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Saying Goodbye: Carers' Experience of Separation and Loss in Carer-Child Relationships in South Africa

A research report submitted in partial fulfilment of the requirements for the degree

Master of Arts in Clinical Psychology

In the Faculty of Humanities at the

University of the Witwatersrand, Johannesburg

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By:

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Research Supervisor:

Renate Gericke

DECLARATION

I, Daniella Matthews, declare that this research report is my own, unaided work. It has not been submitted before for any other degree or examination at the University of the Witwatersrand or any other university.

Signed this ---------- day of ---------- 2017

Daniella Matthews

ABSTRACT

The purpose of this research study was to explore the reported experiences and subjective meaning-making of South African carers' attachment to and separation from the children they helped to raise during their employment. This research was primarily conducted due to the absence of any known research exploring separation and loss in carer-child relationships in South Africa. Therefore, this study was carried out in order to contribute to the small body of literature in this area and to create awareness in the public regarding domestic carers' unique and ever-changing needs in order to support their emotional wellbeing. In doing so, it is believed that this will impact positively on the emotional wellbeing of the children under their care as well as their own biological children. Based on an exploratory design, with a foundation in attachment theory, nine domestic carers employed in Johannesburg, South Africa, were asked to report on how they made sense of their relationship with the children they were paid to care for during a semi-structured interview. Additionally, carers were asked to reflect on their unique experiences of separation and loss following termination of employment (for various reasons). The interviews were audio-recorded, transcribed and analysed within an interpretivist framework, using thematic content analysis. Three broad areas of interest emerged based on previous literature and inductively from the carers' interviews. These were namely, attachment, identity and separation and loss. The carers were found to form deep, emotional attachments to the children and family as a whole. A number of sub-themes emerged delineating the facilitators of the development of such an attachment between the carer and child. Themes regarding carers' identity construction and the intricate and unique position they undertake within their employing family, emerged. The existence of an attachment relationship and the formation of an identity around this relationship inherently gave way to themes regarding carers' profound sense of loss and grief following separation. This was accompanied by themes providing insight into some of the after effects and mediating factors of separation for the carers in this study. These findings were used to suggest recommendations for support initiatives and future research endeavours.

Keywords: Domestic worker, carer, emotional labour, motherhood, attachment, separation, loss, mourning, support, South Africa

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To Margaret, thank you.

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But the first day that I saw him again was in the school holiday . . . Monday I find him waiting for me in the laundry room. I came in and he stood behind the door. When I walk in he said BOO! Who do you see? We start to cry. We hug each other and cry. When we finished crying we started to talking . . . I missed you. I don't want you to go away again. (Van Der Merwe & Gericke, 2009, p. 313)

CHAPTER 1

INTRODUCTION, RESEARCH AIMS AND RATIONALE

1.1 Research Aims

This research study involves two primary, interconnected research aims. Firstly, it aims to gain insight into the subjective meaning-making of carers' reciprocal relationship, and potential attachment to, the children they helped to raise. Secondly, this study aims to explore the unique experiences of the carers' reported feelings of loss when separated from these children due to the termination of their employment.

Ultimately, the report aims to give voice to the carers themselves, in order to gain an understanding of their unique reported experiences, attitudes and feelings towards their attachment to and separation from the children. In the process, it is hoped that insight is gained into factors that facilitate attachment as well as those that assist and impede emotional wellbeing during the separation process and thereafter. A long-term aim of this study is to increase awareness of the intricacies involved in domestic care work in order to contribute to the small body of literature in this area and towards developing measures that promote the wellbeing of carers in South Africa.

1.2 Introduction and Rationale

While remaining severely under-studied given it's prevalence over time and space, domestic care work is significant in its own right and especially so, within the fabric of South African history and society. Approximately, one in five women work as a domestic worker in South Africa (Dinkelman & Ranchhod, 2010). Throughout the last three decades, the inclusion of women in the workforce has risen steadily both internationally and locally. This has resulted in a greater need for outsourced child-care (Bunyan, 2010). It has also become more acceptable for stay-at-home parents to employ child-care providers to look after their children (Bunyan, 2010), which often takes the form of a domestic care worker in South Africa. Parallel to this, is the growing literature on the importance of early attachment relationships on child development and emotional wellbeing, in addition to the importance of attachment

though-out the lifespan (Bowlby, 1979). Despite these trends, the identity and significance of the 'carer' has been largely ignored in the local and international literature *and* practically on ground level within the South African home. According to Botha (1993) as cited in Marais and Van Wyk (2003, p. 4), "As long as the history and the daily realities facing domestic workers are ignored, the full reality of the position of domestic work in South Africa cannot be understood". Therefore, a comprehensive exploration and understanding of domestic work, the domestic care worker herself, as well as her role within the family, is essential for the benefit of all role-players involved.

Despite a broad dearth of literature on domestic care work in general, one area that has been specifically neglected is the study of separation between carer and child following termination of employment. This study hopes to contribute to the literature in this regard.

It is understood that there are a number of losses that may be incurred due to the termination of employment that are unconnected to the feelings of loss experienced in relation to the child (such as financial loss for the carer etc.). This research, however, due to scope constraints, aims to focus on the loss experienced by the carer primarily in relation to the child. Regardless of this, it is important to note that this is but one potential effect of termination that may be experienced by the carers and that there is a significant dearth of research exploring this area as a whole.

In considering the available literature relevant to this research as well as the research aims and questions, the following emerged as the primary rationale for this study.

1.2.1 Dearth of Literature and Creating Awareness

The paucities of literature concerning this research occur on a number of levels, contributing to a global lack of research and literature on the topics under investigation.

Attachment forms an important contributory focus and aim in this research. Although there is a large body of literature dedicated to the investigation of children's attachment to their primary caregivers (Bowlby, 1979; Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; World Health Organisation: Child and Adolescent Health and Development, 2004), very little attention has been paid to the unique experience of a caregiver forming an enduring attachment to a child (Schen, 2005). Of the few studies dedicated to this purpose, the focus is typically on biological caregivers, specifically mothers (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; Robson & Moss, 1970). Van der Merwe and Gericke's (2009) research on

the attachment of domestic workers to the children they help to raise, is the only known study dedicated exclusively to the attachment of carers to children in South Africa. This indicates an extensive gap in the research on attachment and carers, from the carer's perspective.

Subsequently, there also appears to be a considerable lack of research into the experiences of separation and loss from a caregiver's perspective (Schen, 2005). Most of the research is focused on the separation of children from caregivers (Bowlby, 1958a; 1969; 1980; Wingfield, Unknown), however, even this is limited (Eagle, 1994). The contexts of these research pursuits involve separation due to death of a parent (Wayment & Vierthaler, 2002), mental illness, homelessness, prison sentence, working abroad, deployment (Schen, 2005) or separation of a child and caregiver in foster care (Buehler , Cox, & Cuddeback, 2003). However, until now, there has been no known research explicitly investigating the experiences of separation and loss of carers from children they help to raise in South Africa.

A dearth of literature on the domestic work sector in general, exists both internationally (especially in developing countries) (O'Connor, 2014; Tobio & Gorfinkiel, 2007) and in South Africa in particular (Chetwin, 2009; Cock, 1980; Goldman, 2003). The domestic work sector has been labelled one of the most neglected sectors of the country's labour force (Marais & Van Wyk, 2003). Additionally, there is a severe lack of research on care-work specifically (as opposed to the general reference to domestic work) (Van Der Merwe & Gericke, 2009). As authors, Goldman (2005) and Scheftel (2012) point out, the psychological significance of carers and care-work for all involved has a long history of exclusion, particularly from psychoanalytic literature. It has been acknowledged that almost all of the influential contributory members of psychoanalytic theory and practice, such as Freud, Anna Freud, Bowlby, Winnicott etc. came into contact with the subject of 'carers' and 'care-work', either in their care as children, in their own children's care or in their patient's life narratives (Bretherton, 1992; Goldman, 2005; Scheftel , 2012). Despite this, there is very little psychoanalytic speculation regarding carers and care-work as a whole, highlighting the difficulty that researchers, theorists and society at large have in reflecting on this topic (Bretherton, 1992; Goldman, 2005; Scheftel , 2012). There appears to be a juxtaposition between perceptions of the importance of mothering in society and perceptions regarding those one employs to perform 'mothering' for children. It has also been found that carers, as an extraneous variable, have been omitted from parent-child research (Goldman, 2005).

The majority of studies conducted on care-work employ a sociological perspective, focusing on the socio-political and labour aspects of domestic work such as exploitation, oppression, labour laws and feminist critiques (Banks, 1999 - 2000; Cock, 1980; Dinkelman & Ranchhod, 2010; Du Toit, 2013; Van Der Merwe & Gericke, 2009). Others focus on the employer–worker dynamics, placing much emphasis on the views of the employer (MacDonald, 1998; Smith, 2014; Van Der Merwe & Gericke, 2009). When research into care-work is conducted, the focus is usually on the psychological effects on the child, from the child's perspective (Goldman, 2003; Sarti, 2010; Swisa S. , 2010; Van Der Merwe, 2009). As useful as this research is, in its entirety, the voice of the carer is ultimately neglected in the literature – carers remain the "man behind the curtain" (MacDonald, 1998, p. 34).

For these reasons, the present research study hopes to add literature to this area as a whole. Additionally due to the paucity of research into separation and loss within care-work specifically, this study is largely intended to begin investigation into the area, hence the exploratory design. It is trusted that this research will serve as a catalyst for further research efforts into this area. Furthermore, a long term aim of this research is to create awareness in the minds of the general public regarding the real work and importance of carers in South Africa.

1.2.2 Validation and Empowerment

Domestic and care work has and continues to be viewed as menial, unskilled, women's labour, obscured by the privacy of the domestic environment (James, 1989). Hence, the significance of carers' contribution and value in social reproduction as well as in the lives of the families they work for, is often ignored (James, 1989). As Cox (2010, p. 3) highlights:

> …care within households that employ paid domestic workers mirror the relationships of the private family. "Care" is too often understood only as a small range of acts which are themselves already denigrated and the value of the "care" that is given and received can easily be overlooked.

Due to the recognition of South Africa's Apartheid history with regard to domestic and care workers (Cock, 1980) and the growing understanding of the importance of early attachment figures in a child's life (Bowlby, 1969; 1979; Field, 1996; Senior, 2009), there is a need to finally validate the significance of the work that is performed by South African carers on a daily basis. Indeed, a common request found in Macdonald's (1998) research on carers, was

for recognition for the degree and quality of the attachment between themselves and the children under their care. In creating awareness and validating care-work as a whole, more attention may be paid to providing carers with the necessary respect, support, training and skills that they require and deserve (Photi, 2005). This, in turn, will contribute towards a positive environment that will encourage optimal care of South African children and the healthy continuation of a labour force that provides employment for a very large portion of South African women (Dinkelman & Ranchhod, 2010; Photi, 2005). It has been found that mutual respect and good communication are important for the success of caregiver-child partnerships (Scheftel , 2012). This may only be achieved in the context of honest reflection, understanding and validation of the role of carers in South Africa (Scheftel , 2012).

Care work is often characterised by a sense of "voicelessness" (Marais & Van Wyk, 2003, p. iv). An important long-term aim of this research is to empower carers by creating awareness and validating their importance and experience within the South African labour force and private home. It is hoped that over time all role players, including carers themselves, will begin to actively participate in the process of change.

1.2.3 Emotional Wellbeing

"If a community values it's children, it must cherish their parents" (Bowlby, 1951, p. 84), or in this case, their *carers.*

By becoming more aware of the potential attachment that may be formed between carers and their charges as well as being more aware of and understanding the often negative emotional effects of loss experienced by the carers when separated from the children under their care (Bowlby, 1979), appreciation and respect for this process may be stimulated (Wingfield, Unknown). Additionally, steps may be taken to provide a secure work environment conducive to high quality care-work and an understanding of what may aid carers during the separation process (Goldman, 2005).

With growing awareness of the importance of attachment, separation and care work in general in South Africa, carers themselves may be *cared for* in order to avoid detrimental responses to separation, such as an arrest in mourning, depression and defences such as somatisation or detachment from the children under their care (Bunyan, 2010; Goldman, 2005; MacDonald, 1998). This in turn will not only ensure that the psychological wellbeing of the carer is protected but also the psychological wellbeing of the future children under

their care (Goldman, 2005). It is important to emphasise that protection and validation of the carers themselves is likely to create a ripple effect extending to the children (and whole families) under their care as well as their own biological families.

Becoming aware of carers' experiences of separation and loss allows the creation and initiation of much needed support structures and training programs for carers based on their unique and individual needs.

1.3 Outline of the Report

Chapter 1 introduced the research by highlighting the aims, which were used as the bedrock for this study, from conception to the final write up of the report. This was followed by a brief introduction into domestic care work which underpinned the rationale of the research. This rationale involves three interconnected justifications for conducting the present research, namely awareness and the dearth of literature in the areas of interest, validation and empowerment of domestic care workers and consideration of their emotional wellbeing.

Chapter 2 details the body of literature available on the topics under investigation. The literature review provides the theoretical, empirical and contextual foundation of this research. Definitions, arguments and hypotheses are presented in this chapter in order to lay the ground work for the results and discussion of the current study.

Chapter 3 begins with insight into the motivation and inception of the study as this is important in conjunction with the section on self-reflexivity, positioned at the end of the chapter. The research questions, based on the research aims from Chapter 1, are listed before an explanation of the design, sampling procedure, data-gathering procedure and data analysis is provided. The chapter concludes with a discussion on the ethical considerations pertinent to this study.

Chapter 4 presents the table of results extrapolated via thematic content analysis, from the interviews with the carers. This is followed by a discussion on participant demographic information in order to contextualise each participant before presenting a critical analysis of the emerging themes. Emphasis was placed on carefully seeking understanding and interpretation of the latent as well as manifest content of the carers' narratives, while remaining reflective and linking the findings to existing literature.

Chapter 5 offers the final conclusion to the report. Limitations of the study are considered, providing opportunity for recommendations to be made. Recommendations for future research, the general public, including potential employers of carers and future support initiatives are discussed.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

> Caring for others can be a source of pleasure and fulfilment, but it can also be undervalued and denied, a source of degradation and exploitation. Care not only exists between intimate relationships, but is also located within global-scale hierarchies of gender, class, and race/ethnicity. Care can be problematic for those who need it, who give it and those who arrange care for others, but it can also be the most precious thing to them (Cox, 2010, p. 113). Care is not only personal, it is an issue of public and political concern whose social dynamics operate at local, national and transnational levels. (Williams, 2001, p. 487)

The following literature review will begin by outlining care work as an occupation. The duties and responsibilities involved, appropriate term by which to refer to 'nannies' in this study and the overall uniqueness of care work will be considered. A brief discussion on the socio-political and labour dynamics of the domestic work force will be outlined in order to highlight the social context in which care work takes place in South Africa. This will be followed by an in-depth discussion of two related fields that are fundamental to this research - *attachment and separation*. Relevant theory will be detailed before applying each section to care work at ground level. The aim of this literature review is to provide a comprehensive understanding of the diverse, interrelated topics involved in care work as a whole.

2.2 What is Care Work?

Although common internationally, especially amongst middle class families (Armenta, 2009; Bunyan, 2010; MacDonald, 1998), domestic/nanny work has and remains to be a particularly popular and familiar trend within the South African context dating back to before the Apartheid era (Cock, 1980; Dinkelman & Ranchhod, 2010; Goldman, 2005). Many labels have been used to describe the work involved in this area, including colloquial terms such as "maid's work" (Smith, 2014), "nanny/gogo care" (Goldman, 2005), "helpers" and "paid girls" (Banks, 1999 - 2000). Additionally more formal politically correct labels exist such as "domestic work" (Dinkelman & Ranchhod, 2010; Du Toit, 2013), "surrogate/secondary childcare", "child-care providers" (Bunyan, 2010) and "care-work" (MacDonald, 1998; Van Der Merwe & Gericke, 2009). This attests to the extensive ground that is encompassed by these terms, highlighting the importance of delineating the aspects of domestic/care work that will form the focus in this research study and the term that will be used to refer to these women.

Domestic work has repeatedly proven especially difficult to define (Anderson, 1998). The formal definition of a 'domestic worker', defined in the Basic Conditions of Employment Act is, a full-time employee who performs domestic work in the home of his or her employer and includes a housekeeper, a gardener, a person employed by a household as a driver of a motor vehicle and a person who takes care of children, the aged, the sick, the frail or the disabled, but does not include a farm worker (Parliament of the Republic of South Africa, 1997, p. 5). A more informal understanding is offered by Armenta (2009, p. 283), who distinguishes between the *domestic worker*, whose role is primarily defined in terms of cleaning and caring for the employer's home and the *nanny*, whose "primary responsibility is taking care of the employer's child" within the employer's home. Interestingly, in South Africa, these two demanding and somewhat conflicting roles are often overlapped in expectation from the employer, placing additional pressure on the worker (Cock, 1980). Furthermore, the worker has been found to frequently experience this as a lack of job description, leading to a deficient self-description as the employee and confusion regarding employer expectations (Anderson, 1998). The *nanny* and her relationship with the *child she helps to raise* will be the focus of this research study.

MacDonald (1998) refers to nannies as "mother workers" (p. 27) who perform daily tasks involved in the care of children such as "soothing, stimulating and connecting" (p. 26).

Caring, as Henderson (2001) describes, is "the mental, emotional and physical effort involved in looking after, responding to and supporting others" (p. 131). Nannies/mother workers perform the work of *caring* within the caregiving sphere which involves the "face to face, hands on process of attending to individuals' physical and emotional needs" (Bunyan, 2010, p. 10). Emotional labour, which is one of the major components of caregiving, demands that the worker flexibly understands and interprets the needs of those under his/her care, provides a personal response to the needs and balances the needs of the individual within the group, while pacing the work and taking into consideration other responsibilities (James, 1989). Consequently, emotional labour has been described as physically and emotionally taxing as it demands that the worker gives something of themselves in service of their work as opposed to a standard, prescribed response (James, 1989). Most importantly, emotional labour highlights the relationship emerging from the attachment existing between the carer and the cared for in the context of caring and caregiving (Bunyan, 2010). In this case, the carer refers to the nanny and the cared for refers to the child and often the child's family as a whole. Thus, it is evident that the "attachment factor", i.e. the attachment to and from the child and family, renders nanny work qualitatively different from purely domestic work (Bunyan, 2010).

2.3 A Note on Labelling

Regular debates exist regarding the most suitable term by which to denote the wide range of individuals involved in childcare. The term "caregiver" is often used because, practically, many children are not cared for by their biological parents and this care is often not limited to one individual. However, some argue that the use of this term, as opposed to the use of "mother", father" or "parent", fails to capture the core duties and responsibilities as well as emotional attachment, investment and continuity of care, involved in caring for a child (Call, 1984; World Health Organisation: Child and Adolescent Health and Development, 2004). Despite repeatedly being faced with no evidence to support the notion that biological parents are more adept at caring for children apart from breastfeeding (Bowlby, 1980; Goldman, 2005; World Health Organisation: Child and Adolescent Health and Development, 2004), it is unfortunately the above mentality that continues to reproduce faulty beliefs and uncertainties regarding the ability and investment of child caregivers, other than biological, to care for children. As such, this perpetuates the invisibility of all kinds of non-biological

caregivers, including nannies, and fuels ideologies such as intensive mothering (which will be detailed further on in the literature review).

Banks (1999 - 2000) argues that job titles are important as they evoke particular images in the minds of individuals in society, affecting social attitudes, expectations and stereotypes. For example, although understood to be politically correct, "domestic worker" often evokes the image of an unskilled, underprivileged black woman working for an affluent white family (Banks, 1999 - 2000). It may indeed be the case that a large portion of the domestic workforce is in fact comprised of black women who have, due to socio-political reasons, been exploited, but this misses the point. The point - and an underlying aim in this study - is to move away from labels that do not acknowledge or validate the significance of the work that these women do, in and of itself, and the substantial and meaningful role they play in households all over South Africa. Thus the term *carer* will be used throughout this paper to refer to individuals who perform tasks that are commonly acknowledged and performed by *nannies* in South Africa. It is believed that *"carer"* begins to capture the significance of the relationship and the emotional quality of the work as well as respecting the aims of this study, which are to bring attention to these women in order for their unique narratives, attitudes and perspectives to be heard and respected.

2.4 Care Work as a Vocation

2.4.1 Socio-Political and Labour Dynamics

Due to scope limitations of this research, labour related issues and dynamics will not be comprehensively expanded on[1]. However there are a number of important considerations that may not be ignored in any discussion on carers or the domestic worker sector.

Domestic carers, most commonly Black females in South Africa, have relied on domestic service as one of the largest sources of employment and income for many years (Mofokeng, 2007). Approximately 11% of the formal employment sector (over 1 million South African workers) are involved in this service, with far higher statistics for those involved in the informal sector (Goldman, 2003). These statistics trumped mining and agricultural sector statistics (Goldman, 2003). Goldman (2003) reported that over 33% of middle class, white

[1] The following references (amongst others) provide a detailed discussion of this: Banks (1999 - 2000), Cock (1980), Dinkelman and Ranchhod (2010), Du Toit (2013) and Smith (2014).

South Africans had primary caretakers (*carers*) other than their mothers. A 2016 quarterly labour force survey, reported approximately 1 009 000 - 984 000 South Africans working in the domestic service sector between January 2015 and March 2016 respectively (Statistics South Africa, 2016). Furthermore, it was found that approximately 42.2% of the low-skilled workforce in South Africa, which is comprised of elementary and domestic occupations, is made up of Black female workers (Statistics South Africa, 2016). Many of these women rely on the service they provide as their sole means of income to support an entire household (Van Der Merwe & Gericke, 2009). With this is mind, it appears that carers mostly enter domestic service out of necessity rather than choice and it is disturbing that they are still often exposed to ultra-exploitation (Chetwin, 2009).

As Banks (1999 - 2000, p. 10) effectively states, "Gender, class and race are inextricably intertwined in any discussion on mothering, childcare and household work". It is imperative to be aware of the previous state of marginalisation and oppression in the domestic sector as it forms the basis from which current care work has developed and subsequently provides insight into existing and often persistent ideologies, stereotypes and traumas. During the 1970s and 80s Apartheid era, care work was a breeding ground for exploitation, oppression and racism by "white madams" who instilled rigid rules (such as separation of the carers from their own biological children), long hours, low pay and overall poor working conditions (Cock, 1980; Smith, 2014). No government regulation was established to protect the rights of these workers and as such, acts of discrimination fell through the cracks, bringing the carers with them and subsequently facilitating the continued exploitation of these women (Banks, 1999 - 2000; Goldman, 2003). Although the South African Domestic Workers Union existed, it dissolved in 1996, eleven years after its initial formation, due to administration difficulties and low levels of membership (Goldman, 2003). The isolating nature of domestic work as well as domestic workers' economic immobility has often been cited as two of the main contributory factors towards impeding organised forms of action against unjust working conditions in this sector (Armenta, 2009; Goldman, 2003).

Efforts have since been made to improve working conditions and to initiate government regulation in the domestic sphere (Van Der Merwe & Gericke, 2009). The Basic Conditions of Employment Act, promulgated in 1998, made provision for the establishment of the Sectoral Determination 7. This legislation introduced minimum wage, working hours, number of leave days and termination rules for the domestic worker sector for the first time (Mofokeng, 2007; Parliament of the Republic of South Africa, 1997; Smith, 2014). However,

there is much on-going debate regarding the effects of these laws at ground level (Dinkelman & Ranchhod, 2010; Nyamnjoh, 2005). For example, despite the introduction of legislation formalising domestic work, domestic work continued to comprise 30% of the informal wage-employment in 2007 (Wills, 2007). In the midst of new rights and 'entitlements', the question is whether the plight of carers (and the domestic sector as a whole) has truly been heard? (Nyamnjoh, 2005).

"Mapping the relationship between discourses (narrativity), everyday life and the machineries of power is crucial to an understanding" (Goldman, 2003, p. 31) of the history and world of the carer. It may be argued that, carers were and often continue to be, subjected to "triple oppression" (Archer, 2011; Cock, 1980; Goldman, 2003, p. 76), whereby they are wedged at the juncture of class, race and gender exploitation. The relationship between carer and employer is typically one of vast class disparity (Armenta, 2009; Nyamnjoh, 2005). The mere fact that carers are often employed to care for children, in order to allow parents (the employers) to enter the labour market and subsequently advance their financial and social position, is testament to this disparity (Goldman, 2003). Ironically, in facilitating the integration and advancement of parents, especially mothers, into the labour market, carers remain trapped in a cycle of poverty and deprivation, often transmitting this onto the next generation (Bunyan, 2010). This serves to reinforce the little personal choice that carers have to enforce change in their lives and leaves them vulnerable to further exploitation (Cock, 1980; Marais & Van Wyk, 2003; Smith, 2014). A concrete example of this is the lack of professional training for carers, despite their numerous and important responsibilities within South African households. Approximately 91.4% of carers in Southern Africa in 2005, reported that they had not received training of any kind (Nyamnjoh, 2005). This may be due to a number of factors - one of which may be the longstanding assumption that caring for children and engaging in household labour is naturally women's work that does not require formal training (Banks, 1999 - 2000; Jianxin & Daming, 2009; Tobio & Gorfinkiel, 2007). This ideology not only devalues females and the practice of mothering, it also encourages individuals, especially females, with low levels of education to resort to a vocation that is assumed to utilize no real skill, other than 'natural feminine qualities' (James, 1989; Jianxin & Daming, 2009). Failure to recognise the tasks that carer's undertake as valuable 'work', deprives them of the validation they deserve. Therefore not only do the carers comprise a vulnerable minority group due to the fact that they are most commonly Black, unskilled and of low socio-economic status, they are additionally, mostly female (Chetwin, 2009).

