

LAY HOME VISITORS' AND CLINICIANS' EXPERIENCES OF SUPERVISION,
PROGRAMME EFFICACY, REWARDS AND CHALLENGES IN
THE UBUBELE MOTHER-BABY HOME VISITING PROJECT

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DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: _____ Date: _____

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TABLE OF CONTENTS

| | |
|--|-----|
| DECLARATION..... | ii |
| ABSTRACT..... | iii |
| ACKNOWLEDGEMENTS..... | iv |
| CONTENTS..... | v |
| | |
| CHAPTER 1: INTRODUCTION | 1 |
| 1.1 Research Aim | 1 |
| 1.2 Context of the Ububele Mother Baby Home Visiting Project..... | 1 |
| | |
| CHAPTER 2: LITERATURE REVIEW | 4 |
| 2.1 Disordered attachment and disadvantaged communities in South Africa..... | 4 |
| 2.2 The roles and experiences of staff in home visiting programmes..... | 6 |
| 2.3 Clinical supervision..... | 10 |
| 2.3.1 Supervision of mental health professionals..... | 11 |
| 2.3.2 Supervision of Home Visitors..... | 12 |
| 2.4 Supervision from a psychoanalytic perspective..... | 14 |
| 2.4.1 Psychoanalytic attachment theory..... | 14 |
| 2.4.2 Holding and Containing..... | 15 |
| 2.4.3 Maternal ambivalence..... | 19 |
| | |
| CHAPTER 3: METHODOLOGY..... | 22 |
| 3.1 Research aims..... | 22 |
| 3.2 Research rationale..... | 22 |
| 3.3 Research questions..... | 23 |
| 3.4 Research design..... | 23 |
| 3.5 Participants..... | 24 |
| 3.6 Developing the research interview schedule..... | 24 |
| 3.7 Data collection..... | 25 |
| 3.8 Data analysis..... | 25 |

| | |
|---|----|
| 3.9 Credibility and reflexivity..... | 26 |
| 3.10 Ethical considerations..... | 29 |
| | |
| CHAPTER 4: RESULTS (1): STAFF EXPERIENCES OF THE UBUBELE MOTHER- BABY HOME VISITING PROJECT..... | 31 |
| 4.1 Gains experienced by being involved in the project..... | 31 |
| 4.1.1 Personal gains..... | 31 |
| 4.1.1.1 A real passion and belief in the project..... | 31 |
| 4.1.1.2 Growing in confidence..... | 32 |
| 4.1.1.3 Growing in empathy and communication skills with others..... | 32 |
| 4.1.1.4 New opportunities and experiences..... | 33 |
| 4.1.2 Professional gains..... | 34 |
| 4.1.2.1 “Seeing that relationship growing”: Witnessing mothers and babies bonding strengthened..... | 34 |
| 4.1.2.2 “The training...opened my eyes”: Increased awareness of infants’ needs | 36 |
| 4.1.2.3 “I would say I’m held inside”: An atmosphere of acceptance and equality at Ububele..... | 36 |
| 4.1.2.4 “They are amazing women”: Valuing and admiring the home visitors...38 | |
| 4.1.2.5 “They’re doing amazing things”: Witnessing the home visitors’ growth and learning..... | 38 |
| 4.1.2.6 “We have the passion, the one goal”: Working as a team..... | 39 |
| 4.2 Challenges experienced in the project..... | 40 |
| 4.2.1 “Ububele, ‘kindness?’ how is it going to happen?”: The home visitors and community mothers’ initial struggle to understand psychological work..... | 41 |
| 4.2.2 “It’s so dark I can’t see even the baby”: Witnessing severe deprivation in the community of Alexandra township..... | 43 |
| 4.2.3 “I think sometimes they are scared to come”: Obstacles to the home visitors building a relationship with mothers..... | 45 |
| 4.2.4 “It was so heavy to me”: Containing mothers’ primitive emotions..... | 49 |

| | | |
|---|--|----|
| 4.2.4.1 | Avoidance of engaging with the mothers’ negative feelings..... | 50 |
| 4.2.4.2 | Struggling to cope with the hopelessness and desperation of poverty..... | 51 |
| 4.2.4.3 | Coping with witnessing the loss of babies..... | 52 |
| 4.2.5 | “Honoured guests, not counsellors”: The question of counselling training for the home visitors..... | 53 |
| 4.2.6 | “How wide that gap actually is”: The education differences between supervisors and home visitors..... | 55 |
| 4.2.7 | “Being black, being less educated and being a woman who has to walk the unsafe streets of Alex”: Race and class differences between supervisors and home visitors..... | 57 |
| 4.2.8 | “You can’t be irresponsible and put them into a field where they are not going to be effective”: Recruitment challenges: Choosing the right home visitors..... | 58 |
| 4.3 | Effectiveness of the project..... | 59 |
| 4.3.1 | “I will listen to her because it helps her to heal inside so that she can be more with her baby”: Mothers contained and affirmed..... | 60 |
| 4.3.2 | “It makes their minds open”: Mothers attachment knowledge increased..... | 62 |
| 4.3.3 | “Moments of magic”: Improving mother and baby bonding..... | 63 |
| 4.3.4 | The beneficial changes of Phase Two..... | 64 |
| 4.3.5 | “People are starting to know the importance of Ububele”: Ububele becoming more recognized in the community..... | 65 |
| CHAPTER FIVE: RESULTS (2) FINDINGS AROUND EXPERIENCES OF SUPERVISION..... | | 67 |
| 5.1 | “I smell a rat”: Trusting the supervision space..... | 67 |
| 5.2 | “To help me grow more out in the work that I am doing:”: Supervision as a containing and thinking space..... | 69 |

| | |
|---|---------|
| 5.3 “Tackling the problem together” versus “your own self-space”: The advantages and disadvantages of group versus individual supervision..... | 70 |
| 5.4 “Wanting a “single container”: The boundary between work supervision and a therapy space..... | 71 |
| 5.5 “You feel more resistant to that, I don’t know why:” The home visitors’ resistance to being in their own personal therapy..... | 73 |
| 5.6 “We are the poles that support”: The home visitors do the real work and the supervisors support..... | 76 |
| 5.7 “A really awkward middle space”: The dual roles of a supervisor and manager..... | 78 |
| 5.8 “A meta-perspective”: The supervisors’ experiences of their own supervision..... | 79 |
| 5.9 “The intimate histories that we carry...the racial histories... might impact professional relations”: Negotiating cultural differences between supervisors and home visitors..... | 81 |
| 5.10 “You have to adapt your tools to context”: Supervisors thoughts on the applicability of psychoanalytic attachment thinking in working in the Alex community context.... | 85 |
| 5.11 Summary of the findings..... | 88 |
| CHAPTER SIX: DISCUSSION..... | 91 |
| 6.1 When an environment is not ‘good enough’: Alexandra as a community of multiple Adversities..... | 91 |
| 6.2 “Adapting tools”: Psychoanalytic thinking in an African community..... | 92 |
| 6.3 “I’m held inside here...I have courage to come here”: Supervision as a process of negotiated ambivalence..... | 95 |
| 6.4 Ububele: Containers within containers..... | 106 |
| CHAPTER SEVEN: CONCLUSION..... | 107 |
| 7.1 Summary of the research findings..... | 109 |
| 7.1.1 Efficacy of the UMBHV project..... | 109 |

| | |
|--|-----|
| 7.1.2 Rewards and challenges of the project..... | 110 |
| 7.1.3 Experiences of supervision..... | 111 |
| 7.1.4 Areas to improve in the project..... | 112 |
| 7.2 Recommendations based on the findings..... | 114 |
| 7.3 Limitations of the research..... | 114 |
| 7.4 Recommendations for future research..... | 115 |
| REFERENCES..... | 116 |
| APPENDIX A..... | 135 |
| APPENDIX B..... | 138 |
| APPENDIX C..... | 141 |
| APPENDIX D..... | 143 |
| APPENDIX E..... | 153 |

CHAPTER 1: INTRODUCTION

1.1 Research aim

Umdlezane is the Zulu term for the period post-birth where a new mother is supported and protected by other women in her family, in order for her to spend the first few months bonding with her baby. In modern day South Africa, the demands of working to survive and the social problems of families forced to live apart from each other have made this practice a luxury and rare occurrence. Many South African mothers live in contexts of extreme poverty and deprivation, often as single parents, and this situation can make it more difficult for them to achieve secure bonds with their babies in this way. Disrupted attachment is linked to a number of poor outcomes for children (Ainsworth, 1985; Fonagy, Target, & Gergely, 2000; Thompson, 2008). This situation has significant consequences for the future of South African society. The Ububele Psychotherapy and Education Trust, a Johannesburg NGO, has developed an intervention to support such mothers and babies that trains lay community women to be home visitors, named the Ububele Mother Baby Home Visiting Project (UMBHVP). The project is aimed at continuing the idea behind Umdlezane, where women support women and infants.

The research was conducted using semi-structured in-depth interviews with the home visitors and the supervisors. A recently resigned home visitor, a psychologist associated with the project and one of the project's directors who supervises the supervisors were also interviewed. Interpretive Thematic Analysis was used to analyse the interviews. The research questions focused on the participants' perceptions and experiences of the rewards and challenges involved in the work in general, and in particular on their experiences of the supervision process.

1.2 Context of the Ububele Mother Baby Home Visiting Project

The Ububele Mother Baby Home Visiting Project is run from Ububele, which is located on the outskirts of Alexandra, a peri-urban settlement in Johannesburg, South Africa. Ububele's focus is on promoting the emotional development and well-being of children under 7 years old and their care-givers. Founded in 2001 by clinical psychologists Tony and Hillary Hamburger, Ububele describes itself as a learning centre focused on the promotion of mental

health and the development of low-cost models of preventative care and experiential training suitable for low-resource environments. Ububele's mission statement is "to have a positive impact on the mental health of disadvantaged South Africans through the development and dissemination of training programmes which focus on early childhood and experiential group work" (www.Ububele.org.za, 2014).

Historically, the township of Alexandra was created as part of the group areas act of 1923 during the apartheid regime as a residential area for black South Africans. In the present day, many of the residents of the township live in conditions of severe poverty with high unemployment rates and often without access to basic necessities. It is estimated that there are approximately 179,624 people inhabiting the roughly 7.6 square kilometre area which holds around 20 000 shacks (Alexandra Clinic Annual Report, 2011). Mothers and babies living in these adverse circumstances are at high risk for having compromised attachment developments, due to issues such as poverty, domestic violence and the negative effects that high rates of HIV/AIDS and Tuberculosis have in this community (Tomlinson, Cooper & Muray, 2005). Although the community's medical needs are looked after by the Alexandra Clinic, there is little access to mental health services. The Baby Wellness service at Alexandra Clinic has long queues, and staff at this clinic are perceived as overworked, unfriendly and unhelpful, especially with regards to emotional difficulties or support for mothers and babies surviving in these challenging circumstances (Bromley, 2012).

At the start of The Mother Baby Home Visiting Project, the training psychologists recruited local women from the community who are themselves mothers and had completed matric. A large group of women went through a selection and training process. Five women were chosen to train and are paid a monthly stipend. The home visitors go to the Alexandra Clinic to speak to mothers and to recruit them for the project. The project currently forms part of a randomised controlled trial and mother-baby dyads are randomly assigned to a control or experimental group. Each home visitor is then allocated a certain number of mothers from the experimental group to visit on a weekly basis. Highly at-risk mothers are offered Parent-Infant Psychotherapy sessions with a psychologist. In Phase I of the project, mothers were only visited after the birth of their babies, but in Phase II, the mothers are visited four times before the birth and ten times after the baby is born. The home visitors each attend a once weekly individual supervision session with a psychologist and a once weekly group

supervision session with the other home visitors, which is also facilitated by a psychologist. The project has been running for three years and has just finished training its second set of home visitors bringing their number to nine. A total of 166 mother-infant dyads received home visits during 2014 (Ububele Annual Report 2014). Previous investigations around the project have included a programme evaluation and an evaluation of the research component of the project by outside consultants. A qualitative study has also been conducted to explore the mothers' experiences of the programme (Pininski, 2015). At this time it was felt by the UMBHV project team that it was necessary for an evaluation to be conducted of the project from the perspectives of the staff, in order to improve the effectiveness of the project.

CHAPTER 2: LITERATURE REVIEW

This chapter aims briefly to contextualise and locate this study in the literature. The chapter begins with an overview of international and local literature on attachment and early child development. The literature around home visiting is then explored, with particular reference to studies on the experiences of the staff of the programmes. While some literature could be found on the experiences of home visitors themselves, no research was found with regards to supervisors' experiences working on these projects. Experiences of supervision from the perspectives of lay counsellors are also discussed. Important attachment and psychoanalytic concepts that are often used to frame the purpose and process of supervision are also explored.

2.1 Disordered attachment and disadvantaged communities in South Africa

The content and context of the programme that this study investigates is relevant with regards to their influences on the staff's experiences of the programme. The theoretical framework upon which the Ububele Mother-Baby Home Visiting Project is based uses psychoanalytic and attachment theory concepts. This implies that particular understandings of mother-infant relationships are prioritised. This section provides an overview of these understandings and how they have been applied in local research, highlighting local contextual challenges.

Psychoanalytic and attachment theories propose that the nature of the relationship between an infant and its primary care-giver has long-reaching implications for the infant's mental health (Bowlby, 1980). When a care-giver is available to their infant and provides consistent and sensitive care, the infant will form a securely attached bond with them (Schoore & Schoore, 2008). If a parent is sensitive to his or her child's needs, the parent responds and comforts the child timeously the child then develops an understanding that they are cared for. If the child experiences the primary care-giver as unavailable, unreliable, unresponsive, intrusive or coercive, insecure attachment may develop, which may put the child at risk of developing problems with their emotional and behavioural development and relationships later in life (Stroufe, Engeland, & Kreutzer, 1990). Longitudinal research has found that children with secure attachment tend to have higher levels of resilience, social skills (Stroufe, 1983), and higher levels of self-esteem (Stroufe et al., 1990).

Recent research has identified high rates of insecure attachment, between 38% (Tomlinson, 2005) and 53% (Minde, Minde & Vogel, 2006), among the infants sampled in South Africa, with a concerning proportion of these infants falling into the disorganised category. A strong association has been found to exist between attachment difficulties and problems such as ADHD, emotional and behavioural problems and delays in normal development (Fonagy, 2001). Researchers also suggest that problems with attachment may affect a child's ability to reflect on their own state of mind and emotions, which may, in turn, affect their development of empathy for others (Fonagy & Target, 2003). The fact that a portion of South African children are potentially growing up with lower levels of empathy, influenced by the very high rates of violence in their communities (Freeman, 2004), is very concerning for the country, as low levels of empathy have been linked to high levels of violent behaviour. This adds to the urgency to create interventions to protect the healthy development of South African children. Researchers Tomlinson and colleagues (2005) identified a high level of postnatal depression (35%) among mothers in a community struggling with poverty and HIV/AIDS as well as a strong correlation between the presence of postnatal depression in mothers and insecure or disorganised attachment patterns in their infants. It is understood that postnatal depression may decrease maternal sensitivity, which may contribute towards the development of an insecure attachment relationship between mother and infant (Tomlinson et al., 2005; Van Ijzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2006).

Raising children in a context of poverty, as so many South African mothers have to face, may contribute to the high levels of post-natal depression observed. For single mothers, or mothers raising their children in urban townships far from extended family support, this situation can be significantly more stressful (Olsen & Banyard, 1993). These mothers are often dependent on external sources of support, which may not be consistently reliable (Blalock, Tiller, & Monroe, 2004). Research has found that living in conditions of poverty places children at high risk to develop mental health problems as a result of the stressors involved in living in very under-resourced conditions (Luby et al., 2013; Yoshikawa, Aber, & Beardslee, 2012). These stressors include inadequate housing, poor nutrition, violence, limited access to health care and a lack of educational stimulation (Barbarin & Richter, 2001). The lack of financial resources available to mothers in these circumstances impacts on their abilities to offer opportunities which are needed for the healthy physical, intellectual and emotional growth of their babies (Orthner, Jones-Sanpei, & Williamson, 2004). Poverty also directly and indirectly affects the ability of caregivers to look after children, as the stress of

having to survive can lead to poor health and emotional exhaustion in caregivers (Donald, Lazarus & Lolwana, 2010). However, it has been found that mothers who live in adverse conditions but who have a supportive relationship network have been found to be emotionally consistent, responsive and sensitive towards their babies (Colletta, 1981; Levitt, Weber, & Clarke, 1986). Babies in these contexts have been found to be securely attached (Tomlinson et al., 2005). Mothers who have adequate support have also been found to be less punitive and harsh in their parenting (Colletta, 1981). Therefore, there is a clear need for interventions in communities facing adversities such as poverty, violence and HIV/AIDS to support mothers to cope and to enable them to provide the best possible attachment relationship for their infants and to reduce the risk of difficulties later in the child's life (Tomlinson et al., 2005). The Ububele Mother Infant Home Visiting Project aims to intervene in this way to support new mothers in the Alexandra township with their home visiting programme.

2.2 The roles and experiences of staff in home visiting programmes

Internationally, home visiting interventions are becoming widespread and have been found to be beneficial to mothers' emotional well-being and for the promotion of children's healthy development (Bilukha et al., 2005; Howard & Brooks-Gunn, 2009; Sweet & Appelbaum, 2004). Home visiting programmes provide services for at-risk socially isolated or disadvantaged families who may not be able to access health services otherwise. Bringing the service to families in their homes may increase their sense of comfort and control, allowing them to gain optimal benefit from the services provided and allows for access to individualized support (Wasik, 1994).

South Africa, like most developing countries, has communities where young mothers face many adversities which tax their ability to cope and are in need of support. Tomlinson, Swartz and Landman (2003) researched the international literature on evaluations of home visiting programmes and summarized the resulting guidelines for effective implementation of such interventions. These recommendations include using professionally trained people for home visitation. However, the authors comment that it is not feasible to expect the South African health system, with its current financial challenges, to be able to meet every recommended guideline which may be too costly. Lee, Altschul and Mowbray (2008) support this argument by advising that programmes need to be adapted to their contexts. A viable

alternative was identified in the training and supervision of lay health counsellors from the community to visit mothers in their own homes. These home visitors provide guidance to improve the quality of attachment between mother and infant. As the home visitors are local women from the same community, they are able to relate to the mothers from a cultural, language and class perspective, allowing for rapport and trust to develop more easily. In a later review of home visiting programmes Bender, van Niekerk, Seedat, and Atkins (2008) developed recommendations for the adaptation of these intervention types for suitability to the South African context. Their recommendations included:

...a supportive and trusting relationship between the visitor and the client; a flexible approach to the interaction with the client; the contextualization of the individual within his or her environment; a long-term programme with frequent visits; and the utilization of non-professional members of the community, as opposed to professional staff to conduct home visits (p.209).

Landman (2009) supports the use of home visiting as an intervention style as she notes that observing the relationship between family members within their own home enables an assessment of the genuine communication styles and dynamics to be conducted, as opposed to the façade that the family members may put on in another environment. Le Roux and colleagues (2011) conducted a study on “Philani”, a home visiting programme using positive deviant “mentor mothers” as paraprofessional home visitors to provide knowledge and support regarding child malnourishment to families at risk. The results were that these mothers were able to contribute to effective health outcomes among these families. A recent study (le Roux et al., 2013) on paraprofessional home visitors intervening to assist mothers on multiple health levels including coping with HIV, alcohol abuse and infant health, found that the mothers and children benefitted from their intervention over a period of 18 months, particularly mothers with smaller social support networks.

Studies emphasise the vital role of the home visitor being able to form good relationships with the families at risk. Wasik and colleagues (1990) explain that relationships are at “the heart of home visitation programs” (Wasik, Bryant, & Lyons, 1990, p. 121) and that they affect the quality of the intervention and the retention of families (Korfmacher, Green, Spellmann, & Thornburg, 2007; McCurdy & Daro, 2001). Studies have found that formal training, sufficient compensation, organizational support and greater frequency and length of

home visits are characteristics of the most successful programmes (Naidu, Aguilera, de Beer, Netshipale, & Harris, 2008; Nyangara, Thurman, Hutchinson, & Obiero, 2009; Sherr & Zoll, 2011). Research suggests that where there is a lack of adequate training, lay home visitors' demonstrate limited counselling skills and, at times, their own personal psychological challenges may inhibit their abilities to support their clients' mental health needs (Sherr & Zoll, 2011). Another significant factor contributing to the establishment of a positive rapport with an at-risk family is to match them with a home visitor of the same culture or ethnicity (Daro, McCurdy, Falconnier, & Stojanovic, 2003; Wasik, 1993). Conscientiousness in following through with expected services is also highlighted as very important in forming and maintaining positive home visitor-parent relationship (Brookes, Summers, Thornburg, Ispa, & Lane, 2006). Availability, flexibility, reassurance and non-judgmental support is also identified as highly important to the participation of parents in home-visitation projects (Stevens, Ammerman, Putnam, Gannon, & Van Ginkel, 2005). Furthermore, Powell (1993) and Olds and Kitzman (1990; 1993) found that the most effective home visitation programmes begin pre-natally, as these programmes are able to establish rapport early and maintain a therapeutic alliance with the families.

A recent focus in the international literature on home visiting programmes is on home visitor burnout which affects the quality of relationships that are developed with families and the amount of time spent on visits (Burrell et al., 2009; Sharp, Ispa, Thornburg, & Lane, 2003). Burnout has been explained as a response to chronic emotional and interpersonal stressors involved in health work and is characterised by three aspects: exhaustion, cynicism, and inefficacy (Maslach, Schaufeli & Leiter, 2001). Emotional exhaustion includes a depletion of a home visitor's emotional and physical resources. Research has associated burnout with decreased job satisfaction, a desire to leave the job, and somatic and psychological symptoms (Dickinson & Perry, 2002; Koeske & Koeske, 1993; Martin & Schinke, 1998; Shim, 2010). Studies have found that empowered workers experienced reduced stress and less burnout (Gilbert, Laschinger, & Leiter, 2010; Leiter et al., 2010). Empowerment has been associated with a health worker's sense of self-efficacy and control over their work (Koeske, & Kirke, 1993; Leiter, 2005). Workers who are empowered are confident in their abilities and work well with their colleagues (Howard, 1998). Sufficient supervisory support has been found to be one of the most significant protective factors against burnout (Boyas, Wind, & Kang, 2012; Koeske & Koeske, 1993; Yoo, 2002). Roman, Lindsay, Moore and Shoemaker (1999) found that the home visitors in their study experienced personal growth through their training

and support of others. They also improved their self-esteem and health through the access to resources that the contact with their professional trainers afforded them.

Cooper and colleagues (2002) implemented the first home visiting project concerned with promotion of attachment in South Africa in the Western Cape, which used lay community visitors and focused on the mother-infant relationship. The results of the project indicated that lay home-visitor counsellors could be beneficial to mothers and infants with regards to their psychological well-being in low-socioeconomic circumstances. Another South African project, the 'Thula Sana Project', meaning 'Hush Little Baby in Xhosa, was a mother-baby community intervention run in the peri-urban township of Khayalitsha in Cape Town using trained community workers. The results of this project also indicated that the mothers and babies benefitted from the intervention (Nama & Swartz, 2002). However, studies have emphasized the importance of adequate training and compensation for lay home visitors in providing an effective service to families at risk. Mohamed (2001) advised that many community health workers live in difficult financial circumstances themselves and have limited education and therefore may not be able to work in a programme for a nominal incentive over a long period of time. In these circumstances, special training, ongoing supervision and incentivisation is vital (Mohamed, 2001). Roman and colleagues (1999) reported that 25% of community health workers reported feeling inadequately trained to help, further emphasizing the need for adequate training. A two-year, longitudinal evaluation study compared two home visiting programmes focused on the psychological health of HIV-affected children and their caregivers in KwaZulu-Natal (Thurman, Kidman, & Taylor, 2013). One programme used trained and compensated paraprofessional home visitors and the other used volunteers who received limited training and nominal incentives. The study found that the programme using trained and paid paraprofessionals was able to deliver a higher quality of service as measured by greater frequency and length of home visits, as well as more effective discussion about psychological issues with the caregivers (Thurman et al., 2013). Nama and Swartz (2002) emphasise the value of involving community members in mother-infant interventions aimed at supporting mother and babies and suggest that the efficacy of such interventions relies on the home visitors' reliability, commitment to the work and the level to which they are trusted by the community.

As the literature has highlighted the importance of the relationship between home visitors and families at risk to the successful outcome of the programme, the characteristics of the

individual chosen to be trained as a home visitor is of significance to research. However, there has been little research done to explore the characteristics of home visiting staff involved in early childhood intervention programmes. In the largest study of this subject in the United States, Wasik and Roberts (1994) conducted a nation-wide survey of home visiting programmes and found that, in general, the home visitors were professionally trained, and that the characteristics that the programmes deemed important for them to demonstrate were: a positive work ethic, empathy, flexibility, and knowledge of community resources. In her study on the relationships between ‘douglas’ and teenage mothers, Breedlove (2005) found that the mothers highlighted the importance of their relationship with the douglas in their acquisition of benefits in many areas. In addition to helping them with parenting skills and social support, the douglas supported them to acquire a sense of hope for the future, with goal orientation and empowerment through taking responsibility for their health-care choices. Other studies support this finding of the positive impact of a supportive relationship for new mothers in difficult circumstances (Deitrick & Draves, 2008; Seguin, Potvin, St-Denis, & Loiselle, 1995). However the dearth of literature on the experiences of the home visitors is clear. In one existing study, Gill, Greenberg, Moon and Margraf (2007) found that the home visitors demonstrated increasing levels of exhaustion over time, and high levels of depressive symptoms. This suggests that these staff were not able to access adequate support and highlights the need for research on the needs of home visitors to maintain their psychological well-being, in order to maintain an effective service.

2.3 Clinical supervision

The previous section on the experiences of home visitors highlighted the role of supervision as a vital support structure for the work of home visiting, especially in the fields of child and family welfare. In supervision, a group of individual workers are assigned to a supervisor who monitors their workload and performance and provides support and guidance. Milne (2009) defines supervision as:

The formal provision by approved supervisors of a relationship-based education training that is work focused and which manages, supports, develops and evaluates the work of colleagues. It differs from related activities such as mentoring and therapy by incorporating an evaluative component. The main methods that supervisors use are corrective feedback on the supervisees’ performance, teaching and collaborative goal

setting. The objectives of supervision are normative (e.g. case management and quality control issues), restorative (e.g. encouraging emotional experiencing and processing) and formative (e.g. maintaining and facilitating the supervisees' competence, capability and general effectiveness (Milne, 2009, p. 439).

While there is extensive literature around supervision for professionals, research around supervision for para-professionals or lay-counsellors is more limited. The following sections explore each respectively.

2.3.1 Supervision of mental health professionals

Ciclitira, Starr, Marzano, Brunswick and Costa (2012) explored the supervision experiences of female psychotherapists in a London counselling clinic. The findings demonstrated that “experiences of supervision are not simplistic and dichotomous, but evolve with the coexistence of tensions, that is, comfort and challenge; knowing and not knowing” (p. 12). The study found that supervision supplied the supervisees with a trustworthy space where they could “reflect on their practice, explore new ideas, and be contained (Bion, 1975) in the process of their therapeutic work” (Ciclitira et al., p 12). Other studies have also found that a supervisee’s relationship with their supervisor provided them with an experience of positive support and collaboration (Weaks, 2002; Worthen & McNeill, 1996) that mirrors the therapeutic process itself (Bernard & Goodyear, 2008; Frawley-O’Dea & Sarnat, 2001). Additionally, Worthen and McNeil (1996) compared the supervisory relationship to the therapeutic relationship and found that the most beneficial supervision contained appropriate boundaries. Furthermore, feelings of acceptance and support from the supervisor and ‘hand-holding’ are comforting aspects of a positive supervision relationship (Holloway, & Neufeldt-Allstetter, 1995; Worthen & McNeill, 1996). Elizur (1990) found supervision to benefit therapists who were ‘feeling stuck’ in their work with their patients. This is supported in other studies (Magnuson, Wilcoxon, & Norem, 2000; Wheeler & King, 2000) which report that the sensitive challenging of supervisees’ values within a supportive relationship, combined with constructive guidance and feedback, resulted in supervisees achieving professional growth. Gazzola and Theriault (2007) researched supervisees experiences and found that their participants valued supervisors who were non-judgmental, empathic and empowering and all supervisees stated that the supervisors who created a safe and nurturing supervisory environment facilitated a positive experience of supervision. In his study, Bordin

(1983) found an important part of effective supervision to be mutual trust and a perception of mutual liking and caring between the supervisor and supervisee.

Research about the supervision process is just starting to address issues of power and hierarchy in the supervisory relationship, despite this having been focus in clinical work for some time (McHale & Carr, 1998). Issues of culture, gender, race and class and their influence on power in the supervisory relationship are also beginning to feature in research (Gray, Ladany, Walker, & Ancis, 2001; Howard, Inman, & Altman, 2006). The female participants in the study by Ciclitira and colleagues (2012) emphasized the importance of being empowered through the relationship with their supervisors. Catt and Miller (1991) echo this understanding and describe how women therapists can be empowered within a connected relationship. The participants in this study described how the supervisors used their expert power to enable them to develop their own capacities for greater power (Nelson, 1997).

2.3.2 Supervision of Home Visitors

Supervision in home visiting projects supports the home visitors as well as the programme's targeted clients. It helps the home visitor by providing support, guidance and containment and it helps the client by protecting their best interests by ensuring that they receive the best, most ethical service (Wasik, 1993). As lay home visitors have not had the extensive training and experience that of professional health care providers have had, their having access to high quality supervision is particularly important (Wasik, 1993).

In the international supervision literature the majority of research has been conducted on the supervision of psychotherapists (Gonsalvez, Oades, & Freestone, 2002; Holloway & Allstetter-Neufeldt, 1995), and other professional mental health workers such as nurses (Edwards et al., 2005; Magnusson, Lutzen, & Severinsson, 2002). However, few studies have focused on the supervision of lay home visitors (Halpern, 1992; Wasik & Roberts, 1994). Amongst those studies, even fewer explore the supervision of lay home visitors by psychologist supervisors. One such study, by Jarrett & Barlow (2014), explored home visitors' experiences of supervision provided by psychologists in a programme for high-risk families in the south east of England. The researchers (2014) reported that the mothers believed that the quality of their relationship with the home visitors helped them to achieve

significant positive changes in their parenting and their own mental health. The home visitors found supervision to be very beneficial to them in a number of ways and felt that the supervising psychologist's specialized knowledge helped them to improve the quality of the service they provided. The lay home visitors also felt that clinical supervision had aided them to gain a deeper understanding of their work, such as reflecting on the links between a mother's own experiences as a child and her relationship with her new baby. They perceived themselves to have been challenged to reflect on their practice and as a result of increasing self-awareness, were able to examine and re-evaluate the decisions that were made. Clinical supervision develops reflective and critical thinking in those supervised in order to help them to understand their cases 'holistically' (Worthen & McNeil, 1996). Other benefits of having supervision by trained psychologists were that the supervisors focused on clinical issues rather than management issues and therefore provided richer insight into the therapeutic aspect of their work. Strict adherence to boundaries such as having regular uninterrupted supervision meetings were another reported benefit of having clinical supervision (Davys & Beddoe, 2010). Gibbs (2001) and Davys and Beddoe (2010) argue that it is crucial that the supervision of healthcare workers, particularly child care workers is practiced in an environment which emphasizes equality of power, empathy and respect and where mistakes and problems are viewed as opportunities for learning. These studies found that unfortunately in these fields, supervision often focuses on performance and outcomes rather than a space for problem-solving in collaboration. Further studies have found that in general, sufficient hours of supervision have been associated with positive outcomes in retaining families at risk in home visiting programmes (McGuigan, Katzev, & Pratt, 2003) and reflective supervision has been associated with programme efficacy (McAllister & Thomas, 2007). Support from supervisors has also been shown to prevent burnout in supervisees (Koeske & Koeske, 1993; Swanson & Power, 2001; Yoo, 2002).

Within the South African context, the only study to explore the supervision experiences of lay community counsellors was one conducted on a project utilizing peer supervisors (Daniels, Nor, Jackson, Ekstrom, & Doherty, 2010). The researchers studied the supervision of lay community counsellors involved in an infant feeding project in three under-resourced communities in South Africa. The peer counsellors and their peer supervisors were interviewed regarding both groups' experiences of the supervision. The study found that the supervisees needed a much broader scope of support, focusing on multiple needs, than the simple technical management of the project. This finding highlights the crucial need for the

Careful evaluation of the experiences of the lay home visitors and those of the clinical supervisors with regards to the supervision process in their respective programmes. Gaining knowledge regarding supervision needs and the development of clear guidelines with regards to what is needed in particular contexts could address challenges and inform and influence the efficacy of the various projects. This study will attempt to address this gap in the research by focusing on the experiences of lay home visitors supervised by psychologists in the UMBHVP.

2.4 Supervision from a psychoanalytic perspective

The UMBHV project is based on psychoanalytic thinking, and the psychologist supervisors use this theory in their training and supervision of the home visitors. In this theoretical framework, conceptualisations of the mother-infant relationship are often applied to understand therapist-patient and supervisor-supervisee relationships. Psychoanalytic understandings, such as Bion's (1962) 'containment' and Winnicott's (1960a) 'holding environment' are examples of concepts applied in this way. The following sections briefly outline the origins and meanings of a number of psychoanalytic and attachment concepts, that while initially theorised from the perspective of the mother-infant relationship have been applied to therapist-patient and supervisor-supervisee relationships.

