

**A PSYCHOANALYTIC EXPLORATION OF AFRICAN GRANDMOTHERS'
CULTURAL KNOWLEDGE ON MOTHERING AND ATTACHMENT**

By

Sarah Blumberg

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DECLARATION

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I declare that this research project is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university.

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Date: _____

ABSTRACT

African perspectives of mothering and attachment have only started being explored recently. Conversely there has been extensive research on Western understandings of attachment and mothering from a psychoanalytic perspective. Due to the limited literature, little is known whether psychoanalytic theories can be related to African cultural perspectives of mothering and attachment. This study aimed to understand African grandmothers' cultural knowledge of mothering and attachment through a psychoanalytic attachment theory perspective. Secondly the study intended to describe the points of convergence and divergence between psychoanalytic concepts of attachment and African grandmothers' cultural knowledge on mothering. Using a qualitative research design, nine African grandmothers, from different locations in Johannesburg, were interviewed, using a semi-structured interview. The data gathered from the interviews was analysed using aspects of narrative analysis. The findings regarding African grandmother's cultural descriptions of mothering were on the most part consistent with the literature reviewed. The discrepancies between the participants' understandings and the psychoanalytic attachment literature arose as a result of the major influence of socio-economic circumstances on their lives as caregivers. Psychoanalytic attachment constructs were present in the participant's narratives and even though they were not specifically named by the participants, the results suggested they are entrenched in African cultural practices. Thus, from a psychoanalytic attachment theory perspective the research was able to demonstrate the convergences and divergences between psychoanalytic concepts of mothering and African cultural understandings of mothering, thereby illustrating how there is room for dialogue between the two.

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DEDICATION

This work is dedicated to those strong women, the cornerstones of African culture and family life, who graciously shared their stories with me.

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CHAPTER ONE: INTRODUCTION

1.1. Introduction

While there has been extensive research into the Western understandings of attachment and mothering, interest in researching African cultural knowledge on mothering and attachment is comparatively recent (Ashforth, 2000; Holland, 2001; Minde & Vogel, 2006; Tomlinson & Landman, 2005). As a result there is limited literature that examines whether psychoanalytic theories are relevant to African cultural perspectives of mothering and attachment. This research aimed to investigate whether such a connection exists by interviewing African¹ grandmothers. This introductory chapter considers the aims of this research and provides a rationale outlining the value of undertaking this study. Chapter Two contextualises the research by presenting the relevant literature and the available research into African understandings of motherhood and attachment; it includes relevant concepts from psychoanalytic attachment theory and pertinent literature with reference to the interplay between African understandings of motherhood and psychoanalytic attachment theory. Chapter Three describes the research methods and discusses the structure of the analysis, the processes undertaken in collecting and analysing the data, as well as ethical considerations. The results of the analysis are presented in Chapter Four, divided into five main themes. Subthemes from these principal themes are further explored. Chapter Five provides a discussion of the analysis and explores points of convergence or divergence between psychoanalytic concepts of attachment and mothering and African grandmothers' cultural knowledge of mothering. The final chapter, Chapter Six, seeks to integrate all of the facets of the research and concludes by exploring the implications of the research, the researcher's reflexivity and the conclusion of the research.

¹ In the context of this research, African grandmothers refer to Black, Southern African grandmothers.

1.2. Research Aims

This study aimed primarily at developing an understanding of African grandmothers' cultural knowledge of mothering and attachment through a psychoanalytic attachment theory lens. Secondly this study intended to identify points of convergence or divergence between psychoanalytic concepts of attachment and mothering and African grandmothers' cultural knowledge on mothering and attachment. This split focus allowed for an integrated and comprehensive perspective and appreciation of African cultural knowledge and experiences of mothering. Simultaneously this research aimed to contextualise African understandings and experiences of mothering and attachment within a psychoanalytic framework with the intention of providing new research on these experiences and determining if Westernised concepts of mothering and attachment apply in an African cultural context. Finally, this research intended to provide clinicians with a new perspective and more complex understanding of the context in which African mothers find themselves and their cultural experiences of mothering.

1.3. Rationale

Many studies have been conducted from a Western perspective of mothering and attachment but, to date, there is little empirical research exploring African perspectives of mothering and attachment (Ashforth, 2000; Chidester, 1992; Holland, 2001). There has only been limited research specifically examining what motherhood and attachment means culturally through a psychoanalytic framework. This includes some literature around pregnancy, birth and the post-natal period in African contexts, though it is not extensive (Akujobi, 2011; Dolbin-MacNab, 2006; Tomlinson & Landman, 2007; Tomlinson & Swartz, 2003; Walker, 2007). There is also limited research studying the cultural understandings of the psychological adjustments the mother experiences through pregnancy and childbirth (Chidester, 1992).

In order to appreciate the meaning of motherhood and attachment from a cultural perspective, the research employed a psychosocial approach. This combined social constructionist and psychoanalytic theories for data collection and data analysis. From a social constructionist

perspective, the participant's narratives were analysed to investigate how a cultural understanding of the infant, the mother and the relationship between them was constructed. Psychoanalytic theory was utilised to explore convergences or divergences between Western psychoanalytic attachment concepts and the participant's understandings of mothering. These approaches are intrinsically linked since an individual's understanding of the world around them is socially constructed (Hollway, 2009) and the combined approaches can be productive and revealing (Frosh & Baraister, 2008; Henwood & Finn, 2009).

Psychoanalytic attachment theory explores developmental and environmental factors that may affect a child's development (Ivey, 2009). Amongst the more significant influences affecting a child during their childhood are culture, family and social anxieties (Watts, 2009). It is therefore useful to explore the cultural practices that relate to this period of a child's life in order to better understand what may influence the mother's experience of mothering and the child's psychological environment.

Culture plays a vital role in a child's development. Consequently it is vital that theories of child development are culturally informed (Nsamenang, 2000). Since the discipline of psychology has developed in a Western context, it is not surprising that theories of motherhood and attachment reflect Western socio-cultural beliefs and can therefore only be applied to other cultural contexts with caution. Some studies suggest that attachment theory, in particular, is cross-culturally applicable (Minde, Minde & Vogel, 2006; Tomlinson, et al., 2005; Van Ijzendoorn & Kroonenberg, 1988), but these findings are tentative and further research is necessary to establish whether African experiences of motherhood and early child development are compatible with Western psychoanalytic theories. Any research on mothering and attachment in South Africa therefore must be conducted in the context of an African cultural perspective (Nsamenang, 2006).

“In Africa when an old person dies it is like when a library burns down” (Aubel, 2006, p. 2). African grandmothers have a multifaceted role in family life (Aubel, Toure & Diane, 2004) and are the “managers of indigenous knowledge systems” (Aubel, 2006, p. 1). Grandmothers are regularly consulted by younger members of the extended family who seek their advice on life matters. Specifically, grandmothers are believed to have experience and expert

knowledge of maternal matters and child development (Aubel, 2006). It is for the above reasons that this research specifically interviewed African grandmothers to inform an understanding of African cultural understandings of mothering and attachment.

Any cultural issues, according to Maiello (2008), should be approached with the understanding that the Western cultural framework is not definitive and is not the sole determinant against which to measure cultural practices outside of its context. This research therefore endeavoured to provide new material on cultural practices around mothering and attachment, informed by African grandmothers, so as to understand these constructions and practices of mothering through an African cultural framework (Henwood & Finn, 2009; LaBarre et al., 1960; Trotman, 2002).

Psychoanalysis and attachment theory place the mother as the primary figure in a child's life and stresses the important role she plays in the formation of the child's internal and external realities (Long, 2009). Grandmother's cultural understandings of the role a mother plays in her child's development was examined to establish if this is also the case or if there is a different emphasis within African culture.

This study aimed to enhance the interpretation of traditional concepts of mothering within African culture and establish the extent of its influence on the mother-infant relationship (Chidester, 1992). South Africa as a nation has experienced significant social changes and in the process traditional family structures have changed. These changes are significant vis-à-vis child development (Connolly & Eagle, 2009). This study intended to investigate cultural and social factors that may influence the current understanding of the early development of African children.

1.4. Research Questions

- i. What are African grandmother's cultural beliefs around mothering and attachment?
- ii. What are the convergences and divergences between Western psychoanalytic attachment concepts and African cultural knowledge on mothering? For example, containment, primary maternal preoccupation, good-enough-mothering and the holding environment.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

This chapter puts the research into context by presenting relevant literature and research on African understandings of motherhood and attachment; it includes relevant concepts from psychoanalytic attachment theory and pertinent literature on the interplay between African understandings of motherhood and psychoanalytic attachment theory.

2.2. The South African Context

The research aimed to focus on the experiences and reflections of a group of South African grandmothers at a particular time in their lives in South Africa. Thus it is vital to consider the context these participants inhabit. South Africa has become known to have one of the most consistently unequal economies in the world (Nknoni, Chopra, Doherty, Jackson & Robberstad; 2011). The measure of income inequality has escalated from 0.64 in 1994 to 0.72 in 2005. South Africa's post-apartheid era has been "bitter sweet" (Nknoni et al., 2011). While there has been steady economic growth and post-apartheid governments have tried to address these inequalities, the distribution of income has nonetheless remained unbalanced along racial lines (Nknoni et al., 2011). There has also been an increase in the disparities amongst black South Africans which has left many in impoverished socioeconomic circumstances. This is the reality of most of the participants of this study. During the apartheid era, black women in South Africa suffered from a triple oppression. As African women they were obligated to be defined by class position and had to abide by the repressive and restrictive apartheid legislation. Furthermore, as women, they were considered dependent and inferior to their male counterparts. As such they were further discriminated against within the framework of the apartheid regime (African National Congress, 2011). Many, if not all, of the participants in this study, experienced the brutalities of apartheid first hand and also raised their children during this time. In addition, they are still experiencing the socioeconomic disequilibrium the era of apartheid left in its wake.

2.3. African understandings of motherhood

There is a body of international research which explores mother's roles, functions and experiences from a psychoanalytic perspective but little exists from an African perspective and very little which considers South Africa specifically (Boswell, 2007; Staples & Smith, 1954; Wilson, 1984). The research that exists focuses on nature of mothers' experiences in African culture and has not explored the cultural influence on mothering and the construction of the concept of motherhood in the context of African culture (Akujobi, 2011; Magwaza, 2003; Seidel, Sewpaul & Dano 2000; de Villiers, 2011). Literature on African constructions around pregnancy and childbirth exists but there is limited research in the field of psychology psychological field (Staples & Smith, 1954; Pitman & Boswell, 2007; Wilson, 1984). What relevant literature that exists is from an anthropological perspective and provides a basic framework with which to understand the practice of mothering from an African perspective (Aubel et al., 2004; Chidester, 1992; Kerr et al., 2008).

A woman's status in African culture is traditionally inferior to that of a man, despite the important role women play in traditional rituals and their given status as the mother of birth, 'Umdlezane' (Holland, 2001). According to Akujobi (2011), motherhood is often understood within African culture as an instinctive set of behaviours and emotions that are triggered by pregnancy and the birth of a baby.

While the ability to bear children empowers women to some extent, it does not free them from negative associations (Chidester, 1992). The worst form of misfortune is for a woman to be childless or for a child to die (Akujobi, 2011). This is reflected by another name that may be attributed to some women in African culture – 'Umfelokazi' – meaning 'mother of death' as an infant's death is perceived as the mother's fault (Holland, 2001). The burden of the responsibility for the child's health is placed upon African women from pregnancy until early childhood and thus any of the child's misfortunes are attributed to the mother (Warren, Daly, Toure & Mongi, 2006). This may influence a mother's experiences of mothering and her

ability to contain her child – she may feel overwhelmed with feelings of anxiety and pressure to protect the child's health.

There are a number of central figures and themes that surround pregnancy, childbirth and the post-partum period in African culture. The main figure during this time is the grandmother, the mother or mother-in-law of the new mother or mother-to-be. Grandmothers universally play a very significant role as well as in African culture. They are mothers themselves and therefore they are repositories of experience and knowledge with access to first hand experiences of motherhood in African culture (Aubel et al., 2004; Chidester, 1992; Kerr et al., 2008).

The grandmother's role may extend to assuming the role of the main caregiver as she may be the primary caregiver until the grandchild reaches a certain age (Kerr et al., 2008) or they become a parent again if the grandchild is left in their care as result of having been orphaned or consequent upon the migration of a young parent who has left home to secure employment elsewhere (Dolbin-MacNab, 2006; Trotman, 2002; UNICEF, 2008). Under these circumstances the grandmother will play a particularly active role in the children's lives (LaBarre et al., 1960).

Grandmothers perform a number of important functions in relation to first time mothers. This includes giving advice on child rearing practices and actively looking after the expecting mother (Aubel, et al., 2004; Kerr et al., 2008). In addition, the grandmother is usually close to the new mother during the period after birth and will use their experience to assist the new mother make decisions about the health and care of the newborn by virtue of their experiences (Aubel, et al., 2004; Chidester, 1992; Kerr et al., 2008).

The majority of studies investigating African cultural beliefs concerning pregnancy, birth and motherhood, appears to focus on women from traditional and rural areas. It is possible that for urban African women a number of different child birth practices apply. Traditional customs are more prevalent in rural areas than in cosmopolitan urban settings, where women

have more exposure to Western ideas around birth and motherhood, specifically in clinics. While the grandmother's home is traditionally the place of birth, increasing numbers of African women choose to give birth in clinics and hospitals, regardless of the possibility that they may be considered 'weak' for following Western procedures of birthing (Chidester, 1992). Grandmothers also play a significant role by providing emotional support, care and advice during pregnancy, birth and for an extended period of time after birth or at least until the mother ceases to bleed after her birth (Kerr et al., 2008). This social support during pregnancy, birth and the post-partum period is considered to be incredibly beneficial to the mother and there also to the child (Chidester, 1992).

The role of the father in the support structure for the mother during pregnancy, birth and the post-partum period may depend upon the extent to which traditional customs are followed. It is a taboo in African culture for the father to be present at birth; in rural areas he often leaves the village and is permitted to return when the umbilical cord falls off or after post-partum bleeding has ceased but in certain circumstances this period of separation can be longer (Chidester, 1992). In urban areas there is a slow trend away from excluding the father during the post-partum period but it remains prevalent in rural areas (Chidester, 1992). The absence of many fathers during their child's early years is a result of socio-economic circumstances or the disintegration of traditional union and marriage customs. The father's absence may or may not affect the support structure of the woman during pregnancy, birth and in the post-partum period. The new mother seems to be eased into her role perhaps more smoothly than in the Western world, as a result of grandmother support and her family (Chidester, 1992).

Pregnancy in African culture is considered a vulnerable time both physically and mystically for the mother and her unborn child. "Historically, Sotho women do not tell anyone, including their mothers or husbands, about their pregnancy and, later, about their expected time of confinement, as this knowledge may be used by others to bewitch the baby" (Minde, Minde & Vogel, 2006, p. 550). Witchcraft is the term applied to the field of illegitimate action which causes people misfortune or the accumulation of wealth and power by mysterious means (Niehaus, 1999). Bewitchment is another African cultural factor that may affect a mother's experiences and the construction of motherhood. Bewitchment is a state resulting from an individual displeasing the ancestors or failing to follow cultural customs,

with the consequence that their 'protection' is withdrawn leaving them and their loved ones vulnerable to misfortunes (Maiello, 2008). Perhaps observance of these traditions, to avoid being a victim of witchcraft or bewitchment alleviates some of the fear and anxiety for the child's health (Maiello, 2008).

Birth, like pregnancy, is understood to place the mother and infant in a spiritually volatile state (Holland, 2001). If there are difficulties during labour, they are not commonly ascribed to physical factors but rather to 'umego', which can refer to a poor relationship with the ancestors, unfaithfulness during pregnancy or witchcraft (Chidester, 1992). The belief in the power of the ancestors plays an integral role during pregnancy, after the birth and throughout the child's life. An individual and their family seeks to maintain a good relationship with their ancestors in order to secure their own wellbeing, health and happiness. This 'good relationship' is maintained through a return of the observance of traditional customs. For example, the birth usually takes place in the grandmother's home because it is believed that the ancestors reside there and will help protect the mother and child during the delivery (Chidester, 1992). If these traditional customs are flouted, the ancestors may be displeased and the withdrawal of their support may result in illness or even death. "Ancestors may punish people but are not vengeful" (Maiello, 2008, p. 250). Maiello (2008) stated that disconnection with the ancestors may cause the individual, on a psychic level, to incur massive splitting, anxiety and projective identification. Recovery is only possible through following the traditions, reengaging the formerly split off parts of the self and reintegrating them.

Individuals have a link to both their living community and to their ancestors. To ensure everything is alright, the individual may call not only on their own conscious and subconscious resources but seek the support of their ancestors and other members of their community (Maiello, 2008).

Minde, Minde & Vogel (2006) suggest that cultural pressure by the African community to view themselves holistically results in children being valued and evaluated according to their communal characteristics rather than being viewed as individuals. It is likely therefore that mothers see their children as part of a larger collective identity. The lack of recognition of the

individual is in part due to their strong communal ties with their ancestors (Maiello, 2008). Sotho women do not discuss their children's personalities until about the age of 7 and they depend on their community leader to choose a name for their child. The choice of the name is intricately linked to how the ancestors may identify the child (Minde, Minde & Vogel, 2006). This communal mentality within African culture, according to Maiello (2008), influences the psychic development of the individual and their social and cultural values. In Western cultures the tendency is for parents to encourage their children to strive for personal achievement, while in African culture the wellbeing of the individual does not take precedence over the community (Maiello, 2008). There is a sense of belonging in African culture to something greater than themselves, individuals are part of a greater whole rather than separate entities. After childbirth, during the period of confinement the mother remains in seclusion and is permitted to rest. All her household chores are done for her and her other children are taken care of, often by the grandmother, so that the mother is able to focus her attention on her new child (Dolbin-MacNab, 2006).

2.4. Psychoanalytic Attachment theory

Historically, attachment and psychoanalytic theories developed independently of each other; each challenged the other's core beliefs. Object relations theory emphasises the intrapsychic relationship between the infant and their internal objects, which are internalised representations of significant others (Bronstein, 2001). Attachment theory, on the other hand, focuses on the tangible relationship between the mother and the infant. Bowlby (1958) developed the idea that an infant's intrapsychic behaviour is instinctive and the mother-infant relationship is not solely formed to the individual who feeds the infant but the infant becomes attached to the person who interacts with them the most. Attachment theory concentrates on the formation of personality, while psychoanalytic theory is not in essence a developmental reconstruction (Bretherton, 1992). However, the psychoanalytic object relations theories proposed by Winnicott (1965) and Fairbairn (1952) are compatible with Bowlby's attachment theories (Bretherton, 1992). Over time, other developments within the field of psychoanalysis created connections between these two traditions (Hall, 2007). The linking concepts between attachment and psychoanalytic theory are the concepts of internal working models of attachment or mental representations and both emphasise the importance of the early mother-

infant relationship (Bretherton, 1992). Another important concept which links the two, as discussed by Fonagy & Target (2007), is that psychoanalysis and attachment theory may be brought together under the concept of embodied thought, which ultimately allows the development and attachment process to be viewed at a subconscious level.

Over time, psychoanalysis has integrated key attachment concepts which advance its knowledge base from systematic observations to a greater understanding of individual development (Fonagy & Target, 2007). According to Steele & Steele (1998), psychoanalytic theory is useful in developing attachment research and together these theories are being used in new empirically based research into social and personality development.

Klein's (1952) theory of psychic functioning can be applied across a person's lifespan since the individual is considered to oscillate between the same two structured positions as they did in infancy; the paranoid schizoid position and the depressive position. At changing points in an individual's life, such as pregnancy and birth, an individual may oscillate from one position to another (Klein, 1952). During pregnancy, objects such as the mother's own mother and her baby are introjected, through phantasy, into the mother's internal world and this may cause anxiety (Long, 2009). As a result of what is taking place in their internal psychic reality, individuals use specific defence mechanisms to deal with these anxieties and protect their existing internal good objects (Bronstein, 2001). There is a huge psychological adjustment when having a child and this adjustment has the potential to influence the way the mother is able to mother, and be sensitive and responsive towards her infant (Tomlinson & Landman, 2007).