Patriarchal ideologies concerning housewives who perform "menial house chores and childcare tasks for free" present an added level of exploitation – by gender – for the carers (Banks, 1999 - 2000, p. 6). This atomisation and stigmatisation is not a unique feature of domestic service in South Africa – it occurs internationally and is continually perpetuated by a number of social and historical factors (Anderson, 1998; Archer, 2011; Bunyan, 2010; MacDonald, 1998).

2.4.2 Duties and Responsibilities of a Carer

There are a number of explanatory models in the literature detailing the regular activities and responsibilities involved in the care of children (Anderson, 1998; Armenta, 2009; Banks, 1999 - 2000; Bunyan, 2010; Chetwin, 2009; Cock, 1980; Goldman, 2005; James, 1989; MacDonald, 1998). Reflecting on these descriptions highlights the strikingly similar roles and responsibilities performed by the varying individuals who take up primary caregiver roles for children, such as mothers, fathers, grandparents, foster parents and carers. These models of caregiving duties often overlap, regardless of the individual described in the particular study (Swisa S. , 2010). This indicates that caring for children has far less to do with the title of the individual involved in the care, than it does the actual time spent with the child, the consistency of care and the attachment between caregiver and child (Bowlby, 1979). It was found that carers, particularly live-in carers, perform many of the tasks associated with mothering, such as feeding, bathing, sleep routines, connecting, playing, stimulating, managing behaviour and soothing (MacDonald, 1998). Many carers, themselves, do not view their role at work as very different from that of a mother, often reporting that they perform similar, if not the same, activities and assume comparable responsibilities, in the care of their own biological children (Armenta, 2009; Bunyan, 2010). This highlights how the daily maternal duties performed by carers as well as the responsibilities they undertake, contributes towards fostering the possible intimate attachment relationship between them and their charges.

Carers' particular job descriptions vary according to the individual needs of the employing family. These descriptions generally encompass three universal groups of needs, namely, physical needs (i.e. feeding, health and safety, exercise, sleep routines etc.), emotional needs (affection, managing behaviour, peer interaction, soothing etc.) and intellectual or mental needs (stimulation, playing, homework assistance, outings, etc.) (Photi, 2005). Due to the long hours spent together as well as the differing cultural backgrounds between carer and

child, carers are often the primary source of the child's exposure to new ideas, novel cultural and language experiences, socialisation and the teaching of basic skills (Bunyan, 2010). Depending on particular job descriptions, additional roles include household duties, administration, planning of events and appointments, baby-sitting, travelling and providing care and emotional support for adults in the family (Baquedano-Lopez, 2002; Photi, 2005).

Bradley and Caldwell's (1995) five primary functions of caregiving provide an effective structure for the numerous duties and responsibilities performed daily by carers. Based on their view of caregiving as a regulator of human behaviour and development, they suggested that the following functions of caregiving may be incorporated interchangeably into most childcare activities, such as feeding or playing. These are namely, 1. Sustenance, 2. Stimulation, 3. Support, 4. Structure and 5. Surveillance (Bradley & Caldwell, 1995).

The extensive range of duties and responsibilities performed daily by carers emphasizes the profoundly important role they play in the lives of the children they help to raise. Indeed, the care that children receive has a significant influence on their survival as well as their social, psychological and educational growth and development (World Health Organisation: Child and Adolescent Health and Development, 2004). The general wellbeing of children is closely related to the experiences they have in childcare, which encompasses the kind of carer-child relationship that concerns this study (Bowlby, 1958b; 1979; Bunyan, 2010; Hardin & Hardin, 2000). This presents as a large amount of responsibility for the carer and is captured effectively by Hobart and Frankel (2001, p. 1) as cited in a study by Photi (2005, p. 21) regarding the training needs of carers in the United Kingdom:

> Being in sole charge of children is one of the most challenging jobs there is. Ask any mother! When the children are not your own, the responsibility for their development, safety, care and learning is even greater.

2.4.3 Where the 'Socio-Political' and 'Emotional' Meet: The Work of Carers

> …falling as she does into this in-between almost-transitional realm, requiring her to behave "as if" she were a family member yet with none of the usual prerogatives, the nanny has an "impossible profession". (Cancelmo and Bandini, (1999, p. 61) as cited in Scheftel (2012, p. 257)).

The work that carers perform in households all over South Africa falls within a grey area between the private and public sphere, creating a work environment that is unlike any other

(Scheftel , 2012; Tobio & Gorfinkiel, 2007). Ironically, 'home' (*private*) is the workplace of the carer, often allowing biological parents, especially the mother, the opportunity to enter the *public* workplace (Tobio & Gorfinkiel, 2007). Carers are constantly negotiating the conflict between performing emotionally invested 'mother work' (and hence likely forming attachments with the children) on one hand while remaining the non-biological, secondary, shadow mother and employee on the other (MacDonald, 1998). The carer bridges the gap between two socially constructed ideological spheres (public and private) and falls into the "no-man's land" (Scheftel , 2012, p. 256) in between (Anderson, 1998). It is precisely this position that provides employers with the power to oscillate between treating the carer as a member of the family on one hand or as a separate, external employee on the other, depending on the employer's needs (Anderson, 1998). "The permanent ambivalence between a home that is a workplace and a workplace that is a home" (Tobio & Gorfinkiel, 2007, p. 51) is a difficult tension that is often left up to the carers to negotiate alone and in private. The perceptions in society that love and money do not mix or that "work is divorced from care", highlights and in some ways, serves to perpetuate this conflict (James, 1989, p. 23). Carers are expected to care as part of their job description, in a society that refuses to value caring over economic production or as a profession in and of itself (Henderson, 2001).

This paradox extends to the employers - particularly those who identify with an ideology of 'intensive mothering'. Intensive mothering, a common cultural value that gained momentum towards the end of the twentieth century (Hays, 1996), especially amongst white, middle-class families, is a child-centred approach to raising children (Bunyan, 2010; Robinson, 2014). Optimal child-rearing techniques are portrayed as financially costly, emotionally demanding, labour-intensive and expert-directed (Cox, 2010; Hays, 1996; Robinson, 2014). Most important to this belief system is the emphasis on the singular mother-child bond. There is the assumption that the child requires one primary caregiver and ideally the mother alone should perform the practice of mothering as she is acknowledged as most suitably able to recognise and respond to the needs of her children intuitively (Hays, 1996; MacDonald, 1998). This ideology, however, poses a significant conflict in modern society where the majority of women, of all classes, have entered the labour market as a result of necessity or choice and are therefore practically unable to be the sole providers of childcare. Identifying with an ideology that renders childcare "indivisible" (MacDonald, 1998, p. 30) in a societal context that compels the delegation of 'mothering' and childcare to individuals such as carers, can become a bitter pill for parents to swallow, particularly mothers (Bunyan, 2010;

Robinson, 2014). This is especially so, due to the ensuing, possibly unconscious tenets of intensive mothering, that views the grown child as a direct reflection of the woman's success or failure at mothering, and her worth in general (Cox, 2010; MacDonald, 1998). Bluntly argued, according to the belief systems of intensive mothering, if a mother invests enough effort and energy into her 'mothering', her children can be "perfectible" (Cox, 2010, p. 3).

Gendered ideologies that encourage the structuring of female identity around motherhood, childcare and domestic duties, exacerbate the difficulty mothers have in relinquishing mother-work (and domesticity as a whole) to others, as it often affirms them as women (Archer, 2011). It is argued that this may be one of the contributing factors to the misuse of power and control by employers in employer-carer relationships (Archer, 2011).

Due to the high stakes entrenched in intensive mothering beliefs, coupled with gendered ideologies that render childcare as women's, particularly mother's, work, mothers are often fraught with complex, contradictory feelings, such as guilt, relief, anxiety, hope and jealousy regarding the delegation of motherhood (Cox, 2010; Scheftel , 2012). As one of the mother's in Cheever's (2003, p. 37) study eloquently states:

> We love our children passionately, and for me, at least, leaving them - for a week or even for a day - is the hardest thing I have ever had to do. That makes the person who takes care of them in my absence both indispensable and somehow an agent of separation and doom - much more than a simple employee.

Macdonald (1998, p. 34) explains, mothers often need carers to act as "shadow mothers" - they expect carers to naturally love and nurture their children as their own while simultaneously requiring the carer to keep a suitable safe emotional distance from their child, placing the carer in a precarious situation. As Scheftel (2012) states, the carer becomes a "placeholder" for the mother and "by her very presence, denotes the mother's unavailability" (p. 256). The complexity of the carer's position is reflected in the following two quotes:

> I wanted her to love him and adore him during the day when she was with him, and at night or any time that I was home, I wanted her to *not* be loving and adoring towards him. I wanted her to just take a step back and be 'very hands off'. Which is sort of impossible to ask a person to shut off all the time, but I think she was understanding and really tried to help me with that. (MacDonald, 1998, p. 34)

> She's out of here for the weekend but she comes home on Sunday nights. Sometimes she'll be home at like 6, and I'm so sad that she is home because it means my special time with him is over. And it reminds me that I have to leave him. It reminds me that he's going to be so excited to see her. That, um, now he is not gonna want me, he's gonna want her. (MacDonald, 1998, p. 36)

This most often results in a complex interactional dance between carer and employer (mother or both parents). The significance of the role of the carer is generally undermined in the service of reducing the employers' guilt and anxiety as well as boosting their sense of self-worth as the idealised mother/parent figure (Bunyan, 2010; Cheever, 2003; Cox, 2010; Hardin & Hardin, 2000). An important aspect of carer's work, which is frequently denied in collusion with intensive mothering ideals, is the "simultaneous building and *concealing* of affective ties" (MacDonald, 1998, p. 34) that is performed by the carer to protect the feelings of employers. This responsibility is often assumed by carers themselves, for fear of being fired or treated badly and is achieved in a number of conscious and unconscious ways, for example, self-erasure, titrating attachment to and from children, enhancing mothers, engineering quality time for parents and patrolling the mother/not-mother boundary etc. (MacDonald, 1998). This often adds a challenging, distressing and demanding layer on carers' existing emotional load and does not serve their interests. It is clear that carers play a vital role in the cornerstone of family life yet, somehow, occupy the space just outside of this boundary.

From the above discussion, it seems the answer to the question of why carer's work is *particularly* unique, lies in two connected spheres - the distinction linked to their position in the labour market and greater society as well as the distinction linked to the nature of the vocation itself (Jianxin & Daming, 2009).

2.5 Attachment and Attachment Theory

In order to acknowledge and attempt to understand the reported experiences of carers in South Africa and in particular, carers' experiences of separation and loss in carer-child relationships, a review of attachment theory is required. It is well-documented that the attachments of carers to the children they help to raise, is one of the most distinctive features of domestic care work and often the most gratifying as well as challenging aspect of their

labour (Anderson, 1998; Bunyan, 2010; Chetwin, 2009; Goldman, 2003; Hardin & Hardin, 2000; Swisa S. , 2010; Van Der Merwe & Gericke, 2009). Indeed, it is often the reciprocal attachment that the carer develops with the child that forms the basis for why these separations are so complicated and difficult. Although the following section is dedicated specifically to the discussion of 'attachment' and how it relates to carer-child relationships, it is important to bear in mind that 'attachment', as a theme and underlying framework, runs implicitly throughout this research report. Any attempt at separating it from the discussions on this topic would be superficial and impractical.

2.5.1 Theoretical Underpinnings

Attachment theory conceptualises the emotional and affectional bonds that human beings naturally develop with significant others throughout the lifespan (Ainsworth, 1969; Field, 1996; Senior, 2009). As a theory, it views development from a relational, ethological and evolutionary perspective borrowing from many supplementary theories such as systems theory and cognitive theories (Goldman, 2005). Attachment behaviours are essentially instinctually and biologically driven in order to protect the safety and continued existence of the infant (Bowlby, 1958b). It may be argued that the infant is "hard-wired" (Fonagy, 2003, p. 114; Goldman, 2005) to attach to a caregiver. Attachment behaviours take shape according to the particular quality of attachment with significant attachment figures, forming reciprocal relationships over time (Ainsworth, 1969; Bowlby, 1958b; Senior, 2009). It is important to highlight the terms - *reciprocal relationship* - for this research in particular. The attachment behaviours of infants and children, such as crying and smiling, trigger a response in the caregiver which usually serves to simultaneously bring the caregiver closer in proximity (Bretherton, 1992; Hazan & Shaver , 1994). Research has been conducted on the *child's* attachment to the caregiver which often neglects the value in considering the child and caregiver as reciprocal members of a feedback system that serves both members. The continued existence of the child is maintained by the attachment to the caregiver, amongst other important functions and the human relational needs as well as emotional wellbeing of the caregiver is maintained by the attachment to the child (Ainsworth, 1969; Bowlby, 1969; Van Der Merwe & Gericke, 2009). It is also important to consider that the infant-caregiver dyad, governed by their reciprocally interacting behavioural system, exists within a greater environmental context that inherently impacts on this dyad (Ainsworth, 1969; Feldman, Weller, Leckman, Kuint, & Eidelman, 1999). The reciprocal and lifespan nature of attachment and the behaviour accompanying it, is important for this research as it provides

insight into the relationship that the carer may form with the child as opposed to the usual focus on the child's attachment to the carer.

2.5.2 Attachment in Children

According to attachment theory, the following three defining features outline the functions of attachment - a) Proximity maintenance, which includes proximity seeking and separation protest, b) Secure base (a base from which to explore the world) and c) Safe haven (returning to for safety and care) (Hazan & Shaver , 1994). In choosing an attachment figure, children may direct their attachment behaviour towards any available and responsive caregiver (Ainsworth, 1969; Hazan & Shaver , 1994). Generally by the time the child has reached approximately the sixth month of life, s/he selectively directs the majority of attachment behaviour towards primarily one attachment figure, even in cases where multiple caregivers are available (Bowlby, 1958b; Hazan & Shaver , 1994; Senior, 2009). Ideally this is the figure who offers *stability* (a safe and stable environment that fosters bonding), *continuity* (consistent and repetitive responses from the caregiver) and *mutuality* (the quality and attunement of the caregiver's response and interactions that reinforce the importance of the relationship) (Hess, 1982). However, due to attachment being a "primal (human) need" (Fonagy, 2003, p. 111), infants and children will nevertheless attach to a figure that may not be ideal, if this is all that is available, as is the case with abusive caregivers and their children. The process of initial attachment formation usually lasts approximately 3 years (Bowlby, 1969; 1979). Mary Ainsworth contributed to attachment theory through her conceptualisation and empirical testing of the Strange Situation experiment (Ainsworth, 1967; Bretherton, 1992; Senior, 2009). This experiment intended to assess the three defining features of attachment described above. It consisted of eight, three minute intervals whereby responses "to the stresses of a new environment and of separation from an attachment figure" (Senior, 2009, p. 219) of 12-24-month-old infants were observed. Three categories of attachment emerged, which include, secure, insecure-ambivalent and insecure-avoidant attachment patterns (Senior, 2009; Van Der Merwe & Gericke, 2009). A fourth category – disorganised attachment - has since been included into this model by Main and Solomon (Field, 1996). The child will begin to explore the environment while maintaining proximity to the attachment figure with more or less confidence, depending on his/her quality of attachment (Field, 1996; Hazan & Shaver , 1994; Senior, 2009). Therefore, in brief, securely attached infants confidently explore the world with the knowledge that the caregiver is responsive and attuned to their needs (Bowlby, 1969). Insecure-ambivalent infants experience the caregiver

as inconsistent in responsiveness, leading to prominent separation anxiety, an inability to be soothed by the caregiver and less confidence to explore the world (Bowlby, 1969; Senior, 2009). The insecure-avoidant child has no confidence that the caregiver will be available when needed and therefore learns not to trust that others will be responsive to their needs, often leading to pathological self-reliance (Bowlby, 1969). Lastly, the disorganised category of attachment involves children who have no coherent strategy with which to assess the availability of the caregiver and to manage the experience of separation. This type of attachment is usually as a result of severe neglect or abuse and leads to significant attachment difficulties and often psychopathology (Senior, 2009).

With repeated interactions with the caregiver, the child develops an internal working model, whereby representations of what to expect from caregivers are retained for future reference in relationships (Bowlby, 1969; Fonagy, 2003; Senior, 2009). Hazan and Shaver (1994, p. 5) state that "these expectations form the basis of mental representations that are used to forecast caregiver availability and responsiveness and that include interrelated models of self and the attachment figure". Therefore, internal working models comprise a 'self-model' (perceptions of one's own worth and esteem) and an 'other model' (expectations regarding the dependability of others in the social world) (Senior, 2009). As is the case with most cognitive structures, internal working models are highly resistant to change, which is exacerbated by the largely unconscious nature of their operation (Bowlby, 1969; Bretherton, 1992). In this way, these early mental representations of attachment relationships become ingrained and guide thoughts, feelings and behaviour in subsequent close relationships throughout the lifespan (Ainsworth, 1969; Hazan & Shaver , 1994; World Health Organisation: Child and Adolescent Health and Development, 2004).

2.5.3 Attachment in Adults

Attachment patterns are likely to persist into and throughout adulthood, affecting the capacity to form affectional bonds with others (Ainsworth, 1969; Bretherton, 1992; Field, 1996; Swisa S. , 2010). Indeed, Bowlby stated that attachment behaviours "characterise human beings from the cradle to the grave" (Bowlby, 1979, p. 129). Furthermore, there is growing evidence for the intergenerational transmission of attachment patterns (Bretherton, 1992). The theory that attachment is transmitted intergenerationally asserts that the caregiver, with his or her own attachment history, integrates and interprets the behaviour of and experience with the child based on his or her own internal working model of close relationships (Belsky, 2006).

Therefore, caregivers who received responsive and nurturing caregiving during their own childhood are more able to respond empathically to the needs of the children under their care. Caregivers who are securely attached are more likely to form a secure attachment with the children they care for and these children are more likely to form a secure attachment style, themselves (Belsky, 2006) and the same stands for insecure attachment styles. In this way, a cycle of attachment emerges, indicating the intergenerational transmission of attachment styles (Belsky, 2006). These are important insights for two reasons. Firstly, the significance of the primary care work performed by carers is highlighted as having a profound impact on the child's mental representations of the self and other, both in childhood and later life. Secondly, the quality of attachment that the carer had with her own primary attachment figures in childhood is likely to impact on the quality of the attachment she is able to form, later in life, with the child. This, in turn, will affect her unique experience of separation and loss when employment is terminated (Van Der Merwe, 2009; Van Der Merwe & Gericke, 2009). Mary Main and her contemporaries conducted research into adult attachment using the Adult Attachment Interview (Senior, 2009). It was concluded that adult patterns largely corresponded with child patterns and that the dynamics of the attachment system are almost identical across the lifespan (Hazan & Shaver , 1994) – securely attached children remained securely attached in adulthood while insecurely attached children led to insecurely attached adults (ambivalent child/preoccupied adult, avoidant child/ dismissing adult) (Senior, 2009).

2.5.4 Attachment, Culture and Conceptions of Motherhood

> In African culture, the sons and daughters of one's aunts and uncles are considered brothers and sisters, not cousins. We do not make the same distinctions among relations practised by Whites. We have no half-brothers or half-sisters. My mother's sister is my mother. (Mandela (1994, p. 9) as cited in Maiello (2000, p. 89))

Although culture influences caregiver-child contact, communication and interaction, and cultural differences exist in child rearing practices, the concept of 'attachment' itself, has been found to be universal (Ainsworth, 1967; Bowlby, 1979; Maiello, 2000; Senior, 2009; World Health Organisation: Child and Adolescent Health and Development, 2004). While the quality of attachment may be dispersed and expressed differently across cultures, the connection between early care and infant security holds cross-culturally (Senior, 2009). In a study conducted by Suzanne Dixon and her colleagues, on Gusii (Kenyan) and Boston mother-infant pairs in the early 1980s, it was found that a universal form of attachment existed

(World Health Organisation: Child and Adolescent Health and Development, 2004). Additionally, the range and quality of affective behaviours were found to be similar across cultures, however, they were used differently by different cultures (World Health Organisation: Child and Adolescent Health and Development, 2004). Many similar research studies and theories exist in the literature. It is important to consider the cultural applicability of attachment when exploring the attachment between carers and their charges, due to the common difference in culture that exists between carers and their employing families.

An area intrinsically interconnected with culture, is that of conceptions and ideologies of motherhood (Maiello, 2000; Robinson, 2014). Conceptions of motherhood are important to consider for this research study as they are rooted in cultural and historical contexts and provide insights into the attitudes towards the roles and expectations of mothers or caregivers in relation to the children they care for (Robinson, 2014). It has often been noted, in the literature, that African cultures commonly conform to an ideology of collective mothering which involves the shared responsibility for child care among family and community members (Maiello, 2000; Robinson, 2014). This may be due to a number of reasons, such as a general African affiliation to a collectivist way of living, African families being characterised by extended family organisation and during Apartheid and prior, forced circulatory migratory patterns compelling mothers to leave their children with other women in the rural village when they sought work in the cities (Maiello, 2000; Robinson, 2014) Robinson (2014), in her study on the attitudes towards mothering, found a higher prevalence of intensive mothering ideology (defined in 2.4.3 Where the socio-political and 'emotional' meet: The work of carers) among White women than among African women. Ampofu (2004, p. 6) as cited in Robinson (2014, p. 23) stated the following:

> Motherhood in most African societies involves a collective responsibility held by a network of women, but also including some men, in a given community. For the African woman, the experience of being mothered as a child by a whole community and taking responsibility for younger siblings and fictive kin at an early age, creates an ethic of caring and advocacy of a collective good... My own maternal grandmother and mother-in-law, for example, nurtured, trained and socialized scores of children and the concept of being a mother is opened to include biological and legal mothers as well as nurturers and caregivers.

If we are to take the above findings into account, it may be assumed that a collective ideology of mothering is likely to colour the carers' perceptions of how they care for their charges as well as their conceptions of roles and responsibilities within the employing family and home. This may be a reason for the common theme in domestic care work literature, namely that carers often refer to the children under their care as their own children (Bunyan, 2010).

2.6 'A Labour of Love': Carers and Attachment

2.6.1 Maternal Attachment and Carers

Maternal attachment is defined as "the extent to which a mother feels that her infant occupies an essential position in her life" (Robson & Moss, 1970, p. 977). Feelings of love, devotion, protection and concern accompanied by an interest in continued and prolonged interaction with the child, are components of maternal attachment, according to Robson and Moss (1970). Maternal bonding consists of mental states and representations, thoughts, feelings and behaviours that serve to maintain physical and psychological proximity to the child, which is one of the most important functions of maternal attachment (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; Robson & Moss, 1970). The image and fantasy of maternal attachment is evoked in the majority of all discussions on carers, both locally and internationally, the avenues of which include academic research, novels, films, newspaper articles, music, poetry and personal narratives[2]. The academic literature frequently utilizes terms to refer to carers that evoke the image of the mother, such as "mother worker" (MacDonald, 1998, p. 27), "shadow mother" (MacDonald, 1998, p. 29) "de facto mother" (Goldman, 2003, p. 18) and "early primary surrogate mother (ESPM)" (Hardin & Hardin, 2000, p. 1229). Indeed many of the duties and responsibilities described above (see 2.4.2 Duties and Responsibilities of a Carer) reflect tasks constitutive of 'mothering'. "Mother-work", as Macdonald (1998) argues, "represents a large component of what it *means* to be a mother and to experience mothering" (p. 26), indicating that "it is precisely those tasks that are associated with 'menial' motherhood mothering e.g. feeding, holding, disciplining, etc., that are understood to create the bond constitutive of mothering" (p. 33). Taking this into consideration, it is no wonder that a very common theme in the research on carers is their assertion that the children under their care are likened to their own biological children

[2] See Bunyan (2010), Goldman (2005) and Van Der Merwe (2009) for examples of the depictions of carers in art, novels, poetry and personal narratives.

(Armenta, 2009; Bunyan, 2010; MacDonald, 1998). Carers, in their descriptions of the children they helped to raise, often allude to maternal feelings of love and possession, which are common maternal expressions according to Ainsworth (1967). Examples of these descriptions may be found in international and local research conducted on carers:

> I truly fell in love with the baby…I had a really strong bond with him… (Bunyan, 2010, p. 192)

> I had this guilty feeling, not even, selfish feeling, I should say. But I wanted to hold Eve. I just wanted to be with my baby. And I hope that doesn't sound… but I called her mine. (Bunyan, 2010, p. 192)

> Some nannies consider the children theirs and I feel the same, I felt those kids were mine. (MacDonald, 1998, p. 38)

> I am like a mother to them and I will die a mother to them (Van Der Merwe & Gericke, 2009, p. 311).

