An Exploration of Maternal Sensitivity, Culture and Context in Alexandra Township

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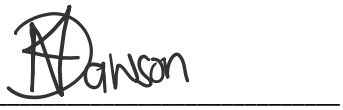
Abstract

Western-developed theories of child development predominate, despite the fact that less than 10% of the world's children are born in the Western world. In an attempt to address the paucity of African studies into parenting and child development, this study researched the applicability of the construct of maternal sensitivity to the context of Alexandra Township, in Johannesburg, South Africa. Using a combined psychoanalytic and social constructionist theoretical framework, this study used a mixed method, concurrent triangulation approach to better understand local maternal behaviour and ideas about good mothering. The study found overall congruence between local ideas about good mothering, and Ainsworth's original conceptualisation of maternal sensitivity. Some convergences with subsequent adaptations of the concept of maternal sensitivity were identified, including an unanticipated assertion that local mothers should play with their babies and should not leave their babies with family members. Divergences with more recent Western-developed operationalisations of the construct were found in the areas of warmth, verbal responsiveness, and facilitation of learning. Poverty, threats to safety and experiences of loss were identified as contextual factors that influence parenting goals, ideals, and behaviours in the setting. Maternal control, interference and non-responsiveness to infant wants and during divided attention were found to be common maternal behaviours in the setting. Such maternal behaviours are put forward as both adaptive and maladaptive, using developmental and evolutionary arguments. Maternal sensitivity is concluded to be an appropriate construct for application in the setting, and the need for infant mental health interventions which can drive social change are highlighted.

Declaration

I declare that:

This is my own, unaided work. It is being submitted for the Degree of Doctor of Philosophy (Psychology) by publication at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

Signature: 

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This study is dedicated to Soneni and Abisi.

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Chapter 1

Introduction

1.1 Aims of the Study

This study is concerned with the construct of maternal sensitivity (also commonly referred to as sensitive responsiveness). Attachment theorists understand maternal sensitivity to be the set of parenting behaviours associated with promoting secure attachment and ultimately optimal child outcomes (Ainsworth et al., 1978). However, the development of this construct has largely occurred in Western Educated Industrialized Rich Democratic (WEIRD) countries, whose inhabitants' behaviour generally tends to differ vastly from that of the rest of the world (Henrich et al., 2010). This brings into question the cross-cultural applicability of the notion of maternal sensitivity. In light of this, this study used a combined psychoanalytic and social constructionist theoretical framework, within a mixed method, concurrent triangulation approach, to explore the applicability of the construct of maternal sensitivity to the context of study: Alexandra Township in Johannesburg, South Africa.

Firstly, this study aimed to investigate and understand how local mothers describe or understand the concept of a 'good mother', as well as what maternal behaviour looks like in Alexandra Township. Narratives around sensitivity and 'good mothering', as understood by a group of local mothers embedded within the local culture and context, were analysed to determine both personal and socially constructed meanings. For the purposes of this study, maternal sensitivity was understood as concerned both with the mother's parenting behaviours and the internal psychological processes that guide them. That is to say, maternal sensitivity is concerned with what the mother does, but also with her internal world. Hence this study investigated both local mothers' thoughts and feelings with regards to what constitutes a sensitive mother in the context of study, as well as how their experiences of being parented and being a parent may influence their constructions of a sensitive, responsive mother. In order to more fully capture local understandings of sensitive mothering, the study also needed to access more embodied, less conscious aspects of local mothering, beyond what can be captured in narratives. Hence, a novel methodology was developed to be used alongside the interview data. This involved asking local mothers to watch videos of other local mother-infant dyads in interaction and to comment on what they saw. Comparisons between the interview data and the video narratives yielded important insights. Narratives and observations were made sense of in the context of cultural values, parenting goals, and contextual experiences. Thus, the concept of maternal sensitivity was investigated alongside culture and context. Where there were areas of divergence from universal understandings of sensitive behaviour, the study aimed to understand the possible contextual and or cultural drivers of these divergent behaviours. Again, this was done in search of a culturally and contextually relevant understanding of maternal sensitivity for use within

Alexandra Township. The intention was that a contextually and culturally informed understanding could be used in future research and in the development of local interventions.

Secondly, this study aimed to explore the general universality of both theoretical and operationalised understandings of maternal sensitivity, and the limits thereof. It is currently common practice for theories and measures developed in industrialised, middle-class countries to be imported into developing countries. However, this is not without challenges and several questions have been posed about the universal utility of maternal sensitivity (Keller, 2018; Keller et al., 2018). This study, therefore, aimed to explore the possible presence of cultural bias and specificity in theoretical understandings and commonly used measures of maternal sensitivity, in the hope that culturally sensitive and contextually relevant ways of understanding and measuring maternal sensitivity would become clear. Such an enquiry necessitated the tracking of the theoretical and operational evolution of understandings of maternal sensitivity from its conception under Ainsworth (1969) to the present day, and the provision and comparison of several 'profiles' of maternal sensitivity within the population of Alexandra Township, as derived from various measurements of maternal sensitivity. Local videos of mother-infant interactions were assumed to represent common maternal behaviour within the context and were analysed to create a profile of maternal behaviour in the context. In order to outline, broadly, what maternal behaviour looks like in the context, standardised analysis of video-recorded mother-infant interactions was conducted on 50 videos, utilising the Ainsworth Scales (Ainsworth, 1969) and the mini-Maternal Behaviour Q-Sort (Moran, 2009). The Canadian developed MBQS-mini was used in two ways; behaviours of mothers were scored against the Canadian version of a sensitive mother, and against a locally agreed upon version of a sensitive mother.

Lastly, this study aimed to address the paucity of studies into the applicability and utility of constructs relating to maternal sensitivity in Africa in particular (Keller, 2013; 2018). The intention was to contribute to a better understanding of 'good-enough' parenting in South Africa, that took into account the unique context, trauma experiences, parenting goals and cultural values of the population and geographical area studied.

1.2 Context of the Study: Alexandra Township

It is important to foreground the context of this study, namely Alexandra Township, in Johannesburg, South Africa. The term 'township' is used in South Africa to refer to urban geographical areas, delineated during Apartheid for inhabitancy by 'non-white' citizens, as part of the system of racial segregation (Davie, 2003; Morris, 2000; Wilson, n.d.). Under the Apartheid Regime, Alexandra Township was a designated 'black' area, favoured by

black South Africans for its proximity to major roads and public transportation heading towards Johannesburg's economic hub (Davie, 2003; Morris, 2000; Wilson, n.d.)

Today, 26 years after the end of Apartheid, the repercussions of the 'Apartheid Group Areas Act' remain, in that the population of Alexandra continues to be made up of almost exclusively black Africans (Davie, 2003; Statistics South Africa, 2011). A vast range of cultural and language groups are represented, although isiZulu and Sepedi are the most spoken languages in the area (Statistics South Africa, 2011). Amongst the townships residents are also many foreign nationals, immigrants, refugees, and asylum seekers from sub-Saharan and Central African countries including Zimbabwe, Mozambique, Lesotho, Malawi and the Democratic Republic of Congo (Ekanade & Molapo, 2017; Lekaba, 2014; Masenya, 2017; Tevera, 2013). It is known as a context of rapid growth and site of continual migration.

As a result of regular migration into Alexandra from rural areas and neighbouring countries, Alexandra is very densely populated, with 26 000 persons per square kilometre (Statistics South Africa, 2011). Unfortunately, it is also grossly under-developed, with infrastructure failing to cater for the numbers of residents. At least a quarter of residents live in densely packed informal dwellings (i.e. shacks) (Statistics South Africa, 2011b), locally referred to as 'Mkhukhus'. Many shacks have been built below the flood line on the Jukskei riverbank, leaving residents in constant threat of flooding (Greater Johannesburg Metropolitan Council, 2000). The high population density and presence of informal dwellings, as well as the neglect of the area by the Apartheid and subsequent governments, leaves the water and sanitation systems under incredible strain (Bateman, 2019; Crous, 2014; Department of Water Affairs and Forestry, 2003; Greater Johannesburg Metropolitan Council, 2000; Huchzermeyer & Karam, 2006; Martine & Marshall, 2007). In 2011, only 39,2% of residents had access to piped water (Davie, 2003; Statistics South Africa, 2011).

Alexandra is home to some of South Africa's poorest citizens, possibly because the lack of development and numerous informal houses ensure it is a more affordable option than more developed areas. Twenty-five percent of households have no income, and of those with an income, the average monthly household income sits as low as ZAR2500 (Statistics South Africa, 2011). The maternal unemployment rate is particularly high (57.5%) (Bain et al., 2016). Job seekers from Alexandra are also at a disadvantage, as nearly 40% of adult residents of Alexandra Township have not completed their high school education (Statistics South Africa, 2011).

South Africa is notorious for its high levels of violent crime and gender-based violence (Abrahams et al., 2009; Bhorat et al., 2017; Garcio-Moreno et al., 2006; Hsiao et

al., 2018; Schönteich & Louw, 2001; Sibanda-Moyo et al., 2017; Ward et al., 2018), and much of this crime occurs within the township settings. Alexandra is a prototypical example of this and featured on the list of the 'worst ten precincts' in Gauteng in 2018 for reported crimes including murder, attempted murder, common assault and rape (Crime Statistics South Africa, 2016; Crime Statistics South Africa, 2019). Reports of domestic violence are also high (22,6%), and personal histories of abuse in mothers are staggering (73%) (Bain et al., 2016). Alexandra has also been at the centre of various violent xenophobic attacks and protests in the country (Ekanade & Molapo, 2017; Lekaba, 2014; Masenya, 2017; Tevera, 2013). While the literature review will discuss mothering in South Africa in more detail, it is not hard to see that parenting in this context is likely to present a multitude of challenges that are not as prevalent in WEIRD contexts.

1.3 Rationale for the Study

There are three central rationales for this study. Firstly, this study answers a call for African-based studies into constructs of attachment theory, in the midst of a plethora of attachment studies coming out of WEIRD Northern American and Western European countries. Secondly, the study addresses a need for research into parenting practices in South Africa that explores and investigates both internal psychological and external social influences. Thirdly, the study will assist in the refinement of local infant mental health interventions, as the findings can be used to ensure that interventions targeted at residents of Alexandra Township, and the measurement of intervention effects, are culturally and contextually relevant and sensitive. The need to understand cultural and contextual influences on parenting practices and behaviours are at the heart of each of these rationales. The specific need for better understandings of unique parenting practices in Africa and in this instance, South Africa, within local cultural and contextual frameworks is a focus of this study. The three rationales outlined above will each be discussed in turn below.

Since its conception by Ainsworth in 1969, the construct of maternal sensitivity has been extensively researched and its definition has been significantly broadened (Shin et al., 2008). Several new tools to measure this construct have also been developed (Mesman & Emmen, 2013). However, as with the research and operationalization of attachment theory more generally, the majority of adaptations and developments to maternal sensitivity have emerged from North American and Western European countries (Keller, 2007; Keller, 2013; Mesman & Emmen, 2013; Mesman et al., 2012). This is problematic, given that the majority of the world's children and their parents are not from these countries, and given that parenting practices vary significantly across countries and cultures (Keller et al., 2009; Keller, 2013; Keller, 2018; Keller et al., 2018).

This calls into question the universal applicability of modern-day conceptions of maternal sensitivity. It further calls for African researchers to address the lack of attachment research in Africa (Keller, 2013; Keller, 2018), providing the first rationale for this study.

A better understanding of parenting practices and behaviours in South African contexts is needed, regardless of whether maternal sensitivity provides a useful framework for understanding the impact of parenting on child outcomes in South Africa. There is currently very little psychological, academic literature on parenting practices in South Africa, and addressing this lack served as a rationale for this study. Most local studies have tended to focus on high-risk populations, highlighting parenting deficits (Allen et al., 2014; Bain et al., 2017; Rochat et al., 2017; Suchman et al., 2020; Tomlinson et al., 2005), thus research that seeks to understand and highlight positive parenting practices in South Africa is required. Further to this, those studies which do exist have largely utilized internationally developed psychological theories (Minde et al., 2006; Tomlinson et al., 2005). While some authors have critiqued developmental psychology for its focus on developed contexts (McLoed, 2001; Pence & Nsamenang, 2008; Keller, 2018; Keller et al., 2018), few studies have been found which are positioned to explore both the utility and limits of these theories (for an exception, see Van Ijzendoorn & Sagi-Schwartz, 2008). This study purports that psychological, contextual and cultural factors all influence parenting practices, and that theory needs to accommodate these influences. This study, therefore, was positioned to attempt to understand parenting in Alexandra Township, as influenced by all these factors. This forms the second rationale for this study.

As a third rationale for this study, the research is also expected to prove useful for the development, adaptation and provision of infant mental health interventions and services in South Africa and Alexandra Township in particular. The Ububele Educational and Psychotherapy Trust, a non-profit mental health organisation, identified a need for infant mental health interventions in Alexandra Township. The organisation currently runs several infant mental health interventions for Alexandra residents. These include two locally developed programmes, namely the Ububele Mother-Baby Home Visiting Programme (UMBHVP; Bain et al., 2016) and the Ububele Baby Mat Programme (Frost, 2012), and three international programmes, namely Circle of Security Parenting (COS-P; Cooper et al., 2009), the International Child Development Programme (ICDP; Skar et al., 2015) and the Newborn Behavioural Observation System (NBO; Nugent et al., 2007). These interventions are all rooted in or informed by attachment theory. A study into the cultural applicability and relevance of attachment theory in Alexandra Township is important for either confirming the relevance and utility of these interventions or serving

to guide their refinement and adaptation to be more culturally and contextually relevant. While this study focused on the very specific location of Alexandra Township, therefore limiting the generalizability of its findings, Alexandra Township may serve as an exemplar for investigating and understanding the role of attachment theory and maternal sensitivity in similar contexts.

1.4 Structure and Process of the Study

Three rationales for this study have been outlined above. Considered together, this study is said to have come about in an effort to inform culturally sensitive and contextually relevant local infant mental health practice. The need for research which could inform best practice in the context of Alexandra Township came out of a real-world dilemma. In 2012, I was employed by the Ububele Educational and Psychotherapy Trust to assist with a research study into the efficacy of their home visiting programme. In the years that followed, the research team and I became curious about the variation and divergence of local mother-infant interactional profiles from the profiles in the Canadian training videos for the chosen tool being used for assessing maternal sensitivity in the study. In addition, concern was raised by the team and I about potential cultural bias in the tool. Thus, questions emerged about the applicability of the foreign tool and construct to our context. In search of a way forward, we found little research to guide us. Thus, I enrolled in the University of Witwatersrand Doctoral Programme by Publication (Psychology), in an effort to generate answers to our questions.

Simultaneously, the team consulted with Professor (Dean) Judi Mesman at Leiden University, who had recently written a meta-review on measures of sensitivity and had published widely on culture and attachment. Acknowledging the limited local research which could guide us, Judi Mesman, generously assisted with the formulation of a research methodology which could help address the research team's questions. She also invited me to be part of an international network of researchers from developing, non-WEIRD countries. The network was named 'Children Heard and Seen Across the Globe' and met to share video footage and insights from developing contexts in the pursuit of more representative understandings of child development.

This document captures this research process over seven chapters. This, the first chapter, contains the study aims, rationale, structure, and process. It is followed by chapter two, which contains an extensive traditional literature review, followed by a critical literature review, as published in the South African Journal of Psychiatry (the first paper written for publication on this study). The traditional literature review outlines research on developments to the construct of maternal sensitivity, as well as theoretical and researched positions on its universality or cultural specificity, alongside a literature

review on parenting in the South African context. The critical literature review, on the other hand, highlights potential areas of ethnocentrism in modern day developments to the construct of maternal sensitivity, in light of a review of broader anthropological literature into the diversity of parenting practices.

Chapter three of this document outlines the research questions and study methodology. This chapter ends with a second journal article (the fourth paper written for publication on this study). This paper (currently submitted) was written in reflection on the study and outlines the potential benefits of the use of video commentary as a method for cross-cultural data collection of embodied information. Chapter four of this document contains the results of this study. The results have been written up in a conference poster presentation and two journal articles (the second and third papers written for publication on this study). Paper two contains the results from the quantitative study. It outlines the maternal behaviour of mothers from the context of Alexandra Township, and investigates associations between pertinent demographic variables and maternal sensitivity scores on two measures. This paper formed part of a special issue in the journal of Attachment and Human Development, which was organised by Dean Judi Mesman, alongside other members from the 'Children Seen and Heard Across the Globe' network. The conference poster was presented at the 2018 World Association for Infant Mental Health (WAIMH) Conference in Italy and outlined the findings of the original qualitative thematic analysis. Paper three further unpacked these findings, exploring emic understandings of good mothering in Alexandra Township, as outlined by the participants, with consideration to the contextual, cultural and intrapersonal factors that impacted that understanding. This study concludes with chapters five and six, which contain the study discussion and conclusion respectively, followed by the study reference list.

1.5 Outline of Papers and Conference Presentations

PAPER 1: From Uganda to Baltimore to Alexandra Township: How far can Ainsworth's theory stretch? (Dawson, 2018).

PAPER 2: Observing maternal sensitivity in a South African township: An exploratory study into behavioural features using different measures. (Dawson et al., 2020).

POSTER 1: 'Sensitive' from an African perspective. An emic exploration of maternal sensitivity amongst South African mothers. (Dawson, 2018b).

PAPER 3: Contextual ghosts in the nursery: Systemic influences on sensitive maternal responsiveness in a low to middle income country. (Dawson, in press).

PAPER 4: What watching others watching can tell us: Using video vignettes to promote reflexivity and access embodied information in cross-cultural mother-infant research (Dawson & Bain, submitted).

Chapter 2

Literature Review

2.1 Maternal Sensitivity

Over fifty years after Bowlby (1969) published his ground-breaking theories on 'Attachment and Loss', attachment theory continues to predominate the enquiry of contemporary developmental psychologists (see the work of the following researchers: Crittenden, Fonagy, Mesman, Schore, Siegel, Stern and Van Ijzendoorn) and publications on developmental psychology (Cooke et al., 2019; Goldberg, 2014; Groh et al., 2017; Meins et al., 2018; Zeanah et al., 2015). Neuropsychology has provided a strong evidence-base for attachment theories (Cozolino, 2014; Schore, 2001; Schore, 2001b; Siegal, 2001). Current clinical practice has also been significantly impacted, and mental health services have extended to include methods for mental-health intervention aimed at infants (Baradon et al, 2004; Holmes, 2014; Stern, 1995; Wallin, 2015).

Under regular investigation, with regards to attachment theory, is the construct of *maternal sensitivity* (Deans, 2020; Mesman & Emmen, 2013; Shin et al., 2008). Numerous recent studies have made use of the construct to investigate and understand infant, child and adult physical health, mental health, and cognitive outcomes (Bernard et al., 2018; Boursiquot et al., 2015; Deans, 2020; Frigerio & Nazzari, 2021; Jaekel et al., 2015; Leerkes et al., 2015; Raby et al., 2015). However, since its origins, the concept has been significantly expanded upon, and there is debate regarding both its definition and its measurement (Meins et al., 2001; Mesman & Emmen, 2013; Pederson et al., 1990; Pederson et al., 2014; Shin et al., 2008; Thompson, 1997). This literature review will begin with an exploration of the original construct and track its development over time to current understandings and critiques.

2.1.1 Ainsworth's Conception of Maternal Sensitivity

The concept of 'Maternal Sensitivity' emerged from the early work of Mary Ainsworth (1969). Building on Bowlby's (1969) attachment theory, Ainsworth et al. (1971) used naturalistic observation of mother-infant interactions to investigate how attachment patterns were formed. In this way, Ainsworth (1969; Ainsworth et al., 1971; Ainsworth & Marvin, 1994) attempted to describe and define the universal caregiving capacities and behaviours associated with attachment security, under the umbrella term 'Maternal Sensitivity'.

According to Ainsworth (1969; Ainsworth et al., 1971), maternal sensitivity can be defined as the accurate interpretation and prompt and appropriate responsiveness to the full range (from overt to subtle) of an infant's signals and communications. Maternal sensitivity was, and is, argued to be the main precursor to the development of attachment security (Ainsworth et al., 1971; Bowlby, 1969; Pederson et al., 1990). It is suggested that repeated sensitive interactions with a primary caregiver provide infants with an

organizing system that leads to the development of a secure base and, therefore, attachment security (Ainsworth et al., 1971; Pederson & Moran, 1995). Conversely, repeated insensitive interactions were thought to lead to the development of insecure attachment (Ainsworth et al., 1971).

Maternal sensitivity was put forward as a universal construct, and at its core, is concerned with whether the mother supports or interferes with the things that the infant initiates (Ainsworth & Marvin, 1994; Mesman & Emmen, 2013). It is not a predetermined list of sensitive parenting behaviours, but rather a context-dependent, infant-dependent, sensitive response arising out of a psychological awareness of the infant (Meins et al., 2001; Mesman & Emmen, 2013). Ainsworth (1969; Ainsworth et al., 1971; Mesman & Emmen, 2013) identified four core components necessary for the sensitive responsiveness to an infant's signals, namely, (1) *awareness,* (2) *accurate interpretation,* (3) *appropriate responsiveness* and (4) *prompt responsiveness*.

2.1.2 The Progression of the Concept of Maternal Sensitivity

As noted above, since Ainsworth's 1969 publication, the concept of maternal sensitivity has been significantly expanded upon, both in its definition and in attempts to operationalize and measure it (Mesman & Emmen, 2013; Shin et al., 2008). Maternal sensitivity is now used to describe a vast range of caregiving attributes and maternal behaviours and is often used interchangeably with concepts such as maternal responsiveness and maternal competency (Crittenden & Claussen, 2000; Nicholls & Kirkland, 1996; Shin et al., 2008).

Biringen (2000) has been a key proponent for the expansion of the concept of maternal sensitivity. She argued that emotional availability, the relationship's emotional tone and the expression of genuine positive affect are important components of maternal sensitivity and should be considered during measurement. For Biringen (2000), a sensitive mother is warm, flexible, and able to soothe her distressed infant. This contrasts with Ainsworth's stance, as conveyed in an interview with Marvin (Ainsworth & Marvin, 1994) where Ainsworth described her argument for excluding positive affect or 'maternal warmth' from her maternal sensitivity scales, as it did not appear to be universally expressed and seemed to have minimal impact on attachment. In fact, positive affect may be negatively associated with maternal sensitivity as it is commonly accompanied by intrusiveness and missing of signals (Mesman & Emmen, 2013).

Meins et al. (2001) also advocated for the rethinking of maternal sensitivity. The group suggested that the concept of mind-mindedness - the mother's ability to read her infant's mental states – was crucial to the construct of maternal sensitivity. Mind-mindedness is considered to be an extension of Ainsworth's understanding that the

sensitive mother is able to read her infant's signals accurately and respond appropriately. The group argues that while Ainsworth's description captures a mother's general sensitivity to her infant's physical and emotional needs, the construct of mind-mindedness looks specifically for sensitivity to the infant's mental states and on-going activity, even when the infant's emotional and physical needs are satisfied. Here the group advocates for the need for sensitivity even in the absence of signals or needs, in contrast to Ainsworth's understanding.

The operationalization of sensitivity has also resulted in various shifts in the construct. In a review of eight different, commonly-used measures of maternal sensitivity, Mesman and Emmen (2013) highlighted various deviations from Ainsworth's original construct, including (i) observation of interactions in a structured play setting rather than in naturalistic settings, (ii) the inclusion of positive affect, as discussed above and (iii) the use of composite scales or domains of sensitivity, rather than a single global scale. These composite scales often introduce new ideas such as "structuring" (see Emotional Availability Scales), "clarity of instructions" and "respect for autonomy" (see Erickson's scale) as well as "facilitation of exploration and learning" (see Maternal Behaviour Q-Sort; MBQS).

The process of operationalization has also often led to the description of predefined behaviours (rather than abstract concepts) as either sensitive or insensitive (Mesman et al., 2018). For example, items on the MBQS include "notices when baby smiles and vocalizes" as well as "points to and identifies interesting things in baby's environment" (Moran, 2009). In the Emotional Availability Scale, discrete behaviours are also looked for, including the mother's ability to find interesting, stimulating, and creative ways to play with her infant (Biringen, 2000).

While there is still much variation in the use of the concept, Shin et al., (2008) suggest that the critical attributes of maternal sensitivity, which cut across all uses of the concept, are (1) a "dynamic process involving maternal abilities; (2) reciprocal give-and-take with the infant; (3) contingency with the infant's behaviour and (4) quality of maternal behaviours" (p. 304). They, therefore, define maternal sensitivity as "the quality of a mother's sensitive behaviours that are based on her abilities to perceive and interpret her infant's cues and respond to them. A mother's sensitive behaviours must be contingent on her infant's prior behaviours and reciprocal with her infant. It is a dynamic process which accompanies the adaptation and changeability" (Shin et al., 2008, p. 307).

Ainsworth's broad and abstract definition was likely an attempt to capture vast expressions of maternal sensitivity and allow for contextual and cultural variance. Whether Ainsworth's model is more culturally universal is still under debate (Keller,

2018; Keller et al., 2018; Mesman et al., 2018), and its broad and abstract nature leaves the complex task of analysing human social interaction open to subjectivity. However, attempts to remedy this through the inclusion of more specific descriptions of 'sensitive behaviour' appear to have made the construct even more vulnerable to cultural and contextual bias, values, and assumptions.

Leaving definitions of sensitivity broad can make measurement of the construct more difficult and open to subjective interpretation, thus attempts to simplify the construct or link it to predefined behaviours is understandable and likely motivated in part by attempts to prevent subjectivity and bias in observers or coders. Therefore, the results generated by these measures of maternal sensitivity cannot be assumed to be generalizable or universally relevant. With cultural and contextual variation in parenting practices, goals, and modalities, as well as variation in ideas of optimal child development, the measurement of maternal sensitivity across diverse populations is a difficult and ethically challenging endeavour. It is precisely this difficulty with which this study engages.

2.1.3 **Maternal Sensitivity and Attachment Security**

The Baltimore studies found a highly significant link between Ainsworth's (1969) maternal sensitivity scales and an infant's reaction to the strange situation, forming the basis for a theoretical link between mother-infant interactions and attachment security (Ainsworth et al., 1971; Ainsworth et al., 1978). Their theory proposes that mother-infant interactions during the first year of life serve as the organising system through which a secure base and attachment security are established (Ainsworth, 1969; Ainsworth et al., 1972; Pederson & Moran, 1995). It was theorized that it is the mother's sensitive responsiveness to her infant's signals and cues that determines the infant's ability to use the mother as a secure base and, therefore, the development of attachment security (Ainsworth, 1969; Ainsworth et al., 1971; Pederson & Moran, 1995). Backed by strong correlations between various maternal sensitivity profiles and responses to the strange situation procedure, suggestions were made regarding the profiles of maternal caregiving that lead to the development of each attachment classification. It was suggested that maternal sensitivity leads to secure attachment in infants, that rejection and avoidance of physical closeness leads to avoidant attachment in the infant and finally that inconsistency, interference and ignoring caregiving behaviour leads to ambivalent attachment styles in the infant (Ainsworth et al., 1971; Ainsworth et al., 1978; Cassidy & Berlin, 1994; Meins et al., 2001; Pederson & Moran, 1995).

Subsequent research has attempted to replicate these findings. Various studies confirmed this link, finding that mothers who were found to be more sensitive in their interactions with their infants were more likely to have securely attached infants (Aviezer et al., 1999; Bailey et al., 2007; Behrens et al., 2011; De Wolff & van IJzendoorn, 1997; Meins et al., 2001; Pederson et al., 1990; Pederson et al., 1998; Pederson et al., 2014; Shin & Kim, 2007; van den Boom, 1994). Successful attempts to increase maternal sensitivity have also been found to lead to improvements in infant attachment security (Bakermans-Kranenburg et al., 2003).

However, various papers have called the robustness of the link into question (De Wolff & Van IJzendoorn, 1997; Goldsmith & Alansky, 1987; Lamb et al., 1985; Thompson, 1997). In these instances where a relationship was not found, a variety of explanations have been put forward. These include a lack of sufficient naturalistic data; limited durations of observation; insufficient opportunity to observe sensitivity in the context of competing tasks or divided attention; and insufficient weight given to the appropriateness of responses (Pederson et al., 1990; Pederson et al., 2014).

2.1.4 **Maternal Sensitivity and Child Outcomes**

As noted above, maternal sensitivity is considered a central determinant of infant and child attachment security (Ainsworth, 1969; Ainsworth et al., 1972; Ainsworth et al., 1978; Bakermans-Kranenburg et al., 2003; Benoit & Parker 1994; Biringen, 2000; Posada et al., 2016; van IJzendoorn & Bakermans-Kranenburg, 2019). Maternal sensitivity has been linked to secure attachment, while insensitivity is linked to insecure attachment (Ainsworth et al., 1972; Ainsworth et al., 1978). Specifically, as noted above, prompt, contingent responses are associated with infant attachment security; rejection and dismissiveness towards infant signals is associated with an avoidant attachment style in the infant; and inconsistent and interfering responses are associated with an ambivalent attachment style in the infant. Maternal sensitivity, through its relationship with attachment outcomes, has implications for child development in a range of areas including social-emotional competence, cognitive functioning, physical health, and mental health (Ranson & Urichuk, 2008).

Direct associations between maternal sensitivity and child outcomes have also been researched, with maternal sensitivity shown to result in improved infant development (Heinicke & Guthrie, 1992; Kemppinen et al., 2006; van Doesum et al., 2007). More specifically, infants with mothers who display high levels of maternal sensitivity are more likely to display high levels of self-regulation (Eisenberg et al., 2001), good social functioning (Kochanska, 2002) and better cognitive competence (Baumwell et al., 1997; Olson et al., 1990). Maternal insensitivity has been linked to negative child

outcomes, including hyperarousal, increased mistrust, increased internalizing behaviours, and self-over-group prioritizing (Bauman, 2003; Callahan et al., 2011; Dalgleish et al., 2001; Ein-Dor et al., 2010).

2.1.5 Precursors of Maternal Sensitivity and Insensitivity

Attachment theorists have argued and demonstrated that adult attachment representations directly inform parenting behaviour, and maternal sensitivity in particular (Van IJzendoorn, 1995; van IJzendoorn & Bakermans-Kranenburg, 2019). That is to say, autonomous (or secure) adult attachment representations have been associated with sensitive maternal behaviour, while dismissing and preoccupied (or insecure) adult attachment representations are associated with insensitive maternal behaviour. Following from this, insensitive behaviour is shown to be a key contributor to the intergenerational transmission of trauma (Ainsworth, 1969; Benoit & Parker 1994; Biringen, 2000; van IJzendoorn & Bakermans-Kranenburg, 2019).

Psychoanalytic thinkers have helped to conceptualize the link between trauma, attachment security and maternal behaviour. Fraiberg et al. (1975) made use of the metaphor "ghosts in the nursery" to describe how unremembered childhood experiences unconsciously influence parental behaviour towards the infant, including their interpretation of infant signals, their responsivity, and their levels of intrusiveness. This conceptualisation builds on Freud's (1914) concept of repetition compulsion, where past trauma experiences unconsciously influence current relationship interactions. More recently, other psychoanalytic thinkers have built on these ideas, and gone on to demonstrate how maternal defences can negatively influence maternal behaviour, leading to non-responsiveness or insensitive responses to infant signals (Bradfield, 2011; Rowland-Klein & Dunlop, 1998). In a similar vein, Fonagy and colleagues (Fonagy, 2006; Fonagy & Target, 2005) have written extensively about the influence of mentalization, the ability to reflect on the mental states of the infant, on maternal behaviour, showing that mothers who struggle to mentalize are more insensitive (Camoirano, 2017; Ensink et al., 2016; Slade, 2007; Stacks et al., 2014).

The impact of stress on maternal sensitivity is also well documented, with mothers who are highly stressed displaying lower levels of sensitivity (Amankwaa et al., 2007; Belsky & Fearon, 2002; Mesman et al., 2012; Pianta et al., 1989; Thompson, 1997; Varela et al., 2004). In particular, economic stressors have been linked to more controlling and intrusive parenting behaviour (Tamis-LeMonda et al., 2008). Neighbourhood poverty, residential stability, public services and social networks and danger (such as the presence of violence) have also been found to be predictors of parenting behaviour, specifically parental warmth and discipline (Pinderhughes et al.,

2001). Belsky and Isabella (1988) developed an ecological constraints hypothesis in response to findings that attachment security is generally lower in impoverished or chronically stressed populations, outlining that stress impacts negatively on maternal behaviour. Recently, models of attachment transmission have been revised to include contextual stressors as a key factor impacting directly on maternal sensitivity (Van IJzendoorn & Bakermans-Kranenburg, 2019). Stress and socio-economic disadvantage may in fact be the strongest predictor of maternal sensitivity, and it has been argued that interventions aimed at promoting child well-being must focus on reducing family stress (Mesman et al., 2012).

Various studies have also shown a strong positive relationship between maternal sensitivity and factors such as level of social support (Belsky & Fearon, 2002; Blank et al., 1995; Broom, 1994; Kivijarvi et al., 2004; Pianta et al., 1989; Shin et al., 2006; Thompson, 1997), maternal self-esteem (Amankwaa et al., 2007; Drake et al., 2007; McGrath & Meyer, 1992; Shin et al., 2006; Tronic et al., 1986), maternal depression and anxiety (Belsky & Fearon, 2002; Campbell et al., 2007; Cummings & Davies, 1994; Karl, 1995; Lovejoy et al., 2000; NICHD Early Child Care Research Network, 1999) and maternal-foetal attachment (Shin et al, 2006). These findings suggest that mothers who are mentally healthy, feel confident and have a good support system are more able to act sensitively towards their infants.

2.2 Culture, Context and Maternal Sensitivity

2.2.1 The Predominance of 'WEIRD' Countries in Parenting and Child Outcome Studies

The majority of the world's children, the mental health and development of whom attachment theory seeks to understand, live and are parented in non-Western countries (Keller, 2007; 2018). Data collection of global birth rates indicates that the majority of the world's children are born to the African continent, followed by Asia and South America (Zifan, 2014). Childbirths in North America, Europe and Australasia trail far behind (Zifan, 2014). The same trend is observed when looking at the global distribution of the world's population (SASI group & Newman, 2006), with Western middle-class children making up less than 5% (Keller, 2007).

The inverse is true when looking at the origins of child developmental theory and research. Studies into parenting and child development are predominantly conducted in WEIRD societies (Western Educated Industrialized Rich Democratic; Henrich et al., 2010; Keller, 2007; Mesman et al., 2012). The majority of past and present leading authors and theorists in the field of developmental psychology, and attachment theory more specifically, lived or live in WEIRD societies and study children from the same societies

(Keller, 2007; Mesman et al., 2012; Tomlinson & Swartz, 2003; Tomlinson et al., 2014). As examples, Mary Ainsworth, Daniel Stern and Charles Zeanah were/are North American; John Bowlby was British, and Peter Fonagy, who is Hungarian, resides in Britain; and Marinus van_IJzendoorn and Marian Bakermans-Kranenburg are both Dutch.

The fact that most of the child development and attachment research comes from the West is concerning for two related reasons. Firstly, there is wide recognition that parenting and child development are influenced by culture and context (Feldman & Masalha, 2010; Harkness & Super, 1992; Kärtner et al., 2010; Keller, 2018; Nsamenang, 2009; Serpell, 2017). This will be demonstrated in more detail below. Secondly, and as a related point, Western child rearing practices are widely acknowledged as the outlier or variant from the norm when parenting practices are examined globally (Hewlett & Lamb, 2005; Keller, 2009; Keller, 2013; Keller, 2018; Lancy, 2014; Mesman et al., 2012). Research into the development of the majority of the world's children has, therefore, been grossly neglected and the claims of universality by developmental and attachment theorists have been called into question (Bretherton, 1992; Greenfield et al., 2003; Keller, 2013; Keller, 2018; Keller et al., 2018). With regards to attachment theory specifically, minimal cross-cultural research has been done, and little effort has been made to reflect cultural variations in development (Keller, 2013; for exceptions see: Minde et al., 2006; Tomlinson et al., 2005; Van Ijzendoorn & Sagi-Schwartz, 2008). Thus, an interrogation of culture, context and maternal sensitivity is overdue.

2.2.2 The Role of Culture and Context in Parenting and Child Outcomes

Before demonstrating the impact of culture and context on parenting practices and child development, a relevant definition of context and culture must be sought. Context is commonly conceptualized as a generalized physical and socio-demographic description of a place or time in history (Shoveller et al., 2015). However, it is purported that context is more usefully conceptualized in a more fluid, robust, and dynamic sense (Shoveller et al., 2015). From this framework, context is considered as something not only physical but socio-relational too (Shoveller et al., 2015), and thus overlaps with the concept of culture. Thus, the context of an individual can be understood as extending beyond their immediate physical environment, to include their social, political, and cultural context (Saville-Young & Frosch, 2009). This study draws on such an understanding of context.

While numerous definitions of culture exist, this study draws predominantly on two definitions. Greenfield et al. (2003, p. 462) define culture as "a socially interactive process of construction comprising two main components: shared activity (cultural practices) and shared meaning (cultural interpretation)". According to this definition, a cultural group will share practices such as behaviours and rituals for a shared purpose or

reason, which are not necessarily shared with another group. These shared activities and meanings are shared between and within generations through social interaction, including the process of parenting (socialization). More recently, however, Azuma (2019) has proposed the concept of 'personal culture' in order to capture individual variation and the changing nature of cultural environments. Experience of culture will vary within cultural groups and is influenced by personal history (Azuma, 2019). This definition of culture also takes into account the growing shifts within traditional cultural belief systems, as influenced by globalisation and immigration (Mpofu, 2002).

As noted above, it is largely accepted that parenting practices are strongly influenced by both culture and context (Darling & Steinberg, 1993; Feldman & Masalha, 2010; Harkness & Super, 1992; Kärtner et al., 2010; Keller, 2009; Keller, 2013; Keller, 2018; Nsamenang, 2009; Serpell, 2017; Taylor et al., 2000). Anthropologists and other social scientists have long documented the variations in parenting behaviours from one cultural group to another, often linking them to particular child outcomes, and outlining how these child outcomes align with the cultural values and/or contextual needs of that specific group (Greenfield et al., 2003; Kagitcibasi, 2007; Keller, 2018; Keller et al., 2018; Nsamenang, 2009; Oyserman et al., 2002; Serpell, 2017). For example, face to face contact and physical separation are noted in the literature as common parenting behaviours in individualistic societies, and these behaviours are argued to encourage the child to pursue autonomy, independence, and personal achievement (Feldman & Masalha, 2010; Greenfield et al., 2003; Keller et al., 2009). Physical contact is noted in the literature as a more common attribute of parenting in collectivist cultural groups and is thought to create an experience for the infant where social cohesion and group obedience are the valued norm (Greenfield et al., 2003; Keller et al., 2009). Children from farming communities in sub-Saharan Africa are taught to learn by observation, and not by asking, arguably to promote competence in hands-on agrarian activities (Nsamenang, 2009). Keller et al. (2018) argues that the caregiver-led interactions typically observed in subsistence-based farming communities serve to socialize infants to consider the needs and wants of others. This literature suggests that differing parenting practices can be understood to be one of the key pathways through which differing cultural values or contextually necessitated child outcomes are developed, maintained, or achieved (Greenfield et al., 2003).

However, it can be argued that literature which links specific parenting behaviour to specific cultural values or skills needed in a particular context, as described above, engages with culture and context in a static and categorical way; often making broad, stereotyped, generalized distinctions between Western individualistic culture and non-Western collectivist cultures, and putting forward the idea that contexts and cultures are

stable and intentionally maintained (Hermans & Kempen, 1998; Shoveller et al., 2015). And yet, as noted above, culture and context are understood to be complex and fluid, subject to multiple influences, including changing contexts (Hermans & Kempen, 1998; Shoveller et al., 2015). Unprecedented levels of worldwide interconnectedness (due to the Internet and international travel, amongst other factors) have resulted in rapidly shifting contexts and the delocalization of culture (Eze, 2014; Hermans & Kempen, 1998). In addition, subsequent cultural and racial intermixing has resulted in a plethora of varied cultural identities, including cultural hybridization and greater intra-cultural variation (Hermans & Kempen, 1998). Migration of people from neighbouring African countries to South Africa has resulted in high levels of inter-cultural contact locally (Swartz et al., 2014). Changing contexts have thus had a profound impact on culture, and the way that culture is practiced; and such clear links between parenting behaviour and cultural values or contextually necessitated skills can surely not always be anticipated in today's interconnected, rapidly changing world.