2.4.1 Psychoanalytic attachment theory

British psychoanalyst John Bowlby (1969) first formulated the theory of attachment to explain his belief that "what is essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother" (Bowlby, 1969, p. xi). The basic tenet of attachment theory is that the young child use their caregiver as a secure base from which to explore the world. Mary Ainsworth (1985) continued with Bowlby's work and through research came to believe that a mother's sensitivity and responsiveness to her baby's signals had the strongest influence on the babies secure attachment (Ainsworth, 1985). As securely attached infants had experienced their caregivers as consistently meeting their needs, this would lead them to believe that their caregivers would be reliably available for them when they needed them. Initially, attachment theory was not accepted within psychoanalytic circles as it contradicted several aspects of psychoanalytic thinking such as unconscious processes, the Oedipus complex and drives (Fonagy, 2001).

However the integration of attachment theory with psychoanalysis was achieved by a change in focus from behaviour to internal representations, the acknowledgement from attachment theorists that a purely cognitive approach was limited, as well as there being great benefit in the traditional psychoanalytic systematic observation technique (Fonagy, 2001). Peter Fonagy, a Hungarian psychoanalyst, led the integration of psychoanalysis and attachment theory with his concept of 'mentalisation', which is the ability to think about the mental states of another by representation (Jurist, 2010). A mother's ability to represent her baby's thoughts and feelings in her mind allows a baby to feel safe, as well as aiding in the baby's development of thinking apparatus (Slade, 2005).

Many researchers have continued with Ainsworth's work in using attachment theory to understand adult relationships in which the attachment dynamic can be observed to play out. As Mikulincer and Shaver (2007) state, "what began as a theory of child development is now used to conceptualize and study adult and couple relationships, work relationships, and relations between larger social groups and societies" (p. 4). Watkins (1995) and Pistole and Watkins (1995) considered the implications of attachment theory for the psychotherapy supervision relationship. They postulated that the supervisor could be thought of as a secure base which would ground, hold, free and stimulate supervisees, providing protection but also allowing the exploration of the world of becoming a therapist (Pistole & Watkins, 1995). The supervisor provides boundaries in terms of monitoring their work and holding them accountable, but is also available to them in times of need (Pistole & Watkins, 1995).

2.4.2 Holding and Containing

Donald Winnicott (1960a), a British paediatrician psychoanalyst, described a time of very close connection between the mother and infant which he termed "primary maternal preoccupation" (Winnicott, 1960a, p. 591) and he explained this phase as "when the infant has not separated out a self from the maternal care on which there exists absolute dependence in a psychological sense" (Winnicott, 1960a, p.592). Winnicott believed that this time was very important as this close connection allows mothers to meet all the needs of their infants and facilitates a "continuity of being" (Winnicott, 1969, p.595). Winnicott called this type of maternal care and support 'holding' and saw the mother's role as protecting her infant's developing ego from any impingements (Winnicott, 1960a). He also saw holding as "not only the actual holding of the infant, but also the total environmental provision" (Winnicott,

1960a, p.589). Winnicott realised that in order to do this, mothers also needed to be held by other adults, particularly the father of the child and said “mothers who have it in them to provide good enough care can be enabled to do better by being cared for themselves in a way that acknowledges the essential nature of the task” (Winnicott, 1960a, p.591). He believed that a mother need not be perfectly in tune with her infant all of the time but she should be connected in such a way to give the infant an overall experience of consistent and reliable care-giving which allows the infant to feel held and understood. He called this “good enough mothering” (Winnicott, 1960a, p.595). Winnicott called an occasional failure in empathy, “optimal failures in maternal provision” and believed that this would allow an infant to learn to self-regulate their distress (Winnicott, 1960b, p. 52). However, when a mother does not provide consistent and empathic maternal care, and does not interpret the infant’s gestures correctly, then the infant is forced to adapt to the mother’s expectations and a “false self” is developed to cope (Winnicott, 1960b).

Wilfred Bion (1962), another influential British psychoanalyst, used the term ‘contain’ rather than ‘holding’ in the mother-baby relationship and was interested in how the relationship between the mother and her infant shaped the infant’s development of thought. Bion (1962) described how an infant does not have a well enough developed ego to process unwanted experiences and so the child will expel these feelings into his mother in a process called “projective identification”. The mother then is able to contain, think about and process these experiences and present them back to the infant in a form in which the infant can then take them in. Bion (1962) called the infant’s unprocessed feelings and senses, ‘beta-elements’ and suggested that the mother’s mind can contain and transform these elements into ‘alpha elements’ which can be understood and integrated, using her mind’s process, which Bion (1962) called her ‘alpha function’. Bion described this maternal capacity as ‘reverie’ (Bion, 1962, p.116). Through enough experiences of this cycle of containment, the infant is able to learn for himself or herself the capacity to process and to ‘house’ these unwanted experiences rather than expelling them (Ivy, 2009, p.113).

Kohut (1981), an American psychoanalyst, stated that it is an individual’s capacity for empathy that allows one to know another person, and that a therapist having empathy is essential for them to help their patients. Kohut (1984) also wrote about healthy ego growth in children through a period of separation of mother and infant. When the time is right, a mother unconsciously withdraws from the fully fused state of primary maternal preoccupation and

allows the infant to experience moments where she is not empathically attuned to him and his needs are frustrated. This allows him to begin to separate from her and to rely on his own ego to manage his distress.

Winnicott (1947) applied the concept of 'holding' to the way a therapist relates to a patient. To hold a patient, a therapist must contain the patient's extreme emotional states and help to process them. As Winnicott (1947) stated:

An analyst has to display all the patience and tolerance and reliability of a mother devoted to her infant, has to recognize the patient's wishes as needs, has to put aside other interests in order to be available and to be punctual, and objective, and has to seem to want to give what is really only given because of the patient's needs (p. 193).

The relationship between a supervisor and supervisee mimics that of the 'holding' mother (Winnicott, 1960a) and her baby as well as the relationship between a therapist and patient. Similarly, a supervisor tolerates their supervisee's emotional states and holds them while they understand and process the dynamics and experiences that occur between themselves and their clients (Reifer, 2001). If a supervisor is able to tolerate and maintain this relationship, an environment is created that will facilitate the supervisee's effective learning and growth. Following on from Kohut's understanding of the role of empathy in the therapeutic relationship, a supervisor uses empathic attunement to understand their supervisee's state of mind (Lichtenberg, 2005). Like a "good-enough" mother with her new baby, the supervisor provides a present and focused mind, attuning to the supervisees and providing them with the experience of being safely held in the mind of another (Winnicott, 1960a). Nye (2003) states that a good supervisor is attuned to the supervisee's 'gesture' which may be an attempt to share the beginnings of their awareness of intuitive responses and counter-transferential feelings. Nye (2003, p. 44) explains that "being attuned to these gestures requires attentiveness to subtle cues and tentative, poorly articulated formulations". If the supervisor is able to recognise these gestures and encourages their expression and expansion then this will allow the supervisee to build confidence in themselves and to explore and formulate their perceptions more accurately and independently (Nye, 2003). Similar to a mother who is controlling and intrusive upon her baby, or is not attentive enough, a supervisor who allows too much or too little space for exploration may compromise the development of the supervisee (Nye, 2003). Too much space to find their own way, can leave the supervisee

feeling anxious and overwhelmed, however, a micromanaged supervisee can feel suffocated and unable to develop confidence and independence in their skills (Nye, 2003).

Rafferty (2000) uses Winnicott's (1960) theory to understand the requirements for effective clinical supervision for nurses. Rafferty (2000) argues that the conditions of the supervision relationship involving the supervisor holding and scaffolding the growth of the supervisee may allow the supervisor to become an 'attachment figure' for the supervisee (Bowlby, 1988). She explains that a nursing supervisee can use the supervisor as a reliable base from which to safely explore the world of practice. Bennett and Saks (2006) explored attachment in the supervision relationship and described that the supervisor must provide for both the secure base and the exploratory needs of the supervisee that the supervisor provides and stated:

Just as a circle of security with the caregiver enables a young child to develop autonomy and a sense of self, the circle of security within supervision enables the inexperienced student to develop a professional sense of self and confidence (p. 673).

Rafferty (2000) further emphasises the importance of the creative aspect of effective supervision and said "good supervision does not lead to 'a closing down of the supervisees being' but to a state of creative play' – 'this can enable sensations and ideas about ways of practice that can be put into a tangible, useful form, leading to an enhanced ability to be effective'" (Rafferty, 2000, p 156).

A supervisor who is 'a good enough mother' to her supervisee, helps the supervisee to manage the demands of the external world of the therapeutic process, she provides nurturance in the form of knowledge and guidance, she responds to the supervisees 'gesture' regarding their tentative feelings, understandings, and formulations, allowing them to take form and for "the emergence of the supervisee's clinical 'true self" (Nye, 2003, p 45).

Eagle, Haynes and Long (2007) write about their experiences of supervising psychotherapy students in low-resourced community settings in Johannesburg. The authors use Bion's (1962) theory to describe how, in the process of supervision, the supervisor uses her 'alpha function' to transform the 'beta elements' of the students' experiences into 'alpha elements' allowing them to be thought about and understood (Eagle, Haynes, & Long, 2007). Eagle and her colleagues (2007) explain that psychotherapy students' experiences and feelings in working in very deprived communities can initially be "raw and sensory" (p. 137) and the

authors use Stewart's (2004, p.358) term an "unprocessed maelstrom" to describe the storm of emotions found in such contexts of primary care. Supervisees in these contexts require their supervisors to contain their raw, sensory experiences and transform them into thoughts and feelings that the students can then understand and learn from.

5.4.3 Maternal ambivalence

Melanie Klein, one of the most influential psychoanalytic thinkers after Freud, wrote about the very early experiences in an infant's existence where feelings are experienced as overwhelming as the child's mind is not developed enough to process and regulate his or her emotions. Klein (1940) described that a very young infant's experiences are split between viewing them as all 'good' or all 'bad'. The breast that feeds and soothes the hungry infant is good, while the breast that does not come and leaves the child to wait, hungry and frightened, is bad. The child does not realise that the good and bad breasts are the same mother. Klein (1940) described this phase in the child's development as the 'paranoid-schizoid' phase. Later on in the child's development, the child realises that the good and bad breasts are experiences of the same person and the child is able to hold both the good and bad aspects of the same object. Klein (1940) called this phase of development the 'depressive' phase. She called these stages 'phases' as they are never completely finished and the child, and later, the adult, is believed to fluctuate between them, regressing to the paranoid-schizoid position when under significant stress. Holding feelings of both love and hate at the same time is known as ambivalence. During the paranoid-schizoid phase, the object is split into 'all good' and 'all bad' experiences, to avoid the anxiety associated with ambivalence, and this prevents the possibility of perceiving people in a more integrated, realistic way, where good and bad aspects can be acknowledged in the same object. Klein (1956) also believed that an infant, who sees in the mother something which he or she does not have, or perceives his or her mother as withholding something good, would direct hatred towards the mother and her goodness in order to destroy the goodness which is experienced as being separate from the child. Klein (1956) called this feeling envy.

While it is considered normal and healthy for a child to experience both love and hate for his or her mother, society considers it pathological if a mother expresses ambivalent feelings for her child (Hays, 1996; Parker, 1997). Feminist writers argue that motherhood is a social,

historical and cultural construct rather than a natural consequence of the maternal instinct (; Glenn, 1994; Grosz, 1994; Ruddick, 1989). Society has developed a fantasy of motherhood which features mothers as ‘perfect’ nurturers who always feel loving towards their children, who are naturally equipped and always available to meet every need of their child no matter the circumstance (Grosz, 1994). When mothering is seen as natural and innate, the reality of the hard work and material and emotional resources needed to care for children remain unseen (Ruddick, 1989). The message from society is that mothers should cope no matter what obstacles they face. This maternal fantasy leaves mothers who feel like they are failing to live up to such idealized expectations with huge guilt and often with no space to acknowledge their inability to cope or to express their negative emotions towards their children (Glenn, 1994; Hayes, 1996). Winnicott (1960), however, sees negative maternal feelings as integral to a child’s development. Philips (1988) explains that “if a child is not hated, if what is not acceptable about him is not acknowledged, then his love and loveableness will not feel fully real to him” (Phillips, 1988, p. 89). Phillips goes on to describe that hate in this context is understood to be an acknowledgement of the unacceptable aspects of the child and it allows the mother and child to accept the imperfect reality of each other and this allows them to separate. Parker (1997) adds that if ambivalent feelings are acknowledged and tolerated, then their potential for harm may be diminished. As Maynes and Best (1997, p. 126) stated: “it is the denial of the feelings of fury, boredom or even dislike towards children, all of which are part of motherhood, that makes the burden hard for women to bear, and can so often result in these negative feelings being expressed in secret and perverse ways”. A mother who is allowed to acknowledge and express her ambivalence can be helped to integrate these feelings and to understand that both positive and negative feelings are important for her child’s development. Winnicott (1964) explained that in this way, a child is able to trust in his or her mother’s resilience. He stated that a child needs to “test, over and over again their ability to remain good parents in spite of anything he may do to hurt or annoy them. By means of this testing he gradually convinces himself, if the parents do in fact stand the strain” (Winnicott, 1964, p. 204, cited in Phillips 1988, p.67). Parker (1997) argues that when negative feelings are allowed to be acknowledged rather than split off, and are incorporated with feelings of love into a manageable ambivalence, and they can function as a creative force which helps mothers to reflect on their relationship and to think about what their child needs in a realistic way.

The relationship of a supervisor to his or her supervisee, which has been compared to that of a mother and baby in that it is characterised by many of the holding and scaffolding functions involved in a maternal relationship, also contains ambivalent feelings which must be contained and managed. Supervisors support supervisees to manage ambivalent feelings about their own strengths and areas which need improvement in their work as well as ambivalent feelings regarding their patients, helping them to maintain a depressive position regarding these (Gill, 2001). Furthermore, initially a supervisee may idealise his or her supervisor and later struggle to manage strong feelings of disappointment and anger when the supervisor fails to meet unrealistically high expectations (Gill, 2001). The supervisor may also need to work to maintain a depressive position themselves with regard to their feelings towards their supervisee.

CHAPTER 3: METHODOLOGY

This chapter describes the methodological approach of this research study. The chapter begins with a description of the aims of the research and the context of the study. The chosen research design, the sampling method and the means of data collection are outlined and followed by an explanation of the method of data analysis used. The chapter concludes with a discussion of reflexivity issues and ethical considerations involved in the study.

3.1 Research aims

This study aimed to explore the experiences of the staff of the Ububele Mother Baby Home Visiting Project, namely, the lay home visitors and the supervising psychologists, and to understand how they make meaning of these experiences. Within this overall aim, there were three particular areas of focus: the participants' views of the programme's effectiveness and the rewards of working in the project; the challenges associated with the project; and the supervision process.

3.2 Research rationale

The efficacy of the Ububele Mother-Infant Home Visiting Project for participants is being evaluated through both qualitative and quantitative methods by other researchers. An evaluation of the programme itself was conducted by Dr Mireille Landman in 2013, an evaluation of the research around the project was conducted by Dr Celia Hsiao in 2014, and an exploration of the mothers' experiences of the project was conducted in 2013 by a Wits Masters student. However, the programme has not yet been evaluated from the perspectives of the various staff involved in the project. This gap in the evaluation process is what has prompted this research. As the home visiting project is currently only the second project of its kind within the South African context, there is much knowledge to be gained by exploring the experiences of the staff regarding their views of the efficacy of the project; the challenges faced by the project; and their experiences of the supervision process. The rationale for focusing on these three areas of experience is supported by the lack of research concerning the experiences of lay home visiting counsellors involved in community projects in the

African context. In particular, there is currently no research which explores the supervision experiences of lay home visitors by clinical psychologists.

The exploration of these three areas of focus will also assist in the improvement of the project for the future as well as providing recommendations for the programme manager with regards to any changes that may aid in further supporting the staff of the project. The findings will also add to the dearth of literature on supervision of lay counsellors by psychologists using a psychoanalytic perspective in the South African context.

3.3 Research questions

1. What are the home visitors' and supervising psychologists' experiences of the rewards of working on the Ububele Mother-Infant Home Visiting Project?
2. What are their experiences of the effectiveness of the project?
3. What are their experiences of the challenges of working on the project?
4. What are their experiences of the supervision process?

3.4 Research design

This study used a qualitative research approach. Qualitative research was appropriate for this research as it focuses on exploring individuals' experiences and their understandings of these experiences, and it is able to generate rich description of complicated phenomena, rather than aiming to generalize results to a wider population (Denzin & Lincoln, 1998). This approach best suited the aims of the study which were to explore the particular experiences of the Ububele staff, approaching the topics with no set ideas of what the findings will be, but rather allowing for the participants to be able to judge what is important for the research to know regarding their experiences, expressed in their own terms.

3.5 Participants

Participants were recruited through purposive sampling which is a systematic non-probabilistic sampling method. This approach to sampling allows the researcher to include a range of informants who may be able to provide a variety of viewpoints on area studied, thereby increasing the knowledge gained (Mays & Pope, 1995). Stake (2000) argues that although purposive sampling does not produce findings which are highly generalizable to other populations, in an area about which little is currently known this technique provides an “opportunity to learn,” which is very valuable (p. 447). In this sampling method, coupled with a qualitative research methodology, respondents can provide a depth of rich and detailed information about the topic investigated (Strauss & Corbin, 1990).

The sample used in this study consisted of ten current/previous Ububele staff members, including a home visitor who had resigned from the project at the beginning of 2014. The three home visitors involved in the programme from its beginnings were interviewed, as well as all four of the supervising psychologists, including the project manager, and a psychologist working on the adjoining Baby Mat project who has informal contact with the all staff from the MIHV project staff. One of the founding directors, the psychologist who runs the supervisors’ supervision group, was also interviewed. Participant recruitment only began once ethics clearance was attained from the University of the Witwatersrand ethics committee.

3.6 Developing the research interview schedule

The method of data collection used in this study was individual, semi-structured interviews of on average, 75 minutes in length. Individual interviews are suitable for qualitative research as they are able to generate “rich, vivid material” (Gillham, 2000, p. 10). This material is then analysed to explore individuals’ experiences and their meanings, as well as the similarities across participants’ experiences (Denzin & Lincoln, 1998). A semi-structured interview schedule allows the participant the opportunity to choose to describe what he or she feels is important (Cresswell, 1998). Two separate interview schedules were developed: one for the clinical supervisors and one for the lay home visitors with the interview questions worded appropriately for each group. With participants’ permission, the interviews were recorded on

an audio recorder and transcribed by the researcher and a professional transcription agency. Two pilot interviews were conducted in order for the original interview schedule to be tested. These interviews were transcribed and worked through by the researcher and her supervisor. Through discussions between the supervisor and her research supervisor about the two initial interviews, some questions were reframed and new questions were included.

3.7 Data collection

The researcher was invited by the project manager in May 2014 to visit the organisation and meet the participants. The researcher was able to meet the three current home visitors and all the supervisors at this meeting and to explain the research. This meeting allowed the participants' time to ask questions and to have their concerns about confidentiality addressed. Dates and times suitable for the interviews were then arranged with each participant for the following few weeks. The interviews were conducted in May and June 2014 in a private room at Ububele on days and times that suited the participants. As the participants were being interviewed at their place of work, there were no practical difficulties experienced regarding meeting for the interviews and all the interviews progressed smoothly on their arranged dates. The interview room was situated fairly far away from the general office and kitchen area and therefore the risk of being overheard was reduced, allowing the participants to feel relaxed while expressing themselves.

3.8 Data analysis

The method of data analysis used was that of Interpretive Thematic Analysis (ITA). ITA provides an effective "set of procedures" (Guest, MacQueen, & Namey, 2012) to analyse and interpret data, and its guiding principles have been used in many qualitative studies (Attride-Stirling, 2001; Guest, MacQueen & Namey, 2012; Braun & Clarke, 2006). ITA is used to analyse data and to sort it into categories which are then labelled as themes (Boyatzis, 1998). ITA was used in this study to identify themes that emerged from the experiences of the staff of the project as well as to indicate which themes occur most frequently. This allowed for a comparison of common and differing themes in the staff's experiences, as well as a comparison of the themes occurring in the home visitors as compared to the psychologists'

experiences. This method of analysis is appropriate to use for research with an interpretive perspective as it allows for both a description of the content as well as a theoretical interpretation of the themes and their meaning within their context (Attride-Stirling, 2001; Boyatzis, 1998; Braun & Clarke, 2006). As the Ububele Psychotherapy Trust uses a psychoanalytic framework as its guiding perspective in teaching the lay home visitors the skills to assist the mothers in their attachment with their babies, as well as in guiding the supervision of the home visitors, the method of ITA was beneficial as it allowed the use of psychoanalytic concepts to assist with the interpretation and understanding of certain data.

Each interview transcript was closely read several times in order for the researcher to gain maximum familiarity with the data. When this was achieved, each phrase in the interview transcripts was analysed and coded in order to identify all the possible concepts occurring in the data (Strauss & Corbin, 1990). This is known as open coding (Strauss & Corbin, 1990). The concepts were then grouped into categories based on a process of constant comparison of similarities and differences, known as axial coding (Strauss & Corbin, 1990). At this stage the researcher began the interpretation of the data by deciding which data should be integrated into the analysis, with the researcher being guided in this by the research questions. Therefore the categories that are the most relevant to the research question are selected from the developed codes. Codes were constantly compared to reduce overlap, and categories were then refined as more data was analyzed (Pidgeon & Henwood, 1997). Categories were gradually combined into broader overarching codes, and finally into a few core concepts around which the other developed categories were grouped (Pidgeon & Henwood, 1997; Strauss & Corbin, 1997). Following this, a meta-theme was identified which linked the core concepts and allowed a deeper understanding of the data to merge, allowing a cohesive argument to be woven.

3.9 Credibility and reflexivity

Qualitative research involves the interpretation of people's experiences, and since interpretation is a subjective process, this calls into question the credibility of the research findings. In quantitative research, credibility involves strict measures of validity which is defined as, "the extent to which the instrument yields the same results on repeated trials" (Terre Blanche, Durrheim, & Painter, 2006, p. 152) and reliability, explained as "the degree

to which a measure does what it is intended to do” (Terre Blanche et al., 2006, p. 147). However qualitative research is less concerned with exact attempts to uncover the objective ‘truth’ or repeat outcomes in future studies, but rather attempts to provide rich description of the participant’s understandings of their experiences in their particular setting. Credibility in qualitative studies, therefore refers to the authenticity of the findings (Guba & Lincoln, 1989). The question which must be asked is: Are the findings a true reflection of the group being interviewed? In qualitative studies, the degree of research validity is increased by strategies like a longer interview time and semi-structured interview schedules which allow participants greater control over choosing the content of the interviews. A further crucial strategy in increasing the validity of findings is in having a second reader to follow the researcher’s process of analyzing the data to identify themes, and to agree with interpretations arrived at. This study made use of these strategies in increasing the validity of its findings. Furthermore, a text may be analyzed differently by different researchers, therefore it is important that readers of the study should be able to observe clearly the researcher’s path from the data to the interpretation, the inclusion of direct quotes from participants are used “to increase the ‘trustworthiness’ of the findings”(Guba & Lincoln 1989, pp. 76–77).

In qualitative research, the researcher himself or herself is the instrument of data collection. The researcher’s personal and social characteristics, therefore, have an influence on the data collection, as well as the analysis of the data, and therefore, the interpretation of the data will also be coloured by his or her own biases, values and beliefs (Babbie & Mouton, 2001). Consequently there is a responsibility on the researcher to constantly reflect on his or her own biases during the entire research process in order to support the dependability of the interpretation of the data. Although this reflexivity will not completely resolve any bias, researchers should consistently reflect on their impact on the research to ensure the validity of the findings (Marshall & Rossman, 1999).

As a researcher, I differed from the home visitor participants in terms of age, race, language, education and socio-economic circumstances. I am a white, much younger person, from a privileged background relative to theirs, university educated, and am not a mother. Furthermore, I am interviewing them in order to gain a qualification in the field in which they are working but have not had the opportunities to be educated in, due to their race and our social history of discrimination. These factors will have influenced the research according to what associations each factor has for each individual participant. The participants might have felt resentful towards me as a person who had enjoyed much less hardship than they have had

in their lives and that these differences prevented me from understanding some of the realities of their lives and work and therefore they might have chosen not to speak of certain things that they would have expressed had the researcher been a person with greater similarity to them. Although acknowledging the inevitability of this happening, I attempted to prevent this to a greater degree by taking pains to explain that their telling of their experiences is crucial in order for their perspectives to be understood and for them to be better supported in their work, as well as for the field to gain information on what is a very important but under-researched area. I wanted them to express whatever they felt was important in their own way and not to exclude anything because of fear of misunderstanding from me personally. In my experience of interviewing the home visitor participants I felt no obvious resentment, they seemed happy to talk to me of their experiences and went out of their way to be friendly and welcoming to me, putting effort into thinking about each question. I felt that they enjoyed the experience of reflecting on their experiences of the project. The positive attitudes of the participants towards the interview process may have been a result of their commitment to the project and their belief that this research may be beneficial to the project by spreading awareness of the work and possibly gaining funding in this way. On reviewing the data, it seemed to me that the home visitors felt free to express themselves without restraint in most of the interview. The one area in which I felt that the home visitors did exercise some restraint was when I asked them about the racial and cultural differences between themselves and the supervisors. At this question most of the home visitors denied experiencing any difficulties or challenges resulting from these differences and emphasized their appreciation in being able to teach the supervisors about their culture and how their supervisors' attitudes towards them made them feel welcomed and treated with respect and equality. The home visitors may have felt that they could not express any negative feelings or discuss any challenges relating to white privilege, as they may have felt that this would not be acceptable and may get them into trouble and threaten their positions on the project. Furthermore, the fact that I am white may have influenced them to feel that talking about racial privilege and disadvantage to me would make both of us feel uncomfortable and not knowing me at all, they may not have trusted me to be able to manage and contain the difficult feelings that this topic may have raised.

3.10 Ethical considerations

This research was part of an overarching study on the efficacy of the Ububele Home Visiting Project led by Dr Katherine Bain, (ethics number: M12083) and it received independent internal ethical clearance from the University of the Witwatersrand Psychology Department.

As the interview questions related to the participants' experiences in their work environment, a possibly sensitive topic, the voluntary nature of participation in the research was emphasized to the participants, as well as their right to withdraw at any stage and to not answer any question they felt uncomfortable with. However all the staff approached chose to participate. The participants signed a letter consenting to be interviewed (Appendix C), a letter consenting for the interview to be audio recorded (Appendix D) and received a letter detailing information regarding the research (Appendix A). The study respected the confidentiality of the interview data by replacing the participants' names, and any other names mentioned, with pseudonyms (Jane, Clare, Julia, Karen, Bongwiwe, Ayanda, Nandi, Anele) in the transcripts and by storing the data under password protection. However, there are a few instances where certain participants' real names have been used in the findings and discussion chapters: Mr Tony Hamburger declined the use of a pseudonym for his interview data as he was the only participant in the category of overall supervisor to the supervisors. Thembi Mashige also requested that her real name be used as the only black psychologist interviewed and her experiences and opinions were felt to be unique. Finally, it was also agreed with Shobi Matjila the home visitor who had resigned, that her responses would be given a pseudonym when it was included with the other home visitors' experiences, however, when she spoke about her experiences regarding her reasons for resigning, her real name would be used.

The small number of participants raised ethical questions regarding confidentiality. As there are only a small number of participants in each of the two groups, there was a possibility of the identification of individuals. The researcher addressed this with each participant and explained that to reduce the risk to confidentiality; all possible identifying information would be removed, for example replacing any names or particular locations mentioned in the interviews, which was done. All the participants expressed acceptance of this situation. The only participant who would reveal her identity by the nature of her experiences was Thembi, the only black psychologist. She expressly stated that she would be happy to have her

experiences attributed to her in order to be able to express them. The data was protected by only being viewed by the researcher, her supervisor and the professional transcription agency, and the anonymized transcript data will be archived, and the audio-recordings deleted after submission of the thesis. Participants were also informed that there are no tangible benefits to participating in the study. The participants were told that the final research report will be available to the University community and a hardcopy will be provided for Ububele, so that participants may access the final report.

CHAPTER 4:

STAFF EXPERIENCES OF THE UBUBELE MOTHER-BABY HOME VISITING PROJECT

This chapter presents themes which emerged from the interviews with the home visitors and the supervisors involved in the UMBHVP. Themes presented include those found to be common across both groups of staff, as well as themes specific to certain groups. The themes are presented with a view to gaining an understanding of the participants' perceptions of the effectiveness and challenges of the project and are grouped into three sections. The first section details the more positive experiences that the participants described while involved in the project, while the second section explores the challenges. The third section focuses on the participants' views on the effectiveness of the project.

4.1 Gains experienced by being involved in the project

This section is divided into two parts, the first section describes positive experiences that participants' shared, where they felt that they had gained in their personal capacities. The second section looks at more professional gains.

4.1.1 Personal gains

4.1.1.1 A real passion and belief in the project

One of the most striking themes to emerge from the participants' accounts was the real passion for, and belief in the work that they are doing. Every participant expressed this sentiment, but it was summed up by Clare: "This is the project that absolutely has my heart". Tony also described the hopeful aspect inherent in this work, which he felt is so rewarding: "It feels very optimistic...to think of getting a mom to love her baby a bit more and know that that's making a big life-long difference, that's what's been so gratifying". Jane explained: "...just knowing that...somewhere along the line your project is, is shifting the way they are thinking and talking about their babies. It is really awesome. It's exciting...I'm loving it, really, really enjoying the work". Nandi also stated: "We build a relationship, even though at the beginning the trust is not there, yes but the more you intervene there the more she [the

mother] gets to know you much more better, being there for her, it's really good". Ayanda also expressed her belief in the work that Ububele is doing for the community and her wish for it to be extended to more people:

Ububele is a very good organisation...I wish Ububele could be maybe in a very open space that everyone can see, and like the way it's situated...most of the people they don't know the place. I wish it could be a very big place and a very big board and maybe I wish they could write everything that they do, so everyone when they are passing, they can see (Ayanda).

4.1.1.2 Growing in confidence

The home visitors explained that being trained to work with mothers and babies and being supervised at Ububele has helped them to gain confidence personally and professionally.,

I changed the way I am doing things... to be an open person like, I was this person who was shy, I am still shy, but not like before. Even in my relationship, I was like this quiet person okay....now since I am here, I can talk more. It make me to be strong, it makes me stand for myself (Bongiwe).

She also stated that the training and the job itself has given her a sense of purpose, which appeared to have been meaningfully integrated into her sense of self and acknowledged by those around her:

My sense of humour has changed...I feel like a professional now, so I need to do things professionally, I am working with the community.... My life has changed so much that people are seeing me in a different way than before...more responsible person...some calling me social worker, some calling me a nurse, a sister (Bongiwe).

This sense of accomplishment was also expressed by Anele: "I really enjoy that, I took it with me and I feel proud of myself, ok I've done something good....I feel so special...there's a time when we say we are junior psychologists!"

4.1.1.3 Growing in empathy and communication skills with others

A particular personal benefit of the training that was spoken about by the home visitors was a sense that they have grown in empathy and that their communication skills had improved, which all expressed had strengthened their relationships with their own children. Anele stated: "The way I raise my baby now is different than before, I know how to treat my children better". Nandi echoed this sentiment when she stated:

It taught me a lot, the relationship that the way I am with my children now is much better....We can sit down, we can talk, they can ask anything, I can answer. I never had time for children, maybe I never thought about it... "Oh children are children, what do you expect

them to say?" I never hear their voices but now I sit down and listen, they could relate anything to me (Nandi).

Bongiwe extended these benefits to her relationships with other children in her family, stating that: "Even my siblings, my sister's kids, you can like notice when something is wrong with the child, talk with them, tell my sisters what to do, you know?"

However, the training also seemed to highlight a sense of loss for the home visitors, with many of them expressing feelings of sadness that they did not have this knowledge when their children were babies, so that they could have benefitted from it. Bongiwe stated: "my relationship with my son is now good, he can talk anything to me...I didn't bring him up....I am trying to keep him closer, more closer to me than before.... trying to fix up things where I messed up. Even if I know that they are not going to be the same as he was still the baby". Ayanda shared a similar wish, feeling that she could have done more for her son had she received the training before he was born: "I started to know myself better and my son better... I wish someone could train me before I'm having a baby so that I can notice my baby, each and every stage when he's developing, those things, and to understand him, his mood".

4.1.1.4 New opportunities and experiences

One of the most celebrated positive rewards of involvement in the project for the home visitors was the opportunity the project has provided for travel. The team-building trip to Cape Town to visit the original home visiting project in Khayalitsha provided much enjoyment. Anele said: "Going to Cape Town! It was my first time going there; I never had an opportunity going to the Cape. Going on the plane, it was an adventure of my life! It was the highlight of my life, I really enjoyed it".

The supervisors also described the project providing access to experiences that they would not otherwise have had. This involved gaining access to and connection with the community of Alexandra through the work of the home visitors. Karen, Julia and Thembi described feeling privileged to be able to gain a glimpse into the world of township women, an experience that their white, and/or middle-class statuses would have kept from them:

I think being drawn into the intimate spaces of a population that is quite remote, for me, which saddens me because I would love to be able to be part of this community properly, in a real sort of way, but you know, because of apartheid history and the on-going divisions, we live in different worlds. So it's kind of a window into that world (Karen).