The children themselves (many now adults), who were raised by carers, often speak of the very intimate attachment relationship they formed with their carers. The following quote is taken from a personal letter that appeared in Jana Van Der Merwe's (2009) research into the retrospective reported experiences of individuals who were raised by carers in South Africa. The letter was written by Van Der Merwe, herself and provides insight into the intimate mental representation of her carer as a mother-figure:

> I feel how your grace and love clings to me and I wish you rest, mommy – rest.
> And know that I am better because you raised me. May I raise my children with
> as much love and respect as you raised me.
> All my love and longing,
> Jana
>
> (Van Der Merwe, 2009, p. 106)

The following quote contains lyrics, with the English translation, taken from the South African song, "Kytie". This song was written by South African musician, singer, songwriter and writer, Koos Kombuis, about his carer:

Ek onthou haar nog soos gister. Vandat ek so klein was, was sy daar gewees…

[I remember her like it was yesterday. Since I was so young, she was there…]

Kytie, Kytie, Kytie, jy't nie virniet vir 20 jaar by ons gebly

[Katie, Katie, Katie, you didn't live with us for twenty years for nothing]

Kytie, Kytie, Kytie, jy was nie net 'n meid nie, maar 'n ma vir my…

[Katie, Katie, Katie, you were not just a maid, you were a mother to me…]

(Kombuis, 2017)

Even in psychoanalytic literature, the presence of the carer is indicated (Goldman, 2005; Scheftel , 2012). Particularly noticeable in his letters to Fleiss in 1897, is Freud's repeated substitution of 'nanny' and 'mother' when talking about his "Kinderfrau" (nanny/carer) and the impact of their separation. As Goldman (2005, p. 81) states, "When Freud says 'my nanny' that can mean either that it was the nanny who really mothered him and who was indeed his true mother, or that the nanny was simply a symbolic substitute for his "true" mother". Either way, the significance of the carer as a maternal figure as well as a prominent figure of attachment, persists.

Attachment theory acknowledges that children are able to (and often do) attach to non-biological caregivers (Hazan & Shaver , 1994; Van Der Merwe, 2009). Bowlby argued that a real bond requires more than the child simply attaching to the caregiver, emphasizing the reciprocal nature of attachment. Gratification, enjoyment, investment and attachment on the part of the caregiver is also necessary and it was for this reason that Bowlby expressed that the most likely primary caregiver candidate is usually the biological mother (Bowlby, 1958b; Swisa S. , 2010). However, he also acknowledged that where the biological mother does not, or is unable to, invest in the child in this manner, it is preferable that the child be in the care of a primary caregiver who can (Swisa S. , 2010). Employing a carer necessarily uncovers opportunity for a potentially intimate, solitary, one-on-one, dyadic relationship to occur between carer and child (Scheftel , 2012). It has been stated that Bowlby was not opposed to

a live in carer, “as long as it was recognised that she may become the true mother figure in the child’s eyes and - this he emphasised - as long as she stayed” (Bowlby, 1958a, p. 7; Goldman, 2005, p. 91). In such cases, the carer becomes instilled with primary attachment significance (Goldman, 2005). The use of “primary” reflects, not only the length of time spent with the child but also the “consistency of care, quality of nurturance and intensity of involvement (in terms of exclusiveness and mutual cueing), all of which foster attachment” (Goldberg, 2004, p. 117).

Indeed, Hardin and Hardin (2000) commented on a Dutch study that found unexpected similarities between child-mother and child-day-caregiver attachment security profiles as well as an Israeli study that indicated equivalence of attachment characteristics of mothers and “care-providers” (p. 1234). Furthermore, Van Der Merwe and Gericke’s (2009) research on the attachment of domestic carers to the children they helped to raise, confirmed that more than simply a ‘bond relationship’, an attachment relationship between carer and child is not only possible, but also probable. A prominent theme in Bunyan’s (2010) research on the work of carers internationally, was that they felt their work was “a labour of love” (p. 142) beyond a regular job and that they truly cared about the wellbeing of the children under their care. This indicates their feelings of attachment towards the children and highlights that “love is a synonym of attachment”, as asserted by Ainsworth (1969, p. 39; 1967).

2.6.2 Compounding Factors of Carer Attachment

Carers, in addition to the attachments formed with the children they help to raise, often form attachments to the employing family as a whole (Bunyan, 2010). Some employers are able to to transverse the complicated social distinctions and dynamics between themselves and the carers, to truly view the carer as a family member or close friend, without using this as an opportunity for the misuse of power (Bunyan, 2010). The deep, meaningful attachments to the family as a whole are significantly compounded by the isolating, solitary and unique nature of carers’ work (Armenta, 2009; Goldman, 2003; Marais & Van Wyk, 2003). The blurred lines between family and work may be exacerbated when these women have left family and children behind in their home towns – a common occurrence in South Africa (Chetwin, 2009; Sarti, 2010; Scheftel , 2012). Struggling to cope with the separation from their own biological children and family along with a lack of emotional support serves to deepen the attachments they form with the children they help to raise (Armenta, 2009). Carers frequently ‘transfer’ the love, longing and investment they cannot give their own

children, onto the children they are paid to care for (Chetwin, 2009; MacDonald, 1998). In the search for a sense of belonging, support and connection coupled with the long, intimate hours spent with the family, carers regularly become entirely emotionally invested in the family they work for and the children they help to raise (Anderson, 1998; Armenta, 2009; Bunyan, 2010; Cheever, 2003; Chetwin, 2009; Marais & Van Wyk, 2003; Van Der Merwe, 2009; Van Der Merwe & Gericke, 2009). "As humans we need one another and thus there is an ever-present yearning for meaningful engagement which also extends to the work context" (Marais & Van Wyk, 2003, p. 101). In cases where carers wish to resign due to a conflictual relationship with their employers or any other reason, the attachment to the children they care for is most often cited as the reason they remain (Bunyan, 2010). This has contributed to carers regularly remaining in unfavourable working environments that do not serve their interests or wellbeing (MacDonald, 1998).

2.6.3 The Internal Working Models of Carers

It is important to remain cognisant that not all carers form an attachment to the children they are paid to care for. Furthermore, in cases where carers do form attachments, the quality of this attachment may not always be secure. Five out of the seven carers in Van Der Merwe and Gericke's (2009) study, formed attachments to the children under their care, one of which was classified as insecurely attached. The reasons for a lack of attachment are numerous and context-specific. It is helpful to consider the carer's personality and life experiences in conjunction with the child's behavioural characteristics and the surrounding environment in which the care takes place (Robson & Moss, 1970). These may include cases where there is excess anger and resentment resulting from a conflictual employer-employee relationship which inhibits the development of attachment to the child; trauma from previous separations resulting in detachment (Bunyan, 2010; MacDonald, 1998) or the inability of the carer to fully invest in the children due to her longing for her own biological children (Chetwin, 2009). Another important consideration is the relationship the carer had with her own early primary caregivers resulting in her unique attachment style (Van Der Merwe, 2009; Van Der Merwe & Gericke, 2009). If a carer was exposed to relational trauma and insufficient, inconsistent care in childhood, this may result in an insecure or disorganised attachment. In these cases it is likely, but not guaranteed, that the carer will form an insecure attachment to or fail to attach to the children she is paid to care for (Ainsworth, 1969; Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; Van Der Merwe & Gericke, 2009). This highlights the

importance of internal working models and the intergenerational transmission of attachment in relation to domestic care work.

2.7 Separation and Loss

Dr Zulueta, consultant psychiatrist, psychotherapist and lead clinician of the Traumatic Stress Service at the Maudsley Hospital in London, stated the following:

> What researchers have come to realise is just how much human beings matter to one another, so much so that psychological trauma has been defined as 'the sudden cessation of human interaction'… It is unfortunately through the experience of separation that we usually become aware of how much we matter to one another (Wingfield, 2009, p. vii).

This quote is poignant when one considers that many strong emotional carer-child relationships are severed due to termination of employment (which may occur for a number of reasons). Care work inevitably comes to an end due to the fact that it is waged work and it is therefore synonymous with loss (Goldman, 2003; Hardin & Hardin, 2000).

2.7.1 The Definition Dilemma

Due to the severe dearth of research into child-caregiver separation and loss from a *caregiver's* perspective, there are no clear indications of the appropriate terms to be used, much less the processes involved in this experience (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999). Most of the literature available is on separation and loss as a result of death, which contributes to the vague nature of the carer-child separations and experiences of loss investigated in this study. Indeed the carers' experience of separating from a child they help to raise likely involves a qualitatively different process to that related to bereavement following death (Eagle, 1994). Throughout the literature in the fields pertinent to this research, a number of terms are cited such as, 'separation', 'loss', 'mourning', 'grief' and 'bereavement', with very little clarity regarding the parameters of such terms. As a result, definitions are often provided for these terms within the context of one particular study. Consulting dictionaries provided narrow definitions that appeared to lack the nuanced detail that is so important to the scope of this research.

Eagle (1994) alluded to the definition dilemma in her research on the experience of separation of children in long-term care. She highlighted how the application of a 'mourning model' to her research was based on the "questionable assumption that separation in this situation is equivalent of loss and that the children's reactions to the separation are the equivalent to mourning" (Eagle, 1994, p. 428). The same tentative musings are applied to the current research study. The question may be whether carers' reactions to separation should be treated as just that - *reactions to separation* - rather than a case of loss, grief or mourning. Eagle (1994) defended her use of a 'mourning model' to understand children's experiences of separation by referring to Bowlby's (1980) analogy between children's reactions to separation from their parents (e.g. protest, despair etc.) and the similar experience of adults reacting to death *(or another loss)* of a loved one.

Therefore due to the vaguity described above, as well as the novelty of the specific focus of the current research study, terms and definitions will be tentatively borrowed from available literature in the area where applicable. In keeping with Bowlby's (1969; 1980) theory of attachment, separation and loss, a model of loss and mourning will be applied to the findings of this research.

2.7.2 Theoretical Understandings of Separation and Loss

As Engel (1964) asserts, whenever an individual becomes accustomed to an expected and routine aspect of their environment, it comes to provide a source of psychological gratification for the individual. A sense of *loss* is experienced, to varying degrees, in the absence of these routine aspects and is "felt as a gap in the (individual's) continuity and self-confidence" (Engel, 1964, p. 94). *Grief* may, therefore, be conceptualised as the experience of loss of this source of personal and psychological gratification (Engel, 1964).

Closely associated, Eagle (1994, p. 425) defines *mourning* as "a psychological process activated by the death of a loved one or by *other losses of similar significance*". Aragno (2003, p. 442) reported that Pollock (1989, p. 105), "vastly expanded the meaning of "mourning" to include all types of loss and major life transitions so that all change involving the 'loss' of something and the 'gain' of the new entails a mourning process…". It is hypothesized that carers who separate from the children they have formed an attachment relationship with and whom they have helped raise, experience this as a significant loss which often leads to a subsequent process of grief and mourning following the separation.

Loss and mourning has its origins in the separation experiences of early childhood, therefore intrinsically linked to the topic of separation is attachment (Aragno, 2003). Separation between two people is usually so distressing because of the attachment relationship they share. Through his experience working with children in residential nurseries, Bowlby developed his seminal trilogy - Attachment, Separation and Loss (Bowlby, 1969; 1980; Scheftel , 2012; World Health Organisation: Child and Adolescent Health and Development, 2004). He argued that when a child or an adult is separated from an attachment figure, separation anxiety results and attachment behaviours that are dedicated to proximity maintenance, such as proximity seeking and separation protest, are activated (Bowlby, 1958a; 1969; 1980; Bretherton, 1992; Wayment & Vierthaler, 2002). Furthermore, he claimed that grief and mourning processes ensue whenever attachment behaviours are activated but the attachment figure remains unavailable (Bowlby, 1980; Bretherton, 1992). Bowlby was intrigued by the level of similarity in children's responses to separation (Bowlby, 1958a; Hazan & Shaver , 1994). Children's separation response was found to involve three phases that followed an increase - decrease response pattern to initial and prolonged separation (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999). According to Robertson and Bowlby these are, namely, a) protest which, linked to separation anxiety, involves yearning, crying, searching, and resisting soothing from others, b) despair, which is characterised by apathy, grief and mourning and lastly, c) emotional detachment, which is related to the defensive repression of attachment behaviours and withdrawal (Bowlby, 1980; Bretherton, 1992; Hazan & Shaver , 1994). "At a certain point on the continuum from proximity to loss, the highly arousing state of 'separation' turns into the diminished reactivity characteristic of 'loss'" (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999, p. 936).

Similar to the phases of separation response in children, a number of models have been used to define a stage theory for adult responses to separation and loss (Bretherton, 1992; Maciejewski, Zhang, Block, & Prigerson, 2007). The increase-decrease pattern in response to initial and prolonged separation reported in children has also been found in caregivers (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999). Bowlby and Parkes adapted the phases of separation response for children into four phases of adult grief - a) shock - numbness, b) yearning and protest, c) disorganisation and despair and d) reorganisation (Bretherton, 1992; Maciejewski, Zhang, Block, & Prigerson, 2007). This model was adapted by Kubler-Ross, who developed a "five-stage response of terminally ill patients to awareness of their impending death: a) denial-dissociation-isolation, b) anger, c) bargaining, d)

depression and e) acceptance" (Maciejewski, Zhang, Block, & Prigerson, 2007, p. 716). This model has been generalised to an extensive range of losses, beyond death and is widely used (Maciejewski, Zhang, Block, & Prigerson, 2007). Therefore, grief and mourning following separation of many varieties have been commonly conceptualised using a stage-model (Wilson, 2005). However, it is essential to consider that the process of separation, loss and grief is a highly complex, often unconscious, individual and contextual experience (Aragno, 2003; Kubler-Ross & Kessler, Unknown). Individuals experience the stages in a non-linear fashion within a flexible time frame and some do not even experience all of the stages. In fact, the stage-models of loss and grief are often criticised for their simplistic conceptualisation of the very multidimensional and complex process of grief and mourning (Aragno, 2003). It is; thus, best to view the stage-model as a framework or guideline from which to understand responses to loss, while remaining aware of individuality (Kubler-Ross & Kessler, Unknown; Wilson, 2005). "The personal impact of any loss depends on the (unique) *meaning* associated with the loss" (Wilson, 2005, p. 1) and it is precisely this individual meaning-making that the current study aims to reveal and understand.

2.7.3 Separation and Loss in Domestic Care Work

Bowlby links the intensity of the experience of loss due to separation to the quality of the attachment relationship between, in this case, the carer and the child (Bowlby, 1979). Research into separation and loss in carer-child relationships, often refers to the anticipated negative effect that the separation has on the children, highlighting concern for the child's emotional wellbeing (Goldman, 2003; Hardin & Hardin, 2000; Photi, 2005; Sarti, 2010; Scheftel , 2012; Swisa S. , 2010; Schen, 2005; Van Der Merwe & Gericke, 2009). In his article, "Can I leave my Baby?" Bowlby (1958a) argues that the experience of the loss of a carer, who occupies the role as primary caregiver, is almost as tragic as losing a mother for a child. It has been acknowledged that the loss of the carer in modern, Western society is one of the most frequently occurring significant traumas experienced by children (Hardin & Hardin, 2000). As Hardin and Hardin (2000) report - this loss is "catastrophic" (p. 1229) and is experienced as "bereavement" by the child (p. 1245). The loss of a carer is usually swiftly followed by a replacement carer, which contributes to the complexity of the grief process for the child (Hardin & Hardin, 2000). This may be detrimental to the psychological wellbeing and development of the child as Bowlby stated that a quick succession of replacement carers can lead to attachment difficulties (Bretherton, 1992). Despite compelling acknowledgment of the detrimental effects on children, of the separation and loss of a carer, very little is

known about the effects of such loss on the carers themselves. This is believed to be due, in part, to the invisibility and invalidation of care work and carers in general.

In her study on the work of carers and the expectations of employers, Bunyan (2010) reported that many of the carers commented on their attachment to the children they had cared for and the sense of loss they felt after termination of employment. It is established that one of the key features of grief is the preoccupation with, and longing for, the lost 'object' (Wayment & Vierthaler, 2002). Some of the carers cried during their interviews and expressed how much they missed these children, while others even described how they became physically ill, they believe, as a result of the separation (Bunyan, 2010). Indeed, failure to express the emotion associated with grief has previously been linked to somatisation of symptoms (Wayment & Vierthaler, 2002). The intense feelings of devastation, sadness and yearning for the children are reflected in the following quotes:

> I took it really hard. I lost about 15 pounds in the first like three weeks. I cried for days because it went from working 12 hour days to not seeing them… it was really hard. It was like I lost my own children. (Bunyan, 2010, p. 185)

> It was a terrible shock. I missed everything about her…We went from spending 90 per cent of our time together to not seeing each other at all. It was like a bereavement. A few weeks after she'd gone I found one of her white socks in the bottom of my bag and burst out crying in the middle of the supermarket. (Holder, 1996, p. 1)

2.7.4 Separation and Loss in Other Professions

Some similarities exist between carers and other emotional-work professionals, such as foster parents, nurses and psychologists. Foster parents' position is comparable to that of carers, in that they are required to emotionally and physically invest in non-biological children, often forming deep attachment relationships with them. Like carers, this investment is temporary and when the placement ends, foster parents are required to disengage in an effortless and helpful way to all involved (Edelstein, 1981). Research indicates that foster parents find this process exceptionally distressing and in many cases have been found to progress through the five stages of grief, described above (Buehler , Cox, & Cuddeback, 2003; Edelstein, 1981; Goldberg, 2004). At the time of separation, foster parents' experience of loss is often neglected due to various other competing demands, however, where they are unsupported; there is the risk, amongst others, that they may refrain from fostering in the future (Edelstein,

1981; Goldberg, 2004). Nurses have also been found to attach to their patients and significantly mourn their departure, whether through death or recovery (Henderson, 2001; Froggatt, 1998). Froggatt (1998, p. 334) stated, "The creating and sustaining of relationships and the feelings of loss when they ended was hard emotional work", when referring to her research on exploring nurses' emotional work. There is a large body of literature detailing the difficulties of termination with patients, for psychologists, especially in cases where termination is forced or unexpected (Bostic , Shadid , & Blotckey, 1996). An emotional, possibly attachment relationship, often develops during the course of one-on-one psychotherapy. As Bostic, Shadid and Blotckey (1996) acknowledge, psychologists often underestimate the importance of this relationship and the significance of their own bereavement at termination "as they attempt to insulate themselves from the pain inherent in the loss of a powerful relationship" (p. 349).

Although there are many similarities between carers and other emotional-work professionals, it is important to bear in mind the differences that exist between the vocations, as well as individually and contextually, between the workers themselves. Carers' circumstances are such that they often have little choice but to leave their own family in their home towns in order to seek employment in cities. This results in them leaving their own children to be raised by others in their community (Armenta, 2009; Chetwin, 2009). The sense of separation and loss they frequently experience as a result of this (Chetwin, 2009) is exacerbated by the lack of support and isolating, solitary nature of domestic care work in their employing cities (MacDonald, 1998). Additionally, the carers are required to integrate into their employing family and culture as well as negotiate the intricate roles and identities they take on, or in some instances, are thrust upon them. This is especially so for live-in carers. The straddling of two 'families', along with all the complexities that accompany this, is unlike any other vocation in the emotional sphere, including fostering. Carers are commonly employed when children are very young as this is often when the employing family requires the most support. Children between the ages of 0 - 6 years old are primed to form attachments and therefore display many attachment promoting behaviours to facilitate the formation of an attachment relationship (Bowlby, 1958b; Bretherton, 1992). This renders both carer and child vulnerable to the relationship. Although foster parents may begin caring for children from a young age, the children usually integrate into the rest of the fostering family and care is spread between family members, unlike domestic care work. The length of employment is unknown to carers when they begin. Often if carers begin employment when children are very young,

employment lasts over many years (Swisa S. , 2010). Although there is always potential for the termination of employment for various reasons, carers have been found to invest in the family for the long-term (Bunyan, 2010; MacDonald, 1998). Foster parents are usually aware of the short-term, transitionary nature of their care from the beginning of the fostering contract. Carers most often rely on their work as their sole means of income, frequently to support an entire household (Dinkelman & Ranchhod, 2010; Du Toit, 2013). This is likely to impact their experience of separation and loss when employment is terminated. Although foster carers receive compensation for their care, this is often not their sole means of income, which largely removes one of the complications and stresses involved in separation, allowing them more energy and time to concentrate on processing the loss following termination.

2.7.5 Barriers to the Healing Process Following Separation

The conditions of separation have been found to influence its impact (Schen, 2005). Many of the compounding factors of carer-child attachment (see 2.6.2 Compounding factors of carer attachment), simultaneously serve as factors that compound the loss experienced by carers at termination.

It has been argued that a common expectation from employers requiring a "painless" separation and reaction from the child is often left up to the carer to manage and negotiate privately (MacDonald, 1998). This is exacerbated by employers who have a profound lack of awareness of the significance of the relationship between carer and child, assuming that the separation will be effortless for both parties (Goldman, 2005). Alternatively, this invalidation may be due to an active denial of the importance of the relationship (Goldman, 2005; MacDonald, 1998). However, management of the separation process in this way by the family may contribute to an *arrest in mourning* for the carer (and the child) (Archer, 2011; Bunyan, 2010; Edelstein, 1981; Goldman, 2005; MacDonald, 1998; Wilson, 2005). It is well known in psychoanalytic theory that unprocessed emotion or trauma is likely to re-emerge in some form and can be detrimental to those involved (Engel, 1964; Scheftel , 2012). As Eagle (1994, p. 432) highlights, if emotions are not experienced or expressed, "there is no opportunity to work loose the emotional bonds in the face of the reality of the loss". This encourages the carers to employ mechanisms to defend against the pain of the separation, often resulting in even less chance of the separation being dealt with effectively. It has been reported that carers (especially those with greater experience working with children) learn to distance themselves from the children they help to raise in order to guard against potential

future separation (Bunyan, 2010; Cock, 1980; Goldman, 2005; MacDonald, 1998). This leads to what has been referred to as *detached attachment*, i.e. "the limitations on attachments formed between providers and the children in their care" (Bunyan, 2010, p. 17). This is not only harmful for the development of the child's attachment to the carer, but it is also troublesome for the carer who has to employ such defences. Some carers refrain from working with children at all in the future, as is revealed in the following quote:

> I cared for a baby during his first year … he loves you as a mother, but the mother was jealous and I was sent away. I was so depressed then, seriously depressed. All I wanted was to go back and see him…. I will never care for a baby again, it hurts too much. (Cox, 2010, p. 10)

An arrest in mourning and possible detachment are particularly important for the carers who enter a job soon after termination of employment and separation from the child, a common occurrence in South Africa (Eagle, 1994). The ability to form new attachments, for both the carer and child, depends on the successful mourning of previous attachments (Eagle, 1994).

It is also important to consider that the separation and loss is likely to ignite previous unresolved experiences of loss or trauma, which inherently impacts on the ability to effectively process the recent experience (Engel, 1964). This, combined with the carers' internal working models of attachment, are important variables to consider during the healing process.

2.8 Conclusion

It is apparent that a discussion on carer-child relationships involves many areas of consideration, from labour and socio-political dynamics to attachment and separation. Carers occupy an extremely important role not only in the South African workforce but in the lives of the children they help to raise. A greater awareness of the experiences of the carers in South Africa and abroad needs to be obtained in order for measures to be put into place to ensure the wellbeing of these influential women and subsequently, the wellbeing of the children under their care.

CHAPTER 3

METHODOLOGY

3.1 Impetus

My own personal life experiences shaped my interests in this field and ultimately founded the impetus for this research study. I believe it is important to outline the impetus for this research as it forms the basis for the inherently important and related self-reflexivity section of this report (see 3.8 Self Reflexivity).

Growing up as a white female in a middle class suburb in Johannesburg during the 1990s, it was common for families to employ a domestic worker to not only work in the family home but to also live on the property, away from her own family. Margaret, a prominent feature in my fond childhood memories, was a cheerful, enthusiastic and resilient middle age woman with a strong build and kind eyes. Although she was employed primarily to complete house work while my mother worked full day, her presence filtered through our home in a far broader capacity. She was called upon as my best friend and play mate during school holidays, my protector when I (and she) felt I was being disciplined too harshly and in many ways, a teacher 'in all things life'. She gave me the opportunity to view situations and experiences from a different perspective to anyone else in my world at the time. Most importantly, Margaret was a maternal figure in my life. This relationship intensified when my sister was born and Margaret began to occupy more of a carer role in our family, or in more customary terms, she was our "nanny". She terminated employment when our family made the decision to move to Cape Town as she did not wish to relocate. Although we remained in mutual contact with Margaret for many years, life absorbed us, as it so often does in these situations. Our communication slowly dissolved, leaving only vivid memories in my mind of Margaret's significant influence on my life.

I often think about her. I wonder what she is doing, where she is working, if she is happy. I feel guilty at not having the answers to these questions and have often tried to reconnect but to no avail. Maybe I have not tried hard enough to find Margaret? I have many unanswered questions, however, I am certain that my early relationship with my carer had a significant impact on my life.

I have, as far as my memory allows, been interested in carers' lives, narratives, influence and rights, especially within a South African context. But it was not until I worked as an au pair during my undergraduate studies that the first musings of research into carers' experience of separation and loss following termination of employment, began. Saying goodbye to the three young children that I had spent so many hours building intimate attachment relationships with, was very difficult and instantly turned my thoughts to my own similar, yet different, relationship with Margaret. I began to contemplate what it truly meant to invest so many years into a family that was not your own and what effect this would have when it came time to say goodbye.

The 1990s signified a profound transitional period for South Africa, the effects of which extended to the domestic worker industry, making this an interesting and multifaceted era for carers, domestic workers, employer families and the cared for (Du Toit, 2013; Van Der Merwe & Gericke, 2009) The subjective experiences of all involved in the carer-cared for relationship transform year after year, in line with continued transformations in the country. It seems only natural that as researchers, we should remain curious and continue to investigate and question this area of study in order to gain new insights into the ever-changing needs of carers.