A less conscious and intentional impact of context has also been observed with regards to parenting practices. That is to say, research has demonstrated that socio-economic contextual factors (in particular, exposure to contextual stress and trauma, dislocation, economic opportunities and social support systems) heavily influence differences in parenting ideals, practices, styles and behaviours, more so than culture (or race) (Mesman et al., 2012; Mesman et al., 2016; Pinderhughes et al., 2001; Varela et al., 2004). In turn, stressful, dangerous contexts lead to poorer child outcomes (Mesman et al., 2012). This seems to imply that economic and other social hardships can undermine culturally ideal and contextually relevant ways of parenting, evidencing that context can influence parenting practices in various ways.

2.2.3 The Construct of Maternal Sensitivity: Universal or Culture-Context Specific?

2.2.3.1 *Considerations of Culture and Context in the Development of the Construct of Maternal Sensitivity*

Contrary to the majority of developmental theory, the construct of maternal sensitivity was not solely developed on the basis of research done in WEIRD societies. Ainsworth (1967) began theorising about maternal sensitivity based on extensive observations of mother-infant dyads in Uganda, Africa. A North American herself, she subsequently did extensive observation of mother-infant dyads in Baltimore, North America (Ainsworth, 1969; Ainsworth et al., 1971). It was after both experiences, and consideration of the similarities and differences, that Ainsworth (1969) published her maternal sensitivity scales. On the basis of these two diverse yet converging experiences, Ainsworth argued

that her theories of attachment and maternal sensitivity were universal, and that there was a biological basis to attachment and behavioural organization (Ainsworth & Marvin, 1994). She argued that, across all cultural variations, infants have a need for a trusted and sensitive attachment figure (Ainsworth & Marvin, 1994).

The relationship between culture and parenting was not disregarded, however. Ainsworth stated that culture impacted the more specific aspects of attachment and maternal sensitivity, such as how attachment behaviours are expressed (e.g. proximity seeking) and how sensitive maternal behaviour manifests (e.g. physical proximity of the mother to the infant) (Ainsworth et al., 1978; Ainsworth & Marvin, 1994). As an example, Ainsworth shared that Ugandan mothers commonly positioned their infants to face outwards. While this practice might be considered as insensitive in North America, it was understood by Ainsworth to be a sensitive practice in Uganda that allowed the infant to explore.

Ainsworth also acknowledged the need for unique 'situations' for observing interactions and evoking attachment behaviour in mother-infant dyads from different contexts, and she called for the use of naturalist observation when studying mother-infant interactions (Ainsworth & Marvin, 1994). She developed the Strange Situation specifically for the Baltimore population, as the more common distance between mother and infant warranted the use of a different 'strange situation' in order to stress the infant to the same degree as that of the Ugandan sample, namely, the presence of a stranger. Infants in the Baltimore population were used to separations from their mother and this experience did not evoke high levels of stress. In the Ugandan population, however, minimal physical separation was sufficient to evoke attachment behaviour (Keller, 2013).

2.2.3.2 *Arguments for Maternal Sensitivity as Universal*

Current attachment literature is seeking to understand whether or not attachment theory and all its related constructs are indeed universal (see Keller, 2013; Keller, 2018; Keller et al., 2018; Mesman et al., 2012; Mesman et al., 2016; Mesman et al., 2018). Various developmental psychology authors argue that the construct of maternal sensitivity is culturally universal, commonly using evolutionary theory to support their argument (Bowlby, 1969; Mesman & Emmen, 2013; Mesman et al., 2012; Mesman et al., 2016; Mesman et al., 2018; Posada, 2013). In agreement with evolutionary theory, attachment theory suggests that the vulnerable infant is born with behaviours that attract caregivers in order to ensure survival (Bowlby, 1969; Keller, 2013; Mesman et al., 2018). In line with this, availability of and proximity to caregivers do seem to be of primary concern for infants the world over (Keller, 2000). The idea that building relationships is the first universal developmental task appears to have grounding (see Greenfield et al., 2003).

Various studies in non-WEIRD countries (including Chile, Mali, Colombia and Japan) have found the same predictive relationship between maternal sensitivity, attachment and social competence as found in WEIRD countries (Mesman et al., 2012; Miyake et al., 1985; Posada et al., 2004; True et al., 2001; Valenzuela, 1997), suggesting that the construct is cross-culturally relevant. In further support of an argument for universality, research which has examined between group differences in maternal sensitivity scores and perceptions of ideal parenting found that social-contextual factors (including exposure to stress and trauma, dislocation, socio-economic status and social support) were a better predictor of difference than cultural group or race (Mesman et al., 2012; Mesman et al., 2016; Pinderhughes et al., 2001; Varela et al., 2004). In an article by Mesman et al. (2018), researchers working in a variety of non-WEIRD contexts (including Mali, DRC, and the Philippines) provided evidence of maternal sensitivity (as defined by Ainsworth) in response to distress signals from infants. However, the study did acknowledge that maternal sensitivity, while present universally, may look different (often more physical and more subtle) in non-WEIRD settings. Mesman and Emmen (2013) suggest that it is Ainsworth's original construct of maternal sensitivity, and its central components, that are universally relevant, and that deviation from the original construct may be less relevant.

2.2.3.3 *Arguments for Maternal Sensitivity as Culturally and Contextually Specific*

Various arguments have been lobbied against the universality of the construct of maternal sensitivity. One such central argument is the suggestion that the theory of attachment and therefore the construct of maternal sensitivity is value based, and that these values are linked to dominant, Western constructions of parenting. The theory is accused of elevating and revering Western (more specifically North American and Western European) individualistic cultural values such as autonomous exploration, self-confidence, curiosity, and psychological independence (Greenfield et al., 2003; Keller, 2013; Keller, 2018; Keller et al., 2018). These suggested values of attachment theory are argued to be at odds with the values of the majority of non-Western (or Asian, South American and African) cultures, such as directing and controlling parental behaviours (see Chao, 1995; Keller, 2007; Keller, 2013; Keller, 2018; Keller et al., 2018; Lancy, 2015; Morelli & Rothbaum, 2007; Weisner, 2015).

A second set of arguments suggest that parenting and development is and should be context specific, and therefore, that maternal sensitivity cannot be adaptive in all parenting contexts. The concept of socialization has been used to argue that maternal sensitivity is a culturally or contextually specific ideal, describing how best to parent in a WEIRD context in order to promote autonomy and independence and enable children to

thrive in formal education systems and Western workplaces (Feldman & Masalha, 2010; Keller, 2013; Rothbaum et al., 2000; Thompson, 1997). Caregiving attributes considered to be insensitive in WEIRD contexts and in attachment literature more broadly, are argued to be adaptive practices in alternate contexts aimed at promoting alternate behaviours necessary for survival and competence in the specific context (Belsky, 1999; Belsky et al., 1991; Keller, 2013; Keller et al., 2018). For example, parenting considered as rejecting may serve to minimize the trauma of necessary separations that allow the mother to source food for the family (Levine et al., 1996).

Lastly, arguments have been made that suggest that the evolution of the construct of maternal sensitivity has caused the construct to shift away from universality towards cultural specificity. It is argued that this evolution has failed to account for cultural differences, where beliefs, social goals, parenting strategies, caregiving behaviours and relationships differ (Bretherton, 1992; Keller, 2013; Mesman et al., 2018). Much of the shift towards cultural specificity may have occurred in attempts, by researchers and theorists working in Western settings, to simplify the construct, operationalize it, standardise its assessment and make specific its manifestation (Mesman et al., 2012; Mesman et al., 2018). On review of the literature, five major shifts away from Ainsworth's original construct have been identified as potentially culturally or contextually loaded, namely (i) the inclusion of positive affect, (ii) the assumption of caregiver-infant play as naturalistic (iii) the central role of language, verbalisations and verbal responses (iv) the inclusion of learning in parent-infant interactions and (v) the move to proactive rather than purely reactive adult involvement in interactions. These are discussed in more detail in Paper 1 (Dawson, 2018), included at the end of this chapter.

2.2.4 Ethnocentrism, Cultural Relativism and the Value of a Combined Psychoanalytic and Social Constructionist Framework

It is clear from the arguments lobbied against the universality of maternal sensitivity, that there is a valid concern about the occurrence of ethnocentrism. Ethnocentrism can be defined as the preference for and elevation of one's own cultural viewpoint, and the subsequent evaluation of others from diverse cultures from that viewpoint (Rosado, 1994; Tilley, 2001). Ethnocentrism is obviously problematic, involving potential for the deprecation of another culture's values (Rosado, 1994), and the assertion that non-WEIRD children and parents, and their environment, are deficit (Serpell, 2017).

It is also clear from the literature presented above that cultural influences on maternal behaviour have not been given sufficient consideration, and that emic understandings of maternal behaviour should be sought when evaluating maternal behaviour. This constitutes a move away from ethnocentrism, towards cultural

relativism, positioned as opposites along a spectrum (Kottak, 2011; Rosado, 1994; Zechenter, 1997). Cultural relativism, in contrast to ethnocentrism, asserts that no cultural viewpoint is superior, and that the value or appropriateness of an individual's behaviour should be evaluated only in relation to their own cultural norms and values (Kluckhohn, 1944; Rosado, 1994). That is to say, behaviour should be evaluated from an emic perspective. A perspective of cultural relativism asserts that there are no universal judgements on the appropriateness of behaviour, but rather that every evaluation of behaviour should be culturally relative (Eriksen, 2017; Tesón, 1984; Tilley, 2001).

Despite appearing to be an appealing alternative to ethnocentrism, cultural relativism, has also received various critiques over the years. For example, an approach of cultural relativism in relation to corporal punishment or the murder of women who commit adultery is criticised for ignoring human rights violations and failing to engage with violence and harm perpetrated against those most vulnerable (Eriksen, 2017; Rosado, 1994; Tesón, 1984; Zechenter, 1997). As noted in such papers, challenging cultural norms in these instances is often warranted as those who uphold the cultural norms may seek to benefit from them at the expense of the more vulnerable members of the same cultural group. Thus, the need to 'respect' culturally condoned behaviours, often upholding patriarchal systems, has been implicated in the power dynamics of societies by anthropologists and sociologists, often writing from feminist perspectives (Enloe, 2017; Mama, 2001).

Even when considering less extreme human behaviour, cultural relativism is considered to have blind spots. Zechenter (1997, p332) notes that "all forms of cultural relativism fundamentally fail to recognize culture as an ongoing historic and institutional process where the existence of a given custom does not mean that the custom is either adaptive, optimal, or consented to by a majority of its adherents". Similarly, Rachels (1999) argues that not all preferences, values, and behaviours, culturally sanctioned or otherwise, are based on rationality or contextual value. Thus, not all behaviour should be considered valuable or appropriate, even if they align with cultural values.

Culturally relativistic positions have also been criticised for considering cultures and contexts to be static, ignoring the fact that contexts and cultures are constantly changing (Eriksen, 2017; Zehenter, 1997). Due to its static view of culture, cultural relativism is criticised for failing to acknowledge that cultural practices and culturally sanctioned behaviours often continue beyond their natural relevance, and thus "outlive their usefulness" (Zehenter, 1997, p333). That is to say, many cultural practices which had historical value are no longer valuable in the context of globalisation and urbanisation. Zechenter (1997) goes on to say that cultural relativism, at times,

minimises the importance of social change, which often requires contextually and culturally sanctioned behaviour to be challenged.

Although not largely considered in anthropological debates regarding cultural relativism and ethnocentrism, psychoanalytic thinking provides a further point of critique for a purely cultural relativistic position. Psychoanalytic thinkers propose that behaviour can be unconsciously driven (Fraiberg et al., 1975; Freud, 1914; Hollway & Jefferson, 2000). In particular, unprocessed trauma is considered a significant driver of interpersonal behaviour, at times resulting in the intergenerational transmission of trauma (Bradfield, 2011; Fraiberg et al., 1975; Greenberg & Mitchell, 1983; Stolorow, 2007; van IJzendoorn & Bakermans-Kranenburg, 2019). This notion has stimulated extensive research in the fields of attachment and epigenetics (Isobel et al., 2019; Narayan et al., 2019; van IJzendoorn & Bakermans-Kranenburg, 2019; Yehuda & Lehrner, 2018). This influence of intrapsychic, unconscious phenomena on human behaviour is argued to occur on both an individual and contextual, or collective level (Frosch, 2018; Heberle et al., 2020; Hollway & Froggett, 2013; Saville-Young & Frosch, 2009). Frosh (2018) and Heberle et al. (2020) note that contexts can become "infected" by histories of trauma and violence, for example, and can influence the ways that individuals, groups, and communities socially construct the meanings of behaviour.

Current literature arguing for or against the universality of maternal sensitivity often fails to look at the interplay between social-contextual factors, culture and intrapsychic, unconscious factors. That is to say, the literature either takes an ethnocentric position or a culturally relativist position. This is obviously problematic and negates the complex interplay between cultural and socio-contextual drivers of behaviour and intrapsychic, unconscious and irrational drivers of behaviour. Both views approach culture in a static way. And yet, culture (or shared behaviours) is not static, but rather is a cumulative phenomenon that shifts and changes in response to the experiences of the group (Greenfield et al., 2003). These experiences can vary from benign difference to structural trauma. Ways of coping with structural trauma and widespread negative socio-contextual circumstances can work their way into the culture of a group. This makes understanding the applicability of maternal sensitivity to a given context a complex task. This is particularly true in understanding parenting practices in South Africa and in Alexandra Township, which requires the complex task of teasing out benign cultural contextual drivers of behaviour from the impact of widespread historical and present trauma.

Theoretical approaches which combine psychoanalytic and social constructionist ideas consider the impact of both contextual, systemic influences, and unconscious intrapsychic influences on behaviour (Hollway & Jefferson, 2000). This approach to

understanding human behaviour offers a potential tightrope, to walk the line between cultural relativism and the acknowledgement of human rights, changing contexts, and the irrational and unconscious drivers of behaviour. It is for this reason that a combined psychoanalytic and social constructionist framework was adopted for this study. This framework is outlined further in the methodology section of this study.

2.3 Parenting in the South African Context

2.3.1 Prominent Descriptions of Parenting Practices and Culture in South Africa

Little is written specifically on the parenting goals and practices of South African mothers (for exceptions see Walker, 1995 and Moore, 2013), and even less on the practices found in different cultural groups (for an exception see Zaidman-Mograbi et al., 2020) or in specific geographical areas such as Alexandra Township. The concept of 'African parenting' has, however, attracted some attention, as has conceptualisations of parenting in collectivist cultures. In this literature, African parenting, and therefore black South African parenting by extrapolation, is largely assumed to be uniformly influenced by this collectivist cultural thinking. While such writing tends to inaccurately assume aspects of culture and context as stable and unchanging, ignoring the documented acculturation happening regards parenting in the South African setting (for an exception see Moore, 2013), reviewing this literature is a useful starting point for unpacking areas of divergence from WEIRD parenting goals and practices.

2.3.1.1 Parenting Goals

As participants in collectivism, African, and therefore black South African parents, are largely understood to have interdependence, social cohesion, group obedience, compliance, and the inhibition of individual wants and needs as primary child-rearing goals (Keller et al., 2009; LeVine et al., 1996; Markus & Kitayama, 1991). However, the picture appears more nuanced when looking at local literature. A rare paper on mothering in South Africa by Walker (1995) suggests three core child-rearing goals exist for South African mothers, namely (i) survival and physical care (ii) emotional care (nurturing and loving, caring about) and (iii) socialization. The finding of survival and physical care as a central concern for South African mothers aligns with the findings of a more recent study by Zaidman-Mograbi et al. (2020) who found that black, Afrocentric South African mothers emphasised the importance of physical care in mothering. However, the assertion that emotional care is a central goal contrasts the findings by Zaidman-Mograbi et al. (2020), who noted that black, Afrocentric participants from their local study did not highlight emotional care as much as physical care, and one participant felt this was culturally neglected.

The apparent focus on survival and physical care is interesting to consider. With high infant mortality rates across sub-Saharan Africa (Adjuik et al., 2006; Black et al., 2003; Chopra et al., 2009; Stanton et al., 2006), survival has historically been viewed as the primary parenting goal of infant care in African settings. The fertility of a woman is noted in the literature as highly valued in black South African culture (Akujobi, 2011; LeVine et al., 1996; Walker, 1995). It is argued that this appears to persist today, and infertility is understood to lead to rejection and low self-esteem (Akujobi, 2011). Possibly as a result of the high value placed on fertility and survival of infants, at least three documented cultural values and practices are argued to have emerged. Firstly, black South Africans are said to commonly hold strong negative views regarding abortion (Walker, 1995). Secondly, baring two infants in close succession is said to be highly frowned upon (LeVine et al., 1996). It is suggested that this belief is possibly held to promote lengthy and exclusive breast-feeding (commonly practiced until the infant is 16 months) (LeVine et al., 1996). Lastly, acknowledgement of individual characteristics and behaviours (unique personhood) in young children by caregivers are said to be minimised, possibly as a defensive means of coping with infant mortality (Minde et al., 2006).

The importance of socialization highlighted by Walker (1995) is an interesting area in the literature. Other authors writing on parenting goals of African and sub-Saharan African parents note that the fostering of social responsibility is of central importance to parents in Africa and sub-Saharan Africa (Nsamenang, 2009; Serpell, 2017). It is noted that parents are centrally concerned with their child's ability to "give and receive social support and to notice and attend to the needs of others as markers of mental and general development" (Nsamenang, 2009, p.103). In addition to social responsibility, the development of morality and spirituality are considered central concerns for black African mothers (Nsamenang, 2009), as well as the development of agency and independence (Nsamenang, 2009; Zaidman-Mograbi et al., 2020).

2.3.1.2 *Parenting Practices*

Various characteristic parenting practices are said to have developed in the South African context. Again, these authors often assume some heterogeneity between the various African cultures and tend to treat culture as something static that influences parenting practices. A review of this literature has identified various themes with regards to generalised descriptions of parenting practices in South Africa. Firstly, black South African parenting practices are said to be gendered. Secondly, alloparenting or an understanding of communal responsibility for children is argued as evident. Thirdly, care is said to largely involve close proximity. Next, the opinions of elders with regards to

parenting are noted as esteemed. Children are said to learn from observation or siblings, rather than adults. Lastly, authoritarian styles of parenting are said to be evident.

a. Gender Distinctions:

Black South African culture is described as traditionally patriarchal, and men are acknowledged in the literature as the primary provider and main authority (Barbarin & Richter, 2013; Walker, 1995). This value is possibly best displayed in the practice of Lobola, the payment of a bride price by a male suitor to the father of the bride before a marriage is sanctioned (Barbarin & Richter, 2013; Kim & Motsei, 2002). The cost is negotiated by the male relatives (uncles) based on factors such as the bride's education, fertility and virginity (Kaufman et al., 2000). Within the context of male dominance and patriarchy, parenting is considered to be the work and sole responsibility of women and not the domain for men (Magwaza, 2003; Walker, 1995). As parenting is said to be the primary focus of the mother, she is enabled to remain in constant close proximity to the infant (i.e. the image of the African infant on the back), co-sleep with the infant (LeVine et al., 1996), and to breast-feed exclusively and at length (commonly for around 16 months) (LeVine et al., 1996). While paternal roles have historically been equated predominantly with financial provision, these paternal roles have shifted significantly over the past few decades, attesting to the dynamic nature of culture (see Makusha & Richter, 2015; Padi et al., 2014, for studies on changing paternal roles). This will be discussed in more detail below.

b. Alloparenting and communal living:

Traditional communal living arrangements and resultant communal parenting practices are put forward as common in collectivist cultures. The potential benefits of this are easily evident. Living as a community, men and women with no children (or older children) work while mothers with young infants are able to focus on child-rearing (Barbarin & Richter, 2013). This set-up is conducive to the common, collectivist practice of alloparenting or multiple-caregiving. For example, breast-feeding mothers with young infant may take on more responsibility for the care of other young children whose mothers can then return to work.

Black South African mothers are noted as having a strong history of engaging in both communal living and alloparenting, and in pre-Apartheid South Africa, childcare responsibilities were described as commonly dispersed and shared amongst female relatives and community members (Akujobi, 2011; Walker, 1995). While dislocation, migration and other contextual changes are said to have led to a decrease in this practice (Akujobi, 2011), in post-Apartheid South Africa, Magwaza (2003) argues that beliefs continue to persist that mothering is a communal duty and that every adult woman in the

community is a mother to every child. This is noted as particularly true of blood relatives, where cases of 'informal adoption' are reportedly common, with extended families often providing for the basic needs of child relatives in the event of death or joblessness (Magwaza, 2003). In the recent local study by Zaidman-Mograbi et al (2020) mentioned throughout this chapter, black Afrocentric participants mentioned that alloparenting remains an important part of their current caregiving practice.

c. Close physical proximity with infants

Parents from collectivist cultures are typically known for staying in close physical proximity with their young infants (Keller et al., 2009; Ispa et al., 2004; Rubin, 1998). This is also true for black South African mothers specifically. Common parenting practices in black, South African cultural groups include co-sleeping (in contrast to most white South African families), and the carrying of babies on the mother's back (Zaidman-Mograbi et al., 2020). Carrying the infant on the back is seen as a helpful means of soothing (Zaidman-Mograbi et al., 2020). Additionally, black, Afrocentric mothers reported to Zaidman-Mograbi and colleagues (2020) that they engaged in face-to-face interactions with their infants, including vocalisation (Zaidman-Mograbi et al., 2020).

d. Esteemed Elders:

In traditional South African cultural practice, older women are described in the literature as holding a position of great esteem and are viewed as an important source of knowledge (Barbarin & Richter, 2013). It is put forward that older women in the community are commonly consulted regarding developmental concerns and appropriate child-rearing practices (Barbarin & Richter, 2013). Traditional cultural practices such as imbeleko (presenting an infant to the ancestors), ibhala (the cutting of the back of the infant's neck) and inkhaba (burying of the umbilical cord) were passed down by these elders and were a central part of child rearing. In many cases, it is said that these traditional practices are offered by elders as the solution to concerns about child development or for preventing later teenage sexual activity (Barbarin & Richter, 2013), while also serving to uphold the family structure for parenting (eg. Lobola or Umdlezane).

The central role of female elders in parenting is argued as especially evident directly after birth. It is documented as common cultural practice in the black South African community (particularly amaZulu) for new mothers to stay with their biological mother for two months after the birth of the baby (Magwaza, 2003). This period in a mother's life is called "Umdlezane". This practice is largely understood to offer a means of support to the new mother (Magwaza, 2003) but can also be understood as a practice established to protect men from the new mother who has come close to the world of life and death through the process of delivering new life. Increasing westernisation and

access to global parenting information has been argued to have somewhat displaced the role of older women in urban African settings where mothers often describe a process of integrating local knowledge from older relatives with the advice of westernised health professionals (Baradon & Bain, 2016; Walker, 1995). However, on the other hand, Moore (2013) notes that a reliance on maternal family members for childcare support has meant that female elders maintain strong influence on parenting practices today.

e. Self-learning and learning from peers and siblings

The literature into local parenting practices links the desire to foster agency and independence with more distal parenting styles. Local parents are thought to encourage self-learning, and may not answer questions directly, rather asking if the child did not 'see' the answer to their question (Nsamenang, 2009). Non-responsivity to infant cries, avoiding holding infants too much and being careful to not give them too much attention, is also reportedly thought to prevent spoiling and to help develop independence (Zaidman-Mograbi et al., 2020). While parents are not considered to take on an active teaching or mentoring role, this is deemed the appropriate role of older peers and siblings (Nsamenang, 2009; Zaidman-Mograbi et al., 2020). Thus, siblings are reportedly centrally involved in infant care (Zaidman-Mograbi et al., 2020). Nsamenang (2009) argues that this more distal parenting approach fosters ingenuity, self-esteem, and abstract and spatial planning and thinking.

f. Authoritarian parenting:

As with other cultural groups identified in the literature as "collectivist", black South African parenting is often associated with authoritarian parenting styles (Keller et al., 2009; Ispa et al., 2004; Rubin, 1998). Authoritarian parenting is distinguished by restriction of undesirable behaviour through controlling and physical discipline, without explanation (Baumrind, 1966). South African women are understood to yield tremendous control and power over their children and in their homes (Walker, 1995). The value of discipline is said to be emphasised as an important strategy used to control children, and most commonly takes the form of physical punishment (Barbarin & Richter, 2013; Walker, 1995). Praise is considered to be uncommon and extended conversation with or explanations to children are said to be avoided (LeVine et al., 1996). These assertions are in line with the findings in the local study by Zaidman-Mograbi et al., 2020 (2020) mentioned throughout this chapter, who found that black, Afrocentric participants from their study valued firmness and strictness as a means to teach discipline to children from an early age.

Thus, to summarise, to understand the cultural and contextual relevance of maternal sensitivity in the South African context, it was important to review the existing literature on parenting practices in South Africa. It is of equal importance, however, to acknowledge the static and categorical nature of the above descriptions. On the whole, the literature fails to acknowledge culture and context as fluid, often speaking on behalf of a cultural group with little reference to their socio-political context. The framework provided, of African parenting as collectivist, is also far too generalized and categorical. It fails to acknowledge the diversity not only across African countries, but also within them. The reality of the South African 'rainbow nation' and its plethora of tribes and ethnic groups, as well as South Africa's extreme range of contextual realities, are not captured. The specifics of parenting in Alexandra Township are not even touched.

However, from the above review on South African parenting, it can be posited that the parenting goals, values and practices of black South African parents may vary from those in the settings where attachment research has mostly been developed. It can, therefore, be argued that parenting practices, goals, and values of South African parents, across a range of ethnic groups or geographical settings, may differ from the ideals or values put forward by attachment theory specifically. Such differences may, therefore, result in parenting behaviours that differ from the assumed ideal in currently developed measures of maternal sensitivity.

2.3.2 The Interplay Between Culture, Context and Parenting Practices in South Africa

As demonstrated above, categorical descriptions of African or South African culture are insufficient for understanding the factors that influence parenting goals and practices in South Africa or in Alexandra Township. Further, culture cannot be considered as distinct from context. The country's political history as well as its current social context can be argued to play an important role in parenting practices (Akujobi, 2011; Magwaza, 2003; Moore, 2013). Factors which have been considered as playing a role in family life and parenting in modern day South Africa include Apartheid, the political transition to democracy, urbanization, modernity, weakening of traditional gender roles, high levels of impoverishment, migrant labour, HIV/AIDS, racial inequality, black political and economic empowerment, and community violence (Barbarin & Richter, 2013; Coovadia et al., 2009; Moore, 2013).

One of the most notorious consequences of the Apartheid Group Areas Act and Native Land Act is arguably the breakdown of family structures due to forced migrancy and dislocation due to the search for employment and municipal services (Moore, 2013). This legacy of Apartheid as well as unemployment, the AIDS epidemic, absent fathers,

female employment, and low life expectancy can all be seen to have contributed to a breakdown of traditional patriarchal family support structures as well as a dissolution of understandings of mutual and communal child-rearing obligation (Barbarin & Richter, 2013; Moore, 2013). These family structures and understandings have previously been viewed as critical to survival and successful child rearing in South Africa (Barbarin & Richter, 2013), and in their absence, are thought to leave families vulnerable and overburdened.

Today, numerous South Africans reside in townships where overcrowding, community violence and crime are commonplace (Barbarin & Richter, 2013). A recent study into the efficacy of home visiting on attachment (Bain et al., 2016) highlighted the stressful conditions under which mothers are mothering in Alexandra Township, Johannesburg, South Africa. Fifty seven percent of mothers reported that they were unemployed, 50% reported that they had not completed secondary school, 31% reported that the father of the baby did not provide emotional and financial support, and 22% of mothers reported that they were the victims of domestic violence. All of these contextual factors can be understood to have huge conscious and unconscious implications for the parenting goals and practices of these mothers. In particular, high levels of violence seem to have driven the common practice of maternal-infant separation, as children are sent to live with family in rural areas for their protection (Moore, 2013).

South Africa's past is argued to have significantly impacted on gender roles and identity (Jewkes & Morrell, 2010). This is particularly evident with regards to female employment and female-headed households. Absent fathers and paternity non-disclosure, amongst other factors, are shown to have contributed to high numbers of female-headed households in post-Apartheid South Africa (Coovadia et al., 2009; Nduna, 2014). Labour and gender equality laws, pervasive unemployment and high numbers of absent fathers have also resulted in the employment (where possible and often out of necessity) of many female South Africans (Barbarin & Richter, 2013; Moore, 2013; Padi et al., 2014). These factors have shifted traditional family structures, with children increasingly growing up in "matriarchal, multi-generational households" (Moore, 2013, p. 154), and is said to have posed a threat to the traditional role of male authority and altered black South African parenting practices (Barbarin & Richter, 2013; Jewkes & Morrell, 2010). South African women with newborn infants are returning to or seeking employment, leading to earlier separations from their infants and shorter breast-feeding periods than is said to be previously culturally sanctioned (Barbarin & Richter, 2013; Moore, 2013). Barbarin and Richter (2013) argued that these contextual shifts do not appear to have shifted beliefs and values that parenting is the role of women. Consequently, women are said to now be both the primary caregivers to their children as

well as the primary financial provider (Barbarin & Richter, 2013). As a result, many mothers have less time and energy to monitor and nurture their children (Barbarin & Richter, 2013). However, Moore (2013) found that younger generations are prioritising their personal and career goals and rely heavily on the support of the maternal grandmother, although this is not without tension.

With the breakdown in communal living and a sense of communal obligation, mothers are forced to seek alternative options for sharing parenting responsibilities (Barbarin & Richter, 2013). Rather than alloparenting arrangements, present day employed black South Africans are sending young infants to live with their grandparents or other relatives in other houses or even in other cities or are calling on unemployed relatives or paid childcare workers to assist (Barbarin & Richter, 2013; Coovadia et al., 2009; Moore, 2013). This is said to have shifted the face of parenting from shared values regarding the importance of mutual support to valuing parenting support as a commodity or alternatively as a financial burden (Barbarin & Richter, 2013; Coovadia et al., 2009). In some instances, primarily regarding blood relatives, where individuals are noted as still feeling obliged to care for the children of unemployed or deceased family members, the value of communal care is argued to be placing increased strain and responsibility on the few employed family members and promoting long distance separation of infants and parents. In some cases, the absence of their working mothers' results in these children being emotionally or even physically neglected, or at greater risk of abuse (Coovadia et al., 2009).

The use of corporal punishment (including both smacking and hitting with objects such as belts) was and is a common parental practice in South Africa (Clarke, 2020). In 2004, corporal punishment was practiced by 69% of black South African parents (Dawes et al., 2004). Such practices and other forms of authoritarian parenting practices are being increasingly challenged in Post-Apartheid South Africa, as reflected in the Abolishment of Corporal Punishment Act (Republic of South Africa, 1997) (Barbarin & Richter, 2013; Hunter & Morrell, 2021; Morrel, 2001) and the 2019 Constitutional Court ruling that smacking and hitting of a child as a form of discipline by parents is illegal and unconstitutional (Clark, 2020; Sloth-Nielsen, 2020). This can be argued to have called into question the once trusted primary source of advice and knowledge – consultation with the elders. These challenges to century old parenting practices rarely comes hand in hand with alternatives, leaving parents uncertain (Barbarin & Richter, 2013; Clark, 2020).

Many other traditional cultural practices have also been impacted by political and contextual shifts. Some traditional practices have even been outlawed and ruled as unsafe or abusive (with regard to female genital mutilation see, 'The Promotion of Equality and Prevention of Unfair Discrimination Act', in Republic of South Africa, 2000). Some, such

as the practice of Lobola, have been made increasingly difficult due to dislocation, migrancy, poverty and paternity non-disclosure (Barbarin & Richter, 2013; Coovadia et al., 2009, Nduna, 2014). Others are simply no longer relevant to the challenges of urban living (Barbarin & Richter, 2013), or are being questioned by the younger generation (Moore, 2013). At times, the attempt to hold onto traditional cultural practices in the modern context may even undermine the structures they originally sought to protect. For example, high levels of poverty have disrupted the still revered practice of Lobola. Many male suitors cannot afford Lobola or the travel to distant cities for Lobola negotiations. With parents still insisting on the payment of Lobola before marriage, the result is that marriages are delayed and sometimes eventually abandoned. Consequently, the median age of marrying for black South Africans has increased (Coovadia et al., 2009). There has also been an increase in children born outside of marriage and in children from another partner being brought into marriages later in life (Barbarin & Richter, 2013). All these shifts have implications for child rearing.

Many of these shifts described above have resulted in higher levels of loss and separation. These factors have all dramatically altered family functioning and relationships with consequences for the transmission of values as well as for child development (Barbarin & Richter, 2013; Moore, 2013). In order to cope with increased transitions, separations and changes in caregivers, it is suggested that independence and autonomy rather than interdependence and collectivism are fostered (Barbarin & Richter, 2013). Child outcomes are also argued to be negatively affected by the highly stressful community context in which many South African children are being raised (Barbarin & Richter, 2013). Barbarin and Richter (2013) argue that it is the family's ability to main close, nurturing and stable relationships in the face of these dilemmas is the key to promoting optimal child development in South Africa.

2.4 Summary

The literature review above has outlined the development and apparent significance of the Western-developed construct of maternal sensitivity. It has also foregrounded the complex, mutually influential relationships between parenting, culture, and context, while highlighting the lack of cross-cultural research in the area of maternal sensitivity. It has outlined arguments for and against the universality of the construct of maternal sensitivity, while also highlighting the pitfalls of the ethnocentric and cultural relativistic natures of arguments made for and against universality. It has, thus, attempted to engage with the literature on parenting practices of African and South African parents, and consider the complex interplay between culture and the changing South African context.

What the literature clearly shows is that many black South African parents, and especially parents in Alexandra Township, are parenting amidst numerous negative socio-contextual factors that have been shown by WEIRD literature to negatively impact on parenting and threaten positive child outcomes. From the perspective of the Western-developed theory of attachment, the construct of maternal sensitivity and interventions aimed at increasing maternal sensitivity may prove useful to promoting positive child outcomes in the setting of Alexandra Township. However, present day parents and infants from Alexandra Township cannot be adequately understood or researched using theory and measures that fail to consider or allow for cultural and contextual difference. Tools and theoretical frameworks that bias the values and modalities of WEIRD societies carry the potential to pathologize and 'other' residents from Alexandra. Thus, if the construct of maternal sensitivity is to be applied and used in the context of Alexandra Township, an understanding of its unique manifestation and expression in the setting of Alexandra Township must be sought.

In the face of possible ethnocentrism, the literature calls on South African researchers to interrogate the applicability of the Western-developed construct of maternal sensitivity to the South African context before making conclusions regarding the relevance of maternal sensitivity, its relationship to child outcomes, and its role in interventions in the context of Alexandra Township. In order to fully understand the relevance of maternal sensitivity for mental health and development of South African infants or infants in Alexandra Township, a better understanding of the specific parenting goal, values, beliefs, behaviours and practices of parents from Alexandra Township is required. An understanding of how or why these goals, values, beliefs and practices developed in various contexts and cultures is also required. On the basis of these understanding, the need for intervention and the value of attachment-based interventions can be evaluated.

2.5 Paper 1: Critical Literature Review

From Uganda to Baltimore to Alexandra Township… How far can Ainsworth's theory stretch?

Abstract

After extensive observation of mother-infant dyads in two diverse contexts, Ainsworth (1969) developed the construct of maternal sensitivity to explain the nature of mother-infant interactions that lead to infant attachment security. She believed this construct to be universally applicable (Ainsworth & Marvin, 1994). Since Ainsworth's (1967; 1969; Ainsworth, Bell & Stayton, 1971) publications, her theory has been adapted and extended, particularly by theorists working in North American and Western European countries (Birigen, 2000; Meins, Fernyhough, Fradley, Tuckey, 2001; Mesman & Emmen, 2013; Shin, Park, Ryu & Seomun, 2008).These developments have been largely uninterrogated in relation to their universal cultural relevance, despite the fact that parenting practices differ greatly across the cultural groups (Greenfield, Keller, Fuligni & Maynard, 2003; Keller, 2013; Lancy, 2010; Lancy, 2011; Mesman, Minter, Angnged, Cisse & Salali, 2016). Those who have begun to interrogate the cultural universality of current conceptualisation of maternal sensitivity highlight important areas of cultural disagreement (Dawson, 2016; Mesman et al, 2016; O'Reilly, 2016). This paper provides a critical theoretical argument regarding the cultural universality of maternal sensitivity, extending comment to the cultural and contextual relevance of developments in its operationalisation. Particular aspects of current theoretical and operational use of the construct of maternal sensitivity which are potentially culturally specific (as opposed to culturally universal) are noted, namely, the inclusion of positive affect, the centrality of parent-infant play, verbal responsiveness, the inclusion of learning in parent-infant interactions and the shift towards a more proactive (rather than reactive) role for the parent in parent-infant interactions.

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Introduction

Recent developments in the field of neuroscience have popularised attachment theory and clinicians across the globe are looking to attachment theory to help develop preventative mental health interventions and effective parenting strategies (Schore & Schore, 2008; Sherr, Skar, Clucas, Tetzchner & Hundeide, 2014; Shonkoff, Boyce & McEwen, 2009; Siegel, 2004; Van Zeijl et al., 2006). Typically, such interventions attempt to promote positive child and societal outcomes through improving the quality of parent-infant attachment. Maternal sensitivity is a core construct in attachment theory that was developed to explain the parental qualities and behaviours that promote attachment security (Ainsworth, Bell & Stayton, 1971). Understandings of maternal sensitivity are, therefore, used to develop such attachment-promoting interventions across the globe, and measures of maternal (or parental) sensitivity are extensively used to determine their success (Barlow, Davis, McIntosh, Jarrett, Mockford & Stewart-Brown, 2007; Feldman, Weller, Sirota & Eidelman, 2003; Juffer, Bakermans-Kranenburg & Van IJzendoorn, 2016; Moss, Dubois- Comtois, Cyr, Tarabulsy, St- Laurent & Bernier, 2011; Powell, Cooper, Hoffman & Marvin, 2013).

While the global spread of theory and research is considered largely positive, failure to interrogate the applicability of imported knowledge can also have negative repercussions. Most pertinently in the realm of attachment and early childhood development, the application of theory from 'Western, educated, industrialised, rich, developed' (WEIRD) contexts, without sufficient consideration of cultural and contextual difference, has resulted in an increasingly homogenous image of how children are/should be and what their childhood is/should be like (Pence & Nsamenang, 2008; Serpell & Nsamenang, 2015). Pence and Nsamenang (2008) have labeled this the rise of the "global child", and note the consequent negative implications for diversity and the potential for the pathologising of parenting customs in non-WEIRD contexts.

I work as the Head of the Umdlezane Parent-Infant Programmes at the Ububele Educational and Psychotherapy Trust in Alexandra Township, Johannesburg. These programmes include a number of early interventions that aim to promote caregiver-infant attachment and healthy developmental trajectories, through increasing maternal sensitivity and supporting the parent-infant dyad. Interrogating the efficacy of these interventions is a central part of the programme's work. During a study into the efficacy of the Ububele Home Visiting Project (Bain, Dawson, Esterhuizen, Frost & Pininski, 2016), our team undertook to code mother-infant interactions for maternal sensitivity using a Canadian-developed measure

called the Maternal Behavioural Q-Sort - mini (Pederson & Moran, 1995). The training of the team in the measure and the coding of the South African mother-infant interactions began to raise important questions about the use of imported measures in our local context.

The following excerpt is from my coding notes, written while coding a video-recorded interaction between a 22 year old South African mother, Thato, and her 5 month old infant son Tumi, for sensitivity using the MBQS-mini. The notes include my clinical impressions post-coding.

After appearing initially unsure as to what is expected of her, mom has placed baby in front of her on the mat. Mom appears anxious, and is quiet and shy. Baby is vocalising. Mom watches, but does not respond physically or verbally. Mom notices the face on the top ring of the stacking toy. She picks it up and makes the stacking toy "walk" over to baby. Baby takes stacking toy and mouths it. Mom prevents mouthing by removing it. Baby reaches for rattle and places it in his mouth. Mom prevents mouthing by removing rattle, but shakes it and gives it back. Baby drops rattle and it rolls out of baby's reach. He signals that he wants it back. Mom picks up rattle and hands it back to baby, before looking anxiously back at the researcher behind the video camera. Baby reaches for ball, which is just out of reach. Mom notices this and taps ball closer to baby, who grasps it and bangs it on the floor with his left hand. Researcher hands book to mother. Mom turns pages for baby, allowing baby to touch and look. Still no verbalising from mother. Baby accidently knocks book closed. Baby takes closed book from mom and explores it… Baby is whining. After second whine mom puts baby on the breast. He drinks quietly.

Mom did not speak to baby once during this interaction, however she is responsive and baby appears regulated and content. Mom has lost points on MBQS-mini for failing to "facilitate learning" in her interactions with the baby, for her lack of animation, her general lack of proactiveness and her use of objects and feeding to soothe. She has, however, allowed baby to explore the toys without intrusion and has let baby take the lead. She is certainly aware of her baby's signals.

