'They do not understand us'

A psychosocial analysis of the everyday lived experiences of a CYCC care worker in semi-rural South Africa.

Research Article Submitted by

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'They do not understand us': A psychosocial analysis of the everyday lived experiences of a CYCC care worker in semi-rural South Africa

Abstract

This paper employs a psychosocial framework to analyse the everyday lived experiences of a child and youth care worker in semi-rural South Africa. The aim is to provide a new perspective of care work by drawing on narrative analysis alongside a psychoanalytic approach to qualitative research. With an emphasis on the socially constructed nature of reality, the researcher aims to elucidate the rich unconscious depths of being a care worker and the dynamics of the intersubjective reality of care work. Employing a free association narrative interview technique allows the researcher to gain understanding of the narratives that the care worker draws on in the construction of his identity as a care worker. The use of a psychosocial approach enables the researcher to pay attention to both the social context that influences the narratives that he draws on, but also the psychological 'pay offs' of these constructions. Most notably, the study highlights how the care worker's identity is mediated by a defended subjectivity and argues that his failures in mentalization might stem from the way he is treated as a care worker by other professionals as a result of their mindblindness. This maintains his narrative of invisibility, and the pervasive feeling of being misunderstood as a professional in his own right. The findings are discussed in terms of their contribution to understanding some of the challenges that CYCC care workers face.

Keywords: psychosocial, narrative, care workers, CYCC, mentalization, intersubjectivity, free association narrative interview technique.

Introduction

Khan and Singh (2014) premised that a large proportion of South African youth are faced with numerous post-apartheid socio-economic problems such as domestic violence, sexual or physical abuse, inequality, parental unemployment, and poverty. Consequently, their study found that these

youth are at risk of falling into maladaptive and dysfunctional behavioural patterns such as homelessness, substance abuse, self-harm, and conflict with the law.

Of the vast majority of at-risk youth, a lucky few find themselves in CYCCs where they are cared for by care workers and other social welfare professionals as directed by Section 150 of the South African Children's Act 38 of 2005 (Van Der Zalm, 2008). These centres aim to provide them with physical, emotional, and mental stability within a family-like system. Statistics of children in institutional care in South Africa remain incomplete and dated, but it is known that in 2011 there were 345 registered CYCCs and that these looked after approximately 21 000 children (Jamieson, 2017).

Many research studies about CYCCs in South Africa have focused on the youth at the centres (e.g., Haffejee & Levine, 2020; Jamieson, 2017; Malatji & Dube, 2017) with very little emphasis on the individuals that care for them. Where research has been conducted on CYCC workers they are usually cast in a predominantly pejorative light (e.g., Grobelaar & Napier, 2014), foregrounding the lack of independent oversight and monitoring of CYCCs in South Africa, and showing care workers to be undertrained, unsupervised, and negligent of their wards (e.g., Hansungule, 2018).

From a more empathic perspective, international studies conducted in the field of child and youth care work have found that CYCC care workers are especially susceptible to burnout and compassion fatigue (Barford & Whelton, 2010; Goelman & Guo, 1998; Seti, 2008; Zerach, 2013). South African care workers report additional challenges such as the negative behaviour of the youth that they care for, poor stakeholder relations, the 'invisibility' of their profession, and the lack of professional growth and development opportunities (Molepo & Delport, 2015).

This study aims to explore the everyday lived experiences of a care worker employed at a particular CYCC in semi-rural South Africa using a psychosocial framework. Utilization of this transdisciplinary framework seeks to provide a new perspective for understanding care work with at-risk youth by drawing on psychological knowledge and situating it within a sociocultural context (Frosh, 2003).

A psychosocial framework for understanding care work with at risk youth

The utilization of a psychosocial framework in this research refers to the application of psychoanalytic principles to qualitative research that is grounded within a social constructionist

paradigm (Hollway, 2008). The researcher aims to shed light on the rich unconscious depths of being a care worker and the dynamics of the intersubjective reality of care work with an emphasis on the socially constructed nature of this reality. From a psychosocial perspective, every person is viewed as a 'defended' subject because anxiety is inherent to human nature (Hollway & Jefferson, 2013). The unconscious mobilisation of defenses is understood to mediate narrative construction (Hollway & Jefferson, 2013).

Thus, employing a psychosocial lens to analyse the narratives employed by a particular care worker when describing his daily work at the centre, furnishes a means to understand his emotional investment in particular narratives as defensive responses to the emotional work involved (Morris & Feldman, 1996; Strazdins, 2000). This approach allows the researcher to pay attention to both the social context that influences the narratives he draws on to construct his identity as a care worker, and the psychological 'pay offs' of such constructions.

The context of the study

The CYCC which serves as the context of this study is mandated as a place of safety for boys who have no home or who have been removed from their homes by social workers. The centre is registered to house thirty-three boys and at the time of data collection had eighteen wards. Boys placed at the centre are between the ages of eight and eighteen years old and come with various difficulties such as being at risk of conflict with the law, having parents who are in conflict with the law, being infected or affected by HlV/AlDS, homelessness or having suffered neglect in dysfunctional homes. The CYCC is located in a semi-rural town in one of the poorest provinces in South Africa plagued by water shortages, crumbling infrastructure, large socio-economic disparities, and high unemployment rates. The centre employs an onsite social worker and eight care workers on a full-time basis and the care workers rotate the day and night shifts.

Methodology

This particular CYCC was selected both for its convenience but also because it is situated in a disadvantaged geographical location. Its locale allows for the studying of a marginalized community that exists within an already marginalized society. All eight care workers employed at the CYCC were invited to participate in interviews as part of the study and participation was

voluntary[1]. However, despite initial enthusiasm and incentives offered, only one[2] care worker, Tom (pseudonym) availed himself and the research was reframed as a case study. The case study design allowed the researcher to understand Tom (a real-world case) with the assumption that such an understanding involved important contextual conditions that could not be excluded (Yin & Davis, 2007), as is the norm for other research designs where contextual factors are not of primary concern or affect validity (e.g., survey or experimental research). An important advantage of adopting the case study design is its tolerance for the real-life blurring between Tom and his context (Yin, 2018) which aligns with the psychosocial framework employed. This alignment allows for the exploration of Tom as a social entity whilst displaying an interest in the emergence of both Tom and the researcher's subjectivity within the social domain of the interview setting (Frosh, 2003).

Data was collected by the author by means of two psychoanalytically informed interviews which utilized the free association narrative interview technique (FANI) (Hollway & Jefferson, 2008). The FANI questioning style allowed Tom to narrate his ideas and views as openly and fully as possible. Tom's responses allowed the researcher to look more closely at inconsistencies and contradictions noted in his narrative in the first interview and to follow up on them in the second.

In line with the psychosocial framework employed, the researcher recorded any personal thoughts, observations and reactions evoked by the interaction with Tom in a reflexivity journal. As Waddell (1988) argues, holistic knowledge of a subject can only be obtained through registering the observer's emotional response to what they see or hear. Furthermore, Hollway and Jefferson (2013) posit that the actions of those hearing the narrative are just as central to it as the narrator themselves. Traditionally, this emphasis on the subjectivity of the researcher is viewed as a limitation in research that advocates for researcher impartiality, but it is considered a resource for deeper understanding in psychoanalytic approaches to qualitative research (Frosh & Saville Young, 2008). Within psychosocial research, reflexivity is used to speculate about the unconscious

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[1] Ethical approval was sought and received from the Rhodes University Human Ethics Committee (RU-HEC) prior to the commencement of the study.

[2] The other care workers' reticence to participate may be an indication of habituated silence (Kish-Gephart, Detert, Trevino & Edmondson, 2009) that was possibly strengthened by the change in management that occurred at the time of data collection. However, it may also be attributed to the sociodemographic differences that exist between them and the researcher, specifically with regards to language and professional stature. Further interrogation of the reasons for low participation appears in the discussion section.

processes at play in the intersubjective encounter between the researcher and subject, which in turn can be used to support claims about the subject's defensive reactions and mentalizing processes.

The interviews were transcribed verbatim and analysed drawing on guidelines for the psychosocial analysis of narratives as described by Saville Young and Frosh (2016) alongside Hollway and Jefferson's (2013) seminal work on the analysis of data produced with defended subjects. Firstly, using thematic narrative analysis, the transcripts were subjected to multiple readings with an emphasis on content (*what* is being said). This emphasis, with the inductive aim of noting the emergence of central motifs within the participant's narratives, elucidated particular narratives that Tom employs in the construction of his identity as a care worker. In this analytic phase, and in order to prevent the fragmentation of the data and ensure the preservation of the whole or *Gestalt* (Hollway & Jefferson, 2013), a pen portrait of Tom was written up based on the information he shared across the two interviews.

Breakdowns in Tom's narrative such as contradictions, stuttering, interrupting himself and unwarranted pauses were presumed to denote anxiety and to highlight his 'defended' subjectivity (Hollway & Jefferson, 2008). These moments were helpful in highlighting a particular extract from the interview narrative for more fine-grained psychoanalytically inflected analysis. The final extract that is the focus of this paper was also selected because it elucidates a central motif that was identified in the thematic narrative analysis.

The extract was first analysed for form (*how* Tom tells his story) utilizing Labov's (1975) widely used system for the analysis of narrative elements, whilst drawing on folklorist Propp and Wagner's (1968) prototypes. This attention to structure sheds light on how Tom wants the researcher to hear his story. Thereafter the analysis moved onto the performative aspects of the encounter as captured in the extract. This part of the analysis entailed looking at the interaction that unfolds between Tom and the researcher, whilst drawing on the interview extract but also on the data captured in the researcher's reflexive diary, in order to interrogate the possible defensive function his narrative fulfils in this research context and the broader cultural and political context in which it is spoken (Saville Young & Frosh, 2016).

In doing a more psychoanalytically inflected reading of the extract, the researcher employed the concept of mentalization, drawing on contemporary attachment theory (Fonagy, Gergely, Jurist &

Target, 2002) as a way of identifying moments of defensiveness in the text. As defined by Allen (2006), mentalization is the concurrent process by which Tom reflects on the minds of the youth he works with and his own, as well as that of the researcher he is talking to. Embodying a mentalizing stance is key for social communication and affect regulation (Fonagy et al, 2002), as a mentalizing stance does not assume definitive certainty but is inquisitive, understands the opacity of minds and is grounded in imagination (Allen, 2006). Everyone mentalizes, however, the capacity to mentalize can sometimes be lost when we experience strong emotions or to avoidstrong emotions. Hence, lapses in mentalizing capacity can be viewed as a protective responses to instances of defendedness.

Allen, Fonagy and Bateman (2008) describe three pre-mentalizing modes of functioning that may become regressively activated in particularly affective situations: psychic equivalence mode, pretend mode, and teleological mode. The psychoanalytically inflected analysis of the chosen extract used these modes as ways of identifying defensive reactions in Tom's story, in order to then interrogate why certain narratives, facilitate the mentalization of his relationship with the youth in his care, and why other narratives seem to correspond with a lapse in mentalization. In this study Tom's mentalizing capacity is not conceptualized as belonging specifically to him as an individual but as a capacity that is influenced by his context. Consistent with the psychosocial framework, it is rooted in the particular intersubjective exchange ('here and how') of the interview as well as the particular socio-historical context ('there and then') of Tom and the researcher (Saville Young & Jearey -Graham, 2015; Saville Young & Berry, 2016).

Findings

<u>Tom's Pen Portrait:</u>

> Tom is an isiXhosa speaking man in his mid-30s from a semi-rural town in the Eastern Cape of South Africa. Tom completed his secondary education locally but as the eldest of 3, he had to discontinue his tertiary education to return home to support his family financially following his parents' divorce due to domestic violence. In relation to this, Tom places special emphasis on the importance of his awareness and observation skills as he was '*already seeing things that were happening around the house while my siblings were still not getting it'* and credits it with saving his mother's life.

Tom notes that immediate family and neighbours appeared to be unaware of the domestic violence, however a stranger down the road took an active interest in his wellbeing and Tom draws heavily on this experience and its accompanying **narrative of connectedness** in the construction of his identity as a care worker. He views his work as a way of '*paying forward*' the type of support he received. Interweaving the **narratives of awareness and observation**, and connectedness in his work with the boys he cares for, Tom further draws on a **narrative of mastery and expertise** due to his extensive experiential knowledge and highlights how other members of the multidisciplinary team often ask for his observations about certain boys as he knows what is happening '*on the ground.'*.

As part of his expert identity and drawing on a n**arrative of mental health awareness**, Tom details how he plans to run campaigns to educate the community on the difference between CYCCs '*where programmes are run*' and '*shelters where boys are given soup*'. Destigmatizing mental health amongst African communities appears to be Tom's broader agenda, as he reports frequently finding himself approached by community members for assistance. However, Tom's narrative of mastery and expertise also foregrounds the **professional invisibility** that he experiences. He elaborates how care work is not acknowledged as a profession, the remuneration is paltry and there are little to no development opportunities.

Having identified the dominant narratives, the analysis now focuses on one particular narrative - the central motif of observation and awareness that plays a salient role in the construction of his identity as a care worker. In particular, drawing on a psychosocial framework I am interested in interrogating why Tom draws heavily on this particular narrative. It is posited that the answer lies in a fine-grained analysis of a pivotal incident that occurred during his adolescence. The below extract was drawn from the first interview where he narrates this incident.

1 <u>INTERVIEWEE</u>: Um I grew up, I grew up in a, in a family setting where there
2 was a mother and a father um but when we started reaching my teens, my teenage
3 years the marriage of my parents broke down and I know each and every phase
4 because it started when I was starting my teenage years, I was already seeing things

5 that were happening around the house while my siblings were still not getting it.

6 But I saw things and one of my traumatic experience that I had and I did not want

7 anyone to have it was to see my father holding a gun, at night 11:00 on my mother's

8 head and if I could not have come there that time something bad could have

9 happened because my father was threatening to kill her and to kill himself. I came

10 and my father got shocked because I was… my mother was crying there. I woke up

11 hearing somebody is crying then when I went to the passage then I saw somebody

12 bending down, my father was holding his firearm. That was the most, it took years

13 for me to get over it.

14 INTERVIEWER: Yes.

15 INTERVIEWEE: It took years for me to get over it and as a result it had um a

16 negative impact um on my, on my relationship.

17 INTERVIEWER: Yes.

18 INTERVIEWEE: Um with um women in general, not that I beat them or anything

19 but I never allowed anyone to be emotionally involved with me, I never allowed

20 that space. I've always been very careful about my heart. I've always guarded myself

21 because of those personal experiences but going back to your question, um there

22 was this, I'll call him brother but he passed away now, he was staying on my street.

23 Everybody saw us as a happy family outside but didn't really know what was

24 happening inside, that we had traumatic experiences that I've just shared with you

25 because my parents were seen as loving outside but this guy somehow somewhere

26 knew and he always wanted to talk to me and this guy will always ask me, we

27 played ball together, he was much older than me, and he will ask me questions how

28 am I feeling, um do I do my homework, I said no, he said I will come and assist

29 you and he told me something one day and he said you're not alone. And I didn't

30 quite get it that time because of my age that what did he mean when he said you're

31 not alone but as times went by I saw the kind of support he was giving me and I

32 was really not alone. So for me to have somebody like nobody even, our relatives,

33 my uncles did not notice that I was going through a very personal and traumatic

34 experience inside as a result there were even thoughts of committing suicide

35 because of the depression that was caused by my parents. Maybe they didn't realise

36   how it was affecting me their marriage and the fights that were happening inside

37   the house. So because of him I survived, he was a total stranger, somebody that I

38   know lived in our street, we are not related but out of the crowd he knew that he

39   noticed and one thing that for me I will take it for the rest of my life, he cared and

40   he did something about it.

41   <u>INTERVIEWER</u>: Yes.

42   <u>INTERVIEWEE</u>: He did something about it.

43   <u>INTERVIEWER</u>: Yes.

44   <u>INTERVIEWEE</u>: So that experience what he gave me I told myself when I started

45   now thinking I'll pay it forward. Yeah, so this is how I'm paying it forward.

Endeavouring to find out why Tom draws on the central motif of observation and awareness in the construction of his identity, the extract was first read with an emphasis on process in line with the psychosocial emphasis. Looking at the form of the extract using Labov's (1972) system and Propp and Wagner's (1968) prototypes, Tom's narrative constructs his identity as a care worker as heroic based on his own experiences of being saved by a hero. His narrative, however, does not follow a linear plot in the sense that we do not move sequentially through Labov's (1972) different narrative elements. Tom adroitly narrates various complications such as the disintegration of his parents' marriage and stumbling across his father's malevolence (1.7-1.9), the negative impact on his future relationships (1.14-1.15) and the subsequent depression and suicidal ideation that he struggled with (1.31-1.33). He then guides his audience to how the complications were resolved (1.20-1.30) and the conclusions or coda (1.34-1.37; 1.41-1.42) of his tale. This skilful structuring of his tale allows him to position himself as a hero who saved his mother, the damsel in distress (1.7), with his powers of observation and awareness (1.4-1.5) from his father, the villain (1.8-1.9). However, due to the trauma he experienced, he was also saved by someone (1.24-1.30) with similar powers of observation and awareness (1.36). Being saved in this way further entrenched the importance of these powers to his core identity and his determination to be a hero who pays forward (1.41-1.42) the help he received by saving the boys he works with and other members of the community. The insight gained thus far however, raises further questions: Why is Tom emotionally invested in this heroic narrative for his identity construction as a care worker who is observant and aware? What does he achieve by structuring his tale in this way?

Bearing these questions in mind, an interpretation of Tom's utterance of "uhm" at certain points, but more specifically preceding his narration of parental strife (1.1; 1.2) possibly denotes hesitation or anxiety and may show us glimpses of his defended subjectivity (Hollway & Jefferson, 2008). In his defense against anxiety, I argue that Tom structures and performs his story in a way that positions him as a hero who saves others, as it absolves him from having to dwell on the fact that he himself was a victim of trauma and its sequelae. Instead, he can shift the focus to his positionality as a victor and hero and impress me (the listener) with his victorious tale. This however leaves us wondering why Tom tells this particular story in this specific way within this particular context? What additional defensive function might his narrative be performing?

A consideration of how the sociocultural context is both spoken and unspoken in the extract may provide an answer. Such a consideration sheds light on the meaning of the affective encounter described and the ways in which the extract's particular structure both reveals and conceals meaning (Saville Young & Frosh, 2016). I argue that Tom's performance of his narrative in a manner in which the focus is on how heroic he is, may be understood as needing to impress me and possibly even defensively assert his professional position in relation to mine as a trainee clinical psychologist. Both Tom and I are in helping professions and it is possible that he assumes that we share a common desire to help others, and that his heroic narrative alongside the dominant mental health narrative that he draws on, enables him to assert a place alongside me, on the 'same' rung of the professional hierarchy. Furthermore, Tom's dominant narrative of observation and awareness which he draws on to construct his identity highlights that he is reflective and in touch with his emotions, characteristics that are often recognized and applauded by psychologists. How do we understand this defensive need to impress and assert his professional status?

Looking more closely at the intersubjective context that plays itself out between myself and Tom in the interviews, I argue that both Tom and I are aware (to varying degrees of consciousness) that I, a psychologist in training, am currently completing a postgraduate degree at university, whilst Tom had to sacrifice his tertiary studies for the good of his family, a sacrifice that draws on the normative sociocultural narrative of black tax (Mangoma & Wilson-Prangley, 2019). It is arguable that my lack of response beyond a brief "yes" throughout the extract (1.13; 1.16; 1.38; 1.40) stirs up this awareness of professional 'inferiority' in Tom, which in turn evokes a defensive reaction. This defensive reaction may be viewed as an ancillary driving force behind his performance and

his desire to impress. In Tom's narrated experience as a care worker, he constructs himself as frequently dismissed by those who are better qualified and academically trained, constructing himself and his profession as unacknowledged and invisible. Structuring and performing his narrative in this heroic manner within the specific context of being interviewed by a 'fellow' professional, can be viewed as an attempt to be 'seen' and understood. Which leads to the next question, how does this defensive reaction affect Tom's mentalizing capacity in relation to his work?

Employing the concept of mentalization, I note that whilst Tom's heavy reliance on a narrative of observation and awareness (1.4; 1.36) may be understood as highlighting his mentalizing capacity, it may also allude to him operating in a mode of psychic equivalence when he is in particularly affective situations. In psychic equivalence mode, mental representations are not distinguished from the external reality that they represent, and mental states are experienced as real (Allen, Fonagy & Bateman, 2008) I argue that in this mode, Tom equates the internal world with the external world and believes with utter certainty that how he sees or observes something is "always" how it is, leaving no room for questioning or curiosity (Allen, 2006). These affective situations, such as having to recount a very traumatic and personal experience (1.31) to a fellow professional, may lead to him drawing more heavily on his core narratives as he defends against any feelings of inferiority he may experience or is primed to expect in the presence of someone better qualified. This understanding of the defensive reaction that the interview context evokes in Tom and how it affects his mentalizing capacity, begs the question: As meaning is co-constructed, how was I, as the researcher, affected by the interview context and how did I contribute to Tom's performance?

Aside from the allusion to black tax in his pen portrait, Tom refers to another normative sociocultural narrative in the extract - the culture of silence that still surrounds domestic violence. Tom narrates that *"everybody saw us as a happy family outside but didn't really know what was happening inside, that we had traumatic experiences that I've just shared with you because my parents were seen as loving outside but this guy somehow somewhere knew"* (1.21-1.24). These narratives are pertinent as our attention is shifted to the feelings evoked by the interaction in me as the researcher. Tom and I share similar backgrounds, as I also grew up in a household where domestic violence was present. I can relate to drawing on a narrative of observation and awareness in the construction of my identity as an eldest child. I also relate to the prominent role that the

black tax narrative plays in my life. Additionally, a narrative of overcoming traumatic experiences in the wake of being raised in a similar culture of silence, is also a central motif in my identity as a future psychologist.

Based on these similarities, one would assume that Tom's story would evoke empathy in me during the interview, but instead it evoked a strong sense of disbelief in the sincerity of his hero narrative. Following the first interview, I recall vacillating between disbelief and self-reproach for doubting his sincerity. After the first interview I recorded the following in my reflexivity journal: "*I, myself, feel a bit wary and "suspicious" of how "good" he comes across, but this may be influenced by the fact that as a society we are primed to expect horror stories of abuse in centres like this…It's like a part of me wants to catch him out, while the other half admires his apparent genuine desire to help*." This disbelief may explain my lack of response beyond a monosyllabic "yes" throughout the chosen extract. Within the journal entry, there is an admission of bias and a morbid expectation based on preconceived ideas that influence the way I reacted to Tom in this specific relational context (Frosh, 2003), but my lack of engagement may be indicative of a failure in mentalizing on my part as my responses lack curiosity nor do they point to an inquiring stance. As we have illustrated a link between failures in mentalization and defendedness, what was I possibly defending against?

To interpret my lapse in mentalizing, I turn back to the normative sociocultural narrative of black tax. Upon reflection, I have realised that this is a narrative that I have tried to resist for a long time and this resistance is a particular source of guilt for me. In my resistance against societal norms, I have pursued postgraduate studies in another country to evade paying black tax. Tom on the other hand, as an eldest child, willingly sacrificed his tertiary studies to take care of his family. I argue that I was possibly defending against the anxiety of being a 'bad eldest child' in the presence of a 'good eldest child'. These feelings that are evoked in me, as the researcher due to my own past can be understood as countertransference (Holmes, 2014), which resulted in dynamic mindblindness (Allen, 2006) within the shared context with Tom. From a psychosocial perspective, my subjective history intersected with the narratives that Tom draws on and this resulted in a transient or partial failure in my mentalizing capacity, making me figuratively 'blind' and Tom 'invisible', reproducing the very dynamic that Tom's narrative highlights. It is possible that within the broader context, Tom's construction of his identity as a care worker evokes similar reactions in other

professionals as this is possibly his typical way of relating to them (Hollway, 2010). Using a psychosocial framework to understand this, and in particular thinking of these moments as failures in mentalization may provide a new perspective on the professional invisibility that Tom experiences as a care worker.

Discussion

This psychosocial analysis has demonstrated how Tom draws on dominant narratives of awareness and observation, mastery and expertise, connectedness, and professional invisibility, in the construction of his identity as a care worker. Focusing specifically on the narrative of observation and awareness, I have argued that this contributes to Tom's construction of himself as reflective, caring and in touch with his emotions. This construction, at first glance, intimates a mirroring of the theoretical framework of mentalization employed. However, the analysis also illustrates how pre-mentalizing modes of functioning become regressively activated (Allen, Fonagy & Bateman, 2008) within the relational context of the interview setting (Frosh, 2003) for both Tom and myself as the researcher, providing a re-enactment of the professional invisibility that Tom's interviews frequently describe.

The effect that Tom's narrative has on me as the researcher and the resulting dynamic mindblindness (Allen, 2006) may have been a re-enactment of the feeling of not being understood that Tom experiences from others in the CYCC that are *'not on the ground'*. This interpretation may shape how we think about the defensive processes going on in the multidisciplinary team at the centre, and the ways in which professional identities are constructed within very personal autobiographies but also within broader social contexts. Furthermore, conceptualising these moments as failures in mentalization due to the mobilization of defences in affective situations mediated by the sociocultural context provides a psychosocial understanding of the communication void that exists between management and care workers in the centre. Tom's experience of professional invisibility can be viewed as a result of the mindblindness that I as the researcher experienced in situ, and that other professionals may also experience as they operate within the subjectivity of their own personal autobiographic narratives.

I have been arguing that Tom's narrative is mediated by his defended subjectivity and that his subsequent operationalization of psychic equivalence stems from the way he is treated as a care worker by other professionals as a result of their mindblindness, maintaining his narrative of

invisibility, and the pervasive feeling of being misunderstood as a professional in his own right. This is a feeling that Tom alludes to when he highlights the difference between CYCCs '*where programmes are run*' and '*shelters where boys are given soup*' and that care workers are not solely mandated to '*take care of*' their wards but to '*develop them*'. Additional challenges such as burnout and compassion fatigue (Barford & Whelton, 2010; Goelman & Guo, 1998; Seti, 2008; Zerach, 2013) may further impede the performance of the taxing emotional work (Morris & Feldman, 1996; Strazdins, 2000) that is inherent to working in the life space of at-risk youth. These are sentiments that are shared by other South African care workers (Molepo & Delport, 2015) who voiced that one of their main challenges is the negative behaviour of the youth that they care for. When both care workers and management experience failures in mentalization similar to the re-enactment demonstrated between Tom and myself in the interview, an overall failure in communication within the running of the centre may ensue. It is this experience of not being held in mind by other professionals that may partly explain why the other care workers were reticent to be part of the study.

The psychosocial analysis of the interaction between Tom and myself, and the extrapolation that this is a re-enactment of what may occur in a broader setting, solidifies the need for mentalization based interventions. Adaptive Mentalization Based Integrative Treatment (AMBIT) was developed specifically with at-risk and hard to reach youth in mind (Bevington, Fuggle, Cracknell & Fonagy, 2017). AMBIT's core assumption is that working with hard-to-reach youth necessitates effective intra- team communication as it counteracts the entropic influence of working with this rather challenging group. Arguably, AMBIT could support Tom's capacity to maintain a mentalizing stance as a care worker by creating security in contexts that ordinarily provoke anxiety (Bevington, Fuggle, & Fonagy, 2015). Furthermore, AMBIT addresses the core issue of attachment theory and nurtures the development of epistemic trust (Bevington et al., 2017), the rudimentaries of which Tom already appears to embody as he draws on the narrative of connectedness in the construction of his relationship with the boys. AMBIT employs a systemic approach and offers ways in which emotional labour can be shared to ensure that mentalization remains online within the team setting. Team learning and the fostering of better communication and understanding, is a central feature of AMBIT (Bevington et al., 2017), which provides an antithesis to the narrative of professional invisibility that Tom draws on.

Whilst thinking about the usefulness of mentalization based approaches was not the primary aim of this analysis, a mentalization based intervention strategy such as AMBIT may prove beneficial for the alleviation of some of the challenges that Tom faces in his experiences as a care worker and would promote the '*soberness of mind*' that he so emphatically believes in. It will also allow Tom to draw fully on his narrative of observation and awareness in a setting that supports, acknowledges, and encourages his construction of himself as a care worker who is reflective, caring, and self-aware (the very tenets of mentalization).

However, further studies would have to be conducted as one case study would not provide enough basis for the implementation of AMBIT, as there is currently no evidence for its implementation in CYCC's in the South African context. Further investigation is required to ascertain the contextual elements that would need to be adapted. Especially explorations into the ecosystem of the centre itself is required as this study only provides insight into the psychosocial life world of one care worker.

In conclusion, this study demonstrates the ingenuity of employing a psychosocial framework to analyse the narratives drawn on by a particular care worker and the possible extrapolations that can be made to the broader field of care work. As evidenced, an understanding of how the psychological and social contexts intermingle and overlap in conjunction with the concept of mentalization may provide an explanation for some of the challenges that care workers and CYCCs face.

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