In addition to the above life experiences, I have a keen interest in attachment and development. I am curious about the way in which early relationships with caregivers, impact on later relationships, experiences and psychological health. I am particularly interested in the reciprocity and interdependence of attachment relationships. Therefore, it is with the culmination of my personal and academic interests that the inception of the current research study was born.

3.2 Research Questions

The following four research questions were used to guide this research study:

1. How do carers experience and define their relationship with the children they care for?
2. How do carers experience separation and loss of the child/ren they helped to raise, due to termination of employment?
3. What affects the experience of loss for carers?

4. How can carers be aided and supported through this process?

3.3 Research Design

An exploratory qualitative research design was used for the purposes of this study. Due to the significant paucity of literature on this topic, it was necessary to employ an exploratory design in order to begin investigation in a flexible, inductive and unrestricted manner (Terre Blanche, Durheim, & Painter, 2006). In addition, it is hoped that the findings of this exploratory research will serve as bedrock for future specific and focused research studies that build upon and complement this work. Qualitative methodology allows rich, deep and detailed accounts to be collected from a relatively small sample of participants, as they are experienced in the real world (Terre Blanche, Durheim, & Painter, 2006). Giving voice to the carers themselves in order to uncover their unique meaning-making around this topic was an extremely important research aim in this study; hence the "naturalistic, holistic and inductive" approach (Terre Blanche, Durheim, & Painter, 2006, p. 47). In addition, qualitative research acknowledges the researcher's contribution and role in the meaning-making process with the participant (Human, 2015). This was an important consideration as it is imperative to account for the ways in which the personal investment in this research bolstered as well as hindered or obscured the research process. In addition, the subjective nature of the research inquiry demands a sensitive and thoughtful approach during interpretation in order to minimise inevitable research bias and maximise the authentic voice of the participants (Swisa S. , 2010). Non-experimental designs investigate phenomena within a naturalistic setting and the cross-sectional nature of this study implies that exploration into the topic took place at one point in time (Whiteley, 2002).

3.4 Participants and Sampling

The sample of this research study was comprised of black, female domestic carers. Although this sample only represents a portion of child-carers in South Africa, it may be argued that due to a number of reasons, this segment of women are (and have been) especially marginalised (Cock, 1980; Sarti, 2010; Smith, 2014; Van Der Merwe & Gericke, 2009). Furthermore, it has been reported that the 'domestic worker/carer' culture is particularly

salient in South Africa (Cock, 1980; Dinkelman & Ranchhod, 2010). It is for these reasons that this sample of the carer population was used.

Based on the aims of this research, this study focused primarily on carers who *subjectively* reported experiences of loss in relation to the child they helped to raise when separated due to termination of employment. This was a criterion requiring fulfilment prior to participation in the study and was reported to the researcher beforehand – see participation criteria to follow.

In order to keep the research focused and relatively homogenous, a number of parameters were established to guide the recruitment process. All participants were required to fulfil the following criteria:

a) Participant must have been in full time employment, looking after the child for at least 3 continuous years. This is to ensure that the carer gained a sensitive understanding of the family dynamics and work as well as having enough time to potentially form a bond with the child.

b) Participant must have started caring for the child before he/she turned 1.5 years old. According to attachment literature, attachment formation in infants takes place between approximately three months to three years of age (Senior, 2009). Since this research examines the experience of attachment from the carer's perspective, the care does not necessarily need to fall within this age interval. It does, however, seem that caring for a younger child (i.e. under the age of 1.5 years old) involves duties that are qualitatively different to older child-care – those that foster close contact nurturing, intimacy, dedication and sensitivity. According to attachment theory, babies naturally seek to attach to their carers and will therefore display many attachment behaviours such as proximity seeking during this time period (Bowlby, 1958b; 1979), promoting opportunities for attachment with emotionally available carers.

c) Participant must have spent considerable time engaging with the child daily and throughout employment (minimum of 30 hours per week).

d) The time since leaving the place of work has been at least 1 year. This gap is stipulated to allow the participants' time to begin to process the experience of separation from the child in order to adequately reflect on this experience in interviews.

e) Participant subjectively experienced a sense of loss after leaving the child.

f) An ability to communicate sufficiently in English. All interviews will be conducted in English.

Non-probability purposive and snowball sampling were used to recruit participants. The nature of the research question demanded a particular sample, thus purposive sampling was useful in this regard (Stangor, 2011). Due to the number of parameters specified and the fact that carers occupy employment in private households (MacDonald, 1998); there was limited availability of suitable participants. Snowball sampling was therefore used to aid the process of recruiting participants (Stangor, 2011). The researcher recruited participants through word of mouth (friends, family and acquaintances) and the participants aided this process by enlisting the participation of their willing friends. In addition, the researcher personally invited participation at a domestic care organisation conducted at Benoni Methodist Church, Johannesburg.

Nine participants were interviewed for this study. Due to the exploratory, context-dependent and in-depth nature of this study (as well as time constraints), the researcher trusts that the sample size was sufficient for the task at hand (Painter & Terre Blanche, 2004). Each carer was interviewed for approximately one hour long and deep, intimate engagement was encouraged. The carers were asked to think about a child that came to mind in relation to feelings of loss and to answer the questions based on this child. If the carer reported on more than one child from the same family or the family at large repeatedly, the researcher acknowledged this. Ultimately, the interviews were aimed at accessing the carer's subjective experiences of loss in whichever form they were presented.

See Table 2 for demographic and contextual participant information (4.1.2 Participant Profiles).

3.5 Data Gathering Procedure

Three research assistants, namely, Tovi Steiner (Student number: 1229401), Carissa Bareshni Poonsammy (Student number: 669447) and Ashley Fevrier (Student number: 680394), were recruited from the Honours in Psychology program 2015 at the University of the Witwatersrand and supervised by Renate Gericke. Each assistant recruited a participant of their own to conduct one interview. The data collected by the researcher and the assistants was pooled for the purposes of individual research reports. Regular meetings involving the

researcher, research assistants and research supervisor were held during the research process. A meeting was held prior to commencement of the interviews in particular, in order to comprehensively discuss the interview questions, their administration and ways to create a containing, empathic space for the carers to share their narratives. This was to ensure, as far as possible, that there was consistency in the administration of interviews between the researcher and the research assistants and consideration of carers' emotional wellbeing.

This study made use of one-on-one semi-structured interviews. The building of rapport was essential to this study as a central aim of the research was to allow the carers a platform to openly share their experiences and attitudes (Kirkevold & Bergland, 2007). Cock's (1980), pilot study, conducted prior to her research on domestic workers in South Africa, revealed that "a considerable degree of rapport was necessary for a satisfactory interview on the subjects covered, especially those that involved attitudes and emotions" (p. 18), as this study does. A substantial amount of effort was expended to establish a sense of trust and comfort between the interviewer and participant. This was fostered by adopting a warm, genuine and empathic stance towards the carers, being attentive to their needs and using clinical judgment to assess when they appeared especially distressed. The researcher repeatedly conveyed transparency in intention and procedure and emphasis was placed on clear communication with the participants throughout the research process in order to develop a sense of trust.

The interview process was roughly divided into two phases: a) phase one explored demographic and contextual information while creating a sense of understanding, trust and connection between the interviewer and participant and b) phase two delved deeper into the separation and loss reportedly experienced by the carers. It was assumed (and hoped) that by this stage, there would be an atmosphere of camaraderie between the interviewer and participant in order to facilitate rich and personal accounts of their experiences. The researcher had initially aimed to conduct two separate interviews with the participants to allow rapport to build over a longer period of time. However this was not practically achievable due to the carer's limited available time as well as the transport costs involved in meeting more than once.

At the beginning of the interview process, the interviewer asked the participant a number of demographic and other contextual questions (Attached appendix C). This process was negotiated in a sensitive and 'casual' manner. As far as possible, the interviewer endeavoured to elicit the answers to these questions naturally in the dialogue, only distinctly asking a

question when this information had not been forthcoming from the participant themselves. This fostered a relaxed atmosphere and gave the participant the sense that *they* were guiding the flow of the interview as opposed to being flooded with personal questions by the interviewer.

A number of additional questions addressing the carers' experience of separation and feelings of loss were then explored. This interview was guided by an interview schedule developed by the researcher, based on relevant literature (Attached Appendix D).

A time and venue convenient for both the researcher and participant was arranged prior to the interview - e.g. a quiet, private room in the current employer's home or the church. The researcher emphasized that she would meet the participants where ever they felt comfortable to share their stories, in order for them not to feel coerced into being interviewed at their current employer's home. Albeit many of the carers personally chose to be interviewed at their place of work, possibly due to convenience and a reportedly good relationship with their employers.

Each interview was audio-recorded in order to allow the researcher to fully engage in the interview process and to allow the process to run smoothly. The reasons and advantages of audio-recording were explained to the participants in detail before requesting their permission to record the interviews. There were no signs of suspicion or guardedness with regard to this process and none of the participants declined. The interviews were subsequently transcribed in detail to allow data analysis. Transport compensation was offered for each participant but only one participant required the money (R40.00) as most of the carers were interviewed at their place of work during work hours.

"At the very heart of what it means to be human is the ability of people to symbolise their experience through language" (Seidman, 2013, p. 8). Seidman (2013) argues that interaction and the use of language in interviews provides one of the best modes of inquiry into the human experience. It is well known that rich, uninterrupted and comprehensive personal accounts are the gold standard in qualitative interviews (Kirkevold & Bergland, 2007). This is especially so when the aims of a study are to access reported "lived experience" and deep subjective meanings, as is the case in this research. Open-ended questions were effective in allowing the participants the freedom to express thoughts and opinions regarding the topic without being steered in a particular direction by the researcher (Stangor, 2011; Terre Blanche, Durheim, & Painter, 2006). However, although all of the participants were able to

communicate in English, it is important to consider that the interviews were not conducted in their home language. Therefore, emphasis was placed on presenting questions in a clear, simple and unambiguous way to the participants (Chetwin, 2009).

A semi-structured interview format was useful in maintaining focus, organisation and direction during the jointly guided and constructed interview process. (Kirkevold & Bergland, 2007; Stangor, 2011; Terre Blanche, Durheim, & Painter, 2006).

3.6 Data Analysis

Interpretive research methods were used as a broad framework to analyse the data. Such methods assume that subjective human experiences are ontologically real and that through the use of qualitative research; one is able to grasp an understanding of such reported experiences (Terre Blanche & Kelly, Chapter 7, 1999). Such methods work hand-in-hand with qualitative methodology, emphasising the importance of vivid subjective accounts situated within a particular social context, as is the case in this research study (Terre Blanche & Kelly, Chapter 7, 1999). Data analysis of these accounts attempted to uncover and clarify meanings, functions, anxieties, underlying unconscious assumptions and subtle contradictions in addition to merely examining and summarising the content of what was reported. There was a move towards delving deeper into the dialogue (Terre Blanche & Kelly, Chapter 7, 1999). Interpretive methods do, however, acknowledge that the interviews represent a "reconstructive process of retelling" one's story and do not claim that these are anything but reported and reflected upon accounts of experiences, albeit highly important and valuable (Human, 2015; Terre Blanche & Kelly, Chapter 7, 1999). Similarly, interpretive thematic content analysis was used to analyse the interviews.

Thematic Content Analysis was conducted in order to systematically identify and report on themes emergent from the participant responses. Bazeley's (2009) simple model for analysing data i.e., "describe, compare, relate" (p. 10) was utilized, whereby themes were first identified and described in terms of their characteristics and boundaries. Thereafter, perspective was gained in order to compare themes on a number of levels, taking into account the frequency of particular ideas. Bazeley (2009) stated that although description is a valuable part of analysing data, "description alone is insufficient. The data must be challenged, extended, supported and linked in order to reveal its full value" (p. 8). "Divergent views,

negative cases or outliers" provided a rich source of interpretive data during analysis (Bazeley, 2009, p. 12). Lastly, themes were related back to the existing literature or lack thereof in order to reach an integrated argument drawn from the data as a whole (Bazeley, 2009). Reliance on a limited number of participant quotes leading to shallow analyses was avoided at all costs (Bazeley, 2009). The means for identifying overarching themes is considered scientific. This was combined with the subjective interpretations of the researcher, thereby providing a method that was both scientific and qualitatively subjective (highlighting the importance of self-reflexivity discussed below) (Braun & Clarke, 2006).

In addition to Bazeley's (2009) model, Braun and Clarke's (2006) six-phase content analysis guide was drawn upon for analysing the responses in order to produce a robust analysis:

I. *Familiarisation with the data:* Transcription of verbal interviews which aids in becoming immersed in the data. Repeated reading in an active manner and recording initial thoughts and ideas.
II. *Generating initial codes:* Identifying the most basic features or elements of the raw data that may be meaningfully assessed, namely producing initial codes. A systematic approach is recommended in order to give equal attention to each data item in order to form the basis for comprehensive themes.
III. *Searching for themes:* Collating initial codes into broader themes. Paying attention to the relationship between overarching themes, sub-themes and initial codes.
IV. *Reviewing themes:* Refinement and reworking of the abovementioned themes, namely collapsing, deleting, adding and elaborating on themes.
V. *Defining and naming themes:* Identifying the essence of each theme and matching this with raw data that truly captures the meaning of the theme. Identifying the defining thread and generating a name for each theme.
VI. *Producing the report:* Reviewing analysis by matching extract examples with each theme and relating the themes back to the literature, research aims and rationale.

Overall, a *deductive/theoretical* approach was employed, whereby theoretical assumptions obtained from relevant literature prior to data collection, were used to drive the analysis (Braun & Clarke, 2006). In addition, an *inductive* approach was also employed as the researcher remained open to new themes that arose from the data that bore "little relation to the specific questions that were asked of the participants" (Braun & Clarke, 2006, p. 83). A further literature search was conducted when novel and unanticipated themes arose in order

to ensure a comprehensive literature review and to elaborate on in the analysis where necessary. The process of back and forth literature searches and the analysing of data allowed the themes to gain full significance by linking them to create a co-ordinated "explanatory model" (Bazeley, 2009, p. 9; Braun & Clarke, 2006).

3.7 Ethical Considerations

Although research suggests that domestic carers are often exposed to 'ultra-exploitation' (Cock, 1980; Du Toit, 2013), the researcher aimed to treat the participants as agents of their own self-definition throughout the research process, including analysing of the data. An overly precious and sympathetic approach was avoided, while remaining empathic and attuned (Chetwin, 2009). In line with the move towards viewing domestic work as legitimate employment, this group was not viewed as a vulnerable sample (Dinkelman & Ranchhod, 2010; Du Toit, 2013). The nature of the interviews, however, surfaced feelings of vulnerability and strong, painful emotion related to the experience of attachment to and loss of the children. Carers expressed emotional reactions during the interviews, such as crying and reliving memories. For these reasons, the researcher endeavoured to remain sensitively attuned, respectful and responsive to signs of distress or upset during the interview process. Six participants became tearful and one participant in particular became distressed and required a break during the interview. In the event that these signs were evident, the researcher provided a containing space for the participant (by "taking a break", reflecting feeling or sitting with the participant while they reminisced and composed themselves) and subsequently referred the carer for free/low-cost counselling from organisations such as Lifeline or the Emthonjeni Clinic at Wits. Participants were informed that their participation was voluntary and that they had the right to withdraw at any time up to submission without penalty. Additionally, they were informed that they were able to decline an answer to any question that may evoke discomfort. Two participants asked to move on to another question when they felt particularly distressed - their request was respected. The interviewer provided encouragement and reassurance while employing the use of relaxation techniques in order to offer containment and to aid in reducing distress. The use of breaks, relaxation techniques and positive reassurance to reduce anxiety and distress has been recommended by Woodrow (2016). The researcher and research assistants followed up with the participants after the

interview by way of a phone call (approximately 1 week). The purpose of this was to ensure that the participants felt sufficiently contained, respected and cared for.

A number of additional ethical issues were considered:

The participants were required to provide informed consent (Attached Appendix B) after the participation information sheet (Attached Appendix A) was read and explained to them (in order to account for possible literacy difficulties). They were given the opportunity to ask any questions regarding the participation information sheet before commencing. The researcher ensured confidentiality of the data collected from each interview. Participant identities were only known by the researcher/research assistant who interviewed them. Participants were informed that all identifiable information would be removed from the transcripts but that electronic copies would be kept as the data may be used to answer future research questions. The data was (and remains to be) stored in locked cabinets and in password protected files. Pseudonyms such as 'Participant 1' and 'Participant 2' were used when reference was made to individual participants and no potentially identifiable information was quoted. Unfortunately anonymity could not be guaranteed as the participants were interviewed by the researcher herself (either Daniella or one of the three research assistants, Ashley, Tovi or Carissa); however anonymity was protected from all third parties. This is common in qualitative research and was explained to the participants. The participants were notified via the "participation information sheet" that they may request a feedback report approximately 8 months after the collection of data (Terre Blanche, Durheim, & Painter, 2006). However, there have been no requests to date.

With the above in mind, all efforts to ensure that the research did not ignite discomfort and/or sensitivity were taken by the researcher throughout the research process.

3.8 Self Reflexivity

Before embarking on the current research journey, I was aware that my position as the researcher of this study would undeniably have a unique and profound effect on the research process as a whole. By virtue of the fact that the mode of inquiry is qualitative in nature, the research was inevitably influenced by a number of reflection points such as personal biases as well as researcher and participant positioning in society at large (Fossey, Harvey,

MacDermott, & Davidson, 2002). It was often difficult to separate and tease out the particular issues to be considered as many of them are inherently interconnected.

Berger (2015) explained that "reflexivity is commonly viewed as the process of a continual internal dialogue and critical self-evaluation of the researcher's positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome" (p. 220). Reflexivity, therefore, serves to enhance the credibility of the research study by considering the effects of both the researcher and participant's authentic biases, beliefs and values, thereby increasing the trustworthiness of the findings (Berger, 2015).

As the researcher of this study, I became aware of the various positions I undertook in the research and often found myself unsure of the particular role I was performing at any given point in the research process, forcing me to continuously interrogate my standing. I was both the child who loved her carer as well as the potential white employer; both the 'harmless' listener as well as the tertiary trained researcher; both the au pair who could sympathize with feelings of loss as well as the oppressor; both partly insider and partly outsider. I believe, retrospectively based on the results of the study, that the carers may have been letting me in on their own conflicts of role and identity in relation to the children and family.

It is important to consider the impact of my status as a young, white, middle class South African female, born and raised during the 1990s - some of the most significant years of transformation in South African society (Swisa S. , 2010). Although the majority of my childhood occurred after Apartheid was abolished, the effects of this political regime remain. My parents, as well as our domestic worker, Margaret, were raised and worked during the Apartheid era. I became acutely aware of my white privilege and my guilt at the atrocities of the past at the hands of white oppressors. I began a process of self-reflection that involved confronting what it truly meant to be "white". I worked hard at not enacting my own need to reduce my feelings of guilt or to "fix" and "make better", instead opting to listen to and validate the carer's narratives to provide them with the agency and voice they deserved. I also reflected on my (and the carers') initial desire to feed into the idealised nature of carer-child relationships at the expense of truly engaging in the carers' narratives and sitting with some of the more 'messy' aspects of these relationships. I anticipated that my position as an educated woman may lead to suspicion that I may have an agenda, or to censorship of some of the unique difficulties that carers face, in anticipation that I may not understand. My

position as a potential employer (or friend, thereof) may have led to disclosure anxiety regarding some of the more negative aspects or feelings involved in care work. I openly discussed these topics with the participants before the interview. I explained that my main objective was to portray an honest account of their stories in order to hopefully encourage much needed support for carers. I ensured confidentiality and reminded them that they were welcome to share as much as they felt comfortable with.

At times, I struggled to negotiate the age, gender and cultural dynamics between myself and the carers. On one hand I was required to take up the role of researcher which involved asking personal questions, delving into emotional experiences, psychoeducating and offering empathic containment using the skills I had learnt during my training. On the other hand, I felt like a young woman talking to her "gogo" (i.e. granny), which would usually demand a very different approach involving particular cultural customs, such as me addressing the carers differently, asking for advice and an avoidance of personal and emotional questions. Additionally, I considered how some of my own characteristics, such as my gender, my previous work experience as an au pair and my earlier experience of my own carer, may not only have hindered but may have also facilitated a greater understanding and sensitivity towards the carers experience in many ways.

As the researcher of this study, I was aware that I may have certain preconceptions regarding Apartheid, race, African culture, domestic workers/carers and their role in South African homes as well as motherhood in general, to name a few. As far as possible, I attempted to account for this and the dilemmas discussed above in a number of ways. I kept a reflexive journal throughout the research process in order to reflect on pre-existing assumptions and changing beliefs as the research progressed. I read broadly on the topic in order to incorporate perspectives and prior results from a variety of literature sources. I used a highly inductive interview schedule whereby a small number of broad questions were asked to allow participants to freely express anything that came to mind. In this way, it is hoped that the interview questions themselves did not steer participants in the direction of certain preconceptions.

All effort was made to reflect upon issues that may affect the research positively or negatively and to keep the latter at a minimum.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

This research aimed to gain insight into the subjective meaning-making of carers' attachment to and separation from the children they helped to raise. The aims of this research informed the process of analysis. It is trusted that the themes and analysis respectfully convey the reported experiences, attitudes and feelings of the carers, thereby giving them voice on this poignantly personal experience.

4.1.1 Summary of the Results

Table 1: Summary of results

OVERARCHING THEME	SUB-THEME	SUB-SUB-THEME
Part 1: Moving Towards		
4.2 Facilitators of the Development of an Attachment Relationship	**4.2.1 Maternal Possession**	4.2.1.1 Viewing the child as their own
		4.2.1.2 The age of commencement of care
		4.2.1.3 Willingness to attach
	4.2.2 Affectionate Descriptions of the Children	
	4.2.3 Quality and Quantity of Time Spent	4.2.3.1 Time spent and duties performed
		4.2.3.2 Proximity maintenance
		4.2.3.3 Sharing special moments: Bonding
	4.2.4 Love and Cherishing	4.2.4.1 Descriptions of love
		4.2.4.2 Concern for wellbeing
		4.2.4.3 Acts of care and service

	4.2.5 Attunement	
4.3 Identity and Positioning Oneself: Who Am I?	**4.3.1 Identity as a Co-parent**	
	4.3.2 A Home That Is a Workplace and a Workplace That Is a Home	4.3.2.1 Identity as a family member
		4.3.2.2 Identity as an employee
		4.3.2.3 Conflictual roles
Part 2: Moving Away		
5.1 Separation and Loss	**5.1.1 The Process of Separation**	5.1.1.1 Reason for termination of employment
		5.1.1.2 Saying goodbye
	5.1.2 The After Effects of Separation	5.1.2.1 A sense of loss
		5.1.2.2 Grief and longing
		5.1.2.3 Reminiscing and memories
		5.1.2.4 Abandonment and fear of being forgotten
		5.1.2.5 Anger and Resentment
		5.1.2.6 Somatisation
		5.1.2.7 Detachment
	5.1.3 Mediating Factors of Separation and Loss	5.1.3.1 Seeking proximity: Continued contact following separation
		5.1.3.2 Change: Constructing meaning after separation
		5.1.3.3 Support
		5.1.3.4 Defence mechanisms

4.1.2 Participant Profiles

In order to gain a holistic, contextual understanding of the results reported, a discussion on carer profiles is necessary.

Table 2: Participant Profiles A

PARTICIPANT NO.	AGE	PLACE OF BIRTH	NO. OF BIOLOGICAL CHILDREN	LIVE-IN/LIVE-OUT POSITION
P1	62	Zimbabwe	2 (aged 40 and 35 years old)	Live-in
P2	53	Polokwane	2 (aged 20 and 13 years old)	Live-in
P3	34	Pietermaritzburg	2 (aged 15 and 9 years old)	Live-in
P4	47	Limpopo	3 (aged 28, 25 and 18 years old)	Live-in
P5	52	Grahamstown	2 (aged 33 and 25 years old)	Live-in
P6	53	Pietersburg, Limpopo	4 (aged 29, 26, 24 and 22 years old)	Live-in
P7	44	Tsakane	1	Live-in
P8	56	Mpumalanga	3	Live-in
P9	60	Port Elizabeth	2 (adults)	Live-in

Table 3: Participant Profiles B

PARTICIPANT NO.	NO. OF CHILDREN UNDER CARE	NO. OF YEARS WORKING FOR FAMILY	YEAR OF TERMINATION	REASON FOR TERMINATION
P1	3 (from birth)	14 years	2012	Family emigrated overseas
P2	3 (from 3 years, 2 years and 3 months respectively)	14 years	2001	Parents divorced, family emigrated overseas
P3	2 (from 2 years and 9 months respectively)	4 years	2011	Primarily difficult relationship with employer
P4	2 (from 5 and 2 years old respectively)	8 years	2011	Family relocated to Stellenbosch
P5	3 (from birth)	16 years	2013	Family relocated to

				Grahamstown
P6	3 (from 3 years, 1 year and birth respectively)	14 years	2012	Carer fell ill
P7	5	18 years	2014	Carer fell ill
P8	5	18 years		Family emigrated overseas
P9	3 (twins from 2 years old and birth respectively)	10 years		Low pay

The researcher recruited participants using the sampling parameters discussed in Chapter 3.4 'Participants and Sampling'. Factors such as race, age, home town and biological children were not purposefully controlled for but warrant a brief retrospective discussion.

