Women's constructions of their relationships with their mothers in the context of the development and experience of their own depression.

by
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ABSTRACT

International literature suggests that women are particularly affected by depression, with one quarter of adult females reporting lifetime prevalence of the disorder. Similarly in the South African context, epidemiological findings indicate that low-income, South African mothers (and women in general) are particularly prone to depression. Historically the mother-child relationship has been valorised, essentialised and seen as pivotal to early childhood development, whilst a problematic maternal relationship has been constructed as the cause of children's emotional distress. This study aimed to provide an in depth account of women's constructions of their experience of depression and their relationships with their mothers. This feminist social constructionist study took place in a low-income, peri-urban community in the Western Cape Province of South Africa. Semi-structured, in-depth interviews were conducted with ten low-income women who had been diagnosed with depression. Data were analysed using case studies and Charmaz' social constructionist grounded theory. A number of important findings emerged. Firstly, women with depression felt controlled by their mothers and self-silenced important feelings in their relationships with them in this community. As a result of their silencing, they felt angry, sad and depressed. Furthermore, the women expressed the determination not to repeat their relationship with their mothers in their relationships with their own children. Implicit to women's constructions of their relationships with their mothers, is the idealised concept of the "good mother" and the "good woman", which informed their constructions of their relationships with their mothers. Recommendations emphasise the need to broaden conceptualisations of the "good mother" and the "good mother – daughter relationship" relative to the multilayered contexts in which they arise, and to provide interventions aimed at allowing low-income women with depression a space in which to voice their feelings authentically without the threat of social sanction.

Key words: depression, women, social constructionist, low-income, feminist

OPSOMMING

Die internasionale literatuur suggereer dat vrouens spesifiek geaffekteer word deur depressie, met ‘n kwart van volwasse vrouens wat rapporteer dat depressie regdeur hul lewensduur teenwoordig was. In die Suid-Afrikaanse konteks, toon soortgelyke epidemiologiese bevindinge dat lae-inkomste, Suid-Afrikaanse moeders (asook vrouens in die algemeen), spesifiek geneig is tot depressie. Histories word die verhouding tussen ‘n moeder en haar kind beskou as van sentrale belang in die kind se vroeë ontwikkeling, terwyl ‘n problematiese moeder-kind verhouding dikwels gekonstruktureer word as ‘n oorsaak van ‘n kind se emosionele probleme. In die huidige studie is beoog om ondersoek in te stel na hoe vrouens depressie ervaar en hoe hulle hul verhoudings met hul moeders konstrueer. Hierdie feministiese, sosiaal-konstruksionistiese studie is gedoen in ‘n lae-inkomste, buitestedelike gemeenskap in die Wes-Kaap, Suid Afrika. Semi-gestruktureerde, in-diepte onderhoude is met 10 lae-inkomste vrouens met ‘n diagnose van depressie uitgevoer. Data is geanaliseer deur gevallestudies en Charmaz se “social constructionist grounded theory” te gebruik. Eerstens is gevind dat vrouens met depressie in hierdie gemeenskap gevoel het dat hulle moeders baie beheersugtig was en dikwels hulle emosies geïgnoreer het. Deelnemers in die studie het gerapporteer dat hierdie tipe verhoudings hulle kwaad, hartseer of depressief laat voel het. Dit het verder geblyk dat die vrouens vasberade was om nie hul moederlike verhoudings te herhaal in hul verhoudings met hul eie kinders nie. Die geïdealiseerde konsepte van die “goeie moeder” en die “goeie vrou” was verder implisiet in die vrouens se konstruksies van hulle verhoudings met hul moeders, en het weer hul konstruksies van hul verhoudings met hul moeders beïnvloed. Die studie beklemtoon die belangrikheid daarvan om konseptualiserings van die “goeie moeder” en “goeie moeder-dogter verhoudings” te verbreed. Verder kom die navorser ook tot die gevolgtrekking dat intervensies nodig is waarin lae-inkomste vrouens met depressie die ruimte gegee word om, sonder die bedreiging van sosiale sanksies, aan hul ware gevoelens uiting te gee.

Sleutelwoorde: depressie, vrouens, sosiaal-konstruktionisties, lae-inkomste, feministies

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CHAPTER ONE: INTRODUCTION

Depression[1] is reported to be the primary cause of disability worldwide (World Health Organisation [WHO], 2012). Depression is viewed as a serious and sometimes recurrent disorder that is on the rise, leading to its classification as a global public health concern (WHO, 2012). Women in particular seem to be affected by depression with one tenth to one quarter of adult females reporting lifetime prevalence of the disorder, rendering them two to three times more likely to develop depression compared to men (WHO, 2012). In the South African context, various authors (Nduna, Jewkes, Dunkle, Sha, & Kohlman, 2013; Tomlinson, Swartz, Kruger, & Gureje, 2007) have constructed low-income South African mothers (and women in general) as particularly prone to depression, citing various kinds of social adversity and hormonal abnormalities as contributing factors.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association [APA], 2013), the concept 'depression'[2] refers to a disorder in which an individual experiences at least five of the following symptoms for a period of at least two weeks: pervasive feelings of sadness or hopelessness; difficulty concentrating; apathy towards activities and interests usually found to be pleasurable; severely negative feelings

[1] Psychiatric diagnoses have been criticised for its reductionistic, decontextualised and gendered approach to emotional distress that "pathologises femininity" (Stoppard, 2000; Ussher, 2010, p. 14). The construct of depression is argued to be politically oppressive to women in its pathologising of "normative aspects of feminine behaviour" (Salokangas et al., 2002, p.217). Our research team has also elsewhere questioned whether the description of depression in formal diagnostic systems does not serve to emphasize certain negative emotions in women, while obscuring others (Kruger et al., 2014). In other words, we questioned whether the reported phenomenology of depression is congruent with women's actual subjective experience of their own psychological distress. As a result, the term "depression" will be used tentatively, mostly in the reporting of literature, and then only when authors themselves use the term. Also, participants in this study have been formally diagnosed as being depressed and therefore will be referred to as depressed women. In this thesis a more neutral term "emotional distress" will be used when referring to women's mental anguish or dysphoric mood.

[2] With the transition from the use of the DSM-IV-TR to the DSM-5, the categorisation of depression has changed from being classified as a mood disorder to that of being a constellation of symptoms contained within "depressive disorders". In the DSM-5, the criteria and specifiers of depression have remained the same as that of the DSM-IV-TR (APA, 2013).

about one's self, environment and future opportunities; social withdrawal; suicidal ideation; somatic complaints such as changes in weight, sleep and activity patterns, aches and pains; and loss of energy (APA, 2013).

The social constructionist perspective of depression stresses a critical approach towards taken-for-granted notions of 'mental illness', calling into question the political agendas behind these classifications, as well as the political implications and effects of the classification and categorisations of the emotional distress of mothers in terms of pathology.

Feminist social constructionists have argued that the dominant construction of "mental illness", such as depression, is a product of the gendered practice of professional psychiatry that "aims to regulate women through the pathologisation and medicalisation of their experiences of distress" (Ussher, 2010, p. 14). In this section I discuss the rationale behind conducting a research study of this nature. I then proceed to a discussion of the research goals of this research undertaking before moving onto an outline of the organisation of this thesis.

1.1 Rationale

The rationale for this study is founded on the premise that depression – and the feminisation thereof – is a major health concern (WHO, 2012). The feminisation of depression is the tendency to discursively construct normal features of feminine behaviour (such as tearfulness or loss of interest in sex) as symptoms of depression (Salokangas et al., 2002). Given the finding that women's emotional distress is increasingly prominent, studies that investigate aspects of women's emotional lives are even more relevant.

Findings indicate that low-income, South African women are at high risk for mental health disorders, specifically also depression (Tomlinson, Swartz, Kruger, & Gureje, 2007). As a group they are regarded to have high levels of emotional distress (Nduna et al., 2013). Herrman and Swartz (2007) have argued that social science researchers tend to ignore

the psychodynamics and interpersonal relational factors impacting marginalised people, like low-income women from developing countries, focusing instead on the social and political processes that serve to create and perpetuate emotional distress.

In South Africa, despite there being an extensive body of literature pertaining to the extent and nature of South African women's emotional distress (Nduna et al., 2013), we know very little about how women themselves experience and make sense of their emotional distress in general (De Villiers, 2011; Dukas, 2009; Lourens & Kruger, 2011; Lourens & Kruger, 2014).

According to De Villiers (2011) and Kruger (2005), South African research in this area is almost non-existent, especially with regard to low-income, racially marginalised women's subjective experience of emotional distress as mothers. This significant gap in the knowledge base regarding marginalised groups is argued to result in "missing bricks of foundational knowledge that yield a psychological base that is faulty, inadequate, and incomplete" (Thomas, 2004, p. 287). Following these studies, there is a need for investigations into how women subjectively experience emotional distress, specifically low-income South African women.

Various authors in the field (Arendell, 2000; Gerson, Alpert, & Richardson, 1984; Kruger, 2005a) have called for research on the subjective experiences of mothers to focus, in particular, on the perspectives and emotional experiences of marginalised women from diverse groups in order to "create a more realistic understanding of mothers' lives, and to connect mothers' personal beliefs and choices with their social situations (including various political, economic and other social/cultural arrangements)" (De Villiers, 2011, p. 51).

Women's emotional distress is always situated in the context of complex relationships (Gilligan, 2010; Gilligan, 2012; Jack & Ali, 2010). Feminist psychologists claim that "relationships are at the centre of women's lives" (Jordan, 2010, p. 99) and that a woman's "primary

experience of self is relational" (Surrey, 1987, p. 52). This means that relationships play an important role in women's identity formation (Jordan, Kaplan, Miller, Striver, & Surrey, 1991) and that a "woman's very sense of who they are is formed in and grows through relationships" (Jordan, 2010, p. 53). If this is the case, it also follows that relationships will be pivotal in the emotional wellbeing of women (Gilligan, 2012; Jordan, 2010).

It has been argued that diagnoses of depression in women are gender-biased, promoting a pathological conceptualisation of women's emotional distress (Burman, 2008; Ussher, 2010). This discursive construction of women's emotional distress as "mental illness" is constructed on male-biased assumptions of what constitutes "normal" emotional states, and have the effect of marginalising and stigmatising women's experiences (Lafrance & Mckenzie-Mohr, 2013). These authors also emphasise that it is important to focus on the contexts within which women become distressed with specific reference to the ideological discursive factors impacting women's constructions of their emotional experience (Burman, 2008; Lafrance & Mckenzie-Mohr, 2013; Lafrance & Stoppard, 2006; Ussher, 2010).

Given feminist psychologists' emphasis on the role of relationships, particularly the mother-daughter relationship in the emotional distress of women, it seems particularly important to investigate mothers' subjective constructions of their emotional distress and experiences of wellbeing and how they relate it to their relationships with their mothers.

This study aims to investigate the issue of mothers' marginalised subjectivity from a feminist social constructionist perspective. The significance of a research study of this kind is its ability to detail experiences that have formerly been "ignored, forgotten, ridiculed, and devalued" (Kruger, 2003, p. 198).

If the mother-daughter relationship is claimed to be pivotal in the emotional wellbeing of women, we need to know if this is also true for this specific group. In the current study, the

focus will be on historically marginalised, low-income, coloured women, a group at high risk for being emotionally distressed (or then developing depression), who have reported some emotional distress and who were subsequently diagnosed as suffering from a depressive disorder by a mental health professional.

1.2. Research goals

The aim of this research was to present an understanding of the ways in which women from low-income brackets construct their emotional distress and well-being in relation to their relationships with their mothers, through a feminist social constructionist lens.

The objective of the research presented here is therefore to answer the following research question: How do low-income women who are diagnosed with 'depression', construct their relationship with their mothers in relation to the development and experience of their own emotional distress?

Whilst being relevant to the South African context, this research question was conceptualised in order to complement my research partner's research question as part of the Women's Mental Health Research Project (WMHRP), more details of which are in Addendum A, as our data collection process was subsumed into one. Her research question was: "How do emotionally distressed, low-income women construct their relationships with their children?" (Lourens, & Kruger, 2014). This had an impact on my study in terms of the way the data was collected (as my research partner conducted the interviews). She also provided a more nuanced understanding of the relational patterns of the mothers in this study.

Given the relevance of women's emotional distress as a public health concern as well as the significance of relationships (and specifically the mother-daughter relationship) to margin-

alised mothers' psychological wellbeing, this study was designed to contribute towards providing an avenue of expression to the voices of coloured women from low-income brackets. In doing so, this study attempts to address this gap in the knowledge base in order to illuminate the ways in which these women construct their relationship with their mothers in the context of their own depression in one low-income, peri-urban community in the Western Cape of South Africa.

This study aimed to address the gaps in the literature by providing insights into the effects of the mother-daughter relationship on women's experience of emotional distress. This information could be used to inform theory and practice in South African psychology.

1.3. Organization of the thesis

In the chapters that follow, I firstly discuss the theoretical and conceptual underpinning of this study, providing the epistemological basis from which I approach this research in Chapter Two. Chapter Three follows with a discussion of the various perspectives regarding depression, and a report on the mother-daughter relationship in the context of women's depression both globally and locally. Chapter Four details the methodology used in the gathering, organisation and analysis of the data gleaned during this research undertaking. In Chapter Five, I present and discuss the findings that emerged from the data within this study through the presentation of case studies and social constructionist grounded theory analyses. My choice for using both social constructionist grounded theory and case studies in this research undertaking led to the generation of in-depth and diverse research findings.

Aligned with its social constructionist framework, this thesis can be approached in various ways. Different approaches to reading this thesis will shed light on different aspects of the findings in this research study. The reader may refer to Figure 5.1 in order to follow the outline of the argument constructed within this study. This thesis concludes with Chapter Six where I

present a summary of the main findings that emerged in this study, as well as conclusions, limitations and recommendations for practice and further research in the field of women's mental health.

CHAPTER TWO: THEORETICAL AND CONCEPTUAL UNDERPINNING OF THE STUDY

2.1. Introduction

The theoretical point of departure of this study is feminist social constructionism. Research from this standpoint repudiates essentialism and the notion of an objective 'truth' (Burr, 2003; Willig, 2008). It aims to understand women's lived experiences (De Vos, Strydom, Fouche, & Delport, 2005) whilst identifying the many ways in which reality is constructed through language in its various social contexts (Willig, 2008). From this perspective, a critical lens is placed on the ways in which the social and political constructions of reality impact on women's experiences and social practice (Willig, 2008). In this chapter I will outline the basic tenets of social constructionism, in particular the feminist social constructionist perspective.

2.2. Social constructionism

In this study, taken-for-granted concepts of mothering and the mother-daughter relationship and emotional distress will be investigated using a feminist social constructionist approach. Within social constructionism, the emphasis is on meaning, context and discourse (Mason, 2002). According to Haré-Mustin (1994), the term 'discourse' refers to a "system of statements, practices, and institutional structures that share common values" (p. 19). Dominant discourses both create and are reproduced by social interaction, and as they become common, they become invisible, at the same time as continuing to exert an influential impact on attitudes and behaviours (Haré-Mustin, 1994).

The social constructionist epistemological framework requires an alternative approach to psychological research, one in which the objective of the inquiry is not 'truth' in the conventional, positivist sense (Durrheim, 1997). Rather, the emphasis is on the deconstruction of uncritically established ideas existing in particular cultural and historical contexts (Willig,

2001). According to Georgaca (2013), the aim of social constructionism is to challenge commonly accepted phenomena that have attained a taken-for-granted character by emphasising the practices through which these are socially established. Research from a social constructionist perspective is concerned with the notion that human phenomena and perceptions are constituted ideologically, discursively and historically (Burr, 2003; Willig, 2008).

Through this lens, the human social world is a part of as well as a creation of language mediated by historical, political, cultural and ideological contexts (Burr, 2003). The notion of an objective 'truth' or 'knowledge' is repudiated, resulting in the view that the world is comprised of multiple 'knowledges' (Willig, 2008). Social constructionism draws attention to the sociopolitical inequalities created and sustained through language (Willig, 2008). Within the realm of emotional distress and wellbeing, the classification and diagnosis of psychopathology is treated as a topic of inquiry with the aim of examining how these methods of knowledge and practice have come to be as they are and the impact they have for mental health practices and for women experiencing emotional distress (Georgaca, 2013). Gergen (1985, pp. 266- 268) marks out four universal characteristics of social constructionism. These are noted as the following:

2.2.1. A critical stance toward taken-for-granted knowledge

The social constructionist approach places a critical lens on the taken-for-granted understandings of the world. This perspective demands that we challenge the idea that 'conventional knowledge' is based upon objective, unbiased observations of the world. From this perspective, the validity of categories created and sustained in the social world and the meanings imposed on social behavior are fundamentally challenged.

2.2.2. Historical and cultural specificity

Social constructionism acknowledges the impact of historical and cultural factors on the ways that we understand the world. All social constructionist understandings and perceptions of social phenomena are relative, bound by the specificity of time, culture and place. In this way, meanings are thought to be relative to the contexts within which they are constructed and cannot be permanently and universally applied to the understanding of human nature. Gergen (2008) promulgates the notion that all ways of understanding are thus historically and culturally mediated. They constitute and are constituted by culture and history and are dependent on "particular social and cultural arrangements prevailing in the culture at the time" (Gergen, 1985, p. 4). Social constructionism thus draws attention to the ways in which social norms and behavior are located in contexts and are, as such, specific to place, time and space.

2.2.3. Knowledge is sustained by social processes

Social constructionism posits that people's knowledge of the world is constructed in human interactions. The way we understand 'reality' is not considered an objective truth but rather a product of "social processes and interactions in which people are constantly engaged with each other" (Gergen, 1985, p. 5). Social constructionism argues that people are born into a world with pre-existing social categories and terminology used to describe and understand their experiences. As a result, these existing categories are not necessarily appropriate and tend to have prescriptive rather than descriptive consequences on human thought, speech, and behaviour.

2.2.4. Knowledge and social action go together

Meanings are socially negotiated and created, and can be multiplicitous, depending on contextual circumstances. Social constructions that are expressed through language are performative and have political implications, serving to sanction people from accessing resources (Gergen, 1985). This implies that the production of all knowledge and social action is seen to be in the interest of some groups and not others, and therefore can serve to oppress or empower

in aid of the dominant group's political agenda (Burr, 2003). In terms of the application of this approach in the current research, social constructionists will challenge the traditional conceptualisation of women's distress as arising from endogenous pathology. Rather, social constructionists focus on the relational and contextual factors that may have an impact on women's emotional distress.

For the purposes of this thesis, I investigate the ways in which 'depression' emerges through the interplay between unconscious processes, women's interpersonal interactions and contextual factors such as material circumstances and dominant sociocultural ideologies evident within women's lives (Burr, 2003). Explanations of women's experiences are therefore understood as products of the "dynamics of social interaction" (Burr, 2003, p. 9). Thus the emphasis is placed rather on social processes (that is, in this instance, how knowledge about and experience of depression are *done* together) and their negotiated fluidity. The implication of this is that an experience, such as depression, is not seen as something which a woman has or doesn't have, but rather as something that is created in relation to the broader context(s) in which she is located (Burr, 2003).

2.3. Feminism

Whilst there are several versions of feminist research, I will be adopting a feminist social constructionist lens for the purposes of this thesis. Feminism can be defined in many ways, but for the purposes of this thesis, feminism can generally be conceptualised 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 organisation of the social world. Feminists argue that in most known societies this structure has granted women lower social 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 organised 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, 1994, p. 94).

Within this section, I discuss the feminist social constructionist angle I adopt for the purposes of this study, whilst incorporating this with the social constructionist approaches that I use to understand and explore the findings within the data.

2.4. Feminist social constructionism

Feminist social constructionism places an emphasis on the role of language in the "discursive production of power, femininity and psychopathology" (Cosgrove, 2000, p. 247). Given that a complex relationship between gender and emotional distress exists, a sufficiently robust and inclusive research design is required in order to explore the nuances of women's experiences in relation to their depression. Feminist social constructionism is deemed an appropriate epistemological framework as both the social constructionist and feminist approach are incisive in their ability to provide an "epistemological framework robust enough to interrogate the ways in which gender is both *constituted by and constitutes* contemporary meanings of emotional distress" (Cosgrove, 2000, p. 249).

The aim of this approach to research is to facilitate the telling of different stories that will contribute towards a more insightful, person-centred understanding of women's distress without essentialising or universalising those experiences or resorting to dualistic thinking (Cosgrove, 2000). A gendered lens on women's experiences of depression is relevant as women have been historically portrayed as suffering from "particular manifestations of madness, classified and reified as 'female disorders' within our psychiatric discourse" (Ussher, 1991, p. 165). This means that certain kinds of pathology, such as depression, have been labelled as common afflictions of women and that the behaviour associated with femininity is

more likely to be constructed as more pathological than those characteristic of masculinity. The androcentric bias of mainstream psychology has meant that masculinity has been constructed as the norm, with 'feminine' attributes being 'othered', perceived as pathology or subjugated by the dominant masculine gaze (Finchilescu, 1995). This portrayal of depression as a predominantly female malady has the effect of reifying the concept of depression as a biological, universalised female disorder, perpetuating the diagnosis of women as depressed. As Lafrance and McKenzie-Mohr (2013) so aptly put it: "The effect is to put words in our mouths such that professional terms (e.g. depression) infiltrate our language, consciousness, and experience in ways that are then taken for granted as 'simply the way things are'" (p. 120).

Feminist social constructionism is pivotal in challenging the dominant discourses of depression whilst facilitating a better understanding of women's points of view. This has important implications for research into women's distress if it is to facilitate their empowerment (Lafrance & McKenzie-Mohr, 2013). This theoretical orientation is therefore appropriate to the purposes of this research, as this study aims to explore (and give voice to and validate) women's experiences of their relationships with their mothers as they are embedded within their sociocultural, economic and political contexts.

2.5. Conclusion

The feminist social constructionist approach applied to this research provides an important critical lens through which to view taken-for-granted notions of gender and depression. It puts an emphasis on the ways in which the social world is created and perpetuated through language and impacts both on behaviour and our ideas about mental illness. This approach allows for the creation of alternative constructions of women's experiences from their points of view (Ussher, 2010). The relevance of a position that acknowledges the material, social,

cultural, historical and discursive reality of women's lived experiences from an inductive empathic perspective is essential to understand and "theorise the relationship among power, meaning, and gender" (Cosgrove, 2000, p. 250).

CHAPTER THREE: LITERATURE REVIEW

3.1. Introduction

The current social constructionist study is concerned with investigating how low-income, emotionally distressed mothers construct their relationship with their mothers in relation to the development and experience of their own emotional distress. The goal of this study is to present a nuanced understanding of mothers' emotional distress in relation to their relationship with their mothers. This entails examining their current and historical constructions of emotional distress (more generally termed as "depression"), as well as discussing the ways in which mothers and women have been constructed in terms of their experience of emotional distress, both locally and globally.

In order to provide some context for the current study, this chapter reviews three sets of literature. First, a social constructionist perspective on women and emotional distress is discussed, followed by a summary of theories on the mother-daughter relationship. This is then accompanied by a discussion of the empirical literature regarding the mother-daughter relationship and women's emotional distress.

3.2. A social constructionist perspective on women's emotional distress

Globally, depression is a Western construct found to be the foremost cause of women's disability (WHO, 2012). Social constructionists are critical of the widespread diagnosis of depression as it is specifically only in Western cultures that specific forms of emotional distress have become labelled and diagnosed as pathological (Stoppard, 2010). The dominant view in Western psychiatry promotes essentialist notions of mental illness that construct depression "as a real entity that exists independent of perception, language or culture" (Ussher, 2010, p. 11). The biomedical construction of depression has been critiqued for reducing and reifying a

"whole continuum of mild to severe misery to a unitary psychiatric disorder" (Littlewood & Lipsedge, as cited in Ussher, 2010, p. 11), raising questions about the higher reported incidence of depression amongst women.

Feminist social constructionists have argued that the dominant construction of "mental illness" such as "depression" is a product of the gendered practice of professional psychiatry whose objective it is to control women through constructing their experience of distress as a congenital disease (Ussher, 2010). Professional psychiatry has been criticised for its tendency to promote a "gender-biased practice that pathologises femininity" (Ussher, 2010, p. 14). This is argued to be the case as psychiatric constructs are replete with male-biased assumptions of what comprises healthy psychological functioning and adjustment (Stoppard, 2010). In this regard, the discursive construction of women's unhappiness as "depression" plays a substantial role in perpetuating the notion that their emotional distress is an illness (Ussher, 2010). Western psychiatry plays a significant role in creating and supporting the legitimacy of depression as a reified, biomedical construct (McPherson & Armstrong, 2006), the influence of which has far-reaching negative social implications in terms of its perpetuation of stigma and marginalisation of those classified as "depressed" (Lafrance & Mckenzie-Mohr, 2013).

From a social constructionist perspective, the diagnosis and classification of women's emotional distress as "depression" carries with it political and social implications for women and mothers experiencing emotional distress (Jack, 1991; Jack & Ali, 2010). This is also the case for those in positions of political advantage whose political and economic agendas might be served by essentialising and pathologising women's experiences from a biomedical perspective (Gilligan, 2012; Jack & Ali, 2010). The importance of viewing such categorisations of taken-for-granted notions of essentialist, decontextualised pathology is paramount to uncovering possible forms of unjust oppression that follow from the effects of Western psychiatry (Gilligan, 2012; Ussher, 2010).

3.3. Theories on motherhood

Feminist theorists contend that motherhood is a social practice that has been imbued with deep ideological meaning and cultural importance (Franzblau, 1999; Kruger, 2006; Woollett & Boyle, 2000). It is described as a "culturally mediated experience that is profoundly shaped by culture and society" (Kruger, 2006, p. 183), implying that the experience is culturally relative and formed in response to the social, cultural and economic context in which it is located (Kruger, 2006).

The traditional Western view on mothering that influences South African prescriptions and descriptions of normal and good mothering was originally articulated by psychoanalysts such as Klein, Winnicott, and Bowlby who fostered the idea that mother-child relations are fixed, determined early in life and produce emotionally adjusted or maladjusted children (Bernstein, 2004). In this regard, a child's attachment to her mother was seen as an instinctual behaviour system predicated on the drive for survival where the child's relationship to their mother was regarded as pivotal in facilitating the child's healthy psychological development, allowing them to view and understand themselves and their social worlds in important ways (Greenberg & Mitchell, 1983). According to this theory, confidence in the availability of attachment figures underlies emotional stability, with attachment being seen as the basis for all psychopathology. All emotional struggles and difficulties are believed to be caused by disruptions in the early attachment to the mother and later objects of attachment: "Whether a child or adult is in a state of security, anxiety or distress is determined in large part by the accessibility and responsiveness of his principal attachment figure" (Greenberg & Mitchell, 1983, p. 23).

According to these theorists, mothers were therefore seen as critical to the psychological wellbeing of a child (Phoenix & Seu, 2013). Moreover, "good" mothers were expected to

find fulfillment and satisfaction in the role of being the "ever bountiful, ever giving, self-sacrificing mother" (Bassin, Honey, & Kaplan, 1994, p. 2). These constructs of idealised motherhood or the "good mother" prescribed what is viewed as acceptable behaviour for a woman or mother in order to produce healthy offspring (Kruger, 2006) and became the stereotype against which women and society measured women's competence and value (Phoenix & Seu, 2013).

In South Africa, hegemonic views on mothering tend to promote a 'blame the mother' approach in its understanding of the development of child psychopathology (Macleod, 2001). These dominant notions of motherhood are cited as having a huge impact on women's experience of motherhood, contributing to making it an intensely stressful experience for many women (Kruger, 2006).

Cross-cultural studies indicate the ideologies of reproduction circumscribe normative notions of 'woman' in terms of 'mother' in ways which control women's lives – both those who are mothers and those who are not (Woollett, 2000). Motherhood is constituted as compulsory, normal and natural for women and it is regulated through oppositions in which the "warm, caring and 'good' mother is contrasted with 'bad' mothers, selfish, childless and career women, and empty and deficient infertile women" (Woollett, 2000, p. 309). Motherhood is described as normal and natural for women who meet certain ideals such as being married, heterosexual, of the "right" age and socioeconomic status (Woollett, 2000). These normalised, naturalised and moralistic notions of motherhood are reported to have a powerful restrictive and prescriptive effect on women's experience of motherhood (Kruger, 2006), as women who do not meet the criteria of 'normal motherhood' are marginalised and seen as deviant (Macleod, 2004b). Feminist research thus aims to investigate the status quo of marginalised mothers to question women's identities and lives are constructed in terms of compulsory and normalized motherhood and the ways in which their parenting is problematised in terms of individual deviance (Franzblau, 1999; Kruger, 2006).

3.4. The mother-daughter relationship

Historically the mother-child relationship has been valorised, essentialised and seen as pivotal to early childhood development, whilst a problematic maternal relationship has been constructed as the cause of children's emotional distress (Bowlby, 1980; Fonagy, 2003; Stern, 1985). Similarly, some feminist authors have proposed that the archetype of the human relationship is the mother-child relationship (Chodorow, 1989). Some feminists have claimed that a woman's relationship with her mother provides the "foundation of the core self-structure" which forms the basis for women's relationships with others later in life (Surrey, 1987, p. 3). Chodorow's (1989) seminal work on motherhood suggests that mother-daughter relationship dynamics are also found to carry forward to the next generation, as a mother's relationship with her child is strongly influenced by her subjective experience of her relationship with her own mother. As such, the mother-daughter relationship is regarded as instrumental in shaping women's general mental health (Charles, Frank, Jacobson, & Grossman, 2001; Dahl, 1995; Pound & Abel, 1996). While the mother-daughter relationship is sometimes spoken about as being pivotal and idealised, the relationship and its potential impact has also been described as complex (Shrier, Tompsett, & Shrier, 2004).

Whilst some theorists have promoted the notion that the formative influence of the mother-daughter relationship has largely been viewed to take place during the course of a woman's early years (childhood, adolescence, and young adulthood) and thereafter to remain static (Mahler, Pine, & Bergman, 1975), feminist authors such as Bernstein (2004) and Van Mensverhulst (1993) have written about the evolving and fluid nature of daughters' constructions of their relationship with their mothers (Phoenix & Seu, 2013). Current research indicates that the relational construction and negotiation of separation and identification between mother and daughter is seen as lifelong and fluid, rather than fixed and time-bound (Phoenix & Seu, 2013). This dynamic is also influenced by sociocultural and structural contexts that impact on

interpersonal relationships (Bernstein, 2004). An adequate account of the mother-daughter relationship therefore requires the acknowledgement of the impact of contextual factors on women's experience of relationships.

3.5. Empirical literature on the mother-daughter relationship and women's emotional distress

There is considerable debate regarding the extent to which maternal-child relationships contribute to the pathogenesis of psychopathology in children. A large body of literature cites problematic mothering as the cause of emotional distress in children (see for instance, Bowlby, 1980). Findings by Klein et al. (2009) indicate an association between early childhood adversity and the increased incidence of chronic depression. Authoritarian mothering, overly intrusive mothering, and relationally distant mothers were constructed as the cause of their children's psychological distress, including autism and schizophrenia (Neill, 1990), depression (Bowlby, 1980; Ensminger, Hanson, Riley, & Juon, 2003; Flax, 1993; Fonagy, 2003; Groh, 2007; Gustafson, 2006), suicidal behaviour, and substance abuse (Ensminger et al., 2003).

A mother's ability to relate empathically and appropriately to her child is found to have far-reaching consequences for her child's mental health (Phoenix & Seu, 2013). A significant body of research indicates the association between the caregiver-child relationship and later mental health outcomes (Bowlby, 2005; Cooper et al., 2009; Fonagy, 2003; Mahler et al., 1975; Stern, 1985; Watson, Potts, Hardcastle, Forehand, & Compas, 2012).

Early parental influences found to contribute towards women's emotional distress include problematic parenting such as neglect, inattentiveness, hostility, maternal overcontrol and physical and sexual abuse (LeMoult, Castonguay, Joorman, & McAleavey, 2013). Findings indicate that childhood adversity of this nature is associated with a high level of chronic distress that is less responsive to pharmacotherapy (Klein et al., 2009). Similarly, insecure parent-child attachment and the loss of a parent to medical illness, depression or death,

have been found to be associated with children's emotional distress (Goodman & Brand, 2009; Hammen, 2009; Hummel & Kiel, 2014).

Interpersonal stressors such as maternal rejection, isolation, humiliation and loss all play a central role in contributing towards emotional distress (LeMoult, Castonguay, Joorman, & McAleavey, 2013; Monroe, Slavich, & Georgiades, 2009). Furthermore, cross-cultural studies indicate that children who are physically and emotionally abused by their mothers are also found to experience the high levels of emotional suppression or self-silencing that is linked with depression (Jack, 1991; Jack & Ali, 2010).

Whilst some have contended that mothering can be pathogenic to a female child's development, attention has also been drawn to the importance of later experiences that facilitate shifts in women's identities through influencing the ways in which women construct meaning from previous experiences (Thomson & Downe, as cited in Phoenix & Seu, 2013).

It has also been suggested that a variety of factors may influence parent-child relationships, such as parents' own infantile and adult relational experiences, (LeMoult et al., 2013), and environmental stressors such as economic and social circumstances (Fonagy, 2003; Tomlinson, Cooper, & Murray, 2005).

3.6. Conclusion

The Western conceptualization of depression has been problematised by feminist social constructionists for being gender biased, essentialist and decontextualised.

The practice of motherhood, whilst being culturally mediated and relative to the social, cultural and economic context in which it is located, has been heavily influenced by dominant theories promoted by Bowlby, Winnicott and Kohut, whose theories have served to produce

ideals of the indefatigable, self-sacrificing "good mother" that are not necessarily appropriate to the diversity of mothering contexts in South Africa.

Concerning the link between depression or emotional distress and depressogenic mothering within the mother-daughter relationship, global empirical findings point to a link between a woman's experience of being mothered and the pathogenesis of her own depression. Later experiences influence how women construct their mother-daughter relationship, thereby possibly serving to reduce their experience of emotional distress in this regard.

The impact of contextual social adversity has also been found to contribute to women's depression, thus drawing attention to the importance of considering the depressogenic impact of the broader environment on women in contexts of social, economic and political hardship.

CHAPTER FOUR: METHODOLOGY

4.1. Introduction

Informed by feminist social constructionism, this research was founded on a qualitative paradigm from which I aimed to glean thick descriptions of women's constructions of their relationships with their mothers and their own experience of emotional distress. In this chapter I share the practical steps I took to investigate these phenomena within each stage of the research project. First, I provide an overview of the research design, participant selection and recruitment procedures, as well as the measures utilised for the purposes of this research. Next the data collection procedures are discussed. Data management and data analysis is dealt with after this, before a consideration of the ethical requirements and implications of a research project of this nature. Finally, I conclude with an exploration of the processes of validation that I embarked on. Consistent with a social constructionist paradigm I also reflect on how my own subjectivity as a researcher shaped both the process and the results of this research.

4.2. Research design

The current study is part of a longitudinal qualitative undertaking entitled the Women's Mental Health Research Project (WMHRP), which has been operational for the past thirteen years. This research is situated within a social constructionist theoretical paradigm. A qualitative, social constructionist project of this nature facilitates the generation of rich data through its open and inductive approach. A qualitative, social constructionist research method was chosen as it enables the researcher to generate theory and interventions that may contribute towards social change (Denzin & Lincoln, 2003; Murray & Chamberlain as cited in De Villiers, 2011), which is one of the ultimate aims of this study.

4.2.1. Participants

Ten adult women diagnosed with Major Depressive Disorder (MDD) by a healthcare professional from the outpatient facility of a clinic in a low-income coloured peri-urban community in the Western Cape were recruited and interviewed during 2011 and 2013 (see Table 4.1 for demographic details). The women research participants in this study were recruited by means of convenience sampling at a local primary healthcare clinic near Stellenbosch, Western Cape. Terre Blanche, Durrheim, & Painter (2006) describe convenience sampling as a method of obtaining an appropriate and available sample relative to the research goals, irrespective of whether the sample is representative of the broader population. Utilising this approach during the recruitment process, my research colleague and I explained the research project to prospective participants and asked them for their consent to participate in the study (see Addendum C details of the informed consent procedure). The following inclusion criteria were used in the recruitment of participants:

Sex: Participants were exclusively female, and were mothers themselves.

Age: Women over the age of eighteen years were included in the study.

Socio-economic status: For the purposes of this research, only women who were located within Group One to Group Five on the Living Standards Measure (LSM) (South African Advertising Foundation [SAARF], 2002) were included in the study. This grouping refers to those who are categorised as low-income earners (they all earned less than R70 000 per annum) or unemployed (SAARF, 2002). In this study, the inclusion of participants who engage in seasonal work means that their monthly income appears to exceed this stated amount. However, as in the cases of Patsy and Dezi, the seasonal nature of their work means that their income varies from month to month, placing them within the constraints of the LSM Groups One and Five.

Psychiatric diagnosis: Only women diagnosed with MDD by a mental health or healthcare worker were included as participants.

Treatment: Individuals who were currently receiving treatment, individuals who had already received treatment, as well as individuals who had never received treatment, were included in the study.

Exclusion criteria entail the following:

Psychiatric diagnosis: Women diagnosed with psychotic disorders were excluded from this study.

4.2.1.1. Case studies

In this section, I present a description of some of the contextual factors that impacted on the participants' emotional wellbeing in the form of brief case studies.

Patsy

Patsy is a 36-year-old mother of one child. She is married and lives with her husband and child. She is employed full time. She relates that she was first diagnosed with depression after her baby was stillborn. She feels that she is depressed because she feels guilty about her baby's death. She did not want the baby and feels like her negative feelings towards the baby caused its death. Patsy felt like a 'bad mother' for 'killing' her baby. The loss of her baby impacted her relationship with her spouse; he made her feel ashamed and guilty because their baby was stillborn.

Patsy relates that she did not have a "real" mother-daughter relationship. Her mother was very strict with her: she could not speak openly with her and received many hidings from

her mother. She often felt guilty and ashamed for not being a "good enough" daughter. She seemed to blame herself for causing harm to others or creating negative events in her life.

Journal entry 2 July 2013

Patsy appears to have endured a very tumultuous relationship with her mother for most of her life, which seems to be very stressful for her. It seems difficult for her to recount her experiences as a child. What is most notable is her intense feelings of guilt as a result of the death of her baby. She seems to blame herself excessively for her and her family's suffering.

Vané

Vané is a 41-year-old married mother of three children. One of her children has cerebral palsy. Vané is currently unemployed and her husband is the sole breadwinner for the family. Similar to many participants in this study, Vané lives in a shack with her husband and children on the same property as her mother.

Vané constructs her mother as being immoral and without values; as someone who did not teach her children how to be moral and good. Vané's narrative detailed her mother as someone who targeted her for the most punishment in the household, especially when her mother was drunk.

Vané relates how her mother made her very unhappy, ashamed and scared. She was unable to speak to her mother openly about her feelings. Now, Vané looks after her convalescing mother by cleaning for her and taking her to the hospital. She is resentful of and burdened by her mother. She is adamant not to repeat the poor mother-child relationship that she has with her own mother, with her own children.

Journal entry 2 July 2013

I am aware of Vané's pain at having a highly authoritarian mother – one who abused alcohol and physically abused her. I am aware of the psychological bruising that this seems to have caused Vané. I notice Vané's body language as she speaks about her "mammie". She folds her arms and clams up. She looks threatened when asked to speak about her. Vané seems much more comfortable talking about her children, and speaks more freely about them. Is it cultural sanctioning which deters Vané from speaking about her mother more? Or does the topic evoke such painful memories that she avoids or denies their expression? I am wondering if this avoidance or denial contributes towards her depression. I also wonder if the treatment from her mother contributes towards her feeling of inadequacy, resulting in her becoming depressed when these feelings are triggered.

I also wonder about the conscious and unconscious impact of constantly sharing a household with a mother who abused her. Many of the women in this study share a household with their mothers, mostly due to financial constraints. I wonder if this sharing of such close quarters with their mothers sometimes contributes towards the women's sense of frustration and whether it is sometimes a helpful form of support to have mother living so close by.

Cathy

Cathy is a 49-year-old married mother. She lives in a small cottage with her husband, two children and grandchild. Her cottage is on the same property as her mother's. Cathy works as a part-time domestic worker. Her husband is 20 years her senior, has Alzheimer's disease and is unemployed. Cathy's mother is now retired but worked as a domestic worker in the past.

Cathy relates that her mother argues with her when she is at home because of her sleeping patterns. She feels anxious when she is at home and she uses this anxious energy to clean the house. She says that her mother describes her as someone with "a lot of energy", but is also aware of her depression.

Cathy describes her relationship with her mother as open and as one where they speak extensively about their feelings. They provide mutual support for each other, confiding in each other over many personal things. Cathy describes her relationship with her mother as one that does not contribute towards her depression.

Cathy relates that she is a person who expresses her feelings openly to her mother now but as an adolescent her relationship with her mother was quite different: she had to hide her feelings. She describes her adolescent self as "depressed" and that her depression affected her role as a daughter deleteriously. She felt like her depression impacted her mother very negatively though she relates that her mother did not speak about her depression when she was an adolescent.

Journal entry 3 July 2013

It becomes evident quite early on in the interview with Cathy that she seems to say what is socially acceptable instead of being honest with herself. I wondered about the extent to which she spoke about her real feelings in the interview, or whether most of her true self was suppressed. This became evident especially where she mentioned it was disrespectful ("onbeskof") to speak her mind to her mother, which impacted on her relationship with her mother during adolescence. I wondered about the extent to which this interactional style continued in her current interpersonal relationships.

Cathy described her mother as being very strict with her while she was growing up. It wasn't clear whether this strictness was merely authoritative or more authoritarian.

Cathy described her relationships with others as "good". This idea was followed by her expression that she keeps her depressive feelings inside, indicating that she links the ability to establish positive relationships with her ability to hide her genuine feelings sometimes.

Cathy speaks of her relationship with her daughter as open and trusting. When she relates her stories about her daughter (through observing Cathy's body language and voice tone), it seems to me as though she resolves her relationship with her mother in her interactions with her child and finds relief in this way. For example, in the instance where Cathy's daughter tells her that she "feels better" it is not just her daughter who feels better, but the childhood Cathy, too.

Corrie

Corrie is a 64-year-old married mother of five children. Her husband is ailing and she is his nurse – an experience which she describes as a burden and very stressful. Corrie's daughter is schizophrenic and her granddaughter committed suicide two years ago. Her son is an alcoholic.

Corrie describes the responsibility for child rearing as being entirely on her shoulders. The lack of emotional and practical support from her husband in this regard made her feel unloved, uncared for and insignificant. She described her relationship as "married but divorced". Learning more about Corrie, these feelings of emotional distance and lack of support were also experienced in her relationship with her mother.

Corrie was abandoned as a young girl. She was left with a foster mother while her biological mother left to live a different life with another family in another town. Corrie spoke about getting to know her biological mother when she was in her thirties.

Corrie's biological father also seemed disinterested in cultivating a relationship with Corrie as she described him as someone who abandoned her and her mother before she was born.

Journal entry 3 July 2013

I wondered about how Corrie's experience of being abandoned by her mother and only getting to know her when she was an adult impacted her self-concept and her concept of relationships. I also wondered how Corrie's experience of her father deserting her and her mother made her feel about herself and those around her. Surely it must impact her ability to trust others fully? I sometimes felt that Corrie seemed to give socially acceptable answers regarding her role as a mother and regarding her relationship with her children and mother.

Sterretjie

Sterretjie is a 54-year-old married mother of four children. She describes her relationship with her mother as currently supportive whilst her relationship with her father was abusive: she received many beatings from her father as a child and adolescent. She describes her relationship with her husband as abusive. One of her sons has a drug problem, and another was involved in a gang murder. Sterretjie's third son has been diagnosed with HIV and it is possible that her only grandchild is HIV-positive as well. In addition to this, as a minimum wage earner, she has weighty financial problems: the burden of the household is entirely on her shoulders. Her most important source of social support, her best friend, had passed away recently.

Journal entry 4 July 2013

I am struck by the enormity of stressors in Sterretjie's life. It seems her social world is fraught with pain and heartache in so many ways and it is understandable to me how she would feel depressed, given the sorts of challenges that she has to deal with on a daily basis, and with little social or financial support.

Dabbie

Dabbie is a 35-year-old single mother of one child. At the time of the interview she was unemployed and was finding her socioeconomic situation hopeless. She lives with her mother

and child and they all share a bedroom. She feels guilty for being dependent on her retired mother for financial support for her and her daughter.

Dabbie describes her mother as very distant and non-communicative; someone who is uncomfortable with emotions. Her mother has always been "unapproachable" and withdraws when confronted with difficult situations. She describes her father who passed away five years ago as an important figure in her life: a "pillar of strength".

Dabbie relates that she feels heart sore most of the time, and she lacks self-confidence. She regrets not studying further because she feels that she would have had more employment opportunities if she had. The loss of her important role model in her father is also very difficult for her and contributes to her feelings of hopelessness.

Journal entry 4 July 2013

Dabbie seems to find her socio-economic situation hugely distressing. It is very difficult for her to live in a situation where she has no independence or privacy because of her financial constraints. I feel her frustration and sense of entrapment in response to the multilayered levels of restraint and burden evident in her life.

Liza

Liza is a 22-year-old single mother of a 9-month-old baby. She attempted suicide after her boyfriend (who is also the father of her son) broke up with her six months ago. She was in a relationship with him for four years before he cheated on her.

Liza describes her relationship with her mother as distant and cold before she had her baby. Her mother was an important form of social support when she was pregnant and post-partum. She describes her relationship with her mother as communicative and empathetic now.

Liza describes her mother as an inspiration to her and the fact that she had a baby has brought them much closer.

Liza was raised by her grandmother as her mother worked full-time. As a result, during her early years, she did not have a relationship with her mother. She felt that her mother did not care about her and did not worry about where she was or what she did. She felt very angry with her mother because she felt forgotten about. She also felt that her parents wanted her to be someone different than who she was: she had to conform to their ideals of what a "good daughter" was. She felt like she is her own person, has her own life, but they want to control her nonetheless- thus restricting her self-expression.

Journal entry 5 July 2013

It seems as though Liza has an open, communicative relationship with her mother now, she feels an enduring sense of hopelessness regarding her future since her boyfriend cheated on her and abandoned her with their son. She feels like a failure for not securing the attention and affection of her child's father. Liza is very hard on herself and suffers from feelings of inadequacy in many facets of her life, which must be very difficult to live with.

Candice

Candice is a 49-year-old married mother of four. She lives on the same property as her children and has two grandchildren who live with her. At the time of the interview she had been married for two years. She tells the interviewer how her first boyfriend stabbed her and recounts how her mother died in her arms. One of her children is diagnosed with an autism spectrum disorder, which is a result of medication that she was taking during her pregnancy with him. She relates that she unsuccessfully tried to self-abort her baby because she was

ashamed of being pregnant, and she was especially concerned about how her parents would react to her pregnancy.

Journal entry 5 July 2013

Candice speaks about her relationship with her mother in idealised terms: very close and special. Her mother taught her traditionally female gendered behaviour: to cook, sew and make bread. She cherished those memories; the relationship with her mother meant so much to her. It seems like she honours her mother for showing her how to be "good woman" who does womanly, domesticated things. Sometimes I feel like Candice might be romanticizing her mother since her death. But her construction of her in such a positive light and her relation of her as such a supportive figure in her childrearing and in her depression indicates a mother who was very caring and concerned for her daughter. It seems to me that for Candice, her mother played a protective, supportive role in her life. Candice's emotional distress seems more likely to be due to the hopelessness of her social situation: She has to work very long hours in a dangerous manufacturing plant for very little remuneration. She also has to deal with the violence and unpredictability of her alcoholic brother.

Dezi

Dezi is a 36-year-old single mom of one young child. She is employed full time and lives on the same property as her mother. Her first diagnosis of depression followed the death of her son who was killed by a motorcar at the age of five. Dezi shares with the interviewer that changes in her circumstances and instability in her life trigger her emotional distress. Her main source of stress is her panic about economic security: she is a domestic worker and the sole financial provider for her household and so feels enormous pressure to provide for her daughter.

Dezi relates that her relationship with her mother is "not good"; it was better when she was a child. Dezi feels that her mother is controlling, doesn't encourage her to be independent and make decisions on her own. She feels that her mother has not met her needs for love and affection and that she was not allowed to develop her own personality. Dezi's mother is unsupportive and makes her depression more difficult to deal with. Dezi's mother adds to the burden of her life by complaining and being negative when she needs support. In essence, she feels that her mother makes her life worse. She is very concerned about protecting her daughter from the "harmful" and "controlling" effects of her mother.

Journal entry 5 July 2013

Dezi seems very distressed by her relationship with her mother. She feels unloved, unsupported, and controlled by her mother. It is very painful and difficult for Dezi to live with a mother who treats her in such a cold and unloving manner, and who adds to her psychological burden rather than helping to comfort her during times of extreme emotional and financial stress.

Lilo:

Lilo is a 34-year-old single mother of two children. She was diagnosed with depression three years ago. The father of her youngest child was stabbed to death by his stepfather when their baby was only 9 months old. At the time of the interview she was unemployed. She lives with her father, sister and her two children. Similar to many of the women in this study, she shares a room with both of her children and relies on governmental child grant subsidies to raise her children.

During this time, Lilo was dealing with her mother's death. The loss of her mother was hugely traumatic for her and seemed to elicit a lot of regret and guilt in her. She felt that she

had not done enough or been a "good enough daughter" to her mother while she was ailing. Lilo felt like a failure for not helping her mother more. Lilo feels that she has a bleak future because she wasn't able to study further once she matriculated because she was pregnant with her first child. She attempted suicide when she found out that she was pregnant. Now she has two children and feels that it is very difficult for her to create a career as a single mother without a tertiary education. Lilo describes her father as very supportive and caring towards her and her children.

Journal entry 5 July 2013

What is immediately evident to me in Lilo's interview is that she is very hard on herself and feels a tremendous amount of guilt for not being "good enough" for her parents, and specifically her mother- even though her mother has passed away.

Lilo fell pregnant in her final year of schooling and blames herself for this and the impact it has had on her life and family. The extent to which she feels guilt and self-blame for this is evident in her suicide attempt when she found out that she was pregnant. It seems like Lilo lives with a huge burden of guilt and shame from her past and viewing this in addition to the loss of her child's father (an important source of love and support) and her mother – it is understandable that she feels hopeless, sad and disheartened.

Table 4.1.

Demographic Details of Research Participants

Name	Age	Level of education (Grade)	Household monthly income (SA Rands)	Number of children	Employment status	Relationship Status	Religious Affiliation	Years in the community
Vané	41	5	R1840	3	Unemployed	Married	Christian	41
Cathy	49	9	R4785	2	Full-time	Married	Christian	21
Patsy	36	12	R7500	2	Full-time	Married	Christian	36
Dabbie	35	12	R790	1	Unemployed	Single	Christian	12
Lilo	34	12	R980	2	Unemployed	Single	Christian	14
Liza	22	12	R790	1	Unemployed	Single	Christian	22
Corrie	64	8	R2520	5	Pensioner	Married	Christian	42
Sterretjie	54	6	R4260	4	Part-time	Married	Christian	50

Dezi	36	12	R15000	1	Full-time	Single	Christian	32
Can-dice	49	10	R2400	4	Unemployed	Married	Christian	49

4.2.2. Measures

Semi-structured, in-depth interviews were conducted. Such interviews facilitated the development of a nuanced understanding of the subject matter through the probing and elaboration of important themes in the data (Terre Blanche et al., 2006). An interview schedule, which can be found in Addendum B, provided guidelines for interviewers to address pertinent topics (Willig, 2008). The questions posed were constructed in order to prompt the research participant to provide a general, as well as an emotive account of their experience of the phenomena under investigation (Willig, 2008).

4.2.3. Data collection and procedure

In this study, the research participants were each interviewed once a duration of one hour by my research colleague, Marleen Lourens (a social worker registered with the South African Council for Social Service Professions) at a private venue in the community in which the research participants resided. The interviews were conducted in Afrikaans, which was the primary language of the participants. I did not conduct interviews during this study due to my first language being English and therefore my weakness in terms of Afrikaans communication with mother-tongue Afrikaans research participants posed a major concern. I am also not registered with the HPCSA, which was an ethical requirement for data collection in this study.

The interviews were video and audio recorded, and they were transcribed in full by the researchers or a professional transcriber. Informed consent was obtained prior to the commencement of data collection. An Afrikaans mother-tongue colleague in the department of Psychology at Stellenbosch University translated the transcribed data to English.

The participants in this study were remunerated for their participation in the study with R100 per research participant. Research participants, who were not in therapy at the time of the interview, and those who required therapy, were referred to a psychotherapist.

4.2.4. Data analysis

Two formal data analysis strategies were used in this study, namely a case study approach and social constructionist grounded theory. The key features and importance of a case study approach lies in its rich examination of a small sample of cases with particular attention paid to the context in which human behaviour takes place (Willig, 2008).

The objective of case study research is to make theoretical rather than empirical generalisations (Payne, Field, Rolls, Hawker, & Kerr, 2007; Willig, 2008). Theoretical generalisation is possible from the analysis of a single case study, with findings from which to be sufficiently substantial to contribute to scientific development (Ruddin, 2006). Willig and Stainton-Rogers (2008) have noted the appropriateness of the case study approach to the development of interpersonal process theory in context, which is necessary in a study concerned with constructions of the mother-daughter relationship.

Willig (2008) has acknowledged social constructionist grounded theory as an incisive tool to "map social processes and their consequences" and in the development of "new, contextualised theories" (p. 41). According to Charmaz (2006), the strength of grounded theory

lies in its "analytic power to theorize how meanings, actions and social structures are constructed" (p. 151). Cosgrove (2000) acknowledges the epistemological and methodological utility of grounded theory in contextualising women's experiences.

The social constructionist grounded theory approach attends to the "intrinsic relationship between subjectivity and objectivity in research" (Henwood & Pidgeon as cited in Cosgrove, 2000, p. 250). It avoids making claims to obtain absolute truth whilst providing a rigorous method in the analysis of emerging data (Charmaz, 2006). This approach to data analysis is appropriate to this study as it is aligned with the feminist social constructionist paradigm, which places importance on understanding the research participants' subjective experiences (Charmaz, 2006).

The value of feminist social constructionist grounded theory is its awareness that codes and categories are not objectively created but are actively constructed in the space between the researcher and the research material or participants (Charmaz, 2006). As such, "categories can never 'capture the essence' of a concept in its entirety" (Dey, as cited in Charmaz, 2006, p. 195). Thus, according to the principles of grounded theory, the researcher is seen as actively constructing a particular understanding of the phenomena under investigation (Willig, 2008). Consequently, the influences of the researcher and the researcher's ideological contexts make writing within the qualitative research paradigm a particularly nuanced endeavour (Halliday, 2007). Though the many strengths of social constructionist grounded theory are evident, it is important to note that this method tends to isolate data from the entire data set (Willig, 2008), thereby tending to create decontextualized simplifications of the research participants' constructions of their mother-daughter relationship with respect to their emotional distress. It felt as though I was reducing the complexity of the women's multilayered lives to isolated instances of narrative, and in the process, losing important parts of their story. I dealt with this by making case notes for each participant, and viewing my isolated codes within the broader context of

the research participants' lives. I then used these case notes to form the case study section within my findings chapter, in order to provide a more integrated and holistic conceptualisation of the women's constructions of their relationships with their mothers (De Villiers, 2011). This helped me to understand and conceptualise their constructions of their relationships with their mothers in a more nuanced and holistic way.

Following Charmaz (2006), I employed a cyclical approach to data collection and analysis within this study. This means that data were analysed and then validated or checked against further data from within the longitudinal WMHRP, and against the broader sphere of the existing body of literature. The data were then reanalysed in order to develop the most valid conclusions regarding women's constructions of their mother-daughter relationship in the context of their own depression. As this approach aimed to generate new theory, care was taken to avoid my exposure to literature that may have coloured my perspective on the data, and therefore a literature review was conducted subsequent to the analysis of data in this research study. The following steps were taken in the data analysis process:

4.2.4.1. Initial coding.

Firstly, data pertaining to the mother-daughter relationship were isolated from the main body of transcribed interview data. Then, these specific data were coded line-by-line. This stage of data analysis entailed remaining close to the data and being attuned to the ways in which women spoke about their relationships with their mothers, and the ways they perceived these relationships to impact on their sense of self, their subjective world view and their own experience of emotional distress and emotional wellbeing, whilst remaining open to all theoretical possibilities that emerged (Charmaz, 2006).

Furthermore, following Dunbar, Rodriguez, and Parker (2002), during the data analysis process I paid particular attention to the richness of the participants' non-verbal cues, facial

expressions, voice tones and body language and clarified local idiomatic expressions that I was unfamiliar with.

4.2.4.2. Focused coding.

The second stage of coding, known as focused coding, entailed the adoption of a selective and conceptual stance in relation to the data, once broad analytic directions had been established from the initial coding phase (Charmaz, 2006). Focused codes are more conceptual and selective than initial codes and are determined by assessing the importance and frequency of categories that arose during initial coding (Charmaz, 2006). The goal of this stage of coding was to determine the adequacy of focused codes (Charmaz, 2006). Larger segments of data were integrated by narrowing down the number of codes to fewer, more analytically sensible categories in order to achieve the most comprehensive, valid and insightful analysis possible (Charmaz, 2006).

4.2.4.3. Theory development.

Following Henwood and Pidgeon (2003) I adopted a position of "theoretical agnosticism" (p. 128) in my approach to data analysis. This step involved hypothesising about the possible relationships between the codes generated during the focused coding without input from literary or other sources, in order not to contaminate the data (Glaser, 1978, as cited in Charmaz, 2006). The objective was to integrate the codes in order to generate meaningful and relevant theory (Charmaz, 2006).

In order to do this, I asked questions about the context in which the categories I had chosen were entrenched, the ways in which the participants interwove the categories, and the consequences of the constructions of relationships between categories (Willig, 2008). The data analysis process was further enriched by consistent memo-writing. This is an important method

of capturing connections and comparisons, and synthesising ideas and possible directions to pursue during the data analysis phase (Charmaz, 2006).

Finally, a theoretical conceptual analysis of the data concluded the analysis process. This was an iterative process. I read the data and my emergent concepts multiple times and scrutinised the latter for their "power, purpose, and pattern" (Charmaz, 2006, p. 158). This conceptual analysis was then compared with and contrasted to the current literature in the area of depression and the mother-daughter relationship. This was done in order to develop an understanding of the data in relation to existing findings in the domain of women's depression (Charmaz, 2006). My aim within this study was to extend the general theoretical interpretations of the mother-daughter relationship in the context of women's constructions of their own depression.

4.2.5. Transcription and translation

The interview data were transcribed in full by the researchers using the transcription conventions set out by Jefferson (1985) (see Addendum D). The researchers translated the extracts of data presented in the findings from Afrikaans to English. As I am primarily English speaking, I enlisted the services of an Afrikaans mother-tongue colleague who is a student in psychology to validate my translations.

4.2.6. Data Management

For this research, I utilised the software programme, Atlas.ti version 7.2. to manage, code and display the data generated in this study. Data was stored in Atlas.ti in a password-protected account and hard copies of the data were stored in a locked cabinet to conserve the anonymity and confidentiality of the research participants within this study. The transcription conventions set out by Jefferson (1985) were utilised in the recording of the interview data.

4.3. Ethics

According to Cieurzo and Keitel (1998) various ethical dilemmas may emerge in qualitative research in following areas: recruiting participants, informed consent, confidentiality and anonymity, protection from harm, and interpretation and ownership. In the account that follows I discuss the ethical concerns related to these areas in this research study.

4.3.1. Recruiting participants and obtaining informed consent

For the purposes of this thesis and to ensure that the participants' dignity and autonomy were respected, all the participants in this study were requested to give informed consent (see Addendum C) prior to participation in this study. All details of the research project in terms of scope, purpose, procedural matters, sample selection criteria and recording of the discussions were communicated to the research participants prior to obtaining voluntary informed consent (Terre Blanche et al., 2006). Each research participant was given a copy of the informed consent form to keep. In accordance with ethical requirements, the participants were informed that they could withdraw from the research at any time without risking any form of discrimination or sanction as a result.

Following the recommendation of Terre Blanche et al. (2006), participants were given numerous opportunities during the course of the study to withdraw their participation should they be feeling uncomfortable with involving themselves further in the research. These opportunities were provided in the following instances:

a) During the explanation of the informed consent procedure at the beginning of the interviews;

b) During the course of the interviews at such times where the participants appeared distressed or spoke about distressing experiences during the course of the interviews.

4.3.2. Confidentiality and anonymity

Confidentiality and anonymity in this study was maintained by concealing the research participants' identities and replacing their names with pseudonyms (Terre Blanche et al., 2006). Any particular identifying features were also concealed or changed in order to protect the research participants' anonymity.

4.3.3. Protection from harm

The important ethical requisite of protecting research participants from harm and acting in a manner that enhances their wellbeing was a central concern in this study. Willig (2001) notes that through disclosure of their experience of emotional pain, research participants may risk being harmed through the process of psychological research. Participants' disclosure of personal information also often included sensitive and highly private material which required significant attention to ethical requirements, since the potential for participants to be harmed or humiliated during the course of this research increased considerably (Fontana & Frey, 2000). This risk was mitigated by ensuring that the interviewer was a registered social worker and registered clinical psychology student who was supervised by an experienced clinical psychologist.

Though the potential for harm to research participants in this study was a risk, concern for the participants' wellbeing was of the utmost importance at all times. It was always attempted to treat research participants with respect, fairness and sensitivity. It is hoped that this

research will be of social value and that the community in which this research was conducted will benefit from the findings in the form of improved mental healthcare service provision.

4.3.4. Interpretation and ownership

The ethical dilemmas of interpretation and ownership arose during this research undertaking, which is common for qualitative studies of this nature (Fontana & Frey, 2000). These concerns were addressed by in-depth interviewing implemented in this study with emphasis on understanding participants' subjective experiences, and I took care to include participant's own words in the development of my argument in this study. I paid attention to the role of my voice and subjectivity in the construction of these research findings (see section 4.5. for a detailed account).

4.4. Processes of validation

According to Willig (2008), validity can be defined as "the extent to which our research describes, measures or explains what it aims to describe, measure or explain" (p. 16). Processes of validation are based on ethics of caring, which necessitates giving careful consideration to a number of ethical considerations in the research process (Willig, 2008). They aim to ensure that during data collection and analysis, the research addresses the question we intended to answer (De Vos et al., 2005).

Processes of validation in qualitative research tend to differ from those of quantitative research in important ways. If a quantitative approach had been used, the focus would have been placed on ensuring that the criteria of generalisability and reliability were fulfilled, in the pursuit of generating 'truthful' results. However, the objective of the present study was not 'truth' but rather identifying constructions and underlying discourses and following the implications of these constructions (Willig, 2008).

Qualitative research seeks to be contextual and subjective (Whittemore, Chase, & Mandle, 2001) and since the strength of qualitative research lies in its ability to provide depth of information over breadth, this approach "attempts to learn subtle nuances of life experiences as opposed to aggregate evidence" (Ambert et al., as cited in Whittemore, Chase, & Mandle, 2001, p. 16). Validity in qualitative research is concerned with authenticity and should reflect fairness and balance (Willig, 2008). This was aspired to in this present study by deliberately listening closely to each research participant's voice and by trying to represent each participant's voice in a way that avoids marginalisation (Lincoln & Guba, 2000). This was challenging at times since some participants were naturally more expressive than others in this study, which resulted in some participants providing 'richer' material than others.

Qualitative research tends to work with a relatively small number of participants due to the labour-intensive and deeply nuanced nature of enquiry entailed in this kind of research. As a result, qualitative studies do not tend to be concerned with representative samples, as is the concern with quantitative research. Although some argue that the small sample sizes in qualitative research result in ungeneralisable findings, others have contended that if "a given experience is possible, it is also subject to universalization" (Willig, 2008, p. 181). That is, once a social phenomenon is identified and reported on in a thorough way through qualitative research, it becomes evident as part of the social framework of a cultural context. In this respect, Willig (2008) has asserted that if we assume that our participants' experiences are created at least by means of social interactions as part of a larger social network, the claim made by Kippax et al. that "each individual mode of appropriation of the social . . . is potentially generalizable" (as cited in Willig, 2008, p. 181) seems an important point to consider in this respect.

In terms of processes of validation in this qualitative study, Kvale's notion of "craftsmanship" (1995, as cited in Willig, 2008, p.56) was invoked. The craftsmanship approach to

validation emphasises the importance of rigorous quality control throughout the stages of knowledge production, rather than engaging in a merely critical examination of the end product (Willig, 2008). This entails continuous inspection, questioning and theoretical analysis of the research findings (Willig, 2008). Charmaz (2006) argues that grounded theory categories ought to provide a "useful conceptual rendering and ordering of the data" (p. 511) in order to be valid, while Denzin and Lincoln (1994) propose that valid qualitative research must broaden personal constructions of meaning as well as lead to the enhanced understanding of others' constructions.

An important aspect of promoting validity in this research was Professor Kruger's supervision of my findings that contributed towards triangulation and thereby promoted transferability and validity (Willig, 2008). Triangulation is a strategy that "reinforces coherence, the central objective being to validate results by means of a convergence of perspectives" (De Vos et al., 2005, p. 358). According to De Vos et al. (2005), one aspect of triangulation involves a process whereby different judges analyse the research data in the form of a peer review or critical analysis of the data, with the aim to ensure consensus regarding the credibility and coherency of the findings (De Vos et al., 2005). Another means of triangulation may entail data collection from different sources using different methods or utilising multiple data analytic techniques (Willig & Stainton-Rogers, 2008). I used case studies to augment and contextualise my social constructionist grounded theory codes, which helped to generate theoretical generalisations. This multiple analytic strategy served to enhance the validity of my analysis in that the conclusions I drew were generated from exploring the general categories that emerged from the codes generated from the social constructionist grounded theory analysis. Further conclusions were then drawn by focusing on the details of the individual participants' contexts to add depth and nuance to the findings.

In addition to triangulation, the use of accumulative techniques was employed within the longitudinal study. This refers to the practice of assessing the findings gathered by other researchers within the longitudinal study to understand the broader context and salient themes that have emerged. This is augmented by cross-referencing my findings with external findings in the field of women's depression, both locally and globally, in order to develop a nuanced understanding of the ways in which women's emotional distress is constructed (Willig, 2008). The aim of this form of cross-referencing is to check that a particular observation made in one context is integrated with the findings from a number of comparable studies, in order for broader conclusions to be reached (Willig, 2008).

Furthermore, validity in this study also depends on my integrity as a researcher and on the authenticity of the interview material (Stiles, 1993), which makes researcher reflexivity and the inclusion of extensive verbatim interview material essential. This aspect of the research is discussed in the next section.

4.5. Researcher reflexivity

According to Willig (2001), reflexivity is referred to as "awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining 'outside of' one's subject matter while conducting research" (p. 10). Two types of reflexivity have been identified as integral to this research process, namely personal reflexivity and epistemological reflexivity (the latter is discussed in Chapter Three). Richardson (1994) notes that in qualitative research, it is the researcher's subjectivity that provides the foundation for the research output. Qualitative writing is a "continual cocreation of self and social science" (Halliday, 2007, p. 119). Researcher reflexivity is therefore important in order to investigate how my own subjectivity impacted on my research findings, and the role it played in shaping the categories of meaning that I chose to discuss, as well

as my choice of research topic. Halliday (2007) argues for the importance of personal reflexivity in the research context because the qualitative researcher is the agent of meaning-creation and the interpreter of human behaviour and discourse. The nature of the meaning-creation and interpreting is determined by the researcher's social, political and historical positioning, as well as their "self-understanding, reflections, sincerity, authenticity, honesty and integrity" (Appelt, 2006, p. 78).

The researcher's personal reflexivity leads to the "ethical imperative to examine his or her own ideas, occupational ideologies, assumptions, commonsense and emotions as crucial resources for what he or she 'sees' and 'hears' in a particular research interview or project" (Johnson, 2002, p. 105). Lesch and Kruger (2005) have referred to researcher reflexivity as a "critical reflection on power relations and power in the research process at different levels" (p. 1075). This process is seen as essential in the research context where political inequalities impinge on the kinds of responses that are gleaned, and the ways in which they are analysed and reported during the research process (Lesch & Kruger, 2005).

In the account that follows, I detail my own ideological background, values, assumptions and motivations that impacted my choice of topic, perception of themes within the data, and reporting of the findings within this study. In addition, since my research colleague obtained the data within this study, I reflect on the power dynamics between her social position and that of the research participants, and the potential impact this may have had on the data that was gleaned in this research.

Scrutiny of the research process in terms of my own ideological and social location, identity and motivations in constituting research findings is essential to the production of rigorous qualitative research (Willig & Stainton-Rogers, 2008). As a white, middle class, 31-year-old woman, my social location in terms of age, race, and class were quite different to those of the research participants in this study. Brodsky et al. speak of the community context as "the

setting in which research occurs" (2004, p. 229). Consideration of the researcher's community should also be included in the process of reflexivity seeing that when these communities meet in the research process, "a new conditional setting is created through their interaction, and this new setting impacts the members of both communities and the research itself" (Brodsky et al., 2004, p. 229).

These differences between the communities in which the research participants and I were located impacted on how I saw and heard the research participants in this study (Lincoln & Guba, 2000). Similar to Shefer (2002), I therefore approached this research with concern about my "intention to 'represent' the experiences of a group of people who are not only 'different' to me but are in an unequal power relationship to me on a whole range of historical contextual lines, including colour, class, education" (p. 534). Shefer (2002) argues in the South African context white women "have long been speaking for black women, and white middle-class voices still predominate in knowledge production" (p. 429). Despite the political inequalities that determine whose voices dominate in the production of knowledge, it seemed important that I provide a voice for and awareness of the research participants' experiences, as this represents an important step towards social change. It also seemed as though it was taboo for them to talk about their emotional experiences in everyday social contexts in their community without incurring social sanctions (Dukas, 2014).

Though it seems clear that there are political inequalities between the research participants and I, there are similarities in that we are all female, of a similar age, and many of us have similar values. Despite the cultural and political disparities in this research, our similarities, my belief in the importance of the research and my conviction that "it is important for those who have skills, knowledge and resources to carry out research where it is most needed" (Shefer, 2002, p. 534), provided the impetus for me to attempt to understand and portray the

findings in this research in a valid and useful way. In addition, the impetus to study this population was promoted by the finding that respondents in this population tend to prefer to disclose certain things to 'outsiders' to the community than they do amongst themselves (De Villiers, 2011; Lourens & Kruger, 2014). This prompted the necessity to explore social phenomena in this group of women.

Despite the problems surrounding research with 'different' communities, I was invested in this research since my intention was to contribute towards political redress for injustices of the past in the field of women's emotional distress.

My family-of-origin inspired my interest in contributing towards redress and social constructionist approaches to human behaviour. They originated from multiple cultural contexts, which showed me how in different contexts, different ways of being are created and accepted as "normal". This caused me to question taken-for-granted beliefs and motivated me to attempt to understand different cultural constructs of normality in my study of anthropology, philosophy and psychology at university. My family also exposed me to strong religious and spiritual beliefs that informed my values of respect, caring for others, and commitment to selflessness in pursuit of social development of those affected by injustice.

Upon reflecting on my experience of being mothered and the ways in which it shaped my ideas about mothering and child rearing, I endeavored to maintain awareness of the importance of identifying sensitive issues and conflicting philosophies (Williams, 2005) and to be careful of imposing my views on the research participants and data.

Based on my early experiences, I value social support and warm, reciprocal interpersonal relationships where communication takes place with relative ease, particularly communication about important personal topics. I value openness, honesty and relational safety.

Whilst my own subjectivity plays an important role in shaping my research findings, the role and influence of the interviewer who conducted the interviews, Marleen Lourens (who

was also similar to me in terms of race, class and education level) should also be considered. The power dynamics affected by the differences between Marleen, who is middle-class, white and affiliated to a tertiary institution, and the research participants who were coloured women from low-income communities in which there was limited access to educational opportunities, was quite evident. However, whilst these differences existed, there were language and gender similarities between Marleen and the participants, as they are all Afrikaans-speaking females.

According to Reinharz and Chase (2002), power in research relationships is impacted by both the similarities and differences in social positions (such as race, class, gender, sexual orientation, disability, and so on) between participants and researchers, which are especially evident in cross-cultural interviewing (Ryen, 2002). As a result of the implications of the differences in social locations between the researcher and the participants, the participants' responses may be less spontaneous and more constrained. These women may have felt threatened by the power dynamic, and felt too intimidated to answer honestly and without fear, which may potentially have had a limiting effect on the richness of the research data. In effect, while the participants were talking about silencing their own voice in relation to their mothers, they may have also been silencing their voice to a degree with the researcher, and so a form of "meta" silencing may have taken place, especially in cases where non-verbal communication seemed to indicate something different than what the women were verbalizing in this study. Conversely, since talking about personal topics involving others in this community was taboo in most instances, the opportunity to talk about sensitive issues to an outsider may have also served as a valuable outlet for the women's distressing feelings, which they might not otherwise have had.

A further important aspect of personal reflexivity in this research involved thinking about how this research may have impacted on me as a person. During this process of listening to and analyzing the data in this study, I shared Smith's (2004) experience in that I sometimes

felt powerless at the enormity of social problems that many of the women in this study experienced on a daily basis. These feelings of distress were managed by journaling and reflecting on my feelings and the ways in which my subjectivity impacts my perception of the data. Alongside feelings of powerlessness, I experienced my involvement in this research as an honour and a privilege, and felt humbled to be allowed to see into the women's worlds in this study.

Reflexivity in this study also involved understanding my own interest and investment in a research undertaking (Willig & Stainton-Rogers, 2008). It was therefore essential that I consider that this study took place as part of a master's thesis through the Department of Psychology at the University of Stellenbosch, which necessitated that I follow various procedures and academic requirements in terms of the design, implementation and reporting of the study.

CHAPTER FIVE: FINDINGS AND DISCUSSION

5.1. Introduction

This study is concerned with investigating how low-income, emotionally distressed mothers construct their relationship with their mothers in relation to the development and experience of their own emotional distress from a social constructionist perspective. The goal of this study is to present a nuanced understanding of mothers' emotional distress regarding their relationship with their mothers, with specific focus on these women's lives and voices.

Specifically, the research question this study aimed to answer was: How do low-income women diagnosed with 'depression' construct their relationship with their mothers in relation to their development and experience of their own emotional distress? This chapter begins with a presentation of the case studies of each research participant, relating current life circumstances and accounts of mother-daughter relationships as they were shared in the interviews. Following this I focus on the specific categories identified as they emerged during data analysis, which are then compared to and contrasted with literature on mother-daughter relationships and emotional distress both locally and globally.

5.2. Data Analysis

5.2.1. Social constructionist grounded theory

The interview process yielded several diverse responses from the women in this study. However, it became clear that despite the variation in reactions, a range of common categories could be identified throughout these women's narratives. In the account that follows I discuss each category and subcategory of meaning concerning the mother-daughter relationship in this study in detail. This is followed by a discussion of the emergent themes in relation to the

broader research question. The outline of the argument constructed in this thesis is provided in Figure 5.1.

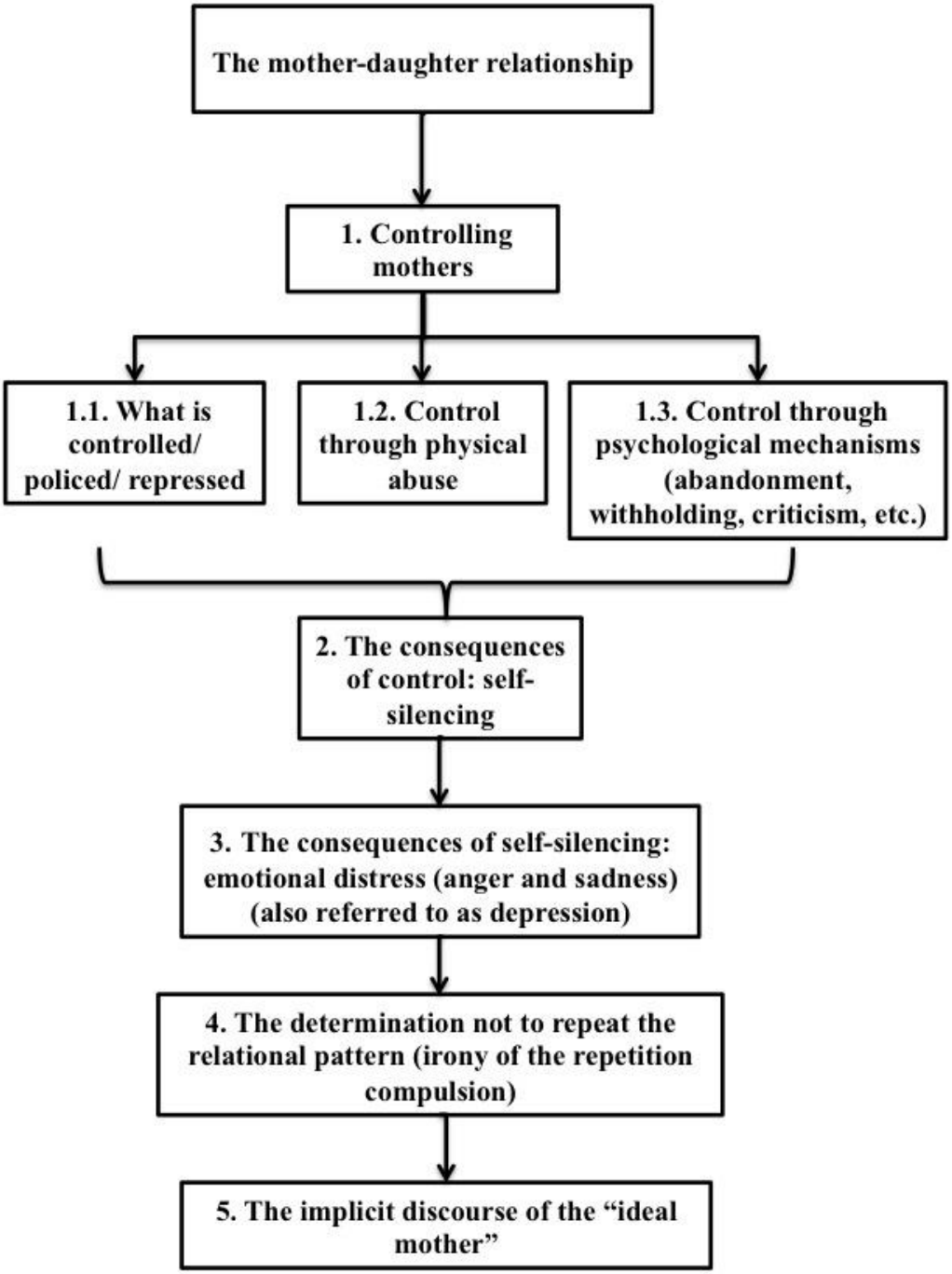

Figure 5.1

Outline of the argument constructed within this study.

5.2.1.1. Controlling mothers

In this study, the women constructed their experience of their relationships with their mothers in terms of control, monitoring and repression. The women related their experience of control of their behaviour in terms of physical abuse, and through psychological mechanisms (such as through abandonment, withholding, and criticism). The women related that their mothers controlled their self-expression in terms of gender ideals, such as the necessity for them to act in gender appropriate ways such as curtailing expression of anger, always being respectful and not behaving like a "tomboy".

Literature on parenting styles cites the necessity for parental provision of a "secure affectional base" but with the allowance and encouragement of the child's progressive movement away from the parent in order to achieve social competence and independence (Bowlby, 1977, p. 362). Epidemiological findings by Parker et al. (1999) illustrate a link between maternal overcontrol and emotional distress in children, with maternal overcontrol such as what is termed "affectionless control" (p. 362) found to prevent adult children's individuation and development of social competence.

5.2.1.2. Control through physical abuse

The first category that featured prominently in the women's narratives in this study was that of childhood physical abuse. According to the United Nations International Children's Emergency Fund (UNICEF), childhood physical abuse is defined as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional

harm, or exploitation of a child"; or "an act or failure to act which presents an imminent risk of serious harm to a child" (UNICEF, 2009, par. 2). In this study, child physical abuse was constructed as a reason to self-silence, as in the case of Corrie who related the following experiences:

Corrie: *I knew that if I cried, mom gave me a hiding and I would cry more. I mustn't talk back or I will get hit… they were VERY STRICT…. It was very bad… Then she would say, "You hold your mouth now!" Now my pain becomes worse, now I must bury it because I will still get more hidings if I carry on. Now this is all stuff that I have held back inside ((tears start to form in Corrie's eyes)) for all these years…. that dark blood in the rooms of my heart.*

In this quote, Corrie is silenced twice. She constructs her mother as strict and as someone who punished her with physical abuse for voicing her thoughts and feelings ("talking back"). Corrie shares how her mother silenced her in childhood, and then later in life, she was forced to silence her voice about being silenced. Corrie thus constructs her relationship with her mother as one where it is impossible to speak critically about her, which she then referred to as "dark blood in the rooms of her heart". Corrie also explicitly notes that she had self-silenced in her suppression of her pain in her statement, "this is all stuff that I have held back for years".

Another participant, Vané shared her experience of being abused as a child which she constructed as a result of expressing herself in a way that does not conform to gender ideals: "because I was a tomboy". She also related that she still retains the physical scar she incurred from her mother's abuse, which was recalled as being serious and hurtful.

Vané: *I got many hidings from my mom, seriously, seriously, because I was a tomboy. I got the most hidings. My nose was even broken from a beating ((from*

mother))…She also threw a fork at me ((shows interviewer where the scar is))… And when she was drunk, she used to hit me with a sjambok… it was very serious ((hurtful))… when I had to go to work I had to cover my body so that they couldn't see how my body looked – my arms and legs – my whole, whole body ((rubs hands down her arms and legs to show where she was hit))…it was serious.

Interviewer: *It was very bad when your mom hit you like that. How did you feel when your mother did that to you?*

Vané: *Ohhhh, so unhappy I could have killed that woman – really, truly… How can a mother hit her only child like that? It was difficult, it was really upsetting.*

Vané constructs her mother as abusive to her during her childhood, and as a person who she could not talk to openly. As a result of expressing herself in a way that did not conform to dominant gender ideals, Vané was beaten to a point where she had to hide her body out of shame. Emotionally, Vané felt such intense "unhappiness" and anger that she wanted to kill her mother for treating her in such a violent way, but instead she silenced this anger and unhappiness out of fear and shame. Significantly, the abuse led to her having to cover her body: ashamed about her body, ashamed about how she performs girlhood, both the boyish body and the bruised body must be hidden by Vané, in order to try and establish some form of relational connection with important figures in her social world.

5.2.1.3. Control through psychological mechanisms

In addition to experiencing pain and anger as a result of physical abuse from their mothers, some participants in this study constructed their mothers as psychologically oppressive and

controlling, which also contributed to their experience of anger. Dabbie narrates her experience of anger as a result of her mother's oppressive and controlling behaviour towards her:

Dabbie: *She worries a lot about me. For example, if I ever go out, I mustn't go without someone. There must be someone with me. Sometimes I think it is unnecessary, but according to her I can't be alone…She is very overprotective. It irritates me a lot… because then I feel like an invalid…My mother loves to prescribe things for me, or direct me, and I CAN'T handle it… In the last two weeks it's almost (.) an unknown, unfamiliar emotion that I experience these days is RAGE. I am enraged at my mom… because she is overprotective. . I experience it ((rage)) a lot ... it is getting worse.*

Dabbie indicates that she is irritated, even outraged, with her mother because she is overprotective. Dabbie feels like her mother's over control makes her feel like an "invalid", which makes her feel very angry. Interestingly, whilst Dabbie was angry, instead of expressing her anger, she dealt with it by self-medicating herself into submission or silence:

Dabbie: *((When mom tries to control me)) then I take a sleeping pill and I just lie down and sleep.*

Like Dabbie, many women in this study dealt with their feelings by suppressing them. Additionally, the women also spoke about their experience of emotional repression in relation to their mothers especially with regard to important emotional experiences that they felt strongly about, both currently and in their early years:

Dabbie: *I will speak with her about general things but not about things that make me heart sore or happy…or…those kinds of things. The important things I can't share with her, truly…I can't, I just don't know… but it's been like this for a*

long time… for all the years. I don't know how to explain it but for me it's <u>really difficult</u>. Sometimes many daughters are trusting of their mothers or so, but, but I don't have that same, we don't have that same…We as sisters will talk together about things that bother us but we will not speak with our mother. Then one will maybe say: Dabbie I am unhappy with what mother said… or then we will maybe talk about her or so, but we will never talk with her about the problem. She was actually… how can I say… that time when I got too sick with depression… hmmm… she maybe couldn't handle things that were a bit difficult. Because the day the ambulance came to fetch me at home when I had the attack… then she didn't want to come with me… I called for her, even before the ambulance came, I called for her. She kept to one side, almost like she… withdrew… from those types of things.

In this extract, Dabbie constructs her relationship with her mother as untrusting, unsupportive and characterised by a lack of communication and her mother's emotional withdrawal. She constructed her relationship as being sometimes very difficult which seems to cause her great emotional distress, which was made evident in her body language and tone during the interview. Dezi's reaction to her mother's overcontrol was often experienced as a feeling of restriction or suffocation:

Dezi: *But she didn't allow my personality to develop. I had to do things in the way she wanted them to be. And I had to consider her every time I did something. So I think that this did not allow me to really find myself. I had to be like she is. And it sometimes caused many frustrations and I think it is something that I have felt very unhappy about over the past few years, because I think if she allowed me to develop as a person then I would not have experienced those things, because I always did what she said. I didn't do things for myself and I*

think that is something that bothers me and contributes towards depression, because why must you live your life for other people's lives and not for yourself? And you give them what they want but you don't give yourself what you want.

Interviewer: *Were you scared...Were you ever scared in your life of making your mother upset?*

Dezi: *Yes, very.*

Interviewer: *So, this is the reason why you did what she said?*

Dezi: *Yes. But then I upset her but it was because I didn't have the necessary knowledge. I didnt...She didn't make me streetwise. She would tell me about things I must do but I didnt understand the logic behind it. Or I didn't really, like I said, I didn't know really how to deal with things outside.*

In this narrative, Dezi portrays her mother as over-controlling and restrictive of her personal development, which caused her to self-sacrifice with ensuing frustration and unhappiness. She related her realization of this self-sacrificing and compromising when she said that she "lives her life for someone else" by giving other people what they want and not giving herself what she wants. Dezi related that she felt her self-silencing and self-sacrifice were so severe that they played a central role in her depression.

5.2.1.4. The discourse of the ideal mother- daughter relationship.

For some women in this study, the ability to share emotionally with their mother was constructed as an ideal that ought to continue over the course of their lifetime. For others, the mother-daughter relationship was constructed in terms of its conforming to the ideal mother-daughter relationship by being characterised by mutual support. Participants shared evidence

of a supportive relationship with their mothers as in the case of Corrie who, despite having experienced severe abuse from her mother as a child, recalled her relationship with her mother as one where they could speak openly to each other:

Corrie: *In the end, I told her how I felt…We could speak about anything, we were close.*

This mutual support and open communication was also illustrated in the case of Cathy:

Interviewer: *Do you speak normally with your mom?*

Cathy: *We speak a lot.*

Interviewer: *You speak a lot? So you have a good relationship?*

Cathy: *Yes, my mom and I speak privately. If she feels unhappy, then she speaks to me.*

Interviewer: *Okay.*

Cathy: *And if I feel that I have a problem, then I can go to her and I can speak to her. We are very close.*

Interviewer: *Now was this always like this, from when you were very young?*

Cathy: *Not always. When, after I got married, it wasn't always. We didn't get along well when I was younger. Look, I like, if something isn't right for, then I will say it. And for the old people, it sounds like a child is disrespectful if you do that. … and that's, that's how we didn't always… ((get along)).*

Interviewer: *So you said that something wasn't right?*

Cathy: *Yes.*

Interviewer: *Okay. Was this mostly in your teenage years?*

Cathy: *Yes.*

Interviewer: *And when you were married, after you were married?*

Cathy: *When I was married it was also not completely nice.*

Interviewer: *Why do you think so?*

Cathy: *But (long pause)… I don't know.*

Interviewer: *It was just like that. There isn't a reason, a specific reason that you can think of?*

Cathy: *Mm mm (shakes her head).*

Cathy's construction of her relationship with her mother indicates that she experienced changes in her relationship with her mother at certain points in her life: during her teenage years, and after her marriage. She constructed her relationship with her mother as characterised by open communication and support at certain points in her life. Similar to others in this study, she constructed the voicing of her thoughts and feelings as taboo or "disrespectful" and damaging to her relationship with her mother, which seemed to cause her emotional distress at the time of the experience. Cathy was thus also taught that certain feelings and thoughts couldn't be spoken about in relation to her mother.

For the majority of the women in this study, they constructed their relationship with their mother as distant or abusive during childhood and the emotional distance and need to self-silence in relation to their mother persisted into adulthood, as was the case with Patsy:

Patsy: *No, my mother and I <u>NEVER</u> had that relationship where you sit and talk with your mother about everything, openly. No, for <u>ALL</u> these years.*

These narratives indicate that the women longed for an open and supportive relationship with their mothers. Throughout the dialogues, the implicit discourse of the "ideal mother-daughter relationship" that is supportive and communicative permeates. Contrary to the ideal, the women in this study constructed their maternal relationship as deviating from the standards of a "real" mother-daughter relationship due to a lack of closeness or lack of connection:

Interviewer: *Okay and can you speak with your mother like you speak to your daughter?*

Vané: *No, not at all. Even until this day. No. It isn't that I don't like mommy, but there isn't… how can I say it… between us two, mother and daughter, that REAL RELATIONSHIP. And I don't think it will ever…. I am now (long pause) too big.*

Liza: *My mother and I NEVER had a close relationship…it was not an open relationship.*

Patsy: *No, my mother and I NEVER had that relationship where you sit and talk with your mother about everything, openly. No, for ALL these years. I was at school and my mother and I were never like that. I didn't have that mother and daughter relationship, it wasn't there. My mother couldn't talk to me easily because I was just on one side ((withdrawn)). I closed myself off from her.*

Corrie: *I didn't know her ((my mother))… and I said to her, 'Mother, you don't actually love me. You like me; you have that sort of love for me, but not that MOTHERLY LOVE for me.'*

Many of the women in this study constructed their experience of being mothered in negative terms, and believed that their mothers did not meet their needs for maternal love and attention. The women thus constructed their experience of being mothered as deficient, or lacking, and one that was not conducive to healthy childhood development**.** As a result of their experience of their relationship with their mothers as contrary to the ideal of good mothering, many of the women in this study constructed their mother-daughter relationship as an experience that they would not want to recreate with their own children.

5.2.1.5. The repetition compulsion

As a consequence of the pain and anger of being controlled and not being connected to their mothers, the women in this study indicated that they were adamant not to repeat what their mothers did to them in their relationships with their own children.

Vané: *And I always said, one day if the Lord gives me children, I will NEVER ever treat my children the way my mother treated me… and the circumstances that we were raised in.*

Liza: *I want to have an open relationship with him ((my son)). I want to give him what I didn't have. So I want to be a better parent than what my parents could be for me.*

Cathy: *I always said, 'I won't raise my children like that'. No, I don't want that for my children ((to be raised the way my mother raised me)).*

Dabbie: *Yes, I don't want what happened between my mother and me to happen again between my daughter and me.*

These narratives detailed the women's wish not to repeat their abusive upbringing with their own children. Narratives within this category related a need to give their children the

upbringing that they did not themselves receive from their own mothers, along with their desire to be a "better parent" than they had as children, and in so doing, to conform to the ideal and idealised notions of motherhood and the mother-daughter relationship. In this community (cf. Kruger et al., 2014; Lourens & Kruger, 2014), the paradox is that these women unfortunately tended to repeat the deleterious maternal behaviour in raising their own children.

5.3. Discussion

5.3.1. Controlling mothers and self-silencing

Findings indicate that the women in this low-income, peri-urban community in the Western Cape constructed their relationship with their mothers in terms of maternal control through both physical abuse and psychological mechanisms (mother's withdrawal, silencing, criticism of daughter). Through both physical abuse and psychological control, the women's self-expression was restrained, creating a relational context in which the women were taught to self-silence important aspects of their emotional experience. Self-silencing emerged in this study through some of the women participants relating that they could not share important feelings with their mothers, as was illustrated in the case of Dabbie:

Dabbie: *I will speak with her about general things but not about things that make me heart sore or happy…or…those kinds of things. The important things I can't share with her, truly…I can't, I just don't know… but it's been like this for a long time… for all the years.*

According to Dana Jack (1991; 1999) and Jack and Ali (2010), self-silencing is a practice whereby one sacrifices one's own needs in service of the needs of others, and in the process loses connection with one's inner authentic self. According to Jack (1991), in situations of abuse, the "self" that is "silenced" is the relational, "authentic self", the silencing of which is motivated by the need to ensure survival in contexts of social inequality and violence. Various

authors (cf. Bernardez, 1988; Gilligan, 2012; Jack, 1991, 1999, 2010; Jack, Pockharel, & Subbha, 2010) suggest that silencing can lead to the personal "disconnection of inauthenticity" and what she calls "false self" and depression (Jack, 1991, p. 15).

Jack et al.'s (2010, p. 168) findings indicate that "self-silencing is a negotiation of self in relationship", the source of which lies in social conditions characterised by "specific forms of unequal, negative intimate relationships as well as larger social structures that demean an individual's sense of self-worth" (Jack, 1991, p. 15).

Jordan (2010) contends that social disconnections that arise through a lack of communication take place when the "more powerful person [in the relationship] is unresponsive or responds negatively" (p. 101). The result of this treatment is often that the relationally subordinate person in the dyad begins to feel that she cannot bring her full experience into the relationship and begins to withdraw emotionally, sometimes resulting in shame and a loss of voice (Gilligan, 2012; Jordan, 2010), as was evident in narratives like Dabbie's in this study. For many women in this study, emotional suppression (or self-silencing) seemed to be the safer way of relating to their mothers rather than speaking openly and honestly with them about their thoughts and feelings.

5.3.2. Consequences of self-silencing: Emotional distress (anger and sadness)

Self-silencing in this study was often attended by shame and anger as in the case of Vanè and Corrie who constructed their relationship with their mothers as one that elicits their feelings of unhappiness and rage as a result of physical abuse:

Corrie: *I knew that if I cried, mom gave me a hiding and I would cry more. I mustn't talk back or I will get hit… they were VERY STRICT…. It was very bad… Then she would say, "You hold your mouth now!" Now my pain becomes worse, now I must bury it because I will still get more hidings if I carry on. Now this is all stuff that I have held back inside ((tears start to form in Corrie's eyes)) for all these years…. that dark blood in the rooms of my heart.*

Vané: *I got many hidings from my mom, seriously, seriously, because I was a tom-boy. I got the most hidings. My nose was even broken from a beating ((from mother))…She also threw a fork at me ((shows interviewer where the scar is))… And when she was drunk, she used to hit me with a sjambok… it was very serious ((hurtful))… when I had to go to work I had to cover my body so that they couldn't see how my body looked – my arms and legs – my whole, whole body ((rubs hands down her arms and legs to show where she was hit))…it was serious.*

Interviewer: *It was very bad when your mom hit you like that. How did you feel when your mother did that to you?*

Vané: *Ohhhh, so unhappy I could have killed that woman – really, truly… How can a mother hit her only child like that? It was difficult, it was really upsetting.*

Gilligan (2012) argues that anger is a reflection of an individual's desperation to protect against a deep sense of vulnerability and inequality, whilst Bernardez (1988) describes it as "the conscious response to an awareness of injustices suffered or losses and grievances sustained" (p. 5). Silenced anger is further noted to be the associated with oppression, inequality and is often implicated in women's depression (Gilligan, 2012; Kruger et al., 2014).

Research in the field of gender and mental health indicates that gender ideals promoting notions of acceptable feminine behaviour are key factors influencing women's expression of anger (Gilligan, 2012). Feminist research suggests that often women's internal emotional world is incompatible with societal ideals, rendering women's expression of anger as unacceptable (Kruger, 2014). The silencing of anger is motivated by the societal norms of being a 'good woman' and a 'good wife', (Jack et al., 2010) whereas in scarce resource contexts characterised by interpersonal violence and abuse, self-silencing can be regarded as a survival behaviour.

The women in this study in the Western Cape of South African appeared to be similar to those researched by Jack et al. (2010) in Nepal who silence and subordinate their own needs in order to ensure material and social survival. Findings indicate that women in Nepalese society live in a community-oriented context in which women are dependent on social relationships for material survival. In this society in Nepal, it was found that if women did not silence their angry voices (which protested against unfair treatment or circumstances), they were treated with physical and verbal abuse and were eventually shunned by the community, resulting in their loss of access to important material resources necessary for survival (Jack, Pockarel, & Subbha, 2010). These women, when faced with particular political, social and economic circumstances were forced to suppress their own needs and ideas in order to sustain family ties that allowed them to continue to have access to food and shelter in a harsh and scarce resource context (Jack, Pockharel, & Subbha, 2010). The social sanctions imposed upon women in this society resulted in their feeling isolated, and disconnected within their community as a result of their need to silence, which results in feelings of disempowerment which was often associated with their experience of depression (Jack & Ali, 2010).

Feminist authors contend that the social sanctions against women's expression of anger are directed at preventing women's freedom and rebellion (Bernardez, 1988). The irony is that

the sanctioning of the expression of anger sometimes tends to create a situation exactly contrary to the objective of social control and prevention of rebellion (Blum, 2007).

5.3.3. The repetition compulsion

As a consequence of the pain and anger of being controlled and not being connected to their mothers, the women in this study indicated that they were adamant not to repeat what their mothers did to them in their relationships with their own children, as was illustrated in the case of Vané, Liza, Cathy and Dabbie:

Vané: *And I always said, one day if the Lord gives me children, I will NEVER ever treat my children the way my mother treated me… and the circumstances that we were raised in.*

Liza: *I want to have an open relationship with him ((my son)). I want to give him what I didn't have. So I want to be a better parent than what my parents could be for me.*

Cathy: *I always said, 'I won't raise my children like that'. No, I don't want that for my children ((to be raised the way my mother raised me)).*

Dabbie: *Yes, I don't want what happened between my mother and me to happen again between my daughter and me.*

According to Corrodi (2009), "life… is a series of replays" (p. 477). This notion of the compulsion to repeat or the *repetition compulsion* is seen as one of the fundamental concepts in the understanding human nature (Corrodi, 2009). The compulsion to repeat is a "universal attribute of instincts… an urge inherent in organic life to restore an earlier state of things" (Freud, 1920, p. 22). Freud (1920) acknowledged the human tendency to replay early traumatic

or difficult experiences at later times during their life in order to re-experience and possibly resolve the original wound (Kitron, 2003). Following Freud, the driving force behind the compulsion to repeat is the "power of the repressed", that is, what is repeated or acted out are manifestations of repressed infantile conflicts that are escaping repression (1920, p.22).

The women's narratives in this study regarding their wish not to repeat indicate that their mother-daughter relationship did not conform to hegemonic ideals of motherhood, and that in this context, their mothers' treatment of them was taboo and conformed to notions of "bad" motherhood.

Narratives within this category related a need to be a "better parent" than they had as children, and in so doing, to conform to the ideal and idealised notions of motherhood and the mother-daughter relationship. In their wish to rise above their family legacy of "bad mothering", the women constructed their relationship with their mothers as one that they would not repeat. Similar to findings by Kruger et al. (2014), it is possible that the women in this study saw their children as extensions of themselves and in their intention to "not repeat", they sought some form of resolution to their past experiences of abuse or neglect. In this community (cf. Kruger et al., 2014; Lourens & Kruger, 2014), the unfortunate irony is that these women unfortunately tended to repeat the maternal behaviour that they wished to escape from in raising their own children.

5.3.4. The implicit discourse of the "ideal mother"

Throughout many of the narratives in this study, the ideologies of ideal motherhood seemed to permeate the minds of the research participants in their constructions of their own relationships with their mothers, as was the case with Vané, Liza, Patsy and Corrie where they explained that they "don't have a real mother-daughter relationship" and that they didn't experience real "motherly love". These narratives indicate that the women felt neglected or uncared

for, and that their mothers did not seem to self-sacrifice and prioritise their needs in order to meet their children's longing for a close, "real" mother-daughter relationship. The women in this study thus constructed their mothers in contrary terms to their conceptualisation of the "good" or "ideal" mother who is constructed as "ever bountiful, ever giving, self-sacrificing" (Bassin et al., 1994, p. 2).

Ideologically, the participants seemed to endorse the norm of the "selfless mother" as necessary for a healthy mother-daughter relationship. Their strong support for this dominant discourse seemed to be a product of the sociopolitical influence of "Bowlbyism", a term used to describe the importance of mother-child bonding and the role of a "good mother as omni-present, attached and attentive to her biological child's development" (Macleod, 2001, p. 81). Essentially it constructs the mother as "responsible for rearing adjusted, productive members of society by neglecting to view the impact of larger social influences on childhood development" (Macleod, 2001, p. 81). Bowlbyism has been criticized for being myopic as it constructs the maternal relationship as being the sole factor in determining healthy childhood development (Macleod, 2001). From a social constructionist perspective, the focus on the maternal relationship has the effect of making invisible the economic and political inequalities that impact on women's emotional distress in this peri-urban South African community (Macleod, 2001; Ussher, 2010). This neglect of the larger political context serves to further the purposes of those in power and lays the blame for social ills (such as maladaptive children) in women's hands, rather than as a result of entrenched inequalities (Gilligan, 2012).

Feminist authors argue that 'discourses of femininity' describe notions of the good woman as someone who is actively oriented towards interpersonal relationships and family caregiving (Jack, 1991; Lafrance, 2006; Stoppard, 2010). As a result of these discourses, when women prioritise their own needs, they risk being seen as selfish and thus "bad"- which is noted as something a good woman must strive to avoid (Stoppard, 2010). This is echoed in findings

in this community, where a "good mother" is viewed as one who prioritises her child's needs, is self-sacrificing, and does not abandon her child (Youngleson, 2006).

These taken-for-granted notions of motherhood provided an important lens through which the research participants constructed their own experience of being mothered. Given the strong beliefs in terms of what constitutes good mothering in this community, it is possible that the women in this study judged their own mothers against these ideals. This is problematic in that these societal ideals are, for the most part, generated in Western contexts in which mothers have the resources (financial, temporal, and emotional) to conform to and provide such a sense of "motherly love". As Macleod (2001) has noted, this misalignment between contextual factors and the dominant ideology of motherhood thus "allows for both an idealisation and a pathologisation of women's relationships" (p.498).

Whilst the dominant discourses of ideal motherhood dictated how mothers ought to behave with respect to their daughters, in this study it seemed as though the dominant motherhood discourses also had the effect of contributing towards the daughter's emotional distress. This was illustrated by Dezi who felt her maternal relationship "bother[ed] [her] and contributed towards [her] depression" and Vané *who* expressed that she "was so unhappy [she] could have killed that woman... How can a mother hit her only child like that? It was difficult; it was really upsetting".

Janet Stoppard (2010) argues, "gender affects how one can be a 'self in intimate relationship', what a person may voice and what must remain unspoken" (p.270). As a result, in situations of interpersonal inequality and vulnerability, a woman faces a double bind: she risks the loss of a relationship (and in some cases, survival) if she is true to herself, and also risks losing connection with herself if she silences (Gilligan, 2013; Jack, 1990; 2010). This finding echoes Michel Foucault's (2001) writing about social control, discourse and power in his concept of

parrhesia. According to Foucault, parrhesia denotes "free speech… to say everything" (2001, p. 11). Following this conceptualization, "The one who uses parrhesia is someone who says everything he has in mind: he does not hide anything but opens his heart and mind completely to other people through his discourse…" (Foucault, 2001, p.15).

Furthermore, according to Foucault, someone is said to utilise parrhesia (and thereby become a *parrhesiastes)* if there exists a risk or danger of anger, punishment, exile or death in telling the truth. Thus, one who has freedom of speech is associated with courage, and is someone who exhibits "courage in the face of danger… demanding the courage to speak the truth in spite of some danger" (p. 15).

Dana Jack (1991) speaks of self-silencing as a "relational action, a negotiation of self in relationship" (p. 168). She describes it as a response to social power and notions of normative gendered behaviour aimed at "ensuring safety or relational closeness" (Jack, 1991, p. 168). Paradoxically, in its attempt at ensuring relational safety and closeness, self-silencing also limits the opportunity to create a confiding relationship within which one can share life's problems while also creating an "inner dynamic of loss of self, lowered self esteem and inner division" (Jack, 1991, p.168). Gilligan (2012) notes this as the "central dilemma of relationships: How to speak honestly and also stay in connection with others" (p.131). This is indeed a dilemma relevant to the women in this study and begs the question, how do we help women in this community move closer towards an empowered position in which they can voice their true feelings and thoughts without fear?

5.3.5. Findings in this study in relation to the literature

In comparison to Lourens and Kruger's (2014) findings which indicated that women with depression in this community both felt emotionally distressed and supported by their children, and narrated experiences of a "good relationship" with their children, my findings showed that

these women experienced their relationships with their own mothers in mostly emotionally distressing terms, and as deviating from the ideal of the "good mother" or "good mother-daughter relationship".

The discourse of the "good mother" or "ideal mother" and "good mother-daughter relationship" permeated throughout the women's narratives in this study. This study therefore adds credence to the findings by Devilliers (2011) and Kruger et al. (2014) regarding the importance of ideological prescriptions of femininity and motherhood. That is, the ideology of the "good woman" is strongly complicit with "ideal motherhood" and interpersonal relationships.

In this study, the women's constructions of their mother-daughter relationship in contradistinction to the concept of the "ideal mother- daughter relationship" sometimes contributed to their emotional distress and depression. The findings in this thesis therefore support those of Klein et al. (2009) and Phoenix and Seu (2013) who argued that mother-daughter relationships sometimes contribute towards women's experiences of depression.

This study supports and expands on Dana Jack's (1991), Jack and Ali's (2010) and Jack et al.'s (2010) findings regarding women's self-silencing in key relationships and the development of women's depression, by providing similar findings in the South African context. From a South African perspective, this study contributes new findings to the knowledge base regarding low-income racially marginalised women's subjective experience of emotional distress in terms of showing that mother- daughter relationships are central to women's emotional well being in this community in the Western Cape of South Africa.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1. Introduction

This chapter is concerned with a summary of the main findings of the study, a reflection on the theoretical frameworks used, the methodology followed and recommendations for future research and intervention. The goal of this study was to present an understanding of the ways in which low-income women with depression perceive or construct their relationships with their mothers, through a feminist social constructionist lens. It made use of social constructionist grounded theory and case studies to analyse transcribed interviews conducted with a small group of mothers in a small low-income community near Stellenbosch, Western Cape, South Africa. This research thus looked at emotionally distressed women's experience of being "mothered" in the context of South Africa, where very particular gender discourses are dominant. The specific research question that I attempted to answer in this study was: "How do low-income women construct their relationship with their mothers in the context of the development and experience of their own depression?"

For the purposes of this thesis, I provided an outline of the social issues pertinent to mother-daughter relationships in a low-income community. I did this by providing a brief overview of the contexts in which the women in this study were located. For the purposes of this thesis, I followed Charmaz' (2006) cyclical approach to data collection and analysis. This means that data were analysed and then validated or checked against further data from within the larger WMHRP project, and against the broader sphere of the existing body of literature. Findings were then reanalysed in order to develop valid conclusions regarding women's constructions of their mother-daughter relationship in the context of their own depression.

With respect to the methodological approach to this study, semi-structured interviews were conducted with ten adult women who were diagnosed with Major Depressive Disorder (MDD) at a clinic in a low-income, peri-urban community in South Africa. A semi-structured interview schedule was utilised to explore the women's subjective experience of depression in connection with their relationships with their mothers. The interviews were both audio and video recorded and transcribed in full.

Feminist social constructionism informed this study. This approach was appropriate to this research as this study's focus was on the socially constructed nature of emotional distress and the mother-daughter relationship (Georgaca, 2013). Within this paradigm, dominant systems of knowledge production and social practice are questioned, with the aim of examining the consequences of these systems on individual's subjective experience of distress (Georgaca, 2013).

Data analysis was conducted utilising social constructionist grounded theory. The three steps that were taken in the data analysis process were (i) initial coding, where I remained close to the data, paying attention to the nuances of the research participants' speech and effects thereof. In step (ii), I adopted a selective and conceptual stance regarding the emergent categories of data, narrowing down the number of codes to fewer, more analytically sensible categories. Then, in step (iii), following Henwood and Pidgeon (2003), I hypothesized about the possible relationships between the categories of data in order to grasp the connections and contrasts between them. I then concluded this process with a theoretical conceptual analysis of the data. This conceptual analysis was then compared with and contrasted to the current literature in the area of depression and the mother-daughter relationship. This was done in order to develop an understanding of the data in relation to existing findings in the domain of women's depression (Charmaz, 2006).

6.2. Descriptive summary of the findings

It has been argued that in the small, low-income community in which this research was located, the mother- daughter relationship is constructed as important to women. Whilst some women described their relationships with their mothers as supportive, largely, women in this study constructed their maternal relationship as deviating from the standards of a "real" or "ideal" mother-daughter relationship. This was due to their mothers being over controlling, utilising both physical and psychological methods of control. This contributed to women's tendency to withhold important feelings in relation to their mothers, and subsequently caused their emotional distress. Dana Jack's (1991) theory of self-silencing was invoked to explain and analyse this psychological phenomenon. Women in this study seemed wary of communicating important feelings with their mothers. The participants' constructions of mother-daughter relationships stemmed from their ideals of a "real" mother-daughter relationship, which indicated their conceptualisation of how mothers in this community *should* be, but were not.

Largely, women in this study constructed their experience of being mothered in negative terms, relating that their mothers did not meet their needs for maternal love and attention. The women thus constructed their experience of being mothered as deficient, or lacking relative to the "ideal mother" and "good mother-daughter relationship", and one that caused them emotional distress.

As a result of their experience of their relationship with their mothers as contrary to the ideal of good mothering (and possibly as a way to rise above their own emotional distress), many of the women in this study constructed their mother-daughter relationship as an experience that they would not want to repeat with their own children.

6.3. Limitations of this study

A number of limitations were identified in this study, namely researcher subjectivity, sample composition, and language.

6.3.1. Researcher subjectivity

My involvement in this study extended from the conceptualisation of the research to the question, to interview transcription, data analysis and write up. This close involvement helped me to submerge myself in the data and the context in which it was created, and permitted me to develop and portray a nuanced understanding of the women's feelings and lives from a white, English, middle class female perspective.

Typically, the relationship between a researcher and her research participants is inegalitarian. Despite all attempts at trying to achieve equality, it is ultimately the researcher who directs the course of the research in terms of interview questions, transcribing and data analysis (Jones, 2010). I acknowledge that my understanding, description and analysis of the women's constructions of their relationships with their mothers was (at least partially, if not largely) as a result of my location socially, culturally and economically. It is possible that an entirely different understanding and analysis of the data in this study could have emerged had I been of the same cultural and socio-economic group as the women research participants in this study.

The entire data collection, transcription and data analysis process was also conducted with the awareness of the cultural nuances of language in the specific subdistrict in which this research was conducted. Fortunately, due to the longitudinal nature of this study and the attendant in-depth knowledge and understanding of the use of language as a descriptor of experience in this context, the nuances of meaning in the data were largely captured. However, despite the interview data being transcribed by both Afrikaans and English speaking individuals, as an English speaking researcher I often wondered what aspects of the women's voices

were being unheard by me; or what might have been understood differently by a first language Afrikaans speaking researcher. Fortunately, as my supervisor, Prof. Lou-Marie Kruger, is first language Afrikaans speaking, it is hoped that the finer nuances of meaning in the women's narratives in this study have been captured appropriately and in a way that does justice to their voices.

As part of a historically privileged demographic, being a white, middle class researcher, I remained distinctly aware that "white women have long been speaking for black women, and white middle-class voices still predominate in knowledge production" (Shefer, 2002, p. 429). As a result, I remained committed to producing an account of the women's voices in this study that provided an appropriate and justified voice to their emotional distress in terms of their experience of depression and their relationships with their mothers.

6.3.2. Homogeneous sample

As this study formed part of the longitudinal Women's Mental Health Research Project (WMHRP) in which the focus is on low- income women's subjective experiences of depression, the objective of this study was to achieve an in-depth exploration and analysis rather than to produce a study characterised by breadth and generalisability. As a result of the focus on an in-depth account of women's relational experiences, the current study consisted of a very small group of low-income women, all of whom resided in the same district of the Western Cape Province of South Africa. Consequently the homogeneity of this sample was appropriate for the purposes of this study. However, a homogenous sample limits the researcher from gleaning diverse and possibly divergent research data, which could be applied to other contexts, had a more representative sample been chosen (Willig, 2008).

6.4. Recommendations

6.4.1. Research

Given the homogeneity of the sample in this study, it is recommended that future research in this field be expanded to include a more diverse demographic of women within the broader South African context. In particular, research of this nature should be conducted with non-Afrikaans speaking women, and with women from different socioeconomic, cultural, racial groups and geographic locations.

6.4.2. Interventions

This study aimed to address the gaps in the literature by providing insights into the effects of the mother-daughter relationship on women's experience of emotional distress, with the hope that this information could be used to inform theory and practice in South African psychology. Lafrance and McKenzie- Mohr (2013) have drawn attention to the need to "keep visible the clear links between the social conditions of people's lives and their suffering'' (p. 136). To this end, interventions that are directed at changing and broadening the unrealistic, idealised notions of motherhood and femininity relative to the multilayered contexts in which they arise are recommended in order to alleviate women's emotional distress in this community.

At the interpersonal level, findings indicate that a confiding relationship that is open, safe and honest and allows for sharing ones thoughts and feelings (Gilligan, 2012) is an important resource in alleviating emotional distress for women. It is therefore recommended that psychotherapeutic services of this nature be made more accessible to low-income women in South African communities. These services would be aimed at addressing the relational double bind or foremost dilemma of relationship, which is: "how to speak honestly and also remain in relationship with others" (Gilligan, 2012, p. 131).

6.5. Conclusion

It has been argued in this thesis that women with depression in this community feel overly controlled and they self-silence important feelings in their relationships with their mothers. As a result, they feel emotionally distressed, and experience significant levels of anger and sadness.

Implicit to women's constructions of their relationships with their mothers is the idealised concept of the "good mother" and the "good mother- daughter relationship", which inform their constructions of themselves (Jack, 1991) and their relationships with their own mothers.

Women in this study face a double bind: in speaking freely they risk the loss of a relationship (and in some cases, survival), and in self-silencing, they risk losing connection with themselves (Jack, 1991; Gilligan, 2012) and their sense of authenticity. The central dilemma of relationship persists: how to speak authentically and also retain relational connection with both self and others (Gilligan, 2012). In the words of Carol Gilligan (2012), "Then a healthy resistance, rather than turning inward and becoming corrosive, can stay in the open air of relationships. And by remaining political, work to bring a new order of living into the world" (p.163).

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ADDENDUM A

A description of the research conducted as part of the Women's Mental Health Research Project (WMHRP) according to Suzanne Devilliers (2011, pp. 338- 340)

The Women's Mental Health Research Project (WMHRP) was introduced, developed and managed by Prof. Lou-Marié Kruger in order to investigate various facets of women's mental health and their subjective understanding of motherhood. The research within this project is situated within a feminist social constructionist framework and the emphasis is mainly on qualitative methodologies. Data generation typically entails in-depth interviews with low-income women about their own experiences as well as ethnographic observations. Data is analysed by means of social constructionist grounded theory, discourse analysis and narrative analysis. The project comprises three interrelating research phases: (a) a situation analysis during which all mental healthcare providers, welfare providers, self-help groups, support organizations in the Stellenbosch region were reviewed; (b) data collection; and (c) the implementation and evaluation of diverse interventions and support strategies. The following internationally and nationally sponsored projects were conducted in and around Stellenbosch under the portents of the WMHRP:

1. A SANPAD-funded project on the distress and resilience of farmworkers (1999-2001);
2. A published survey of mental health services available to poor women in the region (2000);
3. Two government-funded intervention projects dealing with the influence of early interventions on the mother-infant relationship (2001 and 2003);
4. A government-funded intervention study with maternity nurses (2001);
5. An intervention study concerning a playgroup with low-income children (2003);
6. An annual depression survey conducted in a semi-rural town (2002-2005);

7. A study on maternity nurses (2004-2005);

8. An infant observation study (2004-2007);

9. A study on intergenerational childcare (2006-2010);

10. A small ethnographic study on poverty and women (2005-2007);

11. A NRF-funded pilot project on preventative mental healthcare for poor mothers (2006-2007);

12. The main study, a four-year project on maternal mental health (funded by Stellenbosch University) involving 320 in-depth interviews with 80 women before and after giving birth (2002-2005).

These studies described above are local, longitudinal and ongoing, interdisciplinary and situated within a critical tradition.

ii) The Maternal Mental Health Research Project (MMHRPP)

The specific title of this study was: "The impact of mothering on the mental health of low-income women: Implications for mental healthcare." The study was designed to investigate the psychological distress and resilience of low-income women during pregnancy, birth and early motherhood. More specifically, the study aimed to:

1. Discuss the levels and kinds of distress that women experience during pregnancy, birth and early motherhood;

2. Discuss the ways in which low-income women cope with the stressors associated with the pre-partum and post-partum period;

3. Discuss the factors in the lives of these women that are related to their psychological distress and resilience;

4. Consider the usefulness and appropriateness of different kinds of mental healthcare to low-income women.

All women visiting the primary healthcare clinic for prenatal and/or postnatal visits during March 2002 to March 2005 were invited to participate in the study. After informed consent was obtained, four in-depth interviews were conducted with each woman. Each participant was interviewed on four occasions (one pre-birth and three post-birth). The loosely structured interview schedule covered a range of topics (current symptomology, personal and family history, coping mechanisms, violence, substance abuse, reproductive health issues, sexuality), but focused specifically on women's experiences of pregnancy, termination of pregnancy, birth and early motherhood. The interview questions were devised to explore how the women themselves interpreted and made sense of their experiences. Between 2002 and 2005, trained Psychology Honours students conducted 320 one-hour interviews with about 80 participants. These interviews were all transcribed by trained students and the data have been analysed and reported in various unpublished dissertations and research reports.

ADDENDUM B

Semi-structured Interview Schedule

1. Current symptoms and signs

   Hello x. We have already discussed why I would like to speak to you today: that the sister/doctor said that you are struggling with depression/have struggled with depression in the past.

   - I would like to start by asking you how you are doing today?

   (Reflect answers in an empathic way, ask for more detail, but do not ask any leading questions.)

   - Will you say that you are currently depressed?

   (If answer is no)

   - How do you normally feel when you are depressed?
   - When was the last time when you were depressed?
   - How did you then explain your depression to other people?
   - Did you receive any treatment? Do you think that it helped?

   (If answer is yes)

   - For how long have you been depressed?
   - Do you receive any treatment? Do you think that it helps?
   - How do you explain the depression to other people?

2. First diagnosis

   I would like you to think back to the first time you were diagnosed with depression by the sister/doctor – perhaps this is the first time? I would like to speak about the first diagnosis.

   - Who diagnosed you with depression initially?
   - When?
   - What did this diagnosis mean to you? How did you understand the fact that you were diagnosed with depression? What did the word depression mean to you?
   - How did you feel about this diagnosis?
   - What treatment plan was prescribed for you?
   - How did you feel about this treatment plan? Did it help you? What kind of help/support/treatment would you rather have preferred?

3. Reasons for depression: participant

If I listen to you it sounds as if you have only felt like this once/more than once (*try to use the participant's own words*). I would like us to go back to each time that you have experienced these feelings and speak about what you think was happening in your life or what was causing these feelings. What do you think were the reasons for these feelings? / What do you think have caused these feelings?

(Try to get the participant's own theory about **each episode** – it may only be one episode. No leading questions, rather: tell me more, can you explain more?)

1. Relationship with mother

A mother often forms a very important part of a woman's life. That is why I would like to ask you:

- Is your mother still alive? If so, where does she live?
- What is your earliest memory of your mother?
- How would you describe your relationship with your mother?
- How do you feel about your mother now?
- What is your mother's role in your life now?
- How do you think the relationship with your mother impacts your depression?
- Do you think that depression has an impact on your role as a daughter? In which ways?

7. Closure

Thank you. You have talked to me about very difficult things in your life. How do you feel now?

(Depending on the participant's current mental health state, you would probably want to refer a participant for further treatment. Give the supervisor's telephone number at the University, as well as the contact details of the Welgevallen Unit for Psychology, in case there are any questions or if the participant feels that she will need help during a later stage.)

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ADDENDUM C

CONSENT TO PARTICIPATE IN RESEARCH
(For English participants)

Women's constructions of their relationships with their mothers in the context of the development and experience of their own depression.

You are asked to participate in a research study of the Department of Psychology at Stellenbosch University, conducted by Simona Flavio (BA Honours in Psychology) and Marleen Lourens (B in Social Work and BA Honours in Psychology). Findings from this study will contribute to Simona and Marleen's MA thesis in Psychology. You were selected as a possible participant in this study because you form part of the population she is interested in studying.

1. PURPOSE OF THE STUDY

This study aims to provide a more in-depth account of the experience of depression in low-income South African women. The study will specifically focus on the nature of the relationship between mother and child, as well as the effect thereof on the development and experience of maternal depression.

2. PROCEDURES

If you volunteer to participate in this study, the researcher would ask you to do the following things:

- To participate in one semi-structured interview.
- To answer questions about living with depression, asked by the researcher.
- To answer these questions for, at most, an hour and a half.
- To meet the researcher at the designated venue and time.

3. POTENTIAL RISKS AND DISCOMFORTS

We understand that speaking about difficult events in your life may bring about certain feelings of discomfort, and because of this, we have put in place a referral system whereby you will be given the opportunity to further discuss any problems with a professional in training. If you feel any discomfort in the course of the interview, you are allowed to terminate the interview at any point.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The potential benefits of the study are that you may help in contributing to a more comprehensive understanding of how South African women both experience and think about the development of depression.

5. PAYMENT FOR PARTICIPATION

After the interview has been conducted you will receive R100 remuneration. Should you decide to withdraw during the interview you will still receive the full R100, however, if you decide to not take part in the interview before it has begun, you will not receive payment.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of safeguarding the data: your name will not be used in conjunction with the interview, and the interview material will be restricted to the use of the researcher. The interview sessions will be recorded and transcribed, and you have the right to the accessing and editing of such tapes. Once the final research project has been completed, the audio tapes will be erased. The results of the study will be published; however, there will be no mention of your name, or of any details that may indicate your identity.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact:
Supervisor: Prof. Lou-Marie Kruger – 082 445 6534
Investigator/Researcher: Marleen Lourens – 072 855 8111

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT

The information above was described to me, the participant, by Marleen Lourens in Afrikaans /English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.
I hereby consent voluntarily to participate in this study.
I have been given a copy of this form.

_____
Name of Subject/Participant

_____
Name of Legal Representative (if applicable)

_____ _____

Signature of Subject/Participant
or Legal Representative Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ she was encouraged and given ample time to ask me any questions. This conversation was conducted in Afrikaans /English.

_____ _____

Signature of Investigator Date

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BYLAE C

INGELIGTE TOESTEMMING OM AAN NAVORSING DEEL TE NEEM
(Vir Afrikaanse deelnemers)

Vroue se ondersteuning van hul verhoudings met hul moeders in die konteks van die ervaring van hulle eie depressie.

Jy word gevra om deel te neem aan ‘n studie van die Departement Sielkunde aan die Universiteit van Stellenbosch, wat uitgevoer word deur Marleen Lourens (B in Maatskaplike Werk en BA Sielkunde Honneurs) en Simona Flavio (BA Seilkunde Honeurs). Die bevindinge van die studie sal bydra tot Marleen se MA Sielkunde tesis. Jy is gekies as moontlike deelnemer aan die studie, omdat jy deel vorm van die populasie wat die navorser in belangstel om te ondersoek.

1. DOEL VAN DIE STUDIE

Hierdie studie het ten doel om ‘n meer in-diepte begrip van die ervaring van depressie onder lae-inkomste Suid-Afrikaanse vroue te voorsien. Daar sal spesifiek gefokus word op die aard van die verhouding tussen moeder en kind, asook die effek daarvan op die ontwikkeling en ervaring van materne depressie.

2. PROSEDURES

As u besluit om aan die studie deel te neem, sal die volgende van u gevra word:

Om deel te neem aan een semi-gestruktureerde onderhoud, waartydens die onderhoudvoerder vir u ‘n paar vrae sal vra oor hoe dit is om met depressie te lewe, waarop u vrylik en openlik kan antwoord.
Die onderhoud sal nie langer as ‘n uur en ‘n half (90 minute) duur nie.
Die onderhoud sal op band opgeneem word.
Die onderhoud sal gevoer word waar en wanneer dit u pas en op ‘n plek wat privaat is.
Om die onderhoudvoerder vir die onderhoud te ontmoet op die tyd en by die plek waar jul ooreengekom het.

POTENSIëLE RISIKO’S EN ONGEMAK

Ons verstaan dat die onderwerpe wat tydens die onderhoud bespreek sal word, ongemaklike gevoelens by u kan oproep en daarom is ‘n verwysingstelsel in plek gestel. Dit beteken dat die onderhoudvoerder u na ‘n toepaslike professionele persoon kan verwys, indien u nodig het om enige probleme of ongemaklike gevoelens verder te bespreek met ‘n professionele persoon. As u enige ongemaklikheid tydens die onderhoud ervaar, mag u die onderhoud by enige punt tot ‘n einde bring.

POTENSIëLE VOORDELE VIR DEELNEMERS EN/OF DIE SAMELEWING

Ons vertrou dat die onderhoud interessant en nuttig sal wees vir elkeen wat aan hierdie studie deelneem. Ons ervaring is dat dit gewoonlik help om oor pynlike gevoelens en moeilike ervarings te praat. Die voordele van hierdie studie is dat u potensieel kan bydra tot ‘n beter begrip van hoe Suid-Afrikaanse vrouens met depressie saamleef, asook tot ‘n beter verstaan van die aard van die verhouding tussen ‘n moeder met depressie en haar kind/ers. Hierdie begrip sal ‘n groot bydrae kan lewer tot die ontwikkeling van verbeterde assesserings, behandeling en voorkomende maatstawwe ten opsigte van depressie onder Suid-Afrikaanse vroue.

BETALING VIR DEELNAME

Nadat die onderhoud gevoer is, sal u ‘n bedrag van R100 ontvang as vergoeding vir die tyd wat u spandeer het om aan die onderhoud deel te neem. As u sou besluit om tydens die onderhoud te onttrek, sal u steeds die volle R100 ontvang, maar as u besluit om glad nie aan die onderhoud deel te neem nie, voordat die onderhoud begin, sal u nie R100 ontvang nie.

KONFIDENSIALITEIT

Enige inligting wat ingesamel word in verband met die studie en wat met u geïdentifiseer kan word, sal konfidensieel of vertroulik bly en slegs bekend gemaak word met u toestemming of soos wetlik vereis word. Konfidensialiteit sal verseker word deurdat slegs die navorser toegang sal hê tot die data en dat die data slegs vir navorsingsdoeleindes gebruik sal word. U naam en identiteit sal nie op enige punt tydens die navorsingsproses bekend gemaak word nie. Die onderhoude sal egter op band opgeneem en getranskribeer word, maar u het die reg tot toegang en redigering van die bande, wat op ‘n veilige plek bewaar sal word. Sodra die finale navorsingsprojek voltooi is, sal al die data van die bande afgevee word. Die resultate van die studie sal gepubliseer word, maar u naam of enige ander inligting wat u identiteit kan bekend maak, sal nooit genoem word nie.

7. DEELNAME EN ONTTREKKING

U kan kies of u aan die studie wil deelneem of nie. As u sou besluit om vrywillig aan die studie deel te neem, kan u ter enige tyd van die studie onttrek of die onderhoud tot ‘n einde bring, sonder enige gevolge. U kan ook weier om enige vraag te beantwoord wat u nie wil beantwoord nie en steeds deel bly van die studie.

IDENTIFIKASIE VAN ONDERSOEKERS

As u enige vrae of bekommernisse het rakende die navorsing, kan u gerus enige een van die volgende persone skakel:
Supervisor: Prof. Lou-Marie Kruger- 021-8083460
Navorser: Marleen Lourens - 0728558111

9. REGTE VAN NAVORSINGSDEELNEMERS

U het die reg om u toestemming ter enige tyd te onttrek en om deelname aan die studie te stop, sonder enige straf of nagevolge. U oortree geen wettige eise, regte of regsmiddele deur aan hierdie navorsingstudie deel te neem nie. As u enige navrae het oor u regte as ‘n navorsingsdeelnemer, kontak Me. Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] by die Afdeling vir Navorsingsontwikkeling.

HANDTEKENING VAN NAVORSINGSDEELNEMER

Die bogenoemde inligting was aan my, die navorsingsdeelnemer, verduidelik deur Marleen Lourens in Afrikaans of Engels en ek (die navorsingsdeelnemer) is by magte van hierdie taal of die inligting was bevredigend aan my vertaal. Ek was die geleentheid gegun om vrae te vra en hierdie vrae was bevredigend aan my beantwoord.
Ek gee hiermee toestemming om vrywillig aan hierdie studie deel te neem.
Ek het ‘n afskrif van hierdie vorm ontvang.

_____

Naam van deelnemer

_____

Naam van regsverteenwoordiger
(indien van toepassing)

_____ _____

Handtekening van Deelnemer of
Regsverteenwoordiger **Datum**

HANDTEKENING VAN ONDERSOEKER/NAVORSER

Ek verklaar dat ek die inligting soos vervat in hierdie dokument aan _____ver-duidelik het. Sy was aangemoedig en voldoende tyd gegee om enige vrae aan my te stel. Hierdie gesprek was gevoer in Afrikaans/Engels.

_____ _____

Handtekening van Ondersoeker/Navorser **Datum**

ADDENDUM D

Transcription conventions according to Jefferson (1985)

[ ]	Square brackets mark the start and end of overlapping speech. Position them in alignment where the overlap occurs.
↑↓	Vertical arrows precede marked pitch movement, over and above normal rhythms of speech. They are for marked, hearably significant shifts – and even then, the other symbols (full stops, commas, question marks) mop up most of that. Like with all these symbols, the aim is to capture interactionally significant features, hearable as such to an ordinary listener – especially deviations from a common sense notion of 'neutral', which admittedly has not been well defined.
→	Side arrows are not transcription features, but draw analytic attention to particular lines of text. Usually positioned to the left of the line.
<u>Underlining</u>	Underlining signals vocal emphasis; the extent of underlining within individual words locates emphasis, but also indicates how heavy it is.
CAPITALS	Capitals mark speech that is obviously louder than surrounding speech (often occurs when speakers are hearably competing for the floor, raised volume rather than doing contrastive emphasis).
°↑I know it,°	'Degree' signs enclose obviously quieter speech (i.e., hearably produced as quieter, not just someone distant).
that's r*ight.	Asterisks precede a 'squeaky' vocal delivery.
(0.4)	Numbers in round brackets measure pauses in seconds (in this case, 4 tenths of a second). Place on new line if not assigned to a speaker.
(.)	A micropause, hearable but too short to measure.
((text))	Additional comments from the transcriber, e.g. context or intonation.

she wa::nted	Colons show degrees of elongation of the prior sound; the more colons, the more elongation.
Hhh	Aspiration (out-breaths); proportionally as for colons.
.hhh	Inspiration (in-breaths); proportionally as for colons.
Yeh,	‘Continuation’ marker, speaker has not finished; marked by fall-rise or weak rising intonation, as when enunciating lists.
y’know?	Question marks signal stronger, ‘questioning’ intonation, irrespective of grammar.
Yeh.	Periods (full stops) mark falling, stopping intonation (‘final contour’), irrespective of grammar and not necessarily followed by a pause.
bu-u-	Hyphens mark a cut-off of the preceding sound.
>he said<	‘Greater than’ and ‘lesser than’ signs enclose speeded-up talk. Sometimes used the other way round for slower talk.
solid.=	‘Equals’ signs mark the immediate ‘latching’ of
=We had	Successive talk, whether of one or more speakers, with no interval. Also used as below (lines 3–5), where an unbroken turn has been split between two lines to accommodate another speaker on the transcript page.
heh heh	Voiced laughter. Can have other symbols added, such as underlinings, pitch movement, extra aspiration, etc.
sto(h)p i(h)t	Laughter within speech is signaled by ‘h’s in round brackets