Bion's (1963) concept of containment is beneficial to understanding the role of the mother as a container for the infant's experiences. An infant is unable to absorb all their intense experiences but by projecting the unprocessed elements into a container, the infant is able to accept and transform these experiences into meanings with which the infant's mind can cope (Bion, 1963). The mother's capacity to comfort her baby is through her ability to absorb tension projected onto her from her child. The mother's ability to contain her child mentally, and respond to him physically and emotionally, will help modulate the infant's overwhelming

feelings (Bion, 1994). Conversely, the absence of a suitable container leaves the infant with an overwhelming level of anxiety and the infant is forced to deny reality, or even become psychotic (Bion, 1994). The containment is not reliant on the environment but on the mother's mental activity and mental ability to be interactive with the infant, which Bion (1994) describes as reverie.

A mother who is capable of reverie is able to provide a calm receptiveness by absorbing the infant's feelings and giving them meaning. However if the mother is incapable of reverie, meaning is stripped away for the infant and this results in the terrifying sense of the unknown for the child (Bion, 1994). If the mother is not mentally available to her child as a container for their experiences, perhaps as a result of her mental, emotional or physical situation, there will be unlimited projections from the infant to the mother. The infant will project feelings of anxiety and being overwhelmed onto the mother and since the mother is unable to contain these projections, the infant is left with them, and will try repeatedly to get rid of them. The mother in this case may then be considered to be a fragile container of projections (Hinschelwood, 1999).

Within psychoanalytic theory, a number of factors are considered to affect the mother- infant relationship. A mother may feel ambivalent towards her infant for a time after their birth. According to Raphael-Leff (2010), a certain amount of maternal ambivalence is a normal part of mothering. Maternal ambivalence is an integral aspect of the mother's own subjectivity and maternal development (Wexler, 2008). While psychoanalytic literature has been accused of painting an idealised notion of the infant-mother bond, Raphael-Leff (2010) has tried to unmask this idealisation and explore the negative feelings which are also natural in mothering.

Winnicott (1962, 1965), among other object relations theorists, writes that a child's earliest and closest relationships have the most significant impact on the development of the child's mental health (Deklyen & Greenberg, 2008). A mother experiences primary maternal preoccupation towards the end of her pregnancy and for a short time after the birth (Winnicott's (1963). This special orientation is dependent on the mother's mental health; her

own environment and her ability to facilitate a desirable environment for the infant (Winnicott, 1962, 1965). This state of identification for the mother, and absolute dependent state for the baby, allows for a natural provision for what the infant needs and brings meaning to the infant's experiences (Winnicott, 1963).

Winnicott's (1963) concept of holding refers to the quality of infant care provided by the mother, as well as that of the mother's own environment during the pre- and post-partum periods. Holding can only take place, according to Winnicott (1963), if the mother experiences primary maternal preoccupation. The mother's holding capacity predicts the quality of the infant's being, their ego development and their future mental health (Winnicott, 1963). According to Winnicott (1965), the mother also holds the infant through cleaning, feeding and looking after the infant. In this way the mother attends to the infant's id needs, which are the infant's body needs. The infant's id needs must to be met in order for the infant to feel nurtured and not overwhelmed. The infant's ego is intricately linked to their experience of their body and the fulfilment of their id needs. Through caring for her child in this way the mother creates the opportunity for the infant's ego to develop which is initially. The infant's ego development originally is based on the infant's bodily functions and their awareness of these functions (Winnicott, 1965).

Winnicott (1963) emphasises the importance of the support for the mother from the infant's father as he may act as the one who, if present, may provide a holding and safe place for the mother. A 'good-enough-mother' is one of Winnicott's (1953) central concepts. A 'good-enough-mother' according to Winnicott (1953), provides the infant with a holding environment, which eventually allows the infant to become autonomous. A lack of environmental support may cause the potential 'good-enough-mother' to be stressed and therefore to be compromised in her mothering (Watts, 2009).

It is important at this point to distinguish between Winnicott's concept of 'holding' and Bion's concept of 'container-contained'. They both symbolise different aspects of an individual's experience. Winnicott's concept of holding refers to an ontological concept that Winnicott uses to explore the aspects of being alive at different developmental stages and the mother's ability to physically and psychologically insulate the child from the unknown

(Ogden, 2004). Bion's concept of container-contained pertains to the idea that an individual's capacity to process their psychological experiences is developed through the infant's early relationship with the mother. The container being the process through which feelings are made meaningful and tolerable (are contained) through the mother's subconscious psychological capacity (Ogden, 2004).

Bowlby (1958) proposed that it is crucial for an infant to develop an attachment relationship with at least one primary caregiver in order to allow the infant to feel physically and emotionally safe (Jurist, 2010). An infant's attachment behaviour activates maternal behaviour and results in the caregiver protecting and caring for the infant (Jurist, 2010). The caregiver's ability to provide a secure environment for the infant determines the infant's capability to explore their environment, separate from their caregiver and ultimately develop the attachment style they will have in later life (Senior, 2002).

Concepts proposed by Fonagy, Gergely & Target (2008), Stern (1998) and Slade (2007) are now discussed, each of which grew from the psychoanalytic and attachment theories discussed above. Fonagy states that the early attachment bond between the caregiver and infant provides the basis for the development of the infant's mind (Jurist, 2010). Reflective functioning or mentalization refers to the ability to envision mental states in oneself and others and to understand one's own and others' behaviour in terms of the receptive underlying intentions and mental states. Fonagy suggests that high reflective functioning is a good predictor of successful maternal containment and thus secure attachment in the infant and the opposite would be true for mothers who have low reflective functioning (Grienenberger, Kelly & Slade, 2005). If a mother is able to empathize with her child's mental states as well as her own, she is able to give her child the sense of their own internal experiences and how he can integrate them (Grienenberger et al., 2005).

Slade (2002) further investigated the concept of reflective functioning, which begins in the prenatal period. There is a physical and emotional shift that takes place during pregnancy, to make room for the new baby (Slade, 2002). This is where the mother slowly starts to create an emotional connection to her infant. A mother, who has high reflective functioning during

pregnancy, realises that her unborn infant already has their own mental states and physical needs and will in the future have emotional needs. The infant therefore is already seen as separate (Slade, 2002). Reflective functioning is, in essence, awareness that an individual's behaviour is a reflection of an individual's unobservable thoughts, emotions and intentions (Slade, 2002). It also refers to the emotional process of containing, experiencing and regulating emotion (Slade, 2002). The role of the parent is to use reflective functioning in order to fully comprehend their own and their child's mental states. This allows the child to develop ways to regulate himself in a flexible and adaptive manner and to create productive, sustainable relationships with others (Slade, 2007).

Western theories indicate that an infant will feel more autonomous if the main care-giver has the ability to be aware of the developing child's mind and to transfer their own containing mental states back to their infant, so that the child learns that they are autonomous and separate to their parents (Grienberger & Slade, 2005).

Stern (1998), like other attachment theorists, suggests that it is mothers who in most families play a crucial role in determining the emotional development of the infant (Stern, 1998). Stern (1998) conceptualised the "motherhood constellation" as a "new psychic organization" (p. 112) which develops at or prior to the birth of the infant. Stern (1995) describes this state as the "dominant organising axis for the mother's psychic life ... in a sense a mother passes out of the Oedipus complex and enters into the 'motherhood constellation'" (Stern, 1995, p. 172). This constellation ensures that most mothers having given birth are preoccupied with protecting their newborn (Stern, 1998). This constant monitoring of the newborn's wellbeing is emotionally and physically draining and requires a good holding environment (Stern, 1995) and reinforces the need for a supportive social context (Innamorati et al., 2010).

Positive holding, according to Stern (1998), is the psychological framing and contextualisation of the mother in such a way that she feels validated, supported and encouraged. This is achieved by creating a psychological holding space where the mother is free to explore her own repertoire of maternal behaviour with a degree of confidence (Stern,

1998). In order to create a rapport with her new born infant the mother needs to have the appropriate holding environment as well as the support of others to do so (Stern, 1998).

The maternal matrix, one of Stern's (1998) constellations, is where the mother begins to think about her own relationship with her mother (Marivin & Britnar, 2008). The new mother creates a matrix around her of experienced women, who have been mothers, in order to glean support and information about child rearing (Stern, 1998). The presence of the infant also elicits the mother's own thoughts and fantasies linked to maternal figures in her life. The fantasy in Western culture, Stern (1998) believes, is of being supported by a benign grandmother and it is this relationship that the mother wants in her secure holding environment (Stern, 1998).

2.5. The interplay between African understandings of motherhood and psychoanalytic attachment theory

Psychoanalytic and attachment theorists have looked extensively at the role of the mother-infant relationship as being an integral indicator and influential factor of an individual's future mental health (Long, 2009; Watts, 2009). While certain studies have found attachment theory, in particular, to be cross-culturally applicable (Minde, Minde & Vogel, 2006; Tomlinson, et al., 2005; Van Ijzendoorn & Kroonenberg, 1988), these findings are tentative and require further research in order to explore the possible intersection of and dialogue between African and Western constructs of motherhood and theoretical frameworks. A study conducted in South African suggested that attachment classifications are consistent with other cross-cultural research in developing countries (Tomlinson, Cooper & Murray, 2005). This implies that attachment could be an innate construct in every individual and the differences lie in the expression of the attachment behaviours both from the infant and the mother (Minde, Minde & Vogel, 2006; Tomlinson, et al., 2005; Van Ijzendoorn & Kroonenberg, 1988). However, more research is needed to establish the extent of the influence of culture as a factor in determining attachment classifications (Minde, Minde & Vogel, 2006; Tomlinson, et al., 2005). Therefore any research on mothering and attachment in South Africa should be conducted in the context of an African cultural perspective (Nsamenang, 2006).

Tomlinson and Landman (2007) have undertaken research that explores attachment and the feeding relationship in Africa. The manner in which the mother feeds the infant, the quantity of food available and the nature of the mother's environment when raising her infant all have an impact on the psychological development of the infant and may influence the attachment the infant develops to its mother (Tomlinson & Landman, 2007). Furthermore, the way in which the mother responds to her infant, and her experiences of mothering, are often governed by her psychological and physical environment.

The environment therefore plays a role in influencing the mother-infant relationship (Tomlinson & Swartz, 2003; Tomlinson & Landman, 2007). Tomlinson and Swartz (2003) suggest that mothers in poor circumstances have lower psychosocial support than in situations which are less financially constrained. Therefore, where there is an extreme lack of resources, the lack of psychosocial support may cause the mother-infant relationship to be compromised (Tomlinson & Landman, 2007). However this research is not extensive and does not explain the mother's psychological experiences of mothering within an African context comprehensively (Akujobi, 2011; Dolbin-MacNab, 2006; Tomlinson & Landman, 2007; Tomlinson & Swartz, 2003; Walker, 2007). This is in agreement partly with Tomlinson and Swartz (2003) who emphasise that there is a comparative dearth of knowledge about infancy in African countries.

The importance of the moments after birth for the mother-infant relationship, is apparently not as emphasised in African culture as it is in the West (Dolbin-MacNab, 2006). There also an apparent lack of research establishing the existence and/or the application of the concept of reflective functioning in an African context (Webber & Nathan, 2010).

Very little research has been undertaken to investigating the complex psychological experiences of motherhood within African culture (Akujobi, 2011; Magwaza, 2003; de Villiers, 2011). Research has been conducted by Akujobi (2011); Magwaza (2003); de Villiers (2011) and respectively focuses on the mothers' experiences of attachment within African culture; the impact of poor socio-economic circumstances on the experiences of mothering and the construction of motherhood in African culture. None of these studies

explored motherhood from a grandmother's perspective. De Villiers's (2011) study found that the socio-economic circumstances of a mother will compromise her ability to care for her child in the ideal way. Akujobi's (2011) paper discusses how motherhood is a lifelong commitment that in many ways empowers women. Magwaza's (2003) study emphasizes the need to always understand the construction of African women within the patriarchal social structure of their culture and his paper denotes some of the roles African women play. De Villiers (2011) suggested the need for further research to be done exploring the complex psychological experiences of motherhood within African culture.

New mothers, within African culture, receive social support during pregnancy, birth and the post-partum period (Chidester, 1992). This social support, according to Chidester (1992), is considered to be incredibly beneficial to the mother. When raising her child, the mother may also access familial support; the infant in African culture may be brought up by the extended family and not solely their mother. These traditional family structures provide the mother with assistance and support; nonetheless, the concepts of 'bonding' and attachment may be reconstructed, especially in the period immediately following childbirth (Chidester, 1992). The individual in African culture is viewed as part of the family and their community (Maiello, 2008). This may accordingly influence the way in which psychic development takes place.

2.6. The notion of an African Psychology

There is a vital and continuous debate in the field of Psychology, in Africa and more particularly South Africa, regarding the possibility of an indigenous African psychology. There appears to be two central sides to the debate. The first is the notion that an "African Psychology" is a myth and that there is no distinct epistemology that is particular to a unique people and their geographical domain (Moll, 2002). The other version proposes that an African Psychology is a reality which is coupled with a substantial body of literature in the field of psychology, arising as a result of an engagement with African problems and issues (Moll, 2002). Part of the argument for an African Psychology notes that Western theoretical traditions may be unable to address the specific psychological difficulties of indigenous

South African peoples (Manganyi, 1991). This is because any developmental psychological theory must be rooted in the specific knowledge systems, identities and epistemologies of the context (Holdstock, 1981). In contrast, it is argued that the relationship between the rapid social and political change taking place in many African contexts and the individual is impacting on the relationship between Western and African Psychology and may help to “overcome the failure of the reductionist and parsimonious features of dominant Western psychology” (Gilbert, 1989, p. 92). Moll (2002) therefore argues that a psychology originating in Africa is not entirely unique to Africa but should be viewed as a universal psychology which is in constant interaction with African problems and issues. It is *both* a myth and a reality and needs to be continuously thought out and debated (Moll, 2002). Thus the present research situates itself in this dynamic dialogue, taking into account the uniqueness of the South African context and the people who inhabit it, as well as trying to explore what is universal about the experience of these people.

2.7. Conclusion

To conclude, while it is evident that research has been conducted around African belief systems, practices and rituals around mothering, birth and early childhood, these studies have not comprehensively captured the experiences and understanding of mothering and attachment in African culture. There is a clear gap in the literature around African conceptualisations of the role of mothering from the caregiver’s perspective.

CHAPTER 3: METHODOLOGY

3.1. Research Design

A qualitative research design was used for this research, as it was appropriate to the aims of the study. As there is little other research pertaining to the research topic, a qualitative research design allowed the researcher to undertake a detailed investigation into African cultural understandings of mothering and attachment. The research aimed to explore social constructs and to gather a large volume of information from a few participants. Qualitative methodology also places emphasis on the importance of the process in which people create and give meaning to their social experiences and lived realities (Coyle, 2007). This research looks at the meaning African grandmothers give to their understanding of mothering and attachment in an African context (Wang, 2008). A qualitative approach lent itself to this research as it is appropriate for multicultural and cross-cultural research (Wang, 2008). Lastly, qualitative analysis allowed the research to contextualise the grandmother and her narratives within an African context (Coyle, 2007).

Quantitative analysis would not have been useful in this particular study as it does not allow an analysis of non-numerical data through a psychological lens (Coyle, 2007). The subjective views of the participants were considered vital in this research (Flick, 1998). By addressing the study's aims qualitatively, it was anticipated that the insights gained from exploring African grandmothers' understanding of mothering and attachment in an African context and from a psychoanalytic perspective, would add to the understanding of the emotional and psychological experiences of mothering in an African cultural context. It was also intended that the research would establish the applicability of psychoanalytic attachment theories to mothering and the mother-infant relationship in African culture.

3.2. Participants

Nine African grandmothers, from different locations in Johannesburg, made up the sample for this research. Individuals were considered appropriate for research participation if they were a grandmother and 45 years of age or older and thus were invited to participate if they fitted these criteria accordingly. The researcher chose to interview African grandmothers as, in their cultural context, they were repositories of cultural knowledge on pregnancy, birth and the early stages of motherhood (Chidester, 1992). In addition they have been mothers themselves and are possibly able to take a more objective stance and way of thinking about their personal and cultural understandings of motherhood and attachment in African culture. The researcher also attempted to ensure that the participants had some knowledge of their culture and the culture's practices with regards to mothering and attachment. The researcher did this by explaining the aims of the research to the grandmothers during the selection process and by asking if the prospective participants whether assist by answering questions about and advising on their culture. As part of the selection criteria the participants were required to complete the interview in English (see Appendix A for a table depicting demographic details of participants).

3.3. Sampling Procedure

This research used a non-probability sampling procedure and a purposive snowball sampling strategy. A non-probability sampling procedure was appropriate as the researcher did not have the resources to access a greater sample of African grandmothers. A non-probability, purposive sampling process identifies a sample which is unambiguously chosen on the basis of certain attributes, qualities, knowledge and understanding that the participants may have in light of the research aims and research questions; in this case, African grandmothers with cultural knowledge and understanding of mothering (Rosnow & Rosenthal, 1991).

In order to locate the initial participants the researcher used the resources of a community based Psychotherapy Centre and a Nursery School, which had African grandmothers as part of their staff, to find the initial participants. Before the data collection took place, the researcher obtained permission from the Psychotherapy Centre and the Nursery School in order to access the participants. Ethical permission was also obtained from the Human

Research and Ethical Standards Committee (HRESC Internal) at the University of the Witwatersrand, Johannesburg (Protocol Number: MCLIN/12/007 IH) (see Appendix B for Ethics Clearance Certificate).

Once the appropriate permissions were obtained, a social worker from the Psychotherapy Centre accessed the names of potential participants from the database and the headmistress of the Nursery School made a list of potential participants. The social worker from the Psychotherapy Centre and the headmistress of the Nursery School phoned the potential participants and informed them about the study. If they were interested in taking part, they gave permission for their contact details to be given to the researcher. The researcher thereafter contacted all the potential participants who had expressed interest in the study. The potential participants were invited to take part in the study; were informed of the nature of the study and their ethical rights as a participant. Once a potential participant had shown interest in the study, they were informed that their transport to and from the interview venue would be paid for, further information was given around the study and a convenient time and place for the interviews to take place agreed. The researcher asked participants to suggest further potential participants, who were in turn then invited to participate in the study on the same basis as is described above.

Nine African women formally agreed to participate and all were interviewed. All participants were grandmothers; four spoke isiZulu as a first language, two spoke Sotho, one spoke Shona and one Tswana. The language/cultural group of the initial participant is unknown as it was not initially asked. All the participants spoke English and were women from more urban areas. The age range of the participants at the time of the interviews was 45 – 67. It is important to note that none of the participants sourced from the Psychotherapy Centre constituted a clinical sample (viz: having need of psychological treatment). Similarly, none of the other participants, whether sourced through the nursery school or those obtained through snowballing, constituted a clinical sample either. The researcher fulfilled her aim of obtaining eight to nine participants to provide an adequate volume of data to fulfil the research aims.