All of the carers interviewed for this research study were Black females. One of the employing families was classified as Indian, while the remaining eight were classified as White by the carers themselves. This is in line with the general population of domestic workers and employers in South Africa (Statistics South Africa, 2016) and highlights the racial disparity that characterises this sector (Dinkelman & Ranchhod, 2010). The average age of carer in this study was 51 years old. The relatively older age of the carers may be due to the number of years working for the families prior to the interview which was, on average, ten or more years. Participant 3 and 4 were the only two carers who worked for their respective families for less than ten years. As such, Participant 3 (34 years old) is both the youngest carer and the carer who worked the least number of years for her employing family. Participant 1 (62 years old) is the oldest carer in the study. Interestingly, both the youngest and oldest carers were the only two participants to comment on age in their interview. Participant 3, who began care work at a young age, portrayed her first employer as a mentor and maternal figure and described a process of change and self-growth during her years as a carer - *"I am growing up now enough, even me now I have to see what I want, what I don't want…".* Participant 1 made reference to how she believes her age contributed to her experience of separation:

> *Ja especially, oh, on our age if you are older it's not easy. Sometimes if you are still young you can say "no, it's not the end of the world, I will do something".* (P1)

Although age did not surface as a prominent theme in this research, it may be a valuable consideration in future research on carers. All of the carers in this study occupied live-in positions. In conjunction with this, all but one of the carers (P7) reported home cities located far from Johannesburg, their city of employment. This not only highlights how carers travelled to Johannesburg to find employment, contributing to their status as live-in carers, but also how they live apart from their support structures, such as their families, friends and children. This finding is in line with the general observations that domestic care work continues to be isolating and lacking in support (Armenta, 2009; Cock, 1980; Goldman, 2003). All of the carers in this study have biological children of their own. None of the carers' children lived with them at their employer's residence and most of the carers reported seeing their children approximately once a month. All of the carers expressed their employer's understanding of their need for contact with their biological children in a manner that reflected this as an act of kindness rather than a necessity or human right as an employee. This may point to the residual effects of a long history of exploitation of domestic care workers in South Africa (Chetwin, 2009; Cock, 1980; Smith, 2014). However, these findings are treated tentatively due to scope restraints of the current study, offering a potential focus area for future research.

Prominent Themes

The ebb and flow of two contrasting notions regarding the trajectory of the carers' experience came to light while deliberating the themes of the analysis. Initially, the concept of *moving towards* was highlighted, which involved the carers' development of a reciprocal relationship with and the construction of, an identity around the children and family they worked for. This was intertwined by the notion of *moving away* - the stark realisation that although they performed an exceptionally important role in the family, the carers often occupied a position just outside of this family boundary. The separation itself offers a candid illustration of this notion *of moving away*. It was enlightening to keep these two contrasts at the forefront of thought during the analysis and, as such the analysis has been separated into two chapters based on these contrasts. It is useful to employ a fluid stance while reading the results of this study, due to the complexity of the subject matter, i.e. experiences, memories and emotions.

In the interests of brevity all unimportant repetitions, insignificant disturbances to flow and unnecessary interviewer notes were removed from the quotes presented in the analysis. This

was conducted in a careful, considerate manner in order to maintain the integrity of the quotes, while presenting them in a concise and clear manner for the reader. All names have been changed in order to protect the identities of those discussed in the research.

PART 1: MOVING TOWARDS

4.2 Facilitators of the Development of an Attachment Relationship

Caregiving necessitates the mental, emotional and physical investment in the other by the caregiver (Bunyan, 2010; Henderson, 2001). In domestic caregiving, this investment is even more pronounced due to the solitary, one-on-one, unique nature of the work (Scheftel , 2012). It seems unlikely that a strong bond would *fail* to occur between the carer and child, given the length of time spent together, consistency of care, nature of the tasks involved and importance of the work to the survival of the child (Bowlby, 1958a; 1979). Additionally, the reciprocal nature of this relationship (Bowlby, 1958b) came to light. Carers responded to the needs and attachment behaviours of children, while the children contributed to the companionship, wellbeing and fulfilment of the carers (Bowlby, 1958b; Robson & Moss, 1970). Based on the responses provided by the carers in conjunction with the available literature, it appears that more than a *strong reciprocal bond* was forged between the carer and the child. A number of factors emerged as facilitators of what appears to be a *deep, emotional attachment relationship* with the children during the course of employment. Furthermore, the following components of *maternal attachment* proposed by Robson and Moss (1970) are strikingly similar to a number of themes expressed by the carers in this study as facilitators of an attachment relationship. These are namely, "feelings of warmth or love, a sense of possession, devotion, protectiveness and concern for the infant's wellbeing, positive anticipation of prolonged contact and a need for and pleasure in continued transactions" with the child (Robson & Moss, 1970, p. 977).

The development of an attachment relationship between carer and child is an exceptionally important topic for this research as it undeniably affected the carers' experience of separation and loss in relation to the child (and family) following termination of employment.

Therefore, the following sub-themes delineate some of the emerging facilitators of the development of an attachment relationship, from the carer's perspective. These include,

'maternal possession', 'affectionate descriptions of the child', 'quality and quantity of time spent', 'love and cherishing' and 'attunement'.

4.2.1 Maternal Possession

The following comprise the sub-theme of 'maternal possession' - 'viewing the children as their own', 'the age of commencement of care' and 'willingness to attach'.

4.2.1.1 Viewing the children as their own

An exceptionally prominent theme, expressed by all of the carers in this study was that of feeling, relating to and treating the children under their care as their *own* children. This was often implied or explicitly stated from the beginning of the interview and it appeared to be a natural, comforting and freeing position for the carers to assume. There was the sense that this allowed the carers the freedom to express the full range of emotional investment that comes with being a 'parent', particularly, a 'mother' to the children.

> *I call them my children…* (P2)

> *Actually I was take them like my kids. That's why I didn't get anymore. I was say - I've got two of mine and another two with these kids so I've got four kids, what more I want?* (laughs) (P3)

> *I have no doubt that this is my child.* (P5)

> *They were just like my children. The way I was handling them, the way we were talking. When I talk to them, they were just look like my kids, as if they were my kids because it was so nice to be with them.* (P6)

When asked what it was like to look after someone else's child, Participant 4 compared her feelings towards her employer's children to those she possesses for her own biological children:

> *P: I like my children like the other children I am looking after*
> *I: So you see them like they are equal?*
> *P: Ja they equal to me, they equal.* (P4)

Additionally, carers provided evidence for the belief that the children equally viewed them as a significant parental, particularly maternal, figure:

> *They say "I'm sleep here with you mommy?" I say "Ok sleep". They call me mommy* (P7)

Viewing the children under their care as their own is a sentiment which has been reflected in previous research on the relationship between South African domestic carers and their charges (Swisa S. , 2010; Van Der Merwe, 2009; Van Der Merwe & Gericke, 2009). Bowlby (1958b; 1979) acknowledged that attachments between children and caregivers are not dependent on biological relation. Instead what is important is the consistency and quality of the interaction between the child and caregiver which, over time, gives way to the formation of an attachment.

4.2.1.2 The age of commencement of care

The age of the child/ren at the time of the carer's employment had a significant impact on the above outlook. There was the sense that the earlier the initiation of care, the more natural and maternal the experience of attachment for the carer. This is expected, according to attachment theory, as infants biologically and instinctively begin to direct their attachment behaviours towards primarily one attachment figure by the time they reach approximately the six month of life (Bowlby, 1969; 1979). Their displays of attachment behaviour, such as proximity seeking, serve to encourage a response from the caregiver, thereby promoting the development of an attachment to the caregiver and the caregiver's attachment to them (Bretherton, 1992). Carers emphasised how they felt they helped to 'raise' the children under their care, which is qualitatively different to merely looking after a child. Moreover, the carers made particular reference to caring for a child from birth. In the case where carers began working for the family during the pregnancy and/or birth of the child, there appeared to be a particularly special bond between carer and child.

> *The difference in this family is because these children were born in my hands, its diff- it's not the same… really… all my love is on these who were born on my hands, ja really.*
> *You know a child, if it is born on your hands it's like- it's the same if you adopt a child hey? So he has to be your child really really your really child.* (P1)

In families with children born before the carer arrived, the child born after the initiation of employment was often favoured over the others. This was expressed both openly and covertly during the interview:

Yes especially the younger one because she is just grown in my hand… She's my baby. (P6)

Talking about separating from the last of three children, Participant 2 stated the following:

P: The last one is worse, worse, worse, worse.
I: Why do you think the last one was so hard for you?
*P: It's because when I get there he is still young… little little. Because that other one when I came there was one year something, two years something, it's not like this one (*referring to the last born child)
I: Mm, I see. So it's almost like the younger they are the more attached you become?
P: Yes they attach me. I love them but the last one... ooh… (emotional) (P2)

4.2.1.3 Willingness to attach

Four of the carers (P1, P4, P5 and P9) expressed the importance of beginning employment with a willingness to attach to the children. Emphasis was placed on connection, which contrasts the notion of 'detachment' described above (See Chapter 2 Literature Review). The carers revealed that they made a decision at the beginning of their employment to truly embrace the children as well as their feelings towards them - partly because they believed this would ease the work and partly because they felt the children deserved this treatment. This highlights some of the internal negotiation that takes place at the beginning of employment, which in turn promotes the development of an attachment relationship:

I told myself, I'm going to look after these children. I don't know when I am going to leave them so I have to really love them like my own children. (P1)

I went in there with an open heart to love them… (P4)

You know, if you look after the kids you must - even if they are not yours - you must take as these kids are mine, then it's easy for you to do your job. (P5)

4.2.2 Affectionate Descriptions of the Child

Reflecting on the reciprocal nature of attachment, the development of a relationship requires more than the child simply attaching to a caregiver. It is important that the caregiver delights

in and is gratified by the child and responds accordingly (Bowlby, 1958b; Swisa S. , 2010). Participant 9 reflects on this:

> *You must love the kids; she feels if you don't have that love for the child, she feels you. You see the kids that don't like you but if you got the love for the child, they loves you too.* (P9)

The carers all appeared to gain fulfilment, satisfaction and pleasure from their relationship with the children. Some of the carers reflected on how the children helped them escape their own worries and stresses, indicating an aspect of mutually beneficial fulfilment:

> *Even when you have a stress somewhere else, when you're talking with the kids its out, the stress is out…* (P3)

> *Ja if you got a problem, sometimes you got your own problems, once you come to them and talk to them that problem goes away, you see. Because you see that smile, haaai! They're happy for you, they don't know what is in your mind, they just chase that thing away and then at least you have a relief.* (P5)

All of the carers affectionately described the children they helped to raise, often referring to particular characteristics which reflected a balanced knowledge of their personalities. This finding was also prevalent in Van der Merwe and Gericke's (2009) research on the attachment between domestic workers and the children they helped to raise. Participant 1 referred to her charge as *"my lovely James"*, while Participant 5 described one of the children under her care as *"perfect. She is the cleverest one in the family. She knows everything"*. She later added *"the second one was a sweet one because she used to suck the thumb* (laughs)" and *"…the first one was just naughty a little bit but it's not a problem because I know her".* Other descriptions included *"friendly"* (P4), *"beautiful"* (P5, P9) and *"a gift from God"* (P7). The majority of the carers reminisced with great joy and warmth on the nicknames and terms of endearment they adopted for the children (P1, P2, P4, P5, P6, P7 and P9). Quotes regarding nicknames were excluded from the report in order to protect the identity of those involved in the study. However, they clearly depicted the affection and esteem the participants' assumed for the children they were paid to care for. Participant 4 and 5 recited important dates, such as birthdays and start dates, with enthusiasm. It was noted that such narratives gave the impression of a parental figure revelling in their child/ren.

4.2.3 Quality and Quantity of Time Spent

The carers stressed the quality and quantity of the time spent with their charges as important for the development of an attachment to the children. The nature of the repeated interactions between carer and child, accompanied by the range of duties and responsibilities involved in child-care, has often been cited as one of the key contributory factors to the formation of an attachment relationship (Bowlby, 1979; Buehler , Cox, & Cuddeback, 2003; Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; MacDonald, 1998; Swisa S. , 2010; Van Der Merwe & Gericke, 2009).

The significant length of time working for the family is believed, amongst other factors, to have facilitated the development of an attachment relationship with the child/ren and often to the family as a whole (Van Der Merwe, 2009). It also contributed to many additional salient themes that arose from the data, such as feeling part of the family, which will be elaborated on further in the analysis. While discussing a previous family she worked for, Participant 4 emphasised the importance of duration of employment to the development of a relationship with the child:

> *Ja there was two children there, but it was- I can't say - I just know them a little bit because I worked for them for just eight months… I didn't have time to know them better…* (P4)

As mentioned in section 4.1.2 Participant Profiles, all of the carers occupied live-in positions. This is an interesting observation that was not purposively controlled for during sampling. However, it highlighted increased flexibility in working hours and often an increased number of hours spent with the family, such as early morning starts with longer lunch hours and later clock-offs. Live-in carers, therefore, appear to take on more roles and become more physically and emotionally absorbed in the lives of their employing family in the current research as well as previous research conducted in this area (MacDonald, 1998).

The following comprise the sub-theme of 'quality and quantity of time spent' - 'time spent and duties performed', 'proximity maintenance' and 'sharing special moments: bonding'.

4.2.3.1 Time spent and duties performed

All of the carers in this study spent a substantial amount of time with the children under their care, especially given their 'live-in' status. Each participant spent a minimum of six hours a

day with the children, often exceeding the time they spent with their biological caregivers. It was found that the carers performed comparable duties and responsibilities to that of carers in other international and local research studies (Armenta, 2009; Bunyan, 2010; Goldman, 2003; MacDonald, 1998; Swisa S. , 2010; Van Der Merwe, 2009; Van Der Merwe & Gericke, 2009). In addition to their usual duties as a carer, the majority of the participants (P1, P2, P3, P5, P6 and P9) mentioned that their employers worked long hours and were largely unavailable, which contributed to extended time spent with and responsibility for the children. The majority of the carers stated that they frequently baby-sat in the evenings for their employers. This corresponds to the same finding in Swisa's (2010) research on how White South African adults understand their relationship with the carers who helped to raise them.

> *I: …how many hours a day did you spend with them..?*
> *P: The whole day. As I tell you, she had functions at work, sometimes I could stay with them up to twelve o clock.*
> *I: At night?*
> *P: Yes yes* (P1)

Considering, that the majority of the time spent with the children involved performing maternal tasks such as feeding, bathing, stimulating, playing and protecting (Raval , et al., 2001), it is no surprise that the carers often referenced these duties while discussing their maternal feelings towards the children, deeming the children as their own. In the following narrative, Participant 5 provided a glimpse into a typical workday, highlighting the many roles and responsibilities she was required to manage for the children and family at large:

> *I: Alright so you stopped working at 6 p.m.?*
> *P: Ja, six o clock.*
> *I: And what time did you start working?*
> *P: Eh, I was starting at 6:30 am… oh everyday have to, in the morning, do the lunch boxes, prepare breakfast, see they are ready to go to school, have breakfast and then ask them "what you doing today?" To pack all their books…"what sport you doing today" okay so that they do not forget. Then we do all that stuff, pack pack and then they leave, then I start working… Make the beds, collect all the washing, do the bathrooms, vacuum the house, do dusting, wash the dishes, mop the floors, in between you are hanging the washing whatever. And then I take my lunch from eleven until half past one. From half past one and then I start to do the ironing. When they come back from school I check what they want to eat, after that, go back to ironing and then cook at four o clock. When I'm finished, bath them. They have supper, draw the curtain and then… phew* (breathes out)

I: Busy day hey?
P: And feed the dogs, don't forget to feed the dogs because they are part of the family (laughs)

Participant 3, 4 and 6 discussed specifically how they were the first person to have contact with the children in the morning (woke them up) and the last to have contact with them at night (put them to sleep). This, once again, emphasizes the carer's deep involvement in the lives of the children and places them in an essential regulatory role. This consistency and continuity of care not only highlights two important conditions for attachment, but also places the carer at the centre of the child's world (Bowlby, 1958b; Bradley & Caldwell, 1995; Senior, 2009).

Two, somewhat overlapping, duties emerged as especially important to all of the carers in their interactions with the children, namely 1. teaching and guiding and 2. setting boundaries and managing misbehaviour. These duties are in line with those typically deemed important by parental figures (Bunyan, 2010; Photi, 2005).

> *I said "Natalie you are now towards to be a teenager. I don't want you to be doing such things like uh smoking", saying a lot of things, trying to teach her to be a good girl, to how she could handle herself when she's a teenager and she was saying "Gogo, I will never".* (P1)

> *I say "I didn't say fighting time, I said bedtime time so go and brush your teeth and jump in your bed".* (P4)

> *I'm not afraid to say, "Stop it okay!" I'm not just look at her and say I can't say stop it to her… no I was free… I teach them… no clothes on the floor, dirty clothes in the washing basket, clean clothes, if you are going to wear them again, fold it up and put on your chair. You see? They know that, ja, they know that now.* (P5)

> *I say "No, it's not my dog, whose dog? It's Shel's dog. Okay can you take the poo out please, can you just wipe there?" Then Shel come, humph, humph, humph, angry… I say "No it's not my responsibility. I'm looking after you; you must look after your animals".* (P6)

> *She* (employer) *doesn't mind when I teach them things, the children what to do, she don't mind, she just busy with the clients… I used to teach them that, you know. Now you're over 12 years old, you know what are you waiting for, you going to be a girl, you going to get menstruation, you know that thing, you have to hide, people can't see it. They said "oh how do you know?" I said, "I'm a big mother"* (laughs). (P9)

It is apparent from the above quotes and the interviews in general that the carers not only appeared to feel secure in disciplining and guiding their charges but actually believed it was largely *their* responsibility to perform this role for them. This also links to the carers' demand for respect as an important caregiver and figure within the household as well as their concern for the children's welfare. Furthermore, carers' performance of these roles spanned over many areas and they tackled some of the more tricky topics and discussions with the children, such as menstruation, relationships and puberty.

It is well-known that the care a child receives during childhood has profound effects on their emotional, cognitive and physical development (Hardin & Hardin, 2000; World Health Organisation: Child and Adolescent Health and Development, 2004). Carers reiterated the considerable responsibility and importance of their work during the interview in a number of ways. Participant 1, 5 and 6 expressed how they were in charge of the care of their employer's new born children:

> *Yes I had to feed her, er, I think she was just two month, I was busy with her. I was feeding her, bathing her, putting her to sleep.* (P6)

Participant 3 discussed how she initially cared for the family's poorly grandmother, which seemed to be emotionally taxing work but very important for the family at large. Participant 4 reflected on the importance of her role when her employers were away:

> *…And then when their parents are away sometimes I sleep with them…maybe there's someone who's gonna come and help me take them to school but that night I have to be <u>that</u> person. <u>I</u> have to be inside that house.* (P4)

Participant 7 described how she was in charge of taking the children to the doctor when they were ill:

> *They say, they tell me, the children was sick, please can you go to the clinic and go take that child* (P7)

4.2.3.2 Proximity maintenance

> *Because she didn't want anybody. Even when we went to visit to Durban to their granny, she say "No! I want my Julie. And it was so nice.* (P6)

> *Yes, he wanted to spend time with me, if I'm cooking, he won't leave my room.* (P9)

Proximity maintenance is one of the three defining features of attachment and involves proximity seeking and separation protest (Hazan & Shaver , 1994). Indeed, a salient theme revolved around the efforts on the part of both carer and child to seek and maintain proximity. These efforts presented as both a facilitator and indicator of the attachment between the carer and child. The carer often voluntarily chose to spend time with the children during her 'time-off', while some of the children sought their own proximity during this time:

> *Because all the time…even when I am in my room, maybe it's lunch time, I'm tired, I'm sleeping, they were going through the window…Shel went in there and they pull Amy to come inside. They wake me… they come to steal my biscuits. They know where I put them, the Marie biscuits.* (P6)

In these instances, the childlike innocence and unawareness of their carer's status as an employee as well as their young omnipotence regarding their wish for proximity with their caregiver, was obvious (Ainsworth, 1969). Separation anxiety and protest was also evident during temporary breaks in proximity between carer and child, such as during the carer's leave, illness or when she went on outings during her time off:

> *Yoh, even when I'm sick… crying crying crying. When I go back the next day then they say "oooh Gyana was crying for you the whole day yesterday"… then I say, "Howh! Gyana what she was crying", "I was crying for you I was miss you!"* (P3)

> *Even when I used to go home you know, my heart it is not happy. When I said "goodbye darling, I'm leaving now". "But* <u>when</u> *are you coming" (*said in the voice of a sad child). (P9)

On her return, Participant 4 recalled the following:

> *"How long have you been sitting here?" "I've been asking my mum what time is Iris coming back?" "She normally come back at five o clock". Then it's "Mum when it's quarter to five you must tell us, we have to go there and wait for her at the gate".* (P4)

These reactions to temporary separations are important as they provide insight into the intensity of the relationship and the experience of the more permanent separation when the carer's employment is terminated.

4.2.3.3 Sharing special moments: Bonding time

> *That one is a boy who like to play cricket, he like to play golf or soccer ja. I say "I don't know how", "I'll teach you Iris, let me show you what I am doing"* (P4)

The majority of the carers poignantly and warmly reminisced on the special moments they shared with the children they cared for. These, in conjunction with every-day duties, appeared to greatly contribute to the bonding process, thereby facilitating attachment. Many of these narratives described proximity in the form of intimate physical touch and often reflected a strong identification with the carer and her culture. Participant 2 described working while carrying the child on her back, a common practice amongst African mothers. Participant 9 also reflected on this:

> *Sometimes he said to me, "Maria, phe phe". He called me to bring the towel, wanted me to put him on my back.* (P9)

> *Even now, I can walk there, oh she just come put her hands* (gestures in a touching motion). *"I want to touch your hair, oh my Julie* (carer)*"* (P6)

Bonding time frequently occurred around food. The carers' narratives demonstrated a sense that the child often wished to "devour" the carers' love and attention and longed to internalise or incorporate a part of the carer into him/herself (Freud, 1917). This is similar to the early needs and pursuits of an infant in its interaction with the mother (Freud, 1917; Senior, 2009):

> *Ja they were eating my stuff because we like the inside of the chicken, say "Oh, I want that sour stuff that you gave me, that you were eating. That sour stuff, when are you going to buy it, I like it?* (P6)

> *The small one comes to my room; she said "Maria, what are you cooking?" I said "I'm cooking the mielie pap and meat"; "Can I eat with you?" I said "if you don't mind". He said "No, you know what Maria, mummy she wants to make me eggs and toast and I don't like it, let's sit down and let's eat". And then we sit down, I dish up for him and I dish up for me, we sit down and eat…When she go inside she said "Maaaa, I'm full, I ate Maria's mielie pap"* (laughs) (P9)

Van der Merwe (2009, p. 140) expressed how her carer's "presence and small bedroom became somewhat of a womb-like structure" for her as a child. Some of the responses regarding special bonding time evoked a similar image of a safe haven for the children to return to when necessary. This notion of the caregiver being a 'safe haven' for the child is

another important defining feature of attachment (Bowlby, 1969; Hazan & Shaver , 1994) and a theme which runs throughout the carers' narratives of their relationship with the children.

4.2.4 Love and Cherishing

The following comprise the sub-theme 'love and cherishing' - 'descriptions of love', 'concern for wellbeing' and 'acts of care and service'.

4.2.4.1 Descriptions of love

A particularly significant theme was that of the feelings of love shared between the carers and children. According to attachment literature, Bowlby (1979) and Ainsworth (1969; 1967) described a process whereby caregivers fall in love with the children under their care. The transcripts are full of declarations of love by the carers, which echoed previous literature depicting domestic care work as a "labour of love", rather than a job (Bunyan, 2010, p. 142):

> *On their birthdays, I will always say "I am poor on money but rich in love"* (giggles)… *They mean everything, they mean everything to me.* (P1)

> *I love them you know. I love them. Ja. I always tell them, they always got a place in my heart.* (P5)

Importantly, the carers also believed that the children (and often the family as a whole) loved them in return. This appeared to contribute positively to feelings of value and belonging:

> *These girls were loving me a lot.* (P6)

> *I love the kids so, so much…They were so close to me. They loves me too.* (P8)

4.2.4.2 Concern for wellbeing

It appeared that the love shared between carer and child necessarily engendered feelings of protection and concern for the other's wellbeing. The carer's concern for the child's wellbeing provided a sense of safety and security, suggesting that the carer signified a

'secure base' for the child, from which to explore the world. The notion of a 'secure base' is the last of the three defining features of attachment and is an important aspect of child development (Ainsworth, 1969; Hazan & Shaver , 1994). Similar findings were uncovered in Swisa (2010) and Van der Merwe's (2009) research. Foster parents were also found to provide a secure base for the children under their care and this emerged as one of the themes related to loving a foster child (Buehler , Cox, & Cuddeback, 2003).

