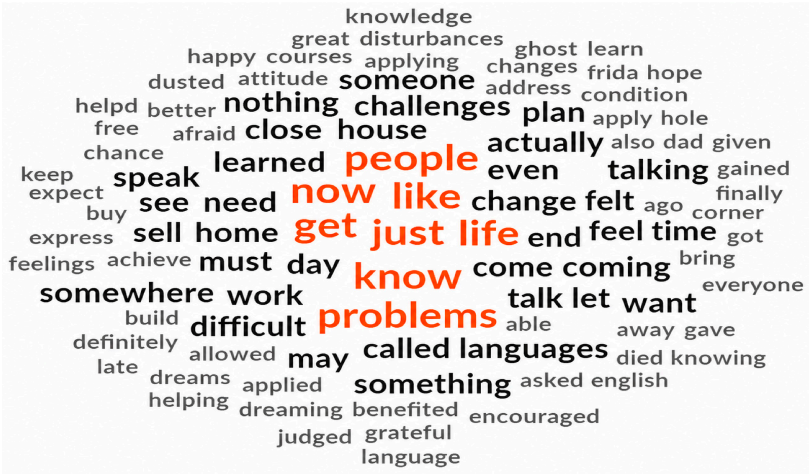

Figure 5. Word cloud generated from participant narratives corresponding to Theme 2, "Usability of LAPSI." The relative size of each word represents its frequency of occurrence within the interview data associated with this theme. This figure is provided as a supplemental descriptive visualisation and was not utilised in the processes of coding, thematic development, interpretation, or validation of the study's findings.

2.3. Theme 3: Motivators and Perceived Benefits of LAPSI

Theme 3 encompasses both the determinants that motivated engagement and the intrapersonal changes that participants attributed to their involvement in LAPSI. Participants commonly reported enrolling in the programme during periods characterised by emotional distress, social isolation, or heightened uncertainty. Their narratives indicate that participation afforded opportunities for structured learning, critical self-reflection, enhanced social connectedness, and the development of renewed self-confidence. Taken together, the subthemes represent participants' perceptions of psychosocial growth at interpersonal, emotional, and individual levels (Figure 6).

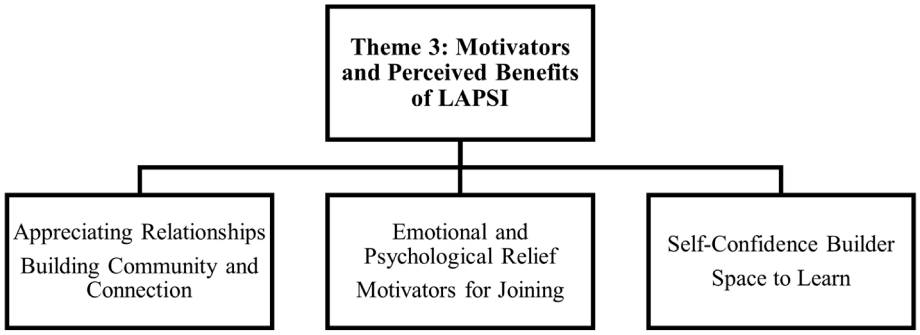

Figure 6. Hierarchy chart showing the thematic structure of Theme 3, "Motivators and Perceived Benefits of LAPSI." The theme comprises six subthemes: Appreciating Relationships, Building Community and Connection, Emotional and Psychological Relief, Motivators for Joining, Self-Confidence Builder, and Space to Learn.

As illustrated in Figure 6, participants' motivations for enrolling in LAPSI were closely aligned with the benefits they subsequently reported. Emotional support, social connectedness, self-confidence, and learning emerged as interrelated dimensions of the participant experience, suggesting that the intervention functioned simultaneously as a psychosocial support mechanism and as a structured context for personal development.

2.3.1. Illustrative Participant Quotes for Theme 3: Motivators and Perceived Benefits of LAPSI (See Table 3)

Participants identified a heterogeneous set of intrapersonal and interpersonal determinants that motivated their engagement in LAPSI, as well as a broad range of affective, relational, and developmental outcomes associated with their participation. The quotations presented in Table 3 exemplify how participants perceived the intervention as a source of emotional relief, social support, enhanced self-efficacy, and experiential learning.

Table 3. Illustrative Participant Quotes for Theme 3: Motivators and Perceived Benefits of LAPSI.

Subtheme	Illustrative Quotes
Appreciating Relationships	Participants frequently described changes in the way they viewed and interacted with important people in their lives following participation in LAPSI. For many women, the intervention created opportunities to reflect on family relationships, improve communication, and rebuild connections that had previously been strained by psychological distress or interpersonal conflict. Participant 28 explained: "I learned that you have to talk to a person so that you can stay well together." Similarly, Participant 22 described reconnecting with family members from whom she had become emotionally distant: "I am going home to see my family, see my daughter because I was avoiding them for a very long time." Participant 27 reflected: "I saw that it is not good to hold grudges and my relationship with my sisters and people in my circle improved." Likewise, Participant 8 reported significant changes in family interactions: "At home I now talk. They think I have found someone because I talk a lot." These descriptions indicate that LAPSI may have fostered processes of relational reflection, enabling participants to re-evaluate established interpersonal patterns and to engage in more open communication with individuals who held significant roles in their lives.
Motivators for joining	Participants' motivations for joining LAPSI were primarily rooted in their desire for emotional support, understanding, and relief from psychological distress. Many described entering the intervention during periods of significant emotional struggle and viewed participation as an opportunity to share experiences that they had previously kept to themselves. Participant 19 explained: "I wanted to speak out and I was crying inside." Similarly, Participant 24 reflected: "I wanted a place where I could speak without being judged." Participant 1 stated: "I've been trying to get someone to talk to." Likewise, Participant 16 explained: "I felt like I need it." These narratives suggest that engagement was predominantly motivated by intrinsic, individually perceived needs rather than by external coercive forces, with many women seeking psychosocial support, interpersonal connection, and structured opportunities for emotional articulation and regulation.