Some of the interviews took place at the Psychotherapy Centre and the other interviews took place at the nursery school or at a more convenient location for the participants. Prior to the starting of the interviews, the researcher provided the participants with an information sheet and the relevant consent forms, which were in English (see Appendix C for the Participation Information Sheet and Appendix D for the Participation Consent Form). In addition to this, the researcher informed the participants orally about the nature of the interview process and their ethical rights in a clear manner so as to ensure that each participant understood the process. A separate consent form for the audio taping of the interviews was provided (see Appendix E for the Audio Recording Consent Form). The participants were asked to sign these consent forms. The interviews took place in a quiet room, where they would not be interrupted or overheard to enable the participants to speak easily. Sufficient time was given to participants to answer the questions and the researcher emphasised that in the event that any participant was uncertain of the question asked, in terms either of its intention or meaning, they could inform the researcher accordingly. The researcher often had to rephrase questions so the participant could fully understand what was being asked of her. The participants were not pressured to answer any questions they did not wish to respond to. In addition when sensitive content arose, each instance was handled with empathy. This was achieved by allowing the participant a comfortable and non-judgemental space in which to cry. The interviewer reflected the participant's emotions when necessary so she felt herself both heard and supported. In some cases the researcher switched off the audio recording to give the participant some time to recover and compose herself.

3.4. Data Collection

“Interviewing can inform us about the nature of social life” (Elliot, 2005, p. 19). The data used in this research was collected through the use of semi-structured interviews. The researcher created questions for the interviews by drawing on the theory presented earlier. The interview was designed to tease out the participants' experiences of motherhood and attachment, allowing them to answer questions based on their understanding of mothering and attachment. The researcher also fashioned questions which asked for the participants' own account of their experiences and understandings as a mother, their opinions on the significance of the relationship between the caregiver and the infant, and what the

participants considered important for their own infants' development. Questions relating to African cultural beliefs and practices of mothering and attachment and other questions relevant to the aims of the research were included.

The researcher began by asking questions about the age, marital status and the number of children and grandchildren of each participant, in order to establish a rapport with each participant. The researcher loosely used the Psychoanalytic Research Interview as a guide (Cartwright, 2004). The researcher noted initial reactions from the participants (Cartwright, 2004). The researcher used open-ended questions and, to a certain extent, allowed the participants' narratives to lead the interview in a partly unstructured manner. This allowed the researcher to access a richer account of the participant's understanding of motherhood and attachment (McLeod, 2001). This is partly in accordance with the Psychoanalytic Research Interview's guidelines; however due to time limitations the researcher was not able to permit the participants to deviate too far from the issues addressed by the questions into other areas of their understanding as a mother, grandmother and women in African culture (Cartwright, 2004). The participants were encouraged to share their experiences as authors of their own narratives while the researcher tried to come across as open to learning and hearing about their experiences (Cartwright, 2004). As suggested by the Psychoanalytic Research Interview, throughout the interviews the researcher noted visual or auditory non-spoken cues (Cartwright, 2004). In addition the researcher noted emotions displayed by the participants and the content of the interview that triggered that emotion. As this research was conducted within a psychoanalytic framework, and in accordance to the guidelines of the Psychoanalytic Research Interviews, any countertransference experiences were noted and are discussed before each interview transcript (Cartwright, 2004).

The researcher was aware that each of the participants came with their own dynamic life experiences, which included their personal experiences and the meanings that they have constructed of mothering and the influence that the unique cultural context of each participant, would have upon the participants' understanding of motherhood and attachment (Hollway, 2009).

It was anticipated that conducting the interviews in English might prove to be a limiting factor upon the participants' ability to communicate and accordingly the volume of information gathered. The additional processes required to ensure accurate interpretation from another language were considered to be beyond the scope and feasibility of this study. During the interviews, the researcher was constantly aware of the language constraints and accordingly careful to ensure participants understood the research process and questions and the researcher repeated or rephrased questions when required to avoid any misunderstandings.

The data collection methods are appropriate to the research aims as they allow for rich and detailed information to be gathered (Fossey et al. 2002). The researcher sought to fulfil the aims of the research by having a flexible interview structure adapted to each participant (McLeod, 2001). The credibility of this data collection and further analyses is ensured to an extent by the flexibility of the interview which allowed the researcher to clarify understandings and meanings. In addition, it was evident that the researcher had to remain aware of these dynamics and relations between herself and the participants. Therefore it was important that the researcher constantly remained aware of her subjective, and thus influential position, in relation to the study. Throughout the interviews the researcher tried to always follow Merton, Fiske, and Kendall's (1990) suggestion to listen to the participant with a detached concern which allowed the researcher to exhibit empathy while not overtly displaying her emotions and thereby influencing the results of the study.

The length of the interview varied and lasted between 50 – 90 minutes. Breaks and refreshments were given to participants during the interview when necessary. The variation in the interview length is in part due to the time spent by the researcher clarifying and explaining questions and to some participants being more open or talkative than others. Each participant answered all the questions but varied in the extent in which they shared. There is unlikely to be a single reason for this but it should be noted that English for most of the participants, is a second language and they may have found it difficult, from time to time, to explain further. Cultural, racial and age differences between the researcher and the participants may have influenced the readiness with which participants shared their understandings of motherhood and attachment. Finally, it may also have been that the

participants did not feel entirely comfortable sharing difficult and sensitive experiences with someone they did not know.

3.5. Data Analysis

The data gathered during the interviews was analysed using narrative analysis. Since narratives cannot be taken at face value and need close inspection, they were interpreted using a framework of psychoanalytic attachment theory (Riessman, 2005). This method of data analysis allows an initial exploration of social and cultural constructions of mothering and the early mother-infant relationship from the participant's perspectives. Subsequently, in conjunction with psychoanalytic attachment theory, an in-depth exploration of African cultural meanings of mothering and attachment from a psychoanalytic perspective was possible (Cartwright, 2004). A psychoanalytic interpretive framework recognises the crucial role of the narrative and it is the interpretation of the participant's life stories here that allows a detailed understanding of the intrapsychic dynamics of the participant's understandings of motherhood and attachment (Cartwright, 2004). The data also lent itself to analysis from a psychoanalytic attachment theory perspective, in addition to a socio-cultural perspective, since it was composed of individual personal narratives (Hollway, 2009).

The initial stage of data analysis was the transcription process, from the audio tape to a Microsoft Word document. The accuracy of the transcriptions was checked by the researcher and checked a second time when including additional notes made during the interviews on the transcripts. These notes included reference to how participants initially presented, their behaviour and any specific mannerisms (Cartwright, 2004). This was achieved by noting the way in which the participant spoke of her beliefs and understandings of motherhood and attachment. The researcher also noted any transference or countertransference dynamics in each interview and specific emotions that arose in each of the interviews (Cartwright, 2004). It is suggested that the transcription process helps a researcher to categorise participants' responses in order for the collected data to be shortened and analysed. However the researcher attempted to avoid ignoring or excluding any relevant data in the process as according to Cartwright (2004) it is "often the 'noise' that, particularly from a psychoanalytic

perspective, interests us most” (p. 228). Once the transcription process was completed the researcher reread and actively engaged with each transcript in order to familiarise and obtain a deeper understanding of the participants’ understandings of motherhood and attachment in order to “allow all aspects of the interview to influence the analysis” (Cartwright, 2004, p. 227). Through a psychoanalytic perspective, the researcher was able to understand and obtain a rich and detailed picture of the participants’ personal, culturally influenced understanding and experiences of motherhood.

The researcher used the transcripts and side notes to identify similar core narratives by interpreting participants’ accounts and developed and arranged these similarities into themes and subthemes (Cartwright, 2004). This transcript analysis was designed to explore and construct the themes that were presented by the participants through their interviews around their self- and object-representations and subconscious processes. These participant-inspired themes helped the researcher interpret the participants’ understandings of motherhood and attachment in relation to existing psychoanalytic attachment theory (Cartwright, 2004). The researcher examined both the overt and latent content of the narratives while identifying these themes (Cartwright, 2004; Hollway, 2009). Furthermore the manner in which the participants spoke of their understandings of motherhood in relation to others and their environment served also to contribute to the construction of the themes (Cartwright, 2004; Frosh & Baraister, 2008; Thomson, 2009). The researcher added to these themes by identifying experiences or practices described by the participants that related to psychoanalytic attachment concepts. To be consistent with a qualitative research approach, the researcher allowed the data to lead the study and only included theoretical concepts which emerged from the participant narratives.

The researcher went on to develop more concrete themes which were then checked by the research supervisor for consistency, appropriateness and variability to the research aims. The final themes are the foundation of the results section and are supported by the sub-themes which give them depth. The researcher used the countertransference and transference responses from the participants’ interviews in the results section (Cartwright, 2004). Direct quotes were used to validate and exemplify the themes in the results section.

The discussion of the results in relation to psychoanalytic attachment theory enables an exploration of the applicability of these theoretical concepts to African understandings around motherhood (Crossley, 2007; Harbison 2007; Stevens, 2007). This method prevents the researcher imposing definitive interpretations of the participant's narratives or challenging the meaning they attach to their accounts. The goal is to focus on the cultural and emotional processes embedded in the participant's narratives in order to explore the understanding of mothering in an African context and to identify if this is in line with psychoanalytic attachment theories (Chase, 1996). In addition to cultural sensitivity, feminist critique of psychoanalytic theory was considered. The researcher was aware that these theories represent conceptualisations of motherhood which have been criticised by some feminist writers (Chodorow, 2004; Raphael-Leff, 2010). Throughout the analysis the researcher aimed to remain reflective, aware of her influence on the data collection and the analysis both from a personal standpoint and the interpretation of the data from a psychoanalytic attachment perspective. This will be discussed further in the reflexivity section of the research.

3.6. Ethical Considerations

Ethical guidelines were adhered to whilst conducting this research to protect the rights of the research participants. The researcher considered the research from the participant's standpoint and considered possible threats to the participant's health, psychological well-being, dignity or values; no threats were identified. Ethical clearance was obtained from the Internal Human Research and Ethics Standards Committee (HRESC Internal) of the School of Human and Community Development at the University of the Witwatersrand (Protocol number MCLIN/12/007 IH) (see Appendix B). The researcher obtained permission from the various institutions (Psychotherapy Centre and Nursery School) via e-mail through which the researcher identified the initial participants. The researcher primarily invited the participants to participate on the phone and then, in person, provided them with a Participation Information Letter (see Appendix C) and Informed Consent Form (see Appendix D). Only once informed consent had been given did the researcher continue with the research interview. Research participants were offered reimbursement for transport costs; this was not intended as an incentive and was only offered after the participant had agreed to participate in

the study if they needed to travel to meet the researcher for the interview. The participants were informed that accepting the reimbursement for transport did not influence their ethical rights as a participant, such as their right not to answer questions or withdraw themselves or their data from the research at any time.

In order to avoid exploitation, the risk of participants misunderstanding or being unable to read the consent form, the researcher endeavoured to ensure that everything was understood in its entirety before progressing with the research interviews. This was achieved by explaining all the details of the consent document verbally in addition to explaining to the participants their rights. The researcher informed all the participants of the objectives of the study and ensured that she clarified aspects of the investigation that may affect the participant's willingness to take part in the study (Lidz, 2003). For example explaining to the participants that participation in the research did not advantage or disadvantage any of the participants and that emotional distress, or any form of harm to the participants, was not anticipated but it may be emotional to speak about these things. However three of the participants became quite tearful when recounting their experiences. The researcher provided all the participants with contact details of organisations to approach for free counselling such as Lifeline or the Emthonjeni Free Psychology Clinic. This was repeated to the participants who became emotional and the researcher encouraged them to make use of these services.

The researcher made it clear to the participants that they may withdraw from the study at any time without adverse consequences. Although anonymity cannot be attained completely, participants were guaranteed confidentiality for their taped prior to agreeing to participate in the research and anonymity in relation to the transcripts and the research report (Lidz, 2003). All participants gave their consent for the researcher to have exclusive access to the audio-taped material (see Appendix E). Additionally, the participants were assured that the recording transcripts would only be seen in full by the researcher and research supervisor and that their identity would remain anonymous to all third parties. However the anonymity of the transcripts were maintained with the research supervisor. The interview material was kept in password protected files to which only the researcher had access and all data is destroyed within 2 years if the research is published or within 6 years if it is not. Participants were assured that no identifying information would be used in the research report and they

understood, and gave permission for, relevant verbatim quotes to be included. The participants were informed that a summary of the findings would be available to them after the research was completed.

The welfare, wellbeing, dignity and rights of each participant were maintained by the researcher at all times during the data gathering processes. This was achieved in part by ensuring, as far as possible, that the participants felt comfortable with the research process and were not intimidated. The researcher spoke to each of the participants after their interview to see if wanted to talk further about anything difficult that came up during the interview. At the end of the interview the participant was reminded of their rights and encouraged, where necessary, to make use of the free counselling centres.

The researcher intends to publish the research findings in a peer-reviewed journal. Furthermore, the researcher would like to use this research as a tool to educate mental health professionals working in community settings. Should there be any publication or presentation of this research, the researcher will continue to ensure the anonymity and confidentiality of each participant.

3.7. Reflexivity

3.7.1. Reflexivity of the researcher

“Reflexivity requires an awareness of the researcher’s contribution to the construction of meanings through the research process, and an acknowledgment of the impossibility of remaining ‘outside of’ one’s subject matter while conducting research” (Willig, 2001, p. 10).

The researcher, through a form of narrative analysis, interpreted and drew meaning from the data; therefore the researcher played an integral role in the construction of the meaning of each participant’s narrative. The researcher’s theoretical knowledge and biographical experiences actively affected the analytic process since the researcher attempted to account for and describe the participant’s understandings of motherhood and attachment (Coyle, 2007). The interactional dynamic in an interview may also affect the way in which the story is told and the researcher was cognisant of this (Crossley, 2007). According to Hollway (2009), the researcher plays a significant inter-subjective role in creating meaning in the interview and from the data collected. Therefore the researcher unwittingly played a role in the construction of the themes that were developed from the participant interviews, both by interacting with the participant in the interview and in the analysis of the data. The researcher was aware of, and attempted to avoid, promoting an external objective self while in the research situation. The researcher understood that the relation between the participants and the researcher needed to remain as a central focus throughout. The researcher also tried to remain thoughtful and contained throughout the research process in the knowledge that being aware and reflective of one’s influence on the research process is of utmost importance for a successful study (Hollway, 2009).

It was important that the researcher was mindful of her position as a young, white South African female, and the influence this had on the data collection, the participant’s responses and the resulting analysis (Eagle, Hayes & Sibanda, 2002; Frosh & Baraister, 2008). While the researcher did not understand aspects of the African culture practices presented, she endeavoured to appear interested and open to learning about these practices and understandings of motherhood and attachment. Most of the participants were open to this approach but some felt the need to explain the contrast in cultural practices. Secondly, she was constantly aware of applying any of her personal beliefs of mothering to the research (Hollway, 2009). The researcher often felt a desire to assist participants in a practical manner and was very moved by the participants’ experiences of mothering and by the many traumas

and difficulties these women faced. The participants were aware that the researcher was conducting this research towards completion of a Master's degree, thereby creating a possible power dynamic in the room but this was not always evident in the interviews where some participants took an authoritative position as they themselves were not only older than the researcher but held the sought after knowledge. The researcher endeavoured to do this by trying to give as much agency to the participants within the room.

The researcher had to remain aware of these dynamics and the relationship between herself and the participants. Therefore it was important that the researcher constantly reminded herself of her subjective and influential position in this study. Throughout the interviews the researcher tried to follow Merton, Fiske, and Kendall's (1990) suggestion that the researcher should listen to the participant with a detached concern, thereby allowing the researcher to exhibit empathy while not overtly showing emotion, which could influence the research results.

It was vital for the researcher to be aware that applying Western based theories to an African context may be problematic (Liddel, Lycett & Gordon 1997; Nsamenang, 2000; Serpal, 1994). The researcher therefore tried to remain sensitive to this during the study's exploration of African cultural knowledge and, as far as possible, generalisations were avoided (Mkhize, 2004).

3.7.2. Researcher's interest in the topic

Breakwell (1995) suggests that "the richness of the data is determined by the appreciation that the researcher had of the topic" (p. 231). Frosh & Baraister (2008) go on to explain that

being subjective is not completely negative as it may be an investment (Thomson, 2009). Thus the researcher's interest in the research topic may have played a positive role in providing an accurate account of the data (Frosh & Baraister, 2008). The researcher has a vested interest in this topic as she will be working with South Africans from different ethnic and socioeconomic backgrounds in her future professional capacity. While mothering is a worldwide concept, it is very specific to each culture. The researcher intends for this research to partially inform her understanding of motherhood within an African framework.

3.7.3. Concluding remarks

In conclusion, the researcher attempted to ensure that the entire research process was open to critical and systematic reflexivity; the researcher continually reflected on the nature of the research, the role she played in the analysis and the inscription of the results in order to establish conformity of the research (Elliot, 2005). The research supervisor assisted the researcher in considering her influence on the study. Qualitative research, informed by a psychoanalytic stance, attempts to take into account the researcher's relationship towards the research, the subjectiveness of the researcher and the participants rather than simply intervening variables (Flick, 1998; Frosh & Baraister, 2008; Hollway, 2009).

CHAPTER 4: RESEARCH FINDINGS

4.1. Introduction

The following chapter will convey the findings of the research. In analysing the data, themes were mainly inducted from the data directly and some were elucidated in terms of the psychoanalytic attachment theory reviewed. Five main themes were identified and will be discussed in great detail. These themes are:

- I. The role of the mother in African culture.
- II. The value and benefit of being a mother.
- III. The lived experience of motherhood.
- IV. Psychoanalytic concepts of motherhood.
- V. Understanding and experience of attachment.

The first theme (the role of the mother in African culture) describes the participant's understanding of what motherhood in African culture entails. Embedded in this theme were the following sub-themes: the contextual nature of the construction of motherhood; the inevitable nature of motherhood; the role of mother as a fluid concept; cultural influences on motherhood; and the role of mother as providing physical and emotional protection and to feed.

The theme involving the value and benefit of being a mother delineates how each of the participants experiences the importance of motherhood, as well as the benefits and difficulties surrounding motherhood. Sub-themes that were elicited under this theme include: the aspiration to be a mother; the importance of children in African culture; the mother's perspective of her value; positives and negatives of motherhood; denial of the hardship involved in mothering; and the influence of patriarchal society.

The third main theme focuses on the participant's lived experiences of motherhood and the influences thereof. Sub-themes included: the participant's experience of pregnancy, labour and giving birth; support structure or lack thereof; environmental influences; and death.

The fourth theme included descriptions of mothering by the participants that linked with psychoanalytic concepts of mothering. Sub-themes included: awareness of the baby while pregnant; the mother making space for her child; primary maternal preoccupation after birth; reflexivity and the mother's holding environment.

The final theme presents the participant's understandings and experiences of attachment and related concepts that influence the attachment relationship.

4.2. MAIN THEMES

Theme I: Role of the mother in African culture

Throughout the interviews it became clear that the participants were living in a time where their experiences and thus their understandings of motherhood were shaped by the context in which they find themselves. The understanding of mothering, according to the narratives collected, seemed to also have been influenced by cultural and traditional belief systems, as well as by Westernised ideas of mothering. Participant A and I's responses illustrate this:

I: Yes, it is different to people, but in my culture when the umbilical cord is off, we take the mother and the father that's what we call it, the umbilical cord is out. Then they must go if there is a toilet there, they go and flush it together. If they are in the rural areas, they will tell you, you have got some kraal for the cows, they will put in on the lady, you tie a string on your waist, you put it here. They tell you to go to the kraal like that, then when it falls it falls.

A: I can say it's different, never mind that I didn't look after my kids much, my mother used to. But I mean I taught, I even taught my mother what to do, because I worked, I found a job before I made kids. So then I was working as a domestic then I knew that the child could sleep in a cot, I knew how to look after the kids. So then my first born I also bought a cot,

took it home, bought a steriliser, you need knew how to sterilise the bottle and all that. So my mother never knew about that. So then I taught her before I came back.

While many of the participants' traditional cultural beliefs were altered due to Western cultural influences, the results suggest that many of the participants still adhered to their cultural beliefs and practices around birth, even if it not adhered to as strictly as in more rural/traditional areas. The data suggested that becoming a mother in African culture is something to be aspired to. This aspiration was experienced by some of the participants from a young age (A, C, D and G).

Researcher: What has it been like to be a mom?

C: It is very nice. When you are teenager and then you grow up, you come up and then you see another lady like this getting married and you know having babies. You want to, you also want to be a mother one day. You think it is very important, it is very nice.

This aspiration seems to have influenced some of the participants to have children, which may suggest that part of the construction of being a woman in African culture is to be a mother. In addition, the narratives suggested that children, especially male children, in African culture are held in very high regard and bring great joy to traditional African men.

A: For example if you don't have babies, to make sure that the man likes kids, he will, I mean he will take you to the doctors everywhere trying to, I mean to help you find the baby, because the man likes to have a child.

E: ... they like it when you having babies – and like the father without the husband if he has got any child then the house without children I think they don't have so much like that, they want more children inside.

Therefore another part of a women's role in African culture, according to these narratives, is to have children and their construction of motherhood is also dependent on providing a male heir. The data suggested that children, according to some of the participants (F and H), not only make the man happy but also seems to validate the father's masculinity.

F: Oh, he is going to talk my baby, it's my boy, he is going to be like me, especially if he is a boy. Wow, oh, you must see the African guys ... But if she is a girl, she like her because it is her baby, but the boy – you know the Africans they like boys. Because I remember my friend I am staying with her at Orange Farm. My friend her husband they get three girls, there is no boys. Now that man every time I have got boys and my girls daughter, boys, he is going to say what this boy because you have got boys. He talk with my husband he said, you have got your baby is a boy now you have got grandsons, boys, now can you give me one. He is going to say to them that lady, I am going to find another lady to give me a boy.

H: He thinks, I am a good man, I make a baby.

Children therefore seem to symbolise an accomplishment / success and increase in self-worth in African culture. Therefore one of the vital roles of a mother in African culture is to protect one's children and this was evident in the narratives and in the participants' construction of motherhood. One of the main reasons, as suggested previously, is that a baby is one of the important aspects of African culture and therefore they need to be protected. For Participant A, this protection is also vital for the elder generation's wellbeing.

A: ... that these kids loves me and then that means they rely me and they know what they ask and I will do. If I can't I just tell them, you know what, it's hard but I will try. I don't promise, but I will try. And you know what, it's so nice to be the granny. Ja and for example, we, I mean we, I am here in this world not forever. I can say we are visitors to this world, so most of the time when I go to the funerals and then they have got, um, like they write, they

have got a programme, programme for the late someone. So for me, I feel very happy even this things say, I mean, she was born in such a year and then she done things, she worked at M. for so long and then she came back home, she got sick or whatever. Then she, I mean, she had so many kids, with so many grandchildren and well grandchildren and for me, it's nice, it's very nice ... I mean to get old ja, it's going to be hard especially if you don't have someone to look after you, ja. But I hope I could just get someone from my kids, love me, care about me.

Having children therefore not only ensures to some extent that mothers will be cared for when they are old but the love they give their children will be returned to them. The narratives also suggested that birth symbolises the transient nature of life and children bring happiness into the monotonous nature of it.

While the participants indicated the importance in their role of emotionally and physically caring for their infant, there was also a significance placed on protecting the child from any potential emotional and physical harm. From the interviews it emerged that a way of preventing harm was to follow African cultural traditions that have been passed down through the generations. It was evident in all the interviews that cultural knowledge is passed down in an intergenerational manner and appears to encompass the cultural practices and myths around pregnancy, birth and child rearing and alludes to the practical guidelines of mothering.

I: Ja, I had to show my child what to do with your kids; how to feed them, how to, so many thing ... Yes it goes on and on. I have to teach her also whether she does it or not, but you have to teach her.

Examples of some of these cultural practices are as follows:

A: So they say if you eat fried egg, if you are going to have a baby, the day that you are going

to have a baby, first thing and then before the baby comes and then, you know, I mean, first thing is water and then after water it is, I mean it's something like you know if the eggs are not, are eaten something like that comes out. And then if we eat they say so. If we eat a lot of eggs and then boiled eggs ... Ja and the baby takes a long time to come out, they say so.

E: Ja, like when you are having a baby, your husband is not allowed in the room. For three months you must stay in your own house. Then he just come maybe from work to the place, but you won't stay in one room. Just for three months, yes.

The cultural practice therefore included practical precautions and actions. Throughout the interviews, as mentioned previously, it was apparent that the fragility of life was emphasised and early, unexpected death seemed to have infiltrated many of these participant's lives. This perhaps linked to the way in which some these participants (A and D) spoke about observing their cultural practices. The reason being is that the adherence to these practices may have been governed by the fear of what would happen to them if they violated them but for others (C and E) these practices were just seen as myths.

E: There were some myths; they say when we do this maybe this will happen to you. Most of all of the things they tell us you will have bad luck and no one wants to have bad luck; we always want to be doing the right things.

However from the manner in which participant C described her experiences of what to do with her cultural knowledge, it is clear that she would feel as if she was not fulfilling her prescribed role as a mother if she did not follow them.

C: No, you get scared, you know because you think, um, I am going to be in trouble when the baby comes, you know? Maybe my baby will come and go back. Come and now you are scared, you want to be able to come alright straight out you see. You get scared, you respect those things they say you mustn't do because of you want to be the right mother.

With the possibility of harm coming to their infant in any form, it appears that these participants seemed to have externalised the threat of harm or their anxiety about their children's health. This is evident for most of the participants (A, D, G, H and I), who followed the custom of not telling everyone about their pregnancy until it was evident that they were pregnant, for fear of someone cursing them and thus causing harm to their baby.

G: Sometimes, you know, we blacks, we believe on if I tell you, you are going to destroy my, that thing that like. If I am pregnant, it's just my, it's a secret so they never mustn't know because they are going to destroy that thing. I can put it like that ... It was their believing, they were believing on that. Maybe sometimes, I don't like my neighbour, we don't, are not happy for each other. Now if I tell my neighbour or my neighbour is not happy with my mother, if I tell my neighbour, my neighbour is going to bewitch me. Like things like that ja. It's just believing, ja. (She put her head in her hand).

The narratives suggested that many of the participants interpreted harm, through the cultural system, in the form of bewitchment and this can be seen in Participant A's reasoning for the custom of not allowing her husband to come near the new mother and baby.

A: Because we believe that if, I mean, the man is up, had an affair outside and then that will hurt the baby and all that. It is what we trust in.

Thus the belief in bewitchment and the adherence to the cultural practices were in some circumstances done out of fear of harm befalling the new mothers and especially the newborn infants. Therefore throughout the interviews, traditional cultural practices were another component in the construction of the women's prescribed role as a mother and of protecting the infant. One of the most important parts of the construction of motherhood in African culture is the responsibility the mother seems to have to feed their infant. The question "What

is important to allow an infant to grow up to be healthy and happy?” was posed to each participant and in response every participant mentioned food first.

I: He wants to be happy, he must have enough to eat.

A: ... give them warm milk, not cold, give them fruits, veggies, but not grain which is – you must give them veggies ... Pumpkin, pumpkin is the same as butternut and sweet potato and come to fruits, peaches, apples.

Many of these participants described food as being the first thing to give to their children to allow their children to become healthy, happy and functioning members of society.

C: The baby needs, when you just came just given birth, the baby needs breast feeding and look at her in the eyes you know, talk to her if she is a girl, talk to him if he is a boy. Ja, and you know, it's like your mother, now we blacks we put on the back here and then watch the baby, keep your baby nice and clean, give him nice food to grow up.

D: All I think about to have parents, both parents and to love them and the other thing to be a good mom, is they must eat well you know. Also the food can help them I think to become better people.

Food thus takes on multiple meanings, both concretely as a source of nourishment but for the participants, it also represents the way in which they love their infants and make sure the child feels safe emotionally and physically. Participant A explained the importance of love for the infant but she also placed importance on caring for the physical wellbeing of the infant.

A: First of all they need love and warm hands and to make them have a long healthy life, especially if they are still babies. You have to sterilise their bottles; wash them first; sterilise; give them warm milk not cold, given them fruits, veggies, but not grain which is – you must give them veggies.”

The physical holding and taking care of the child with warm water and so on, suggests there is awareness that it is important for the infant to feel physically warm and safe. Therefore it is the combination of the loving and feeding of the child that many of the participants (A, C, D, E, I) believed would help the child to be strong and healthy. The importance placed on feeding practices extended to what the participants believed the infant should be fed. This included the incorporation, for some of the participants, of more Westernised food into their traditional eating customs. Participants A and I had been exposed to more Western notions of raising children, as they worked for white families, and this was translated into what food they believed was good for children.

A: You have to sterilise their bottles.... to give them water, yes sterilised water, but warm as long as that's for babies.

I: They must eat well, vegetables, plenty of fluids.

Westernized ways of child rearing therefore seemed to have had a slight influence on certain aspects of the construction of mothering within African culture and one of the ways this has been evident is the choice of food some of the participants chose to give to their children and their dependence on Westernised medicine in the clinics. To socialise one's child was an underlying element that seemed to come across in the participants' narratives around the construction of motherhood. For the majority of the participants (except for Participant H) it was apparent that making the child aware of their environment and others and socialising them was an incredibly important factor in their role as a mother. There was no question about socialisation in the interview but it seemed to arise in these participants' narratives of

their own accord, perhaps suggesting the importance that is placed on socialising infants in African culture.

E: Also it needs to be with other babies so it can know that I am not the only one that exists here, there are some people around me, to make friends ... To be a good mother is to be able to make rules for the children ... I think by doing that, giving them education and encouraging them to go to school, that you make them better people in the future.

This displays that there is a responsibility as a mother to make children aware of their existence within a larger group and to teach them how to relate to other people in their environment. Secondly it was evident in the interviews that it is the mother's responsibility to instruct her children on how to conduct themselves in the world and their own behaviour is an example to their children. The awareness that part of socialising an infant is modelling the correct behaviour was evident in Participant C's interview.

C: If you, don't do funny things in front of them, don't drink in front of your children, don't smack them you know. Okay you can smack the child, but with reason and show her, don't do this you know and then you will know I mustn't touch here tomorrow, he won't touch there – children are clever you know?

It was clear throughout the interviews that the participants also socialised their children in an attempt to protect them from physical harm as well as to create a social awareness in them, which seems like an important part of African culture. Through this process the child also becomes part of the broader African community and this is displayed in how the parents teach their child autonomy but also to be part of a collective whole. While Participant I encouraged her grandchild to play outside and be autonomous, the importance placed on the child's responsibility for the greater whole is reflected within some of the participant's interviews (A, E, F, G, H and I), where children were given a responsibility at a young age to care for themselves but also to start caring for others.

G: To share things like to show what her or him what I am doing in the house or what she or what he must do in the house, so that when he grows he can do those things for herself or himself, ja. Like cooking and knowing how to clean the house, things like that as an African, because they are Africans they do things for themselves, ja.

The narratives therefore suggested that one has a responsibility to the collective but also to oneself and part of the mother's role is to teach both of these responsibilities to their children. An interesting aspect which arose from this focus on socialisation is that all the participants (except for Participant C) did not speak about the personal characteristics of the children or grandchildren.

C: It's very, I like my grandchildren, shame I like them so much. There is another one, he is my – called N because she is a star. Her name N means a star. She is like a star, she is excellent. She can sing, she, ooh that child she makes me so proud.

While the researcher did not ask the participants specifically if this was a cultural custom, it reflected once again the notion of a collective identity. The sense of a collective identity or sense of community also translated into the construction of motherhood as a shared or individual practice. Some of the participants (C, E and I), due to certain circumstances such as the death or the illness of the mother, had to look after their grandchildren. In these cases there seemed to have been a shared sense of motherhood. In the case of Participant E, her daughter was not well when her grandchild was born and as a result the child calls Participant E "mummy".

E: Yes. Like even when they are naughty then she will say I am going to tell mummy and then she will call me, so and so is doing this, then I have to go the child and say stop doing that. But because the older child already calls me mummy, but this little girl is still, she knows that. but she is saying mummy. She call us both mummy. Because in our culture they used to say, if you have got a child, let's say you have got children at home and you are not married,

there can't be two mummies in the house, there can only be one mummy. Then you grow up with a step-mother, they must call us mummy.

Therefore socialisation seems an integral part of the child rearing process in African culture and the mother has a responsibility to teach the child from infancy that he or she is a part of a larger collective. It was also evident that the participants taught their children to be cognisant of themselves within their environment from a young age and the responsibilities that they have. Therefore there is awareness created from a young age that each child contributes to their family and their community. The second last aspect that arose from the construction of the mother's role was the importance placed on loving the infant. Two of the participants (D and E) mentioned love as the second most important thing that a child needs to grow up to be healthy and happy.

D: All I think about to have parents, both parents and to love them.

E: Just warmth, love and milk and it needs to be comfortable, it needs food, love, clothes.

This reflected the awareness of these participants that love is nearly as vital as food for a child's healthy development and part of being a mother is to love the child. Part of this love seems to be making the child feel physically warm and cared for too. The final facet of the role of the mother is to get to know the baby and to work out what the baby needs and wants. It was evident from most of the participants (A, C, D, E, F, G and H) that there is an inexplicable connection between mother and infant. In addition, the participants explained that while the mother may have an intrinsic, natural knowledge about their infants, this knowledge needs to be attuned over time. All the participants (besides H) appeared to use a trial and error approach in figuring out what their baby needs.

D: It's getting easier every day when you do it, like the first day you don't know what is wrong with her, but every day now you see, you can see now, no she must be wet when she is

like this. You know she is rolling, she is crying because she is, oh she must be wet and then you change and then when she is hungry she sometimes she shows you with the hands, then you can see now she is hungry. She shows you a lot of things sometimes, especially when the days goes, you know, you see now yourself, even the person who helps, you can tell, you know, she must be crying because she is hungry.

Initially, for all of the participants, trying to understand an infant seemed overwhelming but as the days progressed they were able to understand and learn about their child and what their child needed.

The data also suggested that part of the participants' construction of motherhood was influenced by their socio-economic situations. These contexts included the contexts in which they grew up and the socio-political and economic circumstances as mothers. According to the participants things were financially very difficult growing up and many (A, B, C, D, E, F and H) needed to take on more adult responsibilities from a young age as result of their family's economic situation.

F: Now I just say to her mum, it's better I am going to go to work, I am going to leave the school and go to work because she was struggling to us, neh. My mother she said, ai but I don't feel like that, you can do it because you are going to help me. I said yes okay, I just leave the school that time. I am sure it was ... ja. Now I am just working here and my mum, because I was still young. My mum she come and fetch my salary. I don't know even if I was earning how much, it's my mum who knows that. She came every month and get the money, but if I want the shoes I said mum I want shoes, my shoes is finished, she gave me money for me. And then sometimes she opened the account for save and if I need something or maybe she sees something nice for me, she brings it for me. She bought for me a skirt or whatever until I get married.

This financial responsibility was further ingrained in their role as mothers as a result of their reported socio-economic situations. This responsibility seemed to have become an essential

element of being a mother. This was evident in that a few of the participants (A, D, F and H) had to leave their children with their mothers as they had no option but to go and work in more urban areas in order to earn a living for their families.

A: I couldn't even help my mother to do a lot of things because I wanted them to be next to me and while, I mean, when they are, because I used to leave them on three months. So when my mother used to tell me not to come back early because I will make them sick because they will keep on thinking about me. So I mean, I wasn't happy for that, but chance to take about seven months to go them and then when I arrive at home, the child was a little bit scared of me, he never knew me and then I used to go home on Friday, Friday night they didn't like and then Saturday, let's say in that time and then they started to love me loudly, this is our mother. Ja they loved me, we get from this one it's different and the next day I used to leave them behind and they get upset even myself. It is truly hard to stay far from the kids.

D: Because to me, my mother she is there, she was the one who was looking after my children, because I have to work ... Yes, I used to go, when that baby is born, maybe two, three days then I am back, I come back to work yes.

E: I needed to get a job as my husband never got a stable job, because of my financial status I needed one.

Theme II: The value and benefit of motherhood

The second theme that arose was how each participant discussed the value, benefit and difficulties around motherhood, in African culture and for them personally. Many contextual factors seem to have influenced the value that motherhood holds for these participants individually. From a young age, many of these participants (C, D and G) aspired to be mothers which seemed to have been contextually dictated.

G: I felt that now I am going to be a mother of somebody. It was like, to me because I married early and I lost my parents early, which was, I was happy for becoming a mother because I was going to start my own family. I was going to be a mother to somebody, it was like that to me.

C: You want to, you also want to be a mother one day. You think it is very important, it is very nice.

Motherhood in some of these participants' cases seemed to have been an attempt to fulfil their own need to perhaps re-create their childhood or family; in addition the narratives suggested that being a mother in African culture seems to be a vital one. While the infant plays an important role within African culture, some of the participants (A, C, E and H) worked very hard during their pregnancies and after their children were born they were not cared for by others. This was true for Participant E.

E: There are days that you feel so tired when you are pregnant. Some days you can be so strong, you can wash the windows, clean the house, clean the walls and do all the stuff but some days are so hard, especially the first three months ... When I was, like my last child, no it's not that one, I was staying with my, in my husband's place because I just got married. Then we have to go and stay there, to our culture it is so difficult because even if you have got a child there, you must have to do all the chores in the house all by yourself, even though if you have a child there then you must. We used to go and fetch some water and then we didn't have electricity by then. We used to go and get some wood, cook for the whole family while I am looking after the child, sometimes I have to take my child on my back.

Some of the narratives therefore suggested that while there is a value placed on the mother as the bringer of new life into the world and in the role of protector of the infant, African cultural norms, such as the requirement of the daughter-in-law to look after her in-laws, as well as the socio-economic context of the time, depreciated her value and significance and diminished respect for her role as a mother. The participants also attributed their own value to

motherhood. It appeared that for some of the participants (C and G) motherhood provided them with a sense of belonging and purpose.

G: I was very happy. Each and every mother, after birth, she becomes happy. She becomes happy like before because the baby is another symbol. Sometimes you can, that baby you get birth to, and sometimes she remembers you are her mother or she looks like you. Maybe grandmother or, you know, if she or he is saying something to your life. Even you, you don't have a baby, but the day you will, you will know what I am talking about? She is saying something to your life. She remembers, or she is touching you somewhere and saying, this child look my grandmother, you know. That adds love in that baby, or maybe I don't know, or maybe its G-d created them to be like that. Ja, there is a connection of you and that baby, but it not comes like same to everybody, but there is a connection. Each and every child there must be a connection to the mother, even to the grandmother.

Throughout the interviews, there was also an underlying sense that some of the participants were not or did not feel valued for the important role they had played or play. None of the participants mentioned anyone in their family being appreciative or expressing appreciation for their hard work or sacrifices, and in particular, there was a noted absence of any reference to their husbands (although this is noted with caution, as the question was not asked directly).

E: Even to my husband, he has said also something was wrong outside, I always fought for them even if it's so hard for me, but I must be sure that I must always be strong, especially for the children then they see that I must be there for them. They will think that I am the strongest person, but deep in my heart I know that.

The overall impression from the narratives was that women/mothers were required to remain strong. However there was an indication that the participants' cravings during pregnancy were acknowledged.

B: ... if you want a thing, like food you want, you must get it because if you didn't get it your heart is never staying nicely.

The narratives thus suggested that there is perhaps a cultural understanding and respect for the wisdom of the pregnant body. Needing to work during pregnancy, the need to be strong, cravings and other experiences of motherhood reflect that there are both strains and benefits of motherhood, which all add to the value of motherhood. In the description of the participants' experiences of motherhood, there was both a sense of joy and hardship. When the participants spoke about mothering, some noted the strain of it, while others noted the benefits. Participants A, C, D, E, F and G and I all mentioned the positives and negatives of motherhood.

A: Ja, it's nice to be a mother, but hard.