Some of the carers felt protective of their charges when their employers disciplined them (*"Nooo, ehhh I am feeling sorry for her"* (P3)). While possibly disagreeing with some of the discipline utilized by their employers, they still believed in the setting of boundaries to ensure the overall, long-term wellbeing of the child, in line with the above discussion on teaching and managing misbehaviour. This highlighted a balanced and thoughtful approach to caregiving:

> *If I was telling them things I wasn't harsh… I was saying "You know what Ashley, if I love you I have to teach you the really thing… the right things, because if I can cheat and say 'oh because I love Ashley let me let her do this', I'm not your friend, I'm not someone who loves you"* (P1)

Participant 5 reiterated this when she expressed her preference for talking to the children rather than *"shouting and smacking", "otherwise the child don't understand what is right and wrong".*

Participant 3 described how she provided emotional support and advice to the children she cared for in her previous employment (*"okay, explain nicely to me, word for word…then I can understand"*). Participant 5 also verbalised how she offered comfort when she noticed the child was not herself. Her narrative demonstrates her reflective approach and awareness of the child's personality dynamics:

> *…And then I sit down with her and say, you can tell me <u>what ever</u> is bothering you… or you've even got your sister, you can tell her what is happening in your life. Sometimes I say "What's wrong?" sometimes in the holidays "I miss my teacher", uh no that is not it, she is not telling me the truth. There is something else she doesn't like but she can't- she not the one telling you what's happening, hiding things.* (P5)

Reciprocally, the children and employing family appeared to provide a sense of care, protection and a 'secure base' for the carer, especially in light of the isolating and solitary nature of their work (Marais, 2016):

> *He say "No, you must drive my- you must take my father's car… no you can't walk"* (P3)

> *They love and caring about me. And then, even when I go home, they phone, "Where are you? Did you arrive home nicely, safely?" Say, "Yes".* (P6)

> *The girls want to know, what are you feeling - pain? Is mummy not giving you medicine or tablets? I say "No mummy is taking care of me".* (P6)

4.2.4.3 Acts of care and service

The above care and concern for the other's wellbeing was often communicated and portrayed through acts of care and service. Participant 9 highlighted the importance of reciprocity when she said *"I was good to them and they were good to me too".* The acts of service performed by the carer, child and employing family evoked the notion of nurturance, an important characteristic of close relationships. These expressions of care and love persisted even after separation.

All of the carers described putting a large amount of effort into showing the children and family they cared for them, which often took shape in the routine tasks they performed daily. These acts of care persisted after separation. Participant 3 describes visiting the child *"each and every week"* following termination of employment, while Participant 5 stated how she always wakes up in the early hours of the morning to wish the family farewell after a trip to visit her. Participant 6 appeared to express her care and love through the making and sharing of food. She recalled how she took delight in cooking for the family she worked for during her employment, especially after her employers sent her on a cooking course, because she knew how much they enjoyed her food. Each time she visits the family she makes sure to cook and freeze all of their favourite meals.

The majority of the carers detailed acts of service and care expressed by the children and employing family (P1, P2, P3, P4, P5, P6, P9). In line with previous research efforts, these

acts of care appear to be in the service of expressing gratitude towards the carer as well as concern for their wellbeing (Bunyan, 2010; Swisa S. , 2010; Van Der Merwe, 2009):

> *Yes let's say maybe there is a problem at home then they say, "You can go home, maybe take a week then when you see you have solved your problem then you can come back whenever <u>you</u> feel like you are okay, you can come back"* (P4)

> *Ja I remember the time after I left, I came back to fill the forms. When I arrived there I found they take the linen, everything nice and clean, they said "No, you must use this in your room now for today" and then I found they bought me the takeaways that I must just warm and eat. That was so nice.* (P6)

Interestingly many of these expressions of love, care and gratitude came in the form of physical and monetary provisions, contrasting the often direct emotional care provided by the carers. However, this is not to say that the family were insensitive to the emotional needs of the carers. It may simply indicate that financial difficulties were often of primary importance and concern given carers' low socio-economic status and long history of exploitation in South Africa (Dinkelman & Ranchhod, 2010). What is important is that the carers self-identified their employer's expressions of care as such, acknowledging that they felt cared for. These acts of care involved buying birthday and Christmas gifts for the carer and her family, taking them to the doctor and paying medical bills, helping the carers financially with large expenses such as maintenance on their homes or paying towards funerals and providing carers with necessities such as clothing and a cellphone:

> *Even if I am sick, she knows, she can- she used to see my face in the morning. "Jo! Are you feeling okay?"... She was so sad to see me like that. She said, "Jo, I don't want you to be blind, I have to take you to the doctor". She took me for the operation* (to remove a cataract). *She pays for everything; I didn't even pay nothing for that operation at Joburg Gen.* (P8)

A few of the carers indicated how their employers cared for the wellbeing of their biological children as examples for how they felt cared for by the family:

> *Then my other child is having Asthma. When she comes for the holidays she gets sick here. That other lady took her to the doctor. She said "No let's go". Then she took her and paid for her. She said, "No you won't pay", they will pay for that children.* (P6)

> *She was also good to my daughter, because if my daughter needed anything Camila would give it to her. I remember one day she want to go to the matric dance, she ask me to ask Camila to show her which dresses. Camila she gave her, her own dress. She said to me "Go to my wardrobe and choose which one she likes".* (P9)

Despite the employers' good intentions and the carers' appreciation, it is anticipated that this is a difficult area to navigate for both parties, particularly with reference to the employers' providing what the carer herself is unable to provide for her biological children. The complexity regarding acts of service from employers is exacerbated by the vast class disparities between carers and employers and the reality that carers are often employed in order to allow mothers to enter the workforce, thereby assisting in their employer's upward financial mobility, while remaining largely financial immobile themselves (MacDonald, 1998; Tobio & Gorfinkiel, 2007). These are important considerations because they highlight the social and political environment in which carer-child attachments are formed and enacted, which inherently impacts on these attachments (Ainsworth, 1969; Feldman, Weller, Leckman, Kuint, & Eidelman, 1999).

4.2.5 Attunement

Children innately direct their attachment behaviours towards any available and responsive caregiver (Ainsworth, 1969; Hazan & Shaver , 1994). However, it is the quality and attunement of the caregiver's response that impacts on the trajectory of attachment and subsequently, the overall development of the child (Hess, 1982). Hess (1982) broadly termed this phenomenon - *mutuality.* A significant body of literature draws attention to the value of caregiver sensitivity, mentalisation and attunement as important skills in the care and development of healthy children (Sleed, Baradon, & Fonagy, 2013; Rosenbaum, Bain, Esterhuizen, & Frost, 2012; Winnicott, 1960). Additionally, 'emotional labour' draws on many of these qualities, requiring that the worker flexibly understand, interpret and personally respond to the needs of those under his/her care (James, 1989). Participant 6 reflects this when she says:

> *Maybe if you've got love you can work there. To work with a family is not like when you are working at a shop or working somewhere. You must know what they want, what they need. How you handle their house, that's what they want with a family.* (P6)

The majority of carers demonstrated reflection and thoughtfulness with regard to the children they cared for. Some carers discussed this overtly during their interviews (P3, P5, P6 and P9). They acknowledged the importance of and validated the child's age-related needs (for example for play in younger children (Winnicott, 1971)). Participant 3 described how she mirrored the children during play, reflecting how she met them at their level:

> *It's like when you are playing with the kids, you must play the way- how they're old, you know that? I think that's important because I behave as <u>they</u> are…that's why they like me because when you are young, I am playing with you the same way.* (P3)

Participant 5 stressed the importance of being emotionally and physically present and available for the children:

> *It was not a problem because I know her. I know what she wants, I can understand what she's saying because I am the one who is close to her all the time.* (P5)

> *You must give your time to play with the children. She asks you, "Come and play with me", just stop everything and sit down and play with her. Ja, it doesn't matter the house, you can leave it, you can do it another time. But most special, you must be- you must look after them. Give them time. If she say, "We go outside and play", we go outside and leave everything. Sometimes they say, "Let's sleep", you can pretend you sleeping and then sleep there with her.* (P5)

Participant 6 and 9 echoed the views of Participant 5. A number of carers discussed the concepts of 'putting the children first' or 'prioritising the children' in various ways during the interviews. Participant 9 reflected on this:

> *P: Even when she is going to bed, she want you to sit there until she is sleeping. You read the stories until she fell asleep. I used to do that… It's better when you looking after the children, you can't just let the child cry because you want this house to be clean*
> *I: Yes, so in a way, you put the children first*
> *P: Ja, the children it always comes first. You make them happy all the time.* (P9)

4.3 <u>Identity and Positioning Oneself: Who Am I?</u>

> *Sometimes they cried, all of them, so now you must be mom- act as mom, act as nanny, sometimes you must be dad...*
> *…we were also friends, buddies* (giggles) (P5)

The following section explores the various ways in which the carers positioned themselves within the lives of the children and family at large, accompanied by some of the struggles inherent in this process. It is important to explore this to understand what it is the carers felt they lost once employment was terminated. This necessitates a discussion on the topic of *identity.* Identity, a wide-ranging and relatively obscure concept, "has been viewed as the means by which a person situates him/herself in social relations, as a source of (personal) motivation or as a way of providing (and generating) meaning for individuals in society" (Biddle, 1979, p. 89). The carers in this study all appeared to construct an identity around the roles and positions they assumed during their employment, which constituted an essential component of their overall self-concept. Aragno (2003, p. 449) asserts, with regard to attachment to another, that a self-with-other identity is crystalized and "rooted in shared hopes and memories, unspoken understanding, comforting conversations, common interests and the sheer joy of mutual presence". Identity has been described as any satisfactory answer to the question, 'who am I?' (Biddle, 1979). The process of identity formation and positioning undertaken by carers was found to be fraught with ambiguity, confusion and complexity. It became clear that with regard to domestic care work, the answer to the question of 'who am I?' is not as straightforward as it may appear. In accordance with the relevant literature detailed in Chapter 2 Literature Review, the carers were found to assume a number of roles during their employment and constantly negotiated their positioning and sense of belonging within the family. The ways in which the carers positioned themselves provided insight into their conceptualisation of what they came to mean to *and* for the family, as well as the quality and nature of their relationships within the family.

This section is important for this research as the separation from the children and family due to termination of employment was often experienced by the carers as a *loss* of identity resulting in a "gap in (their) sense of continuity and self-confidence" (Engel, 1964, p. 94).

Two sub-themes comprise this overarching theme, namely, 'identity as a co-parent' and 'a home that is a workplace and a workplace that is a home'.

4.3.1 Identity as Co-Parent

> *I think that child they means I'm a mother for them. I think so because they take me like a mother. Yes. We play together outside, we run outside, you see.* (P2)

Several carers positioned themselves as co-parents to the children under their care. Due to the longevity of their employment and their absorption in the family as a whole, this resulted in the construction of an *identity* as co-parent for many of the carers. It is helpful to consider this together with carers' assertion of maternal possession - viewing the children as their own. Participant 2's quote above, expresses the view that the children under her care consider her to be their mother, due to her availability and consistency of care. In doing so, she simultaneously positions herself as the primary caregiver to the children under her care.

> *When she came she was a tiny little baby and Renee* (employer) *say, "Ooh no! Are we going to manage?" I said "Renee, we are going to assist the other to grow these children. I'm going to help you, I am old enough, I have once had children. I will help you really… and we helped each other.* (P1)

> *Sometimes if the kids are not listening, maybe they- I'm not there, they give her* (employer) *a hard time. When I come back the following day, she is going to ask me, "Please can you explain to those kids this and this and this, okay because I don't understand what they want". Then I sit down, close the door and ask one by one by one…* (P5)

The identity as 'co-parent' appeared not only to shape the carers' impression of what was expected of them in relation to the child but also provided them with a sense of entitlement as a significant figure in the child's life and within the household. It seemed the carers generated some of their own validation in this regard and made references to their rights to respect, acknowledgement and authority. All of the carers expressed feeling important and special to the children and shared their belief that the children also felt this way. Some employers aided this process by validating the role of the carers themselves:

> *"Emily* (carer)*, you taught the children good manners so they're not so difficult to me, they listen to me".* (P1)

> *Their mommy* (employer) *said, "No no no, you must listen to Julie. Not to me, I'm not looking after you, Julie's the one whose looking after you, you must listen to Julie!"… Ja I was important.* (P6)

4.3.2 A Home that is a Workplace and a Workplace that is a Home

The following comprise the sub-theme 'a home that is a workplace and a workplace that is a home' - 'identity as a family member', 'identity as an employee' and 'conflictual roles'.

4.3.2.1 Identity as a family member

All but one of the carers (P3) emphasised the value and importance of the *whole* family to them. It is assumed that Participant 3 did not share this sentiment due to her conflictual relationship with her employers, however, she commented, later in her interview, that she felt *"free"* and *"at home"*, highlighting some ambivalence regarding her feelings towards the family and her sense of belonging. The carers' separation from their biological families appeared to contribute to their feeling that employing families came to serve the function of their own family by providing the emotional and physical support and love that they so missed and longed for (Chetwin, 2009). As in the study conducted on Latina 'nannies' in America (Armenta, 2009), it appeared that their emersion in the family only served to deepen the attachments to the family (and children). The carers positioned themselves as more than just employees, often adopting an identity as 'family member' within the household, thereby exacerbating the sense of loss after the separation.

> *Ja really really, they're like my family shoo.* (P1)
>
> *I was- well I feel like I was a family there, to tell the truth.* (P4)
>
> *They were like family to me. They said "This is our family".* (P6)
>
> *I feel like I'm with my relationship with my family… You know when I get there it was like family to me.* (P9)

Participant 5's view of her employers as family members was intensified by her unique position (and past) in relation to her employing family:

> *I know their mum* (employer), *we grew up together… we were living on the farm and I grew up- we playing together after school. When we finishing school and they finish school we come and play together. And then I went to Cape Town and then she went up here. I didn't know I was going to work for her, see, it happens… I didn't call her name when I work for her, I say "sissie" you see. Sissie, that is my sister. To your sister you say "sissie".* (P5)

One, however, needs to wonder whether this located Participant 5, and other carers, in an increasingly vulnerable and precarious position that required constant negotiation between work and private life (MacDonald, 1998; Tobio & Gorfinkiel, 2007).

4.3.2.2 Identity as an employee

The fact that carers are employed to perform a job within the homes of their employers inherently assigns them an identity as 'employee'. All but one of the carers (P3) described their employers affectionately and reported good relationships with them. Many of the carers emphasized the importance of mutual respect, understanding, trust and communication between employer and carer in order to work together harmoniously. In the literature, these characteristics have been found to play a pivotal role in positive employer-employee relationships (MacDonald, 1998; Marais, 2016; Scheftel , 2012):

> *The important thing is understand and respect her. That is a good thing to work together. They must respect her and she is going to respect you and then the job is easy.* (P5)

> *It is not difficult to work with my employer because if I done something wrong, she's not shouting me. Ja, she's going to say "Next time, you do it like this and this okay". If there's something like a misunderstanding she say I mustn't act strange or long-face in the house. I must come to her and tell her I've got this problem and then we sit down and solve it. If she's got a problem she doesn't take it out on me.* (P5)

Participant 9 made the following statement about 'trust' in her relationship with her employer, which is steeped in racial stereotypes from the past:

> *I look for it, I said "Is it this one?" and she said, "yes". You know I never steal. I don't like stealing. She was trusting me, shame, she was trusting me.* (P9)

Therefore, despite many positive narratives, there was a sense that the carers held some ambivalence towards their relationships with their employers. However, it appeared difficult to talk openly about the more strained aspects of their relationships. After describing a very close relationship with her employer, Participant 1 stated the following in an amused manner, possibly highlighting some of her own ambivalence:

> *Sometimes Renee was tough* (laughs). *And he* (employer's husband) was saying *"Ooh this is the devil!" It was funny* (laughs). (P1)

The racial, class, power and cultural inequalities prompted some difficulties in employer-employee relationships. This is very much in line with previous research on carers and employers (Anderson, 1998; Archer, 2011; Cheever, 2003; Goldman, 2003; MacDonald,

1998). Participant 6 reported a very close relationship with her employer but later described the conflicting experience of being accused of stealing. The following quote demonstrates the complexity of feelings she harboured towards her employer, possibly reflecting an unconscious wish for more respect and validation:

> *Ja it was like family to me. Even when sometimes you fight with the lady you are working with. Sometimes you just clean and then you don't know where you put things and then you find the lady is looking for that thing. She say "You steal my things!" and then you say "No, let's look". You look, look, maybe after you find it. I'm cross and then she's cross but before the sun sets you find you are working together…She say sorry to me. I like that person, yes, because if someone say to you sorry then you feel, no maybe she made that thing- she talk by mistake, she didn't mean it.* (P6).

Participant 3 reported a conflictual relationship with her employers. Although she experienced negative treatment by her employers, she continuously expressed how her relationships with the children (and grandmother) under her care were solid and fulfilling:

> *Their granny, she wasn't have that bad attitude to say "no don't sleep with Patricia* (carer)", *you know that but their parents they say "nooo you don't have- you aren't allowed to sleep that side" you see. "Outside- that is outside, you know you are going to get germs". So you see, that's why I was leaving, for all of that because, ja, it hurt me.* (P3)

Despite this, her poor relationship with her employers ultimately impacted negatively on her relationship with the children as it resulted in her voluntarily leaving her place of work. There was a sense that her employer's behaviour towards her impacted negatively on her sense of self and identity as well as her confidence:

> *Ooh it was very tough but just because I was around that people who like to be angry always. I try to accept it. "Oh why she screaming like this? Why she shouting me?" you know. Because sometimes when you suffer for something you feel like you, you not- you're <u>useless</u>, you know that.* (P3).

This kind of treatment highlights the remaining prevalent and often racial contradiction in domestic care work. Namely, that the carer is entrusted to perform some of the most important tasks in the care of the employer's most treasured 'possession' - their children while often remaining peripherally different and inferior to the rest of the family (Cock, 1980; Dinkelman & Ranchhod, 2010; MacDonald, 1998).

It is clear that the 'attachment factor', integral to domestic care work, is what distinguishes it from other vocations. In cases where carers wish to resign due to a conflictual relationship with their employers or any other reason, the attachment to the children they care for is most often cited as the reason they remain (Bunyan, 2010). Bunyan (2010) found that half of the carers in his study reported that they had considered leaving but had chosen to stay in their current position due to the attachment they formed with the children. This is conveyed in the following quotes from carers in the current study, highlighting the kind of grappling that takes place between the identity as employee and the identity as carer/co-parent:

> *Sometimes you can't do anything tougher. The thing that's tougher than anything is to look after the kids because you can't just leave as you want, as you done, you can't be done- not getting done about them…* (P3)

> *Sometimes if you think about them, those are- they are the main reason why you are working. Sometimes you work- you keep your job because of them. The kids, they keep you there.* (P5)

4.3.2.3 Conflictual roles

Following on from the above quotes, carers' positioning of themselves in relation to the children and family proved to be demanding, emotional work (Hardin & Hardin, 2000; James, 1989). There is no definitive answer to the question of where they fit in or what the appropriate identity to assume is. Although they were a "weekly fixture" (Swisa S. , 2010, p. 25) within the home, playing an integral role in the maintenance of family life, they often occupied the space just outside of this boundary. This starkly highlighted their identity as 'employee' and often served to invalidate the importance of their work and attachment relationship to the children under their care. A participant in Swisa's (2010, p. 36) research emphasised this "blurring of boundaries" (Van Der Merwe & Gericke, 2009, p. 318) when he said the following about the domestic carer who helped raise him - "It's weird having someone who's part of the family *and* who's separate from it at the same time". It is precisely this position that provides employers with the power to oscillate between treating the carer as a member of the family on one hand or as a separate, external employee on the other, depending on the employer's needs (Anderson, 1998).

CHAPTER 5
RESULTS AND DISCUSSION

Part 2: Moving Away

5.1 Separation and Loss

Separation from loved ones is often so emotionally distressing due to the attachment between those who are separated (Bowlby, 1969). It is unlikely that individuals would mourn the loss of someone they shared no connection with. Indeed, Freud and Bowlby stressed the importance of the "quality of the object ties" when discussing loss and mourning (Aragno, 2003, p. 435) and Wayment and Vierthaler (2002) observed that the stronger the attachment to the object the more severe the bereavement reaction. Wingfield (2009) also contemplated this when she argued that it is usually through the experience of separation that one realises how much they mattered to the other and how much the other mattered to them. Based on the small body of literature available (Hardin & Hardin, 2000; MacDonald, 1998; Swisa S. , 2010; Van Der Merwe, 2009; Van Der Merwe & Gericke, 2009) and the results from the current research study, it is not only possible, but also *likely* that carers form attachment relationships with the children under their care. Domestic care work is, additionally, always associated with separation due to the fact that it is waged work (Marais & Van Wyk, 2003). This double bind between attachment to and separation from the children, results most often, in feelings of loss for the carers, children and employers alike.

Carers' efforts to position themselves within the family and lives of the children under their care has proven to be a challenging and complicated task, often exacerbated by a lack of validation and active denial of the importance of their role by all involved (MacDonald, 1998). This confusing negotiation of identity and 'position' is often performed tacitly and even unconsciously by carers, which begs the question of whether carers fully comprehend, or have words to describe, the far-reaching nature of their relationship with the children and their identity within the home as well as, consequently, what it is they have to lose following termination. Freud (1917) along with others in the literature on loss (Aragno, 2003; Engel, 1964) argue that one cannot properly mourn what one is unaware they have lost. Essentially,

although carers may be aware of their love for the children and the resulting feelings of sadness following separation, they potentially do not fully grasp the internal losses and complex emotions that may ensue following termination (Freud, 1917). As Freud (1917, p. 254) asserts "even if the patient is aware of the loss that has given rise to his melancholia it is only in the sense that he knows whom he has lost but not what he has lost in him". This is not to say that all carers are completely unaware of the intricacies of the loss they have suffered or, that all carers even experience a loss at all. However, it is an important notion to consider given the consequences for the carers' experience of the separation and thereafter. Therefore, this research aimed to explore this loss in more detail in order to understand what constitutes it and how this translates on an experiential level.

Three sub-themes comprise the overarching theme of 'separation and loss'. These include, 'the process of separation', 'the after effects of separation' and 'mediating factors of separation and loss'.

5.1.1 The Process of Separation

The 'reason for termination of employment' and the process of 'saying goodbye', two themes that comprise 'the process of separation', inherently impact the experience of separation and loss in many ways. It has been found that the more traumatic and unexpected the separation, the increased likelihood that it will be experienced negatively with repercussions for mental and physical health (Edelstein, 1981; Hess, 1982). Therefore, the conditions under which the termination (separation) occurred are important in understanding the meaning-making of the carers' responses to the loss. These conditions often began the trajectory of carers' experience of the separation.

5.1.1.1 Reason for termination of employment

The carers' cited various reasons for termination, including emigration or relocation of the family (P1, P2, P4, P5 and P8), divorce of the parents (P2), illness of the carer (P6 and P7), a conflictual relationship with employers (P3) and a need for higher pay (P3 and P9). None of the carers in this study cited dismissal as the reason for termination. Schen (2005) studied *mothers* who separate from their children for various reasons and considered how particular conditions of separation such as control, choice and continued communication may ease the impact of the separation. Although this research recognizes that carers' experiences cannot

be equated to that of the experience of mothers, literature on mothers' separation from their children was reviewed due to the severe dearth of research on carers' experience of separation and loss. It was found that all of the reasons for termination in this study offered the carer little control or choice over the separation, contrary to the conditions reported by Schen (2005). Even in cases where carers seemingly had a choice to remain with the family, a deeper examination of the situation highlighted that this was complicated and not always the case. For example, although Participants 1, 4 and 8 were asked to move with the family, they described declining due to commitments to their own home, family and biological children. Participants 3 felt forced into leaving her place of work due to maltreatment and, along with Participant 9, due to a need for an increase in salary to support their biological children.

The carers appeared to suffer a profound sense of *helplessness* regarding the termination which is likely to have exacerbated the difficulty of the separation. Participant 1 expressed her feelings of helplessness when she contemplated the option of emigrating with the family:

> *Renee is always saying that* (asking her to move overseas) *but it is not easy, they now overseas and I can't go overseas. If I go overseas who is going to look after my home. I've got no one to look after my home because I can end up having no home again.* (P1)

Participant 4 also verbalised her sense of helplessness:

> *I see that little one, that girl one, "Iris, you're leaving, are you not come-pllllleeeaaasssee can you come with us?"* (In the pleading voice of a child). *I say "Leigh, I want to come with you guys, I love you so much but my kids are still young. There's nothing I can do"* (P4)

Additionally, carers seemed to bear a large amount of *guilt*, for a number of reasons, when separating from the family. Participant 3 initially cared for the family's ill grandmother until her death. She sadly described the difficulty in making a decision to leave the family due to a promise she made to the grandmother, which resulted in her returning to the family to care for the children before finally leaving on a permanent basis:

> *That granny when she passed away she was saying "Patricia, please you must look after my house" you know, so I was have that feeling- that's why I go back again…that's why I was feeling so guilty when I- "why am I leaving?" but I see that, uh, their attitude* (employers) *there was*

different to that granny, you know. That's why I was left… like eish why! I was so guilty to left there. (P3)

Participant 5 somewhat concealed her feelings of guilt but later provided a glimpse into the fragility of this strong exterior when she discussed how painful it was to say goodbye to the children and how she believed carers often remain in their jobs for the sake of the children:

Ja, ja it's not that I don't like them- love them because I didn't want to go to Grahamstown with their mum. It doesn't mean I don't like them. I like them, they understand that. I just don't want to go to Grahamstown that time you see?… I just told them, I am not running away from them, you see. (P5)

Participant 9 worked hard to 'convince' the interviewer that she did not leave the family because of a poor relationship with her employer, emphasizing her helplessness in leaving due to financial insecurity. She may have been managing her feelings of guilt by assuring the interviewer that her employer was 'good'. Alternatively, this may have been an attempt to deny the ambivalence and associated guilt in reconciling the split between the employer she had a close relationship with and the same employer who did not increase her salary when she needed more money.