Table 3. *Cont.*

Subtheme	Illustrative Quotes
Emotional relief	Emotional and psychological relief emerged as one of the most consistently reported benefits of participation. Participants described feeling lighter, calmer, less burdened, and more hopeful following engagement with LAPSI. Although experiences varied, many participants attributed improvements in emotional wellbeing to opportunities for expression, reflection, and support within the intervention. Participant 17 described: "I felt light. I was heavy, and it felt like my shoulders were heavy." Similarly, Participant 14 reflected: "Since the intervention I know how to handle things. I am free." Participant 26 explained: "I had peace. I was always sad, but I do not think like that before." Participant 19 reported: "The anger has gone. I can socialise and I can listen to people." Particularly striking was Participant 7's account: "I wanted to kill myself and I am not thinking about it." Collectively, these narratives indicate that participants attributed to LAPSI a facilitative role in emotional catharsis, enhanced coping capacities, attenuation of psychological burden, and increased optimism concerning their prospective life circumstances.
Building connection	Beyond individual relationships, participants frequently reported developing a stronger sense of community and social connection through the intervention. Many described moving from feelings of isolation toward a recognition that others shared similar experiences, challenges, and emotions. Participant 17 described how relationships established during the intervention continued afterward: "We now have a group and talk. We give each other advice." Participant 19 noted: "I was able to connect and I am still talking to them." Likewise, Participant 4 reflected: "The people I was with were like everything to me." These findings suggest that the beneficial effects of participation persisted beyond the structured intervention sessions, as reflected in participants' ongoing involvement in supportive interpersonal relationships and the sustained operation of informal peer networks following the completion of LAPSI.

Table 3. *Cont.*

Subtheme	Illustrative Quotes
Self-confidence	Participants frequently described developing greater confidence and a stronger belief in their ability to manage challenges following participation in LAPSI. Rather than simply increasing self-esteem, participants often referred to a renewed sense of agency, self-worth, and determination. Participant 25 explained: "My confidence was boosted. I know who I am now." (Participant 25) Similarly, Participant 15 stated: "It motivated me to stand for myself and not allow people to pull me down." Participant 18 reflected: "I learned not to be afraid but run after what I want." Likewise, Participant 4 described: "I have my smile back." These narratives indicate that participants perceived LAPSI as facilitating enhanced self-efficacy and confidence in managing personal and social challenges.
Space to learn	Participants repeatedly described LAPSI as a space for learning, reflection, and discovery. Learning extended beyond information acquisition and included new ways of understanding mental health, relationships, emotions, communication, and personal development. Participant 18 explained: "I learned that the mind and body are connected." Similarly, Participant 2 reflected: "You hear the views of different people so that you know how to deal with challenges and problems in life." Participant 29 highlighted a new appreciation for lyric analysis: "I did not know that in a song, you can extract a word or two that relates to you, and you can then discuss with others." Likewise, Participant 9 explained: "The programme taught me that nothing is impossible and that when you share you feel better as a person." Taken together, these narratives suggest that participants conceptualized LAPSI as an educational context that facilitated both intrapersonal reflection and the acquisition of applied strategies for coping with everyday life stressors.

The excerpts presented in Table 3 indicate that participants reported a spectrum of perceived intrapersonal, interpersonal, and affective benefits following their engagement in LAPSI. These perceived benefits encompassed enhanced social connectedness, opportunities for skill acquisition and learning, increased self-confidence, improved relational communication, and experiences of emotional relief. Participants frequently attributed reductions in rumination, subjective emotional burden, and perceived social isolation to their involvement in the intervention. Although these accounts suggest that participants regarded LAPSI as beneficial, they should not be construed as empirical evidence that the intervention produced direct improvements in psychological outcomes or reductions in psychological distress. Instead, they offer insight into how participants made sense of and experienced the intervention in the context of their own lives.

2.3.2. Word Cloud for Theme 3

Figure 7 presents a supplementary descriptive visualisation of frequently occurring lexical items within participant narratives pertaining to motivators and perceived benefits. In accordance with the principles of reflexive thematic analysis, thematic interpretation was grounded in patterns of meaning rather than in the frequency of specific terms. Accordingly, the word cloud should not be construed as validating or confirming the thematic findings.

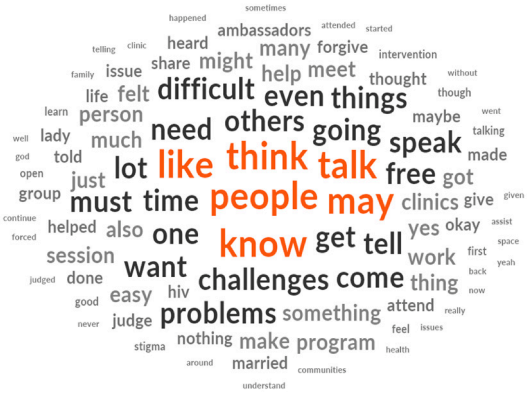

Figure 7. Word cloud derived from participant narratives corresponding to Theme 3, "Motivators and Perceived Benefits of LAPSI." The relative size of each word denotes its frequency of occurrence within the interview data associated with this theme. This figure is provided as a supplementary descriptive visualisation only and was not utilized in the processes of coding, thematic development, interpretation, or validation of the study's findings.