Mom discloses to the researcher at the end of the video that she felt shy during the video-recording. This ability to reflect on her own mental state in this anxiety-provoking situation is noteworthy, but I wonder about how scrutinised mom feels by the "white, professional researcher". Regarding her use of the book and stacking toy, I wonder about mom's level of literacy and her familiarity with such toys. Although mom scored in the moderate range, it doesn't feel like the available items have captured her strengths.

Coding experiences like the one described above have been common amongst the coding team, and have raised questions about the assumption of a "global mother" alongside the "global child", as represented in North American and Western

European measures of sensitivity. Despite a great diversity in parenting practices across the globe (Keller, 2013), conceptualisations and measures of maternal sensitivity appear to provide a homogenised, WEIRD representation of parenting.

Interrogation into the cultural and contextual universality of the concept of maternal (or parental) sensitivity has begun, however, the literature is fairly disparate. This paper attempts to bring together existing interrogations of the universal applicability of maternal sensitivity, while also expanding on critiques of current conceptualisations, contrasting it with anthropological literature. Beginning with an overview of Ainsworth's seminal work on the concept of maternal sensitivity, the paper will go on to outline subsequent adaptations and revisions to the construct. This involves looking at both theoretical papers and papers on the operationalisation of the construct, with the aim of providing a clearer understanding of what we know about the universality of maternal sensitivity and what we have yet to understand.

The Development of the Construct of Maternal Sensitivity

Ainsworth's Construct of Maternal Sensitivity

The concept of Maternal Sensitivity emerged from the early work of American-born, Canadian-raised developmental psychologist Mary Ainsworth (1969). Building on Bowlby's (1969) attachment theory, Ainsworth, Bell and Stayton (1971) used the data from Ainsworth's Ugandan and North American mother-infant observations to investigate how attachment patterns were formed, and set out to describe and define the universal caregiving capacities and behaviours associated with attachment security, under the umbrella term "Maternal Sensitivity" (Ainsworth, 1969; Ainsworth, et al., 1971; Ainsworth & Marvin, 1994).

Ainsworth (1969; Ainsworth, et al., 1971) defined maternal sensitivity as the accurate interpretation and prompt and appropriate responsiveness to the full range (from overt to subtle) of an infant's signals and communications. Maternal sensitivity was, and is, argued to be the main precursor to the development of attachment security (Ainsworth et al., 1971; Bowlby, 1969; Pederson, Moran, Sitko, Campbell, Ghesquire, Action, 1990). It is suggested that repeated sensitive interactions with a primary caregiver provide infants with an internal organizing system that leads to the development of a secure base and, therefore, attachment security (Ainsworth et al., 1971; Pederson & Moran, 1995). Conversely, insensitive interactions were thought to lead to the development of insecure attachment (Ainsworth et al., 1971).

Ainsworth (1969; Ainsworth et al., 1971; Mesman & Emmen, 2013) identified four core components necessary for the sensitive responsiveness to an infant's signals, namely, (1) awareness, (2) accurate interpretation, (3) appropriate responsiveness and (4) prompt responsiveness. At its core, maternal sensitivity is concerned with whether or not the mother supports or interferes with the activities that the infant initiates (Ainsworth & Marvin, 1994; Mesman & Emmen, 2013). It is

not a predetermined list of sensitive parenting behaviours, but rather a context-dependent, infant-dependent, sensitive response arising out of a psychological awareness of the infant (Meins, Fernyhough, Fradley & Tuckey, 2001; Mesman & Emmen, 2013). Ainsworth considered both her American and Ugandan observations in the development of her theory, and therefore purports that maternal sensitivity is a universal construct (Ainsworth & Marvin, 1994). She argued that, across all cultural variations, infants have a need for a trusted and sensitive attachment figure (Ainsworth & Marvin, 1994).

Theoretical Adaptations of the Construct

Since Ainsworth's 1969 publication, the concept of maternal sensitivity has been significantly expanded upon and represented in a number of divergent ways in the literature (Meins et al., 2001; Shin, Park, Ryu & Seomun, 2008). Maternal sensitivity is now used to describe a vast range of caregiving attributes and maternal behaviours (Crittenden & Claussen, 2000; Shin et al., 2008). Shin and colleagues (2008) point out that maternal sensitivity is at times used interchangeably with the terms parental sensitivity, maternal responsiveness and maternal competency. But Shin et al. (2008) note that maternal responsiveness, defined as the "promptness or frequency of response to the infant's signals", (p.309) is only one aspect of maternal sensitivity, and lacks reference to the quality of the response in particular (De Wolff & Van IJzendoorn, 1997). They also make a distinction between maternal competence and maternal sensitivity, suggesting that maternal competence seems to focus more on skills and knowledge, rather than quality of response (Shin et al., 2008).

Biringen (2000) has been a key proponent for the expansion of the concept of maternal sensitivity. In 2000, Biringen was a researcher working out of Colorado State University in America. While developing a scale of emotional availability, Biringen (2000) proposed that conflict resolution and emotional tone should be considered central aspects of [maternal] sensitivity. Biringen (2000) argued that a sensitive mother displays positive affect, and is warm, flexible and able to soothe her distressed infant. While Biringen (2000) provides evidence from her own research sample, in support of her argument, the universal validity of these extensions are uncertain. The view that warmth and positive affect are central components of maternal sensitivity contrasts with Ainsworth's stance, that positive affect or "maternal warmth" did not appear to be universally expressed and seemed to have minimal impact on attachment (Ainsworth & Marvin, 1994).

Meins et al (2001) also advocated for the rethinking of maternal sensitivity, suggesting that Ainsworth's original definition lacked clarity. At the time of publication, the authors were working at Staffordshire University, in the United Kingdom. The group suggested that the concept of mind-mindedness - the mother's ability to read her infant's mental states – provided a clearer focus than Ainsworth's conceptualisation of maternal sensitivity. Mind-mindedness is considered to be an

extension of Ainsworth's understanding that the sensitive mother is able to read her infant's signals accurately and respond appropriately. The group argued that while Ainsworth's description captures a mother's general sensitivity to her infant's physical and emotional needs, the construct of mind-mindedness looks specifically for sensitivity to the infant's mental states and on-going activity, even when the infant's emotional and physical needs are satisfied. Here the group advocates for the need for sensitivity even in the absence of signals or needs, in contrast to Ainsworth's understanding. Meins et al.'s (2001) argument centred around a study of 71 low to middle-class mother-infant dyads, who all appear to be from the UK.

Adaptations Related to Operationalisation

Ainsworth (1969) published her construct of maternal sensitivity alongside a tool for its measurement. The Ainsworth tool (1969) is comprised of a global 9 point scale, with descriptors ranging from highly sensitive (score of 9) to highly insensitive (score of 1). In developing this tool, Ainsworth notes that she took into account her observations in both Baltimore and Uganda, highlighting that while there was great similarity in parenting practices across the two contexts, there were also important differences, such as the difference in displays of warmth and positive affect noted above (Ainsworth & Marvin, 1994).

Since the development of Ainsworth's (1969) scale, a number of additional related measures have been developed, the most prominent of which were identified and reviewed by Mesman and Emmen (2013). Of those identified, five were developed in the United States, namely the CARE-Index (Crittenden, 2001), the Emotional Availability Scales (EA Scales; Biringen, 2008; Biringen, Robinson & Emde, 1998), the Erickson scales (Erickson, Sroufe & Egeland, 1985), the NICHD-SECCYD sensitivity scales (Owen, 1992) and the Parent–Child Early Relational Assessment (PCERA; Clark, 1985). An additional measure, the Maternal Behavior Q-Sort (MBQS) was developed in Canada (Pederson & Moran, 1995). The supporting data for these measures appears to have been predominantly collected in North America, with experts from the same region contributing to the development of the measures (Clark, 1999; Erickson et al., 1985; Mesman & Emmen, 2013; Svanberg, Mennet & Spieker, 2010). A sixth measure, called the Global Ratings of Mother–Infant Interaction, was developed in the UK, drawing on data from a sample of mothers from Cambridge (Murray, Fiori-Cowley, Hooper & Cooper, 1996). Only one scale was developed outside of Northern America or Western Europe, namely, the measure entitled Coding Interactive Behavior (CIB), which was developed in Israel (Feldman, 1998).

There has been great variation, divergence and deviation from Ainsworth's understanding of maternal sensitivity in the development of these alternative measures (Mesman & Emmen, 2013). In these scales, sensitivity scores incorporate dimensions of parenting not originally explicitly understood to form part of maternal

sensitivity, including the above mentioned "conflict resolution" and "positive affect" (see Emotional Availability Scales), as well as "clarity of instructions" and "respect for autonomy" (see Erickson's scale) and "facilitation of exploration and learning" (see Maternal Behavioural Q-Sort; MBQS) (Mesman & Emmen, 2013). In their review, Mesman and Emmen (2013) highlighted three core deviations from Ainsworth's original construct across a number of the measures listed above, including (i) observation of interactions in a structured play setting rather than in naturalistic settings, (ii) the inclusion of positive affect and (iii) the use of composite scales or domains of sensitivity, rather than a single global scale.

The process of operationalization has also often resulted in the explicit description of predefined "sensitive" or "insensitive" behaviours (Mesman, Minter, Angnged, Cisse & Salali, 2017). For example, behaviours stated as indicative of sensitivity on the MBQS include "notices when baby smiles and vocalizes" as well as "praises baby" (Moran, 2009). In the Emotional Availability Scale, discrete behaviours are also looked for, including the mother's ability to find interesting, stimulating and creative ways to play with her infant (Biringen, 2000). This greater specificity as to the type of infant signals a mother should notice and how she should respond diverges from Ainsworth's more broad and abstract definition and scale descriptors. However, it has been argued that Ainsworth's more abstract descriptions provided little clarity (Meins et al., 2001), leaving the complex task of analyzing human social interaction too open to subjectivity. Therefore, attempts to operationalise the construct by linking it to predefined behaviours is understandable and likely motivated, in part, by attempts to prevent subjectivity and bias in observers or coders. However, the opposite may actually have occurred, by introducing cultural bias in the behaviours that are specified. It is the position of this paper that broader descriptions may allow for (and in Ainsworth's case, may intentionally have served to allow for) contextual and cultural variance in expressions of maternal sensitivity.

Thinking Critically About "Maternal Sensitivity"

An Emerging Debate

While the concept and operationalisation of maternal sensitivity has been revisited extensively over the last 50 years, the developments have occurred almost exclusively in WEIRD countries in Northern America and Western Europe (Mesman, van IJzendoorn & Bakermans-Kranenburg, 2012). Furthermore, very few authors writing on the construct have addressed the issue of cultural and contextual applicability or variation. However, on review of the literature, evidence of thinking about contextual and cultural relevance can be found, starting covertly at first and moving towards a current emerging debate.

As far back as 1981, references to "parental sensitivity" (as opposed to maternal sensitivity) are observed (Lamb & Easterbrooks, 1981). And the use of this more gender-inclusive term has become more commonplace over time (Biringen, 2000; Braungart-Rieker, Garwood, Powers & Notaro, 1998; Mesman, van IJzendoorn & Bakermans-Kranenburg, 2012). Although never overtly stated, the shift from the use of the term "maternal sensitivity" to "parental sensitivity", challenged a cultural and contextual bias inherent in the initial construct - that the mother is the primary caregiver and that her interactions with the child exclusively determine the child's attachment style. Subsequent studies have demonstrated the importance of sensitive father-child interactions in child development (Braungart-Rieker, Zentall, Lickenbrock, Ekas, Oshio & Planalp, 2014; Brown, Mangelsdorf & Neff, 2012; van IJzendoorn & de Wolff 1997). This is the first evidence of a cultural challenge to the construct.

Far more recently, an enquiry into the cultural universality of the construct of maternal sensitivity and its measurement is emerging, predominantly from South Africa and the Netherlands (Dawson, 2016; Mesman & Cisse, in press; Mesman, Minter & Angnged, 2016; Mesman et al., 2016; Mesman et al, 2016; O'Reilly, 2016). While some support is being found for the qualities of a 'global mother', there may be cultural variation in the activities undertaken by mothers in order to achieve these same aims. Mesman and Cisse (2016). investigated whether or not caregiver sensitive responsiveness, as measured by the Ainsworth scale, was compatible with local caregiving standards in Mali and concluded that Ainsworth's concept of sensitivity and parenting norms in Mali may have some common ground. Mesman et al. (2015) also investigated if maternal beliefs about the ideal mother converged with the ideal mother depicted in the MBQS across a number of varied cultural contexts (26 countries). The study found strong convergence between maternal beliefs and the MBQS's ideal mother, suggesting that the basic tenets of the concept of maternal sensitivity have universal relevance. However, the use of the MBQS-mini in a South African study (Bain et al., 2016) raised questions amongst the South African coding team, who found that South African mothers tended to score poorly on the MBQS-mini, primarily due to low scores on items noting warm positive affect, facilitation of learning, praise and verbal responsiveness (Dawson, 2016; O'Reilly, 2016). This suggests that while mothers may agree on the description of a sensitive mother cross-culturally, how this sensitivity manifests in the behaviours they exhibit may vary. The latest literature, however, suggests that recent conceptualisations of maternal sensitivity have left little room for cultural variation (Mesman, Minter, Angnged, Cisse & Salali, in press). In particular, this paper suggested that verbal responsiveness and positive affect are interactions more specific to Western contexts, while more subtle forms of responsiveness (including physical-facilitation) are more common modalities for sensitive responsiveness in many non-Western contexts.

Lastly, the relevance of the construct of maternal (and even parental) sensitivity for contexts where a network of multiple caregivers (alloparenting) is the norm (such as the northern Philippines) was also raised in 2016 (Mesman, Minter & Angnged, 2016). Mesman et al. (2016) proposed that the concept of "received sensitivity" served as a more universally appropriate conceptualisation of maternal sensitivity and sensitive responsiveness.

Areas of possible cultural bias

An interrogation of the psychological literature, when compared with anthropological literature on parenting reveals a number of areas of possible cultural bias. This critical analysis of the literature revealed potential shifts away from cultural universality in five key areas.

The Inclusion of Positive Affect, Warmth and Affection

As noted previously, various theoretical arguments as well as measures of maternal sensitivity have recently included expression of genuine positive affect, warmth and affection as a central factor in sensitive responsiveness (Biringen, 2000; Crittendon; Feldman, 1998; Murray, Fiori-Cowley, Hooper & Cooper, 1996; Pederson et al). This is the first area of adaptation where cultural specificity is arguably at play. In the coding excerpt given above, Thato showed no expressions of positive affect, warmth or affection towards Tumi, yet she consistently, promptly, and contingently met each of Tumi's signals.

Arguments questioning the universal cultural applicability of positive affect, warmth and affection as a central component of maternal sensitivity already exist in the literature. As noted above, Mesman and Emmen (2013) identified the inclusion of positive affect as a key divergence from Ainsworth's original construct. In noting this, they proposed that positive affect may be a culturally-specific adaptation to the construct and argued that, in fact, high levels of positive affect are often accompanied by high levels of intrusiveness and lack of signal perception. They suggested that positive affect may, therefore, actually be at odds with central components of maternal sensitivity.

Anthropological literature supports the idea that the importance of expressions of warmth and positive affect is culturally specific. The literature shows that there is great variation in the intensity with which emotions are expressed across cultural groups (Butler, Lee & Gross, 2007; Matsumoto & Ekman, 1989). In addition, Ainsworth (1967; Ainsworth & Marvin, 1994) herself ruled out warmth and affection as a central component of maternal sensitivity. Ainsworth felt that warmth and positive affect were important in her Baltimore study but did not find the same in all of the Ugandan mothers. It should, however, be noted that in a study by Mesman et al (2015) there were high levels of agreement amongst 26 Western and non-Western cultural groups that positive affect and warmth are attributes of an ideal

mother. Similarly, there was agreement that the inverse (negative or flat affect) was one of the least ideal caregiving attributes. While this may simply reflect that expressions of positive affect are universally viewed as more favourable than expressions of negative affect, perhaps the required frequency of these affective displays may differ. While it is possible and probable that the absence of positive affect may be significant in many of the North American contexts where this feature was added, there is insufficient evidence to suggest that it is appropriate to all contexts or more importantly, a universally necessary component of maternal sensitivity.

The assumption of caregiver-infant play as a naturalistic interaction

The second area where the development of the construct of maternal sensitivity may have moved us away from cultural universality is the area of play. Play has become central to much of the modern use of the construct of maternal sensitivity in a number of ways. Firstly, play-based interactions have become synonymous with measures of maternal sensitivity and sensitive responsiveness. In Mesman and Emmen's (2013) systematic review of measures of maternal sensitivity, "free-play" was identified as the most commonly used observational setting, with a high presence of more structured play settings as well. This diverges from Ainsworth's call to focus on naturalistic observation when measuring maternal sensitivity (Ainsworth & Marvin, 1994). While mother-baby play interactions appear to be highly common in North America and many European settings, anthropological studies show that this is not true of all contexts. Lancy (2007) argues that there has been an inaccurate assumption by psychologists that mother-infant play is a familiar and natural occurrence for mother-infant dyads the world over. Rather, Lancy (2007) argues that mother-child play is a culturally specific phenomenon. This is supported by other writings too. Levene and colleagues (1996) argue that, in Africa, mothers are not considered appropriate playmates. Rather, play with the infant is the task of siblings and other children. A lack of familiarity with mother-infant play interactions may explain some of Thato's hesitancy and awkwardness in the excerpt described above.

In addition to the mere use of play as an assumed naturalistic interaction, the ability to play with an infant and skill of the adult as playmate has also become incorporated in some definitions of and measurements of maternal sensitivity, as noted above. Various measures of maternal sensitivity have added play as a key criterion for a high maternal sensitivity score (Biringen, 2000; Cusson, 2002; Grossman et al., 2002). More specifically, the measure of Emotional Availability scores the mother with regards to the amount of play in which she engages, the type of play she initiates and even how fun the play appears to be. The universal cultural relevance of these skills with regards to the understanding of a mother's capacity for sensitive responsiveness must be questioned, given that mother-infant play is not universally practiced. Further, there is no evidence to suggest that, universally, the

parent's skill as a playmate has consequences for the attachment system (Keller, 2013; Thompson, 1997). Rather, it is the mother's responsiveness to the infant's bids for interactional activity that seem relevant. Thato would score poorly as a playmate for Tumi, failing to get involved in or initiating mutual play. Yet her inability to play seems to have no bearing on her sensitive responsiveness shown throughout the excerpt.

Lastly, toys such as books and puzzles are often introduced as part of the standardized setting for observing interactions on the majority of measures of maternal sensitivity. Some test items also show interest in the mother's use of toys. The 90 item Maternal Behavioural Q-Sort (MBQS) has as one of its items "provides age appropriate toys" (Pederson et al., 1990). In many contexts, children do not have access to toys, but rather create their own objects for play. Items such as the one on the MBQS display various context-specific ideas regarding infant play, such as that play involves the parent, that play involves objects and that objects for play are provided to the infant by adults rather than discovered by the infants themselves. These assumptions are made from contexts where play has been commercialized through the mass production of toys. Further, it can also be argued that no toys are universally available and therefore should not form part of measures of maternal sensitivity if they are to be universally relevant. Thato is clearly unfamiliar with the stack toy, and doesn't realise its function. She is also largely leaves Tumi to discover and engage with the toys himself. Again, this seems to have no bearing on her sensitive responsiveness.

The reliance on play and toys, as described above, has clear implications for the universal applicability of measures of maternal sensitivity that rely on play-based observations. The use of standardized toys or play-based situations across all cultural contexts is clearly problematic. The majority of mothers from cultures where play between adults and children is not common, who are asked to engage in play with their infant in order to measure their sensitivity are then placed at a huge disadvantage, as they find themselves engaged in an unfamiliar activity, while under researcher scrutiny. Maternal sensitivity scores will be differently impacted across contexts by the mother's familiarity with the toy and with play, calling the universality of such measures and understandings into question.

The Central Role of Language, Verbalisations and Verbal Responses

It is noted above that more recent measures of maternal sensitivity have moved away from abstract notions of responsiveness towards descriptions of specific behaviours that are considered sensitive (Mesman et al, 2017). In particular, language, verbalisation and verbal responsiveness has been introduced as a significant component of maternal sensitivity, and has been put forward as preferential over physical forms of response. For example, mothers lose points on the MBQS-mini if their interactions are "physical rather than verbal" or "object oriented". The CARE-

index also scores parents according to their use of vocal expressions (Crittenden, 2001). The CIB also looks at the quality of vocal interactions (Feldman, 1998).

This preference for verbal responsiveness has been identified as a third area of cultural-specific adaptations in the literature, with clear implications for silent yet responsive mothers like Thato. Although Thato does not speak to Tumi once throughout her interaction with him, and often responds to his signals physically or with objects (such as the toys or breasts) these responses always seem to be not only sufficient but appropriate and contingent.

Linguistic-anthropology has long concluded that some cultural groups are more verbally communicative than others (Avruch, 2009; Hall & Hall, 2001; Lancy, 2012). In particular reference to parent-infant interactions, anthropology has demonstrated that talking to preverbal infants is not a universal phenomenon (Lancy, 2012). There is also extensive evidence which suggest that different cultural groups make use of different modalities to respond to infants' signals (Feldman & Masahla, 2010; Kärtner, Keller, & Yovsi, 2010 in Mesman & Emmen, 2013; Lancy, 2015; Levine et al., 1996; Mesman et al., 2017; Richman, LeVine, New, Howrigan, Welles- Nystrom & LeVine, 1988; Sharma & Fischer, 1998; Solomon, 2011; Whiting, 1963). While Western parents tend towards more overt, verbal forms of interaction, non-Western parents appear to be more subtle and non-verbal in form (Mesman et al., 2017). Active social and extraverted behaviours such as face-to-face positioning and use of eye contact and vocalisation are also more commonly found in many North American and Western European cultures. In contrast, parents in African, Asian, or South American cultures are more commonly found in continuous close physical proximity to their infant and appear to primarily make use of physical facilitation, focus-following, tempo adjustment, movement and positioning in response to infant signals (Mesman et al., 2016; Mesman et al., 2018). Such parents are unlikely to engage in vocalization such as normal speech or motherese (baby talk), eye contact or face-to-face interaction. Given these cultural variations, many cultural groups are likely to be disadvantaged or misrepresented by current conceptualisations or measures of maternal sensitivity, which consider vocal interactions to be central. This evolution towards an emphasis on verbalisation is interesting given Stern's (2000) assertion that response to infant cues may happen in many modalities, and that cross-modal responses are actually thought to have developmental benefit.

The inclusion of learning in parent-infant interactions

The parent's role in the facilitation of the infant's learning has also become intimately linked with theoretical arguments about and measures of parental sensitivity and sensitive responsiveness. The parent's ability to facilitate learning has come to be considered as a domain of sensitivity, either in a separate composite scale or as part of a global sensitivity scale. The MBQS-mini, for example, notes that the "facilitation of learning" is a core domain of the measure, and describes the sensitive mother as

one who "creates and encourages an environment conducive to learning and exploration" and "structures the environment and interactions to promote learning" (Pederson, Moran & Bento, 2011). Biringen's (2008) measure of Emotional Availability is also interested in the mother's ability to structure activities and create boundaries. Erickson et al's (1985) measure focused specifically on the learning setting and considers the adult's provision of clear instructions, the clarity of instructions and their respect for the child's autonomy as central components of a high score. Further, the NICHD-SECCYD sensitivity scales have a special focus on sensitivity during teaching tasks (Owen, 1992).

A focus on learning during parent-child interactions clearly steps away from Ainsworth's core understanding of maternal sensitivity - the prompt and appropriate response to an infant's signals. A focus on learning is, at best, a separate issue, still relevant to child development. However, its universal relevance is highly questionable. Anthropological research demonstrates that across the majority of cultural groups, parents have little active involvement in their child's learning (Lancy, 2010; Lancy & Grove, 2010; Lancy & Grove, 2011). Lancy and Grove (2010) note that even in the West, where parenting is largely synonymous with teaching (in contrast to the rest of the world), this is a recent development. Infant learning is more widely understood to be dependent on "their natural curiosity and motivation to emulate" experts, as well as their interactions with other children (Lancy, 2010, p.79; Lancy & Grove, 2011).

Such anthropological literature supports an argument that, through the increased inclusion of "facilitation of learning" as a key component of parental sensitivity and sensitive responsiveness, understandings and measurements of maternal sensitivity have become more and more culturally-specific. Applying such understandings or utilizing such measures in a number of alternate contextual settings, where a focus on learning through parent-infant interaction is not the norm, could strongly disadvantage parents like Thato, who makes no attempt to teach or facilitate learning. Although attachment security is known to have implications for learning (Geddes, 2016), there is no clear evidence to suggest that facilitation of learning in parent-child interactions is a universally important component of maternal sensitivity or sensitive parent-infant interactions more generally, and should not be put forward as universally applicable.

Proactive rather than reactive adult involvement in interactions

Ainsworth's original conceptualisation of maternal sensitivity is a reactive one. Sensitivity is conceptualised as a response to a signal which originates with the infant. In the absence of a signal from the infant, no action is necessary from the mother/parent. For Ainsworth, maternal sensitivity is concerned with whether or not the mother supports or interferes with the things that the infant initiates

(Ainsworth & Marvin, 1994; Mesman & Emmen, 2013). If the infant does not signal, nothing is required of the mother, other than to refrain from intruding or interfering.

A close reading of the subsequent literature on maternal sensitivity reveals a shift in this position. Later conceptualisations and measures increasingly require the mother to be proactive and to act even in the absence of a signal. For example, the MBQS-mini describes how a mother must proactively "encourage…exploration", "create…an environment", "structure an environment", "promote and initiate interactions..." (Pederson, Moran & Bento, 2011). As one of their core sensitive items, the measure is also interested in whether or not the mother "builds on the focus of baby's attention". As part of the emotional availability scales, a mother needs to find interesting, stimulating and creative ways to play with her infant to score highly (Biringen, 2000). In addition, the concept of mind-mindedness purports that sensitivity to the infant's mental states and on-going activity is necessary even when the infant's emotional and physical needs are satisfied and the infant does not signal. Such descriptors require a far more active position from the mother, even in the absence of signals (distress and non-distress). From such a position, a more watchful, less actively involved (but still sensitively responsive) mother, such as Thato, is considered less sensitive and viewed more negatively. Yet it is clear that, from her passive, watchful position, Tumi is responded to promptly and sensitively. Thato's failure to be proactive for most of her videoed interaction with Tumi yet again seem to have no bearing on her sensitive responsiveness to him.

Conclusion

Maternal sensitivity appears to be a crucial concept for understanding attachment and promoting infant mental health and attachment security. However, this paper has tracked how theoretical advancements and operationalisation of the construct of maternal sensitivity has taken place predominantly in developed countries, potentially opening the doors for cultural bias. This paper purports that the evolution of the concept of maternal sensitivity has failed to account for cultural differences, where parenting beliefs, social goals, parenting strategies, caregiving behaviours, intensity of emotional expression and relationships differ (Bretherton, 1992; Keller, 2013; Lancy, 2007; Lancy, 2010, Lancy, 2015, Mesman et al., 2017). Consequently, an image of the "global mother" dominates, which fails to allow for benign difference and diversity and potentially pathologises other parenting practices. This has occurred, in particular, through the elevation of interactions which include positive affect, adult-infant play, verbal responses, opportunities for learning and proactive adult involvement.

Whether Ainsworth's original conceptualisation and model is more culturally universal is still under debate, and its broad and abstract nature does leave room for subjectivity. However attempts to remedy this through the inclusion of more specific descriptions of 'sensitive behaviour' appear to have made the construct even more

vulnerable to cultural and contextual bias, values and assumptions. Therefore, caution must be exercised in the development of sensitivity-promoting interventions and the results generated by more specific measures of maternal sensitivity should not be assumed to be generalizable or universally relevant. With cultural and contextual variation in parenting practices, goals and modalities, as well as variation in ideas of optimal child development, the understanding and measurement of maternal sensitivity across diverse populations is a difficult and ethically challenging endeavour which requires contextual consideration.

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Chapter 3

Methodology

3.1 Research Questions

1. How do residents of Alexandra Township describe good mothering, and how does this description converge with or diverge from Western-developed theoretical definitions of maternal sensitivity?
2. What does Maternal Behaviour look like in Alexandra Township and how does this converge or diverge with definitions of sensitive care currently documented in the Western-based literature?
3. When considering cultural and contextual parenting ideals and necessities, are behaviours and descriptions of good mothering adaptive or indicative of the transmission of trauma?
4. Is the Western-developed concept of Maternal Sensitivity (in theory and as operationalized through various measures) applicable to the context of Alexandra Township?
    a. Is the use of the MBQS-mini appropriate for the context of Alexandra Township?
    b. Is the use of the Ainsworth Scale appropriate for the context of Alexandra Township?

3.2 Research Design and Theoretical Approach

The aim of this study was to understand the relevance of the Western-developed, attachment-based concept of maternal sensitivity as a parenting concept to the unique African context of Alexandra Township. This setting is highly disparate from the one in which the theory was and is continuously being developed. This study used a combined psychoanalytic and social constructionist framework (Hollway & Froggett, 2012; Saville-Young & Frosch, 2009), and has incorporated both ideas from psychoanalytic (and attachment) theories and social constructionism. It is important to disclaim that although this study is itself embedded in an approach that incorporates an attachment theory framework for understanding the relationship between ways of parenting and child outcomes, it is also positioned to question the theory of attachment. While theory can provide a useful framework, it can also be used defensively, becoming what Bion termed an "over-valued idea" (Britton & Steiner, 1994; Midgley, 2006). In these cases, critical engagement with the role and influence of theory can allow for new ways of thinking to emerge. Therefore, this study sought to refine, adapt, and contest where necessary, the very theory in which it was embedded in order to provide a more culturally relevant understanding of the impact of parenting on child outcomes.

For the reasons highlighted above, the design of the study needed to allow for local culturally informed knowledge to challenge already existing theoretical understandings

of parenting, while also allowing the theory to potentially inform an understanding of the data obtained. While the main aim of the research was to find culturally relevant conceptualisations of maternal sensitivity, it held onto the evidence-based theoretical understanding that parenting practices and opinions about parenting are psychologically informed by a parent's internal working model, history of being parented and experiences of trauma (DeGregorio, 2013; Fonagy & Target, 2005; Savage et al., 2019). The study also acknowledged that the experience of being a mother is strongly influenced by socially constructed, culturally-embedded dominant ideologies about motherhood (Kruger, 2003).

A mixed-methods approach was selected for this study. Specifically, a concurrent triangulation mixed-methods approach was utilised (Creswell, 2014). This study utilised existing cross-sectional quantitative data (from an existing research project) for statistical analysis, as well as gathered new qualitative information to explore the concept of maternal sensitivity within this setting in more depth. Analysis of quantitative and qualitative data happened concurrently, and the results were compared and contrasted, to look for areas of convergence and difference or some combination thereof.

The qualitative arm of the study utilised a combined psychoanalytic and social constructionist approach. As noted above in the literature review, psychoanalytic approaches assume that individual ideas and behaviours are influenced by intrapersonal unconscious processes (Fraiberg et al., 1975; Freud, 1914; Hollway, 2008), with unprocessed trauma having a significant influence on interpersonal relating (Bradfield, 2011; Fraiberg et al., 1975; Greenberg & Mitchell, 1983; Stolorow, 2007; van IJzendoorn & Bakermans-Kranenburg, 2019). Efforts to protect the self from emotional distress may result in defences, which in turn influence conscious thoughts and behaviour (Gilbert, 2001; Hollway & Jefferson, 2000; Reid & Finesinger, 1956). Social constructionist theories, on the other hand, acknowledge the influence of shared social and group thinking and representation (largely conveyed through language) on how individuals understand and perceive the world (Burr & Dick, 2017). As a result, an individual's location in place and time will influence their understanding of social phenomena, resulting in understandings which vary across cultures and contexts but may be more similar within them (Burr & Dick, 2017). That is to say, from a social constructionist perspective, an individual's ideas of what constitutes a good mother is influenced by social ideas shared by the group of individuals in that place and time.

The use of both theories together acknowledges that the experiences of the individual are not informed only by the internal world (the individual's psychological experiences) or by the external world (social experiences), but is always a product of both (Hollway & Froggett, 2012; Saville-Young & Frosch, 2009). The context of the individual

is said to include both their social, political, and cultural contexts and their biological, historical and intrapersonal contexts (Saville-Young & Frosch, 2009). This is synchronous with the way that context is conceptualised in this study: the individual can never stand outside of the social or the personal subjective (Frosh et al., 2003). Therefore, the contributions of both contexts needed to be explored in order to fully understand the phenomenon of study (Hollway & Froggett, 2012). In this case, participants' understandings of sensitive mothering were assumed to be intrapsychically, intergenerationally and socially constructed. Participants were understood to be drawing on their unique inter-related combinations of internal and external frames of reference when answering questions. This allowed cultural and contextual material relevant to the participants to emerge. This approach to research falls within a qualitative methodology, and uniquely straddles both the interpretivist and constructivist paradigms (see Terre Blanche & Kelly, 1999).

3.2.1 **Design Strengths and Potential Design Critiques**

A mixed-methods approach was advantageous as it allowed the study to draw on the complementary strengths of both a qualitative and quantitative approach and answer a broader range of research questions. It also facilitated a comprehensive analysis on multiple levels, and a means to validate and substantiate the findings from each arm of the study by looking for areas of convergence and divergence between them (Creswell, 2003; Creswell, 2009; Creswell, 2014; Johnson & Onwuegbuzie, 2004; Migiro & Magangi, 2011).

Although the original study, from which the quantitative data set was derived (see below), had an experimental design, this study only made use of a cross-section of that data. A cross-sectional approach was indicated for this study, as it sought to comment on maternal sensitivity as measured at a point in time and did not look for a shift in the construct as a result of an intervention (as in an experimental design) (Mann, 2003). In other words, the cross-sectional nature of the data meant that no causal relationship could be determined (Mann, 2003), however this was not the aim of the study. A cross-sectional method is considered the best way to determine associations (Mann, 2003), which was a key aim of this study.

Various weaknesses of quantitative research methods have been identified. Quantitative methods have been accused of failing to reflect local understandings, as well as missing out on opportunities to generate new understandings and theories. Further, quantitative research is sometimes said to provide knowledge that is too general to be useful for application in a specific and unique context (Johnson et al., 2007). This study addressed some of these problems with quantitative research through the inclusion of

qualitative techniques. Through the addition of the qualitative component, this study allowed for the development of new understandings that have specific applicability to the context of Alexandra Township. These locally embedded understandings of maternal sensitivity aided in the explanation of the quantitative findings.

Qualitative studies, and psychoanalytic interviews (the data collection method of this study, discussed below) in particular, are often argued to lack the generalizability, objectivity and validity of quantitative studies (Midgley, 2006; Sale et al., 2002). In order to counter such criticism and demonstrate methodological 'trustworthiness', as outlined by Cope (2014), this study made various considerations with regards to the qualitative elements of the research, outlined below. Firstly, the study attempted to ensure credibility through taking measures to accurately reflect the participants' 'truths' (Lewis & Ritchie, 2003; Lincoln & Guba, 1985). The credibility of interpretations made using psychoanalytic analysis techniques was ensured through triangulation of data, clear explanation, and the use of evidence from the interviews (Tuckett, 1998). The supervision of the study, by an experienced and reflective researcher, assisted in this. In addition, adequate time was spent with the participants in order to gain a detailed understanding of each individual (Lincoln & Guba, 1985). As a second means of demonstrating trustworthiness, the research considered the limitations of the transferability of the findings. To address this, the researcher has attempted to provide sufficient and rich detail about the context of the research (Alexandra Township) and the individual participants, as well as on the research methods and procedures. These rich descriptions allow readers to make their own decisions about the transferability of the findings (Kelly, 2006; Lincoln & Guba, 1985; Morrow, 2005).

To address the weaknesses of both the quantitative and qualitative research designs, a mixed methods approach was chosen. Time and expense, and the consequent compromise of sample size, are noted as the main drawbacks of a mixed-method design (Driscoll et al., 2007; Johnson et al., 2007). However, as this study drew on quantitative data that forms part of a pre-existing study, the time and expense of data collection was manageable. Lastly, Creswell (2009) warns that mixed methods analyses can results in two distinct types of analyses which can be difficult to compare, noting that a concurrent triangulation design can leave researchers unclear about how to resolve discrepancies (Creswell, 2009). In this particular study, very few areas of discrepancy arose, and convergent themes between the quantitative and qualitative data were found.

3.2.2 **Overview of the Research Process for this Study**

Before discussing the data collection process, the research procedure and the data analysis, a brief summary of the process of the study is provided below:

Phase One: Critical Literature Review:

Reviewed the literature.

Wrote-up first paper: Critical review of potential areas of cultural bias in maternal sensitivity literature.

Phase Two: The Quantitative Study:

Coded 50 of the MBQS-mini coded videos using the Ainsworth Scale and did a correlational and item analysis.

Wrote a second paper on maternal sensitivity and maternal behaviours in the context of Alexandra Township, as measured by the MBQS-mini and Ainsworth scales.

Phase Three: The Qualitative Study:

Using a snowballing method, identified eight mothers from the Alexandra community who were considered to have been 'good' mothers according to a description of a community member with a good sense of their parenting capacity; and conducted eight semi-structured interviews and video narrations.

Analysed the qualitative data set.

Wrote up a conference poster and the third paper on mothers' descriptions of good maternal care, and the contextual, cultural and intrapersonal factors that influence this behaviour.

Phase Four: Reflection on the Study:

Wrote up the fourth paper on the use of video commentary as a data collection method.

Integrated the four papers into a final thesis document.

Final discussion and conclusion written.

3.3 Data Collection

The study drew draw on data from two primary data sources. Firstly, the study drew on mother-baby interactional data (and supporting data) already collected as part of an independent, pre-existing study. The second source of data was the qualitative data gathered specifically for the purposes of this study.

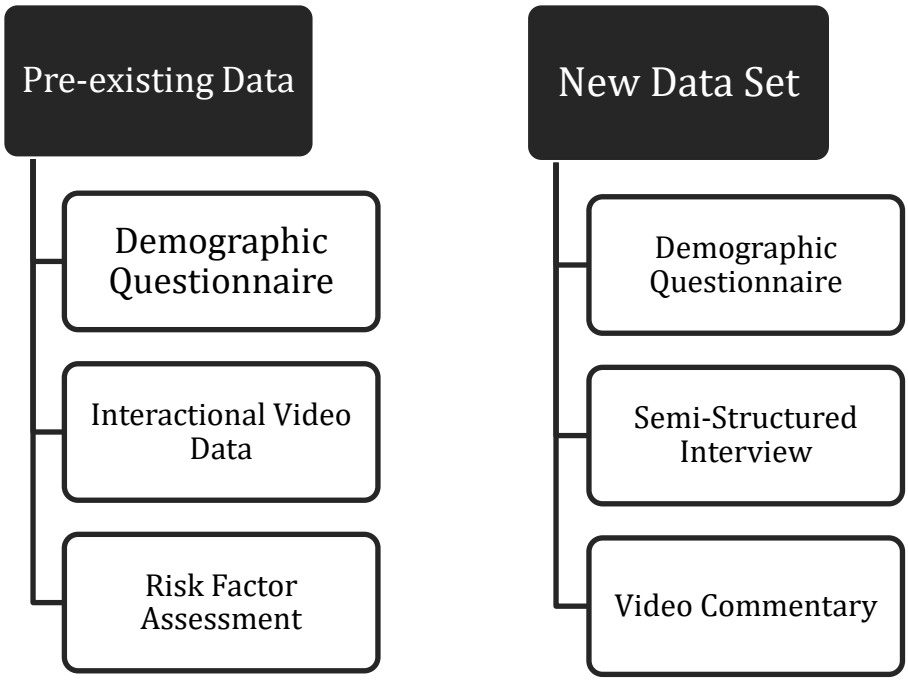

Figure 1: Data Sources

3.3.1 **Existing Data Source: Description and Use in this Study**

This study made use of data from a study which was part of a research partnership between the University of the Witwatersrand and the Ububele Educational and Psychotherapy Trust, studying the efficacy of a home visiting project in Alexandra (called the Ububele Mother-Baby Home Visiting Project: UMBHVP; Ethics Clearance Number: M120826). The researcher on this study was also a researcher on the UMBHVP study. Permission to use the data was granted in writing by the principle investigator (see Appendix A) and use of this data adhered to the conditions agreed to by participants in the original study. The sample for the UMBHVP study was drawn from the population of mothers and babies making use of the health services available at the Alexandra 1st Avenue Masekane Health Clinic. The inclusion criteria for this sample were that the mother was pregnant at the time of the recruitment and either lived in Alexandra or made use of the Alexandra health clinic. Mothers who were identified as suffering from severe mental illness (e.g. suicidal ideation) were excluded from the sample and referred to specialist services.