5.1.1.2 Saying goodbye

The majority of carers became visibly emotional while discussing their experience of 'saying goodbye' to the children and family, indicating the painful nature of this process. Many of the carers cried and Participant 2 became particularly distressed, requiring breaks during her interview in order to compose herself.

There's this moment when they were just leaving to go to overseas, you don't know what happened, shoo! Everyone was crying. Even now if I think of them I'm crying (begins crying)… *They were hugging me, they hold me, oh my God you- I wish there was a video… Aah you don't know, <u>everybody</u> even my bosses were crying… hugging, talking with tears on us* (giggles anxiously). (P1)

P: Shoo! (long sigh, followed by a long pause). *When I said goodbye to them* (long pause). *Eh, I don't know* (emotional)…
I: mm, it's very hard mm
P: very very hard. (P4)

> *Ooooh, don't even talk to me about that- them. I was crying!... I was, I was really really crying because they were good for me.* (P8)

Literature, from various contexts, stresses the importance of the nature and course of 'saying goodbye' for the meaning-making process of separation (Bostic , Shadid , & Blotckey, 1996; Buehler , Cox, & Cuddeback, 2003; Edelstein, 1981). Participant 6 reflected on the significance of saying goodbye, even though it is painful to do so, especially when the relationship has been mutually fulfilling:

> *No matter what, you have to tell them that, "oh I am leaving". Because if you just left, if I just pack my things and go, it's another story. They will want to know why you have left without saying goodbye. You see there is something wrong there. Maybe you fight a lot and then you don't want to say goodbye, just pack and go because I was very cross. So just because I was not cross and I was enjoying the company, which is why we have to come together and say goodbye. No matter how hard it is.* (P6)

Participant 9's employer was unable to increase her salary due to her own financial strain after her divorce. When Participant 9 informed her employer of her intention to terminate employment, her employer became very distressed. This led to Participant 9 assuring her that she would stay. Due to her intense guilt, difficulty in managing the emotional pain of separation and worry that she may change her mind, Participant 9 left the family without saying goodbye. This led to a chain of events that negatively impacted on all involved. It has been found that grieving is more challenging when the relationship to the lost object is/was ambivalent or hostile (Buehler , Cox, & Cuddeback, 2003; Eagle, 1994):

> *So I make lunch and leave everything and go to catch the bus. I didn't even phone her because I know when she's said "Please Maria", I will come back… I said "oh no"* (whispering sadly). *When they come home they said "Maria is not here, Maria is not coming back, where's Maria?" so…* (covers her face with her hands and becomes emotional). (P9)

> *I'm sure when they* (the children) *come home she told them. But me, I didn't mention anything because I knew that they would cry. And I didn't want to hear them crying… mmm I didn't want them to cry, I was not happy.* (P9)

In instances where the family supported and engaged in the process of saying goodbye, the transition appeared smoother. Wilson (2005) attests to the beneficial impact of family support, especially in this study in order to facilitate the validation of the carer as well as the

relationship between carer and child. Participant 1 described a positive farewell that involved the writing of letters and a special dinner. Farewell rituals, such as these, have been found to organise experience during this chaotic time (Aragno, 2003). Indeed, some of the other carers described similar experiences:

> *I've got the letters for bye byes. It was difficult for them to talk to me and they end up writing a letter and I wrote them a letter too… We had that dinner, it was a little bit better… otherwise it was not going to be nice to leave each other when you are crying… yes really, we were chatting and everyone's saying what he feels on each other.* (P1)

Participant 2's employers appeared preoccupied with a bitter divorce and therefore failed to adequately prepare both carer and child for the separation. Additionally, they neglected the validation of the relationship and Participant 2 was subsequently unable to say goodbye to the children, which appeared to have a detrimental effect in the aftermath of the separation.

5.1.2 The After Effects of Separation

The following sub-themes depict some of the carers' reactions to the separation, following termination, highlighting important focus areas for future support. This theme is comprised of the following, 'a sense of loss', 'grief and longing', 'reminiscing and memories', 'abandonment and fear of being forgotten', 'anger and resentment', 'somatisation' and 'detachment'.

5.1.2.1 A sense of loss

> *I feel like I lost my family.* (P1)

All of the carers in the current study described feeling a sense of profound loss. Dunbar (2008), in her study on mothers' bittersweet experience of becoming separate from their toddlers, found that six out of eight of the mothers experienced separation as a loss akin to that of mourning. Many of the carers expressed feeling like they had lost love and care following separation:

> *The thing I eh, lost most was <u>love</u>. The love.* (P1)

> *I've lost their love and then they were caring… I miss lots of things to them.* (P6)

Some carers described feeling like they had lost out on witnessing the child grow up. Considering the often maternal nature of the attachment, it was expected that the carers displayed deep sadness while conveying this loss:

> *They're now teenagers… I miss- ooh I wish they were here and I know how they're acting with boyfriends and everything. Why did they go before I see that.* (P1)

Participant 5, in line with findings in Dunbar's (2008) study appeared to be mourning the loss of the relationship as it was:

> *I told myself "No man, you're going to see them". But there was that pain. I'm not going to stay with them now. It's going to be <u>different</u> now. I'm going to see them sometimes now, not every day like before. See?* (P5)

Linked to the Participant 5's quote above, Aragno (2003, p. 446) argued that a "crisis of meaning and identity" is an essential component in mourning. The identity assumed by the carers within the family is abruptly cast into disarray - "suddenly the self-with-other identity has been supplanted by a self without" (Aragno, 2003, p. 452). This subsequently requires the reorganisation of identity, as an integral step in the mourning process, which can be an incredibly daunting and upsetting process. A firm internal grasp on their sense of identity and position within the family (highlighted in 4.3 Identity and Positioning of Oneself: Who Am I?), is especially significant and valuable for this process.

> *I have no other ones… I have nothing to do.* (P7)

Carers described feeling like a part of themselves was missing, implicitly indicating that they felt the children and often the family as a whole, completed them. This will be elaborated on further in the analysis, but attests to the gap in the sense of self that often occurs following a loss (Engel, 1964). Others described feeling "lost", evoking feelings of a lost sense of identity and familiar comforts:

> *I feel like I was lost* (long pause, while staring sadly into the distance.) (P4)

5.1.2.2 Grief and longing

> *I grew them you know when you grow someone like that when you leave each other it's so painful because she's like my- they're like my children. They're like my grandchildren.*
> *It was more difficult. As I tell you, those children were born in my hands, they were like my children and if you separate with your child, what happens?* (P1)

> *Ooh, I'm feeling so bad… Yoh! I was feeling painful* (P2)

Quotes such as these indicate the deep sense of sadness and grief following separation from the children. These feelings are in line with findings from research on the separation of mothers and children (Bowlby, 1980; Feldman, Weller, Leckman, Kuint, & Eidelman, 1999), foster parents and children (Buehler , Cox, & Cuddeback, 2003; Edelstein, 1981) as well as carers and children, from the child's perspective (Goldman, 2003; Hardin & Hardin, 2000; Swisa S. , 2010; Van Der Merwe, 2009).

Attachment theory suggests that grief ensues whenever attachment behaviours are exhibited in order to restore proximity with the attachment figure however the attachment figure remains unavailable (Bretherton, 1992; Wayment & Vierthaler, 2002). All of the carers displayed a longing for the children they once cared for, to varying degrees, which is characteristic of one of Bowlby and Parke's stages of adult grief - 'yearning and protest' (Aragno, 2003; Maciejewski, Zhang, Block, & Prigerson, 2007). Importantly, the carers conveyed the belief that the children and family also experienced this longing for them, highlighting the mutuality of experience. There was a sense that the carers not only mourned the loss of the children, they mourned the loss of the family as a *whole* when employment was terminated, which is likely to compound the overall sense of loss for the carers:

> *I really really, I missed them so much sooo much so much. Even now I miss them. I wish it can go back. I don't think I will stop missing them.* (P1)

> *Yes it is so sad. It was not nice. I'm still missing them… and I think they are also still missing me.* (P6)

Some of the carers displayed 'magical thinking' in their wishes to be back with the children. Freud (1917, p. 243) described this as a form of "clinging to the object through the medium

of hallucinatory wishful psychosis" and considered this a normal and healthy stage in the process of mourning:

> *That's why I say I wish it was ehh a DVD which would reverse it back and we could be together again.* (P1)

> *P: Just to bring those days back. That was my feeling they can- if I can just bring those days back.*
> *I: Ja, you miss them a lot*
> *P: I miss them. Those days. Ja.* (P5)

> *No I still remember them all the time. When I'm sleeping sometimes I say "Oh, it's time to go to work" and then, "Oh! I'm home!" I wake up and "Oh shit, I'm home".* (P6)

5.1.2.3 Reminiscing and memories

> *You know when I am thinking about the children, the only memories that comes first to me is of those kids.* (P9)

A typical loss reaction is that of sadly, anxiously *and* joyfully reminiscing on the memories shared. This process of reliving, recounting and remembering has been found to be an important step in integrating the loss following separation (Aragno, 2003). Indeed, all of the carers tenderly recalled special memories of the children and family with delight as well as intense sadness. They laughed, giggled to themselves, stared into the distance lost in thought and cried painfully while reliving these moments during the interview.

> *P: Eh, something came up in my mind to tell the truth. Those back- those memories*
> *I: They came rushing back to you?*
> *P: Ja ja!* (P4)

Participant 6 reflected on the bittersweet experience of reminiscing. This captures some of the intricacy involved in the aftermath of separation from an attachment figure and the resulting feelings of loss (Aragno, 2003):

> *No I feel sad because the memory come back and then I can remember what was happening in the house and then how was the children. The way I was enjoying to be in that house. It is so sad, but it's nice, but so sad.* (P6)

Participant 1 said the following regarding the memories that play over in her mind:

> *There are a lot of memories of them… there's a time whereby they play and play, when they play and play over. Then I start to WhatsApp Renee, say "Renee, I remember your children" this and this and this.* (P1)

5.1.2.4 Abandonment and fear of being forgotten

Many of the carers expressed feelings of abandonment and described fears of being forgotten. Separation from an attachment figure is often experienced as abandonment, even if this is unconsciously and seemingly irrational given the circumstances (Bowlby, 1958a; 1969; Hart, 1991; Swisa S. , 2010). Bowlby asserted that this is but one of the manifestations of separation anxiety and initially originates from the biological need for infants to survive (Ainsworth, 1969; Bowlby, 1958b; Bretherton, 1992). The thought of being forgotten by the family, and therefore permanently abandoned, appeared unbearable for Participant 1 who quickly dismissed and denied these thoughts:

> *Anyway, sometimes I have to think "uh oh have they dropped me" and I end up saying 'no I mustn't say that, maybe they are busy'. I'm telling myself that even if they come that jealousy of saying "maybe they have forgotten me", I say "No! No! No!" They might be busy because I know Steve's job is always busy.*
>
> *I say, "Please my kids, don't forget me!"* (P8)
>
> *I said "Hello my booitjie". I said "Are you still my booitjie? He said "Yes, yes Maria!"* (laughs)
> *They said "we are very busy Maria". I said "You promised me you going to call me" (P9)*

Participant 3 highlighted how she does small things for the children to remember her by when she visits them, such as plaiting the young girl's hair or making the children her special *"sweet tea":*

> *Even now when I am visiting there I'm doing something just to remember me when I'm not there.* (P3)

Feelings of abandonment and fears of being forgotten are important to bear in mind when considering how carers may be supported in the aftermath of the separation.

5.1.2.5 Anger and resentment

Four of the carers (P1, P2, P3 and P9) expressed their anger following termination.

…But I am angry this year, they didn't even say 'Happy Birthday' to me. (P1)

Aragno (2003, p. 440) used the term "angry despair" when discussing typical loss reactions, which appeared to parallel some of the reactions of anger found in this research study. Additionally, Freud remarked on the secondary nature of anger as a result of feelings of abandonment (Aragno, 2003). Participant 1 appeared to be preoccupied with feelings of anger regarding, what she felt, was neglect on the part of her employer to acknowledge and properly validate the relationship and resulting impact of separation. She described a wish for financial security from her employing family following termination. However, a slightly deeper reflection highlighted her distress at separating from the children and family and her desperate need for time to grieve the loss. Due to an imperative need for continuous income, she was forced to enter new employment immediately after terminating with the family, which seemed to exacerbate her grief and left her feeling angry at the family:

P: They should have given me something to go and relax and think whether I can start uh a new job.
I: And when you say 'relax', is it because you feel you needed time to heal when you said goodbye or-
P: Yesss! To recover from that love of the children and that love of them. How we were staying together and to think wise again and whether I can start a new job - Am I fit to start this new job.
I: Okay so you needed-
P: I don't know if I am right? (P1)

…Only they didn't care about me when I leave to give me something which would make me stay for a little while until their love calms down… (P1)

Ja, as I say, I wish when they were leaving they should have made me feel comfortable with something which make me relax my mind… like money, I have to say it…(P1)

Yes really, you should have seen me, you wouldn't like- you wouldn't even employ me. I was angry and sad. My anger was on that 'I wish they could have given me something until I pick up'. (P1)

It is important to mention that Participant 1 appeared nervous while conveying these feelings and continuously monitored the interviewer's reaction to her narrative, highlighting anxiety regarding her angry feelings. Although this particular reason for anger was not expressed by

any of the other carers, the researcher questioned whether other carers may have felt this way but were unable to verbalise this, for various reasons.

Participant 2 displaced her anger on her employer's husband, whom she felt 'caused' the separation between her and the children:

> *P: Ja, I'm blame that guy…I blame him… mmm, the father for that children.*
> *I: Okay would you like to tell me why?*
> *P: Because if he's not get another wife, I'm still- maybe I still in that job. But he find another lady.*

Participant 3's anger towards her employers centred around her feelings of being mistreated. However, these appeared more resolved given the time period since her termination. Participant 9 described her own as well as her employer's anger regarding her leaving the family without saying goodbye, reiterating the importance of saying goodbye for all involved:

> *Camilla she started to get angry…her ex-husband said this to me "No, Camilla said you can stay there, she doesn't need you anymore".* (P9)

> *I phoned Camilla and said "Where's my salary, you didn't put my salary in the bank* (following her not returning to work). *She says to me "You got no salary". So we started to fight. I said "No! Bring my money, I need my money". Then she gave it to me.* (P9)

Despite the distressing aftermath of this separation, Participant 9 expressed that she has resolved the conflict with the family and is currently in contact with them. However, one wonders if this traumatic exit scarred the relationship irrevocably.

Anger has been repeatedly referenced, in the literature, as a common reaction to loss and a stage in the mourning process (Aragno, 2003; Bowlby, 1980; Engel, 1964; Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; Freud, 1917; Hart, 1991). This anger may manifest in a number of ways and often serves to protect the sufferer from a more threatening emotion such as fear or pain (Eagle, 1994; Edelstein, 1981; Engel, 1964).

4.4.2.6 Somatisation

Somatisation refers to "the defensive conversion of psychic derivatives into bodily symptoms" (Sadock, Sadock, & Ruiz, 2015, p. 161). This appeared to be one of the ways in

which feelings of loss, grief, anger and even ambivalence were expressed in *and* by the carers. Indeed research has shown that exposure to an event of loss "has been associated with declines in health status, increased mortality rates and alterations in physiological processes, such as immune functioning" (Wayment & Vierthaler, 2002, p. 130). Additionally, unexpressed emotions have been linked to the somatisation of symptoms, such as headaches, nausea and muscle aches (Freud, 1917; Wayment & Vierthaler, 2002):

> *What do I say… uh… I was so stressed, my colour tend to be black and thin because I was so worried. I liked those people.* (P1)

Dunbar (2008) acknowledged that many of the participants in her study described physical symptoms when faced with separation. She commented, "The threat of loss seemed to threaten the integrity of these mothers' basic body ego" (Dunbar, 2008, p. 80).

Additionally, almost all of the carers (P1, P2, P4, P5, P6, P7 and P9) expressed their feelings of sadness and loss in metaphorical ways highlighting parts of their body that were afflicted. These extracts were often felt to be the most descriptive and emotive, resulting in the carers truly getting in touch with how they felt as well as providing the interviewer with a real sense of their experience:

> *It killed me!* (sigh and pause). *It killed me. It's something I can't mention because I was so upset…* (begins crying) *I was broken. Really I was, I was.* (P1)
>
> *It's difficult* (begins crying)… *Give me a pain, ooh!* (P2)
>
> *Yoh! It was like part of my body's gone missing when they leave, to tell the truth, something is missing on my body…my heart was sore* (P4)
>
> *I just feel, I miss something. There's something I miss here* (points to her heart)… *Ja because they were a part of me, I miss them.* (P5)
>
> *Eish! My heart was so broken.* (P7)
>
> *You know my heart, it was not happy… My heart was so sore, I was bleeding.* (P9)

Three possible inferences may be gained from this finding. Firstly, this manner of expression indicated the embodied nature of the carers' emotions, stressing the significant link between the mind and the body (Fonagy & Target, 2007; Frie, 2007). As Frie (2007) highlighted, "The psyche and drives, alike, are bodily based phenomena" (p. 56). Bowlby emphasized the

human biological, instinctual reaction to loss of an attachment figure, especially during the initial period, which is likely to result in physiological repercussions (Aragno, 2003; Bowlby, 1980; Fonagy & Target, 2007). Secondly, this observation may point to the carers' attempts at expressing parts of their experience that felt indescribable or for which they had no words. Aragno (2003) and Fourie (2010) acknowledged the constraining nature of language, especially during periods of loss and trauma. Lastly, due to the fact that all of the carers were second language English speakers, they may have been struggling to find emotion words to describe their experience. It is well known that language has a limited vocabulary for emotions and that some emotion words may exist within a particular language while being absent from another (Fourie, 2010).

These are essential considerations in the construction and implementation of relevant and practical support interventions to address the emotional needs of carers in South Africa.

5.1.2.7 Detachment

Four of the carers in this study discussed aspects of their experience linked to 'detachment' (P1, P4, P5 and P8). The notion of detachment contrasts that of the connection the carers initially stressed as an important factor in facilitating an attachment relationship with the children. Conversely, with detachment comes the risk of damage to a potential attachment to new children.

Participant 1 expressed the following with regard to the new children she cared for after termination of her employment with the family:

> *I'm telling you I was working for this lady. There was a jealous of- because just as I left them I went to that job- there was that jealous of 'why am I looking after this children, I wish I was looking after Ashley and Stephanie'... I said "Ooh I wish I was rich" I was going to stop working there and then when they left.* (P1)

It seems Participant 1 struggled to reinvest her energy and care into the new children while she was still grieving the loss of the previous family she worked for. This emerged as one of the contributing factors to her anger at her employers for not allowing her time to mourn the loss. Her emotional reaction, in addition to impacting on her own process of grief, is likely to have negatively impacted on the new children under her care. Participant 5 stressed that she would retire if her current employing family relocated. There was the sense that the emotional toll of reinvesting and then separating from another family was too much to bear:

> *Ja, it's hard. I can't work for anyone if these ones are moving. I'm going home.* (P5)

This was echoed by Participant 8:

> *P: They say to me they going to England, whatever, I'm going to pack my bags and go home.*
> *I: You feel like you can't do that again?*
> *P: I can't mmm… ja it's going to be too hard for me.*

Interestingly, Participant 4 said the following, indicating that the new child under her care seemingly provided comfort and a new opportunity for her to invest her love and care:

> *When I see Davie* (new child) *it's a little better when I see him because I love kids.* (P4)

It is apparent that in order to confidently form new, secure attachments to new children, the carers are required to successfully mourn the loss of the children they previously cared for (Eagle, 1994).

5.1.3 Mediating Factors of Separation and Loss

The following sub-themes demonstrate factors that impacted on the separation, and continue to do so, both positively and negatively. These themes include, 'seeking proximity: continued contact following separation', 'change: constructing meaning after separating', 'support' and 'defence mechanisms'. Conditions that foster coping and the facilitation of the mourning process are outlined below. Furthermore, risk factors and those that exacerbate feelings of loss for the carers are summarised. This section is significant in enhancing awareness and understanding regarding the lived experience of separation and loss for carers in South Africa.

5.1.3.1 Seeking proximity: Continued contact following separation

> *Kerry says to me, "You know, one day Maria, when I'm finished writing my exam I will call you, we going to have tea somewhere, just the two of us". I said "Okay, no problem"* (smiles). (P9)

Continued contact with the family following separation has been found to mitigate the impact of the separation between carer and child (Schen, 2005; Van Der Merwe & Gericke, 2009). All but two of the carers (P2 and P7) are currently in contact with their previous employing

family. Additionally, all of the carers, including those who are not currently in contact with the family, discussed the importance of continued communication. Those who maintained contact appeared to value and cherish this communication, showing signs of distress at the thought of a final and permanent separation:

> *I: … If you never saw them again after you said goodbye-*
> *P: No that would be too hard to me mm*
> *I: What would it feel like for you?*
> *P: Shoo! it's like losing a child* (P4)

The following responses reflect similar findings from Van der Merwe and Gericke's (2009) research regarding the joyous nature of reunions:

> *Huhhh ohhh, shoo start again, the tears, after the tears is joy… is joy mmm* (P1)

> *Even when I went there, you find they are so happy. Everyone they can cry.* (P6)

> *…And I'm so happy, the Goldsteins they visiting me in this house, they phoning me… buy me a present and everything, for all these years.* (P8)

Continued contact with the family seemed to represent a way of maintaining proximity, 'holding on' to the children, feeling cared for and validated as well as preserving hope and optimism in the midst of separation:

> *Mmm, yes that was easier for me because I still going there. When I miss them I'm just passing there…* (P3)

> *P: I was sad because I'm not going to work for them. They're going to stay there and I'm going to stay here but meantime I'm going to see them. They coming up here for holidays and I'm going down there. I saw them.*
> *I: So you still see them and you're in contact with them?*
> *P: Ja, ja, I was with them in Durban July, a week. I stay with them down there and they're coming back here in August, you see.* (P5)

Participant 2, who separated from the family in 2001, lost contact when her phone, containing her employer's number, was stolen. She spoke in great detail about her sorrow at losing contact with the family, her yearning to be reunited with the children and her attempts at searching for the family:

> *Ja I lost everything but I know the name, I know the surname…I told my son, my son must check the internet, I want to phone that lady, maybe*

she's still alive, I don't know… I tried to look in the yellow pages, I didn't find, I look , I look, I look, I didn't find…(emotional). (P2)

Participant 1 highlighted how continued contact may render the experience of separation and loss experienced by carers, different to that of a permanent separation, such as death:

They called me for dinner. We went there and that's where we talked and I told them, "Don't you worry, I'm still here, it's not the end of the world, it's not death. We will still see each other and I will love you for ever and ever. (P1)

When she terminated employment, Participant 3 made a concerted effort to ensure that her cousin began working in her place. It later emerged that this was her way of maintaining regular contact with and integration within the family. Despite a conflictual employer-employee relationship, Participant 3's employers encourage and support regular contact between her and the children.

That's why I take my cousin to- to take him there because I know I can go see them when I want to see them. (P3)

P: Like uh, I'm going there by Friday if I'm feeling bored there my house then I will be back on Saturday. I'm staying with them for a whole day and for a whole night because they don't uh- they say "No it's fine, if you want to stay, you can stay then you can go with Lebo (cousin) *tomorrow"…*
I: Okay, I see, so you do see them a lot and you still have a relationship with them
P: Yeah! Too much, yes yes, a lot. We still do shoo! (P3)

However, Participant 3's continued extensive involvement in the family means that painful separations now take place on a weekly basis followed by the hope of being reunited the following week. The experience and impact of this may be valuable areas to research in the future.

Some of the other families also supported contact following separation, which is assumed to ease the burden on carers and to facilitate the mourning process:

They said, "No, if you want to come and visit you are welcome anytime. You phone us, you come and visit the girls". (P6)

Four of the carers revealed that they possessed keepsakes from the family (P1, P6, P8 and P9). Aragno (2003) asserts that keepsakes and rituals help to organise experience following

separation and Eagle (1994) acknowledged the commonality of grieving individuals to surround themselves with memorabilia associated with the lost person. Carers cherished photos (P1 and P6), letters (P1), hand-made jewellery (P9) and other presents (P8). These keepsakes seemed to help the carers feel closer to the children, especially during moments of grief and longing:

> *We were taking photos every year, we were taking photos together. And then I'm having their photo, maybe I didn't talk to them and then I just look at the photos.* (P6)

5.1.3.2 Change: Constructing meaning after separation

Some carers described positive change, improvement and growth in themselves as a result of working for the family. There was the sense that carers who were able to reflect meaningfully on, and gain from, the experience were observed to be more resolved in their loss. Identity reorganisation and the meaning making around this proved to be healthy, important and beneficial for carers' overall sense of wellbeing following separation. Participant 3 portrayed what appeared to be a journey of self-growth and discovery over the years of working as a carer:

> *Now I learn too mu- eish too much now ooh even now I can be a nurse now.* (giggles). *Like I wasn't like to be a nurse before but now I'm growing enough. I know what I want in my life, so that time I wasn't know... It was learn me too much, ja.* (P3)

The majority of the carers described gaining experience and skills during their employment.