There was wistfulness in Karen's comment, which expressed sadness around historical and socio-economic boundaries that separate members of different communities. However, many of the supervisors conveyed a sense of hope and a feeling of privilege in being able to feel closer to the women of Alexandra:

I think, as a white South African, it's...for me a very healing experience to work so closely with people from a completely different context. I think it's a privilege, as a white South African, to have an opportunity to work with black South Africans, from this class, in such an intimate way. I don't think there are a lot of South Africans that have an opportunity to be colleagues in this kind of way (Julia).

Thembi expressed a similar sense of gratitude for the learning that she was gaining from the project, but seemed to reflect less of a sense of having gained access to a community from which she would normally be excluded, most likely due to the fact that as a black woman she may have felt that her access to Alexandra was not as limited:

It's an interesting organization, you get to meet.. I don't want to use the word 'diverse' ... it's kind of a difficult one to explain... because I am black, I know poor people, but I think it's interesting to know psychologically how people are coping and understanding how poverty impacts on relationships and bonding... so it's been a learning curve, a balancing act, as a black woman, working within the community (Thembi).

Overall, all participants seemed to have experienced personal gains from their involvement with the project. Both home visitors and supervisors felt that they had learned a great deal from each other and the mothers in the project and that this knowledge could benefit them in their personal development. A number of professional gains were also mentioned.

4.1.2 Professional gains

4.1.2.1 "Seeing that relationship growing": Witnessing mothers and babies bonding strengthened

Every participant mentioned that seeing a visible improvement in the way that some mothers and their babies were bonding as a result of their involvement in the project was significantly rewarding. Being able to see proof of their efforts allowed them to feel that they were making a difference to these mothers and babies. This seemed to encourage greater job satisfaction and dedication to their work. Nandi described this: "The most rewarding was seeing the mom being so aware of her baby that you know, I have made an impact with this mom is sometimes more fulfilling for me. Yes I feel great about it, seeing that relationship growing almost every day, it is so

rewarding”. In particular, the participants’ felt great satisfaction when they could observe the mothers beginning to understand what the home visitors were teaching them. Ayanda gave an example of helping a mother to better understand her baby with the project’s “Watch, Wait and Wonder” method:

Mom say “nothing’s happening? Why we must watch, wait and wonder?. What is that?” I said let us do it together. Then we did watch the baby sleeping. The baby started to smile, and play with the hands, while the eyes are closed. Then I said “what is the baby doing, what do you think?...Then the next visit she said “no, you know what? This thing is working because usually after bathing my baby likes to sleep, and I didn’t bath him yesterday, he sleep without bathing, and I think he didn’t enjoy his sleep.... she said “okay now I understand” (Ayanda).

Anele’ story below describes how a mother uses her new understanding of her baby to change the way her family interacts with her baby. Anele described her satisfaction that her work is making a difference:

The mother used to say... my granny was visiting and my aunt, so they were holding my baby the way I didn’t like, and I started to remember you said, the babies also have feelings. We have to think about how we play with the baby, how, we don’t have to force her to eat if she don’t want to....Maybe she’s not hungry, she want to sleep. So we have to know our baby a lot. So my granny was playing with my baby the way I didn’t like, and I said...., “no, hold my baby like this.” Then I [Anele]started to say, wow, even if I’m not there but she will always think about how I talk to her, how I talk to the baby (Anele).

The supervisors also described feeling huge satisfaction at seeing the mothers’ sensitivity and awareness of their babies’ signals increase. Jane commented on how much she enjoys following the home visitors’ accounts of the mother’s progress in supervision: “I love to watch the pre’s and posts of moms that I’ve gotten to supervise now and hearing their stories in supervision and hearing that those moms... are doing better and [are] more supported... have learnt a lot so it’s obviously lovely”. Tony echoed this sentiment:

It is enormously gratifying to see the mothers and to hear some of the reports when you see the transcripts, they say thank you for coming to visit me, and the conscientizing of mothers about their babies, that the baby is an individual, that it has its own personality, that it’s not just an extension of yourself that doesn’t think (Tony).

Karen also described the rewarding feeling of seeing mothers helped and empowered in other ways through their relationships with the home visitors:

Seeing moms and babies actually helped, and supported, and little triumphs. Little ordinary things like one mother, I remember she was assisted by, through the support of the home visitor to go eventually and get and apply for an ID book so that she could apply for a grant....Slowly but surely she got it done, and she ended up with a grant for the baby (Karen).

4.1.2.2 “The training...opened my eyes”: Increased awareness of infants’ needs

The home visitors describe having gained increased knowledge about infancy through their involvement in the project. Bongiwe explained a common belief in the community, and one that she herself held when she had her babies, that children require conscious care and thought only after they are born. This belief influences mothers to behave in certain ways which Bongiwe has learned are not beneficial for their babies:

People don't tend to talk to their babies, I didn't. I for one, I didn't because we took it like...she will be somebody who's valuable after she's or he's born....I am doing everything for her or him. So there is no necessity of talking to him, there is no necessity of taking care of him or maybe like eating healthy...because I am craving for, the baby is craving... others are drinking, you know? Because she is doing for herself, not thinking about that somebody who is inside (Bongiwe).

Anele elaborated on how this knowledge this has changed her perception of babies’ needs with regards to how babies can be affected by their mother’s emotional well-being: “I’ve learnt through the training that the baby’s got feelings as well. We thought that giving them food and bathing them is enough but it’s not enough...even my observation is more, like.. I’ve gained a lot of experience”. She went on to explain how, in working in the project, she has observed the importance of maternal support for a baby’s emotional health:

The training helped me to...opened my eyes to see that there are different... situations...there is this mum who is pregnant who has support but this other mum who doesn’t have support and the baby can end up growing up neglected, not loved, because of the situation that happened though pregnancy.

4.1.2.3 “I would say I’m held inside”: An atmosphere of acceptance and equality at Ububele

All the home visitors described feeling appreciated and accepted at Ububele. Bongiwe explained that for her, small touches like being celebrated on her birthday make her feel valued and appreciated:

We are appreciated here, we are....Even if it is your birthday...they do something that everybody comes, everybody will come and sing for you. Some will just come and hug you happy birthday. That is a good thing and show that they do appreciate our job, they do appreciate us, they value us, they listen to us, yes, they support us (Bongiwe).

Anele used the spiral logo of the organisation to describe her feeling of there being a close connection between all the staff members who provide support for each other. She stated: “So the whole organization...I know there will be someone to listen to me, like a shoulder to cry

on. It's like the logo, a spiral, there's a connection". For Nandi, being able to express difficult feelings like sadness and anger and still be accepted and contained is what is most important to her about Ububele:

It's, you know, a good place to be...I feel more accepted in a way that, you know, you're more free to say whatever that you want to say...a very safe space that you can come in here and feel like crying and people will listen to you. It is a place where you feel like...you want to shout to somebody and somebody will listen to your shouting...I know that is the space that somebody will help me...the way we interact with each other is so good (Nandi).

The home visitors feel nurtured and that their needs are met in many ways at Ububele. Another example of this is the regular provision of food which is a significant factor in a low-socioeconomic environment. Nandi described how unusual Ububele is in this regard: "You'll never work in a place where they will be like giving you lunch, tea and coffee. If you need breakfast you can go to the kitchen and say: "I'll just have breakfast". You're hungry? Everything you need to have".

The home visitors described Ububele as having a very supportive atmosphere where equality is emphasized, making it an environment where they feel motivated and enjoy working. Even though they are conscious of a difference between themselves and the psychologists in terms of education, they still feel valued. Anele explained that she was not made to feel inferior as a less-educated staff member, but her opinion was valued by the psychologist staff:

I would say I'm held inside...here, there are no racism, we are treated equally, we are the same...We are in the same boat. They don't say, "Ai, you are Home visitors, go that way"...no. Even the psychologists come to us and they ask us "What do you think we can do with this thing? So they don't say "Ai you're a home visitor you don't know nothing"...it's not about the education side of things....I have courage to come here...I'm not saying it's a hundred percent perfect every day, it's not like that, but the environment side of it, it's healthy...because working here, there are human rights and things, its good (Anele).

Ayanda echoed these sentiments and emphasized how motivating she finds working in a team where she feels valued:

I don't see any difference between my seniors and us because they treat us the same, maybe if there's a problem with mum and baby she will ask what do I think? So she doesn't undermine me like she's better than me because she's got masters and whatever...It's very nice and its motivating too. It's not nice to feel demotivated at work, not welcome, you're not educated, those kinds of things (Ayanda).

The home visitors described that the atmosphere extends beyond racial equality to include warmth and close connections. This open, loving dynamic between people of different race and class seemed unusual in their experiences:

Where we're like interacting so well with our colleagues....We hug a lot...Kiss a lot... I never kissed a white person until I was in here...Sit with me, talk with me, be kind together, we laugh together, we do almost everything together, so love being here (Nandi).

Bongiwe also expressed her appreciation for the atmosphere of equality at Ububele, comparing it to previous unfavourable work environments.

You know you can feel like in this place I am with *people*. You know unlike where I was working, I was working at the clinic, and we were discriminating each other as blacks...My manager will be like... you are a low, low class...but here at Ububele, it's like, we are equal. They have taken everybody equal. It is so nice working here.

4.1.2.4 “They are amazing women”: Valuing and admiring the home visitors

The supervisors described a very rewarding aspect of working in the project as having been able to work with and get to know the home visitors, women whom they admire and value as people who have courageously lived with difficult circumstances. Karen explained her admiration for the home visitors as women who, despite having received limited support in their lives, have worked hard for their opportunities and to improve their situations: “I think they are brave. They themselves don't have many resources, have come from difficult backgrounds, not always having had the care and maternal investment that babies need, and they have I think fought for a place in the world”. Jane echoed this sentiment: “they are amazing women”. Julia expressed her admiration for the home visitors, as untrained community women, being able to work psychologically to support mothers and babies in their community: “I think the most rewarding part of the project has been that unqualified, black, local women from Alex have been able to do this kind of work. So mothers and babies have definitely been helped. But it is more than that, in that these women have helped them”.

4.1.2.5 “They're doing amazing things”: Witnessing the home visitors' growth and learning

The supervisors also appeared very invested in the home visitors' growth and empowerment. They described the home visitors improving in their skills and abilities to work psychologically. Karen described her view of the home visitors training progress: “I think one

is seeing people empowered and given opportunities and opened minds to things...to see the home visitors growing, and learning”. Clare also expressed her satisfaction in the way that the home visitors have grown in their emotional capacities and integrated their training to become more greatly skilled in their work with the mothers:

What really has been so rewarding is firstly seeing our home visitors grow in the way that they have....They’ve just become, I think emotionally... their empathy, the way they handle the home visits, the way they handle the moms....just the way they’ve been able to access those moms and how they were just really unsure of what they could do before and couldn’t do and what was right and what was wrong, and could they give this advice or must they not give advice and they’ve kind of integrated all of that, and are much more able to just kind of be there with the mom, give advice when it is needed, if it is needed; just really to be able to support moms in a way that they weren’t able to before.

Jane expressed similar sentiments and illustrated the home visitor’s growth in their psychological thinking with this example:

We didn't have a psychologist to go to the mat and so two home visitors went by themselves and wrote up a transcript and presented a phenomenal session where...they came up with a beautiful kind of symbolic interpretation, like psychological meaning taken from a baby not walking...it was really moving and touching and actually they didn't need a psychologist with them...they're doing amazing things that laypeople... you wouldn't think would be doing.

4.1.2.2 “We have the passion, the one goal”: Working as a team

An experience common across both groups was the strong feeling that they are a part of a team which works together for the achievement of one goal. Anele described the commitment to helping mothers and babies to bond as the force which unites the staff into a team: “We are in the same boat. Team work! Team work! We have the passion, the one goal, that we want to see mum and baby bonding...we will be tackling a problem together, and end up knowing that somebody has been helped... It’s teamwork at the end of the day”. The home visitors felt that they are a team amongst themselves, but also that they work as a bigger team with their supervisors. Bongwe explained her enjoyment in sharing her positive experiences with her supervisor: “Talking, sharing with them about everything. Sharing the happiness that I am having, sharing the goodness that I am having with my supervisor.”Ayanda echoed this sentiment in sharing her positive experiences with her supervisor, and not only the difficult ones that she needs help with: “to tell good things that are happening not only bad things”. Anele demonstrated her appreciation for the supervisors’ investment in the community: “She also has a right to know what’s happening out there”.

The home visitors explained that amongst the four of them they have different strengths, for example, some are better at report writing and some are better at recruiting the mothers, but they are able to help each other and work together. Nandi stated: “We are not good at most of the things so we used to go together as a group like do the presentation”. Ayanda added: “my colleagues help me a lot to be strong”.

Karen, Thembi and Tony from the supervisors expressed their belief in the importance of the teamwork in the project. For Karen, the energy in the project and the feeling that the staff are working toward creating something together to achieve a common goal supersedes the research component of the project:

I just have a sense that we are building something, not only we building a body of results from research that we can show that something is happening, but that we are building a team....there is a real sense of activity, and we are all working some common purpose which I think is important for a team.

Tony added that being in a team which he perceives as contributing something of value is hugely rewarding:

What is clear is that the project is bigger than any individual, its enormous, it's a real teamwork, I think that's the real reward, it's gratifying to be a part of a team that's shown a lot of evidence of being valuable.

Thembi described the organization's dedication in working with the challenge of processing and containing emotional input from many sources: “As a team, struggling with what the moms bring, what the home visitors bring, what we bring and trying to push the work and not giving up when things are really, really difficult, that has been so... ‘rewarding’ is so limiting... I think that speaks a lot about the human spirit”.

4.2 Challenges experienced in the project

The home visitors and supervisors reported having experienced a variety of challenges while working in the project. The majority of the challenges appear to be linked by the overarching theme of deprivation of multiple kinds, echoing the deprivation of the community context of Alex. The initial major challenge the home visitors faced was in understanding the nature of psychological work as lay counsellors. This process has been complicated by the desperate need for material help in the community, initially leading them often to feel ambivalent about the benefit of kind of support they are offering in this context. The home visitors' struggle

with integrating this unfamiliar way of thinking has highlighted the supervisors' guilt and sadness at the lack of educational and economic opportunities that the home visitors have suffered due to the racial inequalities of the past.

4.2.1 “Ububele, ‘kindness?’ how is it going to happen?”: The home visitors and community mothers’ initial struggle to understand psychological work

The biggest initial challenge for the home visitors was to understand the nature of the work that they were being trained in as they had no experience or understanding of psychology generally, nor of attachment theory. Nandi described feeling quite skeptical of the benefit of such an intervention at first: “when I started here I was just asking, What kind of a place is this?...the word Ububele, ‘kindness’ how is it going to happen?”. She explained her confusion, saying: “I wasn’t quite sure what to expect... what is it that these people are expecting me to do?... it was so hard”. The home visitors explained that psychological support is not well-known in the township, where people are more familiar with medical clinics and traditional assistance from sangomas. They explained that community members understand the term ‘psycho’ or “psychology” as a reference to people suffering with severe mental illness. Bongiwe explained: “Especially in our community, in our black community, I think the psycho thing is not in us. Psychology and whatever, is not in us. We believe in doctors and sangomas...if we are talking about psycho in our community, we are thinking about the mad people”. Nandi also stated: “This mental health thing is not well known in the township, because when you start thinking about mental health we are thinking among us: Oh this is insane people, this mentally disadvantaged people that we are going to work with”.

The home visitors thought that the work would involve practical baby-care tasks, and therefore, simply being with the mothers and babies and observing them was very foreign and difficult to grasp at first, as Bongiwe described:

For me it was very strange.... because I didn't know exactly what am I going to do in this job. I expected some things not exactly what we're doing now. Like maybe bathing, massaging kids and so on until I got into doing it. That was a bit difficult from the start and it was a bit difficult like observing someone, because we started there by observing and I felt like this work is so stupid. You can't just sit and observe somebody playing with their child.

As they had little knowledge of psychology, they did not trust that what they were being trained to do would help the mothers. They did not even know how they would explain to the mothers what they were doing for them.

Is going to do the right kind of a thing to deal with in the township? How am I going to approach the moms?...You're going there not knowing whether what you are doing is impacting her?"...Going out there telling people who don't know anything about what we are trying to do and it was like not so good for me..."Am I going to impact this people, how?...am I feeling good about this? What is it that they are going to see me doing? (Ayanda)

The idea of simply being with a mother and listening to her thoughts and feelings without helping her to solve her problems in a practical way was hugely difficult for the home visitors to believe. Anele explained that it was very difficult for her to refrain from comforting a mother by hugging her and offering advice, however she has experienced the benefit for the mothers of allowing them to express their difficult emotions:

From the first time we didn't exactly know our role. "How am I going to help her?" Because we were not exposed to the psychology like, to sit with someone to listen to them...I came here believing that, ok if I have to help someone... if she tells me her problem I have to make things to be better, to console her, to advise her, to tell her it's going to be ok, to hug her...so for me it was hard, how can someone be left crying and you just keep quiet and don't do something?... I was very frustrated, no! no! no! I don't allow someone cry, I must give advice, things will be better, if there's a problem we must talk about that problem and maybe give a solution. But now I've learned that you don't give a solution, you just listen, that's what I've learn and it was difficult for us...But I've learnt to listen to somebody, give her time, give her space to cry, it is healing in its way (Anele).

Ayanda described the mothers and fathers' initial mistrust regarding the home visitors and their offering of a new kind of support, believing that this kind of intervention is only helpful for white people.

At first they were suspicious, that these people are going to steal our babies! and what if these people maybe use us to make more money overseas? We don't trust them... And sometimes the ladies like to join the project but the fathers, they don't want to. "Hey, this is nonsense, you can't. This thing of umlungus are silly. This thing is not for us black people, it is for white people, no don't bother yourself" (Ayanda).

They described the benefit of working in their own community, among women with whom they are comfortable relating. Bongwiwe related the language benefits: "but fortunately because we are working in our community it is easier to explain with their own language so that they can understand". Anele gave an example of the mothers' unfamiliarity with the importance of reassuring the baby on separation with the mother and of the lack of maternal support having a negative impact on the baby: "They will tell you that I never knew I have to prepare my baby, even if I go to the toilet I have to tell my baby that I'm coming back. And support, I never knew that if I am not supported then my baby is affected". Thembi commented on the difficult process of helping community mothers to understand the meaning

and benefit of psychological support, and the concept, foreign to them, that sometimes an outside person may be able to provide a different kind of support than family members are able to offer: “Psychology is still a hard sell...they don’t understand what it means to have emotional support, and often it’s a long relationship-building exercise...”

4.2.2 “It’s so dark I can’t see even the baby”: Witnessing severe deprivation in the community of Alexandra township

For all the home visitors, the most difficult challenge in working in this project was witnessing the mothers and babies’ severe deprivation of material resources. The mothers’ dire need for physical support made the home visitors feel that if they did not have tangible resources to offer the mothers, then they could not provide them with any useful help. The home visitors describe feeling torn between desperately wanting to offer the mothers some of their own food or money, but also wanting to stay true to their work instructions. Anele described feeling helpless in the face of the mothers’ poverty, feeling like emotional support cannot be helpful when the basic needs are not met:

Sometimes mum will be crying, “there’s no food” and poverty plays a major role in the mums’ lives because if mum is hungry and not supported it also affects the baby so for us knowing that we cannot change that situation is a big challenge...baby’s hungry, he has no milk, I don’t know what to do... so it’s hard to work in these kinds of situations. And you go with nothing, and there will be times when you’re tempted to give... but Yoh! it’s hard, especially when somebody tells you that they don’t have milk, and the baby cries, and you don’t have something to give. That is the thing that is so difficult”...some of them live in a small shack, maybe there’s no space to see them play together, its dark, maybe the video can’t see everything that is happening...its very dark, even if its daylight, it’s so poor, you can smell poverty, little bed, it’s cold, no water, no food...You feel like crying going there (Anele).

Nandi echoed this sentiment, explaining her pain and helplessness in visiting a mum so poor that she only has newspaper for nappies: “I remember my colleague had a mum who didn’t have nappies, she used newspaper. It was hard to see that. It hurts you going to see her, you feel so weak, sometimes the situation even get worse and you can’t help her with those things”. Bongwiwe described feeling like she wants to give the mothers money to buy food or candles, but knowing that she does not really have enough to spare:

We’re not allowed to give. I can’t anyway, even if we’re allowed, but I don’t have enough, me, myself, you know? So, but sometimes I did feel like no, I can’t, no, I can’t.... one day I saw there was no candles there and it was dark, dark, dark, it was cold. I had to pop up some money for her to go and buy candles. You know, it was so very bad (Bongwiwe).

Often the situations of poverty and struggle that the home visitors witness will stay with them and follow them into their personal lives, leading to difficult feelings of guilt. When they do give into this desire to give materially, they feel they have to conceal it from the supervisors to avoid blame. Nandi finds it particularly hard when she eats with her family, to think about the mothers she has visited without food: “It is so hard sometimes...I’m sitting here with my children and having supper and what about that mom that I just left there?...you feel like: “Oh, should I go give her something?” You feel like: “Oh no, this is too much for me this, I can’t take this anymore”. Bongiwe explained that when the sadness regarding the mothers’ poverty is too overwhelming for her to ignore, she contemplated giving the mother food and concealing it from her supervisor:

You are taking this with you at home...when I am sitting thinking about I am eating now pap and fish and whatever and mother will come back to my mind....I wonder what mother is eating at this point in time? I am sitting here with the heater, I wonder, how she is feeling with the child in this cold weather? I was ending up like not eating and sometimes I could like take this food and in the morning when I come to the office, give it to her. But not tell my superiors, because it's just not allowed. Sometimes we have to, I feel like I can't live life like that (Bongiwe).

She explained that some of the mothers’ circumstances are so difficult that she feels hopeless and these situations make her feel like resigning from this work:

It's leaving me with bad feelings....I once had a mother who was staying, you know, it's a factory, there is no roof, it's a building like this, there is no roof there up and she is having a small baby and it's dark in there....She hadn't even have money to buy candles... it's so dark I can't see even the baby....it's a car workshop, they are spraying cars ...imagine spraying cars and paint... it smells, the baby here, the mom is hungry, the boyfriend was arrested... so bad. When I was thinking to go to mother, I was like feeling, what am I going to say to her? It's hard to stay with someone who's hungry and then you tell her it's hard and it's going to be okay. What's going to be okay? Because she doesn't have anything....That is why sometimes we feel like... I don't need this job anymore (Bongiwe).

Working in a context of such extreme poverty is also very challenging for the supervisors. They acknowledge the difficulty of offering emotional support in the face of such need for material support. Karen explained that mothers’ primary focus is on the physical needs of the family for survival, and if those needs are not met then there is very little space for emotional needs: “if a mother is materially okay then her mind can be much more available for her baby”. This is what makes working in a mental health intervention in a very poor resourced community so difficult. Thembi questioned whether offering emotional support and not physical support in these circumstances does not provoke a negative reaction from mothers, risking the rapport with the home visitors by making them feel that their real needs are not acknowledged:“...but if I’m hungry and you’re coming to my home and you know that I’m

hungry and you're not providing me with anything, is it not kind of sabotaging the work that we are trying to do?"

The supervisors are aware of how difficult this position is for the home visitors and how irresistible the urge often is to offer material help. Clare acknowledged the home visitor's distress in observing families suffering: "It is hard for them, it is so hard and that has also been a challenge. It is painful. I mean I cried in many a supervision to see what the absolute desperation of moms in terrible situations... so many difficulties". Jane explained that she felt that she and the supervisors are shielded from witnessing the poverty firsthand, making their work easier than the experiences of witnessing the mothers' struggles themselves that the home visitors have to endure.

I think it's easier being removed, I don't have to sit in her shack and see there is no food in the house and see the leaking roof and see there is no diapers... I can sit in the office and think about what that means with baby in the relationship but they're actually walking in there and you know, smelling the urine on the blankets and seeing that there is nothing in the cupboard and so that's been I think a big, hard thing for them (Jane).

Furthermore, Jane explained that she believes that it is more difficult for the home visitors to contain the mothers' circumstances without providing material assistance as they have not been trained at length in psychology and do not believe in psychological support as wholly as the psychologists do:

Earning money to sit with these women and talk to them and maybe... not being as much of a convert to the importance of psychodynamics and emotional based support as opposed to concrete things, wanting to give them things...not believing themselves that that is worthwhile and valuable. Not being convicted about that. I think has been hard (Jane).

While it took some time for the home visitors to trust that the emotional support and reflective space that they were offering had value, Thembi offered the suggestion of an established reference point for intangible support in the community, the church: "...that kind of relationship where someone comes for help to get support. It's not like the pastor is giving the person food. But I think there's hope in having someone present with you in times of difficulty".

4.2.3 "I think sometimes they are scared to come": Obstacles to the home visitors building a relationship with mothers

The home visitors reported a number of obstacles that they have experienced which prevent them from connecting and building a relationship with the mothers. These obstacles include

being given incorrect contact details; initial mistrust from the mothers and families; resistance; physical obstacles with pregnancy; lack of privacy; mothers who drop out of the project and move away; mothers who send their babies to grandmothers; and limited time, funds, and resources. The challenge begins at the clinic where the home visitors recruit the mothers. Many of the mothers attending the clinic are foreign or not from the area and will give a false address or contact details or another person's details in order to be able to access the clinic services. They then give this false information to the home visitors resulting in them being very difficult to contact. Bongiwe explained the frustration of having recruited a number of mothers at the clinic, only to eventually be able to test a small percentage "Either she gives you the wrong number or the right number with the wrong address. Three are the ones of the husbands or a family. So, you end, in that thirty people, you end up testing two". Once the home visitors are able to locate the mother and arrive to fetch her for her pregnancy interview, the mothers are often scared to go in the car with the home visitors, thinking that they will be kidnapped. Anele explained:

It takes a lot of courage for a mum to come with you, because she doesn't know you, you are the first time knowing her so it's hard...you have to work hard, to make them trust you. There will be those that write the number plate, and those that ask you "Are you gonna steal me?" And people drop out, I think sometimes they are scared to come. You have this long list of ten, and you will test maybe three, because some will give you the excuse, "my husband refuse" but I think they are scared, is she gonna kidnap me?(Anele).

The home visitors have also encountered situations where they are prevented from visiting the mother as the mother's partner is suspicious of them, thinking that they are social workers looking into his maintenance and treatment of mother and baby. Bongiwe explained that as psychological interventions are not a familiar concept in the township, mothers are often not able to explain the project to their partners, leading to miscommunication and mistrust towards the home visitors:

The mother will tell you that, no, my boyfriend didn't approve or sometimes the boyfriend will call and demand to know who are you and explain what are you doing? What do you want? Why? And all the stuff, because I believe that even if we do explain everything when we are going to recruit the mothers, the mothers, they can't explain exactly what you say to them to their boyfriends. "So, there's just there's this social worker I met at the clinic and the boyfriend is like becoming amazed that, social worker? Why? "Because I am supporting my child, I am supporting this woman"...He's thinking negatively that maybe the woman has talked bad things about him or something (Bongiwe).

Another situation fraught with difficulties and resistance is when the mother is very young or is pregnant as the result of rape. Anele stated: "Mostly that I found resisting a lot is those you maybe will find that maybe she is young, she has been raped, there's a lot of disapproval and

these are those we find, I find difficult to deal with yes". Nandi described the painful situation of her a mother, whose baby had been conceived as the result of rape, struggling to attach to her baby:

This mom came to us and...you can see how she's holding the baby. There's no eye contact, there is no, the attachment is not there. No connection at all..."I've been raped, take it, what do you want me to do?" Then it comes to the point that the mom will be saying to you: "When I hold the baby he's doing this, he's turning away from me. There is that something in that thing that the baby doesn't want me (Nandi).

Due to the crowded, low-resourced conditions in the community, many of the mothers live in places where privacy for the visit is hard to find. Anele explained: "You have to stay an hour, sometimes it's not easy to stay for an hour. Many, many people in the family sometimes they making noise, we don't have a private, private place to go. Or maybe where there is a private place is outside, in the passage, everyone is passing". A particular challenge of working with pregnant mothers is that they are often reluctant to leave the comfort of their homes to come to the organisation. Bongiwe recounted in a humorous, but exasperated fashion the responses she has had to endure from preoccupied pregnant women:

Pregnant women are so fussy....they like to be seen like queens or something...you have to beg. "Oh no, I can't wake up in the morning". Okay, let's do the twelve o'clock one. "Oh no, I am still bathing." Okay, let's do the two o'clock. "Oh no, I am tired." Oh gosh!". She adds that once she is able to eventually get a woman in for testing it is like hallelujah!(Bongiwe).

Once a relationship of visiting is established, another significant challenge occurs which is the inconsistency of the mothers responses to them. The mothers are not all welcoming and they often encounter suspicion and resistance and face a long process of trust-building, in order to build a positive relationship with the mothers. Nandi explained that she often feels rejected by the mothers and this leads her to feel discouraged and apprehensive for the next visit: "Not all the moms that I'm visiting are welcoming to me...there is quite a lot of rejection...so we feel a little bit down...you are going again there but how is this person going to treat you?". Ayanda described the negative responses she often experiences with mothers: "The rejection, truly speaking, is very painful because others are rude, they just treat you like they don't respect you, so it affects me a lot". For Bongiwe, the mothers' resistance in the form of avoiding visits and breaking appointments is confusing and disappointing:

We do have rejections, like a mother like comes, like who are you going to tell me what to do with my child?... they don't tell us straight...but you see their reactions when you go to their place. The mom is not there, the mom is hiding...duck and diving...if I am going there I will have to call again before I get there, that I am coming. So if I am there and door locked, maybe twice, thrice and then there you get a sense that no, I am not wanted here (Bongiwe).

Once a relationship is established and a home visitor feels that she has recruited a mother who will commit to the intervention, it is extremely frustrating and disappointing when the mother has to drop out of the project because she is moving away from the community.

Nandi expressed her frustration when this situation occurs:

It is very difficult because sometimes you...come do the pre, start visiting the mom and then after maybe two or three visits then the mom will be telling you: "Oh I'm going home to Zimbabwe." That's a dropout. Something that you never expected, you know, anticipated. You were thinking that everything is going right then this emergency will come...It is really frustrating to us (Nandi).

Anele described the situation where a relationship is established with a mother and baby, but then she decides to send her baby away to be cared for by her mother, thereby ending her intervention. This situation is extremely frustrating for the home visitors, however, they do understand the mothers' reasons for doing this. Often it is due to the fact that she needs to be able to earn money. Anele commented: "They end up wanting to take their babies to their mums and leaving them to come back to work. So she's alone here. It's hard, because if you are not given that opportunity to bond with your baby in that foundation time, it's bad. But they are desperate, they have to work".

The supervisors are aware of how difficult and demotivating these situations of mothers dropping out or being resistant are for the home visitors, as the visitors are under pressure to recruit and visit a certain number of mothers. Jane commented that Phase Two of the project has introduced new difficulties as the new mothers are not necessarily residing permanently in Alex with their babies:

They'll be keen to be part of the project...they will bring them in for a pre-test while they are pregnant and living in Alex with their boyfriend still, and then, or their husband...then when the baby comes, moms want to go and be with their moms, umdlezane, so they will move. They'll go to Limpopo, to the rural areas. So we have had a lot of drop outs in this project, much more than in Phase 1. Whereas in Phase 1 there were moms already living here with their three month old or they would come back from the rural areas (Jane).

Karen explained that another factor that adds to the difficulty and frustration of having resistant mothers, is that the pressure is felt throughout the organisation. The home visitors are under pressure from the supervisors to visit a certain number of mothers and the supervisors are also under pressure to show productivity to the funders of the project:

They sign up and sign consent, and agree to being part of the programme and then, by nature of their lives or personality... are resistant and aren't there, and they duck and dive. I think that's unbelievably difficult because the home visitors are under pressure from us. We have to

see a certain number. We've got research. We've got funders that are looking at our numbers (Karen).

The home visitors also report that time and resources are in short supply for the work needed to be done. Often they feel like ten visits are not enough to really make a difference with the mother, as Anele stated: "Sometimes they [mothers] feel like ten visits, it's too small, maybe we can extend it...I don't want to leave them, I just want to continue and when it's time to stop with them I feel so disturbed". This feeling was common to all the home visitors:

It's so hard because you can just do more than ten visits to the mom and I've got two or three moms that I just feel I never clicked with them. I never had that relationship that I wanted to have, and to the babies I am much more, far away from... it's so hard for me to just say to the mom: "I'm not coming to see you anymore". You feel that there is the need of you being there...those impassive moms that you feel the need to work with them forever and ever (Bongiwe).

Other resources like the project's single car to fetch mothers, is not enough to meet the demands of their job. Bongiwe stated: "It is so hectic because with this limited resources...we are using only one car and we have maybe three, four slots at one time. Maybe the nine-thirty slots will be like four or three so for us to go, this five-seater car to go and fetch maybe three or four moms it is like a little bit hectic".

Limited funds are also a challenge for the supervisors. Julia expressed her pain in knowing that the organisation cannot afford to pay the home visitors more than a stipend for their incredibly taxing work:

I think the home visitors actually go out and do some of the hardest clinical work that I have read about, heard about and done, in my experience. These are people that don't have a professional training and are being paid badly. So they are basically paid a stipend and really, the difficulty of cases, I can't actually overemphasize, so that is really hard (Julia).

4.2.4 "It was so heavy to me": Containing mothers' primitive emotions

One of the most significant challenges that the untrained home visitors have faced during their emotional work in this severely deprived community, was the struggle of coping with containing the strong primitive emotions of the mothers they visit. Being untrained and inexperienced in counselling, the home visitors initially avoided engaging in discussion about their own negative feelings as well as those of their case mothers. After a time, the home visitors began to demonstrate that they were struggling to cope with overwhelming feelings of distress and helplessness evoked by working with mothers who live in conditions of

multiple adversity. Furthermore, as the home visitors have not had formal psychological training, they were unaware of primitive psychological defences such as projection and resistance involved in the behaviour of their case mothers. This lack of understanding has made it more difficult for the home visitors to understand and cope with their cases, resulting in them taking personal blame for the negative feelings and resistant behaviours of their case mothers, leading to discouragement and demotivation. An added stressor which the home visitors experienced due to supporting pregnant mothers in the second phase of the project, was baby deaths.