The specific data of interest to this study was the data gathered for coding of the Maternal Behavioural Q-Sort mini (MBQS-mini). The MBQS-mini formed part of the post-test battery for the study in the Ububele Mother Baby Home Visiting Project (UMBHVP). Data from both the control and experimental groups was used, however, it is important

to note that the intervention was found to have no impact on maternal sensitivity (Timmers, 2021). Babies were aged between 3 and 6 months at post-test. At the outset of this study, over 130 mother-infant interactions had been recorded and over 50 MBQS-mini data sets had been coded. The researcher was personally involved in the collection, coding, analysis and write up of this data set, as noted in the introductory chapter. This study drew on the UMBHVP MBQS-mini data source for interactional video data, in addition to the demographic and risk profile information provided by mothers. Table 1 contains an overview of the demographic data for this data set. The sub-set of 50 videos of mother-infant interaction originally recorded for the UMBHVP and coded using the MBQS-mini were re-coded using the Ainsworth Scales for this study. Maternal sensitivity scores received on the MBQS-mini and on the Ainsworth method were then compared. Both the MBQS-mini scoring procedure and that of the Ainsworth Scales are described in more detail under the sections on data collection and data analysis.

Table 1: Demographic Data for Quantitative Data Analysis

Sample size	50		
Maternal Age	Mean: 25.4 years	Range: 17 to 38	
Infant Gender	52% Male	48% Female	
Infant Age	Mean: 131.29 days	Range: 84 days to 249 days	
Birth Type	82% Natural Vaginal Delivery	18% C-Section	
Parity	Mean: 1.68	Range: 1 to 3	
Maternal Education Level	4% Primary school incomplete 48% Secondary school incomplete 28% Secondary school complete 18% Further Education and Training (FET) 2% Completed university degree or higher		
Employment	54% Unemployed 30% Employed	12% Scholar 4% University or Further Education and Training (FET) student	
Dwelling Type	2% Temporary dwelling (Tent or Caravan) 26% Shack 66% Brick house	4% Hostel 2% Informally sub-divided warehouse	
Pregnancy Planned or Unplanned	68% Unplanned 30% Planned	2% Not specified	
Maternal Language	32% isiZulu 6% Setswana 16% Sepedi 16% isiXhosa	12% Sesotho 2% Shona 2% Seswati	6% Tsonga 4% Venda 2% Other
Mother Dwells With	30% Father of the baby 28% Maternal grandmother	32% Other relatives 10% Alone	
Feeding	58% Exclusively breastfeeding		
Maternal losses	84% None 12% At least one miscarriage 2% At least one baby born alive that subsequently died 2% At least one still-birth		

3.3.2 **New Data Source: Participants in the qualitative study**

The participants for the second data source in this study were mothers living in Alexandra Township, considered to be "good mothers" by fellow members of their community, with at least one child aged between three and seven years old. This specified age range of the mother's children ensured that the mother's experience of parenting an infant was recent, while also providing some distance from the experience of mothering an infant and for sufficient time to have passed for community members to make an evaluation of 'good mothering' in their referral. Snowball sampling was used to source eight participants. To begin the snowballing process, the Ububele Educational and Psychotherapy Trust preschool teachers (also members of the Alexandra community) were asked to identify mothers of children from the preschool (currently or historically) whom they would describe as a 'good mother' and as successfully raising her child. The teacher (or later, the participant) referring the mother in question was asked to describe why they regarded this mother as a good mother.

Mothers needed to be over the age of 18 to participate. Mothers were due to be excluded if they themselves were not the primary caregiver to at least one child as an infant, but no such participants were put forward. In addition, mothers needed to be sufficiently fluent in English to complete the interview. All recommended participants were. However, it was made clear to participants that a multilingual translator would be made available upon the request of the participant. No mothers asked for a translator. Mothers suffering from severe mental illness were also due to be excluded from the research and would have been referred to relevant psychological and psychiatric services where necessary. Again, no mothers suffering from severe mental illness were referred, and no referrals to psychological or psychiatric services were made. The Ububele Educational and Psychotherapy Trust had been chosen out of convenience and participation was entirely voluntary. Based on the method of recruitment, the sample is considered a non-probability, convenience sample (Babbie & Mouton, 2005; Kelly, 1999; Marshall, 1996). Below, in Table 2, is an overview of the participants' demographic information.

Table 2: Interview Participants

Participant's Pseudonym	Age	Language	Marital Status	Highest Level of Education	Employment Status	Number of Children	Age of Children	Monthly Household Income
Bontle	28	Sepedi	Single	Matric	Employed	2	3; 7	R5001 – R15000
Sarah	29	Setswana	Single	Diploma	Employed	1	5	R5001 – R15000
Siyamthanda	34	isiZulu	Single	Grade 11	Piece Work	5	18; 14; 9; 6; 4	Less than R1500
Phokeng	29	isiZulu	Single	Grade 11	Employed	1	6	Less than R1500
Zandile	27	isiXhosa	Single	Matric	Employed	1	4	Less than R1500
Thato	33	Sepedi	Single	Matric	Employed	2	14; 6	(not disclosed)
Lerato	50	isiZulu	Widowed	Grade 11	Employed	4	25; 21; 11; 6	R1501 to R5000
Mambo	28	isiZulu	Single	Higher Certificate	Employed	1	3	R5001 to R15000

Eight participants took part in the qualitative arm of this study. The mothers ranged in age from 27 to 50 years of age. Participants had between one and five children in their care, and the youngest child in their care ranged from three to six years. The 50-year-old participant, while a mother herself, participated as the primary caregiver to her granddaughter, who was six years old at the time of the study. All participants were South African citizens and spoke an official South African language as their home language. Three of the participants had not completed their secondary school education, three had, and two had undergone some post-school learning. All mothers were employed, which may indicate reduced levels of financial stress, however three of the participants had household incomes of less than ZAR1500 a month. All participants had a monthly household income of less than ZAR15 000. Interestingly, no participants were married, with seven participants never having married and the 50-year-old participant being widowed through suicide.

3.3.3 **Collection Instruments**

3.3.3.1 *Mother-baby interaction videos*

The video footage of mother-baby interactions referred to above was collected in a laboratory setting. On arrival, mothers were asked to "just be with [their] baby, as [they] would at home". Their interactions were filmed for 5 minutes. Following this the mother was handed a bag containing a rattle, stacking toy and ball, and asked to continue being with her baby as she would at home. Five more minutes of interaction were then filmed. The mother was then handed a book and filmed for 3 minutes, and then a 'challenging toy' (i.e. a shape sorter) and filmed for 3 minutes. Five minutes of footage were also filmed where the mother's attention was divided between tending to her baby and talking to the researcher or filling in a form. Occasionally, if the situation permitted, five minutes of feeding were filmed (see manual by Pederson et al., 2011).

Interactions were then coded using the MBQS-mini. The MBQS-mini is a 25-item Q-sort type measure of maternal sensitivity, based on Ainsworth's description of sensitive maternal behaviour (Pederson et al., 2011; see Appendix N). Reliable, certified coders sort the 25-items based on a 20-minute video recording of mother-infant interactions. Scores are the result of a correlation between the ideal sensitive mother and the sort of statements considered to be most like the mother in the video, somewhat like the mother, neutral, somewhat unlike the mother, most unlike the mother in the video (Pederson et al., 2011). The MBQS-mini is a reliable (r=0.94) and valid measure (Bailey et al., 2009; Evans et al., 2007; Tarabulsy et al., 2008). The videos were coded according to the MBQS-mini computerised card sort, by five reliable South African MBQS-mini coders. Inter-rater reliability was established across the 5 coders before individual coding commenced. All videos were double coded. Two scores were obtained for each video by correlating the coded sort against both the original Canadian sort of the ideal mother, and a local South African sort of the ideal mother, as decided on by the researcher, two local psychologists and five local lay counsellors. A South African sort was developed in an attempt to mitigate the influence of Canadian ethnocentrism as much as possible. All eight individuals involved in the development of the South African sort worked clinically with mother-infant dyads in Alexandra; seven were South African citizens, six were black women, and three lived in Alexandra.

As part of this study, a set of the coded MBQS-mini videos were re-coded using the Ainsworth scale (see Appendix O). The double coding of these videos across two measures allowed the participants' scores across the two measures to be compared, and a profile of maternal behaviour to be identified. The Ainsworth Maternal Sensitivity Scale (AMSS, here referred to as the Ainsworth scale) was the original measure of maternal

sensitivity, developed by Mary Ainsworth (1969). Ainsworth originally advocated that her scale be used to score multiple, lengthy, naturalistic observations (Ainsworth et al., 1978), however current research more commonly makes use of 10-to-30-minute observations (Mesman & Emmen, 2013). The measure is a 9-point scale, with a score of 9 indicating a highly sensitive mother, a score of 1 indicating a highly insensitive mother and a score of 5 indicating inconsistency (Ainsworth, 1969). This measure is argued to be the gold standard, and due to its origins, the most culturally diverse (Mesman & Emmen, 2013). While the validity of the Ainsworth scale has been established through various studies that have demonstrated its relationship with attachment security (Ainsworth et al., 1978; Bakermans-Kranenburg et al., 2003; De Wolff & Van IJzendoorn, 1997), some studies have demonstrated some inconsistency in this regard. A recent study failed to find a predictive relationship between maternal sensitivity at 4-weeks and attachment classification at 16 months, calling this validity into question (Yorgason & Yorgason, 2015). Notably, the study further failed to find test-retest reliability for maternal sensitivity measured at 4 weeks and 16 months with the Ainsworth Scale, but argued that this may be a function of the large time lapse between test-retest and the consequent developmental changes for the infant (Yorgason & Yorgason, 2015). The lack of test-retest reliability may also reflect the fact that 4-weeks is a fairly short time for the mother to have adjusted to her new role. The development of age-specific measures was therefore recommended.

3.3.3.2 *Risk Factor Assessment*

During the data collection for the UMBHVP randomised control trial, data was collected using the Risk Factor Assessment (RFA; Baron et al., 2015; van Heyningen et al., 2019). The RFA was developed by the Peri-Natal Mental Health Project in Cape Town, South Africa. It is an 11-point tick box form, that includes questions assessing the presence or absence of risk factors for perinatal mental health, such as the presence of domestic violence and strain in the relationship with the maternal grandmother (see Appendix M). The data gathered using the RFA were treated as additional demographic data and were used to run quantitative statistics, alongside the MBQS-mini and Ainsworth scale data.

3.3.3.3 *Demographic Questionnaire*

In addition to the RFA and video-recordings of mother-infant interactions, this study also made use of the demographic data collected as part of the data set for the UMBHVP study (see Appendix L). This data was used for quantitative analysis, along with the Ainsworth Scale and MBQS-mini scores. A second demographic form (see Appendix H) was designed for administration to the eight new participants who participated in the qualitative element of this study.

3.3.3.4 *Semi structured interviews*

Terre Blanch and Kelly (1999) suggest that researcher-participant interaction is the best method for understanding the experiences of the participant. The primary form of data collection from the eight 'good' mothers described above was a semi-structured interview. While parts of this interview took the form of a free-association narrative interview, in other parts of the interview, the questions were more structured.

A psychoanalytically-informed approach to interviewing assumes that the participant, and in fact the researcher, are defended subjects whose speech is impacted by their anxieties and defences (Hollway & Jefferson, 2000; Midgley, 2012). For this reason, interviews are largely unstructured, allowing for free association, in order to best access unconscious ideas, motivations and anxieties (Hollway, 2011; Hollway & Jefferson, 2000). To achieve this, during the interview, the researcher made use of open-ended questions, attempted to elicit recall of stories and made use of the participant's own ordering and phrasing in follow-up questions (Hollway & Jefferson, 2000; Midgley, 2012). The researcher listened to both what the participants said and what they did not say with "evenly-hovering attention" (Kvale, 2001, p.32). 'Why' questions and interpretations were avoided as far as possible, so as not to elicit rehearsed answers or evoke defences (Clarke, 2006; Hollway & Jefferson, 2000). One of the primary benefits of this kind of interview is the open, indirect manner of interviewing, which facilitates the collection of rich data (Kvale, 2001; Midgley, 2006).

Following the interview, the researcher recorded her own subjective and affective or counter-transference experiences (Hollway, 2011; Midgley, 2012). The researcher's countertransference, or emotional response, to the participant and their story is understood as part of the unconscious communication between them (Hollway, 2011; Hollway & Jefferson, 2000). The researcher's subjective and affective experiences were a necessary part of the data, as they are drawn on in order to make sense of the participants' responses (Hollway, 2011; Midgley, 2012).

In addition to exploring the individual dynamics of the participants, the researcher was also concerned with exploring the shared group narratives around good mothering in the context of Alexandra. These understandings were drawn from less specific questions, about mothering in general. Hollway (2013) argues that it is possible to access "unsymbolised socio-cultural knowledge, a kind of socio-collective unconscious" (p. 22) through psychoanalytically-informed analyses that assume that the social rules that influence constructions emerge through narrative and interaction. This is achieved through close attention to 'scenic' knowledge (Holloway, 2014), which is information that

emerges intersubjectively between interviewer and interviewee, often in the form of affect.

In this part of the study, mothers were asked to explain what they considered good or bad mothering or parenting practices and the qualities that they believed were important for mothers to have when caring for an infant. The questions focused on infancy, as Ainsworth's construct was originally formulated only in relation to the period of infancy (0 to 2 year) (Mesman & Emmen, 2013). The study assumed a difference in parenting practices for older and younger children. Mothers were also asked to identify the child-rearing goals for the community of Alexandra, from a list of attributes including honesty, self-expression, creativity, and respect for elders. In an attempt to elicit answers more thoughtful than everyday 'rehearsed' answers, the researcher asked the mothers to imagine that she (the researcher) was marrying into her (the participant's) family and needed to be taught the practices and expectations of the family. This technique deliberately utilised the differences between the researcher and the participants. The researcher's obvious 'whiteness' required participants to acknowledge the probability that she did not know much about their cultural expectations for motherhood and the contextual realities of life in Alexandra Township. Participants appeared to enjoy this question and the teaching role they assumed allowed for the sharing of cultural and contextual information that may not otherwise have emerged.

Further questions revolved around the mother's personal history, and history of parenting. Biographical accounts and life histories were a necessary component of the interview, as they enabled the researcher to locate the participants' narrative and unconscious processes within the context of their past experiences (Clarke, 2006). The mothers' personal and social narratives facilitated the combined psychoanalytic and social constructionist methodology, providing data on both the shared social and personal psychological constructions of parenting.

The interviews were video-recorded rather than audio-recorded in order that non-verbal communications could also be captured for analysis. In addition to the overt and narrative based data, the researcher attended to data in the form of non-verbal communications, the emotional tone of the interview and both her own and the participants' emotional experiences (Hollway & Froggett, 2012; Marshall & Rossman, 2011; Midgley, 2012).

3.3.3.5 *Commentary on Ainsworth's Definition of Maternal Sensitivity*

As an additional data source, participants were asked to comment on Ainsworth's definition and conceptual understanding of maternal sensitivity. Participants were shown and read Ainsworth's definition, without any mention of its author. Each of the

four central components of Ainsworth's definition of maternal sensitivity were articulated to the mother. Her opinion on the definition was then sought. Participants were encouraged to ask clarifying questions, to ensure that they understood Ainsworth's assertions. Ainsworth was not referred to by name, or as a prominent developmental theorist, in order to best allow the participant to feel free to contest her assertions. Although it is acknowledged that other power dynamics, such as those between researcher and participant, likely influenced the degree to which the participant felt she could criticize the definition, it is hoped that the tone of the interview and respectful acknowledgement of the participant's point of view by the researcher up until that point in the interview, allowed the participants greater freedom to express their opinions. Some mothers did, in fact, challenge aspects of the definition. Ainsworth's definition and scales were chosen for this study as hers is the original definition and was developed through cross-cultural observations.

3.3.3.6 *Video Commentary*

A final data source was in the form of video commentary. The participants were asked to view a pre-identified set of 3 videos of mother-infant interactions. The videos were drawn from across the range of maternal sensitivity scores (i.e. 1. Passive mother, 2. Sensitive mother, 3. Intrusive mother), and contained a 3–4-minute excerpt of a mother with her infant. While viewing the interactions, participants were asked to narrate what they saw. After each video, the participants were asked to give the mother in the video a 'grade' for her mothering. Participants were encouraged to draw on local and individual understandings of grading (i.e. An A+, B, C, D etc. or 100%, 70%, etc.). Participants were then asked to explain why the grade was chosen, and what criteria they used to grade the mother. Finally, they were asked to share what the mother in the video did or didn't do that she should be doing.

For this data collection, video recording was also used. Video recording was necessary to link narrative comments by the participants with particular interactions in the video they were watching. Participants' narrations were minimal during the video watching, but participants easily offered reflections after watching. They were easily able to rank the three videos in relation to one another, and to offer reasons for their ratings. Only one participant displayed discomfort with the exercise of rating the mothers. All other participants engaged comfortably with the task.

3.4 Research Procedure

The research began with an extensive review of the literature on maternal sensitivity, culture and context. This literature review resulted in the first paper, a critical literature review, while also assisting in informing the research process. Following the extended

literature review and approval from the University Ethics Committee, the researcher coded and analysed the interactional video data already collected, immersing herself in mother-infant interactions in the context of Alexandra Township. An analysis was run to determine the relationship between the maternal sensitivity scores on the MBQS-mini and on the Ainsworth scales, as well as associations between the two sensitivity measures and pertinent background variables. Next, an independent sample t-test was run to determine if there was a significant difference between the maternal MBQS-mini sensitivity scores of mothers who scored as either sensitive or insensitive on the Ainsworth scales, using both a Canadian and South African criterion sort. Lastly, an analysis of the items which contributed to the high and low scores on the MBQS-mini was conducted. It was hypothesised that the Ainsworth scale scores would correlate more with expected demographic data than the MBQS-mini maternal sensitivity scores. These processes of analysis resulted in the second paper, and also helped to identify interactional data that could be used for the second set of data collection (i.e. the three excerpts of mother-infant interaction to be presented to the second stage participants).

Two sets of three interactional videos were identified using their scores on the Ainsworth Scales and MBQS-mini, as well as by using coder notes, following the scoring process. Each set contained a mother from across the range of presentations of maternal sensitivity (i.e. a sensitive mother, a passive mother, and an intrusive mother). Once potential videos were identified, the researcher contacted the mothers in the videos and asked each for her consent for the extended use of the video for this research study. The compromise to the mother's confidentiality and anonymity was explained to her. All mothers agreed that their videos could be used. Two sets were compiled, with one set serving as a back-up in the event that the research participant knew the mother in the video. It was explained to the mothers in the video that if the participant knew the mother in the video, the video would be replaced with an alternate video (see Appendix C and D). However, the vast population of mothers in Alexandra and experience of working with mothers in this setting, suggested that this was unlikely to occur. As anticipated, no participants recognised mothers in the videos.

Following the interactional data analysis, the researcher approached the Ububele preschool teachers, with permission from the Preschool Principal and Ububele Director (see Appendix B), during a preschool staff meeting and explained the research to the teachers. The teachers were then asked to identify mothers of current and historical students whom they considered to be 'good mothers' and to invite these mothers to participate in the study. If the mother agreed to participate in the study and gave permission for the researcher to contact them, the researcher then contacted the mother and explained the research to her over the phone. In instances where the mother was

interested to hear more, the researcher set up a meeting with the mother. At this stage, the referring teacher was then asked to explain why they considered these mothers to be good mothers, and their responses were documented in order to form part of the data set. In cases where the referral came from a previous participant, the same procedure was followed.

At the initial meeting with the mother, at the offices of Ububele (in Kew), she was given an information sheet detailing the nature of the study and formally inviting her to participate (see Appendix E). Mothers who were interested in participating were asked to sign a consent form to participate as well as a video-recording consent form (see Appendix F and G). Following the signing of consent, the interview took place. The researcher ensured a quiet and private space, with minimal disruption. The interviews comprised of a demographics form (see Appendix H), a semi-structured interview (see Appendix I) and set of questions which were asked while the mother watched the three videos of mother-baby interactions (see Appendix J). All semi-structured interviews were transcribed. Countertransference experienced by the researcher, as well as other researcher reflections, were recorded in written notes after the interview.

At the end of the interview, the participants were asked to identify other mothers in the community whom they would consider to be a 'good mother'. They were then asked to contact the mother and ask the mother's permission to give the researcher her contact details. In instances where the referred mother provided such verbal consent, the above process began again.

Once the process of data collection was complete, the data analysis began as outlined below. The write up of a conference poster, the final two research papers (one results paper and one methods paper) and thesis integration followed.

3.5 Data Analysis

3.5.1 Analysis of Quantitative Data

The quantitative data collected was analysed using SPSS (Version 25) to run applicable descriptive and inferential statistics. Descriptive statistics were used to describe the sample. Associations between the two measures of sensitivity and various pertinent demographic variables was investigated using Pearson's correlation co-efficient. An independent sample t-test was used to test the following hypotheses:

- **Null Hypothesis 1**: There is a significant difference in the MBQS-mini scores of mothers from Alexandra Township who scored high and those who scored low on the Ainsworth Sensitivity Scale, when using the MBQS-mini Canadian criterion sort.

- **Alternate Hypothesis 1**: There is no significant difference in the MBQS-mini scores of mothers from Alexandra Township who scored high and those who scored low on the Ainsworth Sensitivity Scale, when using the MBQS-mini Canadian criterion sort.
- **Null Hypothesis 2**: There is no significant difference in the MBQS-mini scores of mothers from Alexandra Township who scored high and those who scored low on the Ainsworth Sensitivity Scale, when using the MBQS-mini South African criterion sort.
- **Alternative Hypothesis 2:** There is a significant difference in the MBQS-mini scores of mothers from Alexandra Township who scored high and those who scored low on the Ainsworth Sensitivity Scale, when using the MBQS-mini South African criterion sort.

The item analysis was done using Excel, identifying which items did not function as expected (i.e. identifying items where mothers with high Ainsworth scores scored as insensitive on the MBQS-mini and vice versa). First, the data was split into three groups. The first group contained the data for interactions which scored as sensitive on both measures (a score of 7 and above on the Ainsworth scales and 0.4 and above on the MBQS-mini South African sort). The second group contained the data for interactions which scored as insensitive on both measures (a score of 3 and below on the Ainsworth scale, and 0.0 and below on the MBQS-mini South African sort). In these groups, MBQS-mini items were identified that contradicted the overall trend (i.e. items that the majority of mothers scored low on, despite scoring as sensitive overall). The third group contained data with insensitive Ainsworth scores and sensitive MBQS-mini scores, as well as sensitive Ainsworth scores and insensitive MBQS-mini scores. MBQS-mini items responsible for the differences, which explained the discrepancy, were then identified (i.e. items that contributed to the higher or lower MBQS-mini scores across all data). Lastly, items on which the full sample scored as insensitive, or scored similarly, were identified.

3.5.2 **Analysis of Qualitative Data**

The data collected from the semi-structured interviews and video commentary was analysed using interpretive thematic content analysis. The main semantic and latent themes were sought both within and across data sources (Boyatzis, 1998; Braun & Clarke, 2006; Larkin & Morrison, 2006). While the data drove the themes, suggesting an inductive process, data analysis was in part a deductive process as the research approach holds theoretical assumptions, such as the assumption that parenting is a central

influencing factor in child outcomes and that the participant (and the researcher) are defended subjects (Braun & Clarke, 2006; Hollway & Jefferson, 2000; Midgley, 2012).

The thematic analysis was interpretive in nature. While all qualitative research is considered interpretive (Marshall & Rossman, 2011), the nature of this study called for exploration of the fine nuance in individual cases, and not only the themes shared across cases, as is usually foregrounded by thematic analysis (Braun & Clarke, 2006). Thus, the process began with the analysis of themes in each individual transcript. During this process, special attention was paid to links between the participants' narratives on good mothering, and their own person history, in light of the idea that the participants are defended subjects (Hollway & Froggett, 2012). After the analysis of each individual transcript, themes were identified across transcripts. This allowed for discovery of social constructions, including shared discourses. Next, in a deductive process, themes were mapped onto 11 identified components of maternal sensitivity, namely availability, accurate interpretation, contingent responsiveness to needs and distress, contingent responsiveness to wants, prompt responsiveness, facilitation of learning, positive affect, response to verbalisations and received sensitivity. Lastly, themes across transcripts of central contextual factors raised during the interview were noted. Throughout the process, data was triangulated with field notes.

Through the process of interpretive thematic analysis and the incorporation of psychoanalytic understandings of defences, the researcher also attended to and interpreted data in the form of non-verbal communications, the emotional tone of the interview and the researcher's own emotional experience (Hollway & Froggett, 2012; Marshall & Rossman, 2011; Midgley, 2012), in addition to the overt and narrative based data. The researcher attempted to understand what happens 'in-between' reality and subjective experience, as described by Hollway and Froggett (2012). As further recommended by Hollway and Froggett (2012) and in line with the combined psychoanalytic and social constructionist approach taken in this study, the interpretive analysis looked for both the societal, or socially constructed, and the intrapersonal or intrapsychic meanings as they emerged from participants' narratives.

3.6 Ethical Considerations

Various ethical considerations were necessary for a study of this nature. Firstly, prior to the commencement of the study, ethical clearance was sought and successfully obtained from the University of the Witwatersrand's ethics committee (Protocol Number: H16/08/09).

The interactional video data was drawn from an existing study (the Ububele Mother Baby Home Visiting Project) for which ethics clearance had already been

obtained. Permission to use the data for secondary analysis was obtained from the principal researcher on that study. Since the researcher on this PhD study was also a researcher on the UMBHVP study, she was familiar with the promises made to participants in that study. The rights to confidentiality of participants were upheld and the researcher ensured the secure storage of data.

It is important to note that the UMBHVP study did not cover consent for the use of the video data for the second purpose utilised in this study, specifically, as a source of information for grading and explaining 'good parenting' in the context of Alexandra. For this second purpose, consent was obtained from the mothers in the identified videos for the use of their videos. These mothers also received an information sheet that fully outlined the purpose of the study and the proposed procedure and purpose for the requested use of the video. Mothers were informed that they were under no obligation to consent to this and that should they consent, that they maintained the right to withdraw the videos from future use in this study at any time. The participants viewing the video were asked to sign a confidentiality form as well as asked to disclose immediately if they recognised the mothers or infants in the films. If the participant had recognised the mother or infant in the video, the researcher would have immediately ended the video and continued with an alternative video. However, this did not occur.

Permission was obtained from The Ububele Educational and Psychotherapy Trust in order to approach the preschool teachers for potential participant referrals. Verbal consent from potential participants was always obtained by referring teachers or participants before contact information for suggested participants was given to the researcher.

For the new participants recruited into the study, it was ethically important that all participants read a participant information sheet before participating in the study to ensure informed consent. The form explained that there are no direct benefits or risks in participating. The form further explained that participation was voluntary, that participants reserved the right to refuse to answer any questions asked of them and that participants had the right to withdraw from the study at any time prior to the publication of the data. Participants were allowed the opportunity to ask clarifying questions. Participants were also asked to specify their email address or postal address, should they like to receive a summary of the findings on completion of the study.

The face-to-face nature of the data collection process, as well as the need for the use of video-recordings (in order to track the narrative in relation to the video data watched) prevented anonymity of participants during the data collection and data analysis process. This was explained clearly to participants before recording was

conducted and formed part of the participant information sheet. Confidentiality was ensured in that only the researcher and her supervisor reviewed the videos and kept the identities of participants private, unless the participants provided consent for their videos to be used for teaching purposes or additional research studies. In the latter case, participants were to be informed first. Anonymity was assured in the reporting of the findings of the study through the use of pseudonyms and the changing of any identifying information. Verbatim quotes were used in the final write up, and this was explained to participants and formed part of their consideration prior to consent. The data was also stored in a secure and private place in the researcher's home office, and was password protected. Transcribed data was anonymised and archived after use on the researcher and her supervisor's password protected computers. Video material from participants who consented to the additional use of the videos for teaching purposes and other research or scientific purposes was also archived on the researcher's password protected computer. For those who did not consent to this, the video-recordings of the participants will be deleted after examination of the researcher's PhD.

It was not anticipated that the nature of this study would cause extreme emotional distress, as the referred participants were expected to be psychologically robust. However, participants were directly asked about their childhood, experience of parenting and experiences of trauma. Therefore, it was decided beforehand that should the interview cause the mother distress, the interview would be stopped, the video recording would be stopped, and the mother contained. The researcher is an experienced counselling psychologist, with expertise in the area of psychodynamic psychotherapy for parents. If it had been deemed necessary, the mother would have been referred to a psychologist at the Ububele Educational and Psychotherapy Trust or Emthonjeni Centre for psychotherapy. The details for these organisations were made available on the participant information sheet. No referrals were deemed necessary.

Lastly, the use of the psychoanalytic research interview raises ethical considerations regarding informed consent. As noted above, the method taps into unconscious content, forms of communication and personal psychodynamics beyond the awareness of the participant. Through this method, the participant, therefore, discloses content and personal information that they are unaware they are disclosing. This calls into question the issue of informed consent. Further, the method may be seen to blur the line between therapy and research. It was, thus, important that the differences were acknowledged, and that interpretations, which crossed the boundary of consent from academic to therapeutic, were not offered (Kvale, 2001; Saville-Young & Frosch, 2009). The emergence of unconscious content can, however, be considered true of all interviews.

To address this, the research was approached with caution and respect for participants was foregrounded during analysis and write up.

3.7 Paper 4: Methods Paper

What watching others watching can tell us: Using video vignettes to promote reflexivity and access embodied information in cross-cultural mother-infant research.

Abstract

Unconscious, culturally-embedded and embodied understandings of interaction, transmitted intergenerationally through body/affective memory, are notoriously difficult to access. Such information is often contained in implicit memory and is not readily available for narrative explanation. Alternative methodologies that can access these embedded models of meaning are required. Videos of mother-infant interaction have long been used for both clinical assessment and intervention; self-reflective video watching has been used to increase insight and prompt behaviour change in parent-infant relationships and early childhood educational settings. In this paper, participant observation of interactional videos as a qualitative research method is proposed; demonstrated through its use in a study aimed at understanding local understandings of maternal sensitive responsiveness in a South African township setting. By contrasting participant responses to video material with answers to interview questions, this paper suggests that reflection on video material promotes real-time participant reflexivity and provides researchers with access to more embodied participant knowledge.

Dawson, N. K., & Bain, K. (Submitted). What watching others watching can tell us: Using video vignettes to promote reflexivity and access embodied information in cross-cultural mother-infant research. *Journal of Qualitative Research in Psychology. Submission ID 215721154.*

Introduction

Understanding why people do what they do is the domain of qualitative research, and often accessing the meanings that people make of particular responses, behaviours and interpersonal interactions is the aim. The difficulty of this task, attested to by the proliferation of research approaches and epistemologies, seems underpinned by the complexity of human behaviour, and often what is seen or found depends upon the angle or perspective from which one looks, and the assumptions being made about the nature of human behaviour.

Many patterns of behaviour in human interaction are encoded in procedural or implicit memory, as they are learned through repeated interactions with caregivers early in life (Schore, 2008). These are often not consciously available to be narrated and the work of uncovering these patterns in order to promote change has traditionally been the work of psychotherapists (Schore, 2011). These patterns of interaction can be understood to represent meaning making happening at a nonconscious, intrapsychic level, and are found in the everyday actions that make up our 'ways of being with' others. They are shaped by our previous experiences with others and embedded within community histories and cultures.

Culture is understood to mediate psychological processes, shaping our everyday interactions and routines, and the relationship between culture and the individual is understood as bi-directional in that people create culture as culture creates people (Holmes, 2020). When considering culture, one must also contend with context. Culture is considered to be derived through social interaction within a shared context that, in turn, drives the construction of shared behaviours and actions, with a shared meaning underlying them (Greenfieldet al., 2003). While these behaviours, and their shared meaning, often endure and are passed on from generation to generation, they are also fluid, as they shift and adapt to changing contexts (Magwaza, 2003). Culture can thus come to represent individual and collective adaptations to changing ecological and socio-political contexts (Berry, 2019). The notion of 'personal culture' has been proposed to capture the unique, hybridised and constantly changing cultural context that surrounds each individual (Azuma, 2019).

While the prescription to nurture children is universal, what this nurturing looks like and the motives that underlie parental behaviour differ across settings, as parents attempt to equip their children with the characteristics required for their current socio-cultural context (Bornstein, 2019). The adaptations made by preceding generations to varying levels of industrial growth, education and affluence, as well as to personal and collective traumas, are contained in culture and in many instances, are transmitted in more or less processed, nonconscious, embodied ways (Alford, 2019; Lehmer & Yehuda, 2018). This study proposes the use of video watching in order to access 'registers' of experience beyond that of explicit narrative, and hopes

to show how this method can allow for greater complexity and the raising of questions about cultural practice.

Limitations of traditional narrative interviews

Narrative interviews are among the most common approaches to qualitative research (Qu & Dumay, 2011; Riach, 2009). Despite their prevalence, many pitfalls to the narrative interview have been outlined in literature on qualitative methods (see Alvesson, 2003; Diefenbach, 2008; Hollway, 2008; Qu & Dumay, 2011; Riach, 2009). Of interest to this paper, is the particular limitation of narrative interviews to access "the truth" (Alvesson, 2003; Diefenbach, 2008; Qu & Dumay, 2011). According to Qu and Dumay (2011), due to the incommunicable nature of so much of our social world, interviewees are not capable of conveying objective truths, but rather produce situated and constructed accounts. Traditional narrative interviews can reveal only part of the picture: two key reasons why this is are outlined below.

Limitations in Reflexivity and Positioning

Questions have been raised about the degree of reflexivity a participant can achieve in a qualitative research interview (Perera, 2020; Riach, 2009). Psychosocially oriented approaches to research argue that human reflexivity is always limited. Psychoanalytic ontologies assert that anxieties about aspects of experience may prohibit one from consciously accessing these (Hollway, 2008). That is to say that participants (and researchers) are viewed as 'defended subjects' (Hollway and Jefferson, 2000; Midgley, 2012). At times, true motivations, feelings and thoughts are seen to evoke great anxiety in the beholder, and are thus kept out of consciousness and, therefore, ordinary speech (Hollway and Jefferson, 2000). As a result, responses to interview questions may first and foremost serve to protect oneself from anxiety, keeping reflective thoughts at bay.

Ethnocentrism may also hinder reflexivity, which is particularly problematic in cross-cultural research. While we are all 'culture-bound', we can also be 'culture-blind' (Berry, 2019) to behaviours and the assumptions that underlie these behaviours in cultures that are both more or less familiar. That which is most familiar can feel common place (Bornstein, 2019), and thus remain out of conscious awareness. Social scripts may also hinder reflexivity in narrative interviews (Diefenbach, 2008). As interviews also occur within the context of social interaction, interviewees are likely to draw, unconsciously, on the social scripts and stereotypical comments that such social interaction elicits (Diefenbach, 2008).

Identity and position are also noted as factors that influence reflexivity in interviews, with shifts in identity or position during an interview being put forward as an indication of reflexivity (Perera, 2020). In social theory, positioning refers to identifying with and aligning oneself with a particular social group (Hollway, 2008). In an interview, one might position one's responses in relation to a particular identity

– that of a 'South African black woman', for example. From the perspective of psychosocial theory, unconscious processes of identification must also be acknowledged when considering positioning (Hollway, 2008). If a participant unconsciously perceives similarities between them self and an other, this can evoke an unconscious identification with the other (Hollway, 2008), inhibiting the capacity to maintain a sense of separateness (Hinshelwood, 1991).

While a participant (and researcher's) capacity to be reflexive is always limited, it should nonetheless be encouraged in interviews so as to elicit alternate angles and positions (Alvesson, 2003; Qu and Dumay, 2011; Riach, 2009). The limitations of researcher bias, particularly in cross-cultural research, must be attempted to be overcome through attempts to facilitate participant-reflexivity (Riach, 2009). Some authors have asserted that real-time participant reflexivity is possible to achieve (Perera, 2020; Riach, 2009; Weick, 2002).

The psychoanalytic concept of *thirdness* offers a potentially useful framework for considering the extent to which one can shift position and reflect on the other. Thirdness is "an internal mental space" where one "creates another point of reference" (Benjamin (2004: 7); the capacity to look, even at oneself, and possibly while in interaction with another, from the vantage point of observer (Benjamin, 2004). In order to achieve this vantage point, Benjamin (2004, p. 7-8) notes that one needs to "surrender" and "let go" of one's own position, without force or coercion. Only then can one assume a "third position", and acknowledge that one's own reality may be different and separate to the reality of an other. It is this ability to "stand outside of oneself" and find a new way of looking at things that is key to reflexivity (Riach, 2009: 358).

Limitations Accessing Embodied Information

Another criticism levelled at traditional narrative interviews is that they are potentially unable to tap into implicit, embodied representations of the truth (Hollway, 2008; May and Lewis, 2020; Riach, 2009). Sit-down narrative interviews have been considered 'disembodied', tapping instead into verbal, explicit knowledge (May and Lewis, 2020). It is hard to speak embodied information, yet so much of what there is to know is embodied (Field-Springer, 2020). Bourdieu and Wacquant (1992; Bourdieu, 1997) make the distinction between our ability to make practical sense (an implicit, pre-reflective state) and symbolic sense (conscious and verbally expressed) of our social and internal worlds; both ways of knowing are of equal importance. Neuroscience shows that automatic, spontaneous and implicit ways of thinking make use of independent and distinct neural pathways from those used for explicit, verbal declarations (Fonagy and Luyten, 2009; Lieberman, 2007; Uddin et al., 2007). Qualitative research methods thus need to explore ways to access both.

One such source of embodied information is culture. Culture's influence is both hidden and powerful, influencing all facets of life (Szalay and Maday, 1983). Culture is a critical and important motivator of behaviour, and yet is predominantly stored outside of conscious awareness (Diefenbach, 2008). This is to say it is implicit. Common implicit and embodied memories drive shared motivations and perceptions in groups of people, and in this way direct and organize overt behaviour (Bornstein, 2019). While shared by the group, cultural information can only be conveyed by autonomous remembering and speaking individuals, thus being transformed by the subjectivity of the recaller (Olick, 1999), including their unconscious defences as noted above. Thus, within each culture are individualized 'personal cultures' influenced by both shared and unique experience.

Thus, individuals (whether research participant or researcher) are always speaking as defended, positioned (socially and culturally), and embodied entities. As interviewees, participants cannot but engage with the questions posed to them as such. This potentially presents significant problems when the subject of study requires participant-reflexivity or the accessing of embodied information.

Accessing nonconscious and embodied information through interviews

Various authors argue that reflexivity beyond our personal cultures is possible, and have proposed various approaches to achieve this (Perera, 2020; Riach, 2009; Weick, 2002). Some researchers contend that 'sticky' moments can promote participant reflexivity in a narrative interview (Blakely and Moles, 2017; Perera, 2020; Riach, 2009). These are moments when something controversial or contentious is purposefully discussed in a research interview. Other authors have argued that embodied information is also accessible in traditional narrative interviews. May and Lewis (2020) argue that interviewees convey information about place and sensory experiences, even in sit down interviews. Fogel (2011) argues that embodied self-awareness (ESA) is not only possible but necessary for daily human existence.

Psychosocial researchers have proposed making use of free-associative approaches to interviews, to help allow for unconscious ideas, motivations and anxieties to be accessed (Hollway, 2011; Hollway and Jefferson, 2000). They suggest that this can be facilitated through the use of open-ended questions, attempts to elicit recall of stories and use of the participant's own ordering and phrasing in follow-up questions (Hollway & Jefferson, 2000; Midgley, 2012). The use of countertransference or the researcher's emotional responses to interviews has also been proposed, where the researcher's subjectivity can be used as an instrument for knowing about the unconscious experience of an other (Hollway, 2008; Hollway, 2011; Hollway & Jefferson, 2000). These techniques are common practice in psychoanalytic psychotherapy, where the psychotherapist's training and own analysis is seen to reduce their defensive position, and allow for a 'third' position. However, in a good psychoanalytic psychotherapy the client is helped to make such

discoveries for themselves, and when interpretations are offered, there is space for the client to disagree (Hollway, 2008). There is not such opportunity in research, with such strategies relying heavily on the researcher's reflexivity and positioning. This presents a possible problem of ethics and validity (Hollway, 2008), particularly in cross-cultural research. In the study that will be drawn on in this paper this ethical problem was particularly important to consider. While both the participants and the researchers are mothers, the participants are black women who are socio-economically disadvantaged while the researchers are both White, middle-class women. This holds particular significance in South Africa where racial trauma and inequality continue to influence interaction.