3. Discussion

This study explored participants' perceptions of the feasibility, usability, and perceived benefits of the LAPSI among South African women aged 18–49 years who were either living with HIV or at elevated risk of HIV acquisition and who were experiencing psychological distress. Overall, participants characterised LAPSI as accessible, acceptable, and subjectively meaningful, and frequently reported experiences of emotional safety, peer connectedness, emotional expression, and personal reflection. The findings indicate that LAPSI may be a feasible, promising psychosocial intervention and may be associated with improvements in psychosocial functioning. Nonetheless, these results are based on self-reported experiences and perceptions and should not be construed as evidence of intervention efficacy or of implementation feasibility in broader service settings.

3.1. Feasibility and Barriers to Engagement

Participants articulated multiple barriers to engagement with services. These barriers are particularly pronounced among women, who must navigate the intersecting influences of gender inequality, caregiving responsibilities, economic dependence, and HIV-related stigma, each of which can substantially restrict access to mental health care. These results align with the broader empirical literature on barriers to mental health service utilisation in low- and middle-income countries, in which stigma, resource scarcity, and structural and organisational constraints are consistently identified as key determinants that hinder both the initiation and sustained participation in psychosocial interventions [10–12].

Despite the aforementioned barriers, participants indicated that several core components of the LAPSI design eased their impact. In particular, the establishment of a safe and supportive group climate emerged as a central mechanism for promoting active and open engagement. Participants consistently characterised the intervention as a "safe space" that enabled them to articulate emotions without fear of negative evaluation or judgment. This finding aligns with prior empirical work on peer-support interventions, which has

underscored the critical role of psychologically safe environments in fostering emotional disclosure and reciprocal support, as exemplified in the seminal contributions of [20] and supported by more recent studies [21,22].

A key feasibility-related finding was participants' unsolicited proposal to assume ambassadorial roles for the intervention within their communities. This emergent theme denotes a substantial degree of participant ownership, as well as pronounced affective and cognitive investment in the intervention's success. Participants reported a willingness to proactively disseminate information about LAPSI through their social networks and to motivate others to enrol in and engage with the program, suggesting that the intervention was perceived as highly aligned with their lived experiences and self-identified needs. Such forms of community ownership and peer-led dissemination have been recognised as critical determinants of the sustainability, scalability, and broader uptake of psychosocial interventions in resource-constrained contexts, in line with prior empirical evidence [14,23] and more recent implementation studies [24,25].

Participants further underscored the importance of formally integrating LAPSI into routine public healthcare provision, with a particular emphasis on HIV treatment and care services. They observed that, within these settings, access to mental health counselling is generally confined to the period immediately preceding and following HIV diagnosis, thereby leaving women without ongoing psychosocial support across the extended emotional trajectory associated with living with, or being at heightened risk for, HIV. This pattern reveals a substantial gap in the continuity of care and indicates that embedding peer-led psychosocial interventions such as LAPSI into standard HIV service delivery may constitute a cost-effective and acceptable strategy for addressing currently unmet mental health needs [26–28].

3.2. Usability of the Intervention

LAPSI was consistently described as highly accessible and straightforward to engage with, regardless of participants' level of formal education. Participants indicated that "anyone can take part" and that "you don't need education for this," suggesting that the intervention may be perceived as attenuating cognitive and literacy-related barriers commonly associated with conventional counselling modalities. This level of accessibility is particularly salient in settings characterised by heterogeneous educational attainment and in which formal mental health services frequently rely on clinical terminology or therapeutic frameworks that may be experienced as unfamiliar, exclusionary, or alienating [29,30].

Participants consistently characterised the use of lyric analysis as an engaging and experientially meaningful component of the intervention. Notably, they seldom framed the intervention as comparable to conventional counselling modalities. Instead, lyric analysis was frequently described as offering an indirect, culturally familiar and psychosocial intervention route to therapeutic engagement, thereby easing some of the barriers typically associated with formal mental health services. This finding aligns with literature that conceptualises music as a potent medium for emotional communication and identity construction, affording individuals a symbolic and narrative structure through which to engage with, interpret, and ascribe meaning to complex psychosocial phenomena [17,31]. Consistent with findings from the Ugandan study, in the South African context—where oral traditions and musical expression are deeply embedded in sociocultural life—the integration of locally salient musical forms likely enhanced the cultural salience, ecological validity, and overall acceptability of the intervention [32].

Participants' accounts indicated several mechanisms through which music may have facilitated engagement and reflection during the intervention. Participants frequently

reported that song lyrics supported their efforts to interpret, articulate, and reframe distressing or challenging experiences.

First, song lyrics appeared to serve as reflective affordances through which participants identified with and resonated with their own lived experiences, thereby reducing perceptions of social isolation and countering the belief that their distress was experienced in isolation. Second, songs provided narrative structures that appeared to scaffold processes of meaning-making, enabling participants to organise, interpret, and recontextualise adverse experiences and to envisage alternative trajectories for psychological and behavioural change. Third, the familiar, intrinsically engaging, and aesthetically rewarding characteristics of music reduced the explicitly clinical and potentially stigmatising connotations commonly associated with formal mental health services. Consistent with these qualitative observations, music-based interventions have demonstrated empirical efficacy across a variety of mental health contexts, particularly when they incorporate and integrate culturally salient musical traditions. These findings underscore not only the therapeutic utility of such approaches but also the importance of deriving intervention components from existing empirical evidence. Whereas the first conceptual publication by Banda et al. primarily emphasised the intervention-development aspects of earlier work, the present article foregrounds women's lived experiences of participating in LAPSI [33–35].

Participants uniformly identified peer support and the reciprocal sharing of lived experiences as core components of their engagement with LAPSI. They repeatedly reported that listening to others articulate comparable difficulties facilitated the recognition of shared experiences. This process appeared to attenuate feelings of isolation, shame, and self-blame, and to promote more active and transparent engagement with the intervention. These observations are consistent with a substantial body of empirical research demonstrating the therapeutic benefits of peer-led and peer-supported interventions, particularly among marginalised groups exposed to stigma [16,36–38].

Peer support is theorised to operate through multiple, interrelated psychosocial mechanisms. These include the provision of emotional validation, the normalisation of lived experiences, the instillation of hope through exposure to positive role models, and the bidirectional exchange of practical, context-specific information, as delineated in the seminal work of Mead and colleagues [39]. Within the framework of LAPSI, the group-based format enabled participants to encounter diverse interpretations of the same song lyrics, thereby fostering collective meaning-making and perspective-taking. Participants indicated that these interactions prompted them to critically reappraise their life experiences and to construct revised narratives regarding their difficulties. These findings are consistent with previous research underscoring the central importance of narrative reconstruction and shared storytelling in psychosocial recovery, particularly in the context of trauma and chronic illness, as documented in earlier seminal studies [40,41] and recent implementation studies [42,43].

3.3. Motivators and Perceived Benefits

Participants articulated a broad range of motivations for enrolling in LAPSI, largely grounded in unmet needs for emotional support and for access to psychologically safe environments in which to discuss personal difficulties. Numerous participants reported experiencing emotional overwhelm, social isolation, or insufficient intrapersonal resources to regulate distress autonomously, and therefore sought settings in which they could disclose their experiences without fear of gossip, stigma, or negative evaluation. The demand for such protective, non-judgemental spaces to address emotional distress is well documented in the literature on psychological morbidity among women living with, or otherwise affected by, HIV, wherein stigma, discrimination, and social isolation fre-

quently constrain individuals' capacity to share their experiences within existing social networks [44–46]. The intervention therefore appears to have addressed a previously unmet need by augmenting opportunities for emotional expression and facilitating the development of social connectedness.

3.3.1. Emotional and Psychological Benefits

Participants consistently reported substantial affective and psychological relief subsequent to engagement in LAPSI. They frequently employed metaphors such as feeling "lighter" and described decreases in rumination, maladaptive cognitive patterns, and emotional distress. Emotional expression has long been recognised as a central mechanism through which psychosocial interventions promote psychological well-being. The capacity to articulate personal experiences within a supportive context can facilitate emotional processing, mitigate psychological distress, and promote adaptive coping, as demonstrated in prior empirical research [47,48].

The emotional benefits reported by participants indicate that they perceived LAPSI as a useful intervention for addressing affective difficulties associated with psychological distress among women living with HIV or at heightened risk of HIV acquisition in South Africa [49–51]. Participants commonly reported perceived improvements in emotional wellbeing, optimism, and emotion regulation capacities, indicating that LAPSI may be associated with enhanced overall emotional functioning. Furthermore, the findings suggested that LAPSI facilitated participants' active and sustained engagement with the intervention, even in the context of structural and psychosocial constraints. This was evidenced by participants' favorable subjective evaluations, the motivational impact of peer-facilitated support, and the perceived relevance, acceptability, and contextual congruence of the intervention. Overall, participants tended to view the intervention as accessible, adaptable, and straightforward to engage with.

3.3.2. Social, Relational and Empowerment Benefits

The persistence of social contact beyond the formal intervention period is particularly noteworthy, as it indicates that participants did not perceive peer support as restricted to structured intervention sessions. Instead, social relationships initiated within LAPSI appeared to generalise to participants' everyday lives, thereby creating opportunities for sustained emotional support and reciprocal encouragement. Such relationships may constitute salient protective resources in contexts where access to formal mental health services is constrained. Beyond intrapersonal emotional benefits, participants reported marked improvements in interpersonal functioning, including in relationships with family members, friends, and broader community networks. The intervention also appeared to promote the formation of new social ties and mutual support structures among participants. Numerous individuals reported ongoing contact with fellow group members after the formal sessions had concluded, and some described the group as a newly formed "community" or "family." These findings align with existing literature indicating that peer-support interventions may enhance social capital and foster community cohesion, both of which have been associated with favourable mental health outcomes [52–54].

3.3.3. Empowerment and Personal Growth

Participants consistently reported increased self-confidence, self-worth, and perceived personal agency following engagement with LAPSI. They described feeling more capable of self-advocacy, of establishing and maintaining interpersonal boundaries, and of initiating constructive changes in their lives. Collectively, participants' narratives indicate that LAPSI may contribute to enhanced empowerment, confidence, and personal agency. Empowerment has been identified as a critical outcome for women living with, or at elevated risk of,

HIV, who frequently experience multiple, intersecting forms of marginalisation associated with gender inequality, socioeconomic disadvantage, and HIV-related stigma [44,55,56]. Interventions explicitly targeting the enhancement of women's agency, self-efficacy, and social support have been empirically linked to a broad spectrum of favourable health and social outcomes. These include increased adoption of HIV prevention behaviours, improved engagement and retention in treatment, and more effective coping with social adversity, such as gender-based violence [57,58].

3.3.4. Learning and Skill Development

Participants characterised LAPSI as a substantive experiential learning environment through which they acquired novel knowledge and skills related to mental health, emotion regulation, interpersonal functioning, and adaptive coping. They reported an increased understanding of the mind–body interface, the salience of self-care practices, and specific strategies for managing stress and negative affect. Multiple participants indicated that they translated intervention-related insights into everyday behaviors, including psychoeducating their children and providing informal psychosocial support to other members of their communities. Several participants described disseminating lessons learned during LAPSI to family members and peers, suggesting that some benefits may have extended beyond the immediate intervention recipients.

The psychoeducational component of LAPSI—implemented primarily through peer-to-peer dialogue and guided reflective processes, rather than conventional didactic instruction—appeared to enhance mental health literacy in a mode that was both accessible and perceived as non-stigmatising. Improvements in mental health literacy are a well-documented mechanism for reducing mental health–related stigma, promoting help-seeking behaviors, and facilitating early detection and intervention, particularly within low-resource settings [59,60].

3.4. Implications for HIV and Mental Health Integration

Participants consistently articulated a need for enhanced integration of psychosocial support within HIV care and community-based service delivery systems. Despite the substantial prevalence and burden of mental health disorders in this population, psychological and psychiatric services remain inadequately incorporated into existing HIV care platforms [26,51]. LAPSI may warrant further investigation as a candidate community-based psychosocial support intervention. Participants' narratives indicated that LAPSI was perceived as accessible, acceptable, and contextually appropriate within existing service infrastructures. Nonetheless, issues related to sustainability, service integration, and scalability necessitate rigorous implementation research and fall beyond the scope of the present study.

A growing body of empirical evidence demonstrates that the integration of mental health services into HIV care pathways enhances both psychiatric and HIV-related outcomes, including antiretroviral therapy adherence, viral suppression, and long-term retention in care. Participants' recommendations to institutionalise LAPSI within public healthcare systems suggest a perceived need for continuous psychosocial support that extends beyond diagnosis-focused counselling. They further indicate that interventions such as LAPSI are regarded as potentially valuable additions to current service packages, with the capacity to address unmet mental health needs in a cost-effective and acceptable manner.

Community-delivered, peer-led interventions such as LAPSI may therefore constitute scalable and sustainable models that expand the provision of mental health support beyond the constrained resources and limited reach of specialist mental health services [4,61,62].

3.5. Strengths and Limitations

A key strength of this study was the inclusion of participants from two geographically distinct South African provinces, thereby enabling the capture of perspectives from women embedded in diverse sociocultural and health-service contexts. A further methodological strength was the high level of engagement with the qualitative component, with 29 of the 30 women enrolled in the intervention participating in the qualitative evaluation. However, the experiences of the participant who withdrew from the intervention, as well as those of women who may have declined participation at the recruitment stage, remain undocumented. As a result, the findings predominantly represent the perspectives of women who completed the intervention and should be interpreted within this context. In addition, the data were analysed using a rigorous reflexive thematic analysis, conducted in accordance with established qualitative methodological frameworks [63,64] strengthened the trustworthiness and analytical depth of the study.

Third, an additional strength concerned the depth and diversity of the qualitative dataset, which permitted a nuanced examination of participants' experiences of peer support, lyric analysis, emotional expression, and collective meaning-making. The study further extends a limited evidence base on culturally grounded, community-based strategies for supporting women experiencing psychological distress in HIV-affected contexts. Moreover, the integration of lyric analysis within a structured peer-support intervention constitutes a novel methodological contribution that may guide the design and implementation of future psychosocial interventions and associated implementation research.

Several methodological limitations warrant consideration. First, the study drew on a relatively small sample recruited from two sites, which may restrict the external validity and transferability of the findings to other provinces or broader national contexts. Although the sample size was adequate to facilitate in-depth qualitative inquiry, the sampling strategy was explicitly designed to maximise heterogeneity.

Furthermore, participant recruitment relied on convenience sampling procedures, which may have introduced selection bias. Individuals who elected to participate may have differed systematically from those who declined, particularly with respect to motivational characteristics, patterns of help-seeking, and openness to psychosocial support interventions.

Although 29 of the 30 enrolled participants contributed data to the qualitative evaluation, the perspectives of participants who withdrew or declined to participate were not captured. As a result, the findings may be subject to selection bias and positive response bias and may disproportionately reflect favourable experiences of the intervention.

Moreover, the study focused on participants' perceptions of feasibility, usability, acceptability, and perceived benefits, rather than conducting a formal evaluation of implementation feasibility. Standard implementation outcomes—such as recruitment efficiency, intervention fidelity, facilitator adherence, resource utilisation, adverse events, sustainability, and scalability—were not systematically assessed within the qualitative component.

In addition, because interviews were conducted after completion of the intervention, participants' narratives may have been affected by recall bias and retrospective reinterpretation of their experiences. The possibility of social desirability bias must also be acknowledged, particularly given that the interviewer was affiliated with the broader LAPSI study, which may have led participants to emphasise favourable aspects of the intervention.

Furthermore, the qualitative design was not intended to determine intervention effectiveness or to delineate causal mechanisms of change. Accordingly, the findings should be interpreted as reflections of participants' self-reported experiences and perceptions, rather than as evidence that LAPSI improved psychological outcomes or reduced psychological distress. The absence of long-term follow-up further constrains inferences regarding the

durability of perceived benefits and the persistence of peer-support networks beyond the active intervention phase.

The qualitative design also precludes causal inference regarding intervention efficacy; the results should therefore be understood as providing insight into participants' experiences, perceived benefits, and implementation-related considerations, rather than as definitive evidence of treatment effectiveness. Given the exploratory nature of LAPSI and the limited empirical literature on lyric-analysis-based psychosocial interventions among South African women, interpretation of the findings necessitated careful contextualisation within related research domains. The hypothesised mechanisms of action should thus be regarded as interpretive, theory-informed explanations grounded in participants' accounts, rather than as empirically verified mechanisms of change.

3.6. Future Research

Future research should systematically assess key implementation outcomes, including recruitment, retention, intervention fidelity, and sustainability. In addition, study designs should include individuals who decline to participate, discontinue involvement, or exhibit inconsistent attendance to reveal determinants of engagement and perceived acceptability. Larger-scale studies employing hybrid effectiveness–implementation designs will be critical for establishing the long-term impact and scalability of LAPSI across diverse contexts and service settings.

4. Materials and Methods

4.1. Study Design

This study adopted a qualitative research design grounded in phenomenological principles to explore women's lived experiences of participating in LAPSI. A qualitative methodology was deemed particularly appropriate for generating a nuanced and in-depth understanding of participants' perspectives on the intervention's feasibility, usability, and perceived benefits within real-world community and healthcare settings, including those characterised by stigma, gendered social norms, and structural constraints.

All intervention sessions were facilitated by the first author using a standardised intervention manual. The facilitator had formal training in public health and mental health research and had been involved in the development of the LAPSI. A research assistant supported participant recruitment, logistical coordination, and administrative procedures but did not lead or actively shape the content of intervention discussions.

4.2. Study Population and Sampling

The study population consisted of South African women aged 15–49 years who were either living with HIV or identified as being at elevated risk of HIV acquisition and who were concurrently experiencing psychological distress. A combination of purposive and convenience sampling strategies was employed to recruit participants from two distinct geographic and sociocultural settings—Mthatha (n = 9) and Tshwane (n = 21)—with the objective of capturing heterogeneity in social, cultural, and health service contexts. This intentional variation in study sites facilitated an examination of how women's experiences of the intervention were shaped by differing structural and community environments.

Of the 30 women who participated in the LAPSI, 29 completed qualitative interviews. The inclusion of nearly the full intervention cohort enabled the generation of information-rich narratives from a heterogeneous sample and enhanced the depth and methodological rigour of the analysis. Rather than applying a predetermined numerical threshold for data saturation, the evaluation of sample adequacy was informed by the concept of "information power," whereby the relevance, richness, and variability of participants' accounts were used

to determine the sufficiency of the qualitative data for addressing the study objectives [65]. Given the heterogeneity of participants and research contexts, analytic rigour was maintained through an iterative procedure involving the systematic development, refinement, and validation of themes, supported by ongoing constant-comparative analysis across interviews, in alignment with contemporary standards and methodological guidelines for qualitative research [63,64].

Table 4 summarises the demographic and clinical characteristics of participants enrolled in the Lyric Analysis Peer Support Intervention (LAPSI). A total of 29 women were included in the study, the majority of whom were recruited from Gauteng Province (72.4%; n = 21), with the remainder recruited from the Eastern Cape Province (27.6%; n = 8). The sample comprised women living with HIV (51.7%; n = 15) and women who were HIV-negative (48.3%; n = 14), consistent with the intervention's aim to support women experiencing psychological distress irrespective of HIV serostatus. Participants' ages ranged from 18 to 49 years, with a mean age of 32.4 years (SD = 9.6). The largest proportion of participants were aged 25–34 years (31.0%; n = 9), followed by those aged 18–24 years and 35–44 years, each constituting 27.6% (n = 8) of the sample. Women aged 45–49 years accounted for 13.8% (n = 4) of the study population. Overall, these characteristics indicate that the intervention engaged women across multiple stages of adulthood and from two distinct provincial settings.

Table 4. Demographic and Clinical Characteristics of LAPSI Participants at Baseline (n = 29).

Characteristic	*n* (%)
Province	
Gauteng	21 (72.4)
Eastern Cape	8 (27.6)
HIV Status	
HIV-positive	15 (51.7)
HIV-negative	14 (48.3)
Age group (years)	
18–24	8 (27.6)
25–34	9 (31.0)
35–44	8 (27.6)
45–49	4 (13.8)
Psychological Distress Severity (K10)	
Mild (20–24)	5 (17.2)
Moderate (25–29)	6 (20.7)
Severe (30–50)	18 (62.1)
Age, mean (SD)	32.4 (9.6)
Baseline K10 score, mean (SD)	34.0 (8.3)

Psychological distress was measured using the K10 scale, a validated 10-item screening instrument that is widely applied in South African populations. Total scores range from 10 to 50, with higher scores indicating greater severity of psychological distress. In accordance with established scoring conventions, scores of 20–24 were categorized as indicative of mild distress, scores of 25–29 as moderate distress, and scores of $\geq$30 as severe distress. All participants enrolled in the intervention fulfilled the eligibility criteria for psychological distress screening.

Description of the Lyric Analysis Peer Support Intervention (LAPSI)

The Lyric Analysis Peer Support Intervention (LAPSI) is a structured peer-support programme designed to facilitate emotional expression, reflective processing, collaborative learning, and psychosocial support among women experiencing psychological distress (see Table 5). The intervention integrates facilitated peer-group discussions with lyric-analysis activities, employing music as a culturally salient medium through which participants can interrogate personal experiences and co-construct shared meanings.

Table 5. TIDieR Description of the LAPSI

Item	Description
Intervention name	Lyric Analysis Peer Support Intervention (LAPSI)
Rationale	Developed to address psychological distress through peer support and lyric-analysis discussions informed by determinants identified through earlier phases of the doctoral study
Theoretical basis	Health Belief Model, Bio-Psycho-Social Model, Dvorak's Five-Step Lyric Analysis Framework
Intervention setting	Community and clinic-based settings in Mthatha (Eastern Cape) and Tshwane (Gauteng)
Delivery format	Small-group peer-support workshops
Number of groups	Seven groups
Group size	Three to six participants
Facilitator	Primary researcher using a standardised facilitation guide
Session duration	Approximately 4–6 h
Core activities	Lyric listening, lyric analysis, group discussion, reflection, coping strategy development
Song selection	Combination of participant-selected and facilitator-supported song selection
Example songs	*Ungayeki* (Amanda Black), *7 Years* (Lukas Graham), *Weekend Special* (Brenda Fassie)
Languages	English and local South African languages, with translation where necessary
Emotional safety procedures	Ground rules, voluntary participation, debriefing, referral pathways
Psychological support	SADAG partnership and clinic-based referral resources
Participant reimbursement	Transport reimbursement and refreshments
Fidelity procedures	Standardised session guide, common thematic structure, same facilitation approach across sites
Tailoring	Song choices adapted to participants while preserving core intervention structure

LAPSI was developed within the context of a broader doctoral research programme. The thematic content of the intervention was informed by findings from a scoping review of mental health interventions and by machine-learning analyses that identified key determinants of psychological distress among South African women. Variables such as mental health–related stigma, access to healthcare, availability of social support, self-perceived health status, employment conditions, and broader socioeconomic adversity were synthesised into overarching psychosocial themes that guided both session discussions and lyric-selection tasks.

The intervention was implemented at two study sites: Mthatha in the Eastern Cape Province and Tshwane in Gauteng Province. A total of seven focus groups were conducted. Three groups (n = 9) were conducted in the Eastern Cape, and four groups (n = 21) in Tshwane. Group sizes ranged from three to six participants, a configuration intended to support in-depth discussion while preserving adequate opportunity for individual participation and voice.

At the commencement of each session, participants were received in an informal setting in which refreshments were provided to facilitate rapport-building and to attenuate the formality commonly associated with clinical interventions. At the outset of each session, group norms were established concerning confidentiality, mutual respect, voluntary participation, emotional safety, and non-judgemental communication. Participants were informed that they could engage at a level that felt personally acceptable and that they retained the right to decline to answer any question or to abstain from any component of the discussion.

Music selection utilised a combined participant-led and facilitator-supported strategy. Participants were invited to nominate songs they perceived as meaningful or thematically relevant. Where participants experienced difficulty in identifying suitable material, facilitators offered suggestions. Selections were made on the basis of cultural relevance, emotional salience, accessibility, and appropriateness for structured discussion. Examples of songs that emerged during the sessions included "Ungayeki" by Amanda Black, "Weekend Special", and "7 Years" by Lukas Graham. These songs functioned as catalysts for dialogue around key psychosocial themes such as hope, resilience, social relationships, identity, life trajectories, stigma, and coping with adversity. Lyrics were translated where necessary and made available to participants during the sessions.

The lyric-analysis component was informed by Dvorak's five-stage framework. First, participants engaged in pre-listening reflection, which involved discussion of the session theme alongside their own related experiences. Second, participants listened to the selected song and reflected on their immediate emotional responses. Third, participants identified specific lyrics that resonated with them and articulated their interpretations. Fourth, participants connected the lyrical content to their lived experiences and engaged in collaborative meaning-making with other group members. Finally, participants identified concrete lessons, coping strategies, and potential behavioural actions that could be incorporated into their daily lives. This structured process facilitated a progression from affective exploration to reflection, insight generation, and action-oriented coping.

Multiple procedures were implemented to support participant wellbeing. Emotional check-ins and debriefing opportunities were integrated throughout the intervention. Formal arrangements were established with the South African Depression and Anxiety Group (SADAG) to ensure access to psychological support where needed. In some facilities, additional psychological care was available via clinic-based psychologists, and participants requiring further intervention could be referred through existing referral pathways. To reduce financial barriers to participation, transport costs were reimbursed and refreshments were provided during intervention activities. To maximise consistency across sites, all groups adhered to a common set of core intervention principles, discussion procedures, lyric-analysis steps, and facilitation methods.

4.3. Data Collection

Data collection occurred at three distinct stages. First, baseline assessments were conducted prior to intervention participation and included screening for psychological distress using the K10 scale. Women meeting the eligibility criteria were subsequently enrolled into the LAPSI.

Second, qualitative interviews were conducted approximately 5–7 days following completion of the intervention. This timeframe was selected to capture participants' experiences while allowing sufficient opportunity for initial reflection and emotional processing. These interviews explored participants' perceptions of feasibility, usability, acceptability, barriers to engagement, motivators for participation, and perceived benefits associated with LAPSI. All interviews were conducted telephonically. Conducting interviews by telephone also reduced the potential risks associated with face-to-face interaction and afforded participants greater control over their immediate environment, maximising comfort, confidentiality, and privacy during the interview process. Participants were explicitly advised that they could pause or terminate the interview at any time should they experience discomfort or distress. The qualitative interviews were part of the study's evaluation component and were distinct from the intervention itself. Following completion of the LAPSI workshop sessions, participants were invited to participate in individual semi-structured interviews.

All audio recordings were transcribed verbatim and subsequently anonymised prior to analysis.

Third, a post-intervention assessment was conducted approximately 30 days after the intervention. The K10 scale was re-administered at this time point to evaluate changes in psychological distress. The 30-day assessment interval was selected because the K10 measures experiences of psychological distress occurring during the preceding 30 days.

4.4. Data Analysis

Data were analysed using reflexive thematic analysis, following Braun and Clarke's six-phase methodological framework. The analytic procedure involved systematic familiarisation with the dataset, the generation of initial codes, the development of provisional themes, iterative review and refinement of these themes, and the interpretive synthesis of recurrent patterns of meaning across participants' accounts [63,64]. Data analysis employed an iterative, inductive methodological framework in which thematic categories were continually elaborated and refined as additional interview transcripts were reviewed. Analytical focus was directed toward delineating both patterns of convergence and divergence across participants' narratives, with particular attention to the role of site-specific contextual determinants and the phenomenological dimensions of participants' lived experiences of psychological distress.

Reflexivity

The first author functioned both as the facilitator of the LAPSI and as the primary interviewer responsible for qualitative data collection. In recognition of the understanding that researchers are active participants in the co-construction of knowledge rather than neutral observers, reflexive practices were systematically integrated across data collection and analysis procedures.

Reflexive field notes were compiled during and immediately following intervention sessions and interviews to document contextual observations, underlying assumptions, emotional responses, and emergent analytic insights. These reflexive records were subsequently revisited during the processes of coding and thematic development to enhance analytic transparency and to promote critical examination of the researcher's influence on data interpretation.

The research team included members with expertise in public health, mental health, and community-based intervention research. Regular meetings with academic supervisors were conducted to interrogate emerging interpretations, consider alternative explanatory frameworks, and strengthen the overall rigor of the analysis.

Particular attention was directed to the potential impact of the first author's prior involvement in the development and implementation of LAPSI on the interpretation of participants' accounts. In response, deliberate efforts were made to ensure that the resulting themes were grounded in participants' narratives and experiences rather than reflecting a priori assumptions or expectations about the intervention.

4.5. Ethical Consideration

This investigation entailed the primary collection of empirical data from human participants and addressed highly sensitive domains related to psychological distress and HIV. Accordingly, ethical principles were systematically and rigorously embedded at every stage of the research process, with particular emphasis on informed consent, respect for autonomy, confidentiality, anonymity, justice, and the protection of participant welfare. Written informed consent was obtained from all participants prior to enrolment in the intervention and before their involvement in qualitative interviews. Participants received clear, comprehensive, and accessible information regarding the study objectives, the voluntary nature of participation, the procedures to be undertaken, and their right to discontinue participation at any point without penalty or other negative repercussions. The consent procedures were explicitly designed to safeguard and promote participants' autonomy and capacity for independent, informed decision-making.

Confidentiality and anonymity were consistently prioritised. Participants' identities were protected through the allocation of pseudonyms and the removal of any potentially identifying information from interview transcripts and analytic documentation. Audio recordings and transcripts were stored in secure, password-protected electronic directories, with access restricted to the primary researcher and the supervisory team. All procedures adhered strictly to institutional data protection policies and ethical governance requirements [66]. No identifying information was included in any reports or publications. The trustworthiness of the analysis was enhanced through multiple complementary strategies.

Credibility was fostered through prolonged engagement with participants during intervention delivery and follow-up interviews, the recruitment of participants from two geographically distinct sites, and iterative discussion of emerging interpretations with academic supervisors. Member reflection was conducted with a subset of participants to ascertain whether the researchers' interpretations adequately represented participants' reported experiences.

Dependability was supported by maintaining detailed documentation of recruitment procedures, interview protocols, coding decisions, and the iterative process of theme development. An audit trail was systematically preserved throughout the study to enhance the transparency and traceability of analytical decisions.

Confirmability was promoted through reflexive memo writing, ongoing critical reflection on researcher assumptions, and regular supervisory meetings focused on the interpretation of the data. Collectively, these procedures contributed to ensuring that the resultant themes remained closely grounded in participants' narratives.

Transferability was facilitated through comprehensive descriptions of the intervention context, participant characteristics, data collection procedures, and emergent thematic findings, thereby enabling readers to assess the applicability of the results to other settings. Although the eligible age range for the broader study was 15–49 years, no individuals younger than 18 years participated in the intervention component reported in this manuscript. Consequently, all participants were adults and provided written informed consent. Assent procedures and parental/guardian consent were not required for the participants included in this study.

Ethical approval for this study was obtained from the Sefako Makgatho Health Sciences University Research Ethics Committee (reference: SMUREC/H/305/2024:PG). Additional permissions were granted by the Eastern Cape Provincial, District, and Sub-District Departments of Health (reference: EC_202504_012), as well as by the Gauteng Provincial Department of Health (reference: GP_202504_055). All study procedures were implemented in strict accordance with the approved ethical protocols and complied with all relevant institutional and national regulatory requirements [66].

4.6. Disclosure of Delegation to Generative AI

The authors declare the use of generative AI in the research and writing process. According to the GAIDeT taxonomy (2025), the following tasks were delegated to GAI tools under full human supervision:

- Proofreading and editing
- Summarizing text
- Adapting and adjusting emotional tone
- Reformatting

The GAI tools used were: Grammarly—Edu Version, Writefull—Version 20205.5.9.0 (#1326) and M365 CoPilot.

Responsibility for the final manuscript lies entirely with the authors. GAI tools are not listed as authors and do not bear responsibility for the final outcomes.

Declaration submitted by: Lucas Banda

Additional note: We used Grammarly, CoPilot and Writefull for language editing, scientific tone, coherence, and readability.

5. Conclusions

This study investigated South African women's experiences of the LAPSI, focusing on those living with, or at elevated risk of, HIV who were experiencing psychological distress. Overall, participants characterised LAPSI as an acceptable, accessible, and meaningful psychosocial intervention. They emphasised the perceived value of peer support, shared lived experience, and lyric analysis as mechanisms that facilitated emotional expression, introspection, and interpersonal connection.

Participants regarded the intervention as culturally congruent and reported a range of perceived intrapersonal and interpersonal benefits, including enhanced social connectedness, opportunities for learning, increased self-confidence, and a sense of emotional relief. These results, however, pertain to participants' subjective perceptions and experiences and should not be construed as evidence of clinical effectiveness, nor as proof of implementation feasibility or scalability.

Taken together, the findings indicate that culturally grounded, peer-delivered interventions such as LAPSI merit further empirical investigation as potential components of community-based mental health support for women experiencing psychological distress.

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Abbreviations

The following abbreviations are used in this manuscript:

HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
K10	Kessler Psychological Distress Scale
LAPSI	Lyric Analysis Peer Support Intervention
LMICs	Low- and Middle-Income Countries
ML	Machine Learning

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