4.2.4.1 Avoidance of engaging with the mothers' negative feelings

Tony described his experiences of observing the home visitors' avoidance of negative affect manifest in his supervisors' supervision group:

There is something about avoiding negative feelings, the home visitors try to be too nice to the mom and are frightened of taking up the negative. For instance a mom who might feel a lot of aggression or irritation about a baby, that needs to be contained, and we believe it needs to be articulated. And one can pick that up in the supervision of the supervisors that there is an avoidance of something negative, even relatively mildly negative, like the ending of a visit (Tony).

The supervisors try to address this avoidance in their supervision of the home visitors and Karen explained her manner of approaching this reluctance in the home visitors to engage with the difficult emotions the mothers might be feeling: "I might say to one of them presenting to me, "Why did you change the subject there?". [The home visitor then comments] "The mother suddenly became emotional, I didn't want her to cry because I didn't want to see her unhappy", and I said, "But why were you there?"... Aren't we there to allow her to feel those feelings, to go there if she needs to?".

Community beliefs around pregnancy and the birth of babies were also cited as reasons for this avoidance. Thembi explained that there is a belief in the community that a baby is always positive experience and this strong belief does not leave room for ambivalent feelings to be expressed:

I think it is something that is within the community...there is the idea that a baby is a gift and a gift is a wonderful and positive thing from God and the ancestors, it's a continuing of life and the name, it's something new. And not everyone has that capacity or the privilege, to be bestowed that gift, to carry a child. So I think often with pregnancy... I don't want to say the black community, maybe it's also in the white community... you'll hear like: "you'll be fine" "it's one of those things", "people have survived it" you'll survive it" "don't cry" "It's not normal to be crying, you have this wonderful thing!"...even with rape, it's a gift still (Thembi).

The home visitors described feeling frustrated and helpless as to how to cope when faced with mothers present with ambivalent feelings or behaviours towards their babies and who don't seem to want to improve. Anele stated: "We have learnt that there are those mums who are excited to be pregnant, and there are those mums who are like, "Ok, I'm pregnant, so what?" But they feel so hopeless, it's so hard". Nandi explained how frustrating it is to cope with negative or indifferent feelings from the mothers and how it leaves her feeling discouraged that the mothers will improve in their responsiveness to their infants:

Then going to the mom more than five or six times not really knowing whether this mom is changing, you know, whatever way that you feel that you need her to change. It is like very difficult, and...when you go there and pointing to that: "Are you seeing your baby's doing this?"...The mom don't care...it's really frustrating to me.... Sometimes I just feel...oh my gosh, I'm going to talk about this mom again in supervision! But I believe there's nothing going to come out of whatever I'll be talking (Nandi).

4.2.4.2 Struggling to cope with the hopelessness and desperation of poverty

The home visitors described feeling overwhelmed at times by what they observed when visiting their case mothers. For Nandi, the mothers' material deprivation combined with insensitive behaviour towards their babies, is too much to contain: "Her poverty, I'm carrying it, her...neglecting, everything. I feel like I'm carrying it and it becomes all too much for me, I feel so hopeless". Anele added: "Sometimes you feel so depressed with this mom, sometimes you feel you need to, you need to be alone, you know, it's so overwhelming".

The feelings of sadness and hopelessness that the home visitors contain by supporting the mothers are often so intense that they feel that they have not received adequate training to cope effectively:

I just feel like this is beyond my ability, that what we are doing beyond my...Oh my gosh this is what they call a very high risk mom. How am I going to help this helpless mind?...This is not part of my capabilities! I need to find someone to come and do this for me...I'm not trying to be a psychologist, I am trying to be a home visitor. So sometimes...I feel that things are beyond my control (Nandi).

Nandi and Anele described sometimes feeling that they are containing so much strong emotion from the mothers that they cannot put down boundaries to keep them separated from the mothers, and the feelings spill over into their personal lives and families. Anele stated: "I feel more exhausted and it's difficult...holding those moms feelings to our homes...coming home you feel like...I've been in this most difficult thing today...you feel like crying all over the house and...you are not having the space for your children". Nandi explained that

she feels overwhelmed by the mothers' projected feelings: "I'll be holding like so many feelings in me... I'll be holding so many thoughts on what's really going on. Those times I would say no, I don't even know where my boundaries are...it's difficult, very difficult". Projected feelings of inadequacy, helplessness and resentment were especially difficult to manage. Shobi, the home visitor, who resigned from the project at the beginning of this year, explained that she struggled particularly with her case mothers' negative feelings towards her and their resistance to discussing their feelings with her:

I was having maybe ten mothers, out of ten it was maybe only four who were so kind and I'm a very sensitive person.... I'm going to get hurt every time....I felt like this is heavy, and I cry on my way to go home, that no, these ladies are playing with me. This week they are happy, the other week they are not. I have to dig...the problem, "What is wrong with you? Feel free to talk to me." I have to beg them every time...I'm no longer living my own life...I can tolerate some of it and when times go on I feel like no, I can't, I can't...I feel like the person is doing me a favour to come to her place.

4.2.4.3 Coping with witnessing the loss of babies

The home visitors explained that, with the expansion of the project to include the risky pre-natal period, the staff now has to cope with the possibility of having to help a mother through the experience of losing her baby. The home visitors have experienced a few mothers losing their babies this year and have endured the heavy emotional toll that it brings. Anele described the awful experience of having one of the mothers with whom she worked suffer a still birth and the feelings of helpless, anger and devastation. She then contrasted this experience with the relief of working with a mother whose baby has passed this high risk period:

In the 'pre' there are those anxieties like is the baby going to be alive? The miscarriage...you are praying "Oh god, please let the baby be alive, what if it dies? I don't know how I'm going to handle this. It's very hard. Because I had the still birth. So it was hard, I wish I didn't know her sometimes. When I called the mum and she told me the baby was born but it wasn't breathing I cried... I felt this burden on me. I didn't know what to say to her...I was furious with the nurses and I felt like crying...it was so heavy to me...It's not a nice thing, when someone is losing a baby, its hard... that's why I love the 'post' when I'm going I know that there is a baby now, we are talking about the thing that we can see now. Now the baby is there, we are excited!(Anele).

Bongiwe described the intense sadness involved in a baby's death and her discomfort of not knowing whether her presence would be a comfort or an added distress to a mother in mourning:

The most difficult thing is mortality, babies die and...people will be sad...and you have to go back again after the baby is buried to sit with that person. It's very difficult, because you're like thinking that, if I go back to that house I'll remind them of their baby...or the mom knew that I am coming for her and the baby and now the baby is not there and I have to go there (Bongiwe).

4.2.5“Honoured guests, not counsellors”’: The question of counselling training for the home visitors

The home visitors’ struggle with containing difficult emotions is linked with their lack of training in psychology. They were not given formal counselling training as the founders of the project believed that it was essential to retain their ability to connect and build rapport with the mothers as fellow community women. It was initially felt that a formal training would risk the loss of as genuine connection and create a separation between the visitors and the mothers. The supervisors have expressed differing views about whether they still believe in this approach. This section includes slightly longer quotes than usual, due to the complexity of the issue at hand, and to ensure that the various viewpoints are fairly and accurately represented. Tony as one of the founders of the project explained his reasoning behind the decision to not provide formal counselling training:

We’ve purposefully not made the home visitors counsellors, when people are lay counsellors working for these organizations, they begin to become inauthentic. They start to become what they imagine the psychiatrist or therapist or analyst does... So they get a kind of distance which is different from being able to be confidential, not to be too inquisitive, not to bring too much of yourself... so something becomes slightly contrived, slightly artificial. They become another person “the counsellor”. So we developed the idea that they are “honoured guests” in somebody’s house. They are honoured by the privilege of going into talk to a mom and being part of that world and to feel free to talk and to make a real relationship. That isn’t to chat away and to talk about your own life but to be curious, how did the baby get its name? What do you feel about the hubby? So not to be constricted by not asking too many questions...we like someone to open up to someone who feels real and authentic rather than a “skilled” person if I can put it like that (Tony).

Julia echoed this sentiment:

There’s a tremendous strength that the home visitors haven’t gone through professional training because it is almost like they haven’t been contaminated by it...I think the training has supported a much more authentic way of making a connection, rather than a learnt way, like a Rogerian way of listening or you’ve got to reflect back feelings. That learnt stuff that actually, I think professionals...take a long time to unlearn (Julia).

However, two of the other supervisors felt that without any counselling skills training, the home visitors have been unfairly treated in that they have not been given the tools to cope in difficult emotional situations but are expected to contain the full spectrum of emotional

situations which may arise with the mothers and babies. Karen emphasized that the supervisors expect that the home visitors do professional work without receiving the training for it:

Are we expecting the home visitors to do a job almost as if they were therapists? And I think we often forget that they're not. So they have had difficulties sometimes dealing with death, for example, a mother in huge grief process...what do they do? They feel frightened to go back to the mother when the baby has died, whereas a professional person is probably more equipped to know that actually it would be helpful just to be with them in this the silence, be with them through their tears. For them it's difficult, and also I sometimes feel it is unfair to put them in situations like that when they don't have the tools to hold themselves in a way, to be able to hold other people, and I have often thought that I would love to put together a very, very basic counselling course to guide them (Karen).

Julia described two types of home visiting situations involving very difficult, painful emotions that have arisen this year, in which the home visitors felt daunted and ill-equipped to handle: "This year, we've had a kind of theme in the last couple of months about adoption. Mums not wanting their babies and I think the home visitor just feels, oh, well adoption or death, you have to be a psychologist to be able to manage that, which of course is very difficult for anybody".

Karen continued her argument saying that the home visitors are being supervised using psychological concepts and ways of thinking, and they are starting to use these terms in their work, therefore teaching them counselling skills may help them to work more effectively: "I sometimes feel that they need the skills. If we talk about counter-transference, this is the language that is around us all the time...I said "what were you feeling at the time?" Helping them to use their feelings in a situation where they are talking to a mother...They get it intuitively and they start actually using them...it became part of their language...Ayanda would say to me, "I had to go to this shack...and I was quite nervous, but I asked Nandi to come with me to contain me." So you know, it is there, but I just sometimes wonder if that could be more effective if they had some of the tools that we have, that we take for granted".

Jane explained how a lack of understanding of psychological concepts like projection and resistance has been influential in the home visitors' struggle in understanding why the mothers can sometimes be so negative towards, and resist seeing them. The home visitors take this negative behaviour as signs of a personal failure and this is painful for the supervisors to see:

They get all hurt: "I am not going back to visit her, she has ducked and dived, and every time I have phoned her she is not answering." It is to try and help them to understand that maybe it is that they need to persevere or push through that because there is a hostility that belongs

somewhere else. Now how do you help them to deal with resistance when they don't have those concepts and ideas in their minds? So I think, sometimes I feel like I am expecting a lot of them without the basic tools that we have (Jane).

Jane commented that a formal training and knowledge helps a professional therapist to deal with overwhelming emotions and to access support, and explained how painful it is to work with untrained colleagues who do not have the comfort of this support structure:

In your professional training...one has to get so much personal insight and it becomes so normal to, to frame things a certain way and understand things a certain way...and then...to see them taking it personally...we know to go to our spaces to deal with it, to go to our supervisors and talk about it...or go to our therapists and deal with it and...for it to be reframed for us and rethought about for us...kind of rejuvenate ourselves in that way about the work (Jane).

4.2.6 “How wide that gap actually is”: The education differences between supervisors and home visitors

Working together in a psychological intervention, the supervisors were very conscious of having had the privilege of a university education and professional training in psychology, while the home visitors have been deprived of that opportunity. Julia expressed her pain at the disparity between the two groups' education opportunities:

By stroke of luck that I was born into a privileged position and that, I was able to have opportunities to go to university and study...I think that that is tremendously painful and there is nothing that you can really do about that. It's about opportunity...they [the home visitors] often refer to themselves as psychologists and that Ububele is their university. On the one hand, that's a compliment but also, I think it's painful as well because it is the only tertiary experience they've been able to have (Julia).

Despite the culture of equality and close connection at Ububele fostering a feeling of closeness and teamwork between the two groups, the significant education gap remains, and the incidents where this difference is highlighted can be distressing. The home visitors have been involved in work such as the administering self-report questionnaires and this has encouraged them to want to be able to be included in other psychological work such as conducting the pregnancy interviews. However, they lack the formal training to understand how this particular psychological measure works, in order to be able to do this more sophisticated test. Jane explained: “To explain what we looking for and how we measure what we looking for...that's where all those missing blocks come in, so it's hard”. Jane described her discomfort in having to explain to a home visitor that she did not have the qualifications to be involved with certain tests:

They will say things like, “we're psychologists from Ububele” and I think it has been like a, quite a painful thing because they aren't, and there are certain things that they are not capable of doing. So, like one of the home visitors...wanted to be trained on the MBQS and understand scoring the MBQS. She wanted to come on the training and kind of having to say to someone actually you are not...as much as you are competent and you are amazing at what you do, you can't, you are not going to be a psychologist...they are at the ceilings that they are going reach, which is quite painful because...they're working with professional people that have studied for six years and...not understanding how wide that gap actually is (Jane).

It is painful for the supervisors to observe their interest and desire for knowledge having to be curbed due to a lack of education, however, formal training is essential for the correct use of these tests. Jane gave an example of the home visitors prompting a mother to say she has felt a certain emotion in the pregnancy interview, missing the intention of the test which is to evaluate the feelings the mother can independently acknowledge that she has genuinely experienced:

There is definitely a deep wish to administer parent development interviews which is like a very complicated psychometric thing that measures specific functions...So, an example would be, you are trying to see if a mom can think about her baby by saying “name some good feelings you've had while you were pregnant?”or “name some hard feelings you've had”. So, again you ask this vague question and then, in the interpretation...the home visitor will say “haven't you felt sad” or “haven't you felt scared” (Jane).

Tony explained that he has observed the potential for formal training in the home visitors and felt great sadness that they were prevented from realizing this potential. However, he felt glad that at least he has helped them to gain employment and that in the future there will be more room to further their opportunities:

I feel sad at times because some of them [the home visitors] have shown enormous sensitivity and one knows that if this country had been different, if people had opportunities, then they would have been my colleagues. And I think that they've begun to sense that too that some of them have a real gift for this... it's different from knowing that history has prevented , circumstances have prevented people from developing, but when you see it, that's very painful. But one comforts oneself by saying well, we've begun, someone is now not unemployed, they're working and they're working well in that field, and the hope is that the ceiling can be moved (Tony).

4.2.7 “Being black, being less educated and being a woman who has to walk the unsafe streets of Alex”: Race and class differences between supervisors and home visitors

An associated theme which emerged from all the supervisors' narratives was the difference in salary and circumstances between their group and the home visitors, associated with past inequalities based on race. This difference, which brings with it unfavourable circumstances, is very distressing for the supervisors to observe. Jane described her initial difficulty and guilt

about being in a position of superiority over an older woman who had not had the opportunity to further her training because of racial disadvantage:

As a much younger white girl, and I guess I would use the word girl intentionally, being a supervisor or boss of a much older black woman, has been complicated, I think. It's been hard for me to kind of negotiate, to have a right to say "that's not okay", or you need to do this or put boundaries down...I was really struggling with kind of having an authority I guess to say, to supervise, to, to manage even (Jane).

A few of the supervisors described being aware that the home visitors' circumstances are very different from their own, making it harder to understand the challenges that they regularly face.

Thembi explained more explicitly the challenges that face the home visitors, which are not a part of the white supervisors lives and the possible resentment that the home visitors may feel about this:

The home visitors have to walk and see these moms who are poor and then have to present to these white professionals who go back to these fancy houses and drive... some not so fancy cars, but anyway, it's a car. There's that kind of resentment that you are white and you're comfortable and you don't really understand where I'm coming from and my position and the things that I have to deal with, besides what is happening with the moms, there's also other things, personal stuff, that has to do with being black, being less educated and being a woman who has to walk the unsafe streets of Alex.

The home visitors, when asked explicitly about how they felt about having white supervisors, spoke only in positive terms, and praised the atmosphere of racial equality that they have experienced at the organization. Nandi described her initial surprise at the atmosphere of racial equality at the organization, as one that she had not experienced before: "At first it was very much unusual and, I never did this, you know, but I was saying: "Whitey's with Blackie's, sharing coffee and everything". Ayanda echoed this sentiment and explained feeling very happy and welcome at the organization:

I didn't think that there are white people who are not having apartheid, judgmental, really! And one day I did cry that where I was working there was a white fridge and a black fridge!..so when I'm here we used one toilet and we went to Cape Town I sleep with the white person, one room! I didn't think that in my life I will sleep with umlungu one room, yoh! I felt so...I felt so loved, that yoh! these people from Ububele, they are so kind....it was so touching, it was so touching...they are so good (Ayanda).

In contrast, while the supervisors also expressed enjoyment of the Cape Town trip, they also expressed feeling discomfort, as the trip emphasized the difference in exposure to opportunities between themselves and the home visitors:

The Cape Town trip... highlighted and magnified the experiences that the white members of the team had had... We'd all been to Cape Town, we had all travelled by plane, we all stayed in a bed and breakfast, we all had been to the sea and all had holidays. And our black staff, the black home visitors had not had any of those experiences (Karen).

Thembi commented that while a team-building excursion such as the trip to Cape Town is enjoyable in many ways and does have some benefits of bringing people closer, there are also consequences which may increase distance between the two groups. The exposure to the middle-class opportunities of travel and staying in a B&B may have increased the home visitors' feelings of deprivation from these experiences when life returns to normal:

You shared a space with this white, privileged person and see what they ate, how they talked, the kinds of things that...come out in casual conversations, oh you know, so and so went to this place, like those kinds of narratives. And then you go home and think about that and things haven't changed, I'm still earning the same salary, I'm still going to see those poor moms, I still have nothing to offer them, but I went to Cape Town (Thembi).

Anele initially denied attaching an importance to the race difference between herself and her supervisor but then described enjoying her supervisor's interest in cultural things and saw that as bridging the racial gap between them:

I didn't see any difference, I feel like she's my manager, I have to report to her. For me, I didn't see it as a racial issue, oh, she's black or she's white. Especially with [name of supervisor]I see her as black!" She's white outside and black inside, she knows stuff man, she knows things...she's interested, she wants you to tell her more [about cultural practices]...those kind of things. Sometimes the things she says, its like she's from the township! I trust her (Anele).

4.2.8 “You can't be irresponsible and put them into a field where they are not going to be effective”: Recruitment challenges: Choosing the right home visitors

The supervisors reported that a very challenging aspect of working for this project was the recruitment process. The awareness of the huge lack of employment in the Alexandra community made it particularly painful for the supervisors to have to exclude so many women in the process of selecting the right candidates for the programme, knowing that these women had very few options available for them: Karen stated: “It is also a very painful process because everybody is so desperate for employment to survive, so that they are working hard to show themselves as the right one to select, but in the end we have to phone people who we got to know over the whole month and say sorry”. She went on to explain the importance and responsibility of selecting the kind of woman with the right qualities to work as a home visitor: “if somebody just can't, emotionally identify or empathise, you know, you can't be irresponsible and put them into a field where they are not going to be effective, and

they are going to feel terrible”. Jane described the mixed feelings involved in the recruitment process: the difficulty of interviewing women and hearing of the trauma that they have experienced and having to make the decision that they are not resilient enough for this kind of work, but also meeting wonderful candidates and anticipating working with them:

We have had people come in and fall apart in front of us as you just ask them one question about their childhood or something. So, it has mostly been quite heartbreaking. I think it is just going to get harder to phone people and say you didn't make it. But I am also very excited...we have just been meeting amazing women that I think are going to be really nice to work with eventually (Jane).

4.3 Effectiveness of the project

The home visitors and the supervisors agreed that the project is most certainly effective and benefits the mothers and babies that are visited. Nandi stated: “Oh my goodness, it does...videotaping those moms at the beginning and after and the sensitivity that they are...this is what we have done, ladies... You can compare the mom from the start and then to the end to see that this is how this mom is doing with this baby now”. Bongwiwe described some of the mothers' reactions to the intervention: “Some do tell us... “I appreciate for you being here”, even someone call you and tell you “I feel like you can come every day now,”... some can even want to end up like us”. Jane explained her passionate belief in psychological support for mothers living in communities struggling with multiple material adversities:

Concrete health is not the answer, it is not the solution to raising healthy citizens in this country and people that are going to be resilient and have good relationships and be competent human beings...I have done a lot of work in orphanages and it is not, it's not just the babies of poor moms that are there, it's the moms with traumas and unprocessed stuff and losses and complicated history and personality disorders and those kinds of things.

4.3.1 “I will listen to her because it helps her to heal inside so that she can be more with her baby”: Mothers contained and affirmed

Both groups explained that the project is beneficial in a number of ways. These include supporting the mothers to reflect on their thoughts and feelings about their babies; containing their difficult emotions and providing a space for them to improve their bonding with their babies. Due to the multiple adversities facing the community, most of the mothers' attention is taken up with securing the basic essentials of survival for their families and spending quality time with their children is a luxury. Jane explained how the home visitors help the

mothers to prioritize some time with their children that they otherwise would not have felt was necessary or justified:

So many of our moms are so unsupported and there is just so much going on in their lives that they don't have the space in their minds to think about their babies in the way that their babies need and the way that the moms need, and I think the home visitor just creates that space and that support (Jane).

Anele also highlighted the programme's role in creating time for mothers to focus on their infants:

It gives them their time, their moment. Especially with those who have a lot of kids, they don't find the time because this one want bread, this one want to be bathed, this one want to sleep, you end up doing a lot of things, but me as a home visitor going to your house and I say this is now your time with your baby, it gives you that one hour to create a space to focus on the baby and maybe you will notice things that you ever see, because there was this mum who say "I never realized my baby has a tooth!" Those kind of things. I think it's very important. Some of the mums are amazed, they are "Oh you come here to just be with me and my baby?" Yes! To allow you to put more focus into your baby, giving them that moment (Anele).

The supervisors spoke about believing that the project provides a space where the mothers can reflect on their feelings and thoughts and have their experiences heard and validated.

Karen explained that the mothers were: "treated with great respect and appreciation, affirmed, you know, their personhood affirmed and their baby affirmed, and some of their really traumatic experiences, and feelings, processed to some extent". She added that she thought that the pre-test pregnancy interview alone could constitute a therapeutic experience for the mothers:

Even just the pre-test, the intervention by coming in here for two hours, having the interview...you are forced to reflect on things that you wouldn't normally...it is almost like it opens little windows in their minds and they start to really be able to reflect on things and get a distance on their own experience (Karen).

The home visitors felt that the mothers are significantly helped by having someone to listen to their experiences and to contain them. Anele stated: "But the organization itself, it is a blessing to those vulnerable, needy people. Those who need to be heard you know? Because I remember somebody saying when you are heard it's easier to live, when you are heard you can heal inside and you become better, a better person". Bongiwe explained her belief in the healing power of being listened to and contained: "You being there for somebody is a huge, huge thing. I think just for being there, apart from the guidelines and the bonding that we talk about... but listening to someone's feelings, listening to someone's problems...It makes a big difference". Ayanda added her understanding of the importance of having a non-judgemental attitude: "I think the mother thinks that she's not alone. There is other women who's having

this experience, who's there to support you not to judge to appreciate everything". Nandi described visiting a new mother who couldn't talk to her boyfriend about the baby, as he felt that, as the mother, she would just know exactly what to do about the baby: "The partner does not want to share so many things with her. Whenever she's like talking to him about the baby he's like: "Oh you're the mom you should know this thing...". So when I'm coming there it's like she's feeling more free".

The home visitors also explained that their containment of the mothers' difficult emotions, helps to allow the mother to have the emotional and mental space to bond with her baby. Anele explained: "It is important to let mum talk sometimes, if she's worried, she's got troubles, it will be hard to focus to the baby so we give fifty fifty, to mum, to baby....I will listen to her because it helps her to heal inside so that she can be more with her baby". Bongwiwe added: "They are offloading some loads to you, and that will help them to focus on the baby. But with that load in her, and no one to talk to, then every time the load is much more heavier". The supervisors agreed that the mothers receive significant support in having the home visitors to contain them and to help them feel that they are not alone in their difficulties. Julia stated: "I think having a companion, having somebody come in once a week, I think for most mothers, is useful. To have someone share the experience of whatever they might be experiencing at that time. So its containment, I suppose, and its companionship and it is not being alone". Clare added that containing the mothers may be beneficial in that it may reduce negative projections onto the baby: "The home visitors have a chance to kind of talk to mom about anything else that's bothering her and I suppose then you hope that projections will be less and maybe it becomes a little bit less muddled between mom and baby".

4.3.2 "It makes their minds open": Mothers attachment knowledge increased

The home visitors and the supervisors described observing the mothers' knowledge of attachment and infant emotional needs increase. Nandi stated: "They can see that now I'm holding a baby and this baby's much more aware of what I'm doing now...at the end you can see this growing sensitivity in the mother's relationship and her baby... it is great, it is great, really it is great". Bongwiwe summed it up: "It makes their minds open".

Jane explained: "We've seen a huge shift in what they know about how babies develop and how their relationship with a mother develops and how their emotions develop...they are

obviously reading our hand-outs and they are learning a lot from the home visitors”. Julia added: “they are definitely thinking more about their children and thinking about them as people that are being formed. They are thinking about their pasts more and processing some of that stuff, they are being asked about their parents and how they feel about that and what they want to do differently”. Thembi spoke about the mothers benefiting by being helped to explore difficult feelings and to cope with ambivalence as well as feeling able to ask for emotional support:

And also thinking that pregnancy, child bearing, bringing up children, it's not all roses, when the baby comes out it's not like, oh everything will go away, I'll just be so happy! And you see that kind of thinking coming through quite a lot with some of the moms, when my baby's born I'll be very happy you know? So there's getting to know that there's the good and the bad and that's ok. And it's ok to ask for support (Thembi).

The home visitors explained that the mother's focus on the baby makes the baby feel positive. Anele stated: “I think the baby can also sense that...this women, they are talking about us, we are in the spotlight, I feel very special”. Ayanda has observed mothers spreading the knowledge that she has gained to fathers and she expressed her belief in the positive impact on the baby of being provided with love in a context of poverty:

The brain develops and she's around the people who are caring...and...the mother teaches the father. ...like many mothers they used to tell the fathers that we have to do like this, we have to! We have to! So I think the baby feels more stronger that I have the people around me who loved me and take care of me and it's a nice thing. Even if there is poverty but my mum can give me love, not money, not expensive blankets, clothes... but love”.

The home visitors also described the practical guidance that they, as mothers themselves, are able to offer new mothers, particularly women who have no other support, feeling, at times, like they are substitute grandmothers. Anele explained:

There was this mum, she didn't know how to hold her three days old baby, and she's very young, she's struggling with breast-feeding, so I had to show her how to hold the baby in the direction where the baby would suck the breast. I even advised her to give the skin to skin, so I am really playing the part of being a mum.... in most cases maybe she sees her mum passing away, but when you go there, it's like you are representing their mums (Anele).

4.3.3 “Moments of magic”: Improving mother and baby bonding

Both groups have observed an improvement in the quality of the mothers and babies' bonding. Jane explained her satisfaction at seeing the 'hard' proof of the improved MBQS results that the intervention was making a difference to the mothers visited: “We just got a whole lot of results and... that kind of concrete proof has been really nice...that it's having an

impact”. Clare described the reward and hope of seeing tiny improvements, to her they are “moments of magic”:

You have these like magical moments between a mom and a baby that weren't there before. And such tiny, subtle things that you could feel so proud and hopeful about; so in amongst the pain that you see and a lot of cases that really feel quite hopeless in a way, you do have these moments of magic.

Julia explained that the project helps the mothers to realise the important emotional role that they play in their baby's life, and this is rewarding for them to know:

What it does for the mothers is, it helps them see that they have a relationship with their child and I think that, in itself, is for the mothers. So this person knows who I am. This person responds to me. I am the most important person for this baby. I think that probably gives mothers something of pleasure...the ordinary pleasure that might otherwise not have been highlighted and just taken for granted; so the marking of pleasure (Julia).

The supervisors believe that the babies are benefited by the intervention in a number of ways. Karen talked about the babies enjoying more peaceful dynamic with their mothers: “I am hoping that they have an experience of something quite peaceful, and calm, and restful, and that their mothers are in some way alerted to them a bit more...to their signals, to just their general state”. Jane spoke about the possible positive consequences of this attention for their sense of self and being enjoyed:

It is giving them...an object that's much more alive to them and thoughtful about them. So...the results of that should be that they are feeling seen and heard and maybe a bit more understood ...and that it's kind of helping them to get a sense of self that is much more... they are more important or valuable than what they otherwise would have...and having people take pleasure in them...being enjoyed by people (Jane).

Julia added that the mothers' new awareness of her baby may be translated into her handling her baby with more sensitivity and care:

Their babies I think are noticed more and I think are responded to more, and there probably is more thought about babies....That thinking, I would imagine, might change the way the ordinary ways of being with a baby... so if baby is just having a regular wipe down at the end of the day, one would hope that the mum might have in mind that baby really enjoys the bath...or baby might get unsettled but will take a little bit to settle and that repair is ordinary and useful. But having that containment in the mother's mind, probably transmutes their experience, even if it is just having baby more in mother's mind, thinking wise....if the mother is thinking about the baby, how does that effect the way her hands hold her baby if she knows that the baby has more capacities than she thought? (Julia).

4.3.4 The beneficial changes of Phase Two

The supervisors and home visitors described two significant beneficial changes in phase two of the project. These changes were that pregnant mothers are visited before they give birth,

and that the home visitors were provided with written guidelines for each visit's focus and an information sheet detailing information on the baby's needs to give to the mothers. The two groups explained that extending the visits to the pregnancy period allowed for a better rapport building with the home visitor and also allowed for mothers to be engaged in the programme at a time when they needed extra support. Karen stated:

It feels that there has been a deeper engagement with the mother initially when she comes for a pre-test because she is pregnant, and she is quite anxious at the time as you can imagine. You don't know how this baby is going to come out? You are not sure about anything, especially if it is your first baby... I think they are much more receptive to the idea of support and talking about the experience and when you go into all the detail around the pregnancy, the conception and how did the various people around her react to the news (Karen).

Clare explained the value in being able to establish a relationship with the mothers before the baby is born:

It has been great because when that baby comes along the relationship is there and the mom's got someone who they can turn to... there is a lot of feelings pre having a baby and in that last trimester that's really a lot going on and also if you think about kind of attachment starting while the baby is still in the womb, it just seems logical to start there (Clare).

The home visitors also elaborated on the advantages of getting to know the mother's unique situation before the baby arrives:

It's easier for us because going to their homes to visit after the baby is born because we are going to see someone we already know from the interview, maybe she was raped. When I go I know ok, I'm visiting this kind of person who's been raped, who live with her mum, boyfriend has left. So it's a preparation of me knowing her better (Anele).

Anele and Nandi described their enjoyment and satisfaction of being able to follow a mother and baby's progress from pregnancy to birth. Anele stated: "It's nice to visit someone that you saw when she was pregnant and now she have the baby, it's like a journey we're going on together". Nandi added: "You start to grow with the baby, you start to grow with the mom, you started to know more the mom and when the baby is there it's like, great, this is the person that I've seen in the mother's tummy, this is the person I was talking to!"

With regards to the introduction of visit guidelines, Jane understood that these guidelines, which detail a focus for each visit, initially provided the home visitors with more structure. The hand-out to be given to the mother is a tangible resource which initially assisted them to feel secure and confident. However after they had gained experience, the home visitors were able to use their intuition to be with the mother in the way the individual mother needed at the time, within the structure of the visit guideline. Jane stated:

What's been nice about phase two, is I think in kind of more anxiety provoking moments or with more difficult moms, they [the home visitors] have had something to hold on to. So they will ask these specific questions and go with the theme but I think what they've really taken in from phase 1 is that it is about being with the moms, staying with her line of thought and her concerns...let the mom talk about whatever she's struggling with at that time (Jane).

Anele described finding the guidelines helpful for assisting with the development of rapport for more reticent mothers:

They give you something to talk about, like when you find those mums who are hard to talk to, they help you to have a conversation with her... you will ask her how is she doing and she says 'fine' and then she's quiet. At least the guidelines give you something to talk about and you ask her how is it when you separate from the baby and she will start talking and it will be easier (Anele).

Ayanda spoke about her appreciation in being able to provide mothers who were struggling financially with something else that they did value, the written information sheet on baby development: "Maybe that person is poor but she is not expecting me to give her money, but she appreciates the info that I am giving her".

4.3.5 "People are starting to know the importance of Ububele": Ububele becoming more recognized in the community

Both the home visitors and supervisors described their satisfaction in observing that the project's services and the organisation as a whole are becoming more widely known in the community. Clare explained her feeling that Ububele's projects are starting to develop a network of connections in the community and that mothers will become more familiar with the organisation's services and more easily able to access them:

The synergy between the project, you know the baby mat and how it leads into home visiting and it is just amazing, amazing and it is starting to feel like we are kind of more out there in the community, like when we sat on the mat at the clinic we'll see a mom from a home visiting project and we're starting to be recognised and seen as a source of support for moms (Clare).