Given these challenges, qualitative researchers are urged to think carefully about the appropriateness of their method and to engage methodological playfulness and creativity (Diefenbach, 2008). Research on infants and parent-infant interaction has had inherent challenges due to the need to access and make meaning of preverbal and embodied communication, and thus may offer some interesting ideas in this regard.

Problems in cross-cultural mother-infant research: Locating parenting behaviour as unconscious and embodied

Parenting behaviour is thought to be largely driven by unconscious and implicit memories. Unconscious thoughts, motivations, wishes and, in particular, our anxieties are all partial drivers of behaviour, and parental behaviour is no exception (Fonagy and Target, 2005; Saville-Young and Frosch, 2009). Attachment research has demonstrated that parents unconsciously draw on an internal working model of relating from their own childhoods when they parent their infants (van Ijzendoorn, 1995). Unprocessed trauma has also been shown to unconsciously impact on parenting behaviour (Schore, 2002). Research into clinical interventions shows that only once unconscious memories, thoughts and feelings about one's own experiences of parenting and trauma are processed can parents behave more consciously and thereby alter intergenerational patterns (Iyengar et al., 2014).

Thus, parenting is considered particularly complex to reflect upon due to its inherently relational nature (Hollway, 2008). Motherhood is defined by a relationship with a child (Hollway, 2008) and the state of maternal preoccupation - a state in which a part of the mother's experience necessarily is the infant's experience (Winnicott, 1956) - highlights the fact that maternal subjectivity must be understood as involving mutual patterns of interactions between a mother and child (Raphael-Leff, 2010). Research into parenting must also account for the anxieties that arise as a result of maternal ambivalence (Raphael-Leff, 2010); the complex feelings mothers carry towards their children – often socially unacceptable feelings such as hatred - and the impact these feelings have on speech, reflexivity, positioning and the ability to take a third position need to be considered. Reflections on motivators of parenting

behaviour are, thus, likely to be especially susceptible to the realm of unconscious defence.

Parenting behaviour, and the motivations behind it, also belong largely to the world of practical sense (Bourdieu and Wacquant, 1992) or embodied knowledge. Shai and Belsky (2011: 187) locate parenting behaviour as highly embodied, highlighting that the infant's realm is a non-verbal world of "quality of movement, rhythms, space, time, sensations, and touch". So much of what happens between a mother and her infant is embodied. Shai and Belsky's (2011) work also highlights that parents 'think' about their infant in a way that is beyond words – that is embodied. Parents implicitly receive embodied communications from infants and respond in an embodied way, by rocking, turning, touching, moving and more. Bion (1962) theorizes that babies communicate through a preconscious and embodied process he calls projective identification, where the baby evokes an unconscious recollection of early infantile experiences in those who care for the infant. Through these recollections, the carer is able to take a third position (Hollway, 2008). Thus, Shai and Belsky (2011) argue that parenting is in part an implicit, embodied process that happens outside of a parent's explicit verbal awareness.

Parenting practices are also heavily influenced by the partly implicit and embodied world of culture (Bornstein, 2019). Parenting is widely viewed as a central mechanism through which socialization into a culture (and context) occurs (Bornstein, 2019; Feldman and Masahla, 2010; Harkness and Super, 1992; Kärtner et al., 2010; Keller, 2013). In addition, culture is also a huge ecological driver of parenting behaviour, and parenting goals (a key motivator of parenting behaviour), providing its members with ethnotheories about child development (Bornstein, 2019). Thus, cultural messages constantly surround parent-child interactions and parenting cannot be separated out from the ecosystem within which it occurs.

The context provides another aspect of the ecosystem surrounding parenting that may influence parenting behaviour on an unconscious and/or implicit level (Taylor et al., 2000). Contexts are fluid, capturing both a place and time in history as well as the changing social, political, and cultural factors that inform it (Shoveller et al., 2015). Contextual factors including minority status, socio-economic status, neighbourhood poverty, residential stability, public services and social networks, and danger (such as the presence of violence) have been linked to parenting styles and behaviours and have been put forward as a better predictor of differences in parenting practices, styles and behaviours than race or culture (Mesman et al., 2012; Pinderhughes et al., 2001; Varela et al., 2004).

The unconscious and embodied nature of parenting makes it difficult to study using traditional qualitative methods, such as a narrative interview. While parenting is in the realm of practical sense, talking about parenting in a traditional narrative interview is in the realm of symbolic sense. The same is true of cross-cultural

research. In order to access more embodied and unconscious communications, and determine the meanings of these communications from within particular cultural and contextual settings, different methodologies are required.

Video watching in mother-infant research and clinical work

Attachment research is focused on caregiver-infant interactions and has, from the outset, been confronted with the dilemmas of studying both embodied and unconscious phenomena. As a result, the field has long made use of video data for research purposes. Typically, videos of interaction are recorded for later analysis by trained coders and can be coded for a range of attachment-related constructs including attachment security, infant withdrawal and parental sensitivity (Beebe, 2005; Tarabulsy et al., 2009; Woodhead, Bland & Baradon, 2006).

Infant mental health interventions are also centrally concerned with the promotion of parental reflexivity, as this is considered central to promoting optimal child outcomes in at risk families (Camoirano, 2017), and lack of reflexivity is considered a central precursor for disordered attachment (Zeegers, Colonnesi, Stams & Meins, 2017). Video feedback methods have repeatedly been found to be an effective strategy for promoting reflexivity in at risk parents (Kennedy, Ball & Barlow, 2017; Van Zeijl et al, 2006). These interventions proport that it is the process of observing one's self in interaction with their infant on video, as facilitated by the practitioner, that "prompts the parent to think about what the baby might be feeling" and "can bring about a range of meta-cognitive changes" (Kennedy et al., 2017: 509). In a study in Norway, Vik and Braten (2009) demonstrated how watching video helped to shift self-absorbed and self-centred mental states in mothers with post-natal depression. This resonates with Benjamin's (2004) idea that a 'thing' can be used in the process of creating thirdness - in this instance an image on a screen. It resonates, too, with psychoanalytic ideas that infant observation allows for powerful identification with the vulnerability of a baby (Hollway, 2008).

Using video watching as method

This paper will now turn to the data gathered from a qualitative psychosocial research study, in an attempt to illustrate how watching video vignettes can assist in helping participants to assume a new reflexive position, and provide researchers with access to more visceral and embodied cultural information. Data from a semi-structured narrative interview is contrasted with video-vignette prompted questions, to demonstrate the different data accessible via the two different approaches. Video watching has previously been used as a method for accessing culturally informed parenting scripts by cross-cultural parenting researchers Keller, Voelker and Yovsi in 2005. In their method, mothers from Germany and Cameroon were shown videos from both their own and the contrasting context and asked to comment on the appropriateness of parenting behaviours. In this study, cultural

knowledge was assumed to be consciously accessible but unspoken due to its familiarity, and the video data was used to convey the contrast in parenting behaviours across cultures.

The methodology developed for the study presented in this paper attempts to capture an emic understanding of parental behaviour; it was designed to access more spontaneous, unconscious, embodied, culturally-embedded meaning-making commentary on mother-infant interactions. It should be noted that the researchers were trying to understand maternal behaviour in a particular context which differed significantly from their own cultural and contextual backgrounds, and that the setting of the study was African, not middle-class North American/Western European, as is the case in the majority of mother-infant studies. The study was interested in extending theoretical understandings of the construct of maternal sensitivity, with a particular interest in what maternal sensitivity looks like in a lower socioeconomic Johannesburg Township, which features much cultural diversity. Specifically, the researchers wanted to understand what sensitive and responsive maternal behaviour would look like in this context, taking cultural and contextual ideals and necessities into consideration. The researchers knew that in order to do so, they would need to remain both open to cultural and contextual similarities and differences and simultaneously alert to defensive and insensitive behaviour guised as cultural and contextual ideals and necessities. Therefore, the study could not rely solely on interview questions.

In light of the above, the following method was utilised. Mothers living in the context of study were interviewed using a semi-structured interview. Using free-associative type questions, participants were asked what constituted good and bad mothering when caring for an infant in their context. To gain insight into their possible defensive structures, mothers were also asked about their personal history, trauma history and experience of being parented, in the same manner. More structured questions were also asked, regarding their thoughts about the construct of maternal sensitivity, as explained to them in jargon-free language. After the interview, participants were shown three 2-minute video vignettes of three interacting mother-infant dyads. The featured dyads were from the same cultures and context as the participants.. While viewing the interactions, the participants were asked to narrate what they saw. After each video, participants were asked to rate the mothers' mothering and explain the reasons for their ratings, as well as share what the mother did or didn't do that she should or shouldn't be doing in order to be a good mother. Data from the narrative interviews was then compared and contrasted with data from the video commentaries. The study obtained ethical clearance from the University of the Witwatersrand Ethics Committee.

Sarah: "He needs to learn that some things you can't have all the time"

The below excerpts from an interview with Sarah[1] have been selected to demonstrate how watching video footage of mother-infant interactions appeared to allow Sarah to take a third position. First, we see Sarah's response when she was asked what she thought of an aspect of the academic definition of the concept of maternal sensitivity:

> *INTERVIEWER: What do you think about the idea that she [a good mother] gives the baby what she needs or wants whenever possible?*
>
> *SARAH: I fight with my mother all the time 'cause she does that! So I'm like, "okay, if you're going to keep giving him what he wants…" (trails off). He needs to learn that some things you can't have all the time. So that part, I have issues with it. Yes, you can give the baby what he wants but not all the time, because life won't be fair all the time, you know. Life is going to throw things at you that you thinking, "it's good, it's good", and then bam, something bad happens. So a child needs to learn at a very young age that "I can get whatever I want, but there will be points where I cannot get them, because mom can't afford or we just can't have it", so ya.*
>
> *INTERVIEWER: And is it even true for a very little baby, do you think? It's not maybe like a 3 or 4 year old who's maybe asking for a chocolate or a thing, but like a little baby who wants to hold something or touch something? Is it different? Is it the same?*
>
> *SARAH: I think it's the same... But ya... I think it's the same hey. You can't contradict yourself. You either need to be consistent or don't be consistent. If you're going to be a straight parent, be a straight parent forever, you know? I know that you get to certain ages where you're like, "okay, let me be a bit more lenient", but they can't allow you to do things their way, but some certain things... [they] need to know, "okay, I'm a baby, I need to sleep, I need to play or do certain things at certain times", but I think it's just about being consistent.*

In the above excerpt we see Sarah disagreeing with the idea that a good mother should give her baby what she needs or wants whenever possible. We see how quickly Sarah positions herself in the role of mother to her own son in relation to the general question, when she immediately references her disagreements with her own mother. We can see how the researcher has a sense that she is thinking of scenarios with an older child, mindful that Sarah's son is five years old, and there is a sense that Sarah interprets the questions in terms of giving of material things. When the researcher tries to get Sarah to reflect on the experience of a baby, as opposed to an older child, and less on material giving but rather meeting of needs for exploration and an affording of agency, Sarah seems to draw on a social script or 'learned narrative' of culturally acceptable maternal behaviour, that parents should be consistent. She does this despite some indication, through hesitations in her speech

[1] The participant's name has been changed to protect her anonymity.

and thoughts about leniencies, that she may feel babies should be given what they want.

In her explanation of why she disagrees with the notion that babies should be given what they want wherever possible, Sarah notes that "life can throw things at you" and "something bad [can] happen…" when you least expect it. Her comment that "a child needs to learn", implies that a child must be prepared, through parenting, to expect loss and disappointment. A psychosocial reading of this response points the researcher to Sarah's current context and to her individual history. Firstly, it appears evident that the social script that Sarah turns to contains defensive narrative constructions against the contextual hardship of poverty in which she lives. In addition, Sarah's history points to possible unconscious anxieties at play. During the free-associative part of the interview, where Sarah was asked about her childhood, Sarah disclosed that her father died when she was 11 years old. She reported being very close to her dad in her first 11 years. Significantly, she also relayed that the family's financial circumstances shifted dramatically after her father passed away, as he was the sole breadwinner.

> *INTERVIEWER: And maybe we can go back even further to your, when you were a baby. What was life like growing up when you were little?*
>
> *SARAH: I had the best time of my life hey! Like when my dad was alive. Even my cousins say, to this point in time, that if your dad was alive, you'd be in America or something. You wouldn't be in South Africa, totally, because he was going to give you the best thing ever…When I was young, ya ages between 2, 3, 4, cause my dad died when I was 11, we'd go away like Magaliesburg, Sun City, Hartbeespoort Dam, Swaziland, like you know.*

Through Sarah's narrations of her early years, we see why she might wish to prepare her child for loss and disappointment. Sarah links her father's being alive to having access to a number of locations, both local and international, that signify wealth and privilege, in contrast to the impoverished South African township in which she currently lives. She conveys, through her reference to being in America, how her loss of opportunity, wealth and privilege is linked to the sudden loss of her dad. One can imagine that her dad's death was 'thrown' at her when she least expected it, and she felt unprepared for the numerous subsequent losses, not least of which was financial security. Sarah also described how things changed emotionally after her father's passing, where we see further evidence of loss and emotional pain:

> *SARAH: But I feel that when my dad passed away [my mom] lost that control or she felt like she lost control over her children because we all went through the trauma and death and we didn't get a chance to sit down and talk about it because my brother ended up doing drugs and then my other one just decided to isolate himself from everybody and I also started like going out, drinking and stuff like that so it was those kinds of things where we used to be close and then we just separated from each other.*

Given Sarah's individual experience, her answer to the question of whether or not babies should be allowed to play with the toy they want, can be understood as an unconscious defence. Sarah is, perhaps, unconsciously defending against the difficult feelings brought up for her in her position as a child who lost her father and sense of financial security, as well as in her position as a financially-strained single-mother living in an impoverished township.

A shift in position was evident, though, when Sarah was asked to comment on video footage of mother-infant interactions. In response to video footage of an intrusive mother, insisting her four-month old infant play with a sorting-toy, despite him regularly looking at and reaching towards a stack-toy, Sarah had the following to say:

SARAH: Oh! They're playing together. She's making [him] put toys inside a box and the baby is trying to balance because it can't sit straight. And the baby doesn't seem interested. He wants the other one. And the baby has hiccups.

INTERVIEWER: So can you give this mom a grade?

SARAH: I'll give her a C

INTERVIEWER: A C. Okay, can you tell me why you'd give her a C?

SARAH: Because I think she was interested in what was happening around her.

INTERVIEWER: Okay, what do you mean?

SARAH: Well she could see, unless she was told that, "make the child put the toys in the box", but you could see that she wasn't allowing the baby to do what he wanted to do.

INTERVIEWER: What did the mother do that was good?

SARAH: Oh, that was good...was helping the child...and balancing the baby.

INTERVIEWER: Okay. And anything she did that she shouldn't be doing?

SARAH: Forcing the child to play with the blocks

INTERVIEWER: Okay, and anything that she should be doing that she didn't do?

SARAH: Noticing what the child wanted to play with.

In response to the video-vignette, Sarah conveys a different position on whether babies should be given what they want, if possible. Here, Sarah conveys that a good mother should notice what her child wants, and facilitate this, if possible. She maintains this position when watching the mother in the next video clip do just that:

SARAH: Oh, she's playing with the baby with a box of toys, and making the baby hear the toys and touch them. The baby looks a bit agitated and she's asking the baby what's wrong.

INTERVIEWER: What grade does she get?

SARAH: I'd give her an A

INTERVIEWER: Okay, why does she get an A?

SARAH: Because she tried to play with the baby and then saw that the baby wasn't interested and then she asked what the baby wants, even though she doesn't know what the baby wants, she's comforting the baby asking it what's wrong and trying to understand what's wrong.

INTERVIEWER: So maybe just to unpack that a little more, what is she doing that she should be doing?

SARAH: Oh, she's doing everything right because she noticed "Ah my baby ain't interested in this and she doesn't want to do this, so let me try something else", comforting her.

Again, in response to the video vignette, Sarah conveys that a good mother notices what her baby wants and tries to give it to her. This shift from her previous position is stark. It is proposed that watching the video allowed Sarah to stand outside of the position of financially constrained single mother or even her own defended-against experience as a child who learned through traumatic loss that 'some things she can't have all the time', and reflect on the experience and needs of the baby - something she had not been able to do during the semi-structured interview, where she quickly assumed the position of mother in her response. This shift in positioning between position of mother to position of infant to position of observer, may indicate a moment of reflexivity, according to Perera (2020). It appears that, much like with clinical video-feedback interventions, the video facilitated this shift.

In addition, the visual material possibly helped Sarah to tap into the kind of spontaneous embodied responses she may have to the embodied communications by the infants. Through watching the infant communicate their desires and needs through movement, gaze and non-speech sounds, and watching the accompanying embodied responses (of forcing physical positions in the baby in the first video and standing, rocking and shifting position in the second video) Sarah is able to articulate her beliefs that a mother should be responsive to their infant's signals, which she had not conveyed during the interview.

After the video-watching it was evident that Sarah returned quickly to the position of mother, as her empathy returned to the mother.

***INTERVIEWER**: Okay, so you've watched 3 now and the first one you gave a B, the second a C and this one an A. Does that feel right? (referencing if the grades felt correct relative to each other).*

***SARAH**: No, I'm grading people and I'm judging them*

***INTERVIEWER**: Does that feel uncomfortable?*

> ***SARAH**: Ya. [....]I feel like I don't have a say to say such because mothers parent in different ways. It felt like I'm judging somebody and I don't even know where they come from, I don't even know what situation they're in. Like school basically.*
>
> ***INTERVIEWER**: Okay, so it felt quite uncomfortable?*
>
> ***SARAH**: Ya*
>
> *[.....]*
>
> ***INTERVIEWER**: ...this last part has felt really uncomfortable. What about, can you talk a bit more about that?*
>
> ***SARAH**: No, I just don't feel like I have any power or authority to actually judge a person and give them grades and say this is important because how you parent your child is dependent on how you were raised or where you come from.*

Here we see Sarah's return to a position as mother in the research interview, as she interprets the interviewer's question differently to the meaning intended by the interviewer. She then comments that grading doesn't feel 'right' and empathizes with the experience of being judged. While her discomfort at 'judging' other mothers may be evidence of Sarah's capacity to take a third position in the interview – observing her own observing, so to speak – it is also likely her identification with a 'judged mother', which may be a reflection of Sarah's anxieties as a mother and her experience of being interviewed.

The case of the restrained baby

In the above-mentioned study, one of the video clips shown to participants featured a mother physically restraining her baby's hands while feeding her – one arm tucked under the baby's body against the mother and the other hand held by the mother. This is a common practice in the township of study, and the researchers were eager to understand this practice.

There is evidence to suggest that maternal feeding behaviour is influenced by culture (Harwood et al., 1999; Miller and Harwood, 2002). Harwood and colleagues (1999; Miller and Harwood, 2002) researched differences in feeding habits between middle class Anglo-American and Puerto Rican mothers. They found that Puerto Rican mothers, who had more socio-centric socialization goals, were more likely to physically position and restrain their infants during feeding, as well as during free play and teaching. They also found that Puerto Rican mothers were less likely to encourage autonomy in eating. Miller and Harwood (2002) argued that these differences in maternal behaviours related to the differing socialization goals of the mothers, with Puerto Rican mothers engaging in behaviours that emphasize interdependence. However, other studies suggest that poverty and food availability play the greatest role in influencing infant-feeding patterns (Gray, 1996; Raphael and Davis, 1985). Research into infant restraint during feeding has also been the concern of paediatric and dietetic medical studies, attempting to understanding the direction

of the relationship between controlling maternal feeding behaviours and low child weight (Farrow and Blisset, 2008; Powell et al., 2011). Interestingly, these studies suggest that the controlling maternal behaviour precedes the low child weight.

Little research has been done into feeding practices of South African families. Evidence does show that early introduction to solids is common in South Africa, despite WHO guidelines to exclusively breastfeed for the first 6 months (Mamabolo et al., 2004). Most South African studies into feeding practice centre around this early introduction of supplementary solid foods but do not describe the manner of feeding, and make no reference to restrained feeding. Only a single African anthropological study was found citing controlled feeding practices. Gray (1996) described a cultural practice amongst the Turkana in Kenya of force-feeding camel butterfat to infants at a few weeks of age. Gray (1996) cited harsh ecological conditions and heavy labour demands on mothers who may also be in poor health as key drivers of this behaviour.

While the restraint of the infant in the video was highly visible to the researchers, perhaps due to their being 'outside' of the participants' 'culture', interestingly, none of the study's research participants commented on this parenting behaviour when watching the video. It was neither praised nor criticized. Rather, it was ignored. This speaks to the above discussed idea of ethnocentrism - that implicit culturally and contextually-based information can be overly familiar, and is then unlikely to be spoken to in interviews (and even when shown video-vignettes). After the restraining of the baby was ignored in the pilot interview, the interview was adapted, and when ignored, the interviewer asked directly about it. Sarah, as with all the participants, did not comment on the restrained baby. Below we see her response when asked directly about it, using the video-vignette:

> ***INTERVIEWER**: Okay, um can I ask you about a few things quickly that are in the video. The first one that we watched, one of the things that you didn't mention is that the mom kind of holds the baby's arms in a way like this. Do you have any thoughts about that? What do you think about that?*
>
> ***SARAH**: I don't know, I guess she doesn't want the baby to be... or she has this thing, I must force the baby to eat, I don't know.*
>
> ***INTERVIEWER**: And, and again I…understand that it feels uncomfortable, but do you think she should be doing that, she shouldn't, it doesn't matter?*
>
> ***SARAH**: I don't know, 'cause like the one arm under the baby is fine, but the holding... I think she has this thing that the baby is going to do something and won't be able to eat. As well as, it also goes back to where the food is. She has to keep on leaning, where it's much easier if you holding the hand... Hold it at least with the cup or something.*
>
> ***INTERVIEWER**: Okay, so you not sure what you think about it if it's okay, good or not good?*
>
> ***SARAH**: (Shakes head)… Forcing*

***INTERVIEWER**: Does it feel like forcing?*

***SARAH**: Ya*

***INTERVIEWER**: So does that feel like something she should be doing or shouldn't be doing?*

***SARAH**: But another thing, the baby needs to be able to grab things and understand how things feel so...*

Here, the use of the video-vignette, coupled with direct questioning about a specific contextually familiar, embodied way of being with babies, seems to prompt reflection from Sarah. Sarah starts by offering the socially scripted answer around this parenting behaviour – that it ensures that the child will get sufficient nutrition, but conveys that she is unsure what she thinks about it herself. However, she offers the word 'forcing'. This single word seems to represent what Riach (2009) might call a real-time reflection on this contextually familiar and embodied way of being with babies. So too does her next comment, that appears to be the product of further reflection, as opposed to a response to the interviewer's question, that "they… baby needs to be able to grab things". Again, the video seems to facilitate an identification with the position of baby and helps Sarah think about the embodied experience of the baby, as well as embodied responses from the mother.

The researchers had wondered if the common practice of restraining babies during feeding might be related to contextual concerns around poverty and child health, such as, the mothers may not want the baby to knock food off the spoon and waste it, or mess food onto their clothes (washing machines and new clothes are harder to come by in the township). However, the fact that none of the mothers who were interviewed about the videos made any comments like this about the behaviour, means that these researcher interpretations of the restraining behaviour remain conjecture. Instead, it is the fact that none of the participants saw this interaction as notable that is the interesting finding, confirming 'culture-blindness' (Berry, 2019) and the differing perspectives gained from emic and etic standpoints.

Conclusion

The two vignettes presented above demonstrate both the utility and limitations of the use of video watching and reflection as a method to elicit embodied and culturally-embedded information. The first vignette demonstrates how a research participant shifts position during the course of a research interview through the use of varying interview techniques, allowing the researcher access to more embodied registers of participant experience. The second vignette demonstrates the utility of contrasting emic and etic responses to the video-watching to explore and challenge instances cultural variation and culture-blindness (Berry, 2019).

During the traditional narrative interview, the position of mother in an explicit, conscious sense is taken up. However, through watching video-vignettes, the

observer position is taken up instead, allowing for greater reflexivity, and multiple identifications. It is apparent that video watching allows for the accommodation of multiple positions simultaneously. Importantly, video watching appeared to allow a shift from over-identification with the role of mother as consciously understood and narrated, to a space where identification with the baby in a more embodied way allows for the expression of her lived, implicitly understood maternal role (Schore, 2002; Shai and Belsky, 2011). This reflexivity appeared to be facilitated through the process of watching bodies engaged in embodied communication, as is seen in video-feedback interventions (Van Zeijl et al, 2006; Vik & Braten, 2009).

A reflexive third position requires the speaker to manage the tension created by the conflict between their own needs and the needs of those on who they reflect (Benjamin, 2004). In the data presented above, it was evident that the needs of the baby and the needs of the parent were often in great tension, as a result of the impact of the context. That is to say, the baby's need for sensitive interaction conflicted with the parents' need to defend against a sense of loss, disappointment, failure, guilt, and lack of control. In the traditional narrative interview, the embodied communications of an infant were far from mind, and the participant appeared to position herself as and identify with the role of mother in a narrative form, drawing on defensive discourses present in her context. The use of the video-vignette, which could portray the lived experience of the other and convey embodied and implicit information, seemed to allow the participant to access her role as mother as she would embody it; as she would respond to her own baby perhaps. This facilitation of access to more embodied ways of responding in the observer appeared to bring the relationality of mothering, the baby, and the conflict of needs back into mind. This capacity to look at a mother, with whom she is identified in interaction with a baby (with whom she now also identifies), from the vantage point of observer, seemed to facilitate a reflective third position (Benjamin, 2004). Reflection on her role as observer was also evoked, demonstrating the flexibility and richness of a third position.

Video-reflection appears to offer the potential to access embodied information and shift positioning from explicitly understood, and perhaps defended, narrated perspectives, to more implicit, 'lived' ways of 'being with' and understanding ourselves and others that are encoded through culturally and contextually-embedded experience. Although this example is drawn from cross-cultural mother-infant research, the use of video watching as method could potentially extend to multiple qualitative research projects where non-conscious embodied understandings of human interaction are the focus of study.

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Chapter 4

Results

This chapter is comprised of two published journal articles and one conference poster presentation, which constitute the results of this study. The first paper presented (Paper 2; Dawson, 2020), delineates the results of the quantitative arm of this study. The results of the qualitative arm of this study are presented in a conference poster (Poster 1; Dawson, 2018b) and second journal article (Paper 3; Dawson, in press). The conference presentation highlights the deductive and social constructionist aspect of this study, delineating the shared understandings of good-mother in this context, and the convergences and divergences with Western-developed theory. It also outlines the contextual factors raised across transcripts. Paper 3, the final journal article presented in this dissertation, highlights the psychoanalytic approach to the analysis, as well as integrates this with the social constructionist approach. The qualitative and quantitative results will be drawn together in the discussion chapter of this dissertation.

4.1 Paper 2: Quantitative Study Results

Observing Maternal Sensitivity in a South African Township: An Exploratory Study into Behavioral Features using Different Measures

Abstract

There is evidence that sensitive responsiveness is manifested differently in varying cultural contexts. This exploratory study examines a sample of 50 South African mothers in the context of a socioeconomically deprived Township, and investigates differences between the Ainsworth sensitivity scale (that does not specify particular manifestations of sensitivity) and the Maternal Behavior Q-sort (MBQ) mini, that assesses a more specified array of behaviors. Results showed a significant but modest association between the two measures, and maternal education was related to the MBQ-mini but not the Ainsworth scores. This pattern of results appears to be due to the higher salience of social games and verbal teaching in the MBQ-mini than in the Ainsworth scale. Such behaviors are less common in South African parenting, where more physical forms of responsiveness seem more typical. A local 'South African' sort was developed to capture culture-specific manifestations of sensitivity.

Keywords: maternal sensitivity; South Africa; culture-sensitive assessment; video observation

Dawson, N., Bain, K., & Mesman, J. (2020). Observing maternal sensitivity in a South African township: an exploratory study into behavioral features using different measures. *Attachment & Human Development*, *23*(2), 150-163.

As in the rest of the world, the delivery of early parenting support in the South African context relies heavily on assessments of sensitive maternal caregiving (Cooper et al., 2009; Juffer, Bakermans-Kranenburg & Van IJzendoorn, 2016; Nugent, Bartlett, Von Ende & Valim, 2017). Central to the definition and assessment of maternal sensitivity is responsiveness to infant's signals (Ainsworth, Bell & Stayton, 1974). However, various studies have shown that the modality of responding to infant signals differs from context to context (Kärtner, Keller & Yovsi, 2010; Lancy, 2011; Richman, Miller & LeVine, 1992), with overt expressions of positive affect and verbal responses being less common in non-Western than Western settings (Dixon, LeVine, Richman & Brazelton, 1984; Lancy, 2012; Mesman et al., 2018). Recently, questions have been raised about the universal applicability of some sensitivity measures, given that certain tools specify maternal behaviors more commonly found in Western settings (Dawson, 2018; Mesman et al., 2018). When attempting to assess maternal sensitivity in mothers from a non-Western setting, researchers as well as care professionals need to consider a measure's "goodness-of-fit" with the cultural context. Failure to do so can result in invalid research conclusions, the development of culturally-biased parenting interventions, and even the stigmatizing of non-Western parenting as problematic. This exploratory study examines maternal sensitivity in the South African Alexandra Township using two different observation instruments and addresses the applicability of specified behaviours and their rankings in the MBQS-mini to this cultural context.

Several studies have shown that behavioral patterns that characterize high maternal sensitive responsiveness and child secure base behavior are seen as ideal characteristics of the mother-child relationship in various countries (Mesman et al., 2016; Posada et al., 1995; Posada et al., 2016). More specifically, Posada et al. (1995) asked mothers from seven countries to sort the items of the Attachment Q-Sort (AQS) criterion sort to reflect their notion of the 'ideal child', which was found to overlap significantly with the expert notion of the securely attached child. Similarly, Mesman et al. (2016) asked mothers from 26 cultural groups from 15 countries around the globe to sort the items of the Maternal Behavior Q-Sort (MBQS) criterion sort to reflect their notion of the 'ideal mother', which was found to overlap significantly with the expert notion of the sensitively responsive mother in most countries and cultural contexts. In addition, Posada et al. (2016) showed significant associations between maternal behavior (as measured with the MBQS) and child secure-base behavior (measured with the AQS) in four different countries. Nevertheless, the findings of significant overlap between the culturally ideal mother and sensitive parenting in the study by Mesman et al. (2016) did not approximate perfect agreement (correlations ranging from .46 to .76), suggesting that differences in what ideal maternal behavior looks like do exist and could be important to uncover to enhance our understanding of potential culture-specific aspects of the parenting

within the attachment framework. In this paper we focus specifically on the cultural context of a South African Township.

In South Africa, urban townships are under-developed, semi-informal settlements, generally on the outskirts of big cities. The townships are densely populated and house an estimated 22 million people (38% of the urban population) (Stats SA, 2011b; Mahajan, 2014). These townships consist of a hybrid of formal dwellings and informal shacks, with a notable lack of infrastructure and access to quality health care and education (Davie, 2003; Mahajan, 2014; Stats SA, 2011b; Wilson, n.d). Townships house a disproportionate number (around 60%) of South Africa's unemployed adults (Mahajan, 2014), and are often found at the top of the list of the country's most crime ridden areas (Crime Stats SA, 2016). As a country with one of the highest Gini coefficients in the world (63.0 in 2014), South Africa's townships are starkly juxtaposed against numerous wealthy neighboring suburbs (Davie, 2003; Morris, 2000; Wilson, n.d; World Bank, 2019).

Parenting practices in South-African townships partly reflect the economically deprived and harsh living circumstances of urban slums in sub-Saharan Africa, with generally lower levels of sensitivity (Tomlinson, Cooper & Murray, 2005), more harsh and/or neglecting parenting styles (e.g., Okoth & Mburu, 2016; Swahn, Culbreth, Staton, Self-Brown, & Kasirye, 2017). In addition, parenting in townships are of course also influenced by the broader South-African cultural context. The majority of black South African ethnic groups were traditionally patriarchal, delineating parenting as the work and sole responsibility of women (Barbarin & Richter, 2013; Walker, 1995). The belief that "parenting is women's work" still largely persists, despite the fact that large numbers of mothers now work, and children are consequently either placed in day care centers or sent to live with relatives at around 3 months of age (Barbain & Richter, 2013; Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009). Nevertheless, the traditional close proximity between mothers and infants persists, and most mothers continue to carry their infants on their backs and to co-sleep with their infants well into their childhood. Parenting practices are largely authoritarian (Barbarin & Richter, 2013; Dawes, Kafaar, de Sas Kropiwnicki, Pather & Richter, 2004). Traditional cultural practices such as *imbeleko* (presenting an infant to the ancestors), *inkhaba* (burying of the umbilical cord), and *ibhala* (the cutting of the back of the infant's neck to release evil spirits and protect the baby from death) (Barbarin & Richter, 2013) are all common practice across South Africa, including the townships.

The current study focuses on Alexandra Township in Johannesburg, which is largely representative of the urban slum context in South Africa in the broader sense. As is typical of South African townships more generally, a quarter of the homes in the township are informal shacks, and infrastructure is poor with only 40% of dwellings having piped water (Stats SA, 2011b). Like many South African townships,

unemployment rates and levels of violent crime are high (Crime Stats SA, 2016; Stats SA, 2011b).

In sum, both social-economic and cultural characteristics specific to the South-African township context might translate to specific parenting patterns that do not quite follow Western representations of ideal parenting. And given evidence of culture-specific manifestations of sensitive parenting specifically (Mesman et al., 2018), the ranking of items in the MBQS may not adequately capture what sensitivity looks like in a South African township. Therefore, the aims of this paper are to: (1) Explore the nature and meaning of sensitivity scores obtained by the MBQS-mini (Pederson, Moran & Bento, 2011) and the Ainsworth sensitivity scale in the South African context of Alexandra Township; (2) Based on these results, explore a potential culturally appropriate adaptation of the MBQS-mini criterion for the South African township context. Although the original MBQS has been evaluated as showing high content overlap with the original Ainsworth scale (Mesman & Emmen, 2013), we expect some disparities in score distributions, given that the MBQS-mini specifies more specific behavioral manifestations of sensitivity that include verbal responsiveness, positive affect, and teaching activities, which have previously been found to be less common in African settings than in Western settings (Mesman et al., 2018).

Method

Sample

A sample of 50 mother-infant dyads from Alexandra Township participated in this study. The video-footage used was generated as part of a separate study into the efficacy of a home visiting project (see Bain, Dawson, Esterhuizen, Frost & Pininski, 2017). Pregnant mothers were recruited by local home visitors during prenatal visits to the township's birthing clinic and invited to volunteer for the study. Mothers not adhering to prenatal care procedures were absent from the sample, and as such the sample is subject to bias. However, national antenatal care attendance rates in South Africa are high; reportedly at 90% in 2012 and 93% in 2014 (Gumede, Black, Naidoo & Chersich, 2017; Stats SA, 2011a; Stats SA, 2015; Wabiri, Chersich, Shisana, Blaauw, Rees & Dwane, 2016). At the time of observation, mothers, all of whom were black, ranged in age from 17 years to 38 years (M = 25.5 years), while infants ranged from 2.76 months (84 days) to 8 months (246 days) (M = 4.3 months). Twenty-six of the infants were boys and the remaining 24 were girls. Parity ranged from 1 to 3 (M = 1.68). 52% of the mothers in the sample had not completed high school, while 18% of the mothers had some tertiary level education. Of the 42 mothers not currently completing school or further studies, 64% were unemployed.

Measures

The video observations conducted for this study comprise of mothers interacting with their babies in a "laboratory setting". Although a natural setting was preferable (ie. in the infant's home), there was insufficient space and lighting to record inside or even outside the majority of the homes. In addition, there was concern regarding the safety of the researchers utilizing costly technology (i.e. hand-held video recorders or smartphones) in the township. Mothers were transported from their homes to the research venue in the organization's car, accompanied by a female research assistant. A 20 to 25 minute observation procedure was set up in line with the guidelines in the MBQS manual. This consisted of (a) 5 min free play interaction, "just be with your baby, as you would at home", (b) 5 min playing with toys, (c) 3 min reading a picture book, (d) 3 min play with a "challenging toy" (i.e., a shape sorter), (e) 5 min divided attention with mother being interviewed (f) 5 min feeding if applicable to the situation (see manual by Pederson et al., 2011). Mothers were given a picture of themselves and their baby together, taken after the filming. The research assistants were educated, professional females, the majority of whom were White.

Maternal sensitivity. The first measure of maternal sensitivity used was the original Ainsworth Sensitivity scale (Ainsworth et al., 1976) which is scored on a 1-9 scale ranging from highly insensitive to highly sensitive. The scale provides general behavioral descriptions for the scale points that emphasize the fit between the caregiver's responses and the child's signals (sensitive responsiveness), but does not specify the precise behaviors that would constitute a good fit. Thus, as long as the caregiver responds promptly and appropriately to the child's signals in a way that leads to a well-rounded and mutually satisfying interaction, the scale does not favor one mode of responsiveness over another. All 50 videos were coded by a single, reliable South African Ainsworth coder. Reliability was obtained by coding 10 videos from this study and comparing the scores with scores assigned by an experienced and reliable Ainsworth coder. The intraclass correlation (absolute agreement, single coder) was .83 for sensitivity.

The second measure was the MBQS-mini, a 25-item Q-sort type measure of maternal sensitivity (Pederson et al., 2011). Reliable, certified coders sort the 25-items based on the same 20 to 25-minute video recording of mother-infant interactions as used for the Ainsworth coding. The videos were coded according to the MBQS-mini computerised card sort, by 5 reliable South African MBQS-mini coders. Following training, the MBQS-mini coders obtained reliability using 10 Canadian videos against scores from the measure developers, where a score of 0.8 and above was required to qualify as a reliable coder. Next the five coders all coded a further 14 local videos from the current study. Each coder's inter-rater relatability was checked against each of the other 4 coders, using the Candian criterion sort. Once coders had achieved an IRR of 0.801 and above (range 0.801 to 0.93) with all other

coders on the local sample of 14, did they begin coding the research videos. Videos were double-coded and in cases where there was disagreement between coders, the coding was discussed until a final score was agreed upon.

Note that the scores used for analyses are the result of a correlation between the sort describing the behavioral profile of an individual mother and the criterion sort reflecting the 'ideal sensitive mother' (Pederson et al., 2011). This means that the scores theoretically range from -1.00 to 1.00, with positive correlations to the 'ideal mother' reflecting more maternal sensitivity, and negative correlations reflecting less maternal sensitivity.

Camera-related behavior. The videos were also screened for camera-related behavior (see Introduction to this special issue), although in the form of overall impressions instead of the specific scales because they were not part of the original research protocol. Mothers generally appeared comfortable with being video-recorded. They largely appeared quite confident, with only a small number of mothers looking frequently at the camera, commenting on being filmed or expressing anxiety about being filmed. However, there appeared to be some degree of initial performance anxiety from many mothers related to being part of a research study more generally. Teenage mothers appeared to be more prone to looking at the camera frequently.

Results

Preliminary Analyses

The average MBQS-mini score was low with M = 0.17 (SD = 0.43, range = -0.73 to 0.86), suggesting very little overlap between the mothers' behavioral profiles and the profile of the highly sensitive mother as represented by the criterion sort. The average Ainsworth sensitivity score was in the more-sensitive-than-insensitive range at M = 5.52 (SD = 2.46, range = 1 to 9) (See Table 1). A significant, albeit modest, correlation was found between sensitivity observed the MBQS-mini and the Ainsworth scale ($r(50) = .30$, $p < .05$). (See Table 2). When comparing mothers rated as insensitive on the Ainsworth scale (scores 1 to 4) to those rated as (somewhat) sensitive (scores 5 to 9), we see a significant difference in their MBQS-mini scores ($t(48) = -3.04$, $p < .01$) (See Table 3). The MBQS-mini scores for mothers with low Ainsworth ratings are close to zero (M = -.05; SD = .38), indicating that the MBQS-mini profiles of these mothers showed no congruence with the profile of a sensitive caregiver. Mothers with higher Ainsworth ratings that can be considered to be (very) sensitive also have higher MBQS-mini scores (M = .30; SD = .41), but these are still much lower than the mean of volunteer-based samples internationally (see Pederson et al., 1990, M = .73 and Pederson, Gleason, Moran & Bento, 1998). No comparative scores could be found for levels of sensitivity in South Africa.

Table 1: Descriptive Statistics of Sensitivity Measures

	N	Minimum	Maximum	Mean	Std. Deviation
MBQS-mini Canadian Sort	50	-0.73	0.86	0.17	0.43
MBQS-mini South African Sort	50	-0.72	0.78	0.22	0.38
Ainsworth MS	50	1.00	9.00	5.52	2.46

Table 2: Correlations

		MBQS-mini Canadian Sort	MBQS-mini South African Sort	Ainsworth Sensitivity Scale	Maternal level of Education	Maternal Employment Status	Maternal Age	Infant Age	Infant Gender
MBQS-mini Canadian Sort	*r* Ψ	1	.972**	.302*	.338*	0.181	0.227	0.05	-0.048
	Sig. ϟ		0	0.033	0.017	0.251	0.113	0.732	0.74
	N	50	50	50	49	42	50	50	50
MBQS-mini South African sort	*r* Ψ	.972**	1	.333*	0.281	0.256	0.201	0.006	-0.042
	Sig. ϟ	0		0.018	0.051	0.102	0.163	0.966	0.771
	N	50	50	50	49	42	50	50	50
Ainsworth Sensitivity Scale	*r* Ψ	.302*	.333*	1	0.159	0.043	-0.066	-0.057	0.091
	Sig. ϟ	0.033	0.018		0.276	0.786	0.651	0.696	0.531
	N	50	50	50	49	42	50	50	50
Maternal Level of Education	*r* Ψ	.338*	0.281	0.159	1	0.228	0.033	0.003	0.101
	Sig. ϟ	0.017	0.051	0.276		0.151	0.824	0.983	0.491
	N	49	49	49	49	41	49	49	49
Maternal Employment Status	*r* Ψ	0.181	0.256	0.043	0.228	1	0.257	-0.068	-0.143
	Sig. ϟ	0.251	0.102	0.786	0.151		0.1	0.667	0.365
	N	42	42	42	41	42	42	42	42
Maternal Age	*r* Ψ	0.227	0.201	-0.066	0.033	0.257	1	-0.174	-0.235
	Sig. ϟ	0.113	0.163	0.651	0.824	0.1		0.228	0.1
	N	50	50	50	49	42	50	50	50
Infant Age	*r* Ψ	0.05	0.006	-0.057	0.003	-0.068	-0.174	1	-0.264
	Sig. ϟ	0.732	0.966	0.696	0.983	0.667	0.228		0.064
	N	50	50	50	49	42	50	50	50
Infant Gender	*r* Ψ	-0.048	-0.042	0.091	0.101	-0.143	-0.235	-0.264	1
	Sig. ϟ	0.74	0.771	0.531	0.491	0.365	0.1	0.064	
	N	50	50	50	49	42	50	50	50

***. Correlation is significant at the 0.01 level (2-tailed).*

**. Correlation is significant at the 0.05 level (2-tailed).*

ψ. Pearson Correlation

ϟ . Significance (2-tailed)

The associations of the two sensitivity measures with pertinent background variables were also considered (See Table 2). Maternal educational level was significantly related to MBQS-mini sensitivity $r(48) = .34$, $p < .05$, but not Ainsworth sensitivity, $r(47) = .16$, $p = .28$. There were no significant relations with maternal employment status, maternal age, infant age, or infant gender on either sensitivity measure.

Table 3: Independent Sample Test (*t-test for Equality of Means*) and Group Statistics

	Ains *	N	Mean	Std. Dev.	Std. Error Mean	t	df	Sig. **	Mean Diff.	Std. Error Diff.	*95% Confidence Interval of the Difference*	
											Lower	Upper
MBQS-mini Canadian Sort	0	19	-0.05	0.38	0.09	-3.04	48	0.004	-0.35	0.12	-0.59	-0.12
	1	31	0.30	0.41	0.07							
MBQS-mini South African Sort	0	19	0.02	0.35	0.08	-3.17	48	0.003	-0.32	0.10	-0.52	-0.12
	1	31	0.34	0.34	0.06							

** Ainsworth Maternal Sensitivity High = 1 and Low = 0*

*** Significance (2-tailed)*

Item Analysis

An analysis of the items that contributed to high or low scores on the MBQS-mini revealed that 15 of the 25 items functioned as expected (ie. mothers with a high Ainsworth score largely obtained a positive score on high criterion items, and a low score on low criterion items and vice versa). The ten items which did not function in accordance with the criterion sort (ie. where MBQS-mini item scores were similar for mothers scored as sensitive and insensitive on the Ainsworth scale) are listed in table 4. Many mothers who scored high on the Ainsworth scale scored as insensitive on three highly weighted items (items 1, 5, 20) relating to co-operation and interference. Both mothers who received high and low scores on the Ainsworth scale tended not to actively engage in social games or verbally-based teaching moments (items 4, 16, 22). Only 12 of the 31 mothers who scored high on the Ainsworth scale were coded as likely to respond to their infant's signals during the divided attention task. Tendency to engage in overt expressions of positive affect were mixed across items, with very little praise from mothers both with high and low Ainsworth sensitivity scores, the majority of mothers (>77%) in both groups noticing their infants' smiles and vocalisations, and slightly more animation from mothers with low Ainsworth sensitivity scores.

Table 4: MBQS-mini items lacking expected variance across high and low scores on the Ainsworth scales

Items related to co-operation and interference
1. Provides B with little opportunity to contribute to the interaction (Formerly 1)*
5. Content and pace of interaction set by M rather than according to B's responses (formerly 17)*
20. Builds on the focus of B's attention (formerly 71)
Items related to teaching and active social engagement
16. Points to and identifies interesting things in B's environment (formerly 48)
4. Repeats words carefully and slowly to B as if teaching meaning or labelling an activity or object (formerly 11)
22. Plays social games with B (formerly 78)
Items related to divided attention
8. Responds to B's distress and non-distress signals even when engaged in some other activity such as having conversation with visitor (formerly 27)
Items related to overt expressions of positive affect
21. Notices when B smiles and vocalises (formerly 72)
13. Is animated when interacting with B (formerly 43)
15. Praises B (formerly 45)

** Items are reversed*

Follow-up Analysis

Following the above analysis, a new 'South African' criterion sort for the MBQS-mini was developed by the first author, in collaboration with two local psychologists and five local lay counselors. The psychologists and lay counselors all live in South Africa and work clinically with mother-infant dyads in Alexandra Township. All were South African citizens, except one psychologist, who is a citizen of a neighboring African country. While there was significant overlap between the Canadian and South African 'ideal mother' sorts, there were a few significant differences, with the South African sort attributing less (positive or negative) weight to items to do with physical manipulation of the child, praise of baby, noticing when baby smiles and building on the focus of baby's attention. Mother exhibiting distress at baby's demands was an item that was attributed more weight in this sort.

A new MBQS-mini South African sort score was obtained for each mother by running a correlation with the South African criterion sort and the mother's original item scores. Next, the analyses outlined above were conducted again with the new 'South African' MBQS-mini scores.

The average 'South African' MBQS-mini score was still low with $M = 0.22$ ($SD = 0.38$, range = -0.72 to 0.78) (See Table 1). A significant, albeit modest, correlation was again found between sensitivity observed the 'South African' MBQS-mini and the Ainsworth scale ($r(50) = .33$, $p < .05$) (See Table 2). When comparing mothers rated as insensitive on the Ainsworth scale (scores 1 to 4) to those rated as (somewhat) sensitive (scores 5 to 9), we again see a significant difference in their 'South African' MBQS-mini scores ($t(48) = -3.17$, $p < .01$) (See Table 3). The 'South African' MBQS-mini scores for mothers with low Ainsworth ratings remained close to zero (M = .02; SD = .35), and mothers with higher Ainsworth ratings also had higher MBQS-mini scores (M = .34; SD = .34).

Unlike with the 'Canadian' MBQS-mini scores, maternal educational level was not significantly related to the 'South African' MBQS-mini sensitivity $r(49) = .28$, $p > .05$. There remained no significant relations with maternal employment status, maternal age, infant age, or infant gender on either sensitivity measure.

Discussion

The finding of a significant, albeit modest, correlation between sensitivity observed with the Ainsworth scale and with both the 'Canadian' and 'South African' MBQS-mini suggests that there is an overall relation between the constructs measured by the two scales when used with mothers from Alexandra Township. However, a stronger relationship is to be expected from two scales measuring the same construct using the same video footage. The mean score for both the 'Canadian' and 'South African' MBQS-mini is also relatively low. Given the stressful context in which the participants are living, it is possible that the low MBQS-mini mean scores are the result of the previously observed effects of poverty and stress on parental behaviour (see Bakermans-Kranenburg, van IJzendoorn & Kroonenberg, 2004 and Rafferty & Griffin, 2010). However, given the higher mean Ainsworth sensitivity score and the lack of comparable means for South African mothers, other explanations must also be considered. The analysis of the distribution of the MBQS-mini item scores for mothers who scored high and low on the Ainsworth scales assists with investigating other possible explanations.

Some of the incongruence between Ainsworth and MBQS-mini scores seems to be explained by the high tendency of mothers from this sample to set the content and pace of the interaction themselves, and not to build on the interests of the baby. When using the Ainsworth scales, such behaviours are generally coded on a separate but related scale – the co-operation and interference scale (Ainsworth, 1969) - while the MBQS-mini draws from descriptions across all the scales and provides a single global score (Mesman & Emmen, 2013; Pederson et al., 2011). This finding, therefore, highlights one of the key differences in the way the two measures operationalize maternal sensitivity.

Three reasons for the high rates of interference in this sample are proposed here. Firstly, such behavioural characteristics may be explained by the more authoritarian approach to parenting of South Africans in comparison to Western families, as noted above. Secondly, high levels of interference may be the result of a unresolved trauma, as a result of high levels of violent crime in the environment. Research has previously shown a link between unresolved trauma and increased intrusive behaviour (Lyons-Ruth & Block, 1996). Lastly, the tendency of the mothers to set the content of the interaction may be the result of over-compliance with the researcher's "implied" instructions (ie. handing the mother different toys), given South Africa's apartheid history and the difference in race and educational background between the participants and the researchers. A similar dynamic (of compliance and performance anxiety) may underlie both the tendency not to respond to infant signals during the divided attention activity (ie. filing in the demographic questionaire with the researcher) irrespective of Ainsworth sensitivity score, despite a strong tendency to respond to signals outside of the divided attention task from mothers who scored high on the Ainsworth sensitivity scale, as well as the high tendency from all mothers in the sample to notice positive signals and vocalisations. That is to say, given the power differential and the evaluative setting, all mothers may have tended to attempt to prioritize the more overt instructions from the researcher and may have been particularly pleased with positive signs from their infants.

The absence of praise (a highly weighted item in the Canadian criterion sort) in this sample is congruent with common parenting practice in South Africa (Barbarin & Richter, 2013; Dawes et al., 2004). Animation, a mid-range item in the Canadian criterion sort, was a behavioural trait more commonly found in mothers from this sample who scored low on the Ainsworth scale. This is congruent with reports by Mesman and Emmen (2013) that in some sub-groups, high levels of positive affect are accompanied by high levels of intrusiveness and low levels of awareness of infant signals. The same may be true for this sample. The absence of social games and verbally-based teaching moments (items 4, 16, 22) in this sample is also congruent with cultural assessments of characterstic behaviour in non-Western settings (Dixon et al., 1984; Lancy, 2012; Mesman et al., 2016). Although these items have low criterion scores in the Canadian (and South African) sort, the almost complete absence of these behaviours in this sample means that their presence in the sort may negatively impact on sensitivity scores for this sample when using the MBQS-mini, as items with greater negative weighting are forced to the middle of the sort while these items are forced to the extremes. Such specific behavioral manifestations such as praise, social games and verbally-based teaching are not specified in the Ainsworth scale, leaving room for assigning higher scores based on other, more subtle forms of responsiveness (Mesman et al., 2018).

Maternal educational level was related to higher levels of sensitivity as measured by the 'Canadian' MBQS-mini, but not when measured by the Ainsworth scale or the 'South African' MBQS-mini. It is possible that the more educated mothers in Alexandra may be more acculturated into Western models of infant development and parenting. These mothers may also have greater access to parenting guidance and information online and in books (which are largely generated in developed countries). The adoption of more 'Westernized' ways of being with their babies may account for their higher scores on the MBQS-mini when using the Canadian sort. More educated mothers may also have been less impacted by the race of the researcher as a result of their higher educational status. Given that education has been historically compromised along racial lines in South Africa, it may be argued that measures which are not related to educational level may provide a better fit with the context of Alexandra, so as not to unfairly disadvantage mothers.

Overall impressions regarding the participants' camera-related behavior suggests that the collection of video data is appropriate in the studied context. The use of several different elements in the observation procedure maximized the range of behaviors that mothers could show in the interactions with their infants. However, some of the tasks (reading, playing with toys) were not necessarily representative of what mothers would do with their children in daily life given the limitations of the township context in terms of books and toys. Unfamiliarity with these activities may have also dampened the sensitivity ratings. More naturalistic interactions that more closely resemble daily life (even if in the lab because filming in the township is hazardous) would be preferable. For example, in addition to feeding, mothers could be asked to bathe the child. As noted above, another potential limitation of the observation setting was the fact that the research assistants were all white, and thus from different racial and linguistic backgrounds than the mothers. Especially in the South African context, this may have influenced some of the mothers in terms of their level of comfort in the situation, and/or their fear of being judged and feeling like they need to perform according to other cultural standards than their own. The need for research personnel that matches the ethnic characteristics of the sample as closely as possible is an important challenge in South Africa, and needs to be considered seriously to improve future observation studies on parenting. An additional potential limitation of the study is the brief period of observation. Although MBQS-mini ratings on brief (10 minute) observations have been shown to yield reliable and valid scores of quality of maternal interactive behaviour (Tarabalsky et al., 2007), and the Ainsworth scale has been used on briefer interactions historically (Bouvette-Turcot et al., 2019; Joosen et al., 2013), the Ainsworth's scale was originally designed for use based on lengthy naturalistic observation (Ainsworth, Blehar, Waters & Wall, 1978). It must therefore be acknowledged that ratings based on a longer observation period may yield different results. Other limitations of the study include the small sample size, and use of coders

who, despite having sensitivity around cultural and contextual difference and working in Alexandra, are not from the township themselves.

In conclusion, although there are challenges to video observation studies among South African mothers living in townships, a clear strength of this study is that it marks one of the first studies to scrutinize observational analysis of mother-infant interactions in the context of South African Townships. However, the study is exploratory in nature, and follow-up studies with more lengthy naturalistic observations with a more diverse team of coders, as well as alternative research methods such as parenting vignettes would be needed to draw more firm conclusions about the specific behavioral patterns associated with sensitive caregiving in this context. Such studies are important to avoid pathologizing non-Western cultural practices and to ensure valid interpretation of research results. Whereas the MBQS-mini has clear value for coding sensitivity in cultural contexts where verbal interaction and a focus on infant learning are culturally appropriate and normative, the use of more open-ended measures may be preferable in the absence of locally informed items or criterion sorts. Such considerations require further investigation to promote the in-depth investigation of the goodness-of-fit of all observation-based measures when conducting parenting research in contexts that are starkly different from that in which the tool was developed. Further study is needed to test whether the different scores obtained with sensitivity instruments also relate to different associations with pertinent child outcomes such as attachment security and social-emotional competence.

Author note

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4.2 Poster 1: Qualitative Study Results

'Sensitive' from an African Perspective: An Emic Exploration of Maternal Sensitivity Amongst South African Mothers.

Abstract

Maternal sensitivity provides the framework for understanding the behavioural, interactional experiences that underpin attachment security. Various theorists and measures have operationalized this construct and attempted to identify the specific behaviours that qualify as sensitive and promote attachment security. However, anthropological research and recent psychological literature speak to cultural variation in maternal behaviours, which complicates measurement and intervention. This paper reports on an exploration into local understandings of maternal sensitivity and "good" maternal behaviour in the community of Alexandra Township, South Africa. Findings from a series of interviews with local Alexandra mothers, exploring their understanding of maternal sensitivity, will be shared. Local mothers' understandings of "good enough" maternal behaviours will be compared and contrasted with the original and current, predominantly Western conceptualisations of maternal sensitivity, in an attempt to engage with culturally diverse manifestations of maternal sensitivity.

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‘Sensitive’ from an African perspective

Nicola Dawson

An emic exploration of maternal sensitivity amongst South African mothers

Introduction

The construct of Maternal Sensitivity has developed from its original components of availability, accurate interpretation, contingent responsiveness, and prompt responsiveness (1), to include maternal behaviours including positive affect, mutual play, facilitation of learning, non-intrusiveness and child led interactions and responding to verbalisations (2). These developments are argued to be highly culturally nuanced (2), and new concepts such as received sensitivity have been offered as more appropriate alternatives for some non-Western contexts (3).

Aim To understand how “good” mothers from Alexandra Township, South Africa describe good (sensitive) mothering.

Rationale More emic descriptions of sensitive mothering are required to counter the dominant Western perspective and appropriately inform community-based South African infant mental health interventions.

Research Questions

How do residents of Alexandra Township describe good mothering, and how does this description converge with or diverge from theoretical definitions of maternal sensitivity?

What are the contextual factors that feature prominently in description of good parenting by residents from the setting of Alexandra Township?

Method

Participants 5 black South African mothers, between the ages of 27 and 49, living in Alexandra Township, raising children aged between 2 and 6, considered to be good mothers by fellow community members.

Procedure Five mothers from Alexandra Community who were considered to be “good-enough” mothers by their fellow community members were identified (starting with preschool teachers and then using snowballing). Semi-structured interviews on opinions about ‘good enough’ mothering in the local context, and commentary on video interactions between a sample of more and less sensitive mothers (as determined by Ainsworth’s Sensitivity Scales) were gathered. A thematic analysis was conducted from a psychoanalytic and attachment theory-informed theoretical approach.

Results: Prominent Contextual Influencers on Parenting

Below are the themes that emerged from the interviews that appear to be significant contextually-specific preoccupations within the narratives on sensitive mothering.

1. Health concerns

Participant 2: *[Ainsworth is] right because you’re going to just sit, see the child is crying crying crying and you never know, you just ignore the child. While the child is very sick, needs your help, she can’t talk about it, ya.*

2. Safety concerns

Participant 5: *I don’t think you can leave your daughter with a man for more than an hour. There’s a lot of rape going out there.*

3. Poverty and financial concerns

Participant 3: *You do get parents who are working, especially in the environment that I’m staying in. You’re trying to feed your child, make sure that your child is well-fed, you have to go find a job. So you can’t be there for your child 24/7. So yes you can be available but not 100%.*

Participant 1: *…materialism has become a focal point for most people in our community…*

4. Influence of participants’ loss of parents

Participant 1: *Um, when I found out I was pregnant, my greatest fear was I don’t die. I’ve had that because my parents died when I was young. It still is, but now as you go along and you understand, okay death happens. If it does happen, what are your kids going to remember of you? So just trying to build those memories for my kids. Should I drop dead now, I’m sure my kids will know what I love them because I tell them every day. I always make time for them no matter how tired or what goes on. Ya, that was my biggest thing.*

Participant 2: *The love, when I see my neighbour love their children I just sit and think I didn’t get this from my mom so my children, I don’t want them to not get it from me.*

Conclusions

Descriptions of good mothering by “good” mothers from Alexandra Township are largely congruent with theoretical understandings of maternal sensitivity. This is true, even for components argued to be culturally-biased towards North American and Western European families. Contradictions between interview answers about parenting and observations of parenting (particularly in the areas of contingent responsiveness to wants, prompt responsiveness and non-intrusiveness) appear to point to the tensions inherent in providing good-enough parenting in a hostile context, as well as the influence of Western theory and culture on South African mothers. Safety concerns appear to have corroded allo-parenting in this setting, although the culture of community rearing is still part of the prominent narrative. Poverty appears to have forced financial security to take prominence over parental presence.

Selected References

1. Ainsworth, M. D. S. (1969). Maternal sensitivity scales. Power, 6, 1379-1388.
2. Dawson, N. (in press). From Uganda to Baltimore to Alexandra Township… How far can Ainsworths’ theory stretch? South African Journal of Psychiatry.
3. Mesman, J., Minter, T., & Angnged, A. (2016). Received sensitivity: adapting Ainsworth’s scale to capture sensitivity in a multiple-caregiver context. Attachment & human development, 18(2), 101-114.

Results: Areas of Convergence and Divergence

	Interviews	Video Commentary
1 Availability	**Somewhat convergent** | the need to be available was frequently noted, but the argument was also presented that the need to provide takes precedence Participant 5: *being available for your own child is the most important thing, even though we need to work and do some hustle so that he can get food or clothes and everything that he needs, but the little time that you get is very important.*	**Somewhat divergent** | only two participants noted examples of emotional unavailability. In some cases, emotionally unavailable mothers were described as available. Participant 2: *She's there with the child but you can see she's not there. The way she sits, she doesn't have that energy for being a mother*
2 Accurate interpretation	**Highly convergent** Participant 1: *…try to figure out what each sound means… …so it's trying to figure that out yourself. And it's being present I think. ……. Listening. Most important – especially with babies between zero and two because most of them can't talk. It's trying to figure out what message they're trying to convey by whatever they are doing.*	**Highly convergent** *Participant 1: …after the rattle the child had a one second cry and she was already taking food out to feed the child and the child didn't look like agitated or hungry…*
3 Contingent responsiveness (needs & distress)	**Highly convergent** *Participant 3: you stay with the child, you monitor, I know that you're tired but just make sure that you stay up with the child, check up on baby, make sure everything is fine until they fall asleep. Maybe they are hungry… maybe the child is feeling hot, you just monitor and try and make that situation better for the child until they fall asleep again.*	**Highly convergent** *Interviewer: What did she do that was good?* *Participant 2: The child when he cries like that, he wants you to stand up so you can do like (does a rocking motion), move around with.*
4 Contingent responsiveness (wants)	**Largely divergent** | this appears to be a dismissive defence against disappointment, in the face of poverty Participant 4: *…he needs to learn that some things you can't have all the time so that part I have issues with it. Yes, you can give the baby what he wants but not all the time because life won't be fair all the time you know. Life is going to throw things at you that you thinking it's good it's good and then bam, something bad happens so a child needs to learn at a very young age that I can get whatever I want but there will be points where I cannot get them because mom can't afford or we just can't have it so ya.*	**Highly convergent** Interviewer: Okay, and anything that she should be doing that she didn't do? Participant 4: *Noticing what the child wanted to play with… … she wasn't allowing the baby to do what he wanted to do.* Participant 5: *I think the baby doesn't even want to do this… She must try and find something else whereby he's going to concentrate and be focused on doing that thing because I don't think he wants to do the shapes anymore… …Let her play with whatever they want to play with while you assisting along.*
5 Prompt responsiveness	**Mixed reaction** | not spontaneously mentioned, but some agreed and others disagreed when Ainsworth's ideas were offered.	**None** | not attended to during video commentary
6 Facilitation of learning	**Some convergence** Participant 5: *You don't have to do much just the bonding and teaching him or her those little things.*	**Some convergence** | but less attention given to learning during video commentary.
7 Mutual play	**Highly convergent** Participant 5: *Playing with your child is the most important thing.*	**Highly convergent** Participant 1: *I'd keep it at the B+ [rating] 'cause they didn't play much with the child.*
8 Non-intrusive-ness and child-led Interactions	**Highly convergent** Participant 3: *She will eventually eat but don't force the child, just try something else… …Maybe she doesn't like that food and you just making her angry so just to control the situation try something else and be playful with your child. I think being playful with your child helps a lot!*	**Highly convergent** | regarding toys Participant 1: *[The baby] did not want to play with the toys and [the mother] did not want to force the child playing with the toys which is the difference between the two [mothers] so. But then, um, ya [this mother] was cool.* **Largely divergent** | regarding physical restraint Only one participant commented on the baby being restrained during feeding. When probed, this was normalised. Participant 5: *Yes because they all touchy so this is how I was told to feed the baby cause some might take away the spoon and some might end up making their face dirty… …so this was the best way to take away their active hand and put it under your arm so that she cannot disturb [the mother] from feeding her.*
9 Positive affect	**Highly convergent** Participant 3: *so your child always needs to see you happy.*	**None** | not attended to during video commentary.
10 Response to verbalisations	**None** | not mentioned during interviews.	**None** | not attended to during video commentary.
11 Received sensitivity	**Highly conflicted area** | Alex is described as a community where everyone takes responsibility for the care of the infant, but this is contrasted with a description of Alex as dangerous and a need to be highly discerning about who you leave your baby with. Participant 4: *there's somebody looking after that baby and taking care of that kid no matter if you're not there you know that when I'm in the house you know that there's maybe uncle Joe out there looking at my child, making sure that nothing happens you know.* Participant 4: *Yo, dads and brothers and uncles and cousins, for male cousins especially, they rape children.* Participant 2: *there is lot of tsotsis (criminals) in Alexandra, it's not safe, when you leave your children make sure you leave your child with somebody you trust, you can't just leave your child anywhere.*	**Not applicable** | videos were one-on-one interactions

4.3 Paper 3: Qualitative Study Results Continued

Contextual ghosts in the nursery: Systemic influences on sensitive maternal responsiveness in a low to middle income country

Abstract:

The influence of trauma on parenting behaviour and "sensitive responsiveness" is well documented. However, these trauma experiences are often conceptualized on an individual, historical and intergenerational level, rather than a systemic level. In this study, eight South African mothers, who were residing in a Johannesburg Township and raising at least one child under the age of six, were interviewed about their parenting practices. The interviews were analyzed using a combination of a psychoanalytically informed interpretive analysis and a social constructionist analysis. Using this approach, the author attempted to develop a contextually-based understanding of current parenting practices within this setting. Across the interviews, three prominent contextual factors were seen to consciously and unconsciously impact parenting practices, namely threats to safety, poverty, and loss or absent parents. These contextual factors were found to play a role in hypervigilance, maternal control and intrusiveness, and dismissiveness in parent-infant interactions. On the back of these findings, the importance of considering contextual trauma when engaging in infant mental health theory, research, and interventions with similar populations, is briefly discussed.

Dawson, N. K. (in press). Contextual ghosts in the nursery: Systemic influences on attachment and sensitive maternal responsiveness in a low to middle income country. *Psychoanalytic Social Work.*

Introduction

Infant attachment security is understood to be, in part, the product of intrapsychic parental factors, namely parental attachment representations and parental reflective capacity, which then inform parental behavior (specifically sensitive responsiveness) (Bowlby, 1973; Main, Kaplan, & Cassidy, 1985; van IJzendoorn & Bakermans-Kranenburg, 2019). While contextual factors have been noted as additional key role players (Aviezer, Sagi-Schwartz & Koren-Karie, 2003; Belsky, 1984; Sagi, van IJzendoorn, Scharf, Joels, Koren-Karie, Mayseless & Aviezer, 1997; Van Ijzendoorn & Bakermans-Kranenburg, 1997), these have historically received less attention. Acknowledgement of the limitations of the predictive power of sensitive responsiveness and parental reflective capacity in high-risk contexts has resulted in 'context' receiving a prominent place in the revised attachment transmission model (van IJzendoorn & Bakermans-Kranenburg, 2019). It is now accepted that attachment transmission is not context-free (van IJzendoorn & Bakermans-Kranenburg, 2019; Verhage, Fearon, Schuengel, van IJzendoorn, Bakermans-Kranenburg, Madigan & Mangelsdorf, 2018). However, research into attachment and its related constructs lags far behind in non-Western and low to middle income contexts (Tomlinson, Bornstein, Marlow & Swartz, 2014). It is imperative that attachment research focuses on low to middle income settings, with an emphasis on the influence of ecological factors. This paper attempts to understand how current contextual factors impact on parenting in a low-income South African populations. The psychosocial approach used in this study provides a novel approach to the topic, regarding participant narratives as informed by both social constructions and internal psychological experience, capturing both the social and the personal (Hollway & Jefferson, 2000). This paper attempts to capture the impact of contextual factors on parenting through examining the ways in which these factors are understood and defended against psychologically by parents.

Literature Review

Context and Attachment Security

Studies examining the effects of sleeping arrangements in a kibbutz setting – showing communal sleeping arrangements to have a negative effect on attachment, independent of parental attachment representations – were some of the first investigations focused on the role of specific contextual factors in attachment transmission (Sagi et al., 1997). In the 20 years since, numerous contextual hardships endured by parents have been shown to impact on attachment security, including parental education (Biringen, Brown, Donaldson, Green, Krcmarik & Lovas, 2000; Gervai, 2009), poverty (Van Ijzendoorn, Goldberg, Kroonenberg, & Frenkel, 1992; Conger, Wallace, Sun, Simons, McLoyd & Brody, 2002; Gervai, 2009; Verhage et al., 2018), family size and parental age (Nair & Murray, 2005; Teti, Sakin, Kucera, Corns

& Eiden, 1996; Gervai, 2009; Verhage et al., 2018), social support networks (Belsky & Vondra, 1989; Belsky & Isabella, 2015; Huth-Bocks, Levendosky, Bogat & Von Eye, 2004; Newland, Coyl & Chen, 2010; Verhage et al., 2018; Cyr, Euser, Bakermans-Kranenburg & Van Ijzendoorn, 2010), marital conflict (Huerkamp, 1998; Nair & Murray, 2005; Owen & Cox, 1997), and general exposure to stress and stressful events (Gervai, 2009; Newland et al., 2010). The mechanism of impact has been articulated as an impact of stress on parental capacity. Parental stressors and hardships are understood to impact parental affect regulation and attention, which in turn is thought to effect sensitive responding, thereby hindering transmission of parents' autonomous attachment representation (Van IJzendoorn & Bakermans-Kranenburg, 2019; Conger et al., 2002; Sampson, Villarreal & Padilla, 2015; Verhage et al., 2018). Ecological effects are thought to be cumulative, with multiple contextual risk factors placing children at greatest risk for poor child outcomes (Belsky & Fearon, 2002) – an idea supported by ACEs (Adverse Childhood Experiences) research (Hughes, Bellis, Hardcastle, Sethi, Butchart, Mikton & Dunne, 2017).

Psychoanalysis and Attachment Security

Psychoanalytic thinkers have played a central role in providing a theoretical framework for attachment researchers to conceptualize the links between internal parental processes and infant attachment security. In the seminal text, "Ghosts in the nursery", Fraiberg, Adelson and Shapiro (1975, p. 387) wrote: "In every nursery there are ghosts. They are the visitors from the unremembered past of the parents; the uninvited guests at the christening". Through this poignant metaphor they theorised how trauma is transmitted from one generation to the next through the critical infant-primary caregiver relationship. Fraiberg suggested that these ghosts 'specialize' in causing mischief with the most ordinary parental tasks, of managing feeding, sleep routines, toilet training and discipline, in unconscious, pre-verbal, frequently recurring relational moments.

Fraiberg (1975) understood this process as repetition compulsion, first described by Freud (1914). Freud (1914) captured how the past traumatic experiences of his patients did not stay in the past, but were rather unconsciously compulsively repeated or 'acted them out' in current relationships. Fraiberg's understanding introduced the idea that the impact of unresolved trauma is not purely intrapsychic, but interpersonal as well. She thus forged the way for the field of relational psychoanalysis, which is centrally concerned with this interplay between intrapsychic experiences and interpersonal engagement (Bradfield, 2011; Greenberg & Mitchell, 1983; Stolorow, 2007). In parent-child relationships in particular, it is now understood that it is through the interplay between the internal world of the mother and the intersubjective world of the mother-infant relationship, in which maternal behaviours are experienced, that attachment styles are transmitted. For example, Bradfield (2011), in keeping with Rowland-Klein and Dunlop (1997) argued

that defenses such as dissociation are primarily relational processes – these intrapsychic structures enter into relationships through the body, and through behaviours, such as silence, secretiveness and unanticipated intermittent explosions. A mothers' dissociated experiences not only enter into the mother's life outside of self-awareness, but become part of the infant's real-world experiences, which now too are inaccessible and without conscious coherence (Bradfield, 2011), to once again be transmitted intergenerationally.

In order to incorporate the influence of context, this paper turns to a psychosocial research approach, which utilizes psychoanalytic and social constructionist theories, drawing together systemic-level effects with individual intrapsychic processes when analyzing narrative (Hollway & Jefferson, 2000). This qualitative research approach acknowledges that research participants, and researchers, are 'defended subjects' (Hollway & Jefferson, 2000; Midgley, 2012), who use intrapsychic defences to protect against anxiety (Hollway, 2008). Each participant's personal experiences are, thus, thought to unconsciously influence how the speaker positions themselves in their interviews and even what they omit (Hollway & Jefferson, 2000; Midgley, 2012). The methodology is interested in both the shared social discourses that are drawn upon and the individual lived experience (Hollway & Jefferson, 2000; Midgley, 2012), and thus provides a useful vantage point from which to consider both the intrapsychic and contextual contributions to the intergenerational transmission of attachment, and their influence on one another.

"Ghosts of Alexandra Past and Present": The context of Alexandra Township

Alexandra is a South African township located on the outskirts of Johannesburg. In the South African context the term 'township' is used to refer to under-developed urban locations, which were historically designated as 'non-white' (black, in this case) areas under the 'Apartheid Group Area Act' – an act used during Apartheid to politically enforce racially segregated living areas (Davie, 2003; Morris, 2000; Wilson, n.d.).

In post-Apartheid South Africa, Alexandra remains populated almost exclusively by black Africans (99%) (Stats SA, 2011). The area has been the recipient of significant, rapid, and unplanned-for population growth, resulting in the development of numerous, densely packed informal dwellings (i.e. shacks). The large numbers of 'backyard shacks' (shacks built in the yards of serviced brick homes) place great strain on the water and sanitation infrastructure, and sometimes cover sewer lines and manholes, preventing maintenance. Other shacks have no access to sewerage systems, such as those built along the riverbank, which are also threatened by the dangers of flooding (Greater Johannesburg Metropolitan Council, 2000). Residents are amongst some of South Africa's poorest citizens, with Alexandra's average household income averaging ZAR2500 (about $180) a month and 25% of households having no income (Stats SA, 2011). Levels of violent interpersonal crime

are high, with Alexandra featuring on the list of the 'worst ten precincts' in the province for reported crimes including murder, attempted murder, common assault and rape (Crime Statistics South Africa, 2019).

Alexandra's over-population and under-development has its roots in South Africa's Apartheid history. During Apartheid, Alexandra was one of the few designated "black areas" within Johannesburg near to major roads and public transport, and as a result the area was highly attractive to job-seeking black South Africans. However, as a "black area", whose residents had limited economic opportunities and legal political influence (i.e. no voting rights), the corresponding need for infrastructure development was not of importance to the Apartheid government (Davie, 2003; Stats SA, 2011; Wilson, n.d.). Today, Alexandra remains one of few affordable housing locations for large numbers of unemployed, job-seeking South Africans, under-employed poor South Africans, and also documented and undocumented job-seeking foreigners – maintaining its status as a site of rapid population growth. Lack of services and infrastructure development also persists, attributable to local issues such as lack of tenure rights and corresponding revenue collection opportunities, lack of access to the existing infrastructure (e.g. manholes and lines as noted above), the continued rapid population growth, and provincial and national issues including aging infrastructure throughout Johannesburg and alleged state capture and government misspending resulting in reduced budgets nationally (Bateman, 2019; Crous, 2014; Department of Water Affairs and Forestry, 2003; Huchzermeyer & Karam, 2006; Martine & Marshall, 2007).

Method

Research Aim:

This study aims to understand Alexandra mothers' understandings of good mothering, and to explore the contextual factors that influence maternal behaviour. Given the study's psychosocial lens, personal experiences, particularly individual trauma, are understood to interact with contextual factors to impact on parenting , thus, the study sought to discover how this intersection of personal experiences and shared context impacts on maternal behaviour, particularly maternal sensitive responsiveness.

Participants:

Eight black South African mothers, all residing in Alexandra, were interviewed for this study. Participants were initially identified by community members, starting with teachers at a local preschool, who were asked to recommend 'good' mothers from their community. The criterion of 'good mothers' was selected in an attempt to allow participants the opportunity to define what good mothering is to them and to access everyday parenting and avoid a focus on pathology. After some initial participants were identified, snowball sampling was utilized. Recommended

participants were called by the referring community member, and asked if they would be willing to be contacted by the researcher. Following their consent, the potential participants were called, and the research process was explained to them over the phone. Interviews were scheduled with those who continued to express interest.

Eight mothers participated in this study. All but one of the mothers who participated were the biological mother to at least one child under the age of 6 in their care, and were residing with this child. The eighth mother was the maternal grandmother, but primary caregiver, to the 6-year-old in her care. The mothers' highest level of education ranged from Grade 11 to a Diploma. Seven of the mothers were employed full time, and one worked part-time. Although the interviews were conducted in English, and all participants were relatively fluent in English, none of the mothers were first language English speakers. Mothers identified their ethnic background across a range of South African cultural groups, including isiXhosa, isiZulu, sePedi, and seTswana. The participants ranged in age from 27 to 60. Monthly family household income of the participants ranged from less than R1 500 to R15 000 ($100 - $1000).

Data Collection:

An understanding of the participants' conscious and unconscious ideas about 'good mothering' within the context of Alexandra was gathered through two forms of data collection. Firstly, a once-off semi-structured interview was conducted that asked directly about their opinions about good mothering in the local context, as well as personal experiences of mothering. Questions included 'As a mother of a small baby, what would be important to know about Alexandra Township?' and 'When caring for a baby, what practices and qualities should the mother follow or have?'. Secondly, participants were shown three to four brief videos of local mother-infant interactions (ranging from sensitive to insensitive as determined by the Ainsworth's Sensitivity Scales) and asked to comment on the mothering in the video. Videos captured scenes of mothers feeding or playing with their babies. This second method of data collection was utilized in attempts to access more embodied elements of parenting that may not come to mind in conversation.

Data Analysis:

Following transcription of all eight interviews, the interview data was analysed using the psychosocial research method (Hollway & Jefferson, 2000). Utilizing this framework for analysis, a focus was placed on identifying any shared social narratives and discourses about parenting in Alexandra. Based on the premise that the participants, and the researcher, are 'defended subjects' - utilising unconscious defenses to protect the psyche from anxiety caused by threats to the self (Hollway & Jefferson, 2012) - a further analysis was conducted, looking at how participants

related to these discourses, given their own trauma histories. As noted above, it is the position of this paper that, the participants will invest in particular discourses over others as an intrapsychic defense (Ashley, 2009; Hollway & Jefferson, 2012). Thirdly, the scripts were analyzed with a focus on the specific impact on maternal behaviour.

Trustworthiness and Ethics

Reflexivity by the researcher is a central feature of this kind of analysis (Hollway & Jefferson, 2012). It is therefore important for the reader to know that I, the author and primary researcher, am a white South African who grew up in a middle class family, in a suburban neighbourhood, which was previously designated as a 'white area' and was relatively safe, clean and spacious, with good infrastructure and easy access to health care services. Now, as an adult in post-Apartheid South Africa, I still reside in a previously 'white area' but have worked daily in Alexandra for eight years. I share with the participants the fact that I am a mother, and parent with concern for my child's physical safety, living in Johannesburg. I personally conducted and coded the interviews. In an attempt to minimize the impact of my defenses in this phase of analysis, the raw research data and drafts of this paper have been presented to demographically diverse audiences in order to elicit feedback. These audiences included South African academics researching similar populations and clinicians working in the context of study. Black women were present in these groups. Adaptations were made to the paper on the basis of this feedback.

An ethical stance of honesty, sympathy and respect towards the participants was also assumed throughout the research process (Hollway & Jefferson, 2012). Ethics clearance for the study was obtained through the University of the Witwatersrand Human Research Ethics Committee and pseudonyms have been used to uphold participant confidentiality.

Results: Contextual Trauma as "Ghosts of Nurseries Present"

In response to direct questions about 'what makes a good mother', participants presented a shared, conscious narrative of a 'good mother' as someone who was present in her infant's life, and spent time with her baby. For some, this extended to the idea of forming a bond with her infant, where the infant was listened to and 'known' by the mother, and felt safe and understood by her. In watching the video interactions, the participants mostly identified a good mother as a mother who paid attention to her child's interests, developmental level and mood.

> ***Thato**: ….make them feel safe and warm and know that my mother is here.*
>
> ***Sarah**: …to spend time with your baby. I think that's how I feel being a good mother is, because you need to know your child…*
>
> ***Zandile**: I think the first thing would be bonding with your son or child and you must always play. Playing with your child is the most important thing and bond. Those little things that you attach him or her, he will pick them up one day or*

eventually. You don't have to do much just the bonding of teaching him or her those little things.

These ideas are largely congruent with theorised ideas about sensitive responsiveness (Ainsworth, 1969; Biringen, 2000). However, the analysis of the interviews revealed three contextual factors, shared across participants, that appeared to influence parenting in Alexandra Township - namely threats to safety, loss of or absent parents and poverty. These shift the nature of parenting from the 'warm', 'bonding', 'playing' image described above. These three contextual factors, and their implications for mother-infant interactions, are each presented below. This is done alongside an analysis of the distinct way the different participants engaged with these contextual factors, in light of their own early childhood or current circumstances.

1. The Ghost of Threats to Safety

When participants were asked to describe the contextual factors that may influence parenting in Alexandra Township, a shared narrative emerged of an over-crowded, unsafe environment, in which 'others' cannot be trusted.

Thato: *It's crowded, as such so you don't feel safe all the time.*

Lerato: *Alexandra is too, what, there's lots of shade [danger] in Alexandra, and then it's dirty, wherever people want to do funny things they just do it so ya. It's not a cool place actually, ya... ….there is lot of tsotsis [criminals] in Alexandra, it's not safe, when you leave your children, make sure you leave your child with somebody you trust, you can't just leave your child anywhere.*

Zandile: *I think the best way to raise a child [in] Alex, you have to be more careful even if you're not around, have someone that you can trust around because you cannot say your child cannot go outside and play but the best way is for you to have someone helping you with the baby because there a lot of things and we live in, maybe in our yard, there a lot of houses. Let me say your baby is sleeping, you go out. By the minute you go out, something might happen to your child so I think it's best if you have someone helping you with the baby. Being alone isn't a good thing…*

The above comments depict an image of a context plagued by lawlessness and danger. While the last two excerpts mention the idea of 'trusted others' as a potential solution, an analysis of the interviews showed that a tension exists for the mothers around 'trusted others', as they quickly counter this notion through the construction of others as, at best, inconsiderate neighbours, and at worst, dangerous strangers, as seen in the quotes below.

Bontle: *…you probably don't speak to the neighbours*

Bontle: *"[The] majority of people in Alex don't stay in… they stay in a one yard, so you're going to have other people in the yard staying with us. And stuff like noise, people smoking in and around you, it's stuff you are going to be exposed to,*

whether you like it or not because it's going to be quite difficult to tell someone don't smoke on your front door… you're sharing space with a lot of people, so you need to take extra precaution in terms of safety, where your kids play…

Phokeng: *…don't leave your child with anyone because it's like there are many people living there, you will not have your own yard, you will share your yard with many people so everyone knows when you are out or when you are inside your house so you have to open your eyes. When you go out, carry your baby, anywhere even if washing even if you just want to go visit your friend, go with your baby just to keep that baby safe, your child has to be safe at all times…a strangers can come and steal your baby…so things can happen 'cause maybe 15 people will be staying in the same yard so you won't know my visitors, I won't know yours, some other people are strangers and some other people do funny things with children so you don't want to get yourself in that situation.*

Siyamthanda: *Sometimes, where we are staying, maybe in there too much neighbour, some they don't like you so sometimes they are going to give your kids little poison so you mustn't trust anyone with your kids.*

Here we see how the concept of 'ubuntu' (a South African phrase indicating a stance of community understanding, compassion and humanity) or alloparenting (a South African cultural norm of shared responsibility for parenting children in a community) has been eroded for residents of Alexandra. Further to this, in Bontle's comment, the phrase "exposed to, whether you like it or not" suggests that the unsafe environment is not something that mothers have much control over. Rather, the mothers portrayed a context in which they have very little agency or capacity to protect themselves or their infants. This lack of agency seems to, in part, reflect gendered dynamics of power and vulnerability, in that the township environment is felt to be especially dangerous for girl children and women, as seen in the comments below.

Zandile: …*but the problem is the crime that is happening around and the kids that are getting raped every minute and ya…*

Phokeng: *….Like someone can enter and rape your child if your child is a girl...*

Siyamthanda: *Some, they are going to, like men they can abuse her, they can rape her, you see, so you need to watch your kids like me… Lots of kids are being abused and when they tell you about that person you know them so I don't like my children to be around men.*

Thato: *Especially staying in Alex, you have to make sure that you protect your baby…you can't take your baby and let them stay with anyone else, especially when they're very young because you can't trust a lot…When you're a mother you're very protective so you're scared that bad things can happen to your child …one thing is protection, you have to make sure that you protect your child all the time. You have to make sure, um so with my baby she was always indoors, I didn't want her to go out. The only time I would go out with the baby was when it was me and the*

father…There's rape cases, for kids so that's why I say you have to be more protective of your child, make sure you are aware of where your child is all the time.

Mambo: *Always make sure that the responsibility of looking after your child is on you…so the children need to be really careful, they cannot go, like my daughter knows not to go over across the street without me so she comes and finds me if she wants to go and play with someone else so that's very important*

These comments clearly depict that the fear of strangers is strongly linked to fears of sexual abuse or rape. In Thato's comment we see that while men in the family can serve as a protection: "*The only time I would go out with the baby was when it was me and the father";* they can also serve as a source of the feared abuse "y*ou're scared that bad things can happen to your child especially like, I don't have a sister, I only have younger brothers so I was very protective*". A strong narrative emerges of women and children being unsafe in the township context, at the hands of unfamiliar but also familiar men. While the support of trusted others is deemed helpful, mothers appear to have to take sole responsibility for the safety of their children and a tone of hypervigilance seems to shroud mother-infant interactions.

While the hypervigilance found in the narratives may be adaptive for the context, in some instances, there is clear evidence of the intergenerational transmission of trauma.

Siyamthanda: … *my kids when they see a man and run, aaah, 'cause you can't trust them.*

In Siyamthanda's comment above, the hypervigilance in her children appears pronounced, as she describes a clear fear response to men. This is not surprising, when we consider Siyamthanda's history. During her interview, Siyamthanda shared that she grew up in an abusive and violent home with a single, alcoholic mother, who often left Siyamthanda and her sisters in dangerous circumstances. On one occasion, Siyamthanda was raped by a group of men while at a 'shebeen' [unlicensed bar] with her mother. Siyamthanda's children's pronounced fear of men may directly result from conscious and unconscious communications from Siyamthanda that men pose a great danger, as a result of her experiences.

Also central across all interviews was a discourse that highlighted the context as unhygienic. Mostly attributed to overcrowding, mothers indicated that parenting must be centered around concern for safety and hygiene.

Bontle: *…like hygiene, because in most instances there is one communal toilet and one communal tap… You need to be thinking about when the child is three and needs to be potty trained, how you are going to do it because it's an issue because not everyone cleans it…*

Phokeng: *…See sometimes there's dirt, it's very, very dirty so you mustn't leave your child to crawl outside cause maybe that baby can eat dirty things."*

> ***Sarah:*** *You should always keep your child on top of you no matter what you like. Don't put them on the floor, always carry your child with you because it's not safe and always watch out what he touches and holds because you know, it's... ...you're going to have to protect your child and always make sure that he/she's not touching the wrong/bad things. Eating the wrong things…*

These shared descriptions of Alexandra as unclean seems to drive a discourse, less commonly found in suburban parenting, of child cleanliness as an important marker for 'good mothering', as seen in the below quotes:

> ***Phokeng:*** *Firstly, as a mother your child has to be clean.*

> ***Mambo:*** *Her baby looks clean, that's another [good] thing I noticed.*

Although the majority of mothers highlighted relational aspects as central to good parenting, the implications of an unhygienic context may also explain why questions about how to respond to infants' cries or food refusal (chosen for the interview as moments which may prompt relational tension) prompted a wealth of responses about the need to ensure that one's child is not sick.

> ***Bontle:*** *If your baby won't sleep, I guess it depends why your baby is not sleeping… you don't know if a situation where the child is sick and they need medical attention and they are crying and they have a fever, that's when you need to go and get medical attention. If not, then I guess it's just I'm awake and I just want to play, I guess we'll go play, sing a few songs – maybe he will fall asleep…Doesn't want to eat breakfast…is it " I don't feel like eating now" – or I'm sick that's why I can't eat.*

> ***Lerato:*** *…you're going to just sit, see the child is crying crying crying and you never know, [if] you just ignore the child while the child is very sick, needs your help, she can't talk about it.*

> ***Phokeng:*** *If she doesn't want to eat then maybe there is something wrong, maybe the baby is a bit sick.*

This shared social discourse, of a context haunted by the ever-present threat of illness speaks to a personal reality for many of the participants. Five of the participants shared a story of the loss of a primary caregiver (father, mother, grandparent, sister) during their childhood due to ill-health. Other implications of such early losses will be discussed in the next section, but here, in relation to infant crying, eating and sleeping, experiences of the loss of loved ones seems to unconsciously drive a strong preoccupation with wellness in critical moments of interaction. Again, the response to this threat to safety is hypervigilant and at times, controlling mothering. Bontle alludes to this, as she proclaims that she doesn't like force feeding, but implies that this is sometimes necessary when she fears her infant is sick. In addition, the fact that only one of the participants noticed the clearly controlling way that one mother fed her baby in the interactional videos suggests that this behavior is not unusual. When the mother who noticed the controlling behaviour

was asked about this, the behaviour was normalised. Linking these quotes to the above articulation of tight controls on infant movement in response to threats of illness and crime, it seems possible that through maternal reactions to infant behaviors of playing, exploring and eating, concerns of safety and feelings of a lack of control and agency are transmitted intergenerationally, as children learn to accept tight maternal control of their physical proximity and experiences of feeding.

2. The Ghost of Loss and Absent Parents

As previously mentioned, five of the eight participants relayed an experience of losing a primary caregiver to illness during early childhood. However, all participants relayed experiences of absent parents during early childhood, some for reasons other than death. One participant's father had been in prison most of her youth. Others had been raised by single parents, and had not known their father or, in one case her mother, growing up. In one way or another, loss or absence of primary caregivers was a shared experience for all participants and permeated the narratives.

> ***Bontle:*** *Um, when I found out I was pregnant, my greatest fear was I don't die. I've had that because my parents died when I was young…If it does happen, what are your kids going to remember of you? So just trying to build those memories for my kids. Should I drop dead now, I'm sure my kids will know what I love them because I tell them every day… Ya, that was my biggest thing.*
>
> ***Interviewer:*** *What is a good mother to a baby?*
>
> ***Lerato:****A good mother to a baby...actually I'm going to talk about my experience being a baby. Okay, me, I grew up without my mom. My father was the one who was raising me so it was difficult being a child without a mother and I'm a girl.*
>
> ***Sarah:*** *My dad started getting sick when I was six and my entire 5-6 years I was being in hospital in and out because we were visiting him so like hence I don't like hospitals. Yoh, when I was told I was going to give birth in a hospital I was like "ah I'm going to go through drips and things, I can't do this"...I actually realised that every milestone that I go through I get angry because he's not there to see it you know. And then when I went to counselling I actually told the counsellor this issue that… I would have wished for him to see what I'm going through in life because he just left me at a young age…and she was like no, it's a part of life and I just need to forgive him every step of my way. Then I fell pregnant, yo wee, and that was the moment I actually knew, you know what, when people say when you want something so much, they give you a replica of what you want. Like my mom says it every day, your son looks like your father, I'm like why? She's like yo, you've brought back my husband.*

It is clear from the above excerpts that these experiences of loss or absence of a primary caregiver impacted, consciously and unconsciously, on these participants' experience of parenting. Bontle carries a conscious anxiety that her children will know her pain of growing up without parents, and so actively tries to

ensure that, should this happen, they won't question her love for them or feel her absence, by trying to "get the time in now", so to speak. Questions about parenting in general immediately bring Lerato's absent mother to her mind, showing how intertwined her thoughts of parenting in the present are with her experience of loss. For Sarah, we see that her birth experience brings to her mind the loss of her father, and that for both she and her mother, her son carries a strong identification with her father and serves as a means to bring him 'back to life'.

Participants were also acutely aware of the pervasiveness of sickness and death in the community as a whole:

> ***Bontle:*** *People are like so impatient… road rage, speeding cars and people dying*
>
> ***Sarah:*** *Ya because my dad passed away and then [my best friend's] dad passed away after.*
>
> ***Siyamthanda:*** *You find somebody sitting at home with the kids and she's ill, you can see she's ill but she doesn't want because she doesn't care if this baby lives or dies. The other children are dying in front of us.*
>
> ***Mambo:*** *In the clinic, um, the clinic there all sorts of people who are also sick…I think I would leave my daughter to run around with another kid and stuff but if there are adults there, adults I'm already thinking TB and things like that so ya…*

The pervasiveness of experiences of loss or absence of a primary caregiver for residents of Alexandra may help to make sense of a prominent shared discourse around bad parenting that arose during the interviews. When asked what they considered to be a 'bad' mother, a construction of a neglectful mother emerged clearly from the participants' narratives. It is significant that this particular form of 'badness' arose as opposed to other forms, such as an 'abusive mother' or a 'mad mother'. The Alexandra 'bad mother' construction evoked an image of a mother out on the streets, drinking and smoking, while her children are home unattended.

> ***Bontle:*** *Leaving your child unattended for long periods of time [is bad]. Because you'll find people that'll leave their child and go to a party or something. It's still a child you can't do that…So I think neglect overall. That for me would mean that you don't really care about the child... Um, people who just leave their kids that for me is just horrible. I don't like – I see a lot of kids being left so that for me is ya, a must not do.*
>
> ***Sarah:*** *A bad parent is one who does not consider, "okay I just gave birth to a child, I need to forget about myself and think about the other person who I have brought into the world."...The obvious one, drinking. Okay, I think that's basically drinking while you're breastfeeding, that is a totally no, and smoking. That honestly, that makes me extremely angry because here you are destroying the nutrients for your child and you're drinking, you know. And smoking on top of it meaning that you don't understand what's going on in your body and what you're giving your child.*

> ***Zandile:*** *I think the first priority, you cannot leave your child to just go out and drink and leave him with somebody you know might be harmful to your daughter or your son.*
>
> ***Mambo:*** *I think somebody who drinks a lot is also not a good mother, somebody who parties a lot, not a good mother, and I think that's what we come across a lot in Alex. People will leave their kids alone, unattended at night to go drink so ya, that would be a bad mother."*

As outlined above, a hypervigilant approach to parenting appears to be common, and perhaps this is a highly adaptive and necessary contextual response to the unsafe context of Alexandra. It follows logically that the archetypal neglectful mother is therefore bad because she fails to protect her infant from the dangers of the township. One might also hypothesize that mothers who use scarce family resources on substances are particularly frowned upon in contexts of poverty.

When considering the prevalence of loss of primary caregivers for the participants and Alexandra residents as a whole, their portrayal of a bad mother may also be understood as revealing something of the unconscious and complex feelings about the dead parent - absent, though not of their own volition. There was a suggestion in the data that anger is split off onto the intentionally neglectful mother, to protect the internalised, idealised, but equally absent, dead mother (or father). The fact that the dead and absent parent also left them vulnerable to the very dangers of Alexandra that the 'good mother' protects the infant from was not acknowledged.

The complete absence of the archetypal abusive mother for six of the seven participants who articulated the neglectful mother as bad was striking. This may also be best understood in light of contextual and biographical experiences. Firstly, the abusive mother is at least present, and for many participants, perhaps an abusive parent is imagined to be preferable to the absence of parents that they had experienced. Also, given that it is clear how controlling and intrusive behaviors arise in response to anxieties about safety within this context, it is perhaps not surprising that experiences of corporal punishment and controlling and 'protective' behaviors were common for the participants, often from loved parents who have since died and are dearly missed. It follows that, having been both recipient and provider of controlling or intrusive parenting behaviors, the participants may have split off any anxiety, guilt, sadness or anger about these experiences, and projected them into the neglectful mother in an effort to protect their own goodness and that of their deceased primary caregivers.

Only Siyamthanda, who shared a view of the 'neglectful' mother as bad, also subscribed to an image of a bad 'abusive mother'.

> ***Siyamthanda:*** *Number one, you mustn't abuse your children. If you angry, they also going to be angry…they see their mother always angry so they will be angry too…you don't beat them, you play nicely and laugh.*

Again, Siyamthanda's history is useful for making sense of why she alone shared discourses of both neglectful and abusive mothers in her interview. Although Siyamthanda grew up without her father, her childhood pain and trauma is largely attributed to her mother's abuse and neglect. During her interview, Siyamthanda disclosed that she too had abused alcohol as an adult, and had engaged in abusive behaviors towards her own children. Following intervention from her older sister, and attendance of a rape victim support group, Siyamthanda had stopped drinking and hitting her children. While Siyamthanda's childhood experiences, coupled with the interventions by her sisters and the rape victim support group, seemed to have allowed Siyamthanda to articulate both neglect and abuse as equally 'bad', her (numerous) comments about how anger in a mother is bad suggest potential reaction formation. Newly reformed, it seems that for Siyamthanda, a good mother must stand in stark contrast to the image of both herself and her mother as an angry, dysregulated mother. As a result, all expression of negative emotion is seen as bad from Siyamthanda's perspective, and a good mother must keep all negative emotions at bay so that the infant is protected from this. However, sadly, it is likely that the traumatic experiences of Siyamthanda's childhood could still inadvertently be perpetuated through this overcompensation. Although attempting to give her children a different experience, the internalised dynamic is possibly nonetheless repeated, where again there is no space for the expression of negative emotions, and the potential communication to her infant is that negative feelings cannot be managed or metabolised.

3. The Ghost of Poverty

It was clear that financial security preoccupied the mothers. While watching the videos of interactions, all participants were in striking agreement that emotional availability and responsivity equated to good mothering - rating mothers highly for noting baby's interests and for giving babies toys that they wanted, while rating poorly those who ignored the infants' cues and interests. However, the narratives revealed a parallel, contradictory discourse regarding maternal availability and contingent responsiveness. With reference to money and maternal employment, the notion of 'giving the infant what they want' was contested.

> ***Thato:*** *You're trying to feed your child, make sure that your child is well-fed, you have to go find a job. So you can't be there for your child 24/7. So yes you can be available but not 100%.*
>
> ***Sarah:*** *A child needs to learn at a very young age that I can get whatever I want but there will be points where I cannot get them because mom can't afford or we just can't have it.*
>
> ***Zandile:*** *Being available for your own child is the most important thing, even though we need to work and do some hustle so that he can get food or clothes and everything that he needs, but the little time that you get is very important.*

> ***Siyamthanda:*** *I don't agree…where…when your baby wants this you must give her that. Like for me for example, I'm not working right and my older daughter comes and she wants maybe an expensive thing and I can't even afford it. You must teach your kids to adjust like mine, they know that my mother, she is not working and she is not going to say to me mommy I want this. She knows what I can and cannot afford, you see?*

Although the participants agreed that availability and contingent responsiveness is important, words like 'available' and 'want' or communications of unmet needs or wants from their children appeared to trigger defensiveness in the participants. In most of the interviews, parents facing financial struggles were painted positively, as 'trying', 'hustling', and 'taking time' to get what the child needs. It seemed important for me, the researcher, and the infants, to hear that the parents were doing their best, and discussions about how poverty may impact on the infant, despite the parents' best intentions, was avoided. At points in the narratives, need, disappointment or frustration on the part of the infant was formulated as a greediness or selfishness - something they needed to be 'taught' out of. This is suggestive of a dismissive defence against the acknowledgment of poverty and its accompanying trauma for parents living in this context. These discourses appeared to protect the participants from possible feelings of guilt, sorrow, envy or fear of their child being negatively impacted by poverty. It became clear that this defence was evoked most significantly at the times when mothers could not provide for their children's wants. Although the discourse was that 'children should learn that they cannot have everything they want', when the mother could provide these desired items, they did, sometimes even to the point of overcompensation.

Thus, despite the view that children shouldn't 'want', there was an acknowledgement of wanting and a wish to be seen by others as able to provide for these wants. A poignant shared narrative about concern about the 'appearance' of poverty or financial insecurity was evident. Various participants suggested that residents of Alexandra felt that good parenting practices involved dressing their infant or child in expensive clothes. Some participants agreed with this approach, and others strongly disagreed. Others provided a more integrated perspective, understanding the complexity of trying to protect children from experiences of shame and deprivation while providing for more central needs on a tiny budget. Zandile, in particular, bought into the idea that a good mother, especially a single mother, should dress her child well. This excerpt revealed some of the underlying motivations for overcompensation:

> ***Zandile:*** *I believe if his dad was more in his life, then I wouldn't be overdoing things and making sure that he gets whatever he wants. But because I'm playing two parts: mother and father, so I try to cover up his dad's space so he cannot say because the only person in my life is my mom so now I cannot have this or that…So I always make sure that I cover whatever he needs. Even with clothing, I even open*

an account in Earthchild [an expensive children's clothing store] so they can never say that the father is not around, look how he, I make sure that I buy my son clothes so that people can look at him in a way they say okay he's well taken care of.

During her interview, Zandile explained that she was closest to her father growing up. The two shared a love of soccer, and despite having brothers, Zandile was the most skilled soccer player in the family, much to her father's delight. This was a great source of bonding for the two of them. At the time of the interview, Zandile's father had since passed, and the father of her baby was not involved in her life or her child's life in anyway. From the above excerpt it is clear that Zandile's investment in dressing well is consciously linked to the absence of her son's father from his life. In addition, it is proposed that it also unconsciously linked to a defense against the pain of the loss of her own father, as well as feelings of guilt that her son has not had the experience of an interested father that she had. Zandile was also one of the participants with the lowest monthly household incomes, and possibly has more of her self-worth invested in not 'looking poor' than some of the other participants, such as Sarah and Mambo. Sarah and Mambo were, in fact, quite critical of mothers like Zandile:

Sarah: *People in Alex will look at your child and they not wearing anything expensive, they're going to judge you so ya. And… yo, like you know having a baby you need to have the most expensive things to take care of your baby and on my side honestly, I don't find a point in that, you know, because the material things are not going to help my child become a better person, you know. Like honestly in Alex it's all about what the baby wears, what pram you are using, who you know, like what is the child, you know like those types of things and I honestly don't find that as important. I can have my child wearing a plastic bag and he could be going to a good school and that's the most important thing about it, it's education that's going to take him places not his clothes you know.*

Mambo: *The majority of parents just think that buying brands for their kids like in terms of sneakers, that's how you show your kids love… it's how they show they look after their kids so others see oh my kid has the latest Nike or Adidas or things like that and it's most of them because if you look at the kids, they dress very well and expensive so for them it's a priority that their kids always look good to other people and I think that's where they lose it most of the time, the fact that they too much focused on the material things…*

Sarah and Mambo's positions can also be made sense of in light of their current social positions and their early histories. Sarah and Mambo were the two participants with the highest monthly household incomes - significantly due to their personal incomes. Although still residing in Alex, they did not fit the typical profile of an Alexandra resident and already enjoyed the self-esteem boost from having access to more resources. Mambo, for example, owned a car - a huge sign of status in Alexandra. During her earliest years, Mambo grew up on the Eastbank of Alexandra with her father and paternal grandparents [Eastbank is a slightly more wealthy, less

condensed part of the township]. She recalls being spoilt by her father until he died when she was eight years old, and she was taken to live with her mother. Following this, life was economically more stressful, but still afforded her greater educational and employment opportunities. Sarah has a similar story. Sarah initially grew up with both her parents, but Sarah's father passed away when she was 11 years old, after a brief illness. Her family's financial position changed drastically after his death, as he was the sole breadwinner. Sarah relayed that the holidays to the local hotel resort and casino stopped after his death, and that had her father not died she would be in 'America or something' - an assertion of financial privilege.

Implied in the excerpts above, was the notion that mothers who overcompensate financially (such as buying expensive branded clothing for their children) are irresponsible. It is possible that their use of the common privilege narrative: 'I have because I am responsible, they do not have because they are not' (Wale & Foster, 2007), is defensive against the discomfort of their relative privilege. In addition though, it may serve to protect them from feelings of resentment towards their beloved fathers, and the complex feelings that must have come from losing their fathers and some of their financial privilege simultaneously.

Discussion and Conclusion

The interview data presented above has painted a picture of Alexandra as an over-crowded, unsafe environment, where parents of small infants are preoccupied with issues of safety, health and financial security. These contextual factors are positioned in this paper as three collective contextual ghosts of 'nurseries present'. Drawing on Charles Dickens 'A Christmas Carol' (1843), it is the proposal of this paper that the relational psychoanalytic idea of 'ghosts in the nursery' should be extended from its current conception of ghosts in the nursery as exclusively personal, historical, intergenerational influences (here termed 'ghosts of nurseries past') to include 'ghosts of nurseries present'. That is to say that the traumas that impact ordinary parental tasks (Fraiberg, Adelson & Shapiro, 1975, p.387), are not only historical personal traumas but include current, potentially traumatic, contextual experiences. This is in line with the ecological constraints hypothesis that was developed to explain why rates of attachment security are lower in impoverished or chronically stressed populations (Belsky & Isabella, 2015), and consistent with the inclusion of contextual factors in the recently revised model of attachment transmission (Van IJzendoorn & Bakermans-Kranenburg, 2019).

In particular, this analysis has demonstrated how shared experiences of poverty, danger and loss result in caregiver-infant interactions marked by hypervigilance, maternal control, intrusiveness, and dismissiveness. In the interviews, the mothers articulated how they kept close watch on their children, force-fed them, and restricted their movements because of dangers posed by people and germs. Increased parental hypervigilance has also previously been linked to

increased threat of illness, in a study into the parental behaviours and representations of HIV-positive South African mothers (Long, 2009). Concerns about the effects of poverty on their children appeared to be hidden through attempts to dress their children well, so others would see them as 'well taken care of'. At home, however, children are taught to not need or want. The finding of a seemingly shared use of a dismissive strategy for coping with the anxiety arising from living in poverty is congruent with findings from a metanalysis by Van IJzendoorn and Bakermans-Kranenburg (2010), who found significantly higher proportions of dismissive attachment in individuals with a lower socio-economic status. Controlling and intrusive parenting has also been argued to be a more commonly found in poor families (Tamis-LeMonda, Briggs, McClowry & Snow, 2008).

Hypervigilance, maternal control, intrusiveness and dismissiveness are considered to be insensitive parental behaviors in attachment literature, and are associated with the intergenerational transmission of trauma (Ainsworth, 1969; Benoit & Parker, 1994; Biringen, 2000; van IJzendoorn & Bakermans-Kranenburg, 2019). They are also associated with negative child outcomes, such as increased mistrust, hyperarousal, increased internalizing behaviours, and self-over-group prioritizing (Bauman, 2003; Callahan, Scaramekka, Laird & Sohr-Preston, 2011; Dalgleish, Moradi, Taghavi, Neshat-Doost & Yule, 2001; Ein-Dor, Mikulincer, Doron & Shaver, 2010). However, these behaviours could also be considered as necessary adaptive behaviors to ensure survival in the context (Dalgleish et al., 2001; Ein-Dor et al., 2010). For example, hypervigilance has obvious value in assistance with quick perception and response to danger (Dalgleish et al., 2001), and increased parental monitoring has been shown to result in positive child outcomes in dangerous neighbourhoods (Pettit, Bates, Dodge & Meece, 1999). Individuals with dismissive attachment styles are also more likely to rely on self-protective fight-or-flight reactions in times of danger, increasing their likelihood of surviving (Ein-Dor et al., 2010). It is the position of this paper that, within the context of Alexandra, such behaviors are simultaneously adaptive and maladaptive; concurrently protective and detrimental.

Psychosocial theorists suggest that collective trauma can be transmitted at a contextual level through much the same mechanisms as Freud's intrapsychic phenomenon of repetition compulsion (Frosch, 2018; Hollway & Froggett, 2013; Saville-Young & Frosch, 2009). That is to say, both consciously remembered and therefore spoken, as well as unconsciously remembered and therefore enacted, histories can also operate on a contextual level. Frosch (2018, p. 251) explains that "everyone grows up within a context in which spoken and unspoken histories operate". And as Frosch (2018, p. 251) states, "when these histories are those of trauma…then this developmental context is infected with the residues of the trauma itself". The experiences of the community are 'remembered' alongside individual

experiences, and through a fusion of intrapsychic structures, intersubjective behavior and social discourse, both the individual and the collective develop, operate and make meaning of the world, potentially passing along the trauma at a contextual level. We see, in the above analysis, that traumatic community experiences (and not only individual experiences) are 'remembered'. Many traumatic shared discourses exist, and so do many shared defensive responses. Both the sharing of the experiences and the resultant defensive strategies likely help protect individuals from immediate danger and acute traumatic experiences, but they also potentially foster continued mistrust, hyperarousal and self-over-group prioritizing, which may prevent the organization and connection needed to create a safer and more economically supported environment.

This paper purports that the impact of contextual factors on parenting are somewhat but not entirely uniform – with individual history and demography influencing how parents position themselves in relation to the context (Hollway & Jefferson, 2012). The paper has also shown how these contextual realities intersect with personal experiences of abuse, loss and poverty, consequently eliciting the use of defensive strategies in an attempt to protect against anxiety and psychic pain unique to the individual's history (Freud, 1914; Klein; 1981). Nuance in how each participant relates to the collective contextual ghosts has been demonstrated and it is clear how their different biographical experiences lead them to relate differently to shared contextual experiences. However, despite this nuance, we see how collective community experiences seem to give rise to largely shared defensive strategies, sometimes conveyed as normative culture. In this way, these collective ghosts are perhaps more insidious than individual ghosts as the defences against them easily gather collective support.

A clear strength of this study is that it marks one of the first to use a psychosocial approach to explore the experiences of parenting an infant in a low-income South African township. While my difference from the residents of the community in which I work, and an eagerness to engage more insightfully with them, served as the motivation for this study, it must be acknowledged as a weakness of the study. The stark difference in my race, upbringing and current economic status and living circumstances from that of the participants is likely to have hindered my analysis. Despite attempts to minimize the impact of this difference, my own defensive strategies, and the transmission of trauma down my own line of ancestry will no doubt, beyond consciousness, have impacted on the analysis of the interviews. In addition, the small sample size limits generalizability.

While results cannot be fully generalised or transferred across contexts, this study raises important implications for clinical infant mental health work with other populations living in similar contexts with equally high levels of violent and gender-based crime, poor health and sanitation services, high mortality rates, and limited

economic opportunities. Firstly, given the complex relationship between contextual factors and individual biographical histories, the use of theories that can access both social discourse and the intrapsychic processes through which these discourses and practices are understood, are put forward as a crucial framework from which to both develop interventions and formulate clients. In particular, interventions focused on parental reflective functioning should allow for reflection on the impact of collective community trauma on parenting, and not only on individual biographical histories. The unique interplay between the two should be the focus of individual case formulations. Interventions focused on interaction should be mindful of the contextual roots of behaviors that, through other lenses, may be considered insensitive, and clinical work should straddle the difficult line between thinking about the behavior as adaptive to the context and simultaneously potentially reinforcing of the context. In this approach the role of the clinician becomes a complex mix of psychotherapist, case manager, and social advocate, and clinical interventions aimed at banishing ghosts in the nurseries then necessarily need to move between work with current collective contextual and historical individual trauma - thinking with parents about how their context intersects with their personal history. In this way, the processes of 'making the unconscious conscious', the mentalising of trauma, and the cohering of the traumatic narrative, which have long been understood as central protective mechanisms in preventing the intergenerational transmission of trauma can take place (Berthelot, Ensink, Bernazzani, Normandin, Luyten & Fonagy, 2015; Fraiberg et al., 1975; Freud, 1914; Frosch, 2018).

In summary, the combined psychoanalytic and social constructionist analyses done in this paper, across interviews from a small number of mothers from a single community, seems to support the idea that collective trauma can be unconsciously re-enacted, not just at an individual or interpersonal level, through intrapsychic or intersubjective processes, but also at a contextual level, through the intersection of shared social discourse and intrapsychic defenses. That is to say that ghosts in the nursery can be collective ghosts or community ghosts, sometimes sneakily working their way into nurseries under the guise of community 'culture'. These ghosts don't roam in just one nursery, but hover within the community. Clinical interventions aimed at promoting infant mental health need to, therefore, respond accordingly.

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Chapter 5

Discussion

5.1 Introduction

This study set out to better understand the concept of *maternal sensitivity*, a central precursor to secure attachment, in the context of Alexandra Township. Firstly, this study aimed to understand how mothers, who are residents of Alexandra Township themselves, would describe good mothering, with an interest in how their descriptions would converge or diverge from theoretical definitions of maternal sensitivity. Secondly, this study was interested in understanding what maternal care of an infant (maternal behaviour in interaction) looks like in Alexandra Township, again with an interest in how maternal care in this context converges or diverges from current definitions of sensitive care. The study then sought to understand if areas of divergence are indicative of contextual adaptation or maladaptation. In order to answer this question, the study considered cultural and contextual parenting ideals and necessities as well as individual and collective trauma experiences as described by the participants. Lastly, the study sought to understand if the Western-based concept of maternal sensitivity is applicable to the context of Alexandra Township, and the utility of various measures of maternal sensitivity in this context. The answers to these research questions are integrated into a discussion of the findings below.

5.2 Local Descriptions of 'Good Mothering'

5.2.1 Convergences Between the 'Alexandra' Model and Ainsworth's Model of Maternal Sensitivity

Local descriptions of good mothering, drawn from both the participants' narrative descriptions as well as their 'gradings' and commentary on video interactions, were presented above in Poster 1 (Dawson, 2018b) and Paper 3 (Dawson, in press). As anticipated, descriptions highlighted the need to provide basic physical care for the infant (ie. feeding and cleaning the infant) required for basic survival. This is in line with findings by Zaidman-Mograbi et al. (2020), who found a similar emphasis on physical care in their cross-cultural South African study of maternal behaviour. Additionally, in this study, the provision of an emotional bond or connection (i.e. love) was noted by participants as central to good mothering. This varies slightly from Zaidman-Mograbi et al's (2020) finding, that some Afrocentric South African cultural groups do not consider the creation of an emotional connection with the infant as important for good mothering. Possible reasons for this variation in finding are explored in more detail below.

As noted in Poster 1 (Dawson, 2018b) and Paper 3 (Dawson, in press), the participants' descriptions of good mothering largely converged with Ainsworth's theory. Descriptions aligned with three of the four central tenets of Ainsworth's sensitivity theory, specifically that caregivers should be (1) available, (2) aware of infant signals, and

(3) should respond contingently. That is to say, during narrative interviews, participants in this study indicated that mothers should be available to their infant (spending time with the infant), should be aware of and responsive to infant signals, should know their infant, and should respond in a contingent way. The fourth tenet of Ainsworth's theory is that caregivers should respond to signals promptly. Although not mentioned in the narrative interviews that directly asked for descriptions of good mothering, the narratives generated from the interviews and video commentaries and gradings revealed a tension with regard to prompt responsiveness. While a discourse of 'children needing to learn that cannot always have what they want' emerged in the narrative interviews, the video commentaries indicated that participants felt that mothers should respond to infant signals promptly. This study's finding of overall convergence between an 'Alexandra' model of sensitive mothering and Ainsworth's model is congruent with Mesman et al.'s (2015) study that found the basic tenets of the concept of maternal sensitivity, and Ainsworth's definition in particular (Mesman et al., 2018), appear to hold universal relevance.

This study's finding of convergence with the idea of prompt responsiveness contradicts a finding in another local study by Zaidman-Mograbi et al. (2020). Their study found that participants from Afrocentric cultures believed that mothers should not respond promptly to infant cries, as this might spoil their child, an apparent contradiction to the notion of prompt responsiveness. That being said, it is important to note that crying is only one form of infant signal. Responsiveness to infant signals is a broad concept that likely includes a multitude of both cultural and personal variation, in that mothers may respond to certain signals more than others. Infant crying may be responded to more or less at particular times. The participants in this study particularly emphasised responsiveness to infant signals of protest and interest. Significantly, as noted, the notion of 'not spoiling children' also arose in this study, but in the form of 'not giving children everything they want'. This points to complexity and possible cultural variation within the concept of responsiveness, discussed further below under divergences between models of maternal sensitivity. However, what is also noteworthy about the differences between this study and the one by Zaidman-Mograbi et al. (2020) is that the indications of prompt responsiveness in this study came from video watching, while Zaidman-Mograbi et al.'s (2020) study relied solely on narrative interviews. The potential benefits of collecting embodied information through video watching have been described in Paper 4 (Dawson & Bain, submitted), and possibly explain the varied finding, suggesting that a culturally shared assertion may exist in shared discourses, but may differ in embodied behaviour (or be an area of ambivalence).

5.2.2 Divergences from Ainsworth's Theory of Maternal Sensitivity

Despite an overall convergence with Ainsworth's theory of maternal sensitivity, a few areas of divergence from the theory were also identified. Firstly, as mentioned above, there was some divergence from Ainsworth's idea that mothers should respond to an infant's wants. Although video narrations indicated that participants felt that mothers should respond to 'want' signals from babies, grading them lower for failing to do so, some participants argued against this in the narrative interview – stressing that children needed to learn that they cannot have whatever they want. This seemed to align with Zaidman-Mograbi et al.'s (2020) finding, indicating a caution regarding spoiling a child, particularly if all their physical needs have been met. Secondly, although the need for mothers to be physically available was stressed, there was no commentary on the emotional unavailability displayed by the more passive mothers in the videos. In Paper 3 these divergences from Ainsworth's theory are explained as possibly due to dismissive defences in the participants against the feelings evoked when considering the impact of poverty on their children (Dawson, in press). That is to say, the ideas put forward (that mothers should not respond to a child's wants and that a mother does not need to be emotionally available) are viewed as a coping strategy, used to reduce and manage the stress of poverty and its sequelae, such as limitations to what they are able to provide for their children and the need to direct emotional resources towards survival. Such strategies have been noted as more common amongst poor parents, due to a limited agency to act (Lever, 2008; Richter, 2003). As noted in Paper 3, the discourse that children 'cannot have what they want' or that 'parents cannot be available' appears to serve to protect parents from feelings of guilt, sorrow, envy, or fear of their children being negatively impacted by poverty and maternal distraction (Dawson, in press). This assertion can, however, also be understood as a contextually necessary aspect of caregiving that involves socialization into the realities of poverty. It is a reality that women in South African Townships may need to limit portion sizes or have their children skip meals entirely, due to poverty (Oldewage-Theron et al., 2006). A socialization into such a way of living may then be considered a contextually important necessity.

5.2.3 Anticipated Areas of Divergence from Western-developed Adaptations to Maternal Sensitivity

Moving forward from Ainsworth's theory, more recent theorists have added criteria to the notion of a sensitive mother, such as warmth and verbal responsiveness (Biringen, 2000; Crittenden, 2001; Feldman, 1998; Mesman & Emmen, 2013). In Paper 1 (Dawson, 2018), it was hypothesised that the expression of positive affect, warmth and affection may be a culturally specific component of maternal sensitivity, relevant in some

contexts and not in others. This argument was based on variations of affectual expression shown across cultural groups noted in anthropological literature (Butler et al., 2007; Matsumoto & Ekman, 1989), as well as suppositions in attachment literature (Ainsworth, 1967; Ainsworth & Marvin, 1994; Mesman & Emmen, 2013). There was no commentary by participants in this study on the need to show physical affection or warmth. No participants pointed out the affect levels of the mothers in videos, and mothers' expressions of positive affect (or lack thereof) did not factor into participants' ratings of mothers. Only one participant mentioned expressions of happiness as a component of good mothering in her narrative interview. As proposed in Paper 3 (Dawson, in press), her comment that children should 'see their mothers happy', was understood as a possible reaction formation, due to the fact that this particular participant was raised by a very abusive and dysregulated mother from whom she consciously aimed to be different. The findings overall, however, suggest that expressions of positive affect are not viewed as central to sensitive caregiving in this context, in line with Keller's (2018; Keller et al., 2018) assertions that warmth is not universally relevant.

Paper 1 (Dawson, 2018) also drew attention to a move towards the inclusion of 'facilitation of learning' as central to sensitive responsiveness in recently developed assessment measures from WEIRD countries (Biringen, 2008; Erickson et al., 1985; Pederson et al., 2011). No assertions were made by the participants in this study that cognitive teaching was necessary in mother-infant interactions. This appears congruent with assertions that African cultures expect children to learn through observation rather than teaching (Nsamenang, 2009) as well as anthropological literature which suggests that it is an uncommon behaviour across a variety of cultures, and a fairly new practice in the West (Lancy, 2010; Lancy & Grove, 2010; Lancy & Grove, 2017). This new 'teaching' trend in the West may be attributed to the dissemination of research showing the impact of early childhood education on school performance in the West (Richter et al., 2019). Research by Richter and colleagues (Richter et al., 2019) shows that the lessons learnt from early childhood research in WEIRD countries have not reached the general South African public. The results of this study appear to confirm this. Participants, however, did note the importance of socialisation, including the need to teach a child moral values, including honesty and respect, through modelling and verbal explanation. This is, of course, more globally recognised as a central feature of maternal care, but appears highlighted within African cultures, which consider social learning an important area of intelligence (Nsamenang, 2009; Serpell, 2017).

Paper 1 (Dawson, 2018) also highlighted verbal responsiveness as a modality of responsiveness that may not have universal applicability. To this point, participants in the study did not mention the need to respond to infant verbalisations or to verbalise to

a baby. Participants also did not take account of verbal responsiveness in ratings of maternal sensitivity. Thus, verbal interaction with the infant does not appear to be a noteworthy aspect of maternal sensitivity in the context of study, potentially indicating that verbal interaction with infants is not a cultural norm. Taking into account the range of modalities used to respond to infants (Feldman & Masalha, 2010; Kärtner et al., 2010; Lancy, 2015; Mesman & Emmen, 2013; Mesman et al., 2018; Richman et al., 1988; Solomon, 2011; Whiting, 1963), and the proposed non-universality of talking to preverbal infants (Hall, 2001; Keller, 2018; Keller et al., 2018), it is argued that verbal interaction may not be of significance to maternal sensitivity in the context of Alexandra Township. While the behaviour of talking or not talking to preverbal infants appears to be a benign area of cultural variation with regards to maternal sensitivity, it is important to engage with the debates around the importance of talking with preverbal infants to build linguistic competence and cognitive development. Educational, speech and cognitive interventions across the world, and within Alexandra Township, tend to encourage communication with preverbal infants based on research evidence that links talking to preverbal infants to later linguistic and cognitive competency (Cooper et al., 2014; Murray et al, 2016; Page et al., 2010; Skar et al., 2015; Vally et al., 2015; Weber et al., 2017). However, it is again important to note that, with the exception of studies into 'Book-Sharing', these studies come largely out of WEIRD contexts. Further, a local South African study that investigated the effects of attachment intervention on cognitive development found no positive effects and recommended the inclusion of more specific maternal behaviours to positively impact infant cognitive development outcomes (Murray et al., 2016).

Counter arguments have been put forward, indicating that learning through observation is more culturally normative for African children than learning from verbal instruction (Nsamenang, 2009). In addition, black children from Sub-Saharan Africa outperform children from Europe on non-verbal IQ assessment when the medium of testing is wire-modeling instead of pencil and paper (Serpell, 1979), pointing to the variance of learning modalities. Further to this, multilingualism, while rare in WEIRD countries, is more common than monolingualism, across the world (Serpell, 2017), and particularly common in black South African citizens, and South African township dwellers in particular (Deumert, 2010), despite an apparent absence of talking with preverbal infants. Thus, while verbal interaction with infants may not be a feature of maternal sensitivity in the Alexandra Township setting, this debate regarding the role of communication with preverbal infants highlights the many unanswered questions that remain around the universal relevance of this maternal behaviour, and potentially

highlights an area for further research in non-WEIRD contexts and South Africa in particular.

5.2.4 Unexpected Areas of Convergence and Divergence with Recent Developments in Theories of Maternal Sensitivity

Interestingly, local descriptions of good mothering did not always align with the suppositions made in the critical literature review in Paper 1 (Dawson, 2018), where the argument was put forward that some developments to Ainsworth theory from WEIRD countries may not hold true for Alexandra Township. Paper 1 highlighted research that suggests that caregiver-infant play interactions may not be considered commonplace by local mothers; that mothers in Africa do not consider themselves appropriate playmates for their infants (Lancy, 2007; LeVine et al., 1996). While Zaidman-Mograbi et al.'s (2020) paper supports this supposition, with participants in that study who were from Afrocentric cultures asserting that play is not valued by Afrocentric mothers and instead considered to be the role of siblings, the findings of this study appeared to challenge this supposition. Assertions by a number of the participants in this study, contrasted this finding, indicating that a good mother should play with her baby. Further, the participants spontaneously graded the mothers on the appropriateness and reciprocity of the mothers' play with toys and books in the video watching segment of the interview. This may point to a degree of acculturation within the context, as was found to be the case for South African mothers living in urban areas in Zaidman-Mograbi et al's (2018) study. Paper 1 also questioned the use of toys in play, stating that few toys can be considered universally familiar. No comment was made by participants about what play should look like, or reference made to which toys are most suited to the context.

Lastly, it was anticipated that alloparenting would feature centrally in mothers' descriptions of good mothering, as shared or multi-caregiver parenting is commonly understood to be a prominent South African practice (Akujobi, 2011; Walker, 1995; Zaidman-Mograbi et al., 2020). Alloparenting is actually a more common parenting practice the world over (Keller, 2018); and was referenced by Afrocentric, black African and non-Afrocentric participants in the Zaidman-Mograbi et al. (2020) study. In light of this, it was expected that there would be greater convergence with the idea of received sensitivity (Mesman et al., 2016) as opposed to maternal sensitivity in participants' narratives, asserting the important role of caregivers beyond just the mother. As seen in Paper 3 (Dawson, in press), participants did allude to shared parenting practices, but also described how a good mother largely avoided such practices due to the lack of safety in the community. As noted in Paper 3, this appears to point to an erosion of alloparenting practices in Alexandra Township as a result of the separation of families (grandmothers

and other relatives living far from the mothers), and high levels of violent crime, (to be discussed further below), and the consequent mistrust that develops.

5.2.5 Context-specific Parenting: Potential Influences on Maternal Sensitivity

Many additional aspects of parenting, not encompassed by the concept of maternal sensitivity, were noted by the Alexandra participants as central to good mothering. These included (1) the need to ensure physical safety and to be vigilant about and responsive to symptoms of physical illness; (2) providing financially for the child and (3) being a present mother. These aspects of parenting highlighted the contextual factors of (1) threats to safety, (2) poverty and (3) parental loss, which appeared to exert strong influences on parenting in Alexandra, as outlined in Paper 3 (Dawson, in press). Each of these aspects of parenting will now be discussed in relation to the contextual factors that they speak to.

The strong emphasis placed by the participants on the need to ensure physical safety is not surprising. This speaks to the pervasive safety threats in the context, with South Africa, and South African Townships in particular, having some of the highest rape and murder rates in the world (Crime Statistics South Africa, 2016; Our World in Data, n.d.; Ward et al., 2018). In Johannesburg, over 25% of rapes are committed against children under the age of 12 and roughly 10% of all rapes in South Africa are committed against children under three years of age (Richter, 2003). In South Africa the rape of very young children is not uncommon and "occurs at a low but consistent level" (Richter, 2003, p. 392). However, it is important to note that injury is a minimal and declining contributor to infant mortality rates in South Africa (Nannan et al., 2012). Ironically, one of the biggest risks to infants is abandonment by mothers themselves. A study conducted by Abrahams et al. (2016) found trends suggesting that of all children under the age of five years that are killed in South Africa (485 in 2009), more than seventy percent are infants under one year of age. Abandonment accounted for approximately 80% of all the neonates (under one month old) killed. Interestingly, significant age and gender patterns were found in this study, with significantly more female children killed in rural settings compared to urban settings: "Abuse-related killings and evidence of sexual assault were more common among older girls than in all other age and gender groups. Mothers were identified as the perpetrators in all of the neonaticides and were the most common perpetrators overall" (Abrahams et al., 2016, p. 1). The study attributes these infant deaths to the "failure of reproductive and mental health and social services to identify and help vulnerable mothers" and they recommend "multi-sectoral prevention strategies" (Abrahams et al., 2016, p. 1). Following this line of thinking, it is perhaps more important to note the high reports of domestic violence (22,6%), and personal histories

of abuse in mothers (73%) living in Alexandra themselves (Bain et al., 2016). As proposed in Paper 3 (Dawson, in press), these personal trauma histories of adults in Alexandra seem to contribute significantly to the preoccupation by mothers in the context with physical safety.

Participants' assertions about vigilance and responsiveness to symptoms of physical illness also speak to contextual factors, past and present. Death due to illness is far more common for infants than death by violence (Nannan et al., 2012), potentially as a result of a hugely strained public health care system (Conmy, 2018) and pervasive issues with supply and maintenance of water and sanitation infrastructure in South African Townships (Crous, 2014; Department of Water Affairs and Forestry, 2003). Interestingly, South African infant and under 5 mortality rates are low compared to global rates and have shown a steady decline since 2006 (Bamford et al., 2018; Statista, n.d.; Victora et al., 2020; World Bank, n.d.). However, South African rates are around 7 times higher than European and North American countries where the concept of 'sensitive responsiveness' is largely being developed (Statista, n.d.; World Bank, n.d.), and 3 to 5 times higher than other BRICS countries such as Russia and China (Macrotrends, n.d.). Diarrhoea, pneumonia and HIV infection are the most common causes of infant death beyond the newborn period in South Africa (Bamford et al., 2018). Although infant mortality rates are declining and low compared to global averages, the constantly climbing and high rates of child mortality between 1992 and 2006 (World Bank, n.d.), which appear to be largely the result of unmanaged HIV infections (Nannan et al., 2012), may have contributed to heightened anxiety about infant mortality for mothers living in Alexandra then, which persist today. Thus, while there appears to be some current contextual factors contributing to the preoccupation with infant health, this preoccupation may also speak to an impact of unresolved trauma due to high infant mortality rates between 1992 and 2006.

Participants' assertions that good mothering involves providing financially for a child is again unsurprising when considering the context. Poverty rates are high in South Africa, as are rates of inequality, with the Gini coefficient placing South Africa in the 'top 5' most unequal countries in the world (Statistics South Africa, 2019). Unemployment rates in South Africa sit at 30.8% (Statistics South Africa, 2020), and 33.7% in the Gauteng Province (Statistics South Africa, 2020). The impact of unemployment particularly impacts mothers living in townships. A local study found extremely high rates of maternal unemployment in Alexandra Township (57.5%) (Bain et al., 2016), and government surveys found female headed households in urban informal settlements to be the poorest across all settlement types in South Africa (Statistics South Africa, 2018). As a result, children living in female-headed households are more likely to fall into poverty than

children in other living situations in South Africa (Mahajan, 2014). This impacts a large number of South African children, with between 37.1% and 41% of children living with their mothers but not their fathers (Hall & Sambu, 2018; Mahajan, 2014). It light of this, it is easily apparent how a preoccupation with a need to provide financially as a mother develops.

As noted above, also central to the participants' description of a good mother was that a mother must be present. It is interesting to consider this in relation to rates of child abandonment, child removal and instances of children being raised by alternate biological families. As noted above, Abrahams et al. (2016) found that rates of maternal abandonment are high and accounted for a large percentage of neonatal deaths in South Africa. Hatch and Posel (2018) found that 25 to 40% of 'African' South African children are raised by someone other than their mother. Of those children, around 20% were raised by their grandmother (Hatch & Posel, 2018). Child removal is also commonplace as a result of neglect or abuse, with over half the children reportedly being victims of abuse or neglect by their caregivers in some South African provinces, (Jamieson et al., 2017).

The descriptions by participants of a present mother were contrasted by the image of a mother who drinks and smokes. Rates of alcohol use are high in some South African populations, particularly mothers who are HIV positive, mothers who experience depression and mothers who experience intimate partner violence (Davis et al., 2017; Peltzer & Ramlagan, 2009). Levels of foetal alcohol syndrome in South Africa are the highest ever recorded (Peltzer & Ramlagan, 2009).

A present mother was sometimes contrasted with an absent mother, and sometimes also an absent father (due to abandonment or death) This is unsurprising, given that around 50% of men who are fathers do not have daily contact with their children (Richter & Morrell, 2008; Richter et al., 2010). South Africa has some of the lowest rates of marriage and paternal maintenance, as well as highest rates of father absence on the African continent (Chikovore et al., 2013). In addition, this theme may speak to the high rates of maternal and paternal mortality due to HIV-related deaths before the introduction of Anti-Retroviral treatment in South Africa (Moodley et al., 2018; Richter & Morrell, 2008; Richter et al., 2010).

It is clear from the above discussion that pertinent contextual factors impact significantly on maternal behaviour in the context of Alexandra Township. These contextual factors are partly historical and appear to reflect the impact of intergenerational trauma on parental behaviour on a systemic level. These contextual factors also suggest that some maternal behaviours that deviate from those found in

Western contexts are necessary parenting adaptations in response to present day contextual factors, to ensure child safety and survival. In considering the applicability of the Western-developed construct of maternal sensitivity to Alexandra Township, it is important to keep these contextual factors in mind. We will return to this discussion later in this chapter, after further examination of maternal behaviour in the context.

5.3 Behavioural Profile of Maternal Care in Alexandra Township

The quantitative analysis of maternal sensitivity scores, on two different measures of sensitivity, provided a behavioural profile of maternal care for mothers in Alexandra Township. As noted in Paper 2 (Dawson et al., 2020) the mean scores on the MBQS-mini were relatively low for the 50 mothers from Alexandra, for both the 'Canadian' and 'South African' sort. At face value, these scores suggest high levels of insensitivity from mothers in the context. As noted in the paper, this is plausibly a consequence of the high levels of stress in the context. Parental stress and poverty have been associated with insensitive parental behaviour in other studies (see Bakermans-Kranenburg et al., 2004; Rafferty & Griffin, 2010). However, the validity of these scores is contestable given the slightly higher mean Ainsworth score for the same data and the fact that the MBQS-mini was developed in a WEIRD context, as caution must always be exercised when applying research/knowledge from one context to another (Keller, 2018). This issue will be returned to, after engaging first with the profile of maternal care that the data revealed.

5.3.1 A Prevalence of Maternal Control and Interference

As noted in Paper 2 (Dawson et al., 2020), many of the participants in the quantitative study scored highly on MBQS-mini items which capture interfering and intrusive maternal behaviour. These items also capture a tendency towards mother-led and initiated, rather than child-led, interactions. There was a high tendency, in the sample, for mothers to set the content and pace of the interactions, and not to build on the interests of the babies. This finding seems to indicate a prevalence of maternal control and intrusiveness in mother-infant interactions in the context of study. This finding is congruent with the findings of the qualitative study. In Paper 3 (Dawson, in press), a tendency towards maternal interactions marked by hypervigilance, maternal control and intrusiveness is revealed. This is also articulated in Paper 4 (Dawson & Bain, submitted), where description is made of an instance of force feeding in one of the video interactions that was not commented on by any of the participants, arguably because of its contextual familiarity. This potentially links to ideas that authoritarian parenting styles, which value control, are more common in non-WEIRD settings (Ispa et al., 2004; Keller et al., 2009; Rubin, 1998), but also to the possible influences of the unsafe and resource-scarce context.

Controlling, intrusive and interfering behaviours, while not central to Ainsworth's original concept of sensitivity, are considered in attachment literature to be insensitive behaviours (Ainsworth, 1969; Ensink et al., 2017), and to lead to negative child outcomes (Graziano et al., 2011; Gueron-Sela et al., 2018; Smith et al., 2018). However, culturally-based critiques of attachment theory caution against making such conclusions for children from non-WEIRD contexts, arguing that this leads to unethical pathologizing of non-WEIRD cultures (Keller, 2018; Keller et al., 2018). Keller (2018) argues that child-led interactions are not universally desirable; that caregiver-led behaviours are benign in certain contexts, and in fact serve to socialize infants into collectivist cultures where respect for elders is valued.

While this argument will be considered in greater detail in the following section, it is noted here that the combined psychoanalytic and social constructionist approach to analysis conducted in this study linked maternal control, interference and intrusiveness to the participants' pervasive experiences of poverty, danger and loss within the context. The findings of this study therefore both support and challenge Keller's (2018) arguments regarding cultural relativism. While cultural relativism is indeed imperative for understanding behavioural motivations and cultural practice, not all cultural practices are necessarily benign. The findings of this study add weight to the argument that pervasive stress in Alexandra results in higher rates of insensitive interaction with infants, while also highlighting intergenerational transmission of trauma, on a contextual level, as a central contributor. This position, taken in Paper 3, aligns with theories and studies from WEIRD settings, where intrusiveness in mother-infant interactions is demonstrated to be a mechanism through which the intergenerational transmission of trauma occurs (Ainsworth, 1969; Benoit & Parker 1994; Biringen, 2000; Lyons-Ruth & Block, 1996; van IJzendoorn & Bakermans-Kranenburg, 2019).

Also, interestingly, despite articulating the necessity of maternal control during the narrative interview, many participants in the qualitative study graded mothers negatively during the video watching segment of the interview for failing to follow the baby's lead and taking charge of the situation unnecessarily. While this contradiction (between discourses around the necessity of maternal control as a protective factor and negative responses to maternal control in grading play interactions, with the exclusion of the force-feeding episode) may indicate a degree of acculturation to more individualistic baby-centred approaches to parenting, it may also support the idea that intrusive behaviour is a result of intergenerational transmission of trauma. When identified with a more defensive 'mother' position, participants supported the notion of control, but when confronted with video material, identifications with a frustrated 'controlled' infant appear to challenge cultural narratives. While the novelty of this situation, i.e. playing

with toys, may have contributed to participants' responses, perhaps rendering the insensitivity of certain interactions more apparent to the observing participants, the overlooked insensitivity of the force-feeding interaction, in particular, highlights how maternal behaviour which was originally intended to protect (e.g. force-feeding thought to help protect against infant mortality) can become normalised and assimilated into cultural practice to the point that it no longer serves its core function.

5.3.2 **Absence of Social Games and Verbal Teaching**

As noted in Paper 2 (Dawson et al., 2020), there was a general absence in the use of social games and verbal teaching moments in the sample of 50 mothers from Alexandra. This was true across the range of sensitivity scores, seemingly indicating no relationship with sensitivity. As noted above, verbal teaching and the use of social games was also not highlighted as an important behaviour for good mothering in the context in the qualitative study. It is thus surmised that the use of social games and verbal teaching moments is culturally foreign, as hypothesised in Paper 1 (Dawson, 2018). This is congruent with cultural assessments of characteristic behaviour in non-Western settings (Dixon et al., 1984; Lancy, 2012; Mesman et al., 2016), as outlined in Paper 2 (Dawson et al., 2020).

Participants in the study did engage in play with their babies, but this play largely involved repetitive movements of the baby's body (e.g., throwing baby up in the air), interaction around an object (e.g., moving an object so that baby would crawl to it or rolling a ball back and forth) and non-verbal facilitation of play (e.g. showing baby how an object works by demonstration). There was little talking, little teaching, and thus little verbal teaching. This aligns with Keller's (2018) description that non-Western families are more likely to engage in rhythmical body stimulation than object-based play. This somewhat contradicts literature and research that describes a lack of mother-infant play, with siblings deemed the only appropriate play mate (LeVine et al., 1996; Nsamenang, 2009; Zaidman-Mograbi et al., 2020). Yet, while play seems to be more contextually appropriate than cultural research suggests, play does not appear to be overly social, verbal or facilitative of teaching. Although these items are not highly weighted with relevance for sensitivity in the 'Canadian' MBQS-mini, as noted in Paper 2 (Dawson et al., 2020), their foreignness for mothers from Alexandra Township has implications for the use of the measure in the setting, which will be discussed in greater detail below.

5.3.3 **Unresponsive During Divided Attention Tasks**

The MBQS-mini item analysis found that the majority of mothers in the sample were highly unlikely to respond to their infants' signals during divided attention tasks. This means that they were unlikely to respond to infant signals while answering questions

asked by the researcher or completing a form. This finding was found across the range of sensitivity scores, indicating that even more sensitive mothers from Alexandra are less likely to respond sensitively to their infant while distracted than while engaging with them directly. This finding appears to be congruent with the finding from the video watching component of the qualitative interviews, where emotional unavailability went unnoticed.

An argument can be made that divided attention tasks may be the best representation of true maternal sensitivity, as a mother's attention is likely to be most commonly divided between infant care and other tasks in everyday life. If this holds true, this suggests that responsiveness is quite low in the context of study. It can also be argued that the 'halo effect' may be less common during the divided attention task, as it is less obvious what is being measured at this time. There is likely to be an assumption that performance on the distraction task is most important. Thus, it could be argued that the low sensitivity scores for this item indicate low sensitivity in the context, with higher scores on other items explained partly by a halo effect. This aligns with arguments that sensitivity would be low in the context of Alexandra Township due to the impact of poverty and high levels of stress.

Alternatively, this finding may be understood as the result of the impact of race and power dynamics on the testing situation. Methodological literature highlights the various factors which may impact on the testing situation, both positively and negatively, including scales of power, race and the positionality of the research participants (Chen, 2011; Elwood & Martin, 2000; Rhodes, 1994). In this study, the majority of the researchers were white, and all were of a higher educational level than the participants. This power differential, in light of South Africa's history of racial oppression, may have inhibited maternal responsiveness during a task where the mother is expected to engage directly with the researcher. This hypothesis is potentially supported by the finding of a positive correlation between maternal level of education and sensitivity score on the MBQS-mini (where responsiveness during divided attention is a highly weighted item) but not the Ainsworth Scale (where responsiveness during divided attention is not separately considered). The implication is that the MBQS-mini scores of participants, for whom the power differential is smaller, may have been less impacted by class and race dynamics.

It is also possible that cultural factors may explain this finding. Respect for elders was noted by the participants as an important parenting goal in this context. This is congruent with literature describing black African cultural values (Barbarin & Richter, 2013; Nsamenang, 2009). Such a hypothesis is also congruent with the findings of Zaidman-Mograbi et al. (2020), who found non-responsiveness to infant signals to be a

culturally sanctioned behaviour amongst Afrocentric cultural groups in South Africa. This parenting practice was positioned by participants in that study as important for the development of independence, and guarding against spoiling. Thus, the occurrence of non-responsiveness during divided attention tasks may speak to a benign, culturally sanctioned socialisation of children to prioritise the requests of elders.

5.3.4 Expressions of and Responses to Positive Affect

The findings in Paper 2 revealed that mothers from Alexandra were very unlikely to praise their infants. Although levels of animation were generally low across the sample, mothers who were slightly more animated tended to score in the lower range on the Ainsworth sensitivity scale. This finding is congruent with reports by Mesman and Emmen (2013) that in some sub-groups, high levels of positive affect are accompanied by high levels of intrusiveness and low levels of awareness of infant signals. Despite an absence of praise, and low levels of animation, mothers were, however, highly responsive to infant smiles and vocalisation, sometimes with verbal responses.

As noted in Paper 2 (Dawson, 2020), the absence of praise in this sample is congruent with literature on common parenting practice in South Africa (Barbarin & Richter, 2013; Dawes et al., 2004). Yet, praise is often encouraged in locally applied parenting interventions (e.g. International Child Development Programme see Skar et al., 2015, and Sinovuyo Kids see Shenderovich et al., 2019). This is due to research that has linked praise to improved child development, improved self-esteem, prosocial behaviours, and increased levels of motivation (Dahl et al., 2017; Gunderson et al., 2013; Gunderson et al 2018a; Gunderson et al 2018b; Henderlong & Lepper, 2002; Kelley et al., 2000; Morris & Zentall, 2014). Praise has also been shown to be experienced neurologically as a reward, thus acting as a neurological-based social influencer in a range of behaviour from competition to cooperation and following social norms (Bhanji & Delgado, 2014). Again, these studies have come largely out of WEIRD countries, and the link between praise, culture and socialisation is not yet clear. While some literature suggests praise is uncommon in some collectivist cultures (Chang, 2007; Kim & Wong, 2002), one study found Argentine parents to praise their children more than US parents, despite being more collectivist in cultural orientation (Bornstein et al., 1999). One study by Wang et al. (2008) proposed and demonstrated that different models of praise exist across cultures, with models in collectivist cultures promoting interdependence (praising adherence to parental expectations) and models in individualistic cultures promoting independence (praising child's self-initiated behaviour). There is also evidence, even from WEIRD countries, to show that praise can have negative effects, including undermining motivation (Mizokawa, 2018; Xing et al., 2018), damaging self-esteem or

fuelling the development of narcissism (Brummelman et al., 2017). Some attachment theorists, from WEIRD contexts, have proposed that a defensive internal working model, called "esteem-sensitivity", can develop when children repeatedly experience that their worth and opportunities for connection are linked to recognition of performance and achievement (Poulsen & Coyne, 2017; Powell et al., 2014). In addition, in a cross-cultural study, Rudy and Grusec (2006) found that collectivist cultures endorsed authoritarian parenting more than mothers from individualistic cultures, but collectivist children were not lower in self-esteem. This highlights the need for more research into the impact of praise on children living in Alexandra, to inform the potential impact of culturally foreign praise-based interventions in the context.

The finding that smiles and vocalisations were responded to with verbal responses in the mother was not anticipated. A review of the literature had indicated that non-verbal responses may be more prevalent than verbal responses in non-Western settings, and also that expressions of positive affect are less common in parenting practices of black Africans (Dixon et al., 1984; Lancy, 2012; Mesman et al., 2018). Although the mothers in this study were indeed quite quiet, did not talk much to their infants, and did not express much positive affect themselves, they seemed to be encouraging of verbal communications and positive affect in their babies – a somewhat conflicting picture. In Paper 2, it is offered that this can potentially be understood to be a consequence of both the power differentials and the evaluative feel of the research situation. That is to say, mothers may have been particularly pleased by and encouraging of overt positive signals from the infant, believing that a 'happy' baby may be scored more positively by the researcher. Alternatively, it may suggest that this is indeed a common maternal behaviour in the context.

5.4 Maternal Care in Alexandra Township: Contextual Adaptation or Intergenerational Transmission of Trauma?

This study has, thus far, outlined some maternal behaviours, shared amongst mothers from Alexandra Township, which appear to be culturally sanctioned and are also divergent from Ainsworth's theory on sensitive responsiveness. These behaviours are clustered into three broad categories for the purposes of the discussion below. They are (1) maternal control and intrusiveness (caregiver-led interactions) (2) non-responsiveness (to infant wants and during divided attention) and (3) absence of verbal responsiveness, praise and verbal facilitation of learning. This study asked the question whether context-specific divergences from Western-developed theories of maternal sensitivity were contextually adaptive or indicative of trauma. This discussion provides

an opportunity to engage with current and important debates regarding the cross-cultural applicability of attachment theory.

Cultural researchers caution against the use of outcome data from one context, generally WEIRD contexts, in determining 'good' maternal behaviour for another (Keller, 2018; Morelli et al., 2017). Such researchers argue that the application of attachment theory to non-WEIRD populations runs the risk of pathologizing these populations, and is unethical (Keller, 2018). Thus, the adaptiveness of a behaviour must consider the context in which it occurs (Cramer, 2000).

Importantly though, in the case of this study, it is clear that the context of study is not benign. The context of Alexandra Township is a poor urban setting, characterised by high levels of poverty, danger and competition for space and resources. In reality, it is an extremely violent, dangerous and stressful environment. In addition, limitations of agency to change these realities and personal experiences of trauma, as described by the participants, undoubtedly create internal distress, eliciting a need to 'shield' oneself from the distress – or to 'defend' against it (Trevithick, 2011), to protect psychological functioning.

Understanding that mothers from Alexandra are living in a stressful, dangerous reality, that is likely to evoke much internal distress, raises further questions about the function of shared maternal behaviour that diverges from attachment theory's understandings of sensitivity, for this context. In this setting we cannot engage simplistically with the generic explanation of cultural variation for shared maternal behaviour, but must consider the role of adaptive and maladaptive defences against external and internal threats to safety. Specifically, the realities of the context beg the questions, "Are these contextually shared maternal behaviours adaptive or maladaptive? Do they protect the child from the context, prepare the child for the context or perpetuate contextual challenges?". It is these questions, partially engaged with in Paper 3 (Dawson, 2021), that this section of the chapter attempts to consider.

Approaches to thinking about whether behaviour or coping mechanisms are adaptive or not come from two distinct fields – developmental psychology and evolutionary theory (Frankenhuis & Del Giudice, 2012). Each approach draws on separate outcome variables in order to judge effectiveness of adaptation. For developmental psychologists, freedom from mental distress and optimal societal functioning act as key indicators of adaptive behaviour (Frankenhuis & Del Giudice, 2012). Such theorists have considered subjective happiness, occupational success, relationship stability and absence of psychopathology as indicators of adaptive functioning (see Vaillant, 2000). For those taking an evolutionary approach, behaviour

that may increase the chance of survival of the self or of the kin, indicates adaptive behaviour (see Belsky, 2019; Slavin, 1985). That is to say, from an evolutionary perspective, the goal is to survive regardless of the context. From a developmental psychology perspective, if the context causes distress or negatively impacts on societal functioning, improving the context would be of utmost importance. With both these frameworks in mind, this section will now consider the context-specific maternal behaviours found amongst mothers in Alexandra that were identified above.

5.4.1.1 *Is the absence of verbal responsiveness, praise and facilitation of learning adaptive for Alexandra Township?*

We begin with a brief look at three maternal behaviours that were noted as largely absent in mother-infant interactions analysed in this study, namely verbal interaction, praise and facilitation of learning in play interactions. Such behaviours are not considered central components of maternal sensitivity, but are considered, in WEIRD contexts, as important for optimal child development. It has been noted above that talking to preverbal infants is considered, in WEIRD contexts, to be linked to greater linguistic and cognitive competencies (Page et al., 2010). It was also noted that a lack of verbal interaction with infants is responsible for arrested cognitive development (Weber et al., 2017). A variety of studies have also shown a link between facilitation of learning by the mother and the child's cognitive performance on Western-based measures (von der Lippe et al., 2010). As outlined above, the value of praise for child outcomes is less clear, finding links to both positive and negative child outcomes (Brummelman et al., 2017; Dahl et al., 2017; Gunderson et al., 2013; Gunderson et al., 2018a; Gunderson et al., 2018b; Henderlong & Lepper, 2002; Kelley et al., 2000; Morris & Zentall, 2014; Mizokawa 2018; Poulsen & Coyne, 2017; Powell et al., 2014; Xing et al 2018). Despite not being considered central to maternal sensitivity, studies have linked insecure attachment styles and maternal depression, particularly in women from disadvantaged communities, with lower levels of maternal instruction and general engagement with their children, resulting in impaired cognitive functioning (Conroy et al., 2012; O'Connor & McCartney, 2007; Lovejoy et al., 2000), suggesting a link with context rather than culture.

Cross-cultural researchers have challenged the applicability of these findings to non-WEIRD contexts, noting that the skill sets required for optimal functioning differ from context to context (Nsamenang, 2009; Keller, 2018; Keller et al., 2018; Serpell, 2017). These researchers demonstrate that applying WEIRD theories and cognitive assessment measures to children from non-WEIRD contexts can result in the unfair preferencing of language-based cognition and pen-and-paper based competencies, over other aspects of intelligence (Keller, 2018; Keller et al., 2018; Nsamenang, 2009; Serpell,

1979; Serpell, 2017). This ethnocentric lens ultimately results in the inaccurate appraisal of black children from sub-Saharan Africa, and their environment, as deficit (Serpell, 2017). Yet, when cognitive measures are designed with the skill sets of Sub-Saharan African children in mind, WEIRD children from resourced environments are shown to be deficit instead (Serpell, 1979), highlighting this point. In a similar vein, Keller (2018) argues that the skill set needed for children raised in rural subsistence farming communities differs greatly from those put forward by attachment researchers.

It seems apparent that an absence of verbal responsiveness, praise and facilitation of learning in the context of Alexandra Township may speak to historically highly adaptive behaviours, that prioritised observation-based learning (as asserted by Nsamenang, 2009), and collectivism for a rural, subsistence-based lifestyle. Thus, from a developmental perspective, such behaviour can be viewed as adaptive, and likely point to areas of cognitive developments under-emphasised in Western-based literature. However, colonialism, urbanisation and globalisation have shifted the contextual landscape for South African children. In the urban context of present-day Alexandra Township, children are engaging in many learning and career opportunities that require verbal competencies. Children raised in Alexandra have to navigate formal schooling, compete for spaces in universities or colleges, and apply for employment positions, all of which rely heavily on literacy. In addition, many career aspirations of South African children include careers that require heightened competence in verbal learning. A local study found that black South African children from low socio-economic contexts largely aspired to high status occupations that required university education, and social occupations that require high levels of verbal competency (Watson et al., 2010). Another local study showed that South African children from low socio-economic backgrounds aspired to careers that would afford them a better lifestyle (Robinson & Diale, 2017). In many instances, these occupational aspirations may represent the mother's aspirations for their child too, as two local studies found that the family's wishes or 'admired' careers played a significant role in determining a child's career choices (Robinson & Diale, 2017; Shumba & Naong, 2012).

In conclusion, from an evolutionary and developmental perspective it can be argued that the absence of verbal interaction, praise and facilitation of learning in play interactions in mothers in Alexandra was likely historically highly adaptive. However, in the current landscape, verbal interaction and facilitation of learning may benefit children from Alexandra, in navigating formal schooling and reaching their career aspirations. With regards to the use of praise, the picture appears more complex, and thus more research is needed to comment on the adaptiveness of its absence.

5.4.1.2 *Is maternal control, intrusiveness and non-responsiveness to infant wants or during divided attention adaptive for Alexandra Township?*

5.4.1.2.1 *A developmental perspective:*

According to attachment theory, intrusiveness, caregiver-led interactions and non-responsiveness are insensitive maternal behaviours, and contribute to attachment disorders (Ainsworth, 1969; Benoit & Parker 1994; Biringen, 2000; van IJzendoorn & Bakermans-Kranenburg, 2019). The development of these behaviours is positioned, by attachment research, to be a response to unprocessed trauma (van IJzendoorn & Bakermans-Kranenburg, 2019) and or high levels of stress in the context (Gilbert, 2001; Long, 2009; Tamis-LeMonda et al., 2008; van IJzendoorn & Bakermans-Kranenburg, 2010). This is in line with the findings of this study, that hypervigilant, controlling, intrusive and dismissive maternal behaviour appeared to be directly linked to contextual experiences of poverty, danger and loss (see Paper 3).

Despite acknowledging the contextual roots of such maternal behaviour, from a developmental perspective, these behaviours are considered by attachment researchers as maladaptive. Studies in WEIRD settings have found strong associations between maternal control, intrusiveness and dismissiveness (non-responsiveness to signals) and negative child outcomes, such as increased mistrust, hyperarousal, higher levels of ADHD, increased internalizing behaviours, and self-over-group prioritizing (Bauman, 2003; Callahan et al., 2011; Dalgleish et al., 2001; Ein-Dor et al., 2010; Schloß et al., 2019). Interfering and unresponsive maternal behaviour has also been linked to lower levels of cognitive development (George & Solomon, 1989; Lyons-Ruth et al., 1999; von der Lippe et al., 2010). Attachment theory asserts that, unless addressed through attachment-based intervention, a cycle of controlling and dismissive behaviour will continue, resulting in an intergenerational transmission of disordered attachment styles (Cramer, 2000; Fonagy et al., 1991; Zaidman-Mograbi et al., 2020), although this is not inevitable (Narayan et al., 2019). In some cases, mothers are able to integrate and resolve their own trauma, providing a buffer against the intergenerational transmission of this trauma to their children (Narayan et al., 2019). In many instances, however, when trauma is cumulative and ongoing, this is not possible.

It is important to note that these child outcome studies have largely been done in WEIRD contexts, and critics of attachment theory's claims to universality assert that caregiver-led and non-responsive maternal behaviour is adaptive amongst rural subsistence-based farming communities, in particular, given the cultural values and child-rearing context (Keller, 2018; Keller et al., 2018). However, studies into child outcomes in sub-Saharan Africa may point to the fact that the negative impact on child

outcomes holds true in the African context. A South African study found that authoritarian parenting styles, which make use of maternal control and dismissiveness, were positively associated with need frustration and negative affect in adolescent children (Roman et al., 2015). Freeze et al. (2014) found that controlling parenting was associated with conduct disorder in South African children. Heightened levels of childhood psychopathology, including anxiety and depression have also been recorded in the context (Cortina et al., 2012). In its extreme form, controlling, intrusive and dismissive parenting behaviours have also been associated with the perpetration of violence (Mathews et al., 2011; Gould, 2015), arrested cognitive development and poor educational outcomes (Pieterse, 2015) in the South African setting.

While the contributions of the context to such child outcomes and maternal behaviour are clear, the research into parental behaviour and child outcomes seems to suggest that, from a developmental perspective, these parenting behaviours do not safeguard the child from harm. That is to say, from a developmental psychology perspective, the attachment argument - that the use of maternal control, intrusiveness, and dismissiveness (non-responsiveness to signals) are maladaptive behaviours - appears to hold weight. Attachment theory can, thus, be used to frame the highlighted maternal behaviours practiced in Alexandra Township as both potentially caused by and at the root of some of the townships' contextual difficulties, including possibly the levels of violence.

5.4.1.2.2 *An evolutionary perspective:*

However, from an evolutionary perspective, maternal control, intrusiveness and non-responsiveness can be considered adaptive, given the context. As Music (2018, p.150) articulates, in unsafe environments, "pro-social behaviours and empathy are simply less helpful strategies." "Amid violence and aggression, it makes sense to be hypervigilant and reactive, not relaxed and trusting", (Music, 2018, p.45-46). In essence, maternal control, intrusiveness and dismissiveness may help to ensure survival. As noted in Paper 3 (Dawson, in press), hypervigilance assists with quick perception and response to danger (Dalgleish et al., 2001). Individuals with dismissive attachment styles, which can be considered a self-over-group strategy, are more likely to rely on self-protective fight-or-flight reactions in times of danger, increasing their personal likelihood of surviving (Ein-Dor et al., 2010), despite possibly perpetuating violence.

Some attachment theorists themselves have noted the adaptiveness of insecure attachment styles (and by association the maternal behaviours that create them) in unsafe contexts. Belsky et al. (1991) proposed that insecure attachment styles are most valuable in an unsafe context. Music (2018) seems to agree. He notes that all attachment

patterns start off as sensible adaptations to early environments, facilitating survival, asserting that insecure attachment styles cannot be considered as maladaptive or pathological. If we consider that attachment models provide the infant with information about safety in their environment (Frankenhuis & Del Giudice, 2012), it can be argued that an insensitive response and an insecure attachment provide more accurate information about the environment in contexts that are unsafe. From this perspective, sensitive behaviour can be considered adaptive for safe contexts while maternal control, intrusiveness and dismissiveness can be considered adaptive for the unsafe setting of Alexandra Township. A study done in Israel seems to support this idea, finding that maternal sensitivity did not act as a protective buffer for the impact of stress on infant development (Egotubov et al., 2020), contrasting Berthelot et al. (2015) notion that processed trauma, which is said to improve maternal sensitivity, guards against the intergenerational transmission of trauma.

Defensive functioning can also, in and of itself, be viewed as adaptive. Defences are "protective reflexes" that "have an adaptive function in avoiding pain and injury" (Reid & Finesinger, 1956, p.1015). They serve to protect from harm and minimize future harm (Gilbert, 2001). Psychoanalysts have long theorised that it is imperative for human functioning that human beings are able to defend, to shield themselves, against internal distress resulting from external and internal realities (Music, 2018; Reid & Finesinger, 1956; Vaillant, 2000). In his efforts to identify adaptive defenses, Vaillant (2000, p. 89) highlights that (1) seeking help from others and (2) consciously attempting to make the best of a bad situation are preferable coping mechanism over (3) "involuntary mental mechanism". Yet, he asserts that, in the face of an unchangeable reality, involuntary defences are inevitable and necessary for ongoing functioning. For mothers in Alexandra, who have little agency to effect change on their circumstances, defences against their painful, unchangeable realities are thus important.

5.4.1.3 *Maternal control, intrusiveness and dismissiveness as both adaptive and maladaptive*

It is put forward in Paper 3 (Dawson, in press) that the answer to whether or not maternal control, intrusiveness and dismissiveness is adaptive or maladaptive in the context of Alexandra Township is 'both and…'. Such maternal behaviour is proposed as "simultaneously adaptive and maladaptive, concurrently protective and detrimental" (Dawson, in press, p. 20). Controlling and dismissive maternal care likely help protect the child from immediate danger and acute traumatic experiences, but seems to foster continued mistrust, hyperarousal and self-over-group prioritizing, "which may prevent the organization and connection needed to create a safer and more economically

supported environment" (Dawson, in press, p. 20). Thus, what may be considered adaptive from an evolutionary or survival perspective, may not necessarily promote optimal developmental outcomes.

Even from an evolutionary perspective, we must acknowledge that protective strategies can have a benefit and also a cost (Gilbert, 2001). That is to say, maternal care can be adaptive on the one hand and maladaptive on the other. In support of this argument, I turn again to Frankenhuis and Del Giudice (2012, p. 629), who argue that: "Many activities that contribute to survival and reproduction also increase the probability of harm, injury, loss, or death. For instance, a bird may be more exposed to predators while foraging; a male displaying to females may be more likely attacked by rivals; and copulation itself increases the risk of contracting disease."

Frankenhuis and Del Giudice (2012) go on to provide examples of how aggressive and controlling behaviours can be adaptive, in that they help achieve dominance and social status, but also maladaptive in that they can lead to rejection and physical harm. We might also consider evidence that shows that individuals and animals living in high stress/threat environments tend to have 'fast' life trajectories (Belsky, 2019; Belsky et al., 1991; Ellis et al., 2009), "characterized by early sexual maturation and reproduction, reduced investment in long-term bonding and parenting, and increased investment in short-term mating" (Frankenhuis & Del Giudice, 2012, p. 631).

In the high-stress, dangerous context of Alexandra Township, maternal control, intrusiveness, and dismissiveness may serve to provide short-term protection. However, a lack of investment in early relationship building may perpetuate later family breakdown (absent fathers, lack of social support, increased financial stress on the mother), and even sexual violence. To offