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# The impossibility of ideal motherhood:

## The psychological experiences and discourse on motherhood amongst South African low-income coloured mothers specifically in the Kylemore community.

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STATEMENT

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously in its entirety, or in part, submitted it at any university for a degree.

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Signature Date

ABSTRACT

This study aimed to determine whether there is a dominant discourse on motherhood in one semi-rural, low-income, Coloured community. It investigated the personal and individual meanings that this group of mothers attach to motherhood, and what they regard to be “good” or “bad” mothering practices. In exploring discourses the study also aimed at describing the prevailing values, assumptions, ideas, rules, fantasies and dreams concerning motherhood that prevail in the Kylemore community.

The present study used data from a research project entitled the “Maternal Mental Health Project” (MMHP). The MMHP focuses on the psychological distress and resilience of low-income mothers residing in the community of Kylemore. The main focus of this larger study was extensive open-ended interviews with the women concerning their pregnancies, birth and motherhood experiences. All women reporting at the Kylemore clinic for prenatal and antenatal visits were recruited. These women were interviewed at four different points in time by the same interviewer, focusing on women’s experience of pregnancy, termination of pregnancy, birth and early motherhood. Approximately 90 women were interviewed (360 one-hour interviews) over a period of four years.

Based on feminist social constructionist ideas, the current study utilised qualitative methodologies. The interviews were transcribed and then analysed according to social constructionist grounded theory. The main categories that emerged during coding revolved around what participants considered to be “good” or “bad” mothering practices.

The findings clearly indicated that mothers in this community are able to both recognise and define desirable and undesirable practices of motherhood. The themes pertaining to “good” mothering focused around two central concepts: the contextual factors which determine good motherhood; and the qualities evident in a good mother. A “bad” mother was seen to be someone who was unconcerned about taking responsibility for her child, leaving this responsibility for others to fulfil. It is suggested that for many of these women, their aspirations of ideal motherhood are unrealistic and unattainable due to the

social and economic circumstances in which they live. Women are thus effectively set up for failure, due to a discourse of “perfect” motherhood that seems impossible to achieve in these circumstances. This is exacerbated by the fact that “good” mothering and “bad” mothering are considered to be discrete and dichotomous categories, with no possible overlap between the two categories. It is suggested that psychologists working with low-income mothers should be involved in discussions about more realistic and less rigid discourses of motherhood, discourses that take contextual factors into account.

OPSOMMING

Hierdie studie poog om vas te stel of daar ‘n dominante diskoers oor moederskap in een half-landelike, lae-inkomste, Kleurling gemeenskap is. Die persoonlike en individuele betekenisse wat hierdie spesifieke groep moeders aan moederskap heg is ondersoek. Daar is ook spesifiek gekyk na wat deur hulle beskou word as “goeie” en “slegte” moederskappraktyke. Die analise van diskoerse sluit ook noodwendig in ‘n beskrywing van die algemene waardes, aannames, idees, reëls, fantasieë en drome rondom moederskap.

Die huidige studie gebruik data uit ‘n navorsingsprojek “The Maternal Mental Health Project” (MMHP). Die MMHP fokus op die psigologiese distres en veerkragtigheid van lae-inkomste moeders in die Kylemore gemeenskap. Die fokus van die groter projek was op breedvoerige oop onderhoude met die vroue oor hulle swangerskappe, geboortes, en ondervindinge van moederskap. Alle vroue wat by die Kylemore kliniek aangemeld het vir voorgeboorte besoeke is gewerf vir die studie. Deelnemers aan die studie is op vier verskillende geleenthede ondervra deur dieselfde onderhoudsvoerder. Die onderhoude het vrae ingesluit oor deelnemers se ervaring van swangerskap, terminasie van swangerskap, geboorte en vroeë moederskap. Ongeveer 90 vroue het deelgeneem aan die studie.

As ‘n sosiaal-konstruktivistiese studie het die huidige studie gebruik gemaak van kwalitatiewe metodologieë. Die onderhoude is getranskribeer en geanaliseer volgens sosiaal-konstruktiwistiese “Grounded Theory”. Die hoofkategoriee wat geidentifiseer is het verband gehou met “goeie” en “slegte” moederskappraktyke.

Die resultate van die studie toon duidelik dat moeders in hierdie gemeenskap onderskei tussen wenslike en onwenslike moederskappraktyke. “Goeie” moeders is geassosieer met spesifieke kontekstuele faktore en spesifieke persoonlikheidseienskappe. ‘n “Slegte” moeder, daarenteen, is gesien as iemand wat nie verantwoordelikheid neem vir haar kind nie en hierdie verantwoordelikheid aan iemand anders oorlaat. Die resultate

suggereer duidelik dat hierdie vrouens na ‘n ideaal van moederskap streef wat onrealisties is en onmoontlik om te bereik, gegewe hulle sosiale en ekonomiese omstandighede. Die moontliheid bestaan dat so ‘n diskoers van “perfekte” moederskap kan lei tot ‘n noodwendige gevoel van mislukking in baie van die vroue. Hierdie moontlikheid word groter gemaak deur die feit dat “goeie” en “slegte” moederskappraktyke beskou word as diskrete kategoriee, met geen oorvleueling tussen die kategorieë nie. Die resultate beklemtoon die noodsaaklikheid daarvan dat sielkundiges wat met lae-inkomste moeders werk betrokke raak in gesprekke oor meer realistiese en meer subtiele diskoerse van moederskap, diskoerse wat ook kontekstuele faktore in ag neem.

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And finally… “To Him who is able to keep you from falling and to present you before His glorious presence without fault and with great joy – to the only God our Saviour be glory, majesty, power and authority, through Jesus Christ our Lord, before all ages, now and forevermore!” Jude 24

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The impossibility of ideal motherhood: the psychological experiences and discourse on motherhood amongst low-income coloured[1] mothers.

> *We know more about the air we breathe, the seas we travel, than about the nature and meaning of motherhood" (Rich, 1976, pp xiii).*

1. Introduction

1.1 Definition of the concepts of motherhood and discourse

Motherhood is an "institution with social recognition, rules and status" (Silva, 1996, p. 12). Hays (1996), emphasizes the socially constructed meaning of motherhood stating that it is the "ideas and practices attached to childbirth and child rearing that constitute the culture of socially appropriate mothering" (p. 14). The notion of motherhood is characterized by a few prominent and prevailing ideas and concepts. Phoenix, Woollett & Lloyd (1991), explain the influence of these prevailing concepts on society's understanding of motherhood thus, "dominant constructions of motherhood are viewed as existing within the wider society and are recognized by individual women who use them as standards against which to evaluate their own experiences and construct their own ideas" (p. 42). In other words, motherhood can be said to be shaped by ideologies. With regard to dominant constructions the notions of ideology and discourse are useful. An ideology can be defined as "the conceptual system by which a group makes sense of and thinks about the world. It is a collective rather than an individual product. A dominant ideology represents the view of a dominant group; it attempts to justify this domination over other groups, often by making the existing order seem inevitable" (Glenn, Chang & Forcey, 1994, p. 9). Motherhood can consequently be said to have been invested with ideological meaning and cultural significance (Bassin, Honey & Kaplan, 1994; Braverman, 1989; Glenn,1994; Parker, 1997). Motherhood will be understood not as some internal, essentialist identity, but as a social construct, the meaning of which is formed through the everyday relational context of discourse (Olesen, 2000); meaning is constantly being produced within particular contexts, and is

[1] For the purposes of this paper, South African race groups will be referred to as black, coloured, white and Indian, without the use of inverted commas.

thus neither random nor fixed (Beasley, 1999). Foucault (1972), describes discourses as "both 'signs' and 'practices' through which subjects are represented and formed" (p. 49).

Discourse is performative: it constructs individuals' subjectivities, and also evolves over time and through the positioning of individuals. (Raddon, 2002). Discourses are constructed across a number of sites, drawing on numerous ideologies and fields of knowledge (for example state policy, 'expert' knowledge, media representations), differing across contexts and cultures (Foucault, 1972). Essentially, discourses not only sustain and reproduce the social status quo, they also contribute to transformation. The exploration and deconstruction of discourses enables us to disclose ideologies that have been hidden by naturalisation and normalisation: the 'never-said, an incorporeal discourse, a voice as silent as a breath, a writing that is merely the hollow of its mark' (Foucault, 1972, p. 49). These are the values or practices which are accepted without question (Butler, 1999).

1.2 Discourse on good and bad mothering (international)

The expectations and requirements of motherhood are not uniform and vary according to different contexts. The dominant ideology of motherhood has largely been influenced by the expectations and values of the Western world and mainly white, middle-class women. The ideal or good[2] mother is objectified as the individual who carries out the physical and emotional care for her children. She is depicted as an "ever-bountiful, ever-giving, self sacrificing mother" (Bassin, Honey & Kaplan, 1994, p. 2). Intensive mothering practices entail mothering where the mother is the central caregiver. She lavishes copious amounts of time, energy and material resources on the child; putting her child's needs before her own. No sacrifice is too great as the child is considered "priceless" (Hays, 1996). Intensive mothering consequently involves child rearing techniques that are child-centered, expert-guided, emotionally absorbing, labour-intensive and financially expensive. These ideologies have created unrealistic expectations of mothering referred to by authors as the "myth of motherhood"

[2] The terms good mother and bad mother have not been written in inverted commas for the sake of reducing repetition, however it is important to note that the author uses these terms symbolically rather than literally.

(Braverman, 1989, p. 244; Glenn, 1994, p. 9), and the “fantasy of the perfect mother” (Chodorow & Contratto, 1982, p. 96).

The norms, values, ideas and images about the ideal mother, which have been developed and perpetuated by society “establish ideals about good and bad mothers and mothering” and “constitute the discourse of motherhood” (Robson, 2005, p. 219). Hays (1996, p.14) states that “it is the ideas and practices attached to childbirth and child rearing that constitute the culture of socially appropriate mothering.” Rich (1976) concurs, stating “because we have all had mothers, the institution affects all women and although differently, all men” (p. 282). Even psychological research and clinical work with mothers is influenced by the fact that all women who mother, and all psychologists who work with mothers have been exposed to prevailing ideologies of motherhood that affect their understandings of motherhood, mothering and mothers (Kruger, 2006). Psychology traditionally supports the dominant western ideologies, that focus on ideal or intensive mothering practices; however, the dominant western discourse on mothering cannot be assumed as comprehensive or all-encompassing.

Collins (1994, p. 58) states that “for women of colour, the subjective experience of mothering / motherhood is inextricably linked to the social cultural concerns of racial ethnic communities – one does not exist without the other”. Currently, knowledge concerning the experiences of low-income black mothers is inadequate. It has been suggested that psychological researchers focusing on the psychology of women, have poorly represented low-income women: “Low-income women have been silenced through a lack of attention and have been excluded from participation in the process of defining their life experiences” (Reid, 1993, p. 134). Even feminist psychological journals pay inadequate attention to low-income women in the developing world: poor women, and specifically poor women in developing countries, are still excluded from psychological research (Reid 1993). These women have been sidelined by dominant universalised ideologies; and literature documenting the experience of low-income black mothers is scarce and has in the past been marginalized. Collins (1994) highlights that it is important to “distinguish between what has been said about subordinated groups in

the dominant discourse, and what such groups might say about themselves if given the opportunity" (p. 60). Rich (1976) concludes that it is "only the willingness to share private and sometimes painful experiences" which will enable women to take ownership of, and "create a collective description of the world" (p. xviii).

1.3 Discourse of mothering (South Africa)

Within the South African context, authors highlight significant gaps in the research published on motherhood within this context. Kruger (2005) states that "an analysis of how contemporary mothering and mothers are psychologically impacted upon by race, class and culture is almost entirely missing from the South African literature". The majority of research concerning mothering in South Africa occurs within the framework of traditional mothering discourses where there are prevailing assumptions of what entails 'ideal mothering' (Kruger & Smit, 2002). There is a void in research that focuses on the subjective experiences of mothers themselves in South African literature, ultimately creating a situation where the voices of marginalized women as mothers are not being heard. However, feminist authors draw attention to the fact that women and mothers are not only positioned or shaped by dominant discourse, but are also capable of positioning in terms of accepting, resisting and transforming discourse (Raddon, 2002). There is a need for literature which focuses on the subjective experiences of universalised mothers, as highlighted by Bassin, Honey & Kaplan (1994, p. 3) who explain that 'the mother's subjectivity, her ability to reflect on and speak of her experience, has become an important ingredient in altering myths and changing social reality'. By emphasizing the experiences of these women it may give these mothers a greater sense of agency. The concept of motherhood is "constructed through men's and women's actions within specific historical circumstances: thus agency is central to an understanding of mothering as a social, rather than biological construct" (Glenn, Chang & Forcey, 1994, p. 3). "Examining motherhood and mothers-as-subject from multiple perspectives should uncover rich textures and difference. Diversity recontextualises motherhood and points us towards feminist theorizing that embraces difference as an essential part of commonality" (Collins, 1994, p. 72).

1.4 Research goals of the study

The current study has been designed to investigate the prevailing discourse(s) on mothering that have evolved in one specific low-income coloured community, that is Kylemore, in the Western Cape.

It is noted that Flax (1993, pp.140) states in this regard that:

> "knowledge construction should seek instead to generate an infinite 'dissemination' of meanings. They should abjure any attempt to construct a closed system in which the 'other' or the 'excess' are 'pushed to the margins' and made to disappear in the interest of coherence and unity. Their task is to disrupt and subvert rather than (re-)construct totalities or grand theories."

This study has the potential to contribute to the body of literature on mothering in South Africa and could play a role in bringing about change in the discourse on mothering in South Africa.

The research goals of this study thus include:

1. The researcher aims to investigate whether there is a dominant discourse on motherhood in one semi-rural, coloured community. Particular focus will be on the personal and individual meanings low-income mothers attach to motherhood.
2. By listening to the individual voices of women in the community, this research aims to describe the discourses that have been unveiled and to make explicit and concrete the prevailing values, assumptions, ideas, rules, fantasies and dreams concerning motherhood that prevail in Kylemore. The study aims to describe and understand women's expectations of motherhood.
3. By giving the women in this community an opportunity to express their concept of motherhood, this study is designed to provide an opportunity for the voices of mothers themselves to be heard. As such, the significance of personal experience, feelings and emotions concerning mothering are highlighted.

It is hoped that such a study will contribute to providing a better understanding of the needs of low-income mothers within the context of South Africa; whereby more relevant and applicable clinical interventions can be provided.

1.5 Social constructionist and Feminist approach to the study

In the present study, taken-for-granted notions about mothering will be explored using a social constructionist feminist approach. In order to study a phenomenon from a social constructionist perspective, existing discourses need to be examined (Willig, 2001). Within social constructionism, the focus is on meaning, context and discourse (Mason, 2002). This epistemological framework then requires an alternative approach to psychological research, one in which the aim of the investigation is not 'truth' in the traditional, positivist sense (Durrheim, 1997). Rather, the emphasis is on the unpacking of taken-for-granted ideas existing in specific cultural and historic contexts (Olesen, 2000).

Feminism can be defined in many ways, but generally feminism can be thought of as:

> "both a way of thinking about the world, and a way of acting in it…[It] is a perspective that views gender as one of the most important bases of the structure and organization of the social world. Feminists argue that in most known societies this structure has granted women lower status and value, more limited access to valuable resources, and less autonomy and opportunity to make choices over their lives than it has granted men. Feminists further believe that although this gender-based world may be organized around biological facts such as the exclusive capacity of men to create sperm and the exclusive capacity of women to bear children, gender inequality is due to the social construction of human experience, which means that it should be possible to eradicate it" (Glenn, Chang & Forcey, 1994).

Social constructionist feminists focus on how issues surrounding mothering may be constructed to maintain the unequal power relationship between the sexes and how subordinating discourses shape emotions and behaviour of mothers. These perspectives assume that mothering is influenced by contextual factors, particularly discourses, and not merely as occurring according to natural laws. As such, this form of feminism emphasises plurality by discarding notions of women as a homogenous category, thus denouncing universalised and normalising accounts of women as a group (Beasley, 1999). They do not accept that the experiences and interests of women are the same. Traditional feminist writings on 'women' were shown to only represent the

experiences of middle- and upper-class white Western women, while disregarding racial, ethnic, sexual orientation, and class differences between women (Collins, 1991; Reid, 1993). Social constructionist feminism aims to deconstruct female subjectivity; focusing on the analysis of women's discourses concerning themselves and power relations (Grimshaw, 1993). According to Foucault, power is constituted in, and lies in, discourses, as discourses produce the truths according to which individuals live their lives (Ramazanoğlu, 1993).

Incorporating social constructionist feminism into the present study seemed important because it provided a lens through which to analyze issues of difference and power related to mothering. It is inherently concerned with issues of plurality, subjectivity, and discourse, and is anti-essentialist in its approach.

2. Methodology

The methodologies used in the present study were informed by social constructionism and feminism. These approaches are integrated ontologically and epistemologically with the feminist social constructionist theoretical framework discussed in the introduction. Such epistemological frameworks are typically concerned with qualitative methodology.

2.1 Social constructionist methodology

The social constructionist approach asserts that meanings are formed through human interactions and that the social world is determined through various discourses (Gergen, 2001; White 2004). Social constructionism values multiple understandings determined by the social and cultural context in which the individual lives. Human interactions occur mainly through the use of language. Language and discourse become the channel through which meaning is created, conveyed and sustained. (Davis & Gergen, 1997; González, Biever & Gardner, 1994). These constructions are not static but rather fluid - and constantly changing. Social constructionist methodology focuses on deconstruction, which encourages the unpacking of concepts so that ideas shrouded by history or culture can be exposed (Olesen, 2000).

Research using a social constructionist approach involves the study of ways in which social constructions are produced, how they alter across culture and history, and how they shape people's experiences (Willig, 2001). This provides an alternative approach to traditional psychological research. In social constructionist methodology, the knowledge produced does not directly describe reality and the aim of the investigation is not 'truth' in the traditional, positivist sense (Ramazanoğlu, 2002). Research results are consequently understood as a representation, not an exact replication of what exists in reality (Hare-Mustin & Marecek, 1990).

In this particular study, the focus has been on eliciting and dissecting the discourse on motherhood within this low-income coloured community in South Africa. The knowledge obtained from the research is not an exact representation of the lives and experiences of

these women, however, it gives a good indication as to the type of discourses and ideals prevalent in this community.

2.2 Feminist methodology

There are various types of feminism; and arguments abound concerning appropriate methodologies of feminism (Beasley, 1999). However, one of the primary goals of feminist research is to bring about social change, particularly by "giving voice" to the women studied, and, in so doing, to empower them and learn from their experiences (Ramazanoğlu, 2002). Chodorow (1989) states that feminist theories of motherhood are "trapped in the dominant cultural assumptions and fantasies about mothering, which in turn rest on fantasized and unexamined notions of child development" (p. 95). She claims that feminists have developed theory based on dominant psychological and cultural assumptions. Social constructionist feminism (used in the present study) emphasises the diversity among women, and suggests a basic need to study different groups of women from different races, cultures and backgrounds rather than focusing on the traditional, androcentric worldview prominent in psychological research – where the experience and perspective of the male (and child) is given priority. As a result, the emphasis in this research endeavour has been to highlight the themes and dialogues of the marginalised and to give voice to these women who have traditionally been suppressed. One of the main aims of this research is to debunk the dominant psychological and cultural assumptions that dictate how mothering should be done in this setting.

2.3 Qualitative methodology

Qualitative research is mainly concerned with meaning (*verstehen*); and centres on how people make sense of the world and in the meanings that people attach to events (Henwood & Pidgeon, 2003). It thus acknowledges that understanding is constructed and that multiple realities exist. (Tindall, 1994). Qualitative methodology extracts the perspectives of the individual which are hidden in quantitative approaches; providing descriptions and interpretations of subjective experience (Murray & Chamberlain, 2000). Creswell (1998), describes qualitative research as a process of inquiry into a specific

social or human problem. The distinct advantage of this research design is that it establishes a more complex and in-depth understanding of the individuals' experience of their world and incorporates the context and participants cultural frame of reference. This is compatible with feminist social constructionism which also places emphasis on diversity and seeks to highlight the experiences of individuals as opposed to founding research on generalisations. The researcher is obligated to pay attention to the assumptions and values of those being researched (Oakley, 1992).

Arendell (2000); Gerson, Alpert & Richardson (1984) and Kruger (2005), highlight that research on motherhood should focus on the lives of particular mothers; the mother's own voices; and the lives and voices of diverse groups of mothers. Qualitative studies allow the researcher to explore the issues of everyday life; subjective understandings, experiences and beliefs of the participants; social processes and discourses; and the significance of meanings generated (Mason, 2002). In addition, the nature and flexibility of qualitative research allows for modification to occur as greater information is obtained through the iterative process (Creswell, 1998). These characteristics, unique to Qualitative research, render this method ideal for this particular investigation.

2.4 Research Goals

This research study aims to investigate whether there is a prevailing discourse on motherhood within the community of Kylemore. With specific focus being given to the personal and individual meanings low-income mothers attach to motherhood. The objective of the study is to explore subjective accounts of ideal mothering as experienced by the mother – an objective for which qualitative research is particularly suitable. (Tindall, 1994). As such, the significance of personal experience, feelings and emotions concerning mothering will be highlighted.

2.5 Research Context

The present study was a subsidiary to a larger research venture, the Women's Mental Health Research Project (WMHRP), which is focused on the psychological distress and resilience of low-income women of colour residing in the Winelands region of the

Western Cape. The focus of the WMHRP is in-depth, mostly qualitative investigation of how these women interpret and give meaning to their experiences.

The present study uses data from a research project entitled the "Maternal Mental Health Project" (MMHP). This is a four year longitudinal study which has developed from the WMHRP. The MMHP focuses on the psychological distress and resilience of low-income women residing in the community of Kylemore. The main focus of this study was extensive open-ended interviews with the women concerning their pregnancies, birth and motherhood experiences. As a result, the present study is derived from the MMHP but the focus is more specific, centring around the discourses of motherhood and experiences of mothering within this community.

2.6 Participants

All women reporting at the Kylemore clinic for prenatal and antenatal visits were recruited. It is important to highlight that these mothers were not a homogenous group of women. They differed regarding various contextual factors: the age difference between the women varied from 14 years to 43 years; for many women, this was their first child, for one of the participants, this was her eighth child; the level of education attained varied from standard 3 to tertiary level; some of the women were employed with varying wages, others were without employment; some of the women had partners; others were single. (A table of information regarding the participants has been included as Appendix A.)

These women were interviewed at four different points in time by the same interviewer: in other words, pregnancy, a week after giving birth, three months after giving birth and six months after giving birth. These interviews covered a variety of topics (current symptomology, personal and family history, coping mechanisms, violence, substance abuse, reproductive health issues, sexuality), but focus more specifically on women's experience of pregnancy, termination of pregnancy, birth and early motherhood. The interview questions were aimed at exploring how the women themselves interpret and make sense of their experiences. Between 2002 and 2005, Psychology Honours

students conducted nearly 90 sets of interviews: in other words approximately 360 one-hour interviews were conducted. There were few dropouts (due to miscarriages or stillbirths) in this study.

2.7 Data Collection

The method of data collection comprised of individual in-depth, semi-structured interviews conducted by interviewers. (Included as Appendix B are the four different interview schedules used.) During the interviews, the mothers were explicitly asked to elaborate on their understanding of ideal motherhood. The typical questions that were asked included: "What is a good mother? Do you know anybody who is a good mother?" and "Are there good and bad mothers?"

The interviews were open-ended, with the questions not serving as stimuli with predetermined meanings, but rather as "part of a circular process through which…[the questions'] meaning and that of its answer are created in the discourse between interviewer and respondent" (Mishler, 1986, pp. 52-54). The descriptions elicited and cited in this article were constructed in the context of conversations with women about motherhood. Each participant was interviewed four times and the data were collected over a 4-year period. All of the interviews were conducted in Afrikaans, the language of choice of the participants. Interviews were conducted at a time and place convenient to the participant. All of the interviews were audio taped with the permission of the participants and tapes were transcribed using Silverman (1993) and Reissman's (1993) transcription guidelines.

2.8 Data analysis

The data analysis was based on the transcripts of the interviews using the grounded theory approach, specifically focusing on the constructivist version (Charmaz, 2003; Henwood & Pidgeon, 2003). This approach merges well with social constructionism. The grounded theory framework of analyzing data is favourable for a number of reasons: Firstly, grounded theory provides an accepted detailed pattern of guidelines for qualitative inquiry. Its principles and methods encourage creativity in conceptualizing,

as well as rigorous analysis of qualitative data (Henwood & Pidgeon, 2003). Secondly, grounded theory aims to explain social and psychological processes (Charmaz, 2002), which are integral to the focus of the present study. Thirdly, Corbin and Strauss (1990) note that grounded theory is useful in areas where limited research has been done, because it allows for the generation of hypotheses and the formulation of theory.

In grounded theory, data is collected and analysed simultaneously. Codes are created to fit the data rather than forcing data into preconceived codes. Thus analysis is 'grounded' in the data from which it emerges; theory constructed is rooted in the accounts and experiences of the participants. Grounded theory proposes a two-step data coding process, whereby line-by-line coding is followed by focused coding. Initial *line-by-line coding* involves examining each line of the data and defining the events or actions occurring in it (Charmaz, 2003). These conceptual labels are then compared with others for similarities and differences. Conceptually similar events are then grouped together to form categories in *focused coding.* Memos are written for each category, which explicate its properties, demonstrate how the category relates to the other categories, and specifies the conditions under which the category operates (Charmaz, 2003).

The data was initially analysed by Suzanne de Villiers, a senior researcher on the team. She first read through all the interviews, isolating extracts that cover the topics of: poverty and childcare in Kylemore; employment patterns and childcare; ideas about a good mother; the impact of a mother's own upbringing on her ideas of mothering; intensive full time mothering by the mother herself as best; desires for self-sufficiency; fathers supporting intensive full time mothering as best; childcare availability; feelings about using childcare; care from the 'grandmother'; mother-daughter relationship between the mother and grandmother; role of the baby's paternal grandmother. Suzanne de Villiers coded the data according to these various themes.

After reading through the different coded themes and the related raw data, the researcher chose to focus on the discussions pertaining to ideal motherhood. The researcher then grouped together similar concepts relating to good and bad mothering

as a means of achieving focused coding. Once this process had been completed, it was easier to analyse the data by exploring the sub-themes relating to good and bad mothering. Throughout the study the data were continuously revisited, allowing a deeper understanding of the experiences to emerge. Participants' accounts were understood as tapestries into which personal and cultural values and meanings were woven (Henwood & Pidgeon, 2003). Data were also read interpretively and reflexively, rather than literally and superficially (Mason, 2002), allowing the researcher to construct a version of what she thought the data meant or represented. This involves a process of opening up rather than simplifying the data.

The names for the different themes were selected because they seemed to be most appropriate and symbolic of the data. Within these themes, specific quotes were chosen and written up in the study as they were deemed most representative of the data obtained. These quotes were analysed through clinical observations and interpretations were made regarding the discussions obtained during the interviews. The data were then compared to the local and international literature pertaining to discourses on motherhood. Finally, conclusions were drawn regarding the existence and nature of a discourse on mothering in this community.

Pectora roborant cultus recti

2.9 Ethical considerations

During this study, the guidelines stipulated by the Health Professions Council of South Africa in the "Professional Code of Conduct for Psychologists" (2004) as well as the ethical guidelines for conducting research set out by the University of Stellenbosch, were adhered to. Most of the ethical considerations were addressed through the process of informed consent. (See Appendix C). The research objectives and processes, as well as the possible benefits and harm that may result from participating were explained to the participants and any questions that the participant had were answered. Participants received a written document, stipulating their rights during their participation in the study. The WMHRP has compiled a directory of services available to women, so that women who needed referrals were able to be assisted. Participation in the present study was entirely voluntary; participants could refuse to answer any questions and could end the

interview at any time. As use was made of code names, the participants' actual names were never used on the audiotapes or texts, ensuring anonymity and confidentiality. There was no risk of physical harm to the participants.

2.10 Validity

Validity or credibility in qualitative research can be enhanced by simultaneous data collection and analysis (Tindall, 1994). Yardley (cited in Smith, 2003) offers three broad principles for ensuring validity in qualitative research. The first involves sensitivity to context. This requires an awareness of the existing theoretical and empirical literature on a topic, as well as how the socio-cultural community in which the study takes place influences its conduct and outcome (Smith, 2003). The literature review highlights a need for a study that occurs within the South African context, based on low-income black women. As a result, the socio-economic context of this study is vital to the contribution it can make to literature. Yardley's second broad principle includes rigour, transparency and coherence. The study's sample should be appropriate and the analysis should be complete (Smith, 2003). Given that the present study was interested in the mothering discourse in a particular semi-rural coloured community the participants were pregnant women from this context and were considered well suited to answer the research question. Transparency and coherence "refer to how clearly the stages of the research process are outlined in the write-up of the study" (Smith, 2003, p. 233), issues addressed in the methodology. Yardley's third principle of validity in qualitative research is impact and importance. A vital test of a study's validity is determined by whether it provides results that may be useful or important to the existing work that has been done in an area. It is hoped that the findings of the present study meet these criteria by exploring a neglected area of research – highlighting the discourses and experiences of low-income, coloured women thereby broadening the information available on mothering discourses and experiences in South Africa. The validity of the present study was also enhanced by using an accepted and systematic data analysis procedure, namely constructivist grounded theory.

2.11 Reflexivity

Reflexivity involves “acknowledging the central position of the researcher in the construction of knowledge, that the ‘knower is part of the matrix of what is known’” (Du Bois, quoted in Tindall, 1994). Both the subjectivity of the participator and researcher are important; from this perspective, the researcher cannot be objective, neutral, or detached from the knowledge and evidence that they are generating (Mason, 2002).

This was particularly difficult in this research study as I had not been involved in the collection of the data and the interviewing process. As a result I felt detached from the data from the inception of this project; which made the research process more challenging. As the author of this research, I have felt overwhelmed by this project and have found myself becoming angry with the community and context within which these women live, I felt that I wanted to blame someone for the inadequacies of mothering evident in this community. I have speculated that perhaps on some level, I too sit with the ambivalence of the impossibility of ideal mothering within this South African context, and that maybe even on some level, my feelings of anger, frustration and despair parallel those of the mothers interviewed and are perhaps a foretaste of the data yet to be explored. Throughout the process of writing up this research, I have felt detached from the data and the participants. There are various possible reasons for this: firstly, I was not involved in the interview processes, so my knowledge and experience of these women has been second hand right from the beginning of my work on this project. Secondly, this lead to me feeling distanced from the data obtained and finally on some level, I feel as if my own experiences may in some way be similar to those of the participants who distance themselves emotionally from the concept of motherhood.

In addition, the role of the interviewers within the data collection process also needs to be considered and the influence that they may have had on the results obtained (Burman, 1994). Reflexivity and sensitivity to power relations is necessary as these may have impacted on the interviewing situation. The interviewers being middle-class and affiliated to a tertiary institution conducted interviews with low-income women of colour who have limited educational opportunities. The impact of asymmetrical power relations

needs to be considered. These power dynamics may have influenced the responses of the women. As a result, the reactions given may be less spontaneous and more calculated. These women may also have felt threatened by the power dynamic, and felt too intimidated to answer honestly and without fear. Power dynamics may potentially have a limiting effect on the research.

Furthermore, epistemological reflexivity should be considered. The research question could have been addressed in various different ways. If a quantitative approach had been used, traditional criteria of generalisability and reliability would have been fulfilled. However the object of the inquiry in the present study was not ‘truth’, but rather identifying constructions and discourses and tracing the implications of these constructions (Willig, 2001).

3. Results and Discussion

In this section the focus is on specific themes that were identified in the analysis of the excerpts from the interviews. The interview process yielded several diverse responses from the women. However, it became clear that despite the variation in reactions, a range of themes could be identified that were common to many of the women. The raw data obtained from the women was then contrasted with literature on mothering discourses. This process of comparison served to illuminate what seemed to be the dominant mothering discourse in this community. It was apparent that many of the ideals, values and ideas that were associated with motherhood were not, in practice, compatible with the lives of the participants.

3.1 A good mother is indefinable

The initial reactions of the respondents when asked about good mothering were quite similar; many of the women responded with uncertainty concerning motherhood; they struggled to define and explain the concept of a good mother. This response of Elize was quite typical:

Interviewer: Hoe dink jy hoe voel dit? Wat is 'n ma, 'n goeie ma?
Elize[3]: Ek weet nie.

Interviewer: *How do you think it feels ? What is a mother, a good mother ?*
Elize: *I don't know*

However as the interview process evolved, it became evident that their initial uncertainty was not due to a lack of knowledge or inability to understand, as they were essentially able to give fairly comprehensive explanations of acceptable and undesirable mothering practices as well as examples of who were good and who were bad mothers. There are various possible reasons for the caution that these mothers showed when asked to define good mothering: on the one hand, these mothers may have been overwhelmed by the interview situation; on the other hand, it is plausible that the hesitancy of these

[3] The names used in this documents are code names to protect the confidentiality of the participants

women originated from a deeper, more pervasive uncertainty concerning their own personal insecurities, reservations and doubts about their ability to mother and to assume a mothering identity. The literature seems to suggest that overcoming these doubts and concerns about mothering occurs as the mother begins to invest in the mothering process:

> "Motherhood is like a new recipe – or like a new job; it takes some time to get used to it. Having a baby turns a woman into a biological mother, but she only becomes a mother in the social sense, when she begins to care for the child, when she is seen by other people to be a mother – and when she thinks of herself as a mother" (Oakley, 1986, p. 249).

Despite being quite guarded at first, as the questioning process continued, the descriptions of good mothering given by these women became less vague and uncertain. It became obvious that the participants did in fact have quite concrete preconceived ideas concerning motherhood; both good and bad. The international literature concurs that the split between good and bad mothering is pervasive and has permeated mothering discourses, ideologies and practices: "For most mothers it is impossible to escape the ubiquitous idea that some mothers are 'good,' others 'bad,' and that some mothering practices are 'right,' and others are 'wrong'" (Weingarten, Surrey, Cole & Watkins 1998, p. 1). This polarity of good and bad creates the sense that being a good mother may be an impossible and overwhelming task; making it feel almost unattainable. This may have contributed to the initial resistance of these women to provide a concrete definition for good mothering.

The data analysis revealed two prominent categories pertaining to good motherhood. These related to the context within which a good mother operates and the qualities of a good mother. The quotes highlighted in this section are representative of the prominent ideas conveyed by the women in the interviews, however they are not exhaustive and there are many other similar quotes.

3.2 Contextual factors which determine good motherhood

3.2.1. A good mother operates in a nuclear family setup

The first major theme that was highlighted in the data was that a good mother should be able to provide a secure and stable home environment for her child; one in which her child feels loved and safe. This ideal, it seemed, was only deemed possible within the nuclear family set-up, where both the mother and father are directly involved in raising the child.

One of the mothers, Candy, elaborates on this theme:

Candy: Ek wil altyd daar wees vir my kind en my kind moet altwee sy ouers hê. 'n Kind moet groot raak met altwee sy ouers. Ek was altyd bang dat eendag as ek 'n kind het, dat hy nie altwee sy ouers het nie, maar nou gaan hy altwee hê.

Candy: *I always want to be there for my child and my child must have both of his parents. A child must grow up with both of his parents. I was always scared that one day, when I had a child, he would not have both of his parents, but now he will have both.*

Candy believes that good mothering requires both the mother and father being involved in the rearing of the child. In effect, what a good mother wants is a stable partner to help facilitate the mothering process. This theme corresponds with a similar theme in western middle-class mothering discourses where "the nuclear family has increasingly been given material and ideological privilege in society" (Robson, 2005. p. 220). In Western societies, the hegemonic notion of the family consists of two white married heterosexual parents, with children, and of at least middle-class socioeconomic status (Rich, 1986). It is clear that the discourse in this community parallels the expectations highlighted in the literature – essentially that good / ideal mothering occurs best in the context of a nuclear family unit. However, this expectation is at times far removed from the reality of the lived experience of these women. Many of the mothers in this community inevitably fall short

of these “requirements” for good mothering – they are most often single, black, with low socio-economic status and do not receive support from their partners.

3.2.2. A good mother has a supportive partner

A second theme that emerged from the data was that a good mother should desire to spend quality time with her children and actively ensure that she made time for this. Implicit in this discourse is that a good mother should desire to have a partner who is financially stable and can support her and the children, so that she is released from the financial burden and can focus her energy on spending time with her children. A good mother will not work, but will rather stay at home to raise her own children. Tina reflects on her perceptions of good mothering:

Interviewer: Hm, en wat dink jy is die eienskappe van ‘n goeie ma?
Tina: Hm, kyk, ons moeders moet maar deesdae werk.
Interviewer: Ja
Tina: Om die man te help, moet ons werk.
Interviewer: Ja
Tina: Maar ek dink die kinders geniet dit meer as ons by die huis is.
Interviewer: Ja
Tina: Daardie kwaliteit tyd wat jy kan gee.
Interviewer: Ja
Tina: Hm. Daai klein bietjie liefde.

Interviewer: *Um, and what do you think are the qualities of a good mother?*
Tina: *Um, look, these days, mothers also have to work.*
Interviewer: *Yes*
Tina: *To help our husbands, we must work.*
Interviewer: Yes
Tina: *But I think the children enjoy it more if we are at home.*
Interviewer: Yes
Tina: *That quality time that you can give.*

Interviewer: Yes

Tina: *Um. That little bit of love.*

Spending quality time with one's children is a luxury that many of these women cannot afford financially because they are needed to provide for their families. Tina's view about mothering and spending "quality time" with her children, corresponds significantly with the traditional concept of full-time intensive mothering practices. Although Tina's fantasy is to be able to provide full-time, intensive mothering, in her case, her partner is unable to sustain the family on his income. The unspoken assumption is that good mothering is equated with spending quality time with her child, however, in practice, Tina is unable to spend unlimited time with her children because she needs to work in order to support her family financially. One wonders whether Tina feels that she is a bad mother, or perhaps feels guilty, because she cannot support her children in the way that the discourse indicates would be appropriate for a good mother.

3.2.3. A good mother does not work and spends quality time with her child

Like Tina, Abigail also places importance on spending quality time with her child and believes that prioritizing time with her child equates to good mothering practice. Abigail, however, differs from Tina as she has chosen to give up work in order to pursue full time mothering:

Interviewer: Wat dink jy sal die goeie ding wees van al die opofferings wat jy maak? Vir jou?

Abigail: Om self my eie kind groot te maak. ( )Goed wat ek nie gehad het nie, vir hom sal kan gee en miskien, 'n, sy lewe beter maak as myne, vir hom ander goed leer, net beter leer as wat ek self geleer het. ( ) So, amper soos ek self groot gemaak gewees het.

Interviewer: Het jy al idees oor hoe jy dit sou doen? Spesifieke dinge wat jy anders met hom of haar sal wou doen?

Abigail: Hm, hoe kan 'n mens nou sê. Ek sal nou nie vir hom of haar bederf nie, in oorvloed vir hom goed gee nie. Hm, is net om vir hom te wys ek is lief vir

hom en, hoe kan ‘n mens nou sê, meer tyd saam met hom deur te bring en so aan.

Interviewer: *How do you think you will benefit from all the sacrifices that you are making? For you?*

Abigail: *To raise my child myself. To be able to give him things that I never had and maybe to make his life better than mine, to teach him more than what I learnt. Almost like I was raised.*

Interviewer: *Do you have any ideas about how you would do that? Specific things that you would do differently with him or/ her?*

Abigail: *Hm, how would you say...I will not spoil him /or her, or give him too many things. Hm, it’s just to show him that I love him, and, how would you say, to spend more time with him and so on.*

Several participants stated that a good mother should aim to raise her children herself, forgoing opportunities to work unless necessitated by financial need. This discourse of good mothering is restrictive in a westernized setting. However within this community, it is almost impossible to achieve due to the circumstances of poverty and lack of emotional support that many of the mothers encounter:

> “This ‘powerless responsibility’ is a heavier burden even than providing a living because it is recognized in some quarters, at least, that economic forces, political oppression, lie behind poverty and unemployment; but the mother's very character, her status as a woman, are in question if she has "failed" her children (Robson, 2005, p. 221).

It is assumed that both Abigail and Tina have tried to do the best for their children within the constraints of their personal circumstances, however within the discourse of this community, Abigail’s choices are deemed more honourable than Tina’s because she is involved in intensive, full-time mothering. It is presumed that a good mother would never purposefully prioritise her work over spending quality time with her child.

According to the data obtained, the mothers in this community felt that good mothering occurred best within the nuclear family set-up, and that intensive, full-time mothering

was best for the children. However, these requirements for good mothering were at times unrealistic when considering the socio-economic status of the women in this community.

3.3 What are the qualities of a good mother?

3.3.1. A good mother prioritises her child's needs

The 'selfless mother' places her caring role before everything else in her life, in effect prioritising full-time attention to her children above any other activities. (Raddon, 2002). This theme could also be discerned in the current study. The discourse hints at the notion that a good mother does not have any self needs because she prioritises her child's needs above her own. Sam explains the plight of the selfless mother:

Sam: Wel, 'n goeie ma ( ). Sy voorsien eerste haar kind voor sy ander, ander, hm, dinge doen.

Sam: *Well, a good mother ( ). She firstly provides for her child before she does other, other, hm, things.*

Sam makes it clear that the role of the good mother is to place the needs of her child above everything else. In a similar fashion, Jenna was adamant that a good mother's primary focus is to fulfil the mothering needs of her children by being available to them.

Interviewer: Ja. Ja. Wat dink jy is 'n goeie ma, dink jy daar is iets soos 'n goeie ma?

Jenna: Om lief te wees vir haar kinders, om om te gee, om te kyk na hulle, hulle op te pas om altyd daar te wees vir hulle as hulle 'n ma nodig het of so.

Interviewer: *Yes, Yes. What do you think is a good mother, do you think there is such a thing as a good mother?)*

Jenna: *To love her children, to care, to look after them, to care for them, to always be there for them if they need a mother.)*

The themes that emerge from these results seem surprisingly restrictive and demanding and almost impossible to achieve. Both these women emphasise that a good mother places her needs secondary to those of her child.

3.3.2. A good mother is self-sacrificing

The underlying assumption stretches beyond prioritizing the needs of the child. It suggests that a good mother is selfless and does not have any personal needs; her child's needs become her needs and there seems to be little room for the expression of any other needs that are not connected to her children or role as mother. Pienkie highlights the struggles that she has encountered in trying to provide good and selfless mothering for her child and the sacrifices that she has made concerning her own relationships:

Interviewer: En jou ma wees? Hoe het dit jou verhouding met ander mense verander?

Pienkie: Hm, ek sal so sê ja {lag}, want hm, ek is nie meer saam met my vriende soos ek eers was nie. Ek is totally heel anders. Ek sal altyd sê, "Nee, ek kan nie saam met julle wees nie, ek moet na my kind toe gaan. By wie gaan ek my kind los?" My vriendekring het baie verminder.

Interviewer: *And being a mother? How has it changed your relationship with other people?*

Pienkie: *Um, I would say so, yes, (laugh), because um, I no longer spend time with my friends like I used to. I am totally different. I always say "No, I can't be with you, I must go to my child. With whom will I leave my child?" My circle of friends has diminished a great deal.*

Sana highlights the difficulties of mothering and the sacrifices that she needs to make in order to be a good mother. This extract sheds light on the inner struggle that Sana faces as a result of her newly acquired responsibilities since the birth of her son. It would seem that although she misses the freedom of being able to socialise without being

concerned about who would look after her child, she has made the choice to place her baby first and is willing to forgo social activities if she needs to look after him:

Sana: Dit is nogal ‘n aanpassing.

Interviewer: En hoe is dit vir jou?

Sana: Dis nou nie moeilik nie. Ek sal nou nie sê dis moeilik nie, maar dit is moeilik, maar ook nou nie te moeilik nie. As ons nou na plekke toe wil gaan om nou is my ma altyd gewillig. My ma stem altyd in om hom op te pas as ons... As sy nie wil nie, dan kan ek nou nie na ‘n plek gaan nie, dan moet ek nou maar bly.

Sana: *It is quite an adjustment.*

Interviewer: *And how is it for you?*

Sana: *It is not as if it is too difficult. It is difficult, but also not too difficult.If we want to go to a place to…my mother is always willing. My mother will always agree to look after him if we…if she does not want to, then I cannot go somewhere, then I just have to stay behind.*

The writing on selfless mothering portrays similar expectations of self-denial in order to provide good mothering: “We deny them [mothers] their place in a two-way relationship with their children, and manifold relationships with the rest of the world.” (Chodorow, 1989, p. 93). In dominant western discourse also, there is a strong emphasis on placing the needs of the mother subordinate to the needs of the child, and motherhood is strongly associated with the idea of self-sacrifice (Glenn, Chang and Forcey, 1994). For instance, Rich (1976), in her well-known work on the institution of motherhood, writes: “My needs always balanced against those of a child and always losing” (p. 3). In this discourse the notion of self-sacrifice is presented in a positive light, where the sacrificial mother is made out to be caring, honourable and good: “The predominant image of the mother in white western society is of the ever-bountiful, ever-giving, self-sacrificing mother” (Bassin, Honey & Kaplan, 1994, p. 2). However underlying the positive image of the bountiful mother is the reality of a needy person with unfulfiled desires. It is clear

then that in the discourses of motherhood a selfless state is described: “an all-seeing, all-nurturing, all-protective and all-powerful role, yet it ignores the material realities of women’s lives.” (Kitzinger, 1990a, pp. 201–202). Bell (2003, p.133), states that being a good mother is conditional on putting children first: “Child care for mothers is mostly not seen as work at all, which reinforces the selfless aspect of mothering”.

This prerequisite of denying the needs of the mother in order to fulfil the needs of the child can have a detrimental effect on the functioning of the mother. Rich (1986), maintains that the idea of the "good mother" reinforces selflessness, rather than self-realisation and self-interest. The expectation is that she must not only anticipate her child's needs and wishes but she must also place these ahead of her own. The prospect of self-sacrifice and self-denial results in a situation where the legitimate needs of the mother are not recognized. This may lead to feelings of resentment and anger. However, these feelings are not overtly mentioned in the discourse of this community. In many cases these feelings remain at an unconscious level because acknowledgement of them would highlight the inadequacy of these mothers to engage in good mothering practices. It is likely that many of the mothers interviewed will not be able to fulfil the prerequisites of a ‘selfless mother’ because their circumstances are such that they are daily overwhelmed with urgent needs, like providing for the family financially, which will take precedence over gratifying the immediate needs of their children. The women from this community seem to face an impossible task of providing good enough mothering in circumstances that are overwhelming, and where it is a struggle to survive, let alone adequately care for the needs of their children.

The preceding section highlighted the expectations of self-sacrifice that are associated with good mothering in this community. Essentially, a good mother is expected to defer (sometimes permanently) her own needs in order to prioritise the needs of her child. This places the mother under strenuous demands which at times seem impossible to fulfil.

3.3.3. A good mother does not abandon her child

In most cases, the participants gave concrete answers to what determines good mothering: a good mother looks after her baby, gives him what he wants and works for him. Most prominent here is the theme of caring – a good mother will care for her baby. Conversely, a good mother will never abandon her baby. The following extracts discuss the expectations of appropriate behaviour for a good mother:

Interviewer: Ok. Hm…wat sou jy sê is 'n goeie ma? Hoe sou iemand wees wat 'n goeie ma is? Wat doen 'n goeie ma?

Rika: Kyk na sy baba. Gee vir hom wat hy wil hê. En…werk vir hom.

Interviewer: Hmmm…Ken jy so iemand, wat 'n goeie ma is?

Rika: Ja, ek ken baie goeie ma's.

Interviewer: *Ok. Hm…what, would you say, is a good mother? How would somebody be, who is a good mother? What does a good mother do?*

Rika: *Looks after her baby. Gives him what he wants. And…works for him.*

Interviewer: *Hm…Do you know someone like that, who is a good mother?*

Rika: *Yes, I know many good mothers.*

****

Interviewer: Wat is jou ervaring van, wat 'n goeie ma is, en wat moet 'n ma doen met haar kinders en al daai dinge?

Sandra: Ag…sy moet altyd daar wees vir jou, en so. Deur sulke dinge bystaan. En, by jou bly.

Interviewer: *What is your experience of, what a good mother is, and what a good mother should do with her children and all that?*

Sandra: *Ag…she should always be there for you, support you through tough situations, and stand by you.*

****

Abigail: Hm, met my is dit, 'n ma moet baie tyd maak vir haar kinders. Ek meent, jy kry baie ouers wat 'n kind in die wêreld bring, die kind is daar maar hulle don't care.

Abigail: *Um, for me, a mother should make a great deal of time for her children. I mean, there are many parents that bring a child into the world, the child is there but they don't care.*

*****

Interviewer: 'n Goeie ma?

Nina: Sy sorg dat haar kind reg is en sal nie haar kind net so los nie.

Interviewer: Moet die kind kos hê en aangetrek word?

Nina: Ja, netjies en jy sal jou kind saam vat.

Interviewer: *A good mother?*

Nina: *She ensures that her child is alright and she will not just abandon her child.*

Interviewer: *Should she feed and clothe the child?*

Nina: *Yes, the child should be dressed neatly and you would take your child with you.*

*****

Jeanine: 'n…'n Goeie ma. {lag} 'n Goeie ma kan eendag na haar eie kind omsien. Sorg vir haar en alles. Nie haar kind weggee vir ander mense nie, en so. Daai sal 'n goeie ma wees.

Jeanine: *A...a good mother (laughs). A good mother can look after her own child one day. Care for her and everything. Not give her child away to other people. That would be a good mother.*

The understanding that these women have of the concept of caring revolves around a capacity to look after and provide for the baby oneself. Caring primarily seems to occur on two levels – firstly providing for the child physically by giving him / her what he wants and needs: feeding the child and ensuring that he / she is clean and neatly attired;

secondly caring entails looking after the child emotionally by always being accessible to the child and being attentive to the child's needs. Consequently, a good mother will always take her child wherever she goes and she will take primary responsibility for caring for her child. Rika, Sandra, Abigail, Nina and Jeanine all emphasise the duty of a good mother to support her child and the responsibility that the mother needs to accept concerning the child. Core to the issues discussed in this discourse on motherhood is the sense that the mother should not abandon her child. It seems as if abandonment occurs on two levels: on the one hand, a good mother takes responsibility for the children that she has brought into the world and she has a duty not to abandon them but to care for them and raise them. On a more practical, mundane level, there is daily abandonment that can occur when the mother goes out, leaving the child with family or friends. This is not devastating or long-term, but there is a sense that even this short-term abandonment is deemed to be indicative of bad mothering and that a good mother will "take her baby with her where ever she goes." However, sometimes this short-term abandonment is inevitable, especially when the mother needs to care for the financial needs of the child.

In the literature, Raddon (2002, p. 390), defines a good mother as "selfless; subordinate; caring; mothering; giving; emotional; able to cope; cooking 'proper' meals; concentrating on home and family; it's okay to have a 'nice little job', but it can't take precedence." Raddon highlights the qualities that can be associated with a good and caring mother. It would seem that society's definition of good mothering is closely linked to particular childcare arrangements. However, most often childcare arrangements are influenced by social and economic factors, rather than biological ones (Weingarten, Surrey, Cole & Watkins 1998). In this community particularly, it is evident that motherhood is influenced by financial constraints and the economic and social circumstances within which these women live.

The data obtained through the interview process seemed to indicate that initially, it was difficult for the mothers from this community to define motherhood and good mothering practices. However, in subsequent interviews and later on in the interview process, the

discourse on motherhood was articulated more clearly. This hesitancy may have been as a result of the women initially feeling uncertain or overwhelmed by the enormity of the tasks of motherhood, or perhaps even intimidated by the interview situation. Results may have also been influenced by the abilities of these women to express themselves eloquently; some being more articulate than others.

The discussions elicited various prerequisites that need to be fulfiled in order to ensure good mothering – the mother should be in a stable relationship, with a partner who can provide for her financially, a good mother should engage in intensive mothering activities, spending quality time raising her children herself. A good mother's attitude towards her children should be one of selflessness, where she prioritises the needs of her children above her own needs and desires. Finally, a good mother does not abandon her children, but rather takes responsibility to care for them and is actively involved in the process of child care. All of these factors require intensive commitment and the investment from the mother's side. It is also important to consider the impact of socio-economic factors on the mothering capacity of these women, as their ability to be good mothers is at times negatively influenced by the lack of resources available to them.

3.4 It's easier to define a bad mother

In shifting to examine the other extreme of mothering, a great contrast between the good mother and the bad mother is highlighted in the literature. However, it also becomes apparent that good and bad mothering are not always mutually exclusive:

> "Images of mothers became polarized: mothers were either saintly, all-nurturing, and self-sacrificing; or cruel, ruthless and self-centred. The more mothers were idealized and given power to do good, the greater the potential seemed that they might also misuse that power and go astray, promoting evil and badness, and harming their children and society by their wrong doings in the realm of motherhood" (Weingarten, Surrey, Cole & Watkins 1998, p. 5).

The literature seems to focus more acutely on the bad mothers rather than the good. "There is a more direct interest in mothers who are constructed as deviant than in mothers who are taken for granted as 'normal'" (Phoenix, Woollett & Lloyd, 1991, p. 2).

Similarly, while analyzing the data, it became evident that it was easier for the participants to define the qualities of a bad mother and give examples of bad mothering than it was to define good mothering. In the following discussion, the emphasis is on the themes that emerged when the participants talked about “bad mothering”.

3.4.1. A bad mother is unconcerned about taking responsibility for her child

One of the themes that could be discerned in discussions about bad mothering was not taking responsibility of one’s children. The suggestion is that a bad mother will abandon her children to the care of someone else. Bad mothering is shrouded with a sense of shame but the discourse suggests that the most shameful act of bad mothering is to not take responsibility for one’s own child. This sense of shame is highlighted in the following story related by Britney:

Interviewer: En ken jy ‘n goeie of ‘n slegte ma?

Britney: ‘n Slegte ma? Ja, sy bly in Ceres.

Interviewer: Hoekom sal jy sê sy’s ‘n slegte ma?

Britney: Sy’t dit weggesteek. Sy’t nie vir ons gesê sy gaan nou kraam of so nie, mens kon niks gesien het nie, die maag was plat gewees. Toe kom sy terug en toe’t sy ‘n rok aan, en sy dra nooit rokke nie, en toe’t sy gekraam daar en toe gaan sy Kaap toe. Bly sy (bymekaar) en toe los sy die kind weer daar. Pasgebore babatjie los sy net daar. Toe moet haar ma maar grootmaak. Ek sal nooit so maak met my kind nie. Ek is baie lief vir babatjies.

Interviewer: *And do you know a good or a bad mother?*

Britney: *A bad mother? Yes, she lives in Ceres.*

Interviewer: *Why would you say she is a bad mother?*

Britney: *She hid it, she did not tell us that she was pregnant. Nobody could see anything, her stomach was flat. (….) Then she came back and she had a dress on, and she never wears dresses, and then she gave birth there and then she went to Cape Town. She stayed there (together) and then she left*

the child there. A new born baby that she just left there. Then her mother had to raise the child. I will never do that to my child. I love babies.

Britney conveys a sense of indignation that the mother from Ceres concealed her pregnancy and did not take responsibility for her child. Britney describes loving children and she does not seem to be able to relate to the shame that the woman from Ceres felt concerning her baby. As a result, Britney seems to distance herself from the bad mother in Ceres in the way that she relates the story. Rika, on the other hand, has a more subtle understanding of the concept of bad mothering. She believes that a bad mother does not have to be someone who does not take responsibility for raising her child by leaving the baby in someone else's care. Rika understands that a bad mother can be a woman who accepts the child as her own, and even lives with the child, however, she expects the grandmother or someone else to play the primary role in raising the child. Rika explains that a bad mother is someone who does not play a significant role in the upbringing of her child – she feels that a bad mother is unconcerned about the welfare of her child or that the childcare provided is not suitable and trustworthy.

Rika: Ja, ek ken baie slegte ma's. Party worry net nie oor hulle kinders nie. Daar is baie sulke mense in die omgewing, wat nie omgee oor hulle kinders nie, ouma moet maar na die kind kyk. Kom die kind nou by die ouma, maar ek sal nou nie wil dit, ek sal self na my kindjie wil kyk. As ek nou gaan werk ja, sal ek nou iemand…soek om na my kind te kyk, maar dis nou iemand goed wat na my kind kan sorg. Ek moet hom kan trust.

Rika: *Yes, I know many bad mothers. Some of them could not care less about their children. There are many people like that in the area, who do not care about their children, the grandmother must look after the child. The child goes to the grandmother, but I do not want that, I want to look after my child myself. If I go to work, then yes, then I will…find someone to look after my child, but it must be someone who will care well for my child. I must be able to trust them.*

The notions evident in the extracts from interviews with Britney and Rika, conceptualise bad motherhood to be associated with diminished responsibility concerning child rearing tasks. Essentially, the bad mother is seen to be a woman who does not acknowledge and accept her mothering duties but rather leaves the child to be cared for by someone else. There are various plausible reasons for these bad mothers not taking responsibility for their children: there may be financial constraints; they may have little or no support; they may be forced to give up the baby by relatives, friends and partners; they may want to work; they may feel overwhelmed by the task of mothering a child; they may not want to give up their present lifestyle for a more restricted one.

3.4.2. A bad mother is selfish and self-centred

One of the previous themes discussed concerning good mothers indicated that a good mother should be selfless and self-sacrificing. Related to this, a bad mother was described by the participants as being selfish and self-centred. The participants described a bad mother as being someone who, despite acknowledging the child as her own and raising the child, at times abandons him/her to be cared for by others; thereby placing her own needs above those of the child. It seems as if this usually occurs when the mother wants to spend time with her friends and can be seen as a direct betrayal of the good mothering principle of self-sacrifice whereby the baby's needs are placed before the mother's. In the data below, J-Lo highlights the significant role that selfishness plays in bad mothering:

Interviewer: Hm, en 'n slegte ma?

J-Lo: Ja. Wel, ek sou sê as…( ) en jy los jou kind by jou familie, en jy gaan uit en…jy gaan saam met jou vriende en jy…jy gee nie regtig om (daar) met die kinders nie. Ja, dit kan jy sê is 'n slegte ma, want…veral as jou baba ( ) dis jou kind mos. Jy kan mos nie. Maar as jy nou na parties toe gaan, en jy gaan uit…pubs toe. En jy los net jou kind by ander mense. Dit kan 'n mens sê is 'n slegte ma. En dan sal dit nou ( ) nou. ( ).

Interviewer: *Hm, and a bad mother?*

J-Lo: *Yes, well, I would say if…and you leave your child with your family, and you go out and…you go with your friends and you…you do not really care about the children. Yes, you can call that a bad mother because…especially if your baby…it's your child. You cannot just…But if you are going to parties…and you go out…to pubs. And you just leave your child with other people. People would say that that is a bad mother. And then it will...will...*

Sam paints a similar scenario, where she believes that a bad mother will leave her children to the care of the grandmother so that she can go out. Sam's main grievance against bad mothers is that she feels that they just do whatever they want to without considering their child's needs:

Sam: En 'n slegte ma is, sy gee nie om hoe haar kind lyk nie of so. Sy doen nou net wat sy wil en los dan net haar baba. Baba's is baie klein en dan los hulle net hulle baba's daar by die huis en dan moet die ma agter hulle kyk en dan loop hulle rond en so.

Sam: *And a bad mother is, she does not care about what state her child is in. She just does what she wants and then just leaves her baby. Babies are very small and then they just leave their babies there at home and then the grandmother must look after them and then they walk around doing nothing.*

The discourse on good mothering values a mother who gives precedence to the needs of her child above her own needs. Robena relays her perception of bad mothering, where the needs of the mother are deemed more important than those of her children.

Robena*:* Hulle ken nie die verantwoordelikheid wat dit behels om 'n ma te wees nie en om dan al jou vryheid op te gee en dan, en alles net te bestee aan die

baba, en hulle is jonk. Dit is vir hulle te veel, en dan begin hulle, hulle worry net nie, hulle los die kind by die een dan gaan hulle nou want hulle wil dans toe gaan of... hulle sal nie die kind se koors en alles miskien nie want vir hulle is dit nog altyd, hulle is jonk, en...

Interviewer: Hm

Robena: Hulle besef nog nie dat daar meer tyd aan die kind bestee moet word as wat jy tyd aan jouself moet bestee nie, want vir hulle was dit nou, miskien, dit was plesier gewees.

Robena: *They do not know the responsibility it takes being a mother and then to give up all your freedom and to focus everything on the baby, they are young, it is too much for them. And then they just start not caring what happens to the child. They leave the child with somebody and then they go because they want to go to a dance or they maybe won't check the child's temperature, because for them it is always still, they are young and...*

Interviewer: *Hm*

Robena: *They don't yet realise that more time needs to be spent on the child than what you spend on yourself, because for them maybe, it was pleasurable...*

Robena explains that being a good mother results in diminished freedom and increased responsibility concerning the baby. She feels that many of the mothers are too young to be able to take on this responsibility so they experience mothering as overwhelming. Robena believes that this often leads to them abdicating from their duties; even serious tasks like attending to the physical health of their child. Robena's understanding of good mothering is that the mother should allocate more time to caring for the child than she does to herself; she therefore sees mothers who do not prioritise childcare as being bad mothers:

Interviewer: Hm

Robena*:* En, om dan daai groot verantwoordelikheid te aanvaar is vir hulle te veel en dan maak dit dat mense sê sy is 'n slegte ma, want sy los haar kind oor

en sy los haar kind sonder dat hy gewas is of sonder dat hy skoon aangetrek is. Sy los haar kind by die een en dan gaan sy dans toe dan kom sy wie weet watter tyd terug. En, sy's 'n slegte ma want, die kind se pa worry nie meer met jou nie, die kind se pa. Jy gaan nie meer uit nie nou worry jy nie meer oor die kind nie, jy worry nie hoe hy is nie, jy worry nie hoe hy lyk nie, jy worry nie hoe, hoe hy opgevoed word, hoe sy maniere is teenoor ander persone teenoor ander mense nie en dan op die ou einde dan sê hulle dis 'n slegte ma.

Interviewer: *Hm*

Robena: *And to accept that great responsibility is too much for them and then it makes others say that she is a bad mother because she just leaves her child at home, unwashed or without clean clothes. She leaves her child with somebody and then she goes to the dance and she returns at who knows what time and she's a bad mother because, the child's father is no longer concerned with her. Because she is no longer going out with him, she is no longer concerned about the child, she does not worry about what he looks like, she is not concerned about how he will be educated, how his manners are towards other people, and then in the end, then they say that is a bad mother.*

Robena provides a concrete definition of a bad mother: she is someone who does not care for the physical needs of her child, who leaves her child in order to fulfil her own pleasures and she no longer has a relationship with the father of the child; a bad mother does not care about how her child is raised. Robena conceptualises the primary cause of bad mothering as being related to the mother being too young and unable to cope with the overwhelming tasks of motherhood.

The discussions on motherhood emphasise a strong criticism of the bad mother who places her own needs above those of her children. The qualities of a selfish and bad mother include abandoning behaviours, where the mother leaves her child to be cared

for by someone else while she spends time with friends or at pubs. Her thoughts are described as being focused on herself and her own pleasures instead of the well-being of her child. A selfish mother is described as being less connected with her child; she does not seem to have nurturing or protective feelings towards her baby and she assumes that others will take responsibility for her child. Her desires are hedonistic and focused on herself rather than on the needs of her baby. Often, this self-centered behaviour is related to the mother's own feelings of incompetence regarding her capacity to mother. She feels overwhelmed by the task and copes by abdicating from the responsibilities of motherhood. However, although the participants condemned a selfish and self-centred mother as being bad, it would seem that the women interviewed were more critical of a mother who neglects her children.

3.4.3. A bad mother neglects her child

The participants were particularly scathing of bad mothers who neglect their children by providing minimal childcare and ignoring the needs of their babies. In effect, it is believed that these children are mistreated. Jenna summarises her understanding of a bad mother below:

Interviewer: Wat is 'n slegte ma?

Jenna: 'n Slegte ma is iemand wat nie na haar kinders kyk nie, wat nie omgee nie, wat drink en tekere gaan, wat hulle kind honger laat ly so…

Interviewer: *What is a bad mother?*

Jenna: *A bad mother is someone who does not look after her children, who does not care, who drinks and goes wild, who allows her child to go hungry, and things like that…*

Jenna makes a correlation between neglectful behaviour and the use of alcohol. This was echoed by some of the other participants. Jenna believes that a bad mother disregards her children and does not care for their primary needs, ensuring that the child is fed and clothed. Sam conveys similar feelings concerning a bad mother:

Sam: ‘n Slegte ma is vir my: sy wil niks met haar kind te doen wees nie, sy hm, laat haar ma agter die kind kyk, en sy loop net daar waar sy wil loop en dit is nie reg nie. Sy moet eerste na haar baba kyk. Sy moet eerste na die kind kyk, nie nat en vuil en nie eers die kind kos gegee het nie en vir hom gebad het nie. Nee, daai’s nie ‘n ma nie.

Sam: *A bad mother to me: she wants nothing to do with her child, she um, lets her mother look after the child, and she walks where ever she wants to, and that is not right. She should look after her baby first. She must look after the child first. The child should not be wet and dirty and without even being fed and bathed. No, that’s not a mother.*

The participants seems to believe that a mother’s acknowledgement of liability for her child means that she has a moral responsibility to care for the child; the mother who neglects this duty is deemed to be bad. It would seem that that prominent understanding of a neglectful and bad mother is that she will not be responsive to the needs of her child, leaving her baby dirty and without the bare minimum of child care and provision. This deliberate neglect of the child is deemed more reproachable than abandonment of the child because on some level the mother has acknowledged responsibility for the child, but fails to provide adequate child care. More often then not, the mother is involved in behaviour which affects her capacity to provide adequate mothering such as using alcohol and drugs as highlighted in the following section.

3.4.4. A bad mother smokes and drinks

While a bad mother was most often defined in terms of what she does not do, participants were also clear that there are certain behaviours that bad mothers typically engage in. A number of women drew a correlation between bad mothering practices and the use of alcohol, drugs and cigarettes.

Interviewer: Hm. Hm. En ‘n slegte ma?

Britney: Drink en rook, en die kind by sy ouma los en gaan na waarheen sy wil gaan.

Interviewer: *Hm. Hm. And a bad mother?*

Britney: *Drinks and smokes and leaves the child with its grandmother and goes wherever she wants to go.*

Britney describes a bad mother as being a woman who drinks, smokes and abandons her child with her mother in order to fulfil her own needs. This corresponds with previous discussions on bad mothering; essentially that a bad mother satisfies her own needs without consideration for the needs of her child or whether her behaviour is detrimental to the child's functioning.

3.4.5. The impossibility of bad motherhood

Although the participants found it easier to give concrete definitions and examples of bad mothers, many of the women interviewed found it impossible to believe that a mother would intentionally engage in bad mothering practices. It would seem that these women need to believe in the good of mothers – that mothers are caring and want to care for their children.

Tina was quoted to say: "Ek dink nie daar's... mens kry nie slegte ma's nie. Jy kan nie 'n slegte ma kry nie. Hoe kan jy nie omsien na jou eie kinders nie?"

I don't think there is bad mothers. You cannot get a bad mother. How can you not care for your children?

Tina pinpoints the sense of denial and disbelief that any mother would deliberately behave in a way that is detrimental to her child. The covert message conveyed is that bad mothering cannot be inherent, so there needs to be an alternative explanation for bad mothering practices that occur.

The dialogue on bad mothering focuses on the deficits in mothering practices, highlighting that a bad mother is a woman who does not acknowledge and take responsibility for her child after she has given birth. This can take various forms where the mother completely rejects the child and any responsibility associated with the child; however it can manifest in more subtle forms of abandonment, where the mother acknowledges the child, but makes little effort to engage in child care, leaving these responsibilities to others, like the grandmother. In some instances, the bad mother will even neglect the child. Basically bad mothering reveals a focus on the needs of the mother, defined as selfishness and self-centredness, and non prioritisation of the baby's needs.

In many of the extracts on bad mothering highlighted above, the mother is apportioned blame for not taking responsibility for her baby, even in circumstances which are beyond her control. It is not the family system or environment in which the mother lives, which is considered to have contributed to the poor mothering practices but rather the mother as an individual, is blamed. There seems to be an imbalance of power which results in the mother being made the scapegoat. "The scapegoat is different from the martyr; she cannot teach resistance or revolt. She represents a terrible temptation: to suffer uniquely, to assume that I, the individual woman, am the 'problem'" (Rich, 1986, p. 278). These women live in disempowering circumstances: they most often are not financially independent, if they work they earn a menial wage, they usually lack emotional support from partners, family and friends and they are often ill equipped to cope with the tasks of raising a child. The impossibility of ideal motherhood is quite often a result of the social and economic circumstances in this community however most often these factors are ignored and the blame is shifted to the individual. These women are marginalised by society to the extent that even these new born babies are afforded better privileges than they are. These women are rarely in a powerful position where they can defend their position as mothers and defend their attempts at mothering.

> "Those at the centre tend to be mothers with economic resources, social and community support, and a view of themselves and mothering that fits the dominant ideology. Mothers who are seriously compromised in their ability to

> access social resources are blamed, mis-seen, or vilified" (Weingarten, Surrey, Cole & Watkins 1998, p. 6).

It may be that on some level, it is impossible for these women to achieve ideal motherhood.

4. Conclusion

4.1 Goals of the study

The main goal of this study was to investigate the prevailing discourse(s) on mothering that have evolved in this specific low-income coloured community, particularly focusing on the personal and individual meanings these mothers attach to motherhood. The research aimed to describe the dialogues that were elicited from the participants by highlighting the prevailing values, assumptions, ideas, rules, fantasies, expectations and dreams concerning motherhood that prevail in Kylemore. Specific focus was given to the personal experiences, feelings and emotions of these women concerning motherhood.

4.2 Overview of the emergent themes

The prevailing themes that were elicited from the interviews revolved around two main topics: specifically good and bad mothering practices. Initially participants found it difficult to define the qualities and behaviour of a good mother. This may have been as a result of anxiety caused by the interview situation but it may also convey the sense that motherhood is overwhelming and essentially difficult to define. The themes pertaining to good mothering fell into two categories relating to the context within which the mother operates and the qualities of the good mother. Participants described the context of good mothering as occurring within the nuclear family set-up, where there is a supportive partner and where there are fewer financial constraints allowing the mother to spend quality time with her child, instead of having to work. The women suggested that the qualities of a good mother would include her prioritising her child's needs above her own: she should be self-sacrificing and she should not abandon her child to be cared for by someone else.

In contrast, the bad mother was described as being someone who does not take responsibility for childcare and raising her child. A bad mother is selfish and self-centred; she neglects her child and she most often smokes and drinks. There was however, a sense that some of the women did not believe in the concept of bad mothering – they found it impossible to believe that anyone would treat their child badly.

4.3 Understanding of the concept discourse

As the themes on motherhood emerged the prevailing discussions were analysed and synthesised in order to ascertain whether a dominant discourse on motherhood could be elicited from the dialogues. Discourse can be defined as a connected series of utterances that construct individual's subjectivities, and evolves over time. Discourses most often serve to maintain social circumstances. The deconstruction of discourses enables us to unpack hidden ideologies and to challenge the accepted values and practices. In addition, the dominant international discourses on motherhood were consulted and compared to the discourses obtained from the women in this community.

4.4 Summary of the findings

The themes that emerged through the analysis of the data included two prominent themes: that of the good mother and the bad mother. The initial response given by these women was one of uncertainty concerning motherhood. As a result, the first theme centred around the indefinable nature of a good mother. Participants found it difficult to express in words the qualities of a good mother. It is also speculated that the nature of the interview situation may have been intimidating and could caused their initial response to be hesitant.

The findings clearly indicated that there is evidence for both good and bad mothering in this community and that the mothers are able to both recognise and define the practices of motherhood. The themes pertaining to good mothering focused around two central concepts: the contextual factors which determine good motherhood; and the qualities evident in a good mother.

The good mother is perceived as a woman who operates in the context of a nuclear family set-up, where she has a supportive partner who helps her both financially and emotionally. Consequently, a good mother is deemed to be a woman who does not work in order that she can spend quality time raising her family. However it is clear that the social and financial circumstances of the community play a significant role in determining whether the mother is able to afford to stay at home to spend quality time

with her baby. This corresponds with one of the overarching and prominent themes that was highlighted in the data analysis: there is evidence of a power struggle. Collins (1994, p. 61), summarises the core issues discussed pertaining to survival and power. He highlights the: “importance of working for the physical survival of children and community” and “the dialectical nature of power and powerlessness in restructuring mothering patterns.”

It would seem that the women in this community are trapped in a double bind – the prevailing discourse is heavily influenced by the expectations that mothers will assume traditional intensive mothering practices. However, the reality is that due to poverty and a lack of resources, many of these women need to assume roles which conflict with intensive mothering practices. Robson (2005, p. 217), explains that the entrenchment of the ideals of motherhood, “prevents us from seeing the reality of others' experiences of motherhood and the fact that, for many, there are barriers and restrictions to the ideal of good mothering”. The data implies that for many of these women, their aspirations of ideal motherhood are unrealistic and impossible due to the social and economic circumstances within which they live.

These women describe certain qualities that are evident in a good mother. Firstly, she will prioritise the needs of her child, which in essence means that she is self-sacrificing and denies her own needs in favour of providing for the child. In addition, she does not abandon her child, whether it be in terms of physical care and intervention, or emotional needs. These requirements for good practices of motherhood are relatively demanding on the mother and require enormous amounts of dedication and sacrifice. The data showed a strong emphasis on the role that self-sacrifice plays in motherhood: it is implied that a good mother should be all encompassing, constantly available and supportive to her children. However, it is assumed that this idea of good mothering would place incredible strain and high expectations on these women. It seems as if this is almost an impossible ideal in the context of their community, where poverty and limited resources affect the ability of these women to mother adequately.

In contrast, it seemed that the women found it easier to define a bad mother rather than a good mother. The findings which emerged concerning bad mothering focused on the themes that a bad mother was unconcerned about taking responsibility for her child and she would leave this responsibility for others to fulfil. A bad mother is considered to be selfish and self-centred. The cause for this being two-fold: the mother may focus on her own desires for pleasure and ignore those of the baby; or the mother may be overwhelmed with the responsibilities of motherhood and unable to cope, so she abdicates from her duties and focuses on herself, this often culminates in the use of alcohol, drugs and cigarettes. In addition, a bad mother was described as being someone who neglects her child and does not care for the basic needs of the baby. It was evident that the discourse focused sharply on the deficits and inadequacies of mothering and bad mothering was often blamed on the individual. The contextual circumstances, which disempowered the mother, were rarely taken into consideration. Kruger (2003, p. 203), highlights the tendency that mothers have to blame themselves when mothering is identified as inadequate, and how this discrepancy between the care provided and the ideals will often lead to behaviour that is detrimental to the mother: “The ideology of mothering can be so powerful that the failure of lived experience to validate often produces either intensified efforts to achieve it or a destructive cycle of self- and/or mother-blame.“

Pectora roborant cultus recti

Chodorow (1989, p. 90), succinctly highlights the dilemma that mothers face which seems to be echoed in the voices of these mothers in Kylemore: “Blame and idealisation of mothers have become our cultural ideology. Idealisation and blaming the mother are two sides of the same belief in the all-powerful mother.” It seems inescapable that there are both gratifying and denying qualities evident in the discourse of motherhood in this community. The mother has been elevated to the position of being the omnipotent carer of the child, however, as such there are certain qualities and contexts which she can cultivate in order to attain these ideals but it seems that there are also darker, less acceptable aspects to mothering, which cannot be helped if the mother is to survive.

The lasting impression of the results was one of ambivalence: the mother is both good and bad. It is speculated that on some level this feeling of ambivalence may correspond with some of the feelings that these women carry towards motherhood, although the data did not specifically focus on this aspect. Traditional mothering ideology moulds the individual stories of different women, it shows how individual women reproduce this ideology in their own personal stories (Kruger, 2003). Women are effectively set up for failure from the onset, due to a discourse of "perfect" motherhood that seems impossible to achieve in these circumstances. This is exacerbated by the focus on distinct categories between good and bad mothers that seem to prevail in the data. From a psychological perspective, it would seem that the distinction between good and bad mothering practices operates on a continuum, where there are varying degrees of good and bad mothering – and not absolutes.

4.5 Implications of these findings on poor rural women

The scenario painted by the participants, concerning ideal motherhood, seems almost unattainable and impossible. It remains to be seen whether actual motherhood practices correspond to the ideals highlighted by these mothers – and how women feel about the discrepancy between customs and reality. This must still be investigated in a larger project which will focus on making explicit the emotions and feelings of these women concerning their experiences of mothering. This could possibly provide the opportunity and space for these mothers to explore their feelings which may include a sense of anger, disappointment and despair. These investigations may help to determine whether these women are possibly repressing their emotions which in turn may result in depression, which diminishes their capacity to mother.

In fact, the discussions on motherhood elicited from the interviews highlighted a clear deficit in emotional experiences connected to the concept of motherhood. It is possible that one of the reasons for this, is the sense of disempowerment that these women experience within their community setting, which prevents them from accessing and expressing their feelings. Rich (1976), emphasises the difficulty that mothers have in connecting with their emotions concerning motherhood:

> "Love and anger can exist con-currently; anger at the conditions of motherhood can be translated into anger at the child; along with the fear that we are not 'loving'. Grief, at all we cannot do for our children, in a society so inadequate to meet human needs, becomes translated into guilt and self-laceration. This 'powerless responsibility' as one group of women has termed it, is a heavier burden even than providing a living – which so many mothers have done and do, simultaneously with mothering – because it is recognised in some quarters, at least, that economic forces and political oppression, lie behind poverty and unemployment; but the mother's very character, her status as a woman, are in question if she has 'failed' her children" (p. 36).

4.1 Implications of these findings on psychology

South African psychologists face the challenge of exploring unknown territory. It is vital to find the balance between understanding feelings of inadequacy and powerlessness, as reflected in the psychological context of South Africa, but at the same time, not allowing these feelings to become overwhelming, so that they prevent practical intervention and change. Kruger indicates that documenting research is not sufficient to affect change in practice, and that active steps need to be taken in order to facilitate adaptation: "The understanding that individual narratives often serve to reproduce dominant ideologies (even if in very subtle forms) suggests that merely citing the narratives of individual women will not ensure transformation" (Kruger, 2003, p. 203). In order for change to occur, psychologists need to actively be involved in the process of transformation and this involves more than merely making narratives explicit. Psychologists working in South Africa need to use the research done within this context to develop practical clinical interventions that can improve the functioning of individuals on a grass roots level. This study aimed to highlight the discourse(s) evident in this community concerning motherhood, but this in itself will not affect change. These discourses need to be challenged before transformation concerning mothering can take place. Psychologists need to partner with the mothers in this community and encourage them to express their experiences and feelings so that a collaborative voice can be elicited, and perhaps change can be affected concerning the discrepancy between the ideals and realities of motherhood in Kylemore and new mothering practices can be cultivated.

4.2 Shortcomings of the research

Through this study, it is evident that a coherent and consistent discourse can be elicited, that seems compatible with dominant discourses in Western middle class societies both in terms of content and themes, as well as structure and categories. However, there were various shortcomings in the research. Firstly it is uncertain to what extent this discourse is a function of the interview situation. The results obtained may have been largely influenced by the circumstances surrounding the interview and it is therefore difficult to attribute results entirely to the discourse on mothering in this community. Secondly, this research did not focus on the extent to which the discourse on motherhood shapes the experiences of these women in this community. It is wondered whether the discourse of ideal motherhood leads to feelings of inadequacy, guilt, shame and perhaps even depression. Consequently, it is difficult to speculate as to the effects of the discourse on ideal mothering, on mothers in Kylemore. This needs to be investigated through additional research. The focus of this research was to establish whether there is a dominant discourse on mothering, now that this has been recognized, it is important to investigate and explore this discourse further so that understanding can be achieved on how these mothers work through their perceived "failure" to mother adequately. In addition the specific focus on the discourse of motherhood in this document meant that a great deal of the data obtained during interviews could not be used in this research. As a result, the transcriptions represented here do not do justice to the richness of the discourse provided by these women.

4.3 Implications for future research

It appears that the majority of the mothers interviewed in this community are unable to fulfil the requirements for good mothering, yet they seem to be ambivalent about their failure to do this. Kruger (2003, p.198), speculates that if "women's own experiences of motherhood are fore grounded in their own stories of being mothers, it will be found that, contrary to the powerful western myth of motherhood, women very often have intensely ambivalent feelings about motherhood". Future research needs to focus on the emotions and feelings that mothers experience concerning motherhood; and their ability to connect with and own these feelings.

Collins emphasises the importance of focusing on the experiences of women of colour as it "reveals very different concerns: the importance of working for the physical survival of children and the community; the dialectics of power and powerlessness in structuring mothering patterns; and the significance of self-definition in constructing individual and collective racial identity." (Glenn, Chang & Forcey, 1994, p. 7). Future research should actively focus on eliciting the discourses of coloured and black women who have previously been ignored as the minority.

Lastly, there is a need for further investigation into the coping mechanisms of these mothers. Many of these women feel inadequate to mother and are overwhelmed by the responsibility of mothering and trying to cope under stressful economic and social circumstances. Often these women abdicate from childcare responsibilities or use alcohol and drugs as a means of coping. Future research focused on the current coping mechanisms of these mothers with the aim of providing alternative coping skills will be beneficial to the community members and perhaps improve the capacity of these women to mother within these circumstances.

NOTES

The author is mindful of the fact that the use of racial categories in South African scholarship is controversial: such categories are socially constructed and carry important social meanings (Swartz, Gibson & Gelman, 2002). Leading South African psychological researchers (Swartz et al, 2002; Walker & Gilbert, 2002) have argued that the use of such categories in social research is important in that it serves to highlight the impact that apartheid had on specific groups of people. In this article the category, coloured, is used to refer to South Africans said to be of diverse and mixed racial origins.

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Pectora roborant cultus recti

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APPENDIX A: Kylemore Participants Demographic Details

No	Code Name	Age	Lang	Educ. Status	Religion	Partner	No of people in house	No of children	Income per month	Job
1	Elize	16	A	Unknown	Old Apostolic	Boyfriend	4	0	Unknown	Scholar
2	Sofie	29	A	Sub B	Old Apostolic	Boyfriend	13	3	Unknown	Unemployed
3	Sana	28	A	Std 8	Unknown	Married	4	2	R2500 (H)	Maid
4	Lea	30	A	Std 9	Unknown	Married	3	1	R3200 (H)	Unemployed
5	Bernadette	28	A	Std 9	Old Apostolic	Unmarried	2	0	R1400 (S)	Guest House
6	Abigail	30	A	Std 9	Methodist	Unmarried	3	2	R400 (H)	Unemployed
7	Suzanne	22	A	Matric	NG Kerk	Boyfriend	3	0	R3300 (H) R1300 (S)	Works at Delheim
8	Alice	27	A	Std 6	Eternal Faith Crusaders	Married	4	2	R1228 (H) R470 (S)	Char
9	Makeila	23	A	Std 8	Old Apostolic	Unmarried	6	1	R1400 (S) 4mo of year	Seasonal farm worker
10	Jeanine	20	A	Matric	Old Apostolic	Boyfriend	5	0	Unknown	Unemployed
11	Carmen	17	A	Std 7	St Giles	Single	7	0	Unknown	Unemployed
12	Wilmien	35	A	Std 7	VGK	Married	4	2	R2300 (H) R800 (S)	Farm worker
13	Analeen	29	A	Std 3	None	Married	4	2	R3000 (H) R900 (S)	Seasonal Farm worker
14	Melissa	21	A	Std 6	Old Apostolic	Single	7	1	R2780 (H)	Unemployed
15	Nina	25	A	Std 8	St John	Engaged	6	1	R2500 (H) R300 (S)	Cleaner
16	Sam	18	A	Std 9	VGK	Boyfriend	6	0	R50 (S)	Washes clothes
17	Millicent	19	A	Matric	NG Kerk	Engaged	8	0	Unknown	Unemployed
18	Sonblom	31	X/A	Std 9	Old Apostolic	Married	2	1	R1920 (H) R780 (S)	Farm worker
19	Pienkie	33	A	Std 9	Old Apostolic	Boyfriend	4	0	R1600 (S) R1600 (H)	Waitress
20	Sonneblommetjie	25	A	Matric	Old Apolostic	Unmarried	7	0	R6000 (H)	Unemployed

Kylemore Participants Demographic Details

No	Code Name	Age	Lang	Educ Status	Religion	Partner	No of people in house	No of children	Income	Job
21	Britney	15	A	Std 7	Congrega-tional	Boyfriend	6	0	Unknown	Unemployed
22	Nathalie	18	A	Std 7	Old Apostolic	Boyfriend	8	0	Unknown	Unemployed
23	Rika	40	A	Std 6	St John's	Unmarried	6	1	R2360 (H)	Unemployed
24	Juanita	20	A	Std 8	Old Apostolic	Boyfriend	Unknown	1	Unknown	Unemployed
25	Petunia	22	A	Std 8	Anglican	Married	3	1	R1500 (H)	Unemployed
26	Elize	38	A	Std 5	Unknown	Married	4	2	Unknown	Farm worker
27	Zetta	32	A	Matric	Anglican	Married	7	1	R5000 (H)	House keeper
28	Blondie	17	A	Unknown	Apostolic	Unmarried	6	0	Unknown	Unemployed
29	Renè	19	A	Std 3	English	Boyfriend	4	0	Unknown	Unemployed
30	Bianca	32	A	Std 5	St Johns	Married	5	0	R600 (S)	Char
31	Elize	31	A	Std 10	Unknown	Unmarried	7	2	Unknown	Works at Hillcrest
32	Robena	21	A	Std 10	Anglican	Unmarried	2	0	R1200 (H)	Reserve Policewoman
33	Ankie	21	A	Std 8	Old Apostolic	Unmarried	6	0	Unknown	Unemployed
34	Nandipha	35	A	College	Apostolic	Married	3	1	R2000 (H)	Assistant chef
35	Pauline	20	A	Std 7	VGK	Boyfriend	7	0	Unknown	Unemployed
36	Dewey	21	A	Std 10	Old Apostolic	Boyfriend	4	0	R2400 (H) R1800 (S)	Cashier
37	Jean	22	A	Std 8	Anglican	Unmarried	5	0	R4800 (H)	Shop Assistant
38	Tina	29	A	College	NG Kerk	Boyfriend	7	1	R2000 (S)	Shop Manager
39	Pat	26	A	Unknown	Home church	Married	5	2	R1900 (H)	Unemployed
40	Bonny	22	A	Std 7	Old Apostolic	Unmarried	11	0	R2000 (H)	Cleaner

Kylemore Participants Demographic Details

No	Code Name	Age	Lang	Educ. Status	Religious Affiliation	Partner	No of people in house	No of children	Income	
41	Jenna	16	A	Std 8	Mount Herob	Unmarried	9	0	R2400 (H)	unemployed
42	Shireen	15	A	Std 7	All Saints	Unmarried	5	0	-	scholar
43	Michelle	20	A	Matric	Old Apostolic	Engaged	5	0	R1395 (S)	Shop assistant
44	Sabrina	22	A	Std 7	None	Unmarried	7	0	-	unemployed
45	Sandra	26	A	Std 9	Anglican	Boyfriend	10	0	R1000 (S)	Shop assistant
46	J. Lo	34	A	Std 6	Old Apostolic	Boyfriend	4	1	R2150 (S)	security guard
47	Connie	20	A	Matric	VGK	Married	2	1	R800	at Hillcrest
48	Candy	18	A	Matric	Old Apostolic	Boyfriend	7	0	Unknown	scholar
49	Sunshine	33	A	Std 6	None	Married	4	2	R1600 (S) R3600 (H)	general worker
50	Modenia	25	A	Matric	Stel Gemeente	Boyfriend	7	0	Unknown	unemployed
51	Abigaile	20	A	College	Christian	Boyfriend	8	0	R3000 (H)	unemployed
52	Samantha	24	A	Matric	Pniel congreg.	Married	5	0	R1000 (S) R2400 (H)	teacher
53	Lilo	25	A	Matric	Old Apostolic	Engaged	7	1	R6000 (H)	unemployed
54	Anthia	15	A	Std 9	English church	Boyfriend	7	0	R3200 (H)	Scholar
55	Sunshine	29	A	Matric	Unknown	Married	3	1	Unknown	unemployed
56	Poppie	19	A	Std 5	Old Apostolic	Boyfriend	5	0	Unknown	unemployed
57	Daniel	25	A	Std 8	St John	Unmarried	7	0	Unknown	unemployed
58	Yvonne	42	A	Std 4	Apostolic	Unmarried	7	0	R1000 (S)	Farm work
59	Rose	17	A	Std 8	English	Boyfriend		0	R600 (H)	Scholar
60	Mariah	23	A	Std 7	Old Apostolic	Married	4	2	R1500 (S) R3000 (H)	Seasonal Farm worker

Kylemore Participants Demographic Details

No	Code Name	Age	Lang	Educ. Status	Religion	Partner	No of people in house	No of children	Income	Job
61	Anna	35	A	Matric	Unknown	Married	3	1	R3500 (H)	Unemployed
62	Jane	26	E	Matric	Roman C	Married	2	1	R2600 (S) R5600 (H)	Secretary
63	Rose	26	A	Std 7	VGK	Married	11	1	R2600 (H)	Unemployed
64	Dean	25	A	Matric	Old Apostolic	Boyfriend	4	0	-	Unemployed
65	Ilse	27	A	Std 8	Old Apostolic	Married	7	2	R1368 (S)	Packer
66	Sandra	26	A/E	College	AME	Married	7	1	R2500	Receptionist
67										
68	Chriszelda	26	A			Single	4	1		Law Firm
69	Klardien	30	A	Std 2	St. John	Married	2	0	R1400 (S) R2000 (H)	Fruit Fabric Suncape
70	Charmaine		A	Std 2	NG Kerk	Married	5	3	R1480 (H)	Unemployed
71	Abigail	18	A	Std 10	VGK Kerk	Boyfriend	7	0	R600 (S)	Pakstoor
72	Shahieda	19	A	Std 7	Babtist	Boyfriend	5	1		Training at Hospital
73	Whitney	26	A	Std 8	English Church	Married	4 and in-laws	2	R	Unemployed
74	Lorrain	22	A	Std 8	New Apostolic	Boyfriend		0	R600 (H)	Unemployed

Kylemore Participants Demographic Details

No	Code Name	Age	Lang	Educ. Status	Religion	Partner	No of people in house	No of children	Income	Job
75	Malicia	18	A	Stdt 9	St. Giles	Boyfriend	4	0		Unemployed
76	Marietta	35	A	Std 7	Anglican	Married	5	3	R2800 (S) R4800 (H)	Fabric work
77	Antonette	24	A	Std 8	Old Apostolic	Boyfriend	5	0	R3000 (H)	Unemployed
78	Nicoleen	43	A	Std 8	Pinkster	Married	11	7		Unemployed
79	Ellen	19	A	Std 7	Old Apostolic	Boyfriend	4	1		Unemployed
80	Lisma	24	A	Std 8	St. Johns	Boyfriend	8	2	R1580 (H)	Season worker
81	Melissa	17	A	Std 10	NG Kerk		5	0		Student
82	Susanna	29	A	Std 8	NG Kerk	Boyfriend	7	2	R400 (S) R1600-1800 (H)	Unemployed
83	Abby	22	A	Std 6	NG Kerk	Boyfriend	7	1	R150 (S) R780 (H)	Seasonal worker Unemployed
84	Rosie	25	A	Std 9	English Church	Boyfriend	5	0	R3200 (H)	Unemployed
85	Josephine	14	A	Std 6	Old Apostolic	Boyfriend	5	1	R2000/3000 (H)	Student
86	Louise	20	A	Std 5	Old Apostolic	Boyfriend	3	0		Unemployed
87	Marisan	17	A	Std 5	-	Single	7	0	-	Unemployed
88	Estelle	30	A							

Kylemore Participants Demographic Details

No	Code Name	Age	Lang	Educ. Status	Religion	Partner	No of people In house	No of children	Income	Job
89	Nellie	25	A	Std 8	St. Johns	Boyfriend	3	1	R170/day (H)	Unemployed
90	Madelein	24	A							
91	Michelle	22	A	Std 10	VGK Kerk	Boyfriend	9	0	-	Unemployed
92	Velerica	37	A	Std 6	Old apostolic	Single	7	4	R180 (H)	Unemployed

Key:

- Interview 1 + 2 together
A Afrikaans
E English
H Household
i Incomplete
S Self
w withdrew
X Xhosa

APPENDIX B:

UNSTRUCTURED INTERVIEW 1

(PREGNANCY)

- **You are now X months pregnant. How are you today? How do you feel emotionally/physically?**
- **Tell me about the day you found out you were pregnant.**
  - *Story:* where, when, how, who
  - *Feelings:* surprised, heartbroken, excited, ambivalent, anxious, strange, guilty, disappointed, proud, emotional, worried, ashamed, denial
- **What did you do after you found out?**
  - Told someone (who, why, what was there reaction)
- **What is it like being pregnant? How have things changed and stayed the same?**
  - *Feelings now:*

surprised, heartbroken, excited, ambivalent, anxious, guilty, disappointed, proud, emotional, worried, ashamed, denial, scared, calm, irritated, tense, depressed, energetic, tired, alone, lonely

  - *Feelings about fetus (baby):*

negative (hope for miscarriage, abortion, adoption, hides fact that pregnant, denies, impulse to hurt baby), scared, excited, angry

  - *Attitude/feelings/reaction of others:*

Partner (who, married/unmarried), family (mother, father, own children, others), friends (ask about female friends), work (colleagues and boss), church, school

judgmental, supportive, excited, proud, worried

  - *Changes i.t.o. relationships with others*

Partner (who, married/unmarried), family (mother, father, own children, others),

friends (ask about female friends), work (colleagues and boss), church, school

  - *Changes i.t.o body and sexuality*

Physical symptoms (breasts, larger body, digestive system – constipation, nausea, indigestion –etc), more aware of body, feelings about feminine changes, vulnerable, powerful, more/ less attractive more/less sexual feelings, more/less sexually active

  - *Changes i.t.o work*
  - *Changes i.t.o. identity*

- *Changes i.t.o. lifestyle*
- *Do you feel like a mother, do you feel more like a woman*

- **What bothers you now that you are pregnant? With what do you struggle?**
- **Have your needs changed now that you are pregnant? What do you feel you need?**
  - *From others*
  - *From health services (doctors, nurses, clinic)*
  - *From community*
- **What type of care have you already received? How do you feel about it? Has it helped?**
  - *Information:* who, where, when, how, what
  - *Procedures:* checkups, sonars, genetic tests, other tests, experience thereof
  - *Special treatment from the people in your life*
- **How do you feel about the birth, what do you think about it, what are your expectations?**
  - *What have you been told/ by whom*
  - *Role of doctors, nurses, partner, others*
  - *How do you think it should be (ideal birth)*
  - *Are you scared for the birth/ are you looking forward to it?*
  - *How do you feel about medical interventions (natural birth, pain killers)*
- **How do you feel about becoming a mother? What do you expect?**
- **What is a good mother? Do you know anybody who is a good mother? Was your mother a good mother?**

APPENDIX B

UNSTRUCTURED INTERVIEW 2

1-5 days after birth

- **How do you feel now? A lot has happened…**
- **Tell me about the birth**
  - *Story*: How did it begin – where, when, who was there
    Did you know what was happening?
    How did you know?
    What did you do? Did you tell anyone?
  - **ASK DETAIL OF BIRTH ITSELF**
  - *Feelings:* surprised, heart sore, excited, ambivalent, strange, anxious, guilty, disappointed, proud, emotional, worried, ashamed
- **How do you feel about the birth, what did you expect, did it live up to your expectations**
  - What were you told about it/ By whom
  - Role of doctors, nurses, partner, other
  - How did you think it should be (ideals if there is)
- **Medical intervention, natural birth, pain killers, hospital, after the birth**
- **Breast feeding**
- **What did you do just after the birth**
  - Tell somebody (who, why, what was your reaction)
- **What is it like to have a baby? How did things change or stay the same?**
  - *Feelings now:*
    Surprised, heartsore, excited, ambivalent, anxious, guilty, disappointed, proud, emotional, worried, shy, denial, scare, calm, irritated, tense, depressive, energized, tired, lonely, alone
  - *Feelings about baby:*
    Negative, positive, happy, love, scared, excited, angry, heartsore
- **Attitude/feelings/actions of others:**
  - *Judgmental, supportive, excited, distant, proud, worried*
  - *Changes in relationships with others*

Partner (who, married/unmarried), family (mother, father, own, children, others), friends (ask esp. about friends), work (employers, colleagues), church

- **Changes In body and with regard to sexuality**
  - Physical symptoms, more aware of body, vulnerable, powerful, more/less attractive, more/less sexual feelings, more/less sexually active
- **Changes i.t.o. work**
- **Changes i.t.o. identity**
- **Do you feel like a mother, do you feel more like a women**
- **Change i.t.o lifestyle**:
  - Substances, sex, social activity, physical activity, exercise, eat, sleep, dress
- **What bothers you now that you have a baby?**
- **Have your needs changed now that you have a baby? What do you feel you need? With what do you struggle**?
  - *From others*
  - *From health services (doctors, nurses, clinics)*
  - *From community*
- **What type of care have you already received and how do you feel about it?**
  - *Information*

    Who, where, when, how, what
  - *Procedures*

    After birth
  - *Special treatment from people in your life*

APPENDIX B

UNSTRUCTURED INTERVIEW 3
3 months after the birth

- **How do you feel now? A lot has happened…**
- **How do you feel now when you think back about the birth, what did you expect from it, how did it fulfill your expectations ?**
  - *What were you told about it / By whom*
  - *Role of the doctors, nurses, partner, others*
  - *How do you think it is supposed to be (idea if there is one)*
- **Breastfeeding**
  - *Do you breastfeed*
  - *Why / Why not*
  - *Do you enjoy it*
  - *For how long are you going to continue to breastfeed*
  - *When will you stop*
- **How does it feel now, after a few months, having a baby? How have things changed and stayed the same ?**
  - *Feelings now:*

    Surprised, heartsore, excited, ambivalent, anxious, guilty, disappointed, proud, emotional, worried, shy, denial, scare, calm, irritated, tense, depressive, energized, tired, lonely, alone
  - *Feelings about baby:*

    Negative, positive, happy, love, scared, excited, angry, heartsore
  - Attitude / Feelings / Behaviour of others - Partner (who,married/unmarried), family (Mother, father,own, children, others),friends (especially ask about female friends); work (employers and colleagues) church:

    Judgemental, supportive, excited, reserved, proud, worried
  - Changes in terms of relationships with others - Partner (who, married/unmarried), family (Mother, father,own, children, others),friends (especially ask about female friends); work (employers and colleagues) church:

    Closer / further, Trust

- *Changes in terms of body and sexuality*

  Physical symptoms, more aware of body, feelings about female changes, vulnerable, stronger/powerful, more or less attractive, more or less desirable, how do others feel, more / less sexual feelings, more / less sexually active

- *Changes in terms of work*
- *Changes in terms of identity*
- *Do you feel like a mother, do you feel more womanly*
- *Changes in lifestyle::*

  Substances, sex, social activities, physical activities,

  exercise, appetite, sleep, clothing attire

- **Now that the baby is older, are there things that bother you?**
- **Have your needs changed now that you have a baby? What do you feel that you need? With what do you struggle?**
  - *In terms of others*
  - *In terms of health services (doctors, nurses, clinics)*
  - *In terms of the communityVan gemeenskap*
- **What types of care have you already received and how do you feel about it?**
  - *Information:*

    Who, where, when, how, what
  - *Procedures: after birth*
  - *Special treatment from the people in you life*
- **At which stage did you begin to start thinking about yourself as a mother?**
- **What does it mean to be a mother?**
- **Is there such a thing as a good and a bad mother? What is that?**
- **What is nice about being a mother?**
- **What is bad about being a mother?**
- **Has being a mother affected your relationship with others?**
  - *Father of your child, your other, family, friends*
- **How were things different with your last child compared to your first child?**

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APPENDIX B

UNSTRUCTURED INTERVIEW 4
6 months after the birth

- **How do you feel now after having a baby for a few months? How have things changed and how have they stayed the same?**
  - *Feelings now:*

    Surprised, heartsore, excited, ambivalent, anxious, guilty, disappointed, proud, emotional, worried, shy, denial, scare, calm, irritated, tense, depressive, energized, tired, lonely, alone
  - *Feelings about baby:*

    Negative, positive, happy, love, scared, excited, angry, heartsore
  - Attitude / Feelings / Behaviour of others - Partner (who,married/unmarried), family (Mother, father,own, children, others),friends (especially ask about female friends); work (employers and colleagues) church:

    Judgemental, supportive, excited, reserved, proud, worried
  - Changes in terms of relationships with others - Partner (who, married/unmarried), family (Mother, father,own, children, others),friends (especially ask about female friends); work (employers and colleagues) church:

    Closer / further, Trust
  - *Changes in terms of body and sexuality*

    Physical symptoms, more aware of body, feelings about female changes, vulnerable, stronger/powerful, more or less attractive, more or less desirable, how do others feel, more / less sexual feelings, more / less sexually active
  - *Changes in terms of work*
  - *Changes in terms of identity*
  - *Do you feel like a mother, do you feel more womanly*
  - *Changes in lifestyle::*

    Substances, sex, social activities, physical activities, exercise, appetite, sleep, clothing attire
- **Now that the baby is older, are there things that bother you?**

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- **Have your needs changed now that you have a baby? What do you feel that you need? With what do you struggle?**
  - *In terms of others*
  - *In terms of health services (doctors, nurses, clinics)*
  - *In terms of the communityVan gemeenskap*
- **What types of care have you already received and how do you feel about it?**
  - *Information:*

    Who, where, when, how, what
  - *Procedures: after birth*
  - *Special treatment from the people in you life*
- **If you now think back about the whole experience, pregnancy, birth and motherhood, is there something that you would have wanted to be different?**
- **At which stage did you begin to start thinking about yourself as a mother?**
- **What does it mean to be a mother?**
- **Is there such a thing as a good and a bad mother? What is that?**
- **What is nice about being a mother?**
- **What is bad about being a mother?**
- **Has being a mother affected your relationship with others?**
  - *Father of your child, your other, family, friends*
- **How were things different with your last child compared to your first child?**
- **Breastfeeding**
  - *Do you breastfeed*
  - *Why / Why not*
  - *Do you enjoy it*
  - *For how long are you going to continue to breastfeed*
  - *When will you stop*
- **How do you feel now when you think back about the birth, what did you expect from it, how did it fulfill your expectations ?**
  - *What were you told about it / By whom*
  - *Role of the doctors, nurses, partner, others*
  - *How do you think it is supposed to be (idea if there is one)*

- **How were the interviews? How do you feel about them?**
- **Are you prepared to allow us to contact you in a year's time for a follow-up interview?**
- **If you move, will you inform us of your new address.**

APPENDIX C

VORM VIR OORWOë TOESTEMMING

Beste Deelnemer

Hiermee wil ons u graag versoek om deel te neem aan 'n naarvorsingstudie wat ondersoek instel na hoe vroue swangerskap, geboorte en moederskap ervaar. Ons stel daarin belang om meer te verstaan oor moontlike positiewe en negatiewe aspekte van hierdie ervaring en watter faktore daartoe bydra. Ons hoop dat hierdie navorsing sal bydra tot meer effektiewe sielkundige ondersteuning van swanger vroue en moeders.

Indien u bereid is om aan hierdie studie deel te neem, sal ons graag vier onderhoude met u wil voer. Die onderhoud sal tussen een en twee ure duur. Die onderhoud sal op band opgeneem word. Vroulike narvorsers, wat senior studente in Sielkunde is, sal die onderhoud voer. Die onderhoud sal gevoer word of by u woonplek of by die Departement Sielkunde aan die Universiteit van Stellenbosch, of enige ander plek wat vir u geskik is, op 'n tyd wat u pas.

Tydens die onderhoud sal vrae gestel word oor u ervarings van swangerskap, geboorte en moederskap. Ons sal vrae vra oor watter impak hierdie ervarings op u en u verhoudings en werk gehad het. Ons wil met ander woorde verstaan hoe dit vir u is om verwagtend te wees en hoe dit vir u is om 'n moeder te wees.

Ons vertrou dat die onderhoud interessant en nuttig sal wees vir elkeen wat aan hierdie studie deelneem. Sommige van die vrae wat gestel word, sal egter hoogs persoonlik wees, en kan onaangename herinneringe oproep. U moet asseblief kennis neem dat die onderhoud te enige tyd kan beëindig, en dat u tydens die onderhoud kan weier om spesifieke vrae te beantwoord. Deelnemers het die vryheid om hulle deelname te enige tyd te beëindig. Indien u van die studie ontrek, kan u vra dat al die data wat oor u versamel is, dit sluit die bandopnames en die transkripsies van die bande in, vernietig word, en dit sal gedoen word.

Om die vertroulikheid van die narvorsingsmateriaal te verseker, sal geen name op die onderhoude of vorms geplaas word nie. Elke deelnemer sal gevra word om 'n kodenaam te kies, en daar sal 'n lys saamgestel word om aan te toon watter deelnemer met watter kodenaam ooreenstem. Die lys sal in ‘n toegesluite kas in 'n kantoor by die Departement Sielkunde gebêre word. Slegs lede van die narvorsingspan sal toegang hê

tot enige van die data, wat die bande en die transkripsies insluit. Dit sal ook in die reeds genoemde toegsluite kas bewaar word. Alle inligting sal dus vertroulik gehou word.

Verslae oor die studie, dit sluit enige gepubliseerde werk in, sal nie enige ware name noem nie. Beskrywings van alle persone sal verbloem word sodat hulle nie herkenbaar sal wees vir enigiemand anders wat die studie lees nie. Daarom sal geen stuk inligting wat deur die studie versamel is op enige manier met enige spesifieke persoon of familie kan verbind word nie. Aangesien sodanige inligting oor lewens van vroue so waardevol is, sal die bande bewaar word solank as wat die navorser navorsing op hierdie terrein voortsit. Sodra die navorser hierdie studie voltooi, sal die bande vernietig word, tesame met die lys wat die name en kodename bevat.

Indien u vind dat die vrae wat tydens die navorsingsonderhoud gestel word, pynlike of onaangename herinneringe oproep, en u sou met iemand oor u gevoelens wou praaat, het ons 'n lys hulpdienste wat u kan kontak. Ons kan u ook help om hulp te kry indien ons tydens die onderhoud agterkom dat u sielkundige ondersteuning verlang.

Indien u daarin belangstel om aan hierdie studie deel te neem, lees asseblief die volgende verklaring en teken hieronder.

Ek begryp dat deelname aan hierdie studie vrywillig is, en is bewus van die moontlike risiko's, voordele, en ongerief verbonde aan my deelname. Ek aanvaar dat ek vrylik vrae kan vra, kan weier om vrae te beantwoord, en dat ek 'n sessie te eniger tyd kan beëindig. Ek begryp ook dat indien ek enige vrae of probleme het wat hierdie narvorsing betref, ek die hoofondersoeker, Dr. Lou-Marie Kruger by 808-3460, kan bel.

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_____ _____

Handtekening van deelnemer Datum

_____ _____

Handtekening van ondershoudvoerder Datum