Thembi added that with each mother's successful engagement with the project trust is built and a reputation of support is developed spreading further into the community:

The continued relationships, when you hear that a mom has been tested before and was pregnant before, and she's accepting the services again...relationships are built and people are remembered. Ububele is kept in mind throughout the difficulties, when you see that a home visitor has made a difference (Thembi).

Anele expressed her belief that as the community has more contact with psychological services, more people will understand the benefits:

So if people start knowing about this organization it will be helping them. The people who know Ububele they will tell you, ooh I've been helped. I remember a friend of mine, her husband was shot, he was killed. She told me she has been seeing a psychologist here who helped her. She doesn't forget, when she talks to me she says "Ooh, I remember when I was talking to my psychologist she said I must cry when I feel like crying". So I think people are starting to know the importance of Ububele (Anele).

Chapter Five: Findings around experiences of supervision

From the exploration of the supervision experiences of the two groups of staff members, a number of themes arose. Some were positive experiences and some included both positive and challenging aspects. This chapter will begin with the challenges that a few smaller groups experienced and then follow with themes which emerged for the majority of participants.

5.1 “I smell a rat”: Trusting the supervision space

Two of the less experienced supervisors described taking some time to adjust to the role of supervisor, Clare explained that: “not having supervised before, I think just feeling confident; it took me a while to feel confident in the task”. Clare also explained that an aspect of supervision that she finds personally quite difficult is that the cases which are brought for help are the ones involving very overwhelming emotions. While this is the expected situation, it does mean that the supervisors do not get to hear about the cases which have demonstrated improvement as much: “You don't always get to see... shifts in the mom, and baby in their relationship...because sometimes as things get better they stop bringing that mom to you... a lot of time you just get to hear the hard stuff” (Clare).

The supervisors observed that it was difficult for the home visitors to adjust to the idea of supervision; there were ambivalent feelings observable around it. Karen explained that the home visitors would behave as if they thought supervision was a waste of their time, in that they would be late for it or appear happy if it was cancelled. However, if the supervisors were unable to provide supervision, then the home visitors would be distressed and the supervisors, therefore, concluded that the home visitors were becoming aware of the importance of supervision:

I think they have sometimes been resistant like... they will be late, or she will have to cancel and they will say “Yay!”...they sort of make us feel like it is a bit of a discipline, but then the interesting thing is, I have noticed, when we are away or it is cancelled, or we are late, wahoo, they are outraged. They are cross and they start feeling neglected. So I think it's a little bit like, you know, I love it, coming, I hate it but, I don't know how to say it. It is a bit...playing hard to get I suppose. Like we don't really need you, you are forcing us into this supervision, but actually I think it is hugely important (Karen).

Clare attributed some of the home visitors' initial resistance towards coming to supervision to them feeling anxious about their work being judged negatively. She commented that: “I think

definitely in the beginning it was hard for them to present their work, I think it was quite exposing”. The supervisors explained that the home visitors tried hard to present their cases in what they believed was the most idealistic light, focusing only on the positive emotions that were present in the visit and omitting reference to any negative feelings that they themselves felt, or that the moms felt:

There was definitely a time when it...felt for them like a monitoring thing and they would bring good transcripts and they would bring success stories and they would bring 'she loves me and I love her' and 'she loves the baby' and everyone loves everyone, everything is great (Julia).

Karen explained that the supervisors adopted a humorous way of encouraging the home visitors to talk about their negative, difficult experiences by saying that they could “smell a rat” in their presentations. The ‘rat’ became a metaphor for the hidden, difficult feelings: “I think there are sometimes false positive presentations, like, this was a very good visit and the mother is very happy with me and they want me to see that, that they do a good job... ‘I smell a rat, there is a rat somewhere...where is the rat?’” (Karen). Tony also observed that the home visitors believed that to be successful in the work, they needed to push the mother to increase their attachment to their baby, however this was not an expectation of the managers:

They want to be liked by the moms, and they want to make a success, so they often feel that they need to push the mom to relate or to attach to the baby, often unconsciously I think, but almost like that’s a measurement of their success... it’s not... success is going to visit the mom, keeping the number of appointments (Tony).

Julia commented that the home visitors were anxious about being seen to be doing well at the work, in order to feel secure about keeping their jobs and the badly needed stipend, and sometimes this anxiety influenced them to conceal when they had not been able to do what was expected of them:

I think it’s got really hard and I have a sense that at least one, probably two of them, would like to have stopped at various points. But because they are actually responsible for people at home, and their salary, the stipend, it is important that they carry on going...I think the home visitors are not completely honest about when they visited or how long they visited (Julia).

Thembi’s view is that the home visitors do not have the confidence of a professional training and therefore, struggle with feeling they can admit to needing help without the fear of losing their jobs: “I think as someone who doesn’t have a professional identity, it’s much harder to say I’m struggling or I’m not coping or I’m not happy with this particular thing”.

Ayanda explained this dilemma from the perspective of the home visitors, describing a few situations where she felt that she did not behave correctly on a visit and her fears around bringing it to supervision and receiving a negative response:

Sometimes I feel if I am going to talk about this, I will be in danger, let me just keep quiet. Let me not share with everyone....everyone don't like to be blamed, so before someone blames me let me just work this out....sometimes maybe we talk harsh to the mothers and we don't mention it here. Or sometimes when you recruit, you promise the mother the thing that you can't give it to her and you said "Oh I did promise, oh, eish! What must I do now?". No, I will sort this before going to the supervision (Ayanda).

However, the supervisors felt that, as an organisation, they have worked on a culture of encouraging openness and helping each other learn, which supports the home visitors, in general, to be able to talk about difficult feelings and experiences. As Karen expressed: "I think generally they actually feel very free with us. I think we have worked hard at developing a, well I certainly have, a culture of openness and, you know, we are in this together".

Jane observed that, as Ububele is a psychoanalytically orientated organisation, it encourages an awareness of looking into the deeper, unconscious, symbolic influences on behaviour, making it easier for the staff to explore choices in a less punitive light. She gave the example of a home visitor acknowledging that she did not attend a scheduled home visit, but feeling less anxious about admitting to it as "the whole vibe at Ububele is 'what is the symbolic meaning of what's going on?' It feels less threatening to say 'I didn't go'".

5.2 "To help me grow more out in the work that I am doing:" Supervision as a containing and thinking space

The home visitors reported that after adjusting to the idea of supervision, they all found it to be a very valuable space in which to have their feelings clarified and contained: "Sometimes you don't know where this feeling...where to put it...it helps me... that I'll be telling her what is really happening to me...I feel relieved talking" (Nandi). Ayanda described supervision as having a therapeutic benefit for her: "It was heavy, my head was...my nerves was very big...after supervision I feel relieved, supervision for me, it was a therapy".

Supervision was experienced as a place to unburden difficult feelings:

There's stuff you need to offload and you want somebody to help you with. There will be a mum who is difficult to work with and in supervision you have an opportunity to talk about her, it's your space, your one hour of telling her the challenges that you are facing. So now I see the reason of supervision, it is helpful, a lot (Anele).

The supervisors agreed that supervision appeared to be a beneficial, containing space for the home visitors: “You get the sense that they find it kind of quite containing and, and helpful for themselves when they say that and I think they rely on us a lot” (Jane). Clare added: “They are definitely held in terms of having a place to come to, to be contained”.

The home visitors explained that they have also found the supervision space to be one where they are able to think about and discuss their cases with their supervisors, receive guidance in the most effective ways of proceeding with difficult cases, and to feel their skills growing:

I think supervision is for me and my supervisor to think together about the work that I am doing...when you talk to your supervisor, to look at it, to think together with her. Think together, it is something that it relieves...to help me grow more out in the work that I am doing(Bongiwe).

Anele described her appreciation and internalisation of her supervisor’s guidance: “The best thing is when I have a mum and I didn’t know how to handle her and she [supervisor] will guide me how to handle that mum. And then the next week when I go to that mum I already have my supervision in my mind, ok so she told me this and now I have a plan of what to do”. Ayanda summed up the goal of supervision: “To understand the mother better when she’s with the baby and the reactions of the baby’s through the mother”.

The supervisors expressed huge pleasure and satisfaction in observing the home visitors growth in skill and confidence in their work. Julia commented: “...to see the growth and the internalization of what is being learned and the details of the observation and the details of the reflections. I think it really is a high calibre of work”. Clare added: “They’re definitely more insightful and they’re more confident, they’re more confident in what they’ve got to offer”.

5.3 “Tackling the problem together” versus “your own self-space”: The advantages and disadvantages of group versus individual supervision

The home visitors experienced both advantages and disadvantages with group and individual supervision, but all reported feeling that both types are valuable in different ways. Regarding group supervision, the home visitors appreciated the support that they can provide for each other when they are together, in terms of helping to think about their cases, or practical help with language skills:

My colleague, she had this problem with this mum and now I know that this week she is going to see that mum, so I put her in my mind, I know her story, I know what’s going on

with her mums. I know what's going on with her... We'll be reading a transcript together and if there are difficulties we will help each other, and if she goes again to that house she knows she's got us (Bongiwe).

Anele echoed the importance of team support, emphasizing the challenge of individual supervision where there is no help from the other visitors: "It will be about tackling the problem together, we think about this situation, we think about the baby, we think the baby felt this way, we think about the mum... But with individual, you yourself have to think about it... one on one is harder than the group supervision".

A significant benefit of group supervision was having the opportunities to learn from each other's experiences, as Anele describes: "I learn from them, they learn from me... it is helpful, because if I tell my colleague I've got this mum who I'm having a difficult... problem with, maybe she will say 'Ay! I've had this mum before like that'".

However, the disadvantages of group supervision are that the home visitors get less individual attention for their cases and have to wait their turns:

With the group there's a delay, because we've got turns, this week it's you presenting, then next week it's me. But for individual, ok I know that every week I'm seeing the mum, I'm seeing my supervisor every week and it will be all about me. So with the group I'm not given that most time, so I can't talk about all the details (Anele).

Other advantages associated with individual supervision are: "having confidentiality" as Ayanda described, and having: "your own self-space" as expressed by Nandi.

5.4 "Wanting a "single container": The boundary between work supervision and a therapy space

The supervisors reported that a challenge in supervision was to allocate some time for talking to the home visitors about how they are personally feeling, while spending the majority of the time on supervision of their work with the mothers. The supervisors believed that it is beneficial that the home visitors acknowledge their own feelings and want to work through them, as Clare described: "It is helpful that they bring it there so that it can be held and managed".

However, the nature of the work often elicits distressing feelings and triggers personal associations which need more time to be processed. This was often difficult to balance, as the home visitors were not currently in their own therapy, leaving the supervision space as their only outlet for formal containment and processing. Karen explained that she regards the

home visitors being able to bring their own feelings and experiences to supervision for processing as a good thing as they need this support to work effectively: “They sometimes bring quite a lot of personal stuff into the supervision... I think it is very important for them to have a space to be supported for themselves otherwise they can’t do the work, and they have been very resistant to therapy...so I will try and work through it with them”. However she added that this situation has influenced them to feel that they do not need a therapy separate to their supervision, which the supervisors do not agree with: “You will often hear them say things like ‘No, I don’t need a therapist because I’ve got Karen’” (Karen).

The home visitors described appreciating the supervision as a space where their personal experiences and feelings could be acknowledged and processed. As Nandi explained: “There is this and this feeling...bring it!...from my children, from my relationships, from whatever’s happening...I’m going to therapy, this is the space that I should use”. Ayanda added that she values her supervisor’s skills and explained how different her experiences of supervision are to her experiences of taking her difficulties to family members for help: “I wish I could have the whole week talking about me because it’s nice when someone is listening to you, rather than family. When I start to say “you know I have a problem with Nandi at work,” [Family says] “Okay, never mind, just avoid her,” and sometimes I don’t need that. I need someone who is going to, to understand how I feel, and to ‘dig’ the information: ‘How did you feel? How is Nandi doing?’”.

In their responses, the home visitors acknowledged that there is often an amicable power struggle in individual supervision between their desire for therapy and the supervisor’s need to focus on their visits: Anele humorously described wanting a ‘single container’:

I think maybe it can be equal time for my personal life and my working. I suggested that but she said I must see a therapist! I wanted everything in the one container!... I love her, but once it’s time for her to work, it’s time to work. She’s not that strict but sometimes she’s strict, but I’m used to her now, a lot. I know that she wants work to be done (Anele).

Jane gave some examples of mothers’ situations which may trigger the home visitors’ own feelings and past experiences, where the supervision provides a space to process this in order to help them personally and help them work more effectively:

Supervision can spill into therapy because they can be quite unaware of themselves and then...there is a lot of hard things about it, they didn’t have support when they were having babies.... they might not have nice husbands and their moms they visiting have got not nice husbands...they’ve had their babies and they have regrets and they have now learnt all of this in training and they can’t go back but they’re helping other women do better than, than they might have managed to do so. A lot of stuff is evoked by the work that they do and...it’s not being caught and contained somewhere else. So, we are having to do kind of a lot of, trying to

make them aware of stuff gently and being supportive and containing...trying to help them with their work (Jane).

Jane went on to say that she felt that personal therapy should have been made compulsory for the home visitors from the beginning of their work, as it is for psychologists; the implication is that it is very difficult to start insisting on it at this late stage of the home visitors training:

The mistake that they made in initial recruitment and training was not emphasizing that the ladies need to be in their own therapy, kind of making it compulsory without making it compulsory, like it would be for psychologists in training.

5.5 “You feel more resistant to that, I don’t know why:” The home visitors’ resistance to being in their own personal therapy

The supervisors were very invested in the home visitors going into their own therapy as they believe that this will be beneficial in helping the home visitors process their emotional experiences, and improve their self-insight and psychological understanding. They felt that this would, in turn, help them to work more effectively as well. The home visitors have been offered therapy free of charge from the supervisors’ contacts, however, the home visitors have so far been resistant to going into therapy. The supervisors have varied thoughts on the reasons for this resistance. Julia observed that the home visitors may not really understand the need for therapy: “I don’t think it [therapy] resonates...whether it is felt to be needed or necessary”. Karen explained that the home visitors may not fully believe in the benefit of psychotherapy as they are not trained psychologists and have not been to therapy before:

They are not psychologists, I am not sure they really believe in the talking cure. The idea of just being with somebody and that is helpful. I don’t know if they fully have a sense of that inside themselves. Maybe some more than others, but I wonder sometimes whether that is, we take that so for granted, and they haven’t been to university training...and not having had their own experience of it, they have never been in therapy (Karen).

However, Clare had a different opinion, and believed that in their work with the mothers, the home visitors have observed situations where emotional support and just being with a mother has made a positive difference and this will help them to believe that it is beneficial: “I think they’ve seen where it had an impact and I think they would believe in it”.

Karen suggested that the home visitors may feel apprehensive about confidentiality in terms of their speaking of personal matters to a therapist who is an acquaintance of their supervisors:

Also that I have set it up. I have connected with some of my colleagues, professional colleagues in the community and said, would you volunteer your time, and they have agreed, and maybe they might feel that talking to them, might not be entirely safe maybe (Karen).

Another reason that the supervisors suspect may be influencing the home visitors to avoid personal therapy, is that the home visitors may be unconsciously fearful of destroying the defences that help them to cope with the many adversities that they face in their lives. Karen summed this up: “just afraid of what they might open up maybe”. Clare elaborated on this idea:

I think it is hard...they all have hard lives actually and I am not sure that I want to go there and kind of unravel, I think all their defences are... all the defences that they need are in place and they just keep going and they've become good at what they do and hold themselves together in that way, and I think it is scary to embark on personal therapy.

Thembi expressed the opinion that the home visitors may see the acceptance of personal therapy to indicate to others that they are not able to manage on their own emotionally, and are therefore, perhaps not competent to carry on with this work. No one wants to be the first person to take this step: “Is it saying that I can't do my work? And that's why I'm asking for this kind of help. And there's also probably a dynamic within the group, 'cos none of them are seeing anyone...maybe who's gonna be the first one to fall?” (Thembi). She explained that psychologists are trained to understand that it is not a weakness to be in therapy, however the home visitors do not have this mutual understanding that it is acceptable to ask for emotional support in this way:

As a psychologist, its drilled in to us that you need to get some kind of therapeutic support in terms of the work that we do, but there's defences, even with us! So someone who's not really educated in that way, it might be much harder to say I'm actually not coping, or I'm actually really struggling (Thembi).

Tony had the opinion that, for the home visitors, the practical concerns of the time and energy expenditure involved in going for therapy may be a significant factor in discouraging them from starting therapy: “Here these people were already working, and they may be tired and thinking it's another two hours, an hour of therapy and an hour to get there and back”.

Julia suggested that this issue may be addressed with another kind of therapy intervention. She explained that the home visitors had really enjoyed and appreciated the group process during their training and that creating something like that, to which the home visitors had responded positively, may solve this issue:

The training itself is very therapeutic. We started every morning with a group process and it was not a therapy group but it was 'bring what has stayed with you' and it was very therapeutic, in the content and the process. Without exception, everyone loved that, so that's something for us to maybe take back and think about our notions of therapy and actually, maybe listening or thinking back to spaces that were taken up, and maybe trying to apply those (Julia).

When they were asked why they had not taken up the offer for free personal therapy that the project offered, the home visitors' responses did reveal a degree of resistance. Nandi stated explicitly: "You feel more resistant to that, I don't know why?". She explained that she felt that her supervisor could help her with any problem in that regard: "Sometimes I just feel okay fine, I can deal with this, if I've not got this problem I can tell my supervisor". Bongiwe felt, as they have both individual and group supervision, that this is enough support for her at the moment but that she reserves the option to change her mind at a later stage:

I am not on therapy, because I feel like supervision is too meaningful. Because you have got one-on-one supervision, got group supervision. So I think it is enough for me, because I am able to talk everything about this. Sometimes I am able to talk about my feelings, and be forget about my work. So it is helping...maybe as time goes on, I will need that therapy. I will take one, I won't say that I won't (Bongiwe).

Ayanda felt that too many therapeutic relationships may make processing her experiences complicated and unclear: "We felt like we, we are having enough talk, individual supervision, group supervision....I'm going to confuse myself. Because I'm not, I'm going to talk about one thing many times". She went on to explain that not having enough time is an additional reason that has precluded them from going into their own therapy. Ayanda stated: "Time is not enough.... I have to go and visit, I have to write my reports, I have to present the transcript, I have to go and visit, so we felt like, no, we don't have time for therapy...Sometimes I used to go at home at, like summer, six o' clock. Maybe knock out here at three o' clock but arrive at home six because we are visiting. And we have to come and write again so you don't have enough time to have that therapy".

Bongiwe then, when asked, clarified that it was not the thought of going for therapy to someone they did not know that has discouraged them from therapy: "We don't mind about strange people. We trust Ububele that they can't just send someone who's going to spread our news. We trusted Ububele, so it was not about the person that we don't know".

5.6 “We are the poles that support”: The home visitors do the real work and the supervisors support

Both the supervisors and the home visitors spoke about feeling like the supervisors could not really appreciate the challenging nature of the work that the home visitors do. The supervisors felt that their role was one of support, but that the real work is done by the home visitors. Thembi told a story of a home visitor's experience which seemed to illustrate, in a metaphorical way, the very real, hands-on nature of the work that the home visitors do, in which they ‘get themselves dirty’ as well as the difficulties of the work ‘tending to stay’ with the home visitors. This can be seen as being very different to the ‘clean’, ‘ivory tower’ work that the supervisors do:

This home visitor was saying how difficult it is to just sit with a mom who’s very poor, and she spoke of the child not having any nappies and he was wrapped up in a piece of newspaper. And at some point she had offered to hold the child and unfortunately there was an accident and so she had baby poo on her skirt. She was saying how she had to clean it up but there wasn’t enough water, and she had to walk through Alex and come back to work smelling of shit (Thembi).

Karen described her view of the supervisors’ role in providing support for the home visitors who do the actual work and her admiration for them: “I am pretty in awe of them, and I realise too that this project is not viable without them, so they are, they are the project actually. We are sort of the poles that support”. Clare echoed this sentiment: “I so admire the work that they do because we kind of sit on the side in terms of the home visits, because the home visitors go out and do... get into the trenches, and we only hear from them and I am here to kind of support them and think about their experiences...we do not know what it is like to actually be there”.

Julia explained that the home visitors may be frustrated by the supervisors’ lack of ability to fully comprehend the scale of the challenges faced by the community and feel that the supervisors therefore do not have the ability to fully differentiate between the levels of risk that mothers demonstrate:

We might identify a mother as high-risk and be concerned and sometimes there’s a frustration with us because they, the home visitors, think, well there is such tremendous high-risk everywhere. You, outside whities, are exaggerating. How can you possibly understand? So, sometimes there is a bit of a theme of how can you really understand the challenges of our work? (Julia).

Julia also commented on the resilience that the home visitors need to have, in order to do the work they do, and acknowledged that she does not think that she could do their work: “It’s

the resilience... You have to be tough, tough as nails actually, to do it....I don't think that I would be a good visitor at all. I'm too sensitive. I just don't have that hardness. It suits me to be a little bit outside because then I think I can think better and I can contain and I can support".

The home visitors expressed some frustration with situations where they feel that the supervisors put pressure on them to meet expectations without acknowledging the obstacles that they have to overcome to meet these demands. Bongiwe explained her frustration with the supervisors not seeming to understand the difficulties which impede her meeting the work expectations, such as non-compliance from the mothers and the dangerous environment of the community through which she has to travel to contact the mothers:

They will like: "push, push, push!" Why are moms not coming? We have got slots that people must test, and then you not filling them up. I can't fill up a slot not knowing that a mom will not come, I have to confirm with the mom first. And if she says no, she says no, and there is nothing I can do. I sometimes feel like, no these people are just sitting here, they don't feel what we feeling outside there, they don't see what we see out there. Going to the passages in Alexandra, of the makuku's there, a small passage like this, wanting a mom, not getting her. Being frustrated by seeing a girl or men standing there, and you have to go in that passage and you don't want them to see that you are lost or you want something, because something can happen...I wish sometimes they go with me, go out there and see what is happening! And feel what we are going through (Bongiwe).

Ayanda echoed this sentiment: "I wish my supervisor to come with me to the visit and see the environment, and see the mother, the baby...so sometimes it was not easy for us and I wish Karen can come and see the difficulties that I am having". Nandi also explained that sometimes she finds supervision frustrating as its undirective approach often leaves her without the comfort of a structured plan of action for difficult situations, causing her to feel less competent to assist the mothers:

Having to come out of supervision and not knowing exactly what I'm going to do? Sometimes I feel like okay fine, I've presented this kind of a problem or maybe an issue, and it's not solved? What is it that I'm going to do? The next thing? This thing is still depressing to you? You feel not fulfilled I could say, in a way that whatever you wanted to achieve, wanted this person to tell you, is not really telling you that? Sometimes I just feel oh no, how is this space of supervision going to help me? Is it really useful for me to come and sit here and tell these people that I've been having this, this real high risk mom...going there every day, maybe every week... sometimes I feel not so very useful to them (Nandi).

In a discussion with her supervisor, Nandi challenged the power hierarchy and reversed the roles of supervisor and supervisee, highlighting that the supervisors are dependent on the home visitors work for their function but also acknowledging the teamwork aspect of the work:

I said to Clare “Come on, you’re my supervisee”, and she was: “Nandi, what are you saying?” “No, but you learn a lot from me, that’s how we do it. I tell you what’s really happening in this township. You, you won’t be able to know about Sihle if you are not going to visit Sihle, you see.... So whatever you’ll be presenting at your supervision will be coming from me... So which means it’s like, we are supervisors to each other....we learn from each other, you don’t do the visits, I do the visits. I come with this presenting issue to you and tell you about these pressing issues that I’m getting there (Nandi).

Associated with this theme, the supervisors explained that although they do not think that they could cope with the tough nature of the home visitors' work, they do acknowledge that the distance from the mothers does cost them the reward of being present for a mothers' whole journey and seeing the subtle improvements in her bonding with her baby. Jane described her sadness at not being able to personally witness mothers' stories and their progress:

I think it's, it's hard I guess to be a little bit removed from the actual people that you are working with, in that way, like to be supervising them doing the actual work. I mean, I like the contact with the moms and babies, but we get a little bit of that in doing the research with them but... you don't get the journey, kind of beginning to end... Often I will wish that I will get to post-test someone that I have been hearing about in supervision or that I've...pre-tested to see what's changed...I've done a lot of the getting the results and seeing whether moms shifted but I don't know those moms, I don't know their story (Jane).

Thembi also expressed her desire to witness the mothers’ progress, especially from pregnancy to the first few months of the baby's life: “It actually would be nice to see the mom over both phases”.

5.7 “A really awkward middle space”: The dual roles of a supervisor and manager

The supervisors reported that a significant challenge for them was having to hold the dual roles of supervisor, that of being warm and supportive and containing of difficult emotions, but also having to discipline the home visitors and monitor their work performances as managers. There is pressure on the supervisors to assist the home visitors to meet their target number of visits in order to produce results to keep the organisation funded. Jane stated: “I don't think they, they feel like we are their bosses...So they definitely feel like they can approach us and talk to us and, and even challenge us...so I think it probably makes it harder when we actually have to, you know, manage”. She went on to explain that being younger than the home visitors and being white, makes it more uncomfortable for her to feel like she has the right to demand more of them:

We're in this kind of really awkward middle space where we know a lot about the funding process and we know what our deliverables are and all these big ugly words, you know and..I

do a lot of ...monitoring them, are they actually doing what they say they doing? Are they visiting people that they should be visiting? It's awkward and horrible because they are my colleagues and peers...again, just being younger than them and being this 'umlungu' (Jane).

Karen explained that there has been anxiety over a decrease in productivity, the numbers of mothers recruited and visited have dropped recently and there was a suggestion that the home visitors be given Pick 'n Pay vouchers as an incentive to increasing their efforts. She describes how angry this made her as she feels that the home visitors are fortunate in being employed in the community where jobs are scarce and she believes that she is respecting them by expecting that they do their job without having to incentivize them further:

I have been very pissed off and angry with them, and sometimes I find it hard to monitor exactly what they are doing and I have to trust them, and as a manager, you know, it has its challenges. I am not the kind of person who likes to micromanage. I wanted to give them the respect of, this is your job? It is a privilege to have a job in this community. You know what is expected of you. You know you need twelve visits a week. I am not going to micromanage you, so please do it, but there have been worries about, you know, numbers have dropped (Karen).

Associated with this theme, Clare and Jane described the delicate balance in supervision of encouraging the home visitors, while at the same time, having to correct them when they are not meeting expectations in some ways: "...really trying to bolster what they do and to make them feel good about it, but also trying to guide them in the way that you know you think it should be done" (Clare). Jane added: "It's been I think sometimes hard...how do you encourage them and grow them and support them and kind of mark what they are doing well, and, still kind of softly and maternally and gently encourage growth and correct them or...try and get them to think differently or do more or do things differently and think differently about things...an interesting balance to try and track".

5.8 "A meta-perspective": The supervisors' experiences of their own supervision

All the supervisors reported that they find their own supervision extremely important and beneficial. Karen explained that being able to view dynamics from a distanced, elevated view is very helpful: "What I found really useful is the supervision of the supervisors which we had two different experiences of...and it is a very useful space because we get a bit of a meta position on what is going on, what we are bringing and it is helpful". Julia added that being able to view all the relationship levels involved in a supervision was crucial to understanding all of the influencing factors: "That was incredibly useful because if you are just looking in one direction, like the home visitors relationship to a particular mum and baby; if you aren't

looking at the other levels, they can sometimes play a tremendous part in that, if it isn't given attention". Two of the less experienced supervisors also described learning a lot from their supervision:

It was enormously, enormously, enormously helpful. I learned a lot about supervising, I learned a lot about looking at the session that was brought to me, looking what was happening in the supervision and kind of linking the two and seeing how so often what we see in the supervision and what we see in the session that's being presented is so linked and it can tell us so much about what's happening for the home visitor, for the mother, sorting out all of this counter transferences, you know transferences; and it was very helpful (Clare).

Jane described a particular experience in her supervision where she was helped to understand how her home visitor's dismissal of her work and casual behaviour in supervision were a manifestation of a defence, and how understanding and talking about it with her home visitor, helped to improve their relationship:

Her way of protecting herself is to dismiss her work as not important. So, she often will say, no, we don't have to meet, it doesn't matter, or she will be late and she sits back in supervision and eats Nik Naks and...she acts like she doesn't give a shit but, but she actually does amazing work...just thinking about her and what she has been through in her life and understanding that that's actually...her defence mechanism... it's....shifting my mind about how I think about and how I approach it and deal with it but also just knowing that I have the authority to kind of say it is not okay.... you don't go back with necessarily things to say or things to do but just a different way of thinking about them....it led to me kind of confronting her about it and us really talking it through and it being really helpful and our relationship is definitely improved a lot in a sense (Jane).

Tony described his experiences as the supervisor of the supervisors group, and explained that his position as being removed from the home visitors is helpful as he is able to have the space to gain a broader view of the multiple layers of dynamics occurring in the work. This is helpful for the supervisors but also for the improvement of the project itself:

I begin to pick up the transferred dynamics that the supervisors carry, if they're down or excited...it's worthwhile thinking about what it is about the supervision that they are bringing to another supervision. So you learn about the project itself, nuances about it, things that you could think about improving. I think because the context of the work is so stressful, it is inevitable that the supervisors get contaminated by that stress, that they have to bear that. Or they have to contain the stress of the home visitors...you develop very close relationships, so you are affected by someone else's pain. So there is a real need for an outside containment (Tony).

Tony explained the challenges of being a supervisor of a group of supervisors in having to extricate and map the chain of emotions:

I suppose supervising a supervisor is slightly different, it's got the challenge that you are trying to pick up the anxiety in the person who is presenting but also the anxieties that are transferred from a home in Alex that you've never seen, to a woman you've never known,

there's a chain that you've got to understand. That's a challenge to understand what belongs where, where's the anxiety? Is this Mrs X's anxiety as a psychologist supervisor? Or is Mrs X conveying an anxiety of a mother somewhere in Alex? Or a home visitor? That's quite challenging...to tease that out.

5.9 “The intimate histories that we carry...the racial histories... might impact professional relations”: Negotiating cultural differences between supervisors and home visitors

An area which the supervisors reported as needing sensitive negotiation in the project was the difficulty of coming from a different cultural background to the home visitors and holding different points of view regarding some issues in the work. Karen explained that she respects the home visitors' traditional beliefs but at the same time feels that she likes to offer them her beliefs as well, as an alternative viewpoint. She gives the example of the traditional belief of 'ibala', a red birthmark on a baby's head which is believed to put the baby's life at risk:

It is important to acknowledge that that is what they believe, but to also give them an option of another view point. I don't feel ashamed of that, you know. I can hear that yes there is a belief that this might happen. I don't think that is the case...I am not going to demean or make fun of their belief, it is just that I have a different way of seeing it, and I offer it. If it is taken up, it's great, it might be liberating for them, make them relax and not worry so much. If they don't, I have to respect that. So I mean quite often in our trainings they will bring up these cultural things like...this is the way we do things (Karen).

However, Karen acknowledged that working within a team of people with varied cultural traditions has had the benefit of the staff being able to learn about each other's beliefs: “I suppose it has been more about learning about each other which has actually been good”. Jane added to this and explained that the home visitors help the supervisors to gain a more subtle understanding of community practices and behaviour than they would otherwise have had:

Just those kind of 'cultural lessons' about what women in Alex might be thinking or going through that we might not realize...we often talk about Vaseline'd babies as being the babies that are looked after because black skin gets so dry that they need Vaseline every morning and often you bath the baby and then put the Vaseline on and one of the home visitors made a comment saying it doesn't mean that the baby is looked after, sometimes people Vaseline their babies as a cover up for the fact that they are not looking after their babies. So they don't bath their babies but if they Vaseline them, you think they are bathed so it will be a cover up and which led to like a beautiful kind of supervision around covering it up and the pretence of being a good mom and symbolic thinking around that (Jane).

As the first and only black psychologist working in the project, Thembi, has had to negotiate some difficult experiences particular to her race and culture. She is not a supervisor on the home visiting project, but as a black woman, she feels that the home visitors may have

regarded her as more approachable and have connected with her and have come to her for informal containment in some situations. As someone who is also fluent in the home language of the home visitors, she is able to listen to communications in the vernacular and is privy to information that is not shared with the supervisors. Sometimes she feels that the information she hears should be shared with the supervisors and this puts her in the difficult position of choosing between betraying the confidence of the home visitors, or leaving the supervisors in the dark. She stated: "You hear things like when people are pissed off ...you have access to that and you can't really stop it. And you can't really say "Hey, this is what's happening on this side by the way?...I often find myself stuck...stuck about what to do, where to go, how to communicate this in a way that's not divisive".

Thembi described the advantages and disadvantages about being a psychologist and a black woman who is fluent in the vernacular in that connection and rapport is easier to establish, but professional boundaries may be more difficult to create:

I'm black...that we can speak to each other in our home languages, that creates connections, which I think are more difficult with a white psychologist. That's unfortunately how it is. There are benefits and disadvantages to either side.... "Sawubona, Unjani?" How are you?...There is the cultural connection that makes connection easier. I'm not from Alex but I've lived in a township...but I guess it can be a bit more trickier to set professional boundaries. If there's cultural or race expectations on how one is supposed to be. Whereas I think with the white psychologists, there are boundaries, there's a supervision time, there's this time... you don't hear casual conversations, what's happening with people, so you're closed off to that and at a certain level, protected. But also less privy to what could actually be going on. I think as a white psychologist, set within a particular class, breaking the boundaries or making the connections is much more harder...Whereas with me it's easier, but also harder to know ok what if I have to take a supervisory role? How am I going to stop this? How am I going to manage this thing? (Thembi).

Thembi explained that she thinks that communication between the supervisors and the home visitors may be further impeded by the perceptions of superiority that the home visitors continue to hold, consciously or unconsciously, about white people:

There's still...a racial divide I think, apartheid still plays a role, even though people don't want to talk about it, it still plays a role in how white senior professionals or white senior people are perceived....whether it's conscious or unconscious there's still some fear that he or she is more powerful...I think that kind of fantasies or thoughts close down communication even more. And I think it's the...intimate histories that we carry that are much more harder to deal with, the racial histories, and they might impact professional relations (Thembi).

As a psychologist from an African cultural background, Thembi has also felt herself torn between identifying with her cultural traditions and the view of her Western-trained

colleagues. However, she acknowledged that the culture of openness and discussion at the organization helps with negotiating these situations:

There have been spaces for understanding what it means to do things differently. So there was a specific case where a mother said that her child had a sore in her bum, and so she used an enema, she used sunlight soap, to help with that. And I think some of the white psychologists were shocked “how on earth can someone do something like that!” And I found myself, well, defending the mom, it’s actually not anything strange, our grandmothers used to do it and people still do it nowadays.... there have been many conversations around ways of doing things and the ways moms do things that might not be seen as right from a western point of view (Thembi).

Thembi also talked about working in an impoverished community such as Alexandra and finding it more difficult as a black professional, to distance herself from the suffering of the community people compared to the white psychologists: “What you see here as a black person makes it more difficult for you to divorce yourself from the situation... whereas I feel the white psychologists have a certain way of thinking, they came to *help* the black community”.

The home visitors all believe that, in general, the supervisors are respectful of traditional beliefs and practices and are interested in understanding and learning more about them, and the home visitors are happy to teach them as they know that this interest is genuine and stems from the supervisors' commitment to understanding and helping the mothers. Anele stated: “When we are talking about it with the white psychologists that if mum complains about ‘ibala’, she will tell you that she went to the traditional healer, and she believes in that and she will be helped...we teach them many things about our culture.... It’s nice for them to know because they work with those mums”.

However, sometimes the difference in culture and belief between themselves and the supervisors presented difficulties for the home visitors. Nandi illustrated this by relating her experience with a mother whose difficulties with her baby were influenced by the traditional ritual of women’s initiation and family dynamics involved in this. Nandi described being torn between respecting the traditional rules of secrecy around initiation and wanting to explain the situation to her supervisor in order to gain her help with assisting the mother. However she felt that eventually they will find a way to bridge these issues by working together:

With us Black women, we do go to like these initiatives schools, you know....and it’s like whatever is happening in that school I’m not going to say it to anybody, anywhere, anytime... Yes, so I remember going to this mom and before she was like saying to me, she wanted to

tell me about the problem because she had two ones [babies] passed away....and then she's having this one. She's more concerned about this one because of the two deaths... she started asking me have I been to initiative school? And I said to her yes...and then she started like being free and then I can talk to her....and bringing this case to supervision is like hell to me. I don't know what to say...I can't...What is this Nandi is holding in between? ... So it's like, now I'm not going to deal with this as traditionally as I wanted it to be. I have to deal with this psychology kind....So how am I going to put this...put two things together?... So it's, to me it's like difficult because I couldn't talk, and to them [supervisors] it was a question mark. "Why?", and I couldn't raise it but I did tell them there's some things that I don't need to say...why this mom is like reacting this way to us?...to this baby? Because her worries, her worries come from within the family and in within the cultural side of it. So how is tradition going to work with psychology?...I'm standing between this two of which I don't even know how to connect them?...Tradition and psychology don't come together at all...It's how you believe...we, as in home visitors... are like fighting....It is inside of us....How does these two things combine?... Because this person [supervisor] really wants to know more about this mom, really wants to understand the mom more, and the baby, so, and I've got this, all of limitations that I've got myself in. So, it, it's like really hard for us sometimes.....Where are the limits and where are not? ...But through working together I think we, we are reaching so many things (Nandi).

Bongiwe described her frustration at the standard white supervisors' response to a baby's illness, which is to take them to the clinic, as she feels this dismisses traditional ways of baby health care: "The thing of ibala....they [supervisors] will tell you about the doctors and no one asks us blacks what we do culturally...you must take the baby to the inyangas...So sometimes it does irritate... like you feel like you could say to that umlungu, "You know what, just be quiet and let me tell this person what to do, because you will tell her about the clinic".

The home visitors explained that in the future, having a black supervisor may be beneficial in that sharing the same language and cultural understanding would preclude situations where these issues present communication problems. Nandi explained having some doubt that supervisors from a different culture could ever fully understand traditional belief: "With a black psychologist being my supervisor, is like... well, I'm going to talk everything from culture, tradition...it won't be like a very limited space for me, I'm not going to tell [white supervisor] about initiation? What does she know about it?" Bongiwe echoed this sentiment: "It is easier if it is a black to talk your own language, it is easier to express yourself more. So, sometimes with the white, is like, you want to talk this, but you can't".

However, the home visitors acknowledged that having a white face with them when explaining their work to the community, does have an advantage in that it encourages mothers to feel that their intervention is valid and beneficial, as the community still associates white people with those qualities. Nandi explained that the mothers will respond more positively to their recruitment efforts when they go with their white colleagues as they

believe that white people will be involved with a project that is important and will be beneficial:

The mom can feel free in seeing this white person really doing visits like: “Oh, this is really important”...whenever there’s this white people, everything is going to go well...“Oh good, they’re coming with these white people which means this is this is sacred”... which means this need to be taken aware of....when we started with the recruitment, we’re going with our Manager and one of our White colleagues...though we’re speaking in our African languages, but having this white person in front of them is like: “Oh, now we need to concentrate, to listen to these people... You are taken serious of whatever you will be like doing... Yes, so it helps us a lot because after maybe a week going there with *Supervisor*, we managed to recruit more moms...it’s like: “Oh, these people are doing it for our people which means that they’re doing the right thing (Nandi).

5.10 “You have to adapt your tools to context”: Supervisors thoughts on the applicability of psychoanalytic attachment thinking in working in the Alex community context.

The supervisors expressed a variety of thoughts regarding the suitability of the guiding framework of psychoanalytic attachment theory to the context of the community of Alex. Karen summed up the organisation’s approach of continuing to think about this subject: “You have to adapt your tools to context”. Every supervisor commented that the organisation as a whole functions as a container and thinking mind to help process dynamics happening on a larger scale. Tony explained that psychoanalytic thinking is useful in that it allows the organisation to consider its own dynamics that may be operating on an unconscious level:

There is Henry Rey’s idea of a red brick mother”, a hospital is a symbolic mother to people who come to it... yesterday I heard someone say “Ububele is the thinking place” So it is the container of thoughts and anxieties and because we work in a team I think it allows us to try to access “well what are we carrying?” To be conscious, ...to have an awareness that there is a conscious and unconscious dynamics and that they will operate within our system as well...to interrogate dynamics that happen within the organization, within our system, whether they are just two people who don’t get on or fighting, or is it an indication of something that has to do with a bigger system, the community, the country. So what we hope we retain is the mind that can hold these dynamics and think about them....so we don’t do psychoanalysis but we are informed by some of the theory of psychoanalysis and that’s been helpful (Tony).

Karen elaborated on her understanding of the benefit of using psychoanalytic theory to understand people’s experiences no matter their cultural differences:

In our [home visitor] training we have a diagram that we draw of them, stick figures, and us as a hand underneath them and the organisation as another hand underneath all of us, and we try and give them an idea of how that is the sort of idea of containment. I think psycho-analytical ideas are crucial...I think they are extremely helpful to understanding people's experience....Its real life, it is primitive feelings, its relationships, it is suitable (Karen).

The supervisors offered examples of where concepts in psychoanalytic attachment theory fit easily with traditional beliefs allowing the theory to be helpful in thinking about the mothers' experiences. Karen commented on the traditional belief of 'umdlezane':

The umdlezane idea...it is a period of time just after birth...when the mother is bonding with the baby and the women in the community come around and support with cooking, and cleaning, and that sits very comfortably alongside attachment theory. I mean it is just an indigenous belief that supports attachments theory (Karen).

Jane added that: "We call ourselves the Umdlezane Ububele Mother Baby Project, so we use that." Clare used the example of the traditional belief of 'ibala' where it is believed that a red birth mark on a baby's head may be fatal:

The home visitors were quite open to thinking about what, like what else it could mean if a mom is anxious about ibala...something like ibala may be just like a container for anxieties, a hook into which to put things...we thought a lot about that and I think they were able to integrate the two quite well (Jane).

Jane commented that a Zulu concept helped her to teach the home visitors Winnicott's concept of a good enough mother: "...'abazal' abazamayo'...trying to find a word in vernacular for good enough mother...trying to find a translation for that... trying to bring something psychological to their frame and it meant like the direct translation was 'a mother who was trying'".

Julia expressed her satisfaction in seeing the evidence that sophisticated Western psychoanalytic theory could be used to help lay African women to think about the women in their community in a psychologically meaningful way:

I think the power of the project is conveyed in the transcripts that these three women from Alex, with no tertiary education, are able to put together... it shows that psycho-analytic thinking doesn't have to be elitist and bourgeois. It can be ordinary and accessible, and done by well-supported, well-supervised non-professionals. I think that's huge actually (Julia).

The supervisors also discussed examples of instances where psychoanalytic attachment theory did not seem to fit easily in understanding. Karen explained that attachment theory's priority of the relationship of the mother and baby, is difficult for the supervisors

to adhere to, rigidly, in their minds, in the community context where many mothers send their children to the rural areas to be raised by their mothers as they cannot afford to give up their work to look after the baby:

Having your baby and then send it to granny to be raised, and then we will just bring it back and it will be fine....It's very distressing because you know, the attachment dogma in my head says no, baby and mommy must be together... it's the socio-economic situation that forces these kind of traumas and fractures onto families because people have to survive and make money. I think that is devastating....If the mother has to work to send money back to the granny to support the baby, well then okay. I just hope to God that granny is sort of spritely enough in order to be present for the baby and be an attachment figure (Karen).

Thembi, however, offered an alternate view to this example, by commenting that Attachment theory's emphasis on the irreplaceable nature of the mother-child relationship may be a limited perspective to stick to rigidly in a low-resourced African context where other supportive relationships, such as with a grandmother or aunt, may often be as important. These relationships serve as equally valid attachment figures and possibly are the norm in the community:

I think that the difficulty of a purely psychoanalytic model in an impoverished community is that... there's that other kind of support like support from grandmothers, whether it be material or directive, it's knowing that that person is there for you... And so we come in as people who recruit moms with a particular idea about a relationship that is possibly missing all the other components that typical support relationships in this community, might come with (Thembi).

Karen explained that labelling some of the community mothers' behaviours as insensitive by Western standards and therefore harmful, may not take into account a possible protective element that this treatment may help to develop in the children growing up in this particular context:

What has been interesting for me to think about is that we can criticize the mothers maternal sensitivity, and the way she interacts with the baby, she doesn't stimulate enough or she doesn't play with the baby enough, or she doesn't affirm the baby enough according to our beliefs, but this idea that there is an instinctive and intuitive way in which a mother interacts with the baby that prepares the baby for its particular context... maybe I am trying to look for ways of excusing neglectful attachment behaviours but I think there might be something in that that we need to loosen the attachment dogma that we impose.... maybe this constant physical manipulation of a baby, lifting it up, putting it there, and not...being mindful of baby's separate identity, as a separate object, maybe in a way that is preparing them for some sense of powerlessness in their world (Karen).

Lastly, Clare commented that individual therapy may be more beneficial for a western context where people live more separate lives, rather than people in a low-resourced African traditional community where people live so closely and may gain therapeutic help

through other ways in other relationships: “In the community they may have the therapy in other kinds of ways and the...close relationships and living close-by to people”.

Therefore, it appears that psychoanalytic attachment theory was considered useful in many ways to assist the supervisors and the home visitors in understanding the dynamics in the project on a number of levels. However, continuing to think about the context of Alex and “adapting the tools” is crucial to gaining a clear understanding of this particular community and the workings of the project within it.

5.11 Summary of the findings

The home visitors and the supervisors explained that they had experienced both rewarding and challenging aspects of working in the UMBHV project. Both groups believed that the project was working effectively to help mothers improve in their bonding with their babies. The home visitors described valuing the atmosphere in the project which allowed them to feel cared for and respected as part of the team. The supervisors described enjoying working with the home visitors and learning about the community through them.

Both groups also described the challenges in working in the project in general, and agree that working in a community of multiple adversities where mothers struggle to raise their children in contexts of poverty, is extremely difficult. The home visitors described working with mothers with so little income that they cannot afford the very basic necessities of food, light or warmth for their children, and described this as very distressing to witness. These experiences stayed with the home visitors who struggled to process them and to create boundaries for themselves and their families between their personal lives and their working ones. This appeared to contribute to the levels of stress they associated with the work. This situation was complicated by the fact that they live in the same community as the mothers they visit, which they felt made the creation of a ‘protective distance’ more difficult for them. The home visitors also described the practical challenges involved in home visiting.

The supervisors described their challenge in supervising lay women who are not trained in psychology and were unfamiliar with the nature of the work, but who were expected to work in this way. The education and training gap between the home visitors and the

supervisors presents a constant challenge and needs to be sensitively managed. A challenge for the home visitors was to bring the difficult aspects of the work to supervision for help in thinking about them, rather than to just present a positive picture of the visit and what they felt was a job well done. The supervisors described their challenge as attempting to help the home visitors to make sense of the complex primitive emotions associated with working with mothers in adverse circumstances. The home visitors described the rewards of supervision as being a containing, supportive space where they can think together with their supervisors about their experiences and grow in their work. The group and individual supervision spaces are both helpful in different ways and provide for different needs. An on-going debate for the supervisors was how much formal counselling training to provide the home visitors with while still retaining the natural rapport between the home visitors and the mothers. The supervisors also need to balance providing a containing, therapeutic space in supervision with the need to focus on the mothers and babies' processes. This has been challenging as the home visitors have not taken up their own individual therapy, leading the supervisors to consider making individual therapy mandatory for the next set of home visitors the project will train. Another challenge for the supervisors is to balance being accepting and supportive as clinical supervisors with setting boundaries and expectations for work output as managers which has created tension in the team.

The supervisors also describe their challenge in working in a team where the two groups are divided by race and class. The supervisors describe feelings of sadness and guilt that due to the inequalities of apartheid, their being white has brought them the privilege of a good education and subsequently a high standard of living, which is in stark contrast to the home visitors' lack of the opportunity of achieving an education and their subsequent financial struggles due to their race. The cultural differences between the two groups have also presented a situation which has been both rewarding and challenging. The home visitors enjoy being able to share their culture and traditions with their supervisors to help them to understand this influence on the mothers' experiences, but also acknowledge the difficulty in working with supervisors who do not share this knowledge and beliefs. This is another area which needs to be negotiated sensitively and with mutual respect and according to both groups, this has been achieved so far. The supervisors acknowledged that when the project is particularly busy, their own supervision time with Tony is often sacrificed in order to finish other work, a situation which has a significant impact on them. They

describe valuing the opportunity to gain a broader perspective on the dynamics which may be occurring at the different levels of supervision and their own contribution to what is happening. Other challenges for the supervisors included recruiting suitable women to train as home visitors and to be able to produce good quality research required for the funding of the project.

The home visitors and supervisors reported that there is much about the project that is working very well. The visited mothers' are making effective use of the space to be contained and affirmed and their knowledge about attachment and sensitivity towards their babies has noticeable improved. Observing the effect of the intervention on the bonding between mothers and babies is hugely satisfying for both groups. The staff agree that Phase II which extended the project to do pre-birth visits has improved the service in that rapport is established and strengthened with the mothers before the baby is born. The project and the organisation in general is becoming better known as a place of support and help to the community. Finally, the supervisors have found that a psychoanalytic attachment model is suitable and beneficial to working in this community. In the following chapter the results will be consolidated and discussed in relation to relevant theory and literature.

Chapter 6: Discussion

The aim of this research was to explore the experiences of the staff of the Ububele Mother-Baby Home Visiting Project and to make meaning of these experiences. In-depth interviews were focused on looking at the staff's experiences of working in the project with a view to answering the study's research questions, which were: what are the home visitors' and supervising psychologists' experiences of the rewards of the Ububele Mother Baby Home Visiting Project?; what are their experiences of the effectiveness of the project?; what are their experiences of the challenges working on the project?; and what are their experiences of the supervision process?

The aim of the discussion of these results is to weave together the experiences of the home visitors and their supervisors and, combined with relevant literature and theoretical understandings, to create an overall picture of staff members' experiences of the project. In addition to providing useful information to the Ububele Mother Baby Home Visiting Project team on the needs of the various levels of staff, this study contributes to knowledge of effective supervision practices of community lay counsellors in the South African context. From the data collected, the findings have been consolidated into several over-arching themes which emerged and which are used in this discussion with psychoanalytic attachment concepts to make meaning of the staff's experiences. The meta-theme to emerge from the results was that of polarising experiences being brought together and being contained, thought about and processed in order to produce a space for creativity and industry. This process incorporates many concepts in psychoanalytic attachment theory such as that of containment, maternal ambivalence, and the attainment of the depressive position, and it appears fitting to use these to make meaning of the experiences of the diverse staff of a project working with mothers and babies who live in a struggling community.

6.1 When an environment is not 'good enough': Alexandra as a community of multiple adversities

It became clear throughout the interviews that the context of the project permeated the staff's experiences throughout. This section was included first in this discussion in order to highlight the nature of the context and its effects on programme participants, home visitors, and supervisors alike. Winnicott (1958) proposed that in addition to a mother, an environment in

which a child is raised could be deemed to be ‘not good enough’ and that this would impact negatively on the child’s development. Alexandra Township may, in certain aspects, be described as a ‘not good enough’ environment, which could impact negatively on the babies that are born and raised there. The home visitors describe mothers and babies living in extremely difficult contexts, including those of poverty, intimate partner violence, HIV and a lack of social support. The stress of living in these conditions and struggling to survive places mothers at greater risk of developing depression (Brandt, 2009; Donald, Lazarus & Lolwana, 2010; Dunkle, Jewkes, Brown, Gray, McIntyre & Harlow, 2004; Jewkes, Dunkle, Nduna & Shai, 2010). It is therefore highly likely that, similar to other communities in comparable circumstances, many mothers in Alexandra may be struggling with postnatal depression. This, in turn, can result in compromised or disorganised attachment in their infants (Olson & Banyard, 1993; Tomlinson et al., 2005). A number of the home visitors’ narratives contained painful descriptions of mother-infant dyads where rape or mental illness in the mother had made bonding difficult, to the point that mother and baby avoid eye contact and turn from each other. The home visitors reported that many mothers they visit are raising their children in poverty as single parents and are living far from extended family support, which adds significant stress to their role as mothers. These mothers are raising their children facing the challenges of inadequate housing, poor nutrition, violence, limited health care and educational stimulation (Barbarin & Richter, 2001). The lack of financial resources means that these mothers often cannot access opportunities needed for the healthy physical, intellectual and emotional growth of their babies (Orthner, Jones-Sanpei, & Williamson, 2004), increasing the urgency for intervention. There was an understanding amongst the home visiting project staff that mothers with fewer material concerns appeared to be more emotionally available to their infants. The challenges of this environment for babies and mothers are felt as strongly by the home visitors in their roles as support structures for these dyads. This strain, in turn, enters supervision where supervisors are called upon to aid the home visitors remain open to the mothers despite a high-trauma environment.

6.2 “Adapting tools”: Psychoanalytic thinking in an African community

An understanding of the role that the home-visiting project plays in the community emerged from the data. This understanding incorporated psychoanalytic and attachment ideas, in addition to concepts from the cultural beliefs of the mothers and home visitors. All the staff felt that the under-resourced, dangerous community of Alexandra does not

provide a 'good enough' (Winnicott, 1958) environment to hold the new mothers, and as a result they may be unable to hold and contain their infants to their best abilities. Mothers who are struggling to survive carry fear and anxiety in their daily lives, which decreases their capacities for reverie and their abilities to contain and process their infants' overwhelming emotions (Bion, 1962). Such infants may be required to develop insecure attachment strategies in order to retain much needed connection to mothers who are otherwise preoccupied with survival concerns. This may entail defensive management of emotion in the infants themselves. In the most severe cases, where mothers are intensely fearful, or abusive, inducing fear in their infants (Main & Solomon, 1990), infants are at higher risk of developing disorganised attachments. The high levels of adversity in many South African communities may account for the increased prevalence of disorganised attachment amongst infants in various South African communities (Tomlinson et al., 2005). The project aims to intervene in these early relationships to minimise disruption to the infants' development.

The home visitors report that a significant part of their role is to listen to and contain the mothers' feelings and then to help them to think about their feelings and the influence these may have on their babies. The aim is to help the mothers to regulate their own emotions, so that they can in turn, regulate their babies' emotions. Similarly, to Winnicott's (1960b) emphasis on the role of the relationship between the therapist and the patient in facilitating therapeutic change, Wasik, Bryant and Lyons (1990) understand that the relationship between the home visitor and the mother and baby are at "the heart of home visitation programs" (Wasik et al., 1990, p. 121).

Over the course of the 14 home visits, the home visitors form relationships with the mothers, which allow the mothers to feel that they are interested in, and focused on them and their babies. These experiences may aid the mothers in feeling seen and understood. Winnicott (1960b) may have interpreted this experience as the mothers' having a true self experience in which they feel known (Winnicott, 1960b), which is possibly a very different and welcome experience to their everyday experiences, which prioritise the need to survive the adverse environment of the community. Bion (1977, p 44) also explains that allowing the "true self" of the patient to emerge in therapy and be accepted with warmth and understanding is the aim of psychotherapy. This is a healing process that people need to experience through others as well (Bion, 1977). An essential ingredient in a therapeutic relationship is empathy. Kohut

(1981) stated that it is an individual's capacity for empathy that allows an individual to know another person, and that a therapist having empathy is essential for them to help their patients. In the same way, mothers use empathy to 'know' the experiences of the babies (Schore, 2010) and it may be through the home visitors' empathy for them, that the mothers feel that they became known and that they can know their babies. Perhaps through being empathised with, the mothers can come to empathise more with their babies. Comments from mothers such as: "usually after bathing my baby likes to sleep, and I didn't bath him yesterday, he sleep without bathing, and I think he didn't enjoy his sleep...okay now I understand", demonstrate this process.

The Ububele Mother Baby Home Visiting project forms part of the Umdlezane Parent-Infant project (UUPIP). *Umdlezane* is the word given in Zulu for the period post-birth where a woman is supported by the older women in her family. The name of the project thus captures an understanding that home visitors and their supervisors share: that mothers of the Alexandra community who live in a context of multiple adversities, need to be supported in culturally appropriate ways, where mothers are protected and assisted by other women to bond well with their babies. This style of intervention in bringing the community members together to support and assist each other is in the traditional spirit of *Ubuntu*, meaning "A person is a person because of another person" (Berg, 2003, p. 271), the guiding philosophy of interdependence and collective responsibility in African culture.

The founders of the project have taken the psychoanalytic principles of their training and applied them to thinking about the lives of mothers and babies in the community of Alexandra. However, this application has tried to avoid historic notions of imparting one culture's knowledge and understanding to a culture deemed less knowledgeable (Berg, 2009). Rather, the psychoanalytic principles have been combined, where possible, with community understandings of support for mother and baby. The supervisors all agreed that a foundation of psychoanalytic thinking was hugely beneficial in guiding and understanding their work, and they believed that these principles are universal and are applicable to any context.. However, the supervisors did offer some thoughts on aspects of the theoretical framework which they felt may not fit so well into an African community context. These aspects were associated with African cultural emphases on interdependence, which is different to Western cultural assumptions around independent thought and living practices. The supervisors commented that attachment theory's focus on the relationship of the baby and the mother to the exclusion of other care-takers, cannot be rigidly applied in a culture where many mothers send their babies away to

be raised by their mothers. Also, babies in African communities often have multiple caretakers including older children and aunts. These social practices may provide a different kind of support for these babies that is suitable for their attachment needs in this context. The supervisors also commented that in a community in which people live very close together and are significantly more interdependent, perhaps individual psychotherapy may not be as suitable or beneficial for them and that emotions may be processed through social relationships in a different way. Furthermore, the supervisors reflected that labelling some of the community mothers' behaviours as insensitive by psychoanalytic attachment theory standards, may not fully take into account the adaptive purposes of these behaviours in the development of children growing up in this particular context. Therefore, although psychoanalytic attachment theory is beneficial as a guiding framework on a number of levels, continuing to think about and discuss the applicability of the theoretical constructs and "adapting the tools" to the community of Alexandra was thought to be crucial with regards to gaining a clear understanding of this context and the workings of the project within it. This kind of programme adaptation according to the needs of the context is considered essential when rolling out programmes across varying cultures (Lee, Altschul & Mowbray, (2008).

Another area where psychoanalytic attachment theory ideas required some adaptation was around the role of fathers. Winnicott (1960) believed that the father of the baby plays a vital role in supporting the mother in the infant's earliest weeks, allowing her to become primarily preoccupied with her baby. This belief seems not to be shared by many of the mothers in the project and seems linked to cultural norms, for example, *Umdlezane* requires older women, as opposed to the father, to protect the mother by giving her a space to bond and 'hold' her newborn baby. Since many mothers in Alexandra do not have the support of a partner, and are living away from their extended families, the home visitors may go some way to fulfilling this role for these mothers.

6.3 "I'm held inside here...I have courage to come here": Supervision as a process of negotiated ambivalence

The findings of the current study echoed those of Ciclitira and colleagues (2012) in that they demonstrated that "experiences of supervision are not simplistic and dichotomous, but evolve with the coexistence of tensions, that is, comfort and challenge; knowing and not knowing" (Ciclitira, Starr, Marzano, Brunswick, & Costa, 2012, p. 12).

Winnicott's (1960) understanding of maternal ambivalence is a useful construct to use to make meaning of the home visitors and their supervisors' experiences of their journeys in supervision, as both describe a process of development. Both the home visitors and the supervisors' experiences of the project and of the supervision process appeared to reflect rewarding aspects, as well as more difficult, challenging aspects. As a result, both groups appeared to experience each other as sometimes nurturing, warm and caring, and at other times as disappointing, frustrating and rejecting. It appears that the journey of supervision was structured by a process of holding both the 'good' and 'bad' experiences of the other. Through accepting the ambivalence of this situation, the initial idealisation and later moments of denigration could be given up and the reality of each other as both competent and fallible could be approached creatively, in order to think together about how the project could be most effective. This is reminiscent of Klein's (1940) understanding of an infant learning to accept that the 'good and bad breast' are both parts of his mother and thereby move into more depressive phases of functioning.

The supervisors appeared to support this understanding as they described that when the home visitors were first recruited, it felt as if the home visitors may have idealised their supervisors. However, after many months of working together and experiencing positive and challenging situations together, it was felt that currently, the home visitors appeared to have healthy, balanced and integrated views of their supervisors, experiencing them as 'good enough'.

Winnicott (1958) explained that during the period of primary maternal preoccupation, the mother is almost perfectly attuned to her infant. This state is crucial in order for the baby to be properly nurtured and to feel that his or her id needs are contained by the mother's ego. However, after a time, the mother will unconsciously begin the process of moving away from being fused with her child and will allow him or her to experience what Winnicott (1960) called 'appropriate failures' in empathy, small doses of frustration and anxiety, allowing the infant to experience separateness from her without being overwhelmed by this experience. This allows the infant to learn that he is able to take on the functions of the mother's ego and contain his own id needs. Kohut (1984) stated that frustration of an infant's id needs are crucial for the growth of the ego and explained that if a mother was to meet her infant's every need then the infant would never develop a sense of self-reliance. Winnicott and Kohut's theories are helpful to understand the process undergone by the home visitors and the supervisors, particularly how the supervisors' occasional 'failures in empathy' may have

allowed for the home visitors to move into less idealised spaces with regards to supervision. This appeared to have allowed them to use supervision spaces effectively, but also rely on their own internalised knowledge and abilities.

The home visitors were eager to describe the “good” and rewarding experiences of supervision that they had experienced. The home visitors all agreed that they find their supervision spaces beneficial and necessary to being able to do their work effectively. In this role, the home visitors experience their supervisor ‘mothers’ to be nurturing and caring, being able to meet their needs. Like mothers with their babies, or therapists with their patients, the supervisors perform the same role of holding and containing for the home visitors (Bion, 1960b; Winnicott, 1960). The home visitors described supervision as a holding space where the supervisors are able to keep the home visitors’ emotional experiences in mind, to think about, make meaning of, and then give the experience back to the home visitor in a form in which she is able to integrate into her understanding and use. This finding is supported by the supervision literature which states that the most effective supervision contained feelings of acceptance and support from supervisors who were non-judgemental, empathic and who created a safe and nurturing supervisory environment (Casement; 1985; Gazza & Theriault, 2007; Hollway & Allstetter-Neufeldt, 1995; Worthen & McNeill, 1996). The supervisors showed empathy with the home visitors’ difficult experiences and this allowed the home visitors to feel held and known (Kohut, 1981). They could then think together about the work and receive guidance on how to proceed. Through having many such experiences of containment in supervision, the home visitors were able to learn to process and to be able to ‘house’ difficult feelings themselves (Ivy, 2009). Nandi spoke about her supervision as being a space where all her feelings and experiences would be accepted and processed. The home visitors spoke about being able to ‘unburden’ themselves onto their supervisors and being able to feel that they had internalised the support and thoughts of their supervisors when out on home visits. Anele commented: “...I already have my supervision in my mind”. In this way the supervisors give the home visitors an experience of being contained in a containing mind, which seemed different from the lack of containment that the home visitors described in their personal relationships (Ivey, 2009). Many of the home visitors described often feeling unheard and feeling that thinking was not encouraged. Therefore, the supervisors could be thought of as a secure base for the home visitors, which would ground, hold, and protect them but also encourage them to explore the world and grow in their experiences of becoming a home visitor. Research has found that strict adherence to boundaries, such as having regular

uninterrupted supervision meetings and sufficient hours of supervision was a reported benefit of having clinical supervision and was associated with the retention of at risk families in similar programmes (Casement, 1985; Davys & Beddoe, 2010; McGuigan, Katzev, & Pratt, 2003). The supervisors in this project provided boundaries in terms of keeping the frame of the supervision space, in addition to monitoring their visits and ensure the numbers of mothers reached was kept up. However, they were also available to turn to for help (Pistole & Watkins, 1995). According to Bordin (1983) an effective clinical supervisory relationship is characterised by a perception of mutual liking and caring between the supervisor and supervisee. The supervisors on this project described gaining much pleasure from their supervision journey with the home visitors and explained that they felt significantly rewarded by observing the home visitors' progress in developing their skills and empathy. The findings of the current study reflect the results in the literature which state that supervision by psychologists (clinical supervision) is beneficial in that it focuses on clinical issues rather than just management issues and provides a space for reflective and critical thinking in those supervised in order to develop richer insight into the therapeutic aspects of their work and to produce a "holistic" understanding of their cases (Jarrett & Barlow, 2014; McAllister & Thomas, 2007). Supervisees are supported to improve the quality of the service they provide and to develop a capacity to reflect on their practice and increase their self-awareness (Jarrett & Barlow, 2014). The home visitors in this project also highlighted the containment role of their clinical supervisors. They regarded the space for the processing of their own emotional responses to the work as essential.

Winnicott (1960) believed that negative maternal feelings are integral to a child's development. Philips (1988) continued this thinking and explained that "if a child is not hated, if what is not acceptable about him is not acknowledged, then his love and loveableness will not feel fully real to him" (Phillips, 1988, p. 89). Thus, it seems that it may have been necessary for the supervisors to express their negative feelings towards the home visitors so that the home visitors can trust when they are doing good work. The supervisors' metaphor of "smelling a rat" (the rat being the hidden negative feelings) in some of the home visitors' purely positive home visit presentations may have helped the home visitors to trust that the supervisors could contain all their experiences with the mothers – both positive and negative and that these were all acceptable and part of the whole. The supervisors' expression of what they find unacceptable about the home visitors' behaviour may have allowed both the

supervisors and home visitors to accept the imperfect reality of each other. This appeared to have allowed for greater separation and honesty, and effective work, making it possible for real experiences to be shared, as opposed to both parties functioning in service to an idealized reality (Phillips, 1988). As Parker (1996) advises, if the negative experiences from both groups are expressed and thought about together, then their potential for harm is diminished.

The most significant challenge in supervision for both groups appeared to be the difference in psychology education and training between the home visitors and the supervisors. The home visitors explained that prior to their training to become home visitors; their knowledge of psychological support was very limited. In their collective opinion, psychological support was not a familiar concept in the community of Alexandra or in their cultural backgrounds. This unfamiliarity with the theoretical underpinnings of the programme made them unsure about the suitability of this kind of work for mothers in the community. The home visitors had to adjust their understanding of what support and help to these mothers would mean. The home visitors expressed that previously understood ideas regarding the place of advice and solution-seeking in the face of emotional distress had to be revised. The home visitors found it difficult at first to just listen and allow mothers to cry, but had come to understand this as a means of promoting healing in the mothers. At times, however, the home visitors' still struggled to feel confident that providing psychological support to mothers who are in desperate need of material assistance is enough to help them.

The project founders' decision to limit the degree of counselling training for the home visitors in order for them to retain authentic connection with the mothers, appeared to have both positive and negative consequences, for both the home visitors' supervision and in their experiences of managing their work. While the home visitors and supervisors did feel that the home visitors were able to establish authentic connections with many mothers, there were challenges with regards to: the home visitors, at times, avoiding engaging with negative feelings, their own and the mothers; lacking knowledge of psychological concepts such as primitive defences; struggling to maintain personal boundaries; and struggling to cope with overwhelming feelings. This avoidance of negative affect, however, seemed to permeate through all levels of the programme structure, with this tendency also being noted during the supervisors' supervision spaces. This tendency seems to be the result of a number of factors. Firstly, cultural beliefs seemed to play an important role. The home visitors described their

struggle with exploring the mothers' negative feelings towards their babies and explained that many of the mothers expressed beliefs that according to their cultures, a baby is always a blessing and a gift, even if it was conceived through rape, and therefore, the expression of any ambivalent feelings towards one's baby is not encouraged. Secondly, the tendency to avoid the negative was also explained through performance-related fears. The supervisors noted that the home visitors worked hard to present 'positive' home visits in supervision, seemingly to portray themselves as having done a good job. The supervisors understood that the home visitors may work hard to show that they were coping with the work, in order to avoid losing their positions and the much needed stipends. It was also suggested that it may be more difficult for the home visitors to acknowledge difficult feelings or situations in which they were struggling to cope, as they do not have the confidence provided by a professional identity. Similarly, the supervisors noted that the home visitors believed that to be successful in the work, they needed to push the mother to increase in attachment to her baby, which was again, the result of a lack of knowledge about psychological work. Thirdly, the tendency to avoid the negative was associated with the home visitors' lack of training and experience in psychology, which means that they do not have the knowledge and understanding of psychological defences such as splitting, projection and resistance, to make sense of and cope with some of the mothers' difficult behaviours. The home visitors relayed feeling hurt and confused about some mothers' lying and avoidance of them, which, at times, left them feeling unwanted. By splitting, denying and avoiding the negative, the home visitors appeared to be protecting themselves from overwhelming projections from the mothers. The home visitors also expressed that, at times, they felt unable to cope with the overwhelming emotions that they sometimes experienced in their work, particularly situations involving baby deaths and adoptions, and felt that at these times the work expected of them was beyond their capabilities. They described carrying immense anxiety with regards to certain mother-baby dyads, not knowing if the baby would still be alive at the next visit. In trying to cope with the intense, primitive emotions in their work, at times, the home visitors struggled to maintain their personal psychological boundaries, and feelings from work often spilled over into their homes and families. They described times of intense personal distress that made it difficult to be available for their children.

For the supervisors, the debate about how much counselling training should be provided for the home visitors is ongoing. There is a tension between the fact that home visitors are not expected to be therapists in their roles as home visitors, and the fact that counselling training

would inevitably aid them to cope more effectively in some of the more difficult situations with which they are faced, such as the abuse or death of infants. Some supervisors felt that further training would also deepen the home visitors' understandings of resistance, which would allow for less identification with projections. Despite the lack of formal counselling training, it appeared as though much of this work was happening in supervision, where supervisors drew on their own counselling training to aid the home visitors. As mentioned previously, part of the supervision process was the containment of the home visitors' personal reactions to the work. This was experienced by supervisors as the blurring of the boundary between individual therapy and supervision and described as a challenge, which they associated with the home visitors' lack of training and experience in psychology. The supervisors reported struggling to balance the time they use in supervision that they use to help the home visitors' to process their own feelings and experiences, with focus on their cases. The supervisors encouraged the home visitors to bring their feelings and reflections to supervision to use in their work and acknowledged that this is a much needed focus of supervision, however, there was a feeling that sometimes this takes up too much of the time. The supervisors all agreed that it would be beneficial for the home visitors to take up the offer of free individual therapy offered by the organisation, however the home visitors appeared to be resistant to doing this. The supervisors were divided in their opinions on whether the home visitors really understand or believe in the benefit of emotional support due to their lack of experience in the psychology field. Another opinion was that the home visitors may resist going into their own therapy as they may unconsciously want to avoid breaking down the defences that help them to cope with the many adversities that they face in their lives. There were suggestions that home visitors may perceive starting their own individual therapy as an indicator to the others and to the supervisors that they need extra support as they are not coping, with the emotional toll of their work, and are therefore, perhaps not competent to carry on with this work.

The final tension that emerged from the narratives around experiences of supervision, focused on the challenging of the hierarchy or the roles in the supervision structure. The supervisors reported that they felt that the home visitors were the ones who did the most difficult work in the project, as they witnessed the poverty and desperation of the mothers firsthand, while the supervisors heard about it from a distance. There was an appreciation for the fact that the home visitors' experiences of witnessing poverty and neglect were much more visceral and confronting. The home visitors expressed frustration that the supervisors

expect them to visit a certain number of mothers weekly and to do what is expected, but there was a feeling that often the supervisors do not understand what obstacles the home visitors face in order to do this. There was a wish that supervisors would go into Alexandra and experience home visiting for themselves. One of the home visitors also highlighted the interdependence of the supervisory relationship and expressed her opinion that the supervisors are dependent on the home visitors work for their function. In this statement she referred to her opinion that “...we are supervisors to each other....we learn from each other, you don’t do the visits, I do the visits. I come with this presenting issue to you” (Nandi). Klein’s (1956) understanding of infant envy of her mother withholding the good is useful in thinking about the home visitor’s journey towards increasing their self-confidence in their relationship with their supervisors. When supervision was first started, the home visitors may have carried feelings of envy towards the supervisors for opportunities they had received to gain psychological knowledge (possessing all the good) which has allowed them to be in their current role of teacher and manager. This feeling may have prevented them from taking in the good offered by the supervisors and rather resulted in the home visitors wishing to destroy the good, demonstrated in instances where supervision was avoided or made light of. However, perhaps after acknowledging that the supervisors shared the goal of helping the mothers in the community and that they, as gate-keepers to the community, had a significant amount to contribute to the supervision, the home visitors were able to take in the good as they may have been able to believe that they also possessed some good. Bongiwe illustrated this by saying that she wishes to be “...sharing the goodness that I am having with my supervisor.” The supervisors agreed that one of the most significant benefits of training lay women from the same community to work with the mothers is that these women are uplifted and empowered. The supervisors spoke of observing the home visitors becoming more empowered and taking ownership of their identities as staff members who are committed to the project. Research from the field of supervision has found that empowerment is associated with a health worker’s sense of self-efficacy, confidence in their abilities and control over their work (Koeske, & Kirke, 1993; Leiter, 2005). Empowered health workers also work well as a team (Howard, 1998), and feel satisfied with their performance (Fulford & Enz, 1995). These characteristics have been associated with reduced stress and less burnout (Gilbert, Laschinger, & Leiter, 2010; Leiter et al., 2010).

Importantly, issues of envy also contained allusions to race, which due to South Africa’s history, is an issue that permeates all cross-racial hierarchies (Gradin, 2013). One of the most

significant differences between the two groups of staff working together on the project is that of racial and cultural difference. The home visitors are black, untrained community women from a class that struggles financially and their supervisors are white, professional, middle-class, and strangers to the community. These differences bring both rewards and challenges in working together. For the supervisors, being able to get to know and work with women from a community and culture which they would otherwise have very little opportunity to access, is a rare and much appreciated one. However, for the supervisors, being in close contact with women who were denied access to education and opportunity due to their race, who are struggling to survive, aroused significant feelings of sadness and guilt.

Eng and Han (2000) used Freud's (1917) theory of melancholia, a form of on-going grief, to understand the ambivalence involved in the loss of a love object in the context of racism. The lost love object in this instance was the idea that the humanitarian ideals of whiteness (the values of liberty, equality, fraternity, and justice) have been betrayed by the racist actions of white people. The writers called this form of on-going grief 'racial melancholia.' Straker (2004) argues that racial melancholia is "sustained by the irresolvability of the conflict and ambivalence that loss of the love object produces" (p. 410). She explains that racial melancholia is manifested as the feelings of on-going shame and guilt experienced by those who reject the actions and beliefs of their race group. She adds that racial melancholia is deepened "when one acknowledges not only one's own limitations in influencing the actions of one's group, but also that one is a beneficiary of these actions" (Straker, 2004, p. 410). This concept of racial melancholia appears to explain the supervisors' feelings of irresolvable shame and guilt regarding the benefit and privileges they derived from being white under the apartheid system and of which they are aware in their daily work with the home visitors who were oppressed and disadvantaged by their race.

The home visitors did not express any negative or difficult feelings that they may be carrying towards the supervisors for representing white privilege in contrast to their own situations, likely due to the fact that the interviewer was a white psychology student. Suchet (2007) explains that being white is never a neutral position, but is one which is implicitly powerful and privileged. The home visitors may have felt too intimidated to express negative feelings regarding racial privilege in front of a person of the perceived more powerful racial group.

However, Thembi, in her position as a black professional, was able to give voice to how the home visitors may feel about working closely with women who have benefitted from historical privilege:

The home visitors have to walk and see these moms who are poor and then have to present to these white professionals who go back to these fancy houses and drive... some not so fancy cars, but anyway, it's a car. There's that kind of resentment that you are white and you're comfortable and you don't really understand where I'm coming from and my position and the things that I have to deal with, besides what is happening with the moms, there's also other things, personal stuff, that has to do with being black, being less educated and being a woman who has to walk the unsafe streets of Alex (Thembi).

Bromberg (1996) warns that if clinicians do not explore their own racial selves, then this part is not recognised in the therapy, and this allows for enactments around race to occur. Leary (2000) defines racial enactments as “interactive sequences embodying the actualization in the clinical situation of cultural attitudes toward race and racial difference” (p. 639). This may occur particularly if there is a disavowal of any feelings or experiences of prejudice or racism manifesting as the avoidance of discussing issues of race or expressing attitudes of colour-blindness (Esprey, 2013). The home visitors illustrated a colour-blind attitude when they explained that they do not see their supervisors as white but went on to talk about their appreciation for the supervisors being interested in learning about their culture and traditions, which suggests that they are aware of race but may possibly feel the need to avoid the discussion of negative experiences. This attitude may allow for racial enactments to occur in supervision or in the project as a whole. Suchet (2004) suggests that the avoidance of discussing issues of race may make race a site for projections.

Fonagy (2005) argues that mentalization, one of the foundational tools of working in a psychotherapeutic setting, is facilitated through points of commonality, and therefore working cross-racially, where there are significant differences of identity and experience, is made more difficult. In this way, Fonagy (2005) states that prejudice involves a momentary ceasing of the ability to mentalize. To assist in mentalizing in contexts such as these, Swartz (2007) emphasises the importance of finding common experience that will allow for a connection between perspectives and a feeling of likeness, which will allow empathy to develop. Esprey (2014) also argues for the importance of becoming aware of prejudice and our ‘race templates’ in order to guard against enactments.

Esprey (2014) emphasises the importance of exploring experiences of race particularly for work in a psychological setting. She describes the need for “...encountering the pain of Whiteness, and being able to tolerate bearing witness to the pain of Blackness...” (Esprey, 2014, p. 364), which, when combined, make up a “kaleidoscope of subjectivities” in a mixed racial dyad. Similarly, Swartz (2007) suggests that not being ashamed of one’s ignorance, but rather being curious and interested in learning about the other’s world and experiences is the first step in avoiding racial enactments. Swartz (2007) goes on to recommend that talking openly and frequently about different experiences related to race may create “an entry, not a barrier, an invitation, not a slammed door.” And this may allow one to “begin to grasp – not wish away – the deepness of grief, the burden of a racist past” (Swartz, 2007, p. 188). It appears that the supervisors and home visitors are working hard to develop an atmosphere where talking openly about race and becoming conscious of one’s racial self-awareness is encouraged to avoid racial enactments. Swartz (2007) explains that by working in a self-aware manner with people from other races, our “unconscious templates” are triggered and when this happens “we have an unparalleled opportunity to understand better what lives inside us, unconsciously” (p. 181).

Both groups appreciated being able to learn about one another’s diverse cultural beliefs and traditions and all agreed that there is a culture of interest, respect and openness in the project, which stems from the shared commitment to working well together to understand and help the families in the community. Supervision environments which emphasize equality of power, empathy and respect are a crucial characteristic of effective child health care interventions (Davys & Beddoe, 2010; Gibbs, 2001). In general, the home visitors did not express that they found having a supervisor of a different race and culture a challenging situation, rather emphasising the positive aspects of being able to teach their supervisor about their different cultural perspectives. One home visitor, however, explained her view that there was cultural knowledge that she was not able to share with her supervisor. She felt that someone from another cultural background would never be able to fully understand these differences and may possibly always be at a disadvantage. Thembi also expressed an opinion that black supervisors would be advantageous, in that they would share the same culture, language and historical perspective and, that this would make building rapport with home visitors easier. There was a suggestion that having a white supervisor provided an advantage, in that the professional boundary between the home visitor and her supervisor was easier to maintain due to the lack of cultural and language familiarity, however, these barriers may

also prevent a white supervisor from knowing a home visitor's real feelings and experiences. Thembi explained that the country's legacy of apartheid also means that historical perceptions of white superiority and power are still carried by both black and white individuals alike, and that these present obstacles to easy communication. The fact that the home visitors felt that the community associated white psychologists with a superior service, which encouraged community members to trust in the project's validity and benefit, speaks to the continued existence of these historical racial power disparities. It may be that, with time and sufficient experiences of safety in the supervision process, the home visitors will find ways to express their feelings and opinions around the inevitable racial dynamics within the multiple facets of the project.

Therefore, it appears that the supervisors are like good enough mothers, they cannot always be attuned perfectly to home visitors' feelings and needs, but they are connected in such a way so as to give the home visitors an overall experience of consistent and reliable care-giving which allows them to feel sufficiently held and understood (Winnicott, 1960a). The supervisors' occasional 'failures in maternal provision' may allow the home visitors to learn to rely on their own capabilities to process their feelings and experiences and grow in confidence. They are, to use the Zulu expression, 'abazal' abazamayo"... 'mothers who are trying'.

6.4 Ububele: Containers within containers

Clearly evident was that both the home visitors and the supervisors have been significantly rewarded and satisfied in a number of ways by their work in the project. Both groups of staff are passionate and committed to working with mothers and babies in this way. Their feelings were summed up by one of the supervisors, Clare, when she stated "This is the project that absolutely has my heart". Both groups spoke about a feeling of satisfaction gained through working together as a team towards the same goal, with everyone invested in achieving the most amount possible for the project. The fact that the programme was supported by a research project seemed to provide a sense of validity for the work. Most importantly though, the sense of a team working together was highlighted. The home visitors spoke about the working environment in the project and the wider organisation with warmth and praise and described an atmosphere of equality, respect, personal care and connection. Despite the

significant education gap between the two groups, the home visitors described feeling valued. The fact that their opinions are often sought by the supervisors is very motivating for them. The supervisors expressed significant affection and admiration for the home visitors, admiring their bravery and the fact that despite many challenges in their own histories, that they had managed to find ways to become valued support structures for other mothers in the community. The home visitors described gaining skills and confidence through their training and this having had positive effects on their personal relationships as well.

These levels of satisfaction with the work environment at Ububele seem to have been achieved through high levels of organisational support. Ububele appears to have managed to put a number of psychoanalytic concepts into practice to create this ethos. Winnicott (1965) explained that a therapist creates a “facilitating environment” through their relationship with their patient who is “held” by this relationship, and this experience is what allows therapeutic change to take place. Winnicott (1988) felt that the emotional ‘holding’ of the patient was more important than interpretation in the therapy and stated that: “...the therapy that is needed involves the therapist personally” (Winnicott, 1962b, p. 72). Bion (1970) introduced a further concept, namely ‘containment’, that he considered more active than ‘holding’, in the role of the therapist, that is crucial to the therapeutic endeavour. Bion’s (1970) concept of containment describes that the role of both the mother and the therapist is to contain unprocessed emotion, to assist in thinking about and making meaning of the emotion, and then returning it to the infant or the patient in a form that is digestible (Bion, 1970). The infant or the patient is then able to process this emotion, to make sense of it and learn that it is survivable.

An overarching theme to emerge from the data is the idea that the project functions as many containers within containers. These containers, from small to large fit together to create a structure of support for the work being done. Tony, one of the founding directors of the project, used Henry Rey’s (1994) metaphor of a hospital being “a red brick mother”, a symbolic mother who helps her patients, to describe the project’s role as a container of both the staff and the community’s thoughts and anxieties. In his supervision of the supervisors, Tony contains the supervisors’ feelings and experiences and together as a group they use psychoanalytic thinking to process the conscious and unconscious dynamics which may be operating on multiple levels in the organisation. Through this process he described his aim as being the retention of a mind that can process the dynamics

evoked by the mothers and babies within the community they live. In this way the organisation functions as a meta-container which holds the structure as a whole. The idea of many levels of containment is also illustrated on a project poster used for the training of the home visitors, as a drawing of the home visitors as stick figures, with the supervisors represented as a hand underneath them, and the organisation as drawn as a larger hand underneath them. The levels of containment begin with the mother who contains her baby, the mother and baby are then supported and contained by the home visitor who, in turn, is supported and contained by her supervisor, who is then supported and contained by Tony and the organisation itself.

CHAPTER 7: CONCLUSION

7.1 Summary of the research findings

This research set out to investigate the experiences of the home visitors and their supervisors, working in the Ububele Mother Baby Home Visiting Project. The staff members were interviewed about their experiences, both rewarding and challenging, and in particular, their experiences of supervision.

7.1.1 Efficacy of the UMBHV project

The home visitors and the supervisors unanimously agree that the UMBHV project is working effectively to help mothers to increase their knowledge of attachment and development and to strengthen their bonds with their babies. The home visitors form supportive and containing relationships with the mothers who are then able, in turn, to support and contain their babies to a far greater extent. Winnicott (1960a) understood this interaction to be that when caregivers feel held, they are better able to focus on their infants. These results support the literature which has found that mothers who have supportive relationships are emotionally consistent, responsive and sensitive towards their babies who are more likely to be securely attached (Colletta, 1981; Tomlinson et al., 2005). Both groups also agree that Phase II of the project which incorporated the pre-birth visits has strengthened the relationship between the home visitors and the mothers and made use of the extra time and focus the mothers have to be mindful of their babies during pregnancy. The home visitors report that Ububele is becoming well-known in the township and the word is spreading of the help and support to be accessed through the organisation, which makes the home visitors satisfied and proud to be part of such a team. The supervisors also comment that they have observed the suitability of their psycho-analytic attachment-based model to working in the context of Alexandra Township and have noted that many of the concepts are mirrored in the community's already held, culturally-embedded understandings and beliefs.

The project appears to meet the requirements for effective home visiting programmes within the South African context as collated in the review by Bender, van Niekerk, Seedat, and Atkins (2008). These include "...a supportive and trusting relationship between the visitor and the client; a flexible approach to the interaction with the client; the contextualization of the

individual within his or her environment; a long-term programme with frequent visits; and the utilization of non-professional members of the community” (p.209).

The evident value and benefit of the project adds to the evidence of the suitability of utilizing lay community members in mental health intervention in South Africa (le Roux et al., 2011; Tomlinson et al., 2005; Tomlinson, Swartz & Landman, 2003). Training lay community members as home visitors is cost-effective for South Africa as a developing country. It also allows for the development of service providers who are familiar with the community, culture and language of the community that they service (Daro et al., 2003; Wasik, 1993). Wasik and Roberts (1994) found that community members bring with them knowledge of community resources which the UMBHVP home visitors are able to do. As Wasik (1993) advises, home visiting interventions are crucial as they provide services for at-risk, socially isolated, or disadvantaged mothers who may not be able to access health services otherwise. Bringing the service to their homes also allows the mother access to individualized support. Berg (2009) adds her support for the use of home visiting programmes as she says “It is important to meet where he or she came from, as opposed to having individuals out of the community come to the professional” (Berg, 2009, p.217). This seems to be of particular importance in disadvantaged South African communities where people may not be familiar with psychological forms of support and may be prevented from travelling to organisations for support due to financial constraints. The results also support the literature which suggests that the most effective home visitation programmes begin pre-natally as rapport is established early and a therapeutic alliance with the mothers is maintained (Olds & Kitzman, 1990; 1993).

7.1.2 Rewards and challenges of the project

The accounts of the home visitors and the supervisors’ experiences working in the UMIHV project included a mixture of rewarding and challenging experiences. Both groups expressed their passion for and commitment to the project and the satisfaction they gained from observing the positive effect of their intervention on mothers and babies’ improved bonding. The home visitors described gaining valuable knowledge and skills from working on the project as well as enjoying being able to work in an environment of equality, respect and care. They noted that the skills that they have gained have helped to improve their own relationships with their children and families. The

supervisors described their appreciation for being able to learn and understand more about a community which would otherwise have been largely inaccessible to them, through getting to know personally, and working with, the home visitors, women whose courage they greatly admire.

The most significant challenge for both the home visitors and the supervisors was in working with mothers raising children in situations of extreme poverty. The home visitors witness many distressing situations and struggle to cope with and process these experience, finding them very emotionally taxing. The home visitors also described the practical challenges involved in recruiting the mothers and maintaining regular visits with them, which is often an on-going struggle. The home visitors' struggles to manage the distress evoked from working with mothers in these conditions and to understand the work from a psychological perspective is linked to their lack of formal training in psychology, which the supervisors acknowledge is what protects and supports them in this work.

7.1.3 Experiences of supervision

In the supervision literature, most research has been conducted on the supervision of trainee psychotherapists (Gonsalvez, Oades, & Freestone, 2002; Holloway & Allstetter-Neufeldt, 1995), and other professional mental health workers (Edwards et al., 2005; Magnusson, Lutzen, & Severinsson, 2002). Few studies have focused on the supervision of lay home visitors (Halpern, 1992; Wasik & Roberts, 1994). And there has been no research conducted on the supervision of lay home visitors by psychologist supervisors. Therefore this study has added to the literature on supervision of these populations. As Wasik (1994) stated, it is crucial that untrained lay home visitors receive good quality supervision in order to provide an effective service for the families. As research has shown, supervision affects the quality of the intervention and the retention of families in the programme (Korfmacher, Green, Spellmann, & Thornburg, 2007; McCurdy & Daro, 2004). Equally importantly, good supervision is vital in order to support the home visitors to maintain good mental health themselves, to prevent burnout and to maintain their boundaries from the primitive emotions involved in this type of work.

Working psychologically in the Alexandra township community has proved challenging for both the supervisors and the home visitors. The home visitors explained their own, and the

community at large's, unfamiliarity with psychological work at their initial recruitment, and described their process of gradually understanding the nature of the work and coming to believe in its benefit to the community. The supervisors described their challenge in supervising and working with the home visitors who are not psychologically-trained, and the consequent difficulty in helping the home visitors to make sense of the complex primitive emotions associated with working with mothers in adverse circumstances. Negotiating the balance between maintaining the natural rapport between the home visitors and mothers as fellow community women, and providing them with psychological tools for working more effectively, is an ongoing challenge for the supervisors. However, the home visitors described slowly coming to trust and rely on the supervision space to contain and support them in their work. Supervision has also involved the challenge of balancing the focus on the work with the mothers and babies with supporting the home visitors to process their own feelings and experiences as they have not taken up individual therapy spaces. For the supervisors, being warm, supportive in supervision, while also having to manage the home visitors work output and set boundaries, has been particularly challenging. Also, the class differences due to the historical disparity of opportunities between the two groups, has been distressing for the supervisors who expressed their sadness and guilt in observing the personal and financial struggles of their colleagues. The cultural differences between the two groups have involved both rewarding and challenging aspects in that the home visitors enjoy being able to share their culture and traditions with their supervisors to help them to understand this influence on the mothers' experiences, but also acknowledge the difficulty in working with supervisors who do not share their knowledge and beliefs. For the supervisors, a challenge has been the sacrifice of their own supervision space in order to complete other work when the project is particularly busy. This loss has a significant impact on them as this space is valuable and beneficial for them to gain a broader perspective on the dynamics which may be occurring at the different levels of supervision.

7.1.4 Areas to improve in the project

The supervisors and home visitors are very aware that they are only able to reach a small portion of the mothers in need of help in the community and in surrounding areas. This knowledge influences an anxiety to expand the project. The home visitors expressed their frustration at the experimental nature of the programme resulting in the control cohort of

mothers not receiving the benefit of support until the infant is three months of age, and their desire to extend the project to other areas to benefit as many mothers as possible. The home visitors also expressed their opinion that an improvement to the project would be to acquire more funding and to be able to provide the very poor mothers with a small contribution of basic supplies. For the supervisors limited funding and resources is also a significant burden and area for focus for improvement in the future and more funding would mean that mothers could be visited and supported for a longer period of time. They would love to be able to pay the home visitors more than their current stipend and feel that a decent salary would assist them to cope better with the stressors of their work and help them to feel valued. Another possible improvement to the project, according to the supervisors, would be to develop an ongoing supportive intervention for mothers, particularly one which would focus on the high risk mothers whom they believe are not responding significantly to the current programme. Also, the supervisors would like a detailed study to be done on the mothers who have participated in the programme so that more information can be gathered on what more they need assistance with.

The supervisors expressed the need for improving the home visitors' capacity to support the mothers to tolerate ambivalent feelings for their babies, something that they felt the home visitors had not grasped sufficiently. Also, they would like to help the home visitors to better understand the mothers' resistance and to help them to increase their resilience. Furthermore, the supervisors felt that helping the home visitors to be able to explain the project and its requirements and objectives more clearly to the mothers at the start would help to avoid the drop outs and the frustration involved with that. Finally the supervisors all agreed that they strongly desired that the home visitors would start their own therapy. For themselves, the supervisors agreed that their supervision is a crucial space and needs to be prioritized and not to be sidelined when the organisation is very busy and time is limited which has happened frequently. Another area which would be a support to the supervisors would be the addition of a dedicated researcher to take the strain off the clinical staff.

In conclusion, like all mothers throughout time, place and circumstance, the staff in the UMBHV project are working hard on multiple levels to juggle time, skills and resources to provide a good-enough service to the mothers and babies of the Alexandra township community. Thembi perfectly summarised the attitude and spirit of the project by saying:

“As a team, struggling with what the moms bring, what the home visitors bring, what we bring and trying to push the work and not giving up when things are really, really difficult, that has been so... ‘rewarding’ is so limiting... I think that speaks a lot about the human spirit”.

7.2 Recommendations based on the findings

Based on the findings of this study, the following recommendations are made:

The supervisors were unanimous in their desire for the home visitors to have additional therapeutic support. An option presented by one of the supervisors is that a support group could be created similar to the group check in used at the initial training, which seemed to of benefit. This could be explored further to ascertain whether the home visitors would attend such a group. Additionally, the decision could be made that individual therapy be made mandatory for the new group of home visitors.

The feasibility for the development of an on-going support group for high risk mothers could also be explored.

The team could explore the recruitment of volunteer researchers and fundraising support, possibly from the psychology student population.

It is recommended that the supervisors’ supervision space should be protected, prioritised and not cancelled in order for other work to be completed, as this space is valued.

Finally, a recommendation for the future recruitment of supervisors would be to aim to create a more racially mixed supervisors group as this will reduce the racial split between the supervisor and the home visitor groups and may help with cultural and language difficulties.

7.3 Limitations of the research

This research was limited in that the sample included the very small staff population and participants may have feared that they could be identified by their comments and suffer negative consequences as a result. This may have influenced the staff not to feel comfortable to express themselves with complete honesty regarding negative feelings and experiences of the project. The home visitors may have felt that they could not be honest in expressing

negative feelings or experiences regarding the racial hierarchies in the project, as their interviewer was also a white person.

7.4 Recommendations for future research

A number of research avenues may branch out from the findings of this research. Future research could explore the perceptions of psychological support in the community of Alexandra and the influences and obstacles to accessing such support. Another research avenue could explore, in more depth, the home visitors' resistance to going into their own individual therapy process. This could include finding alternatives to individual therapy for the home visitors such as a support group. A further avenue of research could look into other forms of mental health support that may be needed in the community such as a support group for high risk dyads as suggested by the supervisors.

REFERENCES

- Ainsworth, M. D. S. (1985). Patterns of infant-mother attachments and effects on development. *Bulletin of the New York Academy of Medicine*, 61, 771-791.
- Alexandra Clinic Annual Report. (2011). Alexandra township: Status in the year 2011. Accessed August 02, 2015, from http://www.alexandra.co.za/01_about/status.htm.
- Attride-Stirling, J (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research*, 1, 385 – 405.
- Babbie, E., & Mouton, J. (2001). *Qualitative data analysis. The Practice of Social Research*, South African Edition. Cape Town: Juta Ltd.
- Barbarin, O. A., & Richter, L. (2001). Economic status, community danger and psychological problems among South African children. *Childhood*, 8, 1115-133.
- Bender, S., van Niekerk, A., Seedat, M., & Atkins, S. (2008). A review of best practice home visitation interventions for childhood injury reduction. *Evaluation and Program Planning*, 31, 209– 216.
- Bennet, S., Saks, L. V. (2006). Field Notes: A conceptual application of attachment theory and research to the social work student –field instructor supervisory relationship. *Journal of Social Work Education*, 42, 669-682.
- Berg, A. (2003). Parent-infant psychotherapy in South Africa. *Infant Mental Health Journal*, 24 , 265-277.
- Berg, A. (2009). The need for an appraisal of psychoanalytic thinking within South African socio-cultural contexts. *Psycho-analytic Psychotherapy in South Africa*, 17, 101-105.

- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision*. (3rd ed.). Boston, MA: Pearson Education.
- Bilukha, O., Hahn, R. A., Crosby, A., Fullilove, M. T., Liberman, A., Moscicki, E., Snyder, S., Tuma, F., Corso, P., Schofield, A., & Briss, P. A. (2005). The effectiveness of early childhood home visitation in preventing violence: A systematic review. *American Journal of Preventive Medicine*, *28*, 749-3797.
- Bion, W.R. (1962). The Psycho-Analytic Study of Thinking. *International Journal of PsychoAnalysis*, *43*, 306-310.
- Bion, W.R. (1970). *Attention and interpretation*. London: Tavistock.
- Bion, W.R. (1977). *Seven servants: Four works by Wilfred R. Bion*. New York, NY: Aronson.
- Blalock, L. L., Tiller, V. R., & Monroe, P. A. (2004). "They get you out of courage:" Persistent deep poverty among former welfare-reliant women. *Family Relations*, *53*, 127-137.
- Bordin, E. S. (1983). Supervision in counseling: II. Contemporary models of supervision: A working alliance based model of supervision. *The Counseling Psychologist*, *11*, 35-42.
- Bowlby, J. (1969/1982). *Attachment and Loss: Vol. 1: Attachment*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Loss, sadness, and depression* (Vol. 3). New York: Basic Books.
- Bowlby J. (1988). *A secure base: Clinical applications of attachment theory*. Routledge, London.
- Boyas, J., Wind, L. H., & Kang, S. Y. (2012). Exploring the relationship between employment- based social capital, job stress, burnout, and intent to leave

among child protection workers: An age-based path analysis model. *Children and Youth Services Review*, 34, 50–62.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage Publications.

Brandt, R. (2009). Putting mental health on the agenda for HIV+ women: a review of evidence from sub-Saharan Africa. *Women & Health*, 49, 215–228.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Breedlove, G. (2005). Perceptions of social support from pregnant and parenting teens using community-based doulas. *Journal of Peri-natal Education*, 14, 15-22.

Bromberg, P. (1996). Standing in the spaces: The multiplicity of self and the psychoanalytic relationship. *Contemporary Psychoanalysis*, 32, 509–535.

Bromley, K. R. (2012). *Ububele Baby Mat Project: caregivers' experiences and perceptions* (unpublished MA dissertation). University of the Witwatersrand.

Brookes, S. J., Summers, J. A., Thornburg, K. R., Ispa, J. M., & Lane, V. J. (2006). Building successful home visitor–mother relationships and reaching program goals in two Early Head Start programs: A qualitative look at contributing factors. *Early Childhood Research Quarterly*, 21, 25–45.

Burrell, L., McFarlane, E., Tandon, D., Fuddy, L., Duggan, A., & Leaf, P. (2009). Home visitor relationship security: Association with perceptions of work, satisfaction, and turnover. *Journal of Human Behavior in the Social Environment*, 19, 592-610.

Catt, S. E., & Miller, D. S. (1991). *Supervision: working with people*. Irwin: Professional Pub.

- Casement, P. (1985). Key dynamics of containment. In *On Learning from the Patient* (Chapter 6). London: Routledge.
- Ciclitira, K., Starr, F., Marzano, L., Brunswick, N., & Costa, A. (2012). Women counsellors' experiences of personal therapy: A thematic analysis. *Counselling and Psychotherapy Research: Linking research with practice, 12*, 136-145.
- Colletta, N. D. (1981). Social support and the risk of maternal rejection by adolescent mothers. *Journal of Psychology, 109*, 191-197.
- Cooper, P. J., Landman, M., Tomlinson, M., Molteno, C., Swartz, L., & Murray, L. (2002). The impact of a mother–infant intervention in an indigent peri-urban South African context: a pilot study. *British Journal of Psychiatry, 180*, 76–81.
- Cooper, P. J., Tomlinson, M., Swartz, L., Landman, M., Molteno, C., Stein, A., McPherson, K., & Murray, L. (2009). Improving quality of mother-infant relationship and infant attachment in socio-economically deprived community in South Africa: randomized controlled trial. *British Medical Journal, 338*, 974-982.
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Daniels, K., Nor, B., Jackson, D., Ekstrom, E. C., & Doherty, T. (2010). Supervision of community peer counsellors for infant feeding in South Africa: an exploratory qualitative study. *Human Resources for Health, 8*, 1-10.
- Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse & Neglect, 27*, 1101 -1113.
- Davy, A. & Beddoe, L. (2010). *Best practice in professional supervision: A guide for the helping professions*. London: Jessica Kingsley.