G: There are things that becomes on your way, in the way when you are growing the child, the good and the bad things, but as a mother you must try to just kick that mountain. Ja, just kick that mountain and do things that will, just to be patient and know that that they are not the same and as long as the child is growing, it's not that they, it's not only that day, that day is going to pass. Like how can I put it?

The emotional and physical strain of motherhood was evident throughout these participants' narratives. There also appeared to be a need to hide these negative feelings as there was a denial of the hardships of motherhood, which was seen in Participant B's and C's interviews, as Participant B needed to move away from the hardship by trying to convince herself that things are good even though it appeared to be very difficult.

B: Good because you know the child sometimes she is crying, sometimes is nicely, sometimes she is crying you see until up, ja.

C: You know everything easy for me.

Therefore, as much as children brought the participants love, warmth and some element of fulfilment, it was not without strain and hardship. One of the additional strains on the value these participants attributed to motherhood was the patriarchal society that seemed to exist in African culture. For most of these participants, their motherhood was dictated to or influenced by the patriarchal society in which they lived in and raised their children. For some participants (A and C) they had to deal with husbands who engaged in extramarital affairs and it seemed that they were unable, because of the role prescribed for them, to challenge or question their partner's rights as a man.

A: As I told, as I have said men likes an outside affairs that makes the woman not happy. You know what, our black men like to go to the shebeen, drinks and drinks and drinks and then forget about everything that is important. He might come back home the next morning or after two days, as long as he has got money in his pocket. It won't make any woman happy, ja. And of which when the man come back we are now not allowed to shout at him or either to scream. They taught us that, I mean, the man is a man, he is the boss whatever he is doing it's his choice and as long as he it's good for him, it's good for him. They don't think that someone is getting hurt. For a woman, you know what we are used to, used of which it doesn't make us happy, but we are used to, even the men. They are, I mean, they grow up knowing that, I mean, they are the boss. No one could stop them what they are doing.

It was apparent that the lack of support from the father of their children, the strained relationship with the in-laws in the African cultural setting and the patriarchal society all seemed to negatively impact on these participants' experiences of mothering and how they felt motherhood was valued within African culture.

Theme III: Lived experiences of motherhood

The third main theme incorporates the participants' lived experiences of motherhood which includes pregnancy, birth and the period after birth. This section will also discuss the participants' support structure and the way this influenced their lived experience of mothering. The first lived experience started in pregnancy. Some participants experienced a number of changes in their body such as feeling nauseous and more tired, while others were unable to ingest certain foods and their moods became labile, while others did not appear to have experienced any drastic changes.

The initial changes that were felt by the participants were the changes in their bodies. Participants A, E, F and H felt their body change and they reacted to things differently when they became pregnant.

F: We feel different. You see the other one they vomit, the other they are sick, the other one they have got a pain, the other one maybe the baby is sitting near where you can't walk nicely so you walk like this. It is different things. But you don't feel you've got something here. You can feel when they move that's all, but if they doesn't move you can't feel nothing. It's like you know my ... but if it's moving you can feel it move, there is something. But if it doesn't move, you know you can't feel nothing.

Participant H was never informed about what to expect when she was pregnant and thus these changes seemed to have been rather frightening for her and she appeared to feel very out of control.

H: You are feeling funny. You don't know what's wrong with you. Sometimes you say, I have got a headache, sometimes you vomit. You didn't eat anything, if I see the cheese got milk I feel sick ... No. They said to me, you thin because you like a boy, you have got nothing to do. If you vomit, it's not my fault. It was keeping secret, your parents mustn't know you have got

a boyfriend. You see a boyfriend when you go to play outside ... No, it didn't feel different because I was knowing before what's happening. And your eyes is changing when you are pregnant, your eyes changing, it's not like before.

The initial experiences of motherhood therefore began when the participants physically experienced something. In addition many of the participants mentioned that they experienced changes in their mood (B, C and H) and tastes (B, H and I) while pregnant.

C: Maybe I don't know. Maybe, you now sometimes short temper. You have somebody say something you get cross quickly. There is a lot of things that can make you get cross when you are pregnant. You get cross, sometimes you cry, you get cross. You meets things like this, sometimes he is kicking, your baby makes you very, very cheeky. Sometimes you hate that husband of yours, you do not want him ... after it is better.

I: They feel like yes, so many things, your lifestyle changes even your food. Especially some fried foods, the things that need cooking oil like that, many people when they are pregnant they don't eat, they just want boiled food, things like that. Things natural, a bit sour ja, it depends, but most of the people I know cooking oil they don't really like it at that time and butter.

These change in tastes and mood perhaps reflected the participants' sense of what their body needed while they were pregnant. Therefore part of these participants' lived experiences of mothering initially began somatically and affectively in pregnancy. While the participants described these somatic experiences of pregnancy, they also described how the physical experience of being pregnant effected their emotional lived experience of it. The experiences of pregnancy, described by the participants seem to be divided into two groups. Some of the participants (A, C, F and I) experienced an easier pregnancy than others (B, E and H).

C: And the baby plays inside you, you can feel her and like her. You know you like her when she is – you like everything what's happening to you.

E: There are days that you feel so tired when you are pregnant. Some days you can be so strong, you can wash the windows, clean the house, clean the walls and do all the stuff but some days are so hard, especially the first three months.

Therefore it was evident throughout the interviews that the way in which the participants carried seemed to have affected the way they felt about the experience of pregnancy. However the physical exhaustion and exertion from the birth did not seem to have influenced the participants' feelings after the birth. Most of the participants' (B, C, D, E, F, G and I) description of birth was initially very painful and often came as a shock. However it was evident that after the baby was born the mother was incredibly happy despite the pain.

D: It's pain, it's terrible pain and you feel like somebody could be there to feel what you feel, but to us, it was you are all by yourself at that time. And then, when after the baby is born, you have got you whole world, you don't think about anything, you just think about the baby. That's a nice moment.

E: You feel sore, what can I say? It's painful to give birth, ja. I still remember for my first child I didn't know what will happen to me, I was never hear somebody going to have a child, but oh, I even shout and I just start, guys you better carry me now, because I was, I feel like ... It was sore. But as soon as it is over, oh I was relieved and happy to see the baby.

While there was a sense of relief and happiness across the interviews once the infant was born, it was clear that there was a constantly a concern for the physical and emotional wellbeing of the infant. One of the most important aspects in the construction of the role of a mother in African culture, according to the participants, is to practically care for and protect the infant. According to the narratives, there was an incorporation of both physical and

emotional elements in the protection of the infants. The physical elements of this protection will be presented first. There were a number of physical and practical factors that the participants employed to protect their infant's health from any possible harm. It was noticeable that there was a heightened awareness around the child's physical health which started in pregnancy and carried on when the child was born (A, B, G and I).

I: Even if you are, it's not your time yet, then you have some cramps, you think maybe the baby has a problem ... when the child is born ... you were thinking, what am I going to do, do it right, what if he falls down and dies, you are not really, you are not really, how can I say that – and you are always scared that something will happen.

B: Sometimes if you, it's hard. You think hey my child so small, I must start to look after my child but it's going to be alright, it's going to be big.

Part of protecting the infant, according to the narratives, was to practically care for the infant. This was seen in each of the participant's accounts of raising a child and this practical care started once the baby was born.

I: When they are small, they need to be fed nicely, yes. They must eat well, vegetables, plenty of fluids. If you are just caring to make sure they are clean, take them to hospital to have their immunisations regularly, because it takes long for them to finish those vaccinations, ja it takes long.

One of the factors integral to the practical care of their infants, was the acute awareness of participants' (A, H and I) of the need to ensure the survival of their infants. This is to be seen in how these participants described caring for their infants.

A: And then I like to put the baby with the tummy up while he or she sleeps to avoid the vomit.

H: A baby you need to look after them. You have to clean it and feed him some food and get clean and to get some 'muti' when it's sick you must take it to the doctor. You must look after the baby.

I: Ja, you know, some poles inside the house, something to keep the house warm and so that the child doesn't get cold. Before you bath the child, you must make the house must be warm, close the windows everything, and then after the bath he must be dressed and then you can open.

It was evident that for all the participants, part of protecting and caring for the infant was done through feeding the infant and looking after them so they do not get sick. This was done to make sure the child was raised to be a healthy and happy adult. However, some of the participants lacked financial resources to be able to protect and care for their infants. For Participant H this was especially true as she was unsure of how to look after her first child and did not have the resources when he got sick and subsequently died.

H: He died when he was still a baby and he had a bad fever and I never knew what to do and when I took him to the clinic, it was too late.

The narratives suggested that there was a fear for the child's health and safety as a result of difficult socio-economic circumstances. Therefore in order to protect the infant, the physical needs of the infant were emphasized before the emotional ones (Participants A, B, C, D, F, H and I).

I: When they are small, they need to be fed nicely, yes. They must eat well, vegetables, plenty of fluids. He wants to be happy, he must have enough to eat, you must be able to clothe them nicely.

The participants seemed acutely aware that their role was to protect their infant physically and to ensure the child's happiness through feeding, clothing and caring for them, without indulging them.

E: ... they mustn't be doing whatever they want and you must be able to provide for them, but don't spoil them, don't give them too much. You must give them what is enough for them and just to make sure that they are in a healthy environment. They don't mix with some bad guys outside or stuff and to provide them with clothes, food, so they don't starve at home.

Part of protecting the infant was also ensuring that they grew up in a safe environment where they were provided with what they needed. However, the narratives also suggested that there was an awareness of their ability to always provide for the infants. The clinics also played an integral role in assisting the participants fulfil their role of protecting and caring for their infants.

B: when you see the child is not feeling well, you take the child to the clinic you must go to get the medicine ja. When you come back with the medicine you give the child, you see now the child now is going to be better.

I: So if you have tried everything and it's not working, I think you just have to go to the clinic and then maybe they will see what the baby's problem is. It might be ears, because he is too small when he can like this. At least those bigger children they know and they can, ja then they can tell you. But the small baby, all he does is cry. So most of the time if he is crying, on and on, you have to go to the clinic, that's the only way.

The clinic seemed to have provided each participant with assistance with looking after their infant's health. In addition, there seems to be a sense of reliance on the clinic to assist,

especially when the participants were unsure of what was wrong with their infant or needed advice. The narratives therefore suggested that the practical care and concern for the infant's physical wellbeing was a very prominent component in their role as mothers. This provision of practical care was acknowledged as one of the most important things a child needs when they are born and to grow up to be happy and healthy.

Another vital component in the construction of the mother's role by the participants was placed on the emotional care and protection of the infants. The emotional care and wellbeing of an infant in the majority of the interviews were not as apparent as the importance they placed on the infant's physical wellbeing. However, there was a very strong underlying sense of what the child needed emotionally. Part of providing for the child emotionally was perceived in the manner some of the participants (A, B, D, E, G and I) described physically making the child feel protected.

D: And when you hold her you pat her, even when you don't feel her, you pat her, she is happy maybe she feels something. I think to me the baby feels something from mommy. This is my mom, maybe I don't know, maybe it's the arms or what she has got love or anything what, or she feels the love inside I don't know, but it's mommy.

E: The way you talk to the baby, because the baby they most just like you to talk to them, they like you to talk to them. Everything that you do to the baby, explain to the baby, I am going to do this, even though even she can't talk but she can just see the smiles, how you cuddle him when he is crying, when you bath him do play with the baby, or you just bath him and just leave him alone there. But if you just make some, let me say, warm environment for him and give him a lot of love and I think they also see that this person he loves me. She said this in quite a distant way.

The emotional care for the infant was also described in the way one speaks to the child in a calm manner and there seemed to be an awareness of trying to make the child feel heard.

While the word “soothing” was not as such used by the participants, it was nonetheless evident that the participants realised that it was important to regulate a child’s feelings.

While physically and emotional protecting their infants was very important for these participants, there were many challenges the participants had to face to fulfil these goals of protection. Challenges to their roles as mothers included, among other things, the level of support these participants received. For many of the participants (A, B, G, I) there was some level of support from their parents when they had their children, while the experience of others were different (B, C, D, E, F). Both in the narratives and in the underlying sense of what the participants were saying, they did not feel they had adequate support and had to do a lot on their own.

I: Ja sometimes you get stressed really. That’s why it’s always good to have somebody to help. When there is a helper it is better because even if he it’s in the afternoon, you can take a nap somebody is watching the child. You just have a little rest yes.

C: If you go to work or what, because maybe you might go to work after some three months, you look after your baby yourself. You look after your baby yourself maybe you and your husband and then children. You look after the baby yourself.

For those who had support from their families or communities (A, B, C, G and I) it seemed that they felt more confident and this was linked to a better experience of mothering while other participants (D, E, F and H) gave the impression that they had less support from their families and struggled more. The lack of a support structure had a huge impact on the participants’ lived experiences of mothering and possibly had a negative impact on their ability to attach to their children. An important figure in the participants’ lived experience of motherhood was the role that the father played. In more traditional families it was apparent from the narratives that the father was not as involved in the child rearing (except for participant G). Many of the men, while present, did not seem to have provided financial support for their children. This was the case for participants B, C, E and F, while for

participant I and D their husbands were not present at all. Participant G was the only participant who described a husband who was able to emotionally and financially support her.

D: It wasn't, he wasn't there for me. He wasn't there.

G: Ja, but my husband, ja, he was there to get me, although he was working night shift but he was there, he is always there for me.

The underlying sense from the participants' narratives suggests that the lack of support from the fathers of their children impacted on their ability to be available to and sufficiently enough for their children and thus influenced their experiences of motherhood. This was also the case of the relationship with and the role played by the parents-in-law. It was clear that for many of the participants (E, C, H and I) their parents-in-law were a source of added stress to their already burdened life and thus negatively influenced their experiences of mothering. There is a custom in African culture, that was followed by two of the participants (E and C), which says that a woman must stay with her husband's family when she gets married. The relationship between the daughter-in-law and her mother-in-law in many of the participants' (E, H and I) interviews appeared to be very strained as a result of this custom.

E: No, like in the morning you had to wake up, make sure that there is fire outside, put some hot water for them, take the water to your mother-in-law, make sure that during the day you cook for them in the afternoon. It's like, when I look at it now, it was like I was working like a slave and now because I am no more there, it's now better. Then even now, we just wake up in the morning, come into breakfast, better than working for someone they don't get you anything.

However as much as there might in some instances be a cause of stress, the mother-in-law, according to the participants, should be present to provide a supportive role for when the new mother's own mother is unavailable.

C: My mother or my mother-in-law, they will look after the baby, because you are sick there is nothing you can do. Maybe you are in hospital, the baby is at home. Your mother and you will like your mother to look after your baby. You won't like your mother-in-law to look after the baby. I think it is very nice my mother to look or my children to look after my children. It is like this to us. We like mother-in-law but specially who comes first is your mother, your own mother.

The narratives suggested that the greatest support was derived from their own mothers when their infants were born and there was a clear preference for the involvement of their own mothers over their mother-in-laws. The narratives suggested that the participants felt more at ease with their own mothers than with their mother-in-laws. This feeling of uneasiness around the participants' experiences seemed to underlie many of the narratives and seemed to have been caused from other environmental stressors such as their financial situation. This sense of deprivation was more apparent in some interviews than others, however it seemed to be there in some form in all the interviews. Many of the participants portrayed a sense of not having enough in general, especially food and money for their families. Most prominently there was a feeling that most of the participants (A, B, C, D, E, F and H) could not physically and emotionally give enough to their children which seemed to have caused them a lot of pain, worry and stress.

A: I am apart from them, it's not easy for me, which is wrong, it's not easy for me to save money at the bank. I don't know if I spoil them or they are spoiled, I don't know, because I like them to eat nicely; I like them, I mean, I don't want them to go and borrow things from the next doors while I am far from them. I actually don't want them to suffer.

F: I am trying to – my younger girl she was out in Grade 5, Grade 6 and then you remember everybody when the kids they are going to school they are wearing the fancy clothes, and then they mustn't wear uniform. And then if you don't wear a uniform, you must pay R1, I was know that. I was, nobody can give us the R1 you know. Even today she is talking about

that. She said, ma'am she hit me up about ten minutes for that R1. I said why you don't give us R1, she said no my mom she haven't got the R1. She said no you are lying and hit them. You know when they are talking you know about the thing, she is crying and I also cry.

It was evident particularly in participants A, F and H's interviews that providing for what the child needed was incredibly difficult and there was such awareness that as a result of their low socio-economic status, their children suffered. This sense of deprivation perhaps connects to many of the participants' lack of support during motherhood and their feelings of inability to provide for their children. Another external stressor that impacted heavily on the participants' lived experiences of motherhood was the death of a child. One of the most distinctive and perhaps most tragic elements of motherhood according to the participants seemed to be the death of their children. Nearly every participant was affected by death in some way, whether their children were killed or died (A, C, F and I) or they had lost a siblings (G) or daughter-in-law or son-in-law (F and G) either through shooting, car accident, pneumonia or from an illness.

C: My first born passed away, my second born he passed away after he were beat. You know he was twenty four and they kill him and ... By guns. They gunned him down and the second born was a car accident. Ja it was very hectic, you know. It wasn't nice.

Death seemed to have affected most of the participants in some way and influenced the participants' experience of what mothering is. Death is a natural part of life but the researcher did not expect it to be such a dominant theme in the participants' lives. It appeared in each of participant's narrative and seemed to have played an integral and central role in shaping these participants' lives.

Theme IV: Psychoanalytic Concepts of Motherhood

This theme examines sections of the participants' narratives that coincided with certain psychoanalytic concepts surrounding motherhood. While none of these concepts were named by the participants, they explained them through their experiences and understandings of motherhood. The first concept was the participants' awareness, not only of their infants' wellbeing, but also their affective states.

There seemed to be an awareness of the baby while pregnant for three of the participants (B, E and G).

B: You don't want to shouting, you want to stay nicely, your heart you must stay nicely ... Ja, I don't want to be stressed, don't cross, don't cry, you sing and if you want a thing like food you want, you must get it because if you didn't get it your heart is never staying nicely ... Ja, inside because when she said when you are crying and the baby inside is crying, when you cross and the baby you must stay all the time you are happy ... If you are pregnant you must stay to be happy all the time.

The relevant narratives suggested that not only did these participants make their first emotional connection to their infant while pregnant and realise that their infant can have an affective state but there was awareness that their own mood could affect their unborn infants. This initial connection to the infant also suggests that the mother makes space for her child, both emotionally and physically. There was a sense that there was an emotional and physical preparation, undertaken by some of the participants (C, E, F, H and I), before the infant was born.

C: Before the baby comes? Well, you know, it is your last month you might have the baby, the baby even can come any time if it is your nine months. And then you prepare everything, everything is – this is for my baby, this is for, you prepare everything, because you know what date, I mean, like we don't know. Well like I was getting ... I didn't know when the baby is coming. So now, now they are clever, they know on the 6th my baby is coming. You know, get ready – ja, they know exactly. Now I didn't know. You see, but, I know this is my last month,

then I prepare what the baby will be here, I will be sleeping with my baby. You know everything easy for me.

I: Yes you do. Usually you just have someone to come and help clean the house, wash all the blankets, ja, all the dust because you know we ourselves this thing is very important to us, the umbilical cord. So the house must be clean. Even in the rural areas, we just have to make sure the house is not dusty and clean the whole house. In the rural areas, some fire, ja,

Therefore it was apparent that mothers in African culture prepare themselves both emotionally and practically in for their infants and this preparation begins during pregnancy. This element of being orientated around the infant is also reflected when the infant is born. It was evident that participants A, B, C and D all seemed to have experienced a sense of maternal preoccupation. This was seen clearly through their narratives and is very palpable in Participant D's account.

D: And then, when after the baby is born, you have got you whole world, you don't think about anything, you just think about the baby. That's a nice moment ... you know, your life changes completely. You love, you begin to love that baby more than anyone else.

Having a baby, according to this participant, seemed to have taken over her whole world and she was unable to think about or give time to anyone else but this new-born. Another psychoanalytic concept around the birth of a child that emerged was the mother's holding environment. The participants described an environment that appeared to have been created by the new mother's family members. This holding environment seemed to have been created by another cultural custom where other people, especially female relatives, assisted the new mother with house chores.

D: To us, you used to sleep in the house, everybody give you the food, you didn't go to the kitchen, you don't have to touch the food while the baby was just born. To us, therefore it is not the cleanest if you go to the kitchen and the baby is just born, they do everything for you.

This period of confinement seemed to help create a holding environment for the new mothers. In addition it gives the mother time to recover after the birth.

B: You feel happy, you feel so happy because you know you must stay at home with the child sleeping with the child because you are still feels the pain. Now you have got the child you are happy but you still got a pain, you must relax, sleep always with your child.

This period of confinement seemed to have allowed the participants' time to connect with their infant. The ability to connect with the infant seemed to have been influenced by the new mother's own emotional wellbeing. The emotional wellbeing of the participants was seen in the manner in which they dealt with their emotions. Participant B's narrative displayed how she has always tried so hard to avoid emotions even though, as previously mentioned, she is really struggling.

B: I am feeling alright because I look after the child always until she is growing up.

Participant B did not allow herself to break down even though her desperate need for financial help and support was evident. Participant E was more connected to her difficult emotions, however explained how she needed to remain strong for her children.

E: I always fought for them even if it's so hard for me but I must be sure that I must always be strong especially for the children then they see that I must be there for them. They will think that I am the strongest person, but deep in my heart I know that.

Participants C, D and I were more in touch with their emotions and became very emotional when discussing their experiences as mothers.

C: My first born passed away, my second born he passed away after he were beat. You know he was twenty four and they kill him and (she put her hands on her chest and got very sad) ... By guns. They gunned him down and the second born was a car accident. Ja, it was very hectic you know. It wasn't nice (she started crying).

While the participants had their own way of dealing with their emotions, there was evidence that most of the participants (A, C, E, F, G and I) were reflective and mindful of their child's feelings.

A: ... then you know, if you are the mother, it's, let's say you have got a birthday party for the kids, if your child could cry amongst the other children there, you will know that the one who is crying is mine.

E: Yes. They must be able to know. Because babies can't talk but even when they are crying you can see he is uncomfortable because of this and he needs this now ... It depends on how that the baby cries. When the baby is crying from pain, it is different from when he is crying from – sometimes the baby can cry for no reason. You fed him or you bathed him, and then you changed the nappy but he still cries. Maybe he wants to sleep or something. You just comfort him and if he is just awake and you do all the things for him, sometimes he cries, sometimes you can let the children, the babies cry. Just give them toys and leave them, because sometimes they just want attention for to pick him up. You can't sit there the whole day picking the baby up. He must learn that he must use those toys to play.

While it was clear that there was some reflexivity on the part of the participants there also seemed to be awareness in participants C, D, F and G that the mother needed to be very cautious in how they dealt with their children when they the mother was under strain. According to their narratives this would potentially result in harming / damaging the mother-infant relationship.

C: You know sometimes not to listen to your child. You know, it's difficult, very difficult. Maybe a child come to mama, mama she wanted to tell you something, you don't, they go away, I am talking to this lady, can't you see. You know she want to tell you something and you don't listen to us, you are busy with your ugly things, maybe you are drunk, maybe – mama, the teacher did say I must do – go away. You know there is some mother like this you know.

F: Maybe if you hit the baby every time and every time when she is small. You see in your face it is not right for the baby, she don't like you. She will hate you when you come, she will say no. If you say, come baby, come to mama, she will say no, no.

Theme V: Understanding and Experience of Attachment

This section will present the participants' understanding and experience of attachment and related concepts that the participants seemed to have been aware of. According to most of the participants (B, C, D, G, E, F and I), the child forms the closest relationship to the mother.

G: The baby is close to the mother, because the mother is giving the baby food and love. I can leave my child with somebody with my helper, but she won't give the love that I have got.

The narratives therefore proposed that the participants also felt this closeness to their infant and it is this care and concern, on the part of the participants, that seemed to further assist the participants in forming relationships with their infants.

C: Ja, you feel you are close. Ja, the children they are very nice. If you let them and you listen to them what they say to you and listen, listen what they say and you will understand you will love them, you will love them.

It was evident that when the participants were close to their infant they were also able to understand their infants more and form an even closer connection to them. The period of confinement after the mother gives birth appeared to also provide a time for the mother and infant to form a closer connection.

B: You feel happy, you feel so happy because you know you must stay at home with the child sleeping with the child, because you still feels the pain ... you must relax, sleep always with your child.

Among other things, the narratives suggested that there was an emphasis placed on the chance to recover after the birth and to spend time with the infant as the child was born. Part of spending time with the infant, according to some of the participants, was also to bond with the infant. Another incident when bonding was described was when the infant breastfed. According to two of the participants (D and C) breastfeeding seemed to be the initial thing that came up for them, when the researcher asked how they bonded or connected with their infants.

D: I think to, the breastfeeder, is more close, because your eyes, she made eye contact all the time with you and then she can feel, that it's for me. Because I remember with my first baby, I was scared to breastfeed it was sore, but when I get used I used to love that feeling the way she pulls and then I look at her the way she, you know but it was nice, very nice.

It was evident that the physical experience of breastfeeding allows a mother to form a connection to her infant and there seems to be an awareness that the infant may experience this process too. Another way of connecting to the infant, according to some of the narratives, is through caring for the infant.

I: When you feed him, you are bonding and you touch her hands and when you are changing nappies, obviously you talk to her, like you are talking to somebody who is understanding but, you he can even tell by the voice, he can really know this is my mother, this is not my mother, because you are always playing with your child.

Another contributing factor to bonding was evident for participants E and G. They believed that talking to an infant was a crucial way of connecting and forming a relationship with them, as well as making the child's environment safe and secure.

E: The way you talk to the baby, because the baby they most just like you to talk to them, they like you to talk to them. Everything that you do to the baby, explain to the baby, I am going to do this, even though even she can't talk but she can just see the smiles, how you cuddle him when he is crying, when you bath him do play with the baby, or you just bath him and just leave him alone there. But if you just make some, let me say, warm environment for him and give him a lot of love and I think they also see that this person he loves me.

The environment the child is in therefore seems to play a crucial role in the way a child bonds with their caregiver. Furthermore, it was clear that the child formed a greater attachment to the individual who was available in their environment. For most of the participants, this was the mother, however participant G and E were not as sure.

G: If I am a mother, neh, my baby is staying with the helper during the day. Now he or she knows what time am I coming back from work. She will see from that time I am with her or him, is my mother looking after me, is my mother giving me care, does my mother love me?

You know after that the child changes if the helper gives her all the things she wants, she change to love the helper. That is why I was saying the baby needs attention. Ja and to be loved.

Four of the participants (C, D, F and I) described a closer relationship to their grandchildren and looked after their grandchildren as if they were their real children. This was due to death in the family or due to the dynamics of the family. This was apparent in Participant E's situation, whose grandchild was described as being closer to her than her mother as her mother was sick after birth.

E: No. If there is any way that the mother can't be able to bond with the baby, then the person who is around like the grandmother, can bond with the baby.

According Participant G, as much as she believed it is the mother who was the most important person for the child, her interview suggested that she also believed that children were able to form relationships to those who were more available and gave the most attention to them.

G: If the baby loves the one who is giving her attention. It doesn't matter if it is a mother or a – some of the babies are grown up by the helpers ... Yes, you know, we have got kids who are staying in Soweto, the white babies, they were staying with their daughter. Like the mother of that girl was working, maybe she worked about maybe more than thirty years there, and then the mother got sick, then the daughter take over. She worked, the mother died, now the children were crying for her, every week she is supposed to come and look for the house, the children were crying. Now that girl said to the boss, no can you please me and the children in Soweto, nothing will happen, or we can pass, we can go to the police station and make an affidavit, because they can't do, nothing I can do I must be at home weekends because the parents are dead and my sisters children are there now.

The narratives suggested that there are times that this bonding between a mother and child was not able to take place. Most of the participants (A, C, D, E, F and G) had to go to work when the children were very young and this perhaps impacted on the relationship they had with their infant. According to Participant I it was important to spend at least 3 months with the new infant before leaving the infant alone.

I: If you are working, well at least three months at least although it is not enough ... If you start leaving your child all the time with other people when he is small that will be a problem. Ja, a child really needs the mother. Although the granny is there, but she is not the mother, ja.

It is evident however that the mother may not be available and this may be due to her death or having no choice but to work, where in that case the grandmothers (A, C, D and H) seemed to fulfil her role.

C: And T she is right here with me. T she is here with me. T sleeps with me. T eats what I eat. T, I am the one looking after T, I and her mother. And K, like K, she has got nobody. She has got no mother, no father, only brothers, she has got two brothers. Now they are boys, you know, and K also is a boy but he is still, he is now twelve ja. Now I am looking after my, I am like a mother.

D: Because to me, my mother she is there, she was the one who was looking after my children, because I have to work.

Participant H was unable to adequately hold her child and be completely attuned as she was so unprepared and uneducated about children.

H: To raise that child, my parents looked after because I was still, knew nothing about the baby. They said to me, do like this, do like this ... Then bathing, now I am not bathing, I just feed the baby.

For some of the participants (B and I) the infant's needs were sometimes too overwhelming to cater for at all times due to the mothers lack of financial resources and strained environment.

I: My experiences are like I can't help him as much as a mother could, because sometimes he wants to go some places to play somewhere, I can't. He is very, these are some of the things which really, that's why I am leaving my work now. Ja, I am trying to be a mother to him to keep my full attention on him, because he is not really getting that.

4.3. Conclusion

To conclude, five main themes arose from the narratives and encompassed the main ideas around motherhood and attachment in African culture according to the participants. These were the role of the mother in African culture; the value and benefit of being a mother, the lived experience of motherhood, psychoanalytic concepts of motherhood and the understanding and experience of attachment. In the presentation of these research findings, it is evident that the participants' experiences and thus their understandings of motherhood and attachment in African culture, was influenced by a multitude of factors which include the context in which these participants lived in, both socio-culturally and economically, their traditional belief systems and Western influences. For the participants, one of the vital roles of motherhood was the responsibility of protecting the infant. The research findings also discussed the value, benefit and difficulties around motherhood, from a cultural and personal perspective. Furthermore, the results exhibited some of the lived experiences of motherhood which included pregnancy, birth and the post-partum period. In addition the way in which the participants described how mothers care and relate to their infants linked to some psychoanalytic concepts around motherhood and attachment. Finally the understandings of motherhood and attachment seemed to be quite common across the narratives.

CHAPTER 5: DISCUSSION

5.1. Introduction

This chapter explores the research findings relating to general African cultural beliefs about mothering. It then discusses the interplay between the findings and psychoanalytic theories of mothering. The chapter concludes with a brief discussion about the relationship between the participants' understandings of attachment from an African cultural perspective and psychoanalytic attachment theory. Throughout, the manner in which the context could have been influenced by the participants' understandings around motherhood within African culture will be considered. This is achieved by including the themes examined in the data analysis.

5.2. General African cultural beliefs around mothering

The initial theme, the role of the mother in African culture, contained a number of complexities. Many of the participants described similar understandings of motherhood. However, there were also some differences between their understandings. The majority of the overlaps were focused on the practical care of an infant in African culture and the impact of their socio-economic environment on their ability to fulfil their roles as mothers. The participants were clear about their responsibility, as women, to bring children into the world for their husbands and families and their responsibility for their child's health during the pregnancy and after.

In African culture it is considered inevitable that a woman will become a mother (Akujobi, 2011). The participant's narratives supported this, suggesting that one of the central roles of a woman is to provide a child for her husband (Holland, 2001, Magwaza, 2003). Motherhood and the responsibilities that come with it are seen as integral to being a woman in African culture (Niehaus, 1999). This was clear from the interviews and the results were in line with

Warren, Daly, Toure & Mongi (2006), who suggest that new mothers in African culture are responsible for protecting their infants. The description of pregnancy and birth in the sample narratives were consistent with the literature presented, in particular the idea of the vulnerability of the mother and possibility of infant bewitchment (Magwaza, 2003, Niehaus, 1999). However, while most of the participants gave birth in hospital rather than their own or their mother's home, they followed other traditional customs.

The mother in African culture, as illustrated in the literature and supported by the research findings, has a number of vital roles to play (Aubel, et al., 2004; Chidester, 1992; Kerr et al., 2008). She must teach her children, from a young age, to be aware of their role within the family unit (Maiello, 2008). This idea of being part of a larger group identity is supported by evidence that the individual personality of each child is not described in detail. This group mentality, according to Maiello (2008), becomes inherent in an individual's personality and many of the participants abided by these cultural norms.

The research findings supported the hypothesis that cultural knowledge is passed down in an intergenerational manner and appears to encompass the cultural practices and myths around pregnancy, birth and child rearing as well as some practical guidelines to mothering. This is reinforced by the literature (Chidester, 1992; Aubel et al., 2004; Kerr et al., 2008).

In accordance with Chidester (1992), most participants in this study believed that if they were to violate a ceremonial or traditional practice the infant's health would be at risk. It is interesting to note that the interviews revealed that many of the participants' children were not following these practices as strictly as their mothers did. This may suggest that cultural knowledge may not have been passed down by the participants to their children in full, possibly as a result of urbanisation and the influence of Western cultural practices. It may also be possible that socio-economic circumstances do not allow the offspring of the participants either the physical or the psychological capacity to accommodate traditional cultural practices.

While many of the cultural practices described by the participants had been touched on by the literature surveyed (Holland, 2001; Niehaus, 1999), the participants also described customs that were not found in the literature. For example interviews uncovered the belief that eating a scrambled egg or standing in the middle of a doorway while pregnant, may result in complications during the birth.

The interviews also uncovered cultural practices followed by the mother in the post-natal period. For example, there is a cultural stigma against a man seeing or having sexual relations with the mother of their newborn child for at least 6 weeks or until the post natal bleeding has ceased. This is supported by Chidester's (1992) findings. However two participants did not follow this custom (Chidester, 2002) suggesting that it is not being followed as stringently, particularly in urban areas and by younger generations.

The role of the grandmother in African culture, as outlined by some of the literature reviewed (Aubel, et al., 2004; Chidester, 1992; Kerr et al., 2008), was supported by the research findings. Three of the participants are bringing up their grandchildren, which is consistent with the literature (UNICEF, 2008). All the participants provided their daughters with their help, care and advice on how to rear their infants. This too is consistent with the literature (Kerr et al., 2008). However, perhaps as a result of the influence of Westernised practices (Chidester, 1992), the findings indicate that the participants' children were not as loyal in following their mothers' advice as they had been.

In the main, the participants' descriptions of their understandings of mothering from an African cultural perspective are consistent with the literature reviewed.

5.3. The interplay between African understandings of motherhood and psychoanalytic theory

The analysis of the participants' cultural beliefs and understandings around mothering yielded very interesting results. Participants did not directly refer to any psychoanalytic concepts in their construction of the role of the mother and the advantages and disadvantages of being a mother however there were overlaps between their personal and cultural experiences and psychoanalytic concepts around motherhood.

One of the main themes that emerged from the participants' narratives was the construction of the role of 'mother' in African culture. The analysis supported the theory earlier discussed that the environment and social support received by the mother has a significant impact on her ability to mother. Winnicott's (1963) concept of primary maternal preoccupation links with the African cultural custom of confinement, which takes place after the birth. During this period of confinement the new mother is not expected to contribute to housework which is undertaken by other women in their family. One could argue that this custom creates an opportunity for Winnicott's (1963) state of primary maternal preoccupation to take place. The participants describe how the time they were being cared for by female family members allowed the baby became their world and gave them the opportunity to recover from the birth, and look after their new infants. According to Winnicott (1963), if there is this special orientation, the mother should be able to then provide for their child and be a 'good-enough-mother'. According to the participants' narratives, the confinement period is devoted to protecting and caring for the child – physically and emotionally. The concepts of primary maternal preoccupation and the 'good-enough-mother' are inherent in the understanding of the immediate post birth period. Factors which may negatively impact the state of primary maternal preoccupation and the ability to be a 'good-enough-mother' will be discussed shortly.

The grandmothers' accounts of practical care for their infants during the post-partum period and Winnicott's (1965) concept of the facilitating environment appear to overlap. Participants' descriptions indicated that they facilitated the environment for their infants

through practical help such as feeding, keeping the infant clean and taking the infant to the clinic when necessary. Therefore the participants were attuned to their infant's bodily needs, thereby allowing their children to be emotionally held and avoid feeling overwhelmed. This was evident in the way in which all the participants described in great detail how they cared for their infants and the importance they placed on this care. While the participants did not use the word holding, their description of the practical care of the infant as the most important thing to help an infant grow up healthy and happy, confirmed that there are similarities between the ways in which mothers from different contexts experience and understand the role of mothering. The primary caregiver is considered to be responsible for providing this level of physical care for the infant. The practical care thus creates a holding environment for the infant. This included trying to ensure the infant is kept warm, physically holding the infant after feeding in a way that will not cause discomfort, bathing the infant in warm water and making sure they are not cold afterwards and placing the infant in a safe position to sleep in case they vomit. Physically holding and bathing the infant in warm water highlights the fact that mothers from different contexts intrinsically understand the importance for the infant to feel physically warm in order to feel emotionally safe. Throughout the participants' narratives it was clear that they had endeavoured to provide practically and thus emotionally, for their infant. There is an attempt to prevent any impingements on the infant and thus no interruption to their 'going-on-being' (Winnicott, 1962; 1964). This scenario allows an infant's ego to begin to develop. It seems likely that the cultural practices which allow an infant to be in a state of absolute dependence also provide for the infant's primitive emotional (id) needs (Winnicott, 1962).

The importance of caring for the infant's id needs was evident in the core narratives of the participants. There was particular importance placed on how and what to feed the infant for optimum development and the act of feeding seems to take on a symbolic meaning. This is in agreement with Winnicott's (1965) notion of the body ego and indicates that African culture places an emphasis on attending to the infant's id needs. Feeding the infant is regarded as even more important than the need to love a child. There was an understanding, among the participants, that the infant's id needs had to be met in order for the infant to feel held, nurtured and not overwhelmed (Winnicott, 1965). The infant's ego is intricately linked to his experience of his body and the fulfilment of his id needs. The mother, through these caring practices, including cleaning and feeding the infant, creates the opportunity for the infant's

ego to develop (Winnicott, 1965). According to Winnicott (1965), provision of physical care allows a connection to develop between mother and child. This was evident in the participants' narratives, when the relationship with their child became strained at times of food and resource shortage. This was particularly true for the participants who wanted to feed their children with food items like fruit and vegetables, which were often more expensive than foods such as mielie meal.

According to the participants' narratives, the traditional period of confinement of the mother and infant after the birth, creates a positive holding environment for the new mother. This allowed the mother to provide for the baby's physical needs and give the baby her full attention without distraction. The mother is also able to better protect the infant from illness, as during the period of confinement she will keep her child inside the house until either the umbilical cord falls off or the infant is approximately 6 weeks old. This period of confinement, as described by the participants, supports Stern's (1998) description of an appropriate holding environment for the new mother. This allows the mother time to explore their repertoire of maternal behaviour and provide for the infant. According to Winnicott (1962) and Stern (1998), it is imperative that the mother is provided with an appropriate holding environment in order for them to be able to create one for their child. Therefore the cultural practice of confinement allows the mother to be appropriately held and thus given the opportunity to create a holding environment for her child.

The results suggest that another valuable way in which African mothers and their infants are appropriately held and cared for, is through reliance on the clinic (Stern, 1998; Winnicott, 1962). All the participants indicate that they visited the clinic when they were unsure what was wrong with their child, to give their child immunizations and when their child was sick. In addition, two of the participants described the importance of sterilising an infant's bottles and incorporated this into their care of their child at home. This suggests that the clinic provides a holding space for the mother and the infant. A strained psychosocial environment may mean that an African mother may need to rely on external sources for a positive holding environment for themselves in order to provide one for their infants (Tomlinson & Landman, 2007).

Throughout the narratives the participants spoke of the hardships African mothers face in providing for their children, and keeping them alive, due to difficult environmental circumstances. This might include the mother's lack of financial and emotional support from her husband, a difficult relationship with her parents-in-law, a lack of validation and/or being the primary breadwinner. However, according to Winnicott (1964), in order for the mother to be in a state of primary maternal preoccupation, and thus create a holding environment for their child, they themselves need to be in a positive holding environment (Winnicott, 1964). It would appear that under such trying environmental circumstances this is not always possible.

Some of the participants received support from their mothers. The supportive, educational and practical role grandmothers play for new mothers emphasises Stern's (1998) concept of the benign grandmother. Furthermore, it appears that in African culture, it is normal for the new mother to surround herself with women, including her mother and other women in her family which is in accordance with Stern's (1998) concept of the maternal matrix. This maternal matrix of women seems here to provide assistance and support for the new mothers in an emotional and practical way and perhaps allows for these women to be in what Winnicott (1964) refers to as 'a positive holding environment' and what Stern (1998) calls 'the motherhood constellation', despite a lack of resources.

For primary maternal preoccupation to take place, a positive holding environment is required. In an African context, this holding environment is created through the support the mothers receive and influenced by the level of stressors in their environment. Most participants described spending time trying to connect to their children after birth but those who received support during this time seemed to be particularly able to experience an intense state of

preoccupation. Those who lacked support, resources and certainty in their husband's fidelity², seem unlikely to have experienced an optimum environment for primary maternal preoccupation to occur (Winnicott, 1964). Many participants appeared aware of their inability to provide for their children as a result of their circumstances. Winnicott (1958, 1964) suggests that a compromised primary maternal preoccupation impinges on a mother's ability to provide a holding environment for her child. A mother who is not held herself may not be fully attuned to her child and may therefore impinge upon the infant (Winnicott, 1958). This scenario was evident in the participants whose psychosocial environments were strained. They described their experiences of mothering as more difficult and there was a real sense of sadness about their inability to provide appropriately for their infants. These cases make clear that a difficult psychosocial environment for the mother negatively impacts on her intention to care optimally for her child. No matter how hard they try, impinging on the child's state of 'going-on-being' is likely to be unavoidable (Winnicott, 1962; 1964).

The difficulty of providing for an infant in adverse circumstances is in accordance with, and perhaps an extreme enactment of, Stern's (1997) concept of the motherhood constellation. Many of the participants became preoccupied with protecting their newborns and described this as a draining experience. However, many of the participants were not supported and held due to difficult environments as a result of which a motherhood constellation was not always able to take place optimally (Innamorati et al., 2010). On the whole it was evident that a motherhood constellation takes place in African culture under the right conditions as some of the participants were aware, even before birth, of their child's vulnerability and were concerned about their wellbeing and, post birth, their child's small build caused some participants concern about their ability to care for their child. Therefore Stern's (1997) concept is relevant in this context where threats to the infant's wellbeing and health are a reality.

² Some of the participants described a fear that while they were unable to see and sleep with their husbands/boyfriends during the time of confinement, that their husbands/boyfriends may seek out a sexual relationship with another woman.

The participant narratives indicate that infant health was being safeguarded through a mix of both Westernised and African traditional practices. According to some participants, African women have increasingly incorporated more typically Western practices into the experience of birth, and the period following birth, such as the father going to the hospital or being permitted to stay in the house post birth. However, almost all the participants (except for participant G) abided by traditional practices before and after the birth. While many of them did not know the exact reason for doing so, their main intention was to follow their cultural practices in order to protect their baby. An example of this was that many of the participants avoided eating scrambled or boiled eggs or would not stand in the middle of a doorway in order to avoid complications in delivery or harm to the baby. Other customs they adhered to were to prevent bewitchment (Maiello, 2008). Participants implied they were afraid of the consequences should they violate these cultural practices. From the manner in which participant C described her experiences, it is clear that she would feel that to neglect these traditional customs would be to renege on her prescribed role as a mother. Perhaps the need to follow these traditional customs is a way in which the participants were able to deal with their anxieties about being a ‘good-enough-mother’ (Winnicott, 1963).

Winnicott’s (1963) concept of the ‘good-enough-mother’ could be paralleled with some of the participants’ anxiety about providing for their child. This anxiety may be a result of entering another stage of life, possibly evoking latent primitive anxieties and defences (Klein, 1952). Thus the cultural practices described by the participants may function as a container for the new mother’s overwhelming feelings and allow her to contain her child’s overwhelming and anxious feelings (Bion, 1994).

An awareness that their infant has emotional needs was evident in the narratives of the participants. This overlaps with Slade’s (2002) concept of reflective functioning. Furthermore the manner in which the participants described the way in which they regulated their children’s affects appears congruent with Bion’s (1963) concept of the container and the contained. This would support the idea that part of a mother’s role in African culture is to be a container for their infant’s projections. This was apparent in the importance participants placed on regulating their infant’s feelings and soothing them. However this evidence of containment, much like Winnicott’s (1964) holding environment, is reliant on the mother’s reverie (Bion, 1994). While some of the participants described a situation where they strived to become adequate containers, their socioeconomic environment affected their ability to be

mentally and emotionally available to their infants. Those participants who were unable to be in a strong state of reverie can be considered to be what Bion (1994) describes as fragile containers. The results indicate that only participants E, G and I were able to contain their children (Bion, 1994) while others (C, D, F, I) appear to have been able to contain their grandchildren's feelings better than their own children. There may be two reasons for this. Firstly, socioeconomic circumstances meant that some participants were not able to live with their children and were therefore unable to be consistently emotionally and physically available. Secondly, experience and a more objective perspective on parenting, enabled the participants as grandmothers to be better containers for their grandchildren. They had experienced infantile projections before and, as grandmothers, find it more bearable to accept and transform these experiences (Bion, 1994). It is clear from the participants' accounts that African culture values emotional availability for the infant but this is extremely difficult to achieve where circumstances prevent the mother from being in a strong state of reverie.

The description of the way in which some of the participants believe infants should be spoken to reflects Winnicott's (1965) concept of facilitating the environment emotionally rather than practically. This is illustrated in Participant C's interview: "Is to talk nicely, you know, to talk nicely to teach your children, you know. Maybe the way we did grow up, maybe you see, look after your children, let them talk, let's give them respect, you know, and the children will grow nicely." This suggests that there are overlaps in the understanding that infants need to be emotionally held in order to feel safe and loved, and for some of the participants this emotional security is as important for the infant's development as practical care. This observation is consistent with Bion's (1994) and Winnicott's (1963) theories.

The results suggest that a mother's ability to provide a state of reverie for their infant is based on her emotional state, which is in agreement with Bion's (1994) theory. The mothers' emotional and physical situation, according to Hinchelwood (1999), is influential on her being able to attain a state of reverie. As anticipated, all the participants dealt with their emotions differently. Two of the participants (F and C) described similar experiences of mothering and both appear to have experienced considerable pain and hardship while rearing their children. However, the attention and emotional availability that they describe providing for their children differed. Participant F described her experience of mothering as incredibly draining. Although this was also true for Participant C, there seemed to be an underlying sense of joy in raising her children, which she ascribed to being as a result of her openness to

her children. This corresponds with Bion (1994) who proposes that the mother's mind space while caring for her child influences the quality of relationship. For example, Participant C: "Ja, you feel you are close. Ja, the children they are very nice. If you let them and you listen to them, what they say to you and listen, listen what they say and you will understand, you will love them, you will love them." While, Participant F: "Any baby? Well there is a lot you know. They need a lot. They want this and this and this and this you know ... I said no, we want this, they said Mummy don't take this because he doesn't want that thing. Now they think everybody doesn't want this, so they rule us."

While many of the participants describe being open with and physically available to their children, in the cases quoted above, Participant F's environment was much more strained than that of Participant C. Participant F experienced a number of tragic losses in her life, while Participant C (who is divorced and struggled financially) did not experience this extreme loss of children. This observation marries with Bion's (1994) idea that the mother is able to be an adequate container only when her own environment is physically and emotionally contained. Participant C's experiences could be considered to be marginally less strained than Participant F's. Providing for a child requires a significant psychological adjustment which can be exacerbated by the environment of the new mother (Tomlinson & Landman, 2007). This adjustment, and the factors associated with it, has the potential to influence the way in which the mother is able to mother, and be sensitive and responsive towards their infant. The results of this study are in accordance with this theory.

Participants describe the experiences of motherhood as both negative and positive. They seem in agreement with Long's (2009) theory that a mother plays an integral role in a child's life but acknowledge that motherhood itself is challenging. Participants describe labour and giving birth as the worst physical pain they had ever experienced but, seeing and holding their child, this pain was eclipsed. This common experience perhaps reflects how motherhood is constructed as being both good and bad as it appears to cause both happiness and anxiety.

The emotional and physical drain of motherhood described by some participants is consistent with Stern's (1998) description of what happens when a mother constantly monitors her infant. Raphael-Leff (2010) suggests that psychoanalytic literature often idealises the early mother-infant bond and does not fully examine negative maternal feelings. According to

Raphael-Leff (2010) these negative maternal feelings are both natural and healthy. Most of the participants' narratives seemed to indicate that like mothers from different contexts, periodic ambivalence is a natural part of mothering (Raphael-Leff, 2010). It is not uncommon for a mother to be exhausted and, at times, to feel resentment and hatred towards their infant (Raphael-Leff, 2010). This was evident in some of the interviews. Participant F: "Ja, you know to be a mother is too hard. You see the other mothers, they leave the baby and you run away, because it's hard." Participant E also described her underlying feelings of mothering: "My experience of being a mother is like all the people in my family, I must be the pillar of the family. Even to my husband, he has said also something was wrong outside; I always fought for them even if it's so hard for me, but I must be sure that I must always be strong, especially for the children, and then they see that I must be there for them. They will think that I am the strongest person, but deep in my heart I know that." The experience of mothering involves both love of and hatred for the infant - some of these feelings are manageable, while others may not be (Wexler, 2008). This mixture of emotions is evident in Participant A's interview: "Ja, it's nice to be a mother, but hard."

Some of the participants (B and H in particular) found it difficult to reveal negative emotions when describing the difficulties of motherhood. These participants appeared to be from more difficult socio-economic circumstances than the rest of the participants. The difficulty in accessing negative emotions was observed by the researcher in the way they interacted during the interviews. There was a strong sense of emotional detachment or a feeling that they attempted to create a better picture of their experiences than the reality. The need to hide negative feelings could be a result of not having emotional space to be weak or vulnerable. Childcare and, often, being the primary income earner may not have allowed these participants the opportunity to explore and come to terms with their negative feelings towards being a mother.

The denial of the hardship of mothering may also be understood through the repressed feminine in psychoanalytic literature. Chodorow & Contratto (1976) describe how psychoanalytic literature romanticizes motherhood and often deems it as unassuming, while it does not concentrate on the difficulties it may pose. Therefore some psychoanalytic literature does not sufficiently acknowledge the difficulties associated with motherhood. Raphael-Leff (2010) explains how even Freud excluded the negative feelings that mothers may feel. Some

of the participants' narratives suggest African culture also represses women in certain ways. This was noticeable in the way many participants described feeling that, as women, they did not have the right to complain and had to fulfil their prescribed cultural and social duties.

This section explores the convergences between psychoanalytic concepts and the participants' descriptions of their unborn child and the need to create space for their new baby. The results suggest that the participants underwent a physical and emotional shift during pregnancy, congruent with Slade's (2002) description of many women's experiences of pregnancy. Many of the participant's narratives describe their need to look after themselves emotionally during their pregnancy for the physical and emotional wellbeing of their baby. This corresponds with Slade's (2002) theory of reflective functioning. Some participants appeared able to empathise with the mental states of their infants, even while in the womb (Grienenberger, Kelly & Slade, 2005). While it may not have been clearly expressed, there is a distinct impression that the participants were aware that their own mental states would have had an impact on those of their foetus' mental states and many describe attempting to avoid sadness or anger while pregnant for fear of affecting their baby. This is illustrated in Participant B's interview: "Ja, inside because when she said when you are crying and the baby inside is crying, when you cross and the baby you must stay all the time you are happy ... If you are pregnant you must stay to be happy all the time". It was evident that some participants began an emotional connection with their child in utero. This behaviour is in agreement with Slade's (2002) idea of a mother creating space for an infant even before they are born. This was further reinforced by descriptions of preparing the home for the new baby. Socio-economic circumstances prevented some participants from being able to physically prepare for their baby, since they were compelled to continue work, but they may have been emotionally prepared. The first result is consistent with some of the results in De Villiers's (2011) study. De Villiers's (2011) study suggested that the mother's ability to mother and prepare for their baby may be influenced by the socio-economic environment they live in. The latter indicates that Slade's (2002) idea of a mother creating space for her new child is seen in an African context.

To conclude, psychoanalytic attachment concepts are intrinsic in much of what the participants describe as the process of mothering in a traditional African context.. The results also indicate that the socioeconomic environment and strained circumstances of the participants (principally ascribed to a patriarchal society and a lack of support from their child's father) have adversely affected their attempts to create, or to be in, a positive holding space where there is a strong state of reverie or in a motherhood constellation. Therefore they were often unable to be adequate containers despite evidence that they tried to make space for their children, emotionally and physically, to provide for the infant's immediate needs and to make them feel safe and nurtured. It is evident that the socio-cultural, psychosocial and socio-economic environment has a very influential impact on the experience of mothers in African culture.

5.4. The interplay between African understandings of attachment and psychoanalytic attachment theory.

The results revealed a perception that the role of the mother is constructed around being the medium through which the infant enters the world and being the person responsible for the health of that infant. In line with this, psychoanalytic theory presents the mother's role as being central to a child's physical and psychological development (Long, 2009).

Psychoanalytic theory indicates that loving a child is about bonding with them, forming a relationship with them and this definition of 'love' appears to be a significant factor in the participants' construction of the role of the mother. While not expressed in those exact terms, it was evident that some participants were aware of these constructs. This is illustrated in a quote from Participant D: "And when you hold her, you pat her, even when you don't feel her you pat her, she is happy, maybe she feels something. I think to me, the baby feels something from Mommy. This is my Mom, maybe I don't know, maybe it's the arms or what she has got love or anything what, or she feels the love inside I don't know, but it's Mommy." And Participant C: "You know what, because when you breastfeed, he does look in your eyes you know, you talk to him. The mother is, she is the one learning you how to talk (pretends to look at a baby) ... you are holding her like this, you play with her, you talk to her."

Participant I described attachment with the word ‘bonding’: “The mother is the most important person to the baby ... When you feed him you are bonding and you touch her hands and when you are changing nappies, obviously you talk to her like you are talking to somebody who is understanding but, you he can even tell by the voice, he can really know this is my mother, this is not my mother because you are always playing with your child.” The participants recognised the importance of the mother-infant relationship on the infant’s development and how to create and maintain this relationship. This section looks at the way in which participants described how they formed attachments and understood their children, and analyses whether this fits with psychoanalytic attachment concepts or describes a different process.

In African culture, according to the participants, the child forms a relationship with the primary caregiver, who should be the mother. Participants did not overtly emphasise the importance of this mother-infant relationship but instead described it as allowing the infant to feel safe, which is in agreement with Bowlby’s theory of attachment (Bowlby, 1958). This is evident in the participants’ descriptions of caring for and protecting their infants. If the mother was not available, there was an acknowledgement that the child would not feel safe and would subsequently form an attachment to another person who was available to feed and love them. Therefore, there is recognition of the importance of the primary caregiver (Senior, 2002). The narratives also indicate how shared parenting practices may affect the primary attachment relationship. While the mother’s domestic responsibilities are described as being shared when the infant is born, shared parenting practices seem to only come into operation when the mother becomes unavailable or adverse circumstances allow the child and their grandmother to form an attachment. An example of this was seen in Participant C’s interview: “My first born passed away, my second born he passed away after he were beat ... They gunned him down and the second born was a car accident. Ja, it was very hectic you know. It wasn’t nice ... So and T [her granddaughter] was four years old when her mother get accident ... T’s father also passed away ... now I have been like her Mom”. Participant E’s narrative provided another example of this situation: “No. If there is any way that the mother can’t be able to bond with the baby, then the person who is around like the grandmother, can bond with the baby. Like my daughter, you are going to say I am so close to my grandson, because when my daughter gave birth, she had a lot of, she lose a lot of blood and I had to look after the baby. Then I am so close to him, he is just like my own child.”

The results suggest that the infant has an awareness of their primary caregiver and relates to them with appropriate attachment behaviours. This is consistent with Bowlby's idea that attachment is a mechanism of survival (Bowlby, 1958). Furthermore, the results illustrate the awareness that the infant recognises the sound of their mother's voice.

The attachment relationship, according to the results, appears to be a consequence of both physical and emotional care of the infant, as well as the environment of the mother. The results indicate an intrinsic cultural knowledge that the mother's physical embrace and contact creates an environment for the infant which makes them feel emotionally held. This seems consistent with Winnicott's (1965) theory of creating a holding environment for the infant's overwhelming needs, by meeting the infant's bodily needs. As discussed above, there was significant importance placed on feeding the infant. According to Tomlinson and Landman (2007), feeding the infant influences attachment. This physical holding of an infant is translated into emotional holding, the importance of which seems to have been subconsciously recognised by some participants. Further evidence of emotional holding is in the recognition of the importance of loving the child and the appreciation that an infant needs love to mature in a developmentally healthy way. This is in agreement with Fonagy & Target (2007) as the participants considered bonding with their children a vital part of the child's development (Jurist, 2010).

5.5. Conclusion

The participants' descriptions of mothering, for the most part, overlapped with the psychoanalytic attachment literature reviewed. Most significantly the results described the integral role of the mother in African culture, which is both consistent with the reviewed literature on African culture and with psychoanalytic attachment theories. The participants' understandings about mothering and attachment in African culture converged with the existing psychoanalytic attachment literature. The discrepancies between the participants' understandings and the psychoanalytic attachment literature are likely to be primarily a result

of the major impact of adverse socio-economic circumstances in which the participants find themselves. The results show clearly that psychoanalytic attachment constructs are present, even though they were not overtly identified in African culture. This was evident in a number of ways. For example, Winnicott's (1963) concept of primary maternal preoccupation was demonstrated through the traditional African custom of confinement post birth. The role of the mother in African culture and the participants' descriptions of striving to look after their children, both practically and emotionally converges with Winnicott's (1963) idea of the 'good-enough-mother'. However, the results also show that there are factors which can adversely affect this state of primary maternal preoccupation and thus 'good-enough-mothering' occurring optimally.

The participants' accounts of caring for their infants practically during the post-partum period were in accordance with Winnicott's (1965) concept of the facilitating environment. The customary period of confinement would appear to provide a positive holding environment for new mothers. The results also suggest that there has been an adoption of some more typically Westernised practices in caring for infants alongside traditional cultural ones.

The results indicate that the difficult psychosocial environment of the participants impinged on their child's state of going-on-being and these circumstances are often beyond the mother's control. Other relevant psychoanalytic concepts which were found to be intrinsic in the traditional practices described, included Stern's (1998) concept of a motherhood constellation; Slade's (2002) concept of reflective functioning; and Bion's (1963) concept of the container and the contained. The results also suggest that a mother's ability to reach a state of reverie for their infant is dependent upon their emotional state, as suggested by Bion (1994).

The participants' understandings of attachment were consistent with Bowlby's (1958) theory that attachment is a mechanism of survival. There is also evidence to support the notion that the mother's physical embrace and contact creates an environment for the infant which makes them feel emotionally held. In conclusion, the convergences between psychoanalytic attachment concepts and African cultural knowledge on mothering and attachment

significantly outweigh the divergences. The results show that the main divergence was the role of the mother in encouraging an infant to become aware of, and identify themselves within, their collective identity. This though is not unexpected since it is consistent with African cultural beliefs and practices.

CHAPTER 6: CONCLUSION

This chapter gives a synopsis of the study, highlighting the research process and the significant findings of the research. The strengths and limitations of the research study are then presented. Finally, clinical and practical implications of the findings and directions for future areas of research are explored.

6.1. Concluding Remarks

This study aimed to investigate African grandmothers' cultural knowledge on mothering and attachment through a psychoanalytic attachment theory perspective. It also intended to describe the points at which psychoanalytic concepts of attachment and African grandmothers' cultural knowledge on mothering converged or diverged. In order to achieve these aims, nine African grandmothers were interviewed using a semi-structured interview, which was constructed in a manner simultaneously informed by the literature and open to the participant's narratives. The data gathered from the interviews was analysed using aspects of narrative analysis. The researcher examined how the participants made meaning and therefore understood their experiences as mothers and grandmothers within the psychosocial context they inhabit. The researcher made use of a psychoanalytic attachment perspective in order to understand how the participant's narratives fit with psychoanalytic theory of mothering.

From the results it became apparent that cultural beliefs and practices, as well as the psychosocial environment, informed how the participants constructed the role of a mother and the process of attachment in African culture. In the main, the participants' descriptions of mothering were consistent with the literature on African culture that was reviewed. The narratives suggested that the role of the mother within African culture is multifaceted and integral to the culture. These findings were consistent with the literature reviewed on mothering in African culture (Aubel, et al., 2004; Chidester, 1992; Kerr et al., 2008; Magwaza, 2003 & Niehaus, 1999). One of the most important aspects of being a mother, according to the participants, is to protect their infant physically and emotionally. It was clear

throughout the research, and in accordance with the literature, that children play a pivotal part in African culture and they therefore need to be cared for and protected (Holland, 2001; Niehaus, 1999). Various cultural practices were followed by the participants in order to prevent harm to the child. These cultural practices were passed down through the grandmothers and, in most cases the grandmother played a supportive role for the new mother (Holland, 2001; Niehaus, 1999).

The participants' understandings around mothering and attachment within African culture converged with existing psychoanalytic literature on mothering and attachment. Discrepancies can be largely attributed to the major influence of socio-economic circumstances. While psychoanalytic attachment constructs were evident in the participants' narratives, at times these may take different forms in African culture. The main psychoanalytic concepts which were evident in the participants' narratives of mothering were Winnicott's (1963, 1965) ideas of the facilitating environment; primary maternal preoccupation, the good-enough-mother; the concept of holding and the body ego; Klein's (1952) description of primitive anxieties; Bowlby's (1958) concept of attachment; Bion's (1963, 1994) notion of the container-contained and reverie; Slade's (2002) idea of reflective functioning; Stern's (1995) concept of the motherhood constellation; and Raphael-Leff's (2010) description of maternal ambivalence.

The results also suggest an acknowledgment that the infant has their own physical and emotional needs which require care as described by Slade's (2002) notion of reflective functioning. Participants described how they were emotionally available and eager to understand and connect with their infants. In the narratives there was also evidence of an appreciation of the importance of containing and regulating an infant by speaking to them. This fits with the concept of reverie (Bion, 1994) and with Tomlinson and Landman's (2007) study which suggests the way caregivers communicate with their infants and are able to be responsive or aware of communication from their infants, influences the quality of the relationship they have with their children. Where African cultural understandings of mothering and the Western psychoanalytic literature diverged was in the cultural practice of encouraging an infant to have an awareness of their collective identity and their responsibility

to each person (Minde, Minde & Vogel, 2006). This is in opposition to the individual-centred approach of Western theories but is consistent with the literature on African culture reviewed.

From the perspective of psychoanalytic attachment theory the research was able to investigate the process of mothering in African culture. In addition, the research was able to illustrate the points of intersection between Western psychoanalytic concepts of mothering and attachment and African cultural understandings of mothering and attachment.

6.2. Strengths and Limitations of the Research

6.2.1. Strengths

There is limited formal academic research into the understanding of motherhood and attachment in African culture which suggests that this research study has contributed to, and increased awareness of, these under researched areas. This research sheds light on the cultural understanding of mothering and attachment and in the process provides a handful of women with the opportunity to discuss and share their personal understandings of motherhood and attachment, and how these have been shaped by their socio-cultural and economic environment. Providing a space for these participants to discuss and reflect on their understandings of motherhood and attachment, perhaps empowered these grandmothers and acknowledged their experiences.

While many African cultural practices around birth, pregnancy and mothering have been recorded anthropologically, this study explores, from a psychoanalytic attachment theory perspective, the intricate and multifaceted personal experiences and understandings of these cultural practices. The results of this study show that psychoanalytic attachment theory can be applied to African cultural understanding of mothering and attachment to a degree. A major strength of this research is that it provides a platform for future research in this area. Some participants, who have faced many challenges in their lives, were encouraged to go for

therapy or counselling. The hope is that this will provide them space, which it seems they have not hitherto enjoyed, exploring their own narratives.

6.2.2. Limitations

The initial limitation of this study is that the interviews were not conducted in the participants' home languages and this may have influenced both the participants' understandings of the questions posed in the interview and their answers. It is also acknowledged that the narratives of the participants reflected their subjective understanding of the research topic, as opposed to objective facts (Riessman, 2005). However, in a qualitative approach, subjective data is regarded as valid. In addition, narrative analysis challenges the issues of representativeness and generalizability despite these not being the overt aims of the study. Narrative analysis produced rich data which is impossible to separate from the context. Contextualisation was crucial to this research study, as without context the full meaning of the data would be lost (Crossley, 2007).

Narratives are fundamental in understanding the human mind and to structuring and organising an understanding of the human experience (Hiles & Cermak, 2008). Therefore the subjectivity of the researcher must be recognised as a limitation. The researcher played a role in organising the narratives and decided how the interviews were conducted and the data was analysed. The researcher attempted to acknowledge the differences between Western and African perceptions of mothering and tried to bridge the gap between these different perspectives. The researcher kept in mind that it is natural that the dominant culture provides the framework to describe these differences and it is plausible that one can deny the total existence of differences. While the researcher endeavoured not to do this, it is not possible to completely detach from these historically rooted value systems (Maillo, 2008). Feminist critique of psychoanalytic theory was also considered as the researcher was aware that these theories, at times, represent conceptualisations of motherhood that have been criticised by feminist writers (Chodorow, 2004; Raphael-Leff, 2010). While the researcher allowed the participants to lead the interviews, she retained an overview of what she was looking for

broadly from each interview. In identifying themes in the raw data, the researcher had an impact on the results and the discussion.

The differences between the researcher and the participants in terms of race, age and life experience may be a limitation of the study. Even though the researcher remained reflective throughout the research process, it may still have influenced the detail or the way in which the participants shared their understandings.

Lastly, due to the limited nature of this study, not all of the rich data collected has been presented and explored.

6.2.3. Implications of the research

The results of this study demonstrate that African grandmothers' understanding of mothering and attachment are very similar to psychoanalytic attachment theory. This finding may be beneficial for the practice and theoretical understanding of a mother's experience in African culture. African cultural customs play a significant role in the development of the understandings of mothering and attachment and therefore these customs require attention in order to work towards understanding and appreciating an individual's experiences. The results suggest that mothers in African culture enable infants to feel safe and emotionally secure through attending to their physical needs. This was seen through the emphasis on the body ego of the infant. For example, feeding the child symbolised an attempt by the mother to ensure her child developed properly both physically and emotionally. Mental health care practitioners working with African mothers and infants need to pay attention to how the mother describes the process of feeding the infant and caring for them to better understand the mother-infant relationship and the child's development. In addition, they need to determine what factors may be impinging on this practical care and thus impacting on the relationship and development.

This research may also influence therapeutic practice and it is hoped that the research will stimulate and encourage dialogue between different world views. It may affect the way in which psychotherapists approach each other as well as their clients. Psychotherapists need an awareness of both African and Western cultural belief systems and the role of women within these belief structures, as well as openness to understanding another's way of being in the world. This research may also help psychotherapists understand what may influence their client's understandings and experiences of mothering. By understanding these cultural customs and their meaning to patients, psychotherapists may be able to help manage their patients' anxieties. Psychotherapists should be respectful of the cultural customs and the influence that collective identity has on a child's upbringing since there is an emphasis on socialising children from a young age and more people are involved than in a nuclear family. African grandmothers in this case play an integral role in a family, specifically during the child's early development and therefore the psychotherapist should consider including the grandmother when necessary.

The research highlighted that fathers, due to cultural and socioeconomic pressures, did not always adequately support the mother. Therefore psychotherapists need to bear this in mind while considering the support structure of a new mother and during the child's upbringing. There appears to be an awareness of a link between individuals and their ancestors within African culture and this should also be noted by psychotherapists. Evidently every participant was influenced to some extent by their socio-economic environment, thus it is vital that a psychotherapist notes all the patient's environmental stressors and the impact of these on their wellbeing and that of the child.

6.2.4. Directions for future research

This research shows that there are both rich cultural variations and similarities in the participants' understandings of motherhood and attachment. This study provides a springboard for further investigation and more research is necessary to build a knowledge base in this area. While the results of the study are not generalisable, there are certain ideas that emerge from the study which could allow for further research that may be applied to

other areas of psychology in an African context. These areas were unable to be explored sufficiently here due to the specific approach of this research and are therefore potential areas for future research. These include; the role of the grandmother within African culture with regards to her educational, supportive and traditional role; the generational shift in the importance placed on cultural practices around pregnancy, birth and the post-partum period and the observance of these practices; African women's experiences of their relationships with their parents in-law, patriarchal society in African culture and the influence of African culture on a woman's role; bewitchment and motherhood in African culture and the influence of cultural customs on relationships with family members.

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APPENDIX A: DEMOGRAPHICS TABLE

Participant	A	B	C	D
Age	Not specified	45	56	57
Marital Status	Not specified	Married	Married, separated 14 years ago	Traditionally married, but now divorced
Children	3	3	4	2
Grandchildren	8	5	5	4
Level of education	Not specified	Grade 8	Grade 8	Grade 8
Employed	Domestic Worker	Unemployed	Employed at a Nursery School	Employed at a Nursery School

Participant	E	F	G	H	I
Age	45	57	47	67	60
Marital Status	Civilly Married	Married	Married	No and never was	Married, then got divorced
Children	4	4	3	2	3
Grandchildren	2	3	4	4	3
Level of education	Grade 7 Course in professional care of infants	Grade 8	Grade 8	Grade 8	Grade 8
Employed	Employed at a Nursery School	Employed at a Nursery School	Cleaner at an office	Domestic Worker	Domestic Worker

APPENDIX B: ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT)

CLEARANCE CERTIFICATE

PROTOCOL NUMBER: MCLIN/12/007 IH

PROJECT TITLE:

A psychoanalytic exploration of African grandmothers' cultural knowledge on mothering and attachment.

INVESTIGATORS

Blumberg Sarah

DEPARTMENT

Psychology

DATE CONSIDERED

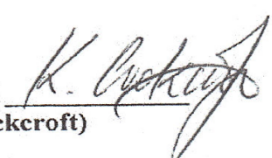
27/03/12

DECISION OF COMMITTEE*

Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 17 May 2012

CHAIRPERSON 
(Professor K. Cockcroft)

cc Supervisor:

Dr. K Bain
Psychology

DECLARATION OF INVESTIGATOR (S)

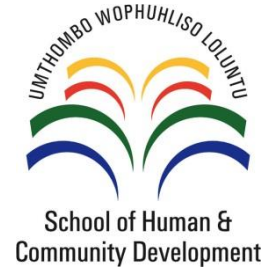
To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2014

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX C: PARTICIPANT INFORMATION SHEET



*Private Bag 3, Wits 2050, Johannesburg,
South Africa
Tel: 0722987617
Email: seblumberg@gmail.com*

Dear Grandmother,

My name is Sarah Blumberg, and I am studying a Master's degree in Clinical Psychology at the University of the Witwatersrand. I would like to invite you to participate in my research. I would like to find out what African grandmother's cultural and personal experiences of mothering is and secondly what are their opinions and knowledge on mothering and attachment. It is entirely up to you, if you wish to participate in this research. If you decide to participate, I will interview you. The interview will be in English. In the interview I will ask you your thoughts and experiences of being a mother and a grandmother. The interview won't cause you harm or distress. Participating in this research will not advantage or disadvantage you. In addition to this if you choose not to participate you will not be disadvantaged. You will be interviewed at a time and place that will be alright for you. The interview will last for about one hour, maybe a little bit longer and if you wish at any time, for a break you are more than welcome to have one. You may refuse to answer any questions in the interview if you would do not want to, and you may choose to withdraw from the study at any point without consequences. You are also welcome to ask anything at any time, if you are unsure about anything in the interview. If you feel like you would like to talk to someone else about anything that may have come up while we are talking, I will provide you with

contact details of organisations that offer free counselling such as Lifeline: 0861-322-322 or the Emthonjeni Psychology Clinic 0117174513.

I will require you to allow me to record the interview. After the interview the interview tapes will be kept in a very safe place that only I, and no one else, will have access to. The interview tapes will also not be accessed by any person besides for me. The transcripts (typed out interviews) will only be seen by myself and my supervisor. No one else will have access to these transcripts as they will also be kept in a safe place. My supervisor will not be given any information that will identify you in the transcripts. While some quotes may be used from the interviews, there will be no information that will identify any of the participants in the research report. All this information will be destroyed within 2 years if publication of my study occurs or within 6 years if no publication occurs. During this time the data will be kept in a safe place that only I will have access to. Please see attached the participant and recording consent forms for more information.

The results will be made available to the University of the Witwatersrand. A summary of the results will also be provided to you if you are interested in reading the results. Results may also be published in the form of a journal article. This research will contribute to a larger body of knowledge on infant mental health in a South African context.

If you choose to participate, please will you sign both the consent forms. You are also welcome to contact me if you have any questions you may have about the research or the interview.

Kind Regards
Sarah Blumberg

Supervisor's details:
Dr Katherine Bain
011 717 4558
katherine.bain@wits.ac.za

APPENDIX D: PARTICIPANT'S INTERVIEW CONSENT FORM



*Private Bag 3, Wits 2050, Johannesburg,
South Africa*

Tel: 0722987617

Email: seblumberg@gmail.com

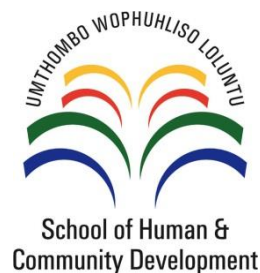
I _____ consent to being interviewed by Sarah Blumberg for her study on African grandmother's cultural knowledge on mothering and attachment. I understand that:

- Participation in this interview is voluntary.
- There is no potential harm or distress that may be caused if I choose to participate in the study.
- That I may refuse to answer any questions I would prefer not to.
- I may withdraw from the study at any time without any consequence.
- I will be given numbers of organisations that offer free counselling just in case I would like to speak to someone after the interview.
- No information that may identify me will be included in the research report, and my responses will remain confidential.
- The transcripts will be kept in a safe place to which only Sarah Blumberg and her supervisor will have access
- The supervisor will not be given any identifying information will be included in the transcripts.

- There will be no information that will identify me in the research report but some quotes from the transcript may be used in the research report.
- All interview material including transcripts and audio tapes will within 2 years if publication of data occurs or within 6 years if no publication occurs.
- I understand that the interview will be conducted in English.

Signed _____

APPENDIX E: PARTICIPANT AUDIO RECORDING CONSENT FORM



*Private Bag 3, Wits 2050, Johannesburg,
South Africa*

Tel: 0722987617

Email: seblumberg@gmail.com

I _____ consent for my interview to be recorded by Sarah Blumberg for her study on African grandmother's cultural knowledge on mothering and attachment. I understand that:

- Participation in this interview is voluntary.
- That I may refuse to answer any questions I would prefer not to.
- I may withdraw from the study at any time without any consequence.
- Nobody besides for Sarah Blumberg will have access to the interview tapes.
- I am aware that the audio tapes will only be listened to by Sarah Blumberg however.
- Blumberg's supervisor will have access to the transcripts (typed interviews). Any information that will identify me will not be made available to her supervisor.
- Some quoted from the interviews will be used in the research report but no information that may identify me will be included in the research report, and my responses will remain confidential.
- Quotes may be included in the report but no information that will identify me will be included.
- The audio tapes will be kept in a safe place where only Sarah Blumberg will have access to.
- All interview material including audio tapes will be destroyed within 2 years if publication of data occurs or within 6 years if no publication occurs.

Signed _____

APPENDIX F: INTERVIEW SCHEDULE

“Thank you for meeting with me. I am going to ask you a few questions and discuss with you, your experiences of being a mother and a grandmother in African culture. If you not sure what I mean when I ask you a question or have any questions about what I ask; please do not hesitate to ask me. Also if you need a break at any time please let me know. If there are any questions that you do not wish to answer just let me know and we will move on and talk about a different topic. We are going to begin talking generally, but then I will ask some more specific questions. I would like you to try answer through your own experiences as much as possible though, if you are comfortable. I also want to remind you again that no information will be used that will identify you when I write this up.”

1. How many children and grandchildren do you have?
2. In your experience, what do you think a baby needs to grow up into a happy, healthy person who is able to work and love their family?
3. In your experience, what do you think it means to be a good mother?
4. What are your experiences of being a mother?
 - (How did you feel to tell your mother these things)
 - Where did you learn these things from
 - How did you feel learning it?
 - How did you feel to not be close to your baby?
5. What are your experiences of being a grandmother?
6. What role do you feel the grandmother or mother in law plays for the new mother?
7. Are there any traditional practices you and your family follow around
 - a. Pregnancy
 - b. Birth
 - c. After birth
8. Who taught you these things?
 - a. (Do you agree with you mom about....)
9. What are your thoughts and experiences/ feelings about these practices?
 - How do you feel about them?
10. How do you understand the meaning behind these things
 - a. Death- HIV?

- b. If these are rules, what do you feel about them?
- 11. What, in your experience, does a mother feel when they are pregnant?
- 12. Where does the birth normally take place?
 - a. Can you tell me a bit about this?
- 13. What environment is created for the mother before and after she gives birth in?
- 14. What, in your experience, does the mothers feel when she gives birth?
- 13. Who is the main person who looks after the baby for the first 6 weeks of the baby's life?
- 14. In your experience, do you feel the mother is able to understand her baby's needs/what the baby wants?
 - a. In what ways can you see that she does this?
- How does mom learn what the baby needs or know what the baby needs?
- 15. Who is the main person who is able to soothe/contain the baby when the baby is crying or feeling overwhelmed?
- 16. In your experience who does the baby form a close relationship to?
- 17. Who does the baby normally form a close relationship to?
- 18. What factors may influence this relationship?
 - How do you think baby feels when mom does this or when this happens?
- 19. If you could imagine/think for a moment what the father feels when the mother is pregnant when the baby is born?
- 20. What the father feels For the time after the birth?

General:

- 21. Are there any things that may cause the mother to feel unsettled/uneasy/unhappy during her pregnancy, birth and after the birth?
 - What did this make you feel, sad, cross happy? If needed to be away
- 22. I was wondering what are your thoughts about witchcraft?
- 23. What are you observing or have observed with your own children when they have babies?
- 24. When you raised your children, did you notice yourself doing similar things that your mother did when she was raising you?

- a. How have things changed over time since your mom was a mom, now you a mom and now your daughter is a mom?
 - b. How do you think it will be for your grandchildren?
25. Do you think anything has been lost culturally? Has anything changed?
26. Have you noticed any similarities in the way your grown up children have been raising their children?