> *What happens, it changed me. It opened me even if I can have my grandchildren really I can keep them so nicely because the fun I had with these grandchildren of mine for Renee, it changed me really. I can be a good granny.* (P1)

This opens up the possibility that training of carers during employment may contribute to the sense that they are able to take something concrete away from the experience, mitigating feelings of loss and a gap in identity. Participant 6 described how she intends on using the skills she learned during her cooking training in the future, indicating that she has meaningfully found a way to continue nurturing those around her, while supporting herself financially:

> *So they made me- they've changed lots of stuff. They've changed my life. Yes, because even when I can take a pension, I know I'm going to cook for people and sell food for them.* (P6)

> *"My Julie is the best cook everybody". They say "Our maid is the best cook. My nanny's the best cook". Ja they loved my cooking a lot. Even when I can go there now, they say "No, can you do this dish for us". I do it.* (P6)

5.1.3.3 Support

With the perspective that mourning is a psychosocial transition, Furman (1974) as cited in Aragno (2003, p. 445) asserted that "mourning alone… is an almost impossible task. For there to be a hopeful outcome the real needs of the newly bereaved must in some part, be met". In the current study, these needs appeared to involve both emotional and physical/financial support. Due to carers' socioeconomic deprivation in South Africa, financial stability is a continuously prominent concern. Participant 1 highlighted how difficult it was for her to start a new job with a new family immediately after separation:

> *It's not the really job I wanted… because I just picked this job, I've got nowhere to stay, you see what I mean?... I said, no let me speak to God because if I continue like this, I will end up not working. I haven't money, I <u>have</u> to work. I said "God <u>help</u> me!"* (P1)

It is speculated that this is exceptionally common amongst carers given the necessity to continue supporting themselves financially. This leaves little room or time to grieve the loss of the children and highlights potentially harmful consequences for new children under their care as well as for the carers themselves, such as depression (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999). It seems this is a potential focus area for future supportive interventions. Two carers (P6 and P8) described feeling supported when their previous employers helped them find new employment following separation.

Carers discussed how they relied on their family, friends and their faith for support following termination. This support appeared to mitigate the painful nature of the separation, albeit only slightly, and provided carers with coping mechanisms following termination.

> *I speak with my friends… he say "What can we do, nothing you can do, it's left, it's left, what can you do". I say "Nothing".* (P2)

> *Yes my sister used to talk to me. Say, "No, I work also for 25 years for other families". She said, "No you are going to be alright. It is part of life"… When I am having problems I always phone her, "Sister, oh I am having this kind of problems". She said "No, it's fine". It's my eldest sister and then she got understanding and she can take care of me and then when I'm having problems she can soft them for me… I went to church sometimes we talk about those kinds of things and they also console you.* (P6)

> *Ja, when I feel sad, I just talk to my friends - "in fact, you know what sometimes I miss Camilla's children too much but there's nothing I can do cause I'm gone now".* (P9)

Domestic care work has repeatedly been described as socially isolating work (Armenta, 2009; Bunyan, 2010; Cock, 1980; MacDonald, 1998). Armenta (2009) reported on the benefits of co-worker relationships in combating social isolation and establishing solidarity with particular reference to carers. However, the opportunity for the creation of co-worker relationships is rare, especially for live-in carers.

> *I used to talk with that lady I was working with, we were two mmm… Ja it wasn't look like it was only me and then they're leaving. I'm standing inside the house, I'm alone, you see? There's someone in the house, we two and then we comfort each other.* (P4)

The general consensus, however, was that there was a lack of adequate support following separation from the family. Not only this, but there was the sense that most of the carers also appeared unaware and uninformed regarding their need for support, their lack of support or where to access support:

> *Like my family didn't understand like if I'm telling them about what happened or if I tell them about how Renee and Steve left me because, in the way we are together, they never thought of that… There wasn't any support* (pause) *there wasn't any support.* (P1)

> *No it's not going to be easy. I just prayed to accept everything. To accept.* (P8).

With regard to the interview, three of the carers (P1, P6 and P9) expressed their gratitude for a space in which to talk about their experience. Bunyan (2010) commented on a similar finding. He reported that his participants expressed not having other people in their lives that could relate to their work experience and were grateful for the opportunity to discuss their

experiences in the interview. This highlighted how carers were able to use the interview space positively and the potential that they may find a similar space useful in the future:

> *P: No I think is everything I've said and I like that because you make me share what was worrying me. Who can I tell this… who can understand what I was feeling?*
> *I: Okay, so do you feel like, in a way, just talking about it with me was helpful for you?*
> *P: Ja really really really… As I've said it because I have shown what I feel… ja it helps, it helps because sometimes there's something which you don't want everyone to know and you don't know who you can share with it as I have shared with you… I'm so happy.* (P1)

> *P: It was nice talking to you because even it's the first time someone came and ask me about that. Because just talk about it, not an interview.*
> *I: mmm, so it sounds like you are saying it feels good to have someone interested to hear about this from you?*
> *P: mm mm, yes.* (P6)

> *You know, I'm happy because I feel you know because there is no one I can tell them to, you know, "Camilla's children they were doing like this". Only my family they know that Camilla and the children they were so good to me.* (P9)

5.1.3.4 Defence mechanisms

Considering the lack of support available for carers, the question of how they cope following termination, is raised. It appeared that one of the ways in which the carers in this study coped was through the use of defence mechanisms. Defences are particular mechanisms used to protect the mind, often from internal pain and trauma (Sadock, Sadock, & Ruiz, 2015; Senior, 2009). Defence mechanisms are adaptive in so far as they are not used as the *only* coping mechanism and when they do not completely inhibit processing of the trauma. In some ways, the defences utilised by the carers served to help them cope following termination, especially given their swift transition into new employment. It is, however, important to be aware of the overuse of these defences, especially for the healthy engagement and working through of the loss in the mourning process (Freud, 1917). In addition to 'somatisation' and 'detachment', described above, the carers employed defence mechanisms such as, repression, splitting as well as denial and avoidance of emotion.

Nortje and Albertyn (2015) found that a common African cultural belief is that emotional pain should be hidden and handled with "stoicism and resilience" (p. 24). This is a belief that is instilled in children from a young age and continues into adulthood (Nortje & Albertyn,

2015). Indeed, although the carers visibly and verbally expressed distress regarding their sense of loss during the interviews, they also discussed their experiences, at times, with an enormous amount of strength and sometimes resistance. The denial of intense emotion was highlighted as a common defence against becoming overwhelmed by the pain associated with the loss and possibly, as a way of presenting themselves as competent and resilient. The carers often masked their feelings of pain by incongruently giggling and laughing anxiously. At times, they changed the subject abruptly and Participant 4 expressed her wish to move onto another question twice during the interview:

> *uhh* (long pause, sigh) *I don't know what to say. I don't know how to answer this one. Let's pass this one.* (P4)

Participant 2 expressed a wish to escape the pain associated with the loss:

> *I: If you could go back in time, what would you change?*
> *P:* (Giggles, thinking) *I don't know, really I don't know. I will dance. I can't cry, I will dance.*
> *I:* (smiles) *You will dance? Instead of crying?*
> *P: Instead of crying like now… yes.* (P2)

Participant 3 deflected the sadness associated with her conflictual relationship with her employer as follows:

> *I ask myself "Why man eish! Let's forget about this, let's carry on. The sun, it goes ja". Nothing you can do, always there is misunderstanding each other but we sort it out, we solve it you know that.* (P3)

After expressing painful emotions throughout her interview, Participant 5 denies feeling sad during the interview. Towards the end of the quote, she provides a glimpse into the fragility of this denial:

> *I: Did you feel sad during the interview?*
> *P: No, I don't feel sad… ja I'm not sad because you are not asking me something I don't know.* (pause) *Not something's going to - I can't answer you see, ja I can answer… Sometimes it's just like* (pause) *when you remember a thing, you can't bring it back.* (P5)

Participant 8 used denial in a similar way:

> *No no no no. It's not* (hard to answer) *because you're asking me the questions that I can answer about the kids and the whole family that I love so much.* (P8).

Some of the carers used splitting as a defence. Participant 1, 2 and 3 alternated between idealising the family (or a particular member of the family) and devaluing the family. Idealisation was also used as a defence against ambivalent feelings towards the family or job. Bowlby argued that recognition and expression of ambivalence is crucial for successful mourning to take place and that an "inability to accept these strivings promotes their repression, rendering them less amendable to working through and change" (Aragno, 2003, p. 440):

> *Nooo, I'm - I sometimes feel like that but they are not like that, it's only my feeling you see.*
> *To turn back time and we are together again and start having that nice life we had.* (P1)

> *I: If you could go back to that time, being there, is there anything you would change about being there with them at that time?*
> *P: No, no, nah*
> *I: You wouldn't change anything?*
> *P: No! I loved it!* (P8)

5.2 Conclusion

A number of significant themes emerged during the analysis, which comprised three broad areas, namely 1. attachment, 2. identity and 3. separation and loss. All three of these areas are inextricably connected and impact on the other. With the notion of *moving towards* in mind, it was found that carers likely form enduring attachment relationships with their charges. This is facilitated by a number of factors, including the carers' outlook at the start of employment, the quality and quantity of time spent together, the developing love between carer and child and the support and validation from the family as a whole. The three defining features of attachment, namely, 1. proximity maintenance, 2. secure base and 3. safe haven were observed to be present in the relationship between the carers and the children. Carers offered mutuality, stability and continuity for the children under their care. Additionally, the children fulfilled many important functions for the carers, highlighting the reciprocity that is integral in attachment relationships. Carers were also found to form attachments to the *whole* family, rather than simply to the children in isolation. This sets the stage for the second important area in this research. It was found that the carers' powerful investment in the children and the

family began to shape their sense of personal identity. Carers' efforts to position themselves in the lives of the children and family engendered identities as co-parent and nurturer, family member *and* employee, highlighting this as a complex, demanding and unique process to domestic care work. Both the formation of an attachment and the construction of an identity around the children and family laid the foundation for a difficult process of separation and likely, a sense of loss, following termination. With the notion of *moving away* in mind, it was found that *all* of the carers in the study experienced the separation as a profound loss which appeared to provoke a process of grief and mourning. Feelings such as sadness, despair, anger, longing, fears of abandonment, helplessness and guilt were experienced by the carers and highlighted the link to stages of grief in the literature on loss. Carers utilized a number of defences in order to negotiate and cope with the loss, such as somatisation, detachment, denial, splitting and repression. Conditions linked to the separation, such as financial security, reason for termination and continued contact with the family following termination served to impact the loss both positively and negatively. Support for carers following separation was found to be lacking, emphasizing a need and potential for future research and interventions in this area.

CHAPTER 6

LIMITATIONS AND RECOMMENDATIONS

6.1 Limitations of the Study

Reflecting on the conceptualisation, process and findings of the research, the following limitations emerged.

Due to the absence of research investigating a similar focus within the domestic care work literature, a qualitative exploratory research design was employed. While this methodology allowed the deep, meaningful exploration into the carers' reported experiences and subjective meaning-making, it does not attest to provide a generalizable truth regarding carers' experience of separation and loss in carer-child relationships. Furthermore, although a number of sampling parameters were utilized in order to recruit participants for this study, certain demographics were not accounted for, such as carers' live-in status, carers' age and employers' race. This was purposively done in order to allow a natural configuration of

participants to emerge. Although the salient demographics were both expected and enlightening in many ways, the homogeneity of the sample further decreased the generalisability of the findings.

All interviews were conducted in English. Although all of the participants were able to communicate in English, it is important to consider that the interviews were not conducted in their home language. Due to the complexity of the emotionally laden subject matter, communication in one's second language may have somewhat inhibited the free flow of detailed reported experiences of separation and loss as well as the intricate meaning making process surrounding this. Sincere attempts were made to analyse both the surface detail as well as the potential deeper meanings conveyed by carers in the interviews. The carers opened up to varying degrees. Some carers were exceptionally eager to share their experiences and often needed curbing and redirecting to remain on course, while others presented as withdrawn and needed a substantial amount of structure and direction. Indeed, some participants struggled to produce rich accounts of their experiences, leading to "thin" descriptions and more attempts from the interviewer to verify understanding, enrich meaning and avoid misunderstanding. Woodrow (2016) found that second language English speakers often experience anxiety when talking to home language English speakers, which had a negative impact on oral performance. This may be compounded by interview anxiety as well as anxiety related to sociocultural and socio-political differences between interviewer and participant (Chetwin, 2009; Woodrow, 2016). Despite this, the carers' narratives yielded important and valuable information that was used to draw themes from. Considered together with the accounts of more articulate participants, particular shared and distinct phenomena came to light (Kirkevold & Bergland, 2007). Additionally, the home language of the carers was not recorded as a demographic variable. In retrospect, this may have been useful as language and the use of language were important considerations in this research. This may limit the use of this research in future studies concerning language and domestic care work.

The implications of applying vague definitions to the carer's reported experiences of separation and loss, accompanied by related terms, such as 'mourning' and 'grief', were discussed in Chapter 2.7.1 The Definition Dilemma. Conceptualising separation and loss in the context of this study was challenging, due to the dearth of literature on the subject matter. Additionally, the subject matter itself, does not lend well to a straightforward definition, highlighting the limitation of a definition in general. Relevant terms were used tentatively in

the study, supported by the small amount of available literature and the carers' reported experiences themselves.

Due to the scope constraints of a master's research report, focus was placed on the subjective experience of loss for the carer, in relation to the child she helped to raise. It is acknowledged that this is not exhaustive of all that may be lost for carers following termination.

Issues of self-reflexivity have been discussed in Chapter 3.8 'Self-reflexivity'. However, it is necessary to remind the reader of the researcher's undeniable position of privileged "whiteness". In addition to this, cultural, age, role and class disparities between researcher and carer may have impacted on the willingness of the carers to disclose particular information, despite the researcher's efforts to develop rapport with the carers and to remain self-reflective throughout the research process. Carers' may have feared jeopardizing their current employment by disclosing certain information during the interview, fear of exposure or by participating in the first place. They may have also been invested in upholding an image of positive feelings and relations with their previous employing family, which may have somewhat skewed their responses. Indeed, the carers were found to idealise their prior employing family. It is important, however, to balance the formulation of a typical defence in mourning with issues of self-report.

6.2 Recommendations

6.2.1 Future Research

In agreement with Goldman (2003, p. 246) and other authors, South African researchers are "obliged to begin to rethink the psychology of the childminding situation" in this country. This involves exploring domestic care work comprehensively together with the implications of this work for all involved - carers, carers' families, parents and children. It is hoped that the current study contributes to the small body of literature and provokes further investigation in this area.

Suggestions for future research, based on the findings of this study as well as the above limitations, are provided below:

- A mixed methods approach may be useful in combining the advantages of both methodologies in order to increase research rigour.

- A study exploring the triangulation of reported experiences of separation and loss (amongst other factors) from the perspective of the child, carer and employers involved in the employment.
- The exploration of the carers' attachment styles as well as previous experiences of grief and loss that are likely to impact on the current attachment to and separation from the children.
- Research with a similar focus, conducted by a researcher of different race, age and/or class. Similarly, it may be valuable to study carers who present with different socio-cultural demographics such as age, culture, city of employment and live-out status.
- A study with a similar focus, conducted in the carers' home language. On the topic of language, a comprehensive study exploring the cultural use of language by carers and within carer-employer relationships would illuminate power dynamics, the expression of emotion and the ways in which language shapes the identity and positioning of carers within the family.
- Given the particular historical context of domestic care work in South Africa, it may be valuable to conduct a study on carers who were specifically employed during the Apartheid era. A potential foundation for such a research study may form part of the Apartheid Archives Project or a similar endeavour. The findings from such a study may be compared to findings of carers who were/are employed post-Apartheid.
- Research investigating the social, community and professional support interventions required to promote carers' overall wellbeing. It is anticipated that the advantages of the support of carers will positively impact carers' biological children as well as the children they are paid to care for.

6.2.2 Public Awareness

The current research study casts light on the probability of the formation of an enduring attachment between carer and child. In this way, it contributes to literature on attachment within the South African context. Furthermore, it acknowledges some of the implications that such a relationship has on the carers (and subsequently, the children and family as a whole). These include implications for the experience of separation and loss following termination. It is important that increased awareness be created in the public in order to educate parents (potential employers) on ground level, on the significance of carer-child relationships so as to promote validation, respect and empowerment of carers in South Africa. Additionally, it is

important to create awareness regarding the painful and distressing nature of separations between carers and the children they help to raise, in order to avoid unnecessary separations as well as to foster understanding and support for all involved when separations are unavoidable. In this study, some of the conditions surrounding separation appear to mitigate the impact of separation. This may be a useful start in providing guidance for how to manage separations between carers and the children under their care. Examples include, preparing for the separation in advance, where possible, continual communication with the child and carer, validating the carer-child relationship by respecting and facilitating the process of saying goodbye and encouraging continued contact following separation. As Van der Merwe and Gericke (2009, p. 320) argue, "having established that an attachment bond is possible, the call is not to remove this duty from domestic workers, but to bring awareness to it, so that potential concerns raised by all can be dealt with openly and with a heightened sense of understanding and the necessary sensitivity".

6.2.3 Future Support

An area that was identified as significant in the findings of this research was that of support for carers, or the lack thereof. The protective nature of social support has been widely researched, especially with regard to caregiver-child relationships, vulnerable groups, bereaved individuals and those working within a caregiving/emotional work sphere, such as nursing, fostering and psychology (Aragno, 2003; Armenta, 2009; Bowlby, 1951; Chetwin, 2009; Cox, 2010; Edelstein, 1981; Engel, 1964; Freud, 1917; James, 1989; Lauterbach & Hentz Becker, 1996). Support has been found to promote adaptive coping and reduce the impact of stress. Consequently, stress reduction and coping have a direct effect on carer-child relationships by enabling the carer to be more emotionally and physically present and responsive to the child (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; Lauterbach & Hentz Becker, 1996; World Health Organisation: Child and Adolescent Health and Development, 2004). The establishment of support interventions is important to protect against depression and other harmful outcomes, following separation, which have been shown to negatively impact on the wellbeing of caregivers as well as their ability to be responsive towards the children under their care (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999). Additionally, it is well-known that effective caregiving is commonly dependent on the caregiver's supportive relationships with those around them. This is especially important in the case of carers whose work has been acknowledged as particularly solitary and isolating. Literature on mourning also highlights the importance of a solid

support system in aiding the individual through the varying stages of the mourning process (Aragno, 2003). Therefore, it is important to establish and promote the implementation of support structures focused on increasing skills as well as emotional wellbeing for carers in South Africa. These may include, helping carers become aware of their need for support and where to find this support locally, support groups focused on providing a reflective, holding space for carers to express their needs, concerns and hopes, skills-based psychoeducational interventions and individual psychotherapy within community settings. In doing so, carers may feel validated and supported during and post-employment, aiding in the construction of a fulfilling identity within the family and after separation and thus promoting their empowerment.

6.3 Conclusion

This research study aimed to explore carers' experiences of attachment to and separation from the children they helped to raise in South Africa. Such a study involves the integration of many areas of interest, namely, attachment, separation, loss, identity, caregiving, notions of motherhood and family, socio-political labour concerns, culture and South African history. Significant findings emerged, which contribute to all of these areas and provide an exploratory entry into separation and loss within carer-child relationships in South Africa. It was found that carers offer a distinctly unique relationship for the children under their care, which was felt to be mutually fulfilling for the carers. This research also supports literature that conceptualises loss and mourning as an intricate, complex and intimately individualised process that draws on meaning and identity reconstruction and is ill-suited to straightforward stage or phase models. Continued exploration into domestic care work within South Africa and abroad is imperative in order to come to a greater understanding of the various intersecting factors that contribute to and impact on those involved.

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APPENDICES

APPENDIX A: Participant Information Sheet

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Dear Participant,

Hello, my name is Daniella Matthews. I am a Clinical Psychology Masters student at the University of the Witwatersrand. As part of my degree I am conducting research on a topic of my choice. I have chosen to explore the experience of separation and loss in carers (like yourselves) when saying goodbye to the children they helped to raise while working as a carer. I have three research assistants (Ashley, Tovi and Carissa) who will also be exploring this topic for their honours project.

I would like to invite you to take part in my study. The aim of this study is to understand how **you** experienced saying goodbye to the children you helped to raise when you left your place of work.

<u>In order to participate you have to fulfil the following criteria:</u>

a) Worked for the family, looking after the child for at least 3 years in full-time employment

b) Started caring for the child before he/she turned 1.5 years old.

c) Worked in a full time position (a minimum of 30 hours per week)

d) The time since leaving the place of work has been at least 1 year.

e) Experienced a sense of loss after leaving the child

f) Able to communicate in English

If you choose to take part in this study you will be interviewed by myself or one of my research assistants for approximately 1 hour. We will make sure to arrange a time and place that suits you and all transport costs will be covered by the researchers. I understand that this is a long interview time but your participation in this research will help us better understand your experiences as a child-carer. I will ask you questions about your relationship with the child, if you have any memories of this relationship and how it felt to say goodbye to him/her.

Participation in the study is voluntary and you have the right to stop taking part at any time. You may refuse to answer any questions that make you feel uncomfortable. I will not ask you who you worked for and I will not have any contact with your employers. Everything you say will be kept private and no information that links you to the study will be used in the write up of the report. I will use a fake name for you in the report, such as 'Participant 1', 'Participant 2' in order to protect your identity if you are quoted. The interviews will be audio recorded and transcribed to aid data analysis. To allow for the possibility that future research may be conducted from the data, all identifiable information will be removed from the transcripts and copies of these will be kept in password protected files. There are no perceived risks or benefits.

If you would like feedback on the results of the study, a feedback sheet will be provided once the research is completed – approximately 8 months after I interview you. You may contact me or my supervisor if you would like this. Our contact details are provided at the bottom of this information sheet.

If you feel distressed after you have participated in the study, you may contact the following free counselling services:

Lifeline Johannesburg: (011) 728 1347 OR Emthonjeni Centre (Wits): (011) 717 4513

Thank-you for considering taking part in this research! If you decide to participate please complete and sign the attached consent form. Please detach this information sheet and keep it for future reference.

If you have any questions about participation or the research, please feel free to contact me or my supervisor on the following details:

Researcher: Daniella Matthews

Email: dannimatthews89@gmail.com

Cellphone: 0845768991

Supervisor: Renate Gericke

Email: Renate.Gericke@wits.ac.za

Telephone: (011) 717 4555

Have a lovely day!

Kind regards

Daniella Matthews

APPENDIX B: Informed Consent (Interviews and audio-recording of interviews)

Psychology

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559

I, _____ provide Daniella Matthews (or one of the research assistants, Tovi Steiner, Carissa Bareshni Poonsammy or Ashley Fevrier) consent to a) interview me and b) audio-record and transcribe my interview, for the purposes of data analysis, as part of the study on the experiences of child-carers in South Africa.

I understand and agree with the following:

- All information I provide will be kept confidential/private.
- I may be directly quoted in the final report, in which case a fake name will be used to protect my identity.
- No identifiable information of mine will be used in the write up of the report.
- The recordings will only be heard by the researcher who interviewed me. All identifiable information will be removed from the transcripts.
- The recordings and transcriptions will be kept in locked cupboards/password protected files.
- My participation is voluntary and I may stop taking part in the study at any point.
- I may refuse to answer any questions that make me feel uncomfortable.
- There are no anticipated risks for this study.
- The results of this study will be compiled in the form of a research report which serves as partial fulfilment of Daniella's degree, Master of Arts in Clinical Psychology and the research assistants' degree in Honours in Psychology.
- The research may be presented at a local/international conference and may be published in a journal, and/or book/chapter.
- I may ask for a feedback sheet after the research is completed.

Signed:_____ Date:_____

APPENDIX C: Demographic and Contextual Questions

1. How old are you?
2. Where do you come from?
3. Do you have children? If so, where do these children live? How often did you see your children when you were caring for your employers' child?
4. Did you occupy a live-in or live-out position of employment?
5. Could you tell me a little bit about the family you worked for?
6. Is there a specific name you used to refer to the child you are about to talk about?
7. When did you start/stop working for the family?
8. What was the reason for you leaving your place of work?
9. From what age to what age was the child when you cared for him/her?
10. What did caring for the child involve? What duties did you perform?
11. How many hours a day did you spend with the child?

APPENDIX D: Questions Addressing the Relationship, Separation and Loss

1. What do you regard as the most important loss you experienced after you left your place of work?

2. What do you think played a role in your relationship with the child?

3. Did you feel special to the child?

4. How did you feel when you had to say goodbye to the child?

5. How did you feel after you left the child?

6. What did you say to the child before you left?

7. What did the child do when you had to leave?

8. Do you miss the child?

9. If you could go back, what would you change?

10. What did the child mean to you?

11. Do you think your experience changed you in any way?

12. Do you still think of the child now? If so, what memories stand out for you?

13. Do you still have contact with the child/family?

14. What would have made leaving the child easier for you?

15. Before caring for this child, had you worked as a carer before? If so, how long were you employed each time?

16. If yes to the above, in what way (if any) have prior experiences influenced your relationship with this child?

17. What about leaving this child was different, if at all, to leaving other children?

18. How do you understand this?

19. What feelings came up for you in the interview? (If the participant is unsure, she may be facilitated by offering possible responses such as "nothing came up for me, sad, angry, anxious, happy etc."

Note: Interviewer will record clinical impressions during the interview i.e. how the participant responded to the interview.