- Deitrick, L. M., & Draves, P. R. (2008). Attitudes towards Doula Support during Pregnancy by Clients, Doulas, and Labor-and-Delivery Nurses: A Case Study from Tampa, Florida. *Human Organisation*, 67, 397- 406.
- Denzin, N., & Lincoln, Y. (1998). *Handbook of qualitative research, second edition*. (Eds.), (pp. 981-999). Thousand Oaks: Sage.
- Dickinson, N. S., & Perry, R. E. (2002). Factors influencing the retention of specially educated public child welfare workers. *Journal of Health & Social Policy*, 15, 89–103.
- Donald, D., Lazarus, S. & Lolwana, P. (2010). *Educational Psychology in social context: Ecosystemic applications in South Africa*. South Africa: Oxford University Press.
- Dunkle K.L., Jewkes R.K., Brown H.C., Gray G.E., McIntyre J.A. & Harlow S.D. (2004). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet*, 363, 1415–1421.
- Eagle, G. T., Haynes, H., & Long, C. (2007) Eyes wide open: Facilitating student therapists' experiences with the unfamiliar. *European Journal of Psychotherapy & Counselling*, 9, 133-146.
- Esprey, Y. M. (2014). Casting light on the shadow: Clinical implications of contextualizing racial experience within a neurobiological framework. *Smith College Studies in Social Work*, 84, 350–366.
- Eng, D., & Han, S. (2000). A dialogue on racial melancholia. *Psychoanalytic Dialogues*, 10, 667–700.
- Edwards, D., Burnard, P., Hannigan, B., Cooper, L., Adams, J., Juggesur, T., Fothergil, A., & Coyle, D. (2005). Clinical supervision and burnout: the influence of clinical supervision for community mental health nurses. *Journal of Clinical Nursing*, 15, 1007-1015.

- Elizur, J. (1990). 'Stuckness' in live supervision: Expanding the therapist's style. *Journal of Family Therapy, 12*, 267-280.
- Frawley-O'Dea, M. G. & Sarnat, J. E. (2001). *The supervisory relationship: A contemporary psychodynamic approach*. London: Guildford Press.
- Freeman, M. (2004). HIV/Aids in developing countries: heading towards a mental health and consequent social disaster? *South African Journal of Psychology, 34*, 139-159.
- Freud, S. (1917) 'Mourning and melancholia'. *SE 14*, 243–58.
- Fonagy, P. (2001). *Attachment theory and psychoanalysis*. London: H. Karnac (Books) Ltd.
- Fonagy, P., & Target, M. (2003). The efficacy of psychoanalysis for children with disruptive disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 33*, 45-55.
- Fonagy, P., Target, M., & Gergely, G. (2000). Attachment and borderline personality disorder: A theory and some evidence. *The Psychiatric Clinics of North America, 23*, 103-119.
- Fonagy, P. (2005). *The development of prejudice: An attachment theory hypothesis explaining its ubiquity*. Paper presented at the International Conference on Prejudice, Salt Lake City, UT
- Fulford, M. D., & Enz, C. A. (1995). The impact of empowerment on service employees. *Journal of Managerial Issues, 7*, 161–175.
- Gazza, N., & Theriault, A. (2007). Super- (and not-so-super-) vision of counsellors-in-training: Supervisee perspectives on broadening and narrowing processes. *British Journal of Guidance & Counselling, 35*, 189-204.
- Gibbs, J. A. (2001). Maintaining front-line workers in child protection: a case for refocusing supervision. *Child Abuse Review, 10*, 323 – 335.

- Gill, S. (2001). *The supervisory alliance: Facilitating the psychotherapist's learning experience* (pp. 67-74). Lanham, MD: Jason Aronson.
- Gilbert, S., Laschinger, H. K. S., & Leiter, M. (2010). The mediating effect of burnout on the relationship between structural empowerment and organizational citizenship behaviours. *Journal of Nursing Management*, 18, 339–348.
- Gill, S., Greenberg, M. T., Moon, C., & Margraf, P. (2007). Home visitor competence, burnout, support, and client engagement. *Journal of Human Behavior in the Social Environment*, 15, 23 - 44.
- Gillham, B. (2000). *Case study research methods*. London: Continuum.
- Glenn, E. N. (1994). Social constructions of mothering: A thematic overview. In E. N. Glenn, G. Chang, & L. R. Forcey (Eds.), *Mothering: Ideology, experience and agency* (pp. 11-28). New York: Routledge.
- Gonsalvez, C. J., Oades, L. G., & Freestone, J. (2002). The objectives approach to clinical supervision: Towards integration and empirical evaluation. *Australian Psychologist*, 37, 68-77.
- Gradin, C. (2013). Race, poverty and deprivation in South Africa. *Journal of African Economies*, 22, 187-238.
- Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology*, 48, 371-383.
- Grosz, E. (1994). *Volatile Bodies: Towards a corporeal feminism*. Sydney: Allen & Unwin.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury: CA: Sage.

- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Introduction to Applied Thematic Analysis*. London: Sage Publications.
- Halpern, R. (1993). The societal context of home visiting and related services for families in poverty. *The Future of Children, 3*, 158-171.
- Hayes, S. (1996). *The cultural contradictions of motherhood*. New Haven: Yale University Press.
- Holloway, E. L., & Allstetter-Neufeldt, S. (1995). Supervision: Its contributions to treatment efficacy. *Journal of Consulting and Clinical Psychology, 63*, 207-213.
- Howard, A. (1998). The empowering leader: Unrealized opportunities. In G. R. Hickman (Ed.), *Leading organizations: Perspectives for a new era* (pp. 202–213). Thousand Oaks, CA: Sage.
- Howard, E. E., Inman, A. G., & Altman, A. N. (2006). Critical incidents among novice counselor trainees. *Counselor Education and Supervision, 46*, 88-102.
- Howard, K S., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children, 19*, 119-146.
- Ivey, G. (2009). Wilfred Bion: Thinking, feeling and the search for truth. In J. Watts, K. Cockroft, & N. Duncan (Eds.), *Developmental psychology* (2nd ed.) (pp. 112-137). Cape Town: UCT Press.
- Jarrett, P., & Barlow, J. (2014). Clinical supervision in the provision of intensive home visiting by health visitors. *Community Practitioner, 87*, 32-36.
- Jewkes, R., Dunkle, K., Nduna, M. & Shai N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet, 376*, 41–48
- Jurist, E.L. (2010). Mentalizing minds. *Psychoanalytic Inquiry, 30*, 289–300.

- Klaus, M. H., & Kennell, J. H. (1997). The doula: An essential ingredient of childbirth rediscovered. *Acta Paediatrica*, *86*, 1034-1036.
- Klein, M. (1940). Mourning and its relation to Manic-Depressive states. In J. Mitchell (Ed.), *The Selected Melanie Klein* (Chapter 7). New York, NY: Free Press.
- Klein, M. (1956). A study of envy and gratitude. In J. Mitchell (Ed.), *The Selected Melanie Klein* (Chapter 10). New York, NY: Free Press.
- Koeske, G. F., & Kirk, S. A. (1993). Coping with job stress: Which strategies work best? *Journal of Occupational and Organizational Psychology*, *66*, 319–335.
- Koeske, G. F., & Koeske, R. D. (1993). A preliminary test of a stress–strain–outcome model for reconceptualizing the burnout phenomenon. *Journal of Social Service Research*, *17*, 107–135.
- Kohut, H. (1981). *Reflections on empathy*. Paper presented at the 1981 Self Psychology Conference in Berkeley, California. Retrieved May 12, 2015, from <http://www.youtube.com/watch?v=ZQ6Y3hoKI8U>.
- Kohut, H. (1984). In A. Goldberg and P. Stephansky (Eds.), *How does analysis cure?* Chicago: University of Chicago Press.
- Korfmacher, J., Green, B., Spellman, M., & Thronburg, K. R. (2007). The helping relationship and program participation in early childhood home visiting. *Infant Mental Health Journal*, *28*, 459-480.
- Landman, M. (2009). *Inside the black box of a successful parent-infant intervention in a South African informal settlement: Mothers' and counsellors' accounts of the process*. (Unpublished doctoral dissertation). Stellenbosch University, South Africa.

- Leary, K. (2000). Racial enactments in dynamic treatment. *Psychoanalytic Dialogues*, *10*, 639–653.
- Lee, S. J., Altschul, I., & Mowbray, C. T. (2008). Using planned adaptation to implement evidence-based programs with new populations. *American Journal of Community Psychology*, *41*, 290- 303.
- Le Roux, I. M., le Roux, K., Mbeutu, K., Comulada, W. S., Desmond, K. A., & Rotheram-Borus, M. J. (2011). A randomized controlled trial of home visits by neighbourhood mentor mothers to improve children’s nutrition in South Africa. *Vulnerable Children and Youth Studies*, *6*, 91-102.
- Le Roux, I. M., Tomlinson, M., Harwood, J. M., O’Connor, M. J., Worthman, C. M., Mbewu, N., Steward, J., Hartley, M., Swendeman, D., Comulda, W. S., Weiss, R. E., & Rotheram-Borus, M. J. (2013). Outcomes of Home Visits for Pregnant Mothers and their Infants: a Cluster Randomised Controlled Trial. *AIDS*, *27*, 1461-1471.
- Leiter, M. P. (2005). Perception of risk: An organizational model of occupational risk, burnout, and physical symptoms. *Anxiety, Stress & Coping*, *18*, 131–144.
- Leiter, M. P., Gascón, S., & Martínez-Jarreta, B. (2010). Making sense of work life: A structural model of burnout. *Journal of Applied Social Psychology*, *40*, 57–75.
- Levitt, M., J., Weber, R. A., & Clarke, M. C. (1986). Social network relationships as sources of maternal support and well-being. *Developmental Psychology*, *22*, 310-316.
- Lichtenberg, J. D. (2005). *Craft & spirit: A guide to the exploratory psychotherapies*. Hillsdale, NJ: The Analytic Press.
- Luby, J., Belden, A., Botteron, K., Marrus, N., Harms, M. P., Babb, C., Nishino, T., & Barch, D. (2013). The Effects of Poverty on Childhood Brain Development: The mediating effect of caregiving and stressful life events. *Journal of American Medical Association Paediatrics*, *167*, 1135-1142.

- Magnusson, A., Lutzen, K., & Severinsson, E. (2002). The influence of clinical supervision on ethical issues in home care of people with mental illness in Sweden. *Journal of Nursing Management*, 10, 37-45.
- Magnuson, S., Wilcoxon, S. A., & Norem, K. (2000). A profile of lousy supervision: Experienced counselors' perspectives. *Counselor Education and Supervision*, 39, 189-202.
- Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In M. T. Greenberg, D. Cicchetti & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 121 – 160). Chicago: University of Chicago Press
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd Ed). London: Sage
- Martin, U., & Schinke, S. P. (1998). Organizational and individual factors influencing job satisfaction and burnout of mental health workers. *Social Work in Health Care*, 28, 51–62.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-412.
- Mays, N., & Pope, C. (1995). Qualitative Research: Rigour and qualitative research. *British Medical Journal*, 311, 109-121.
- Maynes, J. & Best, P. (1997) 'In the company of women: experiences of working with the lost mother' pp119-135. In W. Hollway and B. Featherstone (Eds) *Mothering and Ambivalence*. London: Routledge .

- McAllister, C. L., & Thomas, T. (2007). Infant mental health and family support: Contributions of Early Head Start to an integrated model for community-based early childhood programs. *Infant Mental Health Journal*, 28, 192-215.
- McCurdy, K. & Daro, D. (2001). Parent involvement in family support programs: An integrated theory. *Family Relations*, 50, 113-121.
- McGuigan, W. M., Katzev, A. R., & Pratt, C. C. (2003). Multi-level determinants of retention in a home-visiting child abuse prevention program. *Child Abuse & Neglect*, 27, 363-380.
- McHale, E., & Carr, A. (1998). The effect of supervisor and trainee therapist gender on supervision discourse. *Journal of Family Therapy*, 20, 395-412.
- Mikulincer, M., Horesh, N., Eilati, I., & Kotler, M. (1999). The association between adult attachment style and mental health in extreme life-endangering conditions. *Personality and Individual Difference*, 27, 831-842.
- Milne, D. L., Leck, C., Choudhri, N. Z. (2009). Collusion in clinical supervision: literature review and case study in self-reflection. *The Cognitive Behaviour Therapist*, 2, 106–114.
- Minde, K., Minde, R. & Vogel, W. (2006). Culturally sensitive assessment of attachment in children aged 18 – 40 months in a South African township. *Infant Mental Health Journal*, 27, 125-137.
- Mohamed, F. (2001). Considerations in designing a volunteer home visitation programme in low-income, at-risk communities: a review of the literature. *Institute for Social and Health Sciences Monograph Series*, 2, 32-63.
- Naidu, V., Aguilera, J. F., de beer, J., Netshipale, P., & Harris, G. (2008). Cost and quality performance indicators for home community-based care services to orphans and vulnerable children. *South African Journal of Economics*, 76, 28–33.

- Nama, N., & Swartz, L. (2002). Ethical and social dilemmas in community-based controlled trials in situations of poverty: A view from a South African project. *Journal of Community & Applied Social Psychology, 12*, 286–297.
- Nelson, M. L. (1997). An interactional model for empowering women in supervision. *Counselor Education and Supervision, 37*, 125-139.
- Nyangara, F., Thurman, T. R., Hutchinson, P., & Obiero, W. (2009). *Effects of programs supporting orphans and vulnerable children: Key findings, emerging issues, and future directions from evaluations of four projects in Kenya and Tanzania*. Chapel Hill, NC: MEASURE Evaluation.
- Nye, C. H. (2003). Using Developmental Processes in Supervision: A Psychodynamic Approach. *The Clinical Supervisor, 21*, 39-53.
- Olds, D.L., & Kitzman, H. (1990). Can home visitation improve the health of women and children at environmental risk? *Pediatrics, 86*, 108 -116.
- Olds, D. L., & Kitzman, H. (1993). Review of research on home visiting for pregnant women and parents of young children. *The Future of Children, 3*, 53-92.
- Olson, S. L. & Banyard, V. (1993). "Stop the World So I Can Get off for a While": Sources of Daily Stress in the Lives of Low-Income Single Mothers of Young Children. *Family Relations, 42*, 50-56.
- Orthner, D. K., Jones-Sanpei, H., Williams, S. (2004). The resilience and strengths of low-income families. *Family Relations, 53*, 159-167.
- Parker, R. (1997). The Production and purposes of maternal ambivalence. In W. Hollway & Featherstone, B. (Eds) *Mothering and Ambivalence* (Chapter 2). London: Routledge.
- Phillips, A. (1988). *Winnicott*. London: Fontana.

- Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In Nicky Hayes (Ed). *Doing qualitative analysis in psychology*. (pp. 245-273). Hove, England: Taylor & Francis.
- Pininski, D. (2015). *Mothers' experiences of the Ububele Mother-Baby Home Visiting Project* (Unpublished Masters dissertation). University of the Witwatersrand.
- Pistole, M. C., & Watkins, C. E. (1995). Attachment theory, counseling process, and supervision. *The Counseling Psychologist*, 23, 457-478.
- Powell, D. R. (1993). Inside home visiting programs, *The Future of Children*, 3, 23-38.
- Rafferty, M. A. (2000). A conceptual model for clinical supervision in nursing and health visiting based on Winnicott's (1960) theory of the parent-infant relationship. *Journal of Psychiatric and Mental Health Nursing*, 7, 153-161.
- Reifer, S. (2001). Dealing with the anxiety of beginning therapists in supervision. In S. Gill (Ed.), *The supervisory alliance: Facilitating the psychotherapist's learning experience* (pp. 67-74). Lanham, MD: Jason Aronson.
- Rey, J. H. (1994). *Universals of psychoanalysis in the treatment of psychotic and borderline states*. United Kingdom: Free Association Books.
- Roman, L. A., Lindsay, J. K., Moore, J. S., & Shoemaker, A. L. (1999). Community health workers: Examining the helper therapy principle. *Public Health Nursing*, 16, 87-95.
- Ruddick, S. (1989). *Maternal thinking: Towards a politics of peace*. Boston: Beacon Press.
- Schore, A. N. (2010). Relational trauma and the developing right brain: The neurobiology of broken attachment bonds. In T. Baradon (Ed.), *Relational trauma in infancy: Psychoanalytic attachment and neuropsychological contributions to parent-infant psychotherapy* (pp. 19-47). London: Routledge

- Schore, J. R., & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Journal of Clinical Social Work, 36*, 9-20.
- Seguin, L., Potvin, L., St-Denis, M., & Loiselle, J. (1995). Chronic stressors, social support, and depression during pregnancy. *Obstetrics & Gynecology, 85*, 34-45.
- Sherr, L., & Zoll, M. (2011). *PEPFAR OVC evaluation: How good at doing good?* Washington, DC: United States Agency for International Development.
- Shim, M. (2010). Factors influencing child welfare employee's turnover: Focusing on organizational culture and climate. *Children and Youth Services Review, 32*, 856-867.
- Slade, A. (2005). Parental reflective functioning: an introduction. *Attachment & Human Development, 7*, 269-281.
- Stake, R. E. (2000). *Qualitative research: Studying how things work*. London: Guilford Press.
- Stevens, J., Ammerman, R. T., Putnam, F. W., Gannon, T., & van Ginkel, J. B. (2005). Facilitators and barriers to engagement in home visitation: A qualitative analysis of maternal, provider, and supervisor data. *Journal of Aggression, Maltreatment & Trauma, 11*, 75-93.
- Stewart, N. (2004). Supervising the primary care counsellor within the psychodynamic frame. *Psychodynamic Practice: Individuals, Groups & Organizations, 10*, 354-372.
- Straker, G. (2004). Race for Cover: Castrated Whiteness, Perverse Consequences, *Psychoanalytic Dialogues, 14*, 405-422.
- Strauss, A. L., & Corbin, J. (1990). *The Basics of Qualitative research: Techniques and procedures for developing grounded theory*. London: Sage.

- Stroufe, L. A. (1983). Infant-caregiver attachment and patterns of adaption in preschool: The roots of maladaptation and competence. In M. Perlmutter (Ed.), *Minnesota Symposium in Child Psychology*, 16, 41 – 81
- Stroufe, L. A., Engeland, B. & Kreutzer, T. (1990). The fate of early experience following developmental change: Longitudinal approaches to individual adaptation in childhood. *Child Development*, 61, 1363-1373.
- Suchet, M. (2007). Unravelling whiteness. *Psychoanalytic Dialogues*, 17, 867–886.
- Swanson, V., & Power, K. (2001). Employees' perceptions of organisational restructuring: The role of social support. *Work and Stress*, 15, 161–178.
- Swartz, S. (2007). The power to name: South African intersubjective psychoanalytic psychotherapy and the negotiation of racialized histories. *European Journal of Psychotherapy and Counselling*, 9, 177–190.
- Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75, 1435 – 1456.
- Terre Blanche, M., Durrheim, K., & Painter, D. (2006). *Research in Practice: Applied methods for the social sciences*. Cape Town: Juta and Company Ltd.
- Thompson, R. A. (2008). Early attachment and later development: Familiar questions, new answers. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (pp 348-365). New York, NY: The Guilford Press.
- Thurman T. R., Kidman R. & Taylor, T. M. (2013). *The impact of paraprofessional versus volunteer-driven home visiting programs on the wellbeing of orphans and vulnerable children: Evidence from a longitudinal evaluation in KwaZulu Natal, South Africa*: New Orleans, Louisiana: Tulane University.

- Tomlinson, M., Cooper, P. & Murray, L. (2005). The Mother–Infant Relationship and Infant Attachment in a South African Peri-Urban Settlement. *Child Development*, 76, 1044 – 1054.
- Tomlinson, M., Swartz., L., & Landman, M. (2003). The Hanover Park Mother-Infant Project : methodological challenges and compromises in a South African context. *South African Journal of Psychology*, 33, 205-211.
- Tomlinson, M., Cooper, P. J., Stein, A., Swartz, L., Molteno, C. (2006). Post-partum depression and infant growth in a South African peri-urban settlement. *Child Care, Health & Development*, 32, 81-86.
- Ububele.org (2015). Accessed August 02, 2015 from <http://www.ububele.org/about.html>.
- Van Ijzendoorn, M.H., Bakermans-Kranenburg, M.J. & Sagi-Schwartz, A. (2006). Attachment across diverse sociocultural contexts: The limits of universality. In K.H. Rubin & O.B. Chung (Eds.), *Parenting beliefs, behaviours, and parent-child relations: A cross-cultural perspective*. New York: Psychology Press.
- Wasik, B. H. (1993). Staffing issues for home visiting programs, *The Future of Children*, 3, 140-157.
- Wasik, B. H., Bryant, D. & Lyons, CF. (1990). *Home visiting procedures for helping families*. Newbury Park: CA: Sage.
- Wasik, B. H., & Roberts, R. N. (1994). Home visitor characteristics, training, and supervision: results of a national survey. *Family Relations*, 43, 336-341.
- Watkins, C. E. (1995). Pathological attachment styles in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training*, 32, 333-340.
- Weeks, D. (2002). Unlocking the secrets of ‘good supervision’: A phenomenological exploration of experienced counsellors' perceptions of good supervision.

Counselling and Psychotherapy Research: Linking research with practice, 2, 33-39.

Wheeler, S., & King, D. (2000). Do counselling supervisors want or need to have their supervision supervised? An exploratory study. *British Journal of Guidance & Counselling*, 28, 279-290.

Winnicott, D. W. (1947). Hate in the countertransference. In D. W. Winnicott (1958), *Through pediatrics to psycho-analysis*. London: Hogarth Press.

Winnicott, D. W. (1958). Primary maternal preoccupation. In *Collected papers: Through paediatrics to psycho-analysis* (pp. 300-305). London: Tavistock Publications.

Winnicott, D. W. (1960a). The theory of the parent-infant relationship. In M. M. Khan (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 37-55). London: The Hogarth Press and the Institute of Psycho-Analysis.

Winnicott, D.W. (1960b). Ego distortion in terms of true and false self. In *The maturational process and the facilitating environment: Studies in the theory of emotional development*. London & New York: Karnac.

Winnicott, D. W. (1962a). Ego integration in child development. In M. M. Khan (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 56-63). London: The Hogarth Press and the Institute of Psycho-Analysis.

Winnicott, D. W. (1962b). Providing for the child in health and crisis. In M. M. Khan (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 64-72). London: The Hogarth Press and the Institute of Psycho-Analysis.

- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. London: The Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D. W. (1969). The use of an object. *International Journal of Psycho-Analysis*, 50, 711-716.
- Winnicott, D. W. (1988). *Holding and interpretation*. London: The Hogarth Press
- Worthen, V., & McNeil, B. W. (1996). A phenomenological investigation of "good" supervision events. *Journal of Counseling Psychology*, 43, 25-34.
- Yoo, J. (2002). The relationship between organizational variables and client outcomes: case study in child welfare. *Administration in Social Work*, 26, 39–61.
- Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioural health of children and youth: Implications for prevention. *American Psychologist*, 67, 272-284.

APPENDIX A

Interview Schedule: (Home Visitors)

(Preamble: I would like to discuss with you your experience of being involved as a Home Visitor in the Ububele Mother-Infant Home Visitor Project. I'm interested in your feelings about the good things and the difficulties of the project, and especially your experience of supervision with the psychologists. If you do not understand any of the questions you may ask for them to be explained differently and if there are any questions you do not want to answer, that is also OK, we will carry on to talk about something else. You can take your time in answering the questions and please try to answer in as much detail as possible, give me examples where you can, because I would like to learn from you so that we can understand the experiences of the Home Visitor staff and use this knowledge to improve the project. What I have learned from you and the other staff members will be ready for you to read at the end of the year if you would like to).

General experience questions:

1. Tell me about your experiences in the project? What has it been like for you?
2. What has been the most rewarding part of the programme for you? Can you give me an example? A time when that happened?
3. What have you enjoyed the most about the programme? or found the most interesting?
4. What was the training like, going through the process?
5. Has anything changed in your life as a result of being involved in the programme?
6. What has been the most difficult part for you?
7. What is it like being with the mothers? What is good about it? What is sometimes difficult about it? Give examples?

8. What is it like doing this job and being a mother yourself?

Specific programme efficacy and challenges:

9. What do you think of the pre and post assessment? What is it like being the home visitor in that situation?

10. Can you tell me what it's like for you, starting from the beginning, with the recruitment of the moms, and then being with them pre-test, post test, and then the home visits with them, being along with them on that whole journey?

11. What have you felt about the changes between phase one and two? What has been good for the moms? What has been good for you?

12. Do you think this programme helps moms and babies? Or not? What makes you think that?

13. How do you think that helps them?

14. What do you think it does specifically for the moms?

15. What do you think it does specifically for the babies?

16. What do you think could be changed to make the programme better?

17. What has it been like working in a team?

18. What has it been like working at Ububele?

19. What do you think about the whole organization?

20. What do other people in the community think about you working for Ububele?

Supervision:

- 21 .What has the supervision process been like for you?
22. How do you understand supervision and what it is for?
23. What have you found useful about supervision?
24. What has not been so useful?
25. Is there anything in supervision that you would like to have more of?
26. Is there anything in supervision that you would like to have less of?
27. How do you like the group supervision compared to the individual supervision?
28. Do you find talking with the other home visitors about their experiences helpful? Or not?
29. What is it like having white supervisors?
30. Do you feel that there are aspects of your experience that you can't share in supervision?
31. What is it like being in an organization that is based on Western thinking? How does traditional thinking fit into your work?
32. Has the training changed your thinking in any way, given you new ideas to think about?

APPENDIX B

Interview Schedule: (Supervising Psychologists)

(Preamble: I would like to discuss with you your experience of being involved as a supervising psychologist in the Ububele Mother-Infant Home Visitor Project. My study has three areas of focus, I'm interested in your feelings about the successes and challenges of the project, and especially your experience of supervision with the home visitors. If there are any questions you do not want to answer, that is fine, we will carry on to talk about something else. You can take your time in answering the questions and please try to answer in as much detail as possible, and give me examples where you can. My findings with my final report will be available to you at the end of the year).

General experience questions:

1. Tell me about your experience of the programme?
2. Can you tell me about your experiences of the whole journey of the project, starting from the beginning, with the recruitment of the home visitors and then observing them working with the moms, recruiting them, being with them pre-test, post test, and then the home visits?
3. What is it like working with the home visitors?
4. What was your experience like of training the home visitors? (to be asked only of the psychologists involved in training).
5. What has been the most rewarding part of the project for you? Can you give me an example?
6. What was the most challenging part of the project for you? What has been more taxing or difficult?
7. Is there any form of support that you feel you are currently receiving/ need more of from the organization, that would help you to do your job better?

Specific programme efficacy and challenges:

8. What have you felt about the changes between phase one and two? What do you see as the benefits and the challenges?
9. What do you think of the pre and post assessment?
10. Do you think this programme is effective in helping the moms and babies? What makes you think that?
11. How do you think that helps them? What do you think it does specifically for the moms?
12. What do you think it does specifically for the babies?
13. What do you think could be changed to make the programme more effective?

Supervision:

14. What is supervision with the home visitors like?
15. What is rewarding, if anything, about the supervision?
16. What is challenging as a supervisor?
17. How do you find the group supervision compared to the individual supervision?
18. Do you think that the home visitors find supervision helpful?
19. Is supervising lay counsellors different to supervising university trained students?
20. Have you found that the home visitors struggle with any aspect of supervision?

21. Do you think the home visitors are able to be honest about their work challenges in supervision?

22. Do you find the cultural and racial differences between yourself and the home visitors sometimes challenging in supervision? How do you engage with this?

23. Have you found it challenging training and supervising from a psychoanalytic perspective, which is Western in its paradigm, with counsellors who may have an African, traditional way of thinking and interacting? Have you observed the counsellors attempting to combine both ways of thinking?

24. Have you learnt anything new, possibly about traditional cultural ways of child rearing from working with the home visitors?

25. Would you change any aspect of the supervision process if you were the manager?

26. How do you think the home visitors feel about the organization? Are there any politics that you are aware of?

27. As the organization works from a psychoanalytic framework, do you have any thoughts about organizational dynamics playing out at the organization? Can you think about it from a psychoanalytic perspective?

28. Do you think that a psychoanalytic perspective needs to be adapted in some way to be applicable to an African context?

Specific questions for the manager

1. How have you found being the manager of this project?

2. What are some of the challenges that you have experienced in this role?

3. What do you think of the supervision process from a managerial perspective?

APPENDIX C

Participant Information Sheet



School of Human and Community Development
*Private Bag 3, Wits 2050, Johannesburg,
South Africa*
Tel: (011) 717-4558 Fax: (011) 717-4559
Email: ros_veitch@yahoo.co.uk

Hello.

My name is Ros Veitch. I am studying a Masters degree in Clinical Psychology at the University of the Witwatersrand. I am conducting research as part of my degree and am inviting you to take part in this study. I am doing research on the Ububele Mother Baby Home Visiting Project. In this study I want to find out what your experience is of working as a Home Visitor, or a psychologist, in this project and whether you think that the project is helping the mothers and babies, and what you feel the difficulties are in the project. I am also interested in your experience of supervision. This research is being done so that more can be known about the experiences of the staff on the project and to improve the Home Visiting Project.

I am inviting you to take part in this research study. All 4 home visitors in the Ububele MBHV project will be asked to take part, as well as the four psychologists, including Melanie Esterhuizen, the manager. If you decide to take part you will be interviewed in a separate room in the clinic by the researcher. The interview will take between an hour and an hour and a half, and will be done by me. You may choose not to answer any questions that you do not want to, there are no right or wrong answers and you may stop the interview at any time with no negative consequences. Participation is voluntary and you will not get any benefits or money for participating in the study.

Efforts will be made to keep your personal information confidential. Personal information, like your name, will not be included in any part of the research report, but because there are only four psychologists and four home visitors, when people read the report they may recognize things you say. It is necessary for me to record the interview in order for me to remember as much detail as possible. Your interview will not be heard by anyone else other than me. I will write up your interview (transcript), all your identifying information will be removed, and I will use whatever you say together with all the other interviews to help me write my report. The interviews and transcripts will be kept in a password-protected file on a computer which only I will have access to. The printed out transcripts will only be seen by my research supervisor and me and will be kept safely in a locked cupboard. My supervisor will not know any of your personal information and will only be reading the interviews to help me write my report. After the report is finished your interview recording and transcript (both digital and printed out) will be kept in their secure places for 2 years, if the research is published in a journal, or for 6 years, if it is not published, before it is deleted. A copy of the report will be given to the manager of the Ububele Clinic, and the finished report will be seen

by the home visitors, the psychologists at the project, the people who mark my report and a copy will be kept in the library at the University of the Witwatersrand. My contact details and those of my supervisor are attached to this form if you have any questions.

If you do choose to participate please can you fill out the two consent forms attached and give them back to me; the one is consent to participate and the other is consent for the audio recording.

Please feel free to contact either me or my supervisor if you would like any further information, have any further questions, or would like to report any negative effects the study has had on you.

Kind regards,

Ms. Ros Veitch

(Clinical Psychology Student)

079 634 89 52

Email: ros_veitch@yahoo.co.uk

Dr. Katherine Bain

(Research Supervisor)

011 717 4558

Email: Katherine.Bain@wits.ac.za

If you would like to report any problems or complaints that you have with regard to any part of the research process you can contact the secretary of the University of the Witwatersrand's Human Research Ethics Committee (non-medical) Saintha Maistry, on 011 717 4613 or at saintha.maistry@wits.ac.za.

Counselling services

We do not expect that the interview will harm you in any way but if you feel that you are having difficulties after having participated you may access one of the following free therapy services.

Emthomjeni Community Psychology Clinic

011 717 4513

Lifeline

0861 322 32

APPENDIX D

Consent Form (Interview)

I _____ consent to being interviewed by Ros Veitch for her study on the Mother-Baby Home Visiting Project.

I understand that:

- Participation in this interview is voluntary.
- I have the choice to not answer any questions I do not want to answer.
- I may stop the interview at any time.
- Direct quotes will be used in the report, however, no personal information that may identify me will be included in the research report, and my responses will remain as confidential as possible, however, I understand that due to the fact that all the participants know each other, and the project group is small, my responses might be recognized by other Ububele staff.
- After the report is finished a copy will be given to Ububele, and one will be kept in the library at the University of the Witwatersrand and will be available to people who have access to the library.
- If a journal article is published the interview recording (or notes taken) as well the transcript will be kept in password-protected files as well as in a locked cupboard for 2 years. If no publication comes out of the project, they will be kept in these places for 6 years.
- There are no direct benefits for me in participating in this study.
- There are no anticipated risks for me participating in this study.

Signed _____

Date _____

APPENDIX E

Consent Form (Audio Recording)

I _____ consent to my interview with Ros Veitch for her study on the Mother-Infant Home Visiting Project to be tape-recorded. I understand that:

- The tape and transcript (these are written documents which contain what has been said in the interview) will not be heard or seen by any person at the Ububele Clinic or the Mother-Infant Home Visiting Project staff at any time.
- The tape will be heard by the researcher only.
- When the tape is used to write up the transcript, only the researcher will listen to it. Everything will be kept in a secure place, which only she will be able to access, while the study is ongoing.
- No personal information, such as names (mine, my family names etc.) or places (where I live, where I am from etc.), will be used in the transcripts.
- Only the researcher and her supervisor will have access to my transcript, however, the supervisor will not know any of my identifying information.
- After the report is finished my interview recording and transcript will be kept in a safe place, that only the researcher will have access to for 6 years.

Signed _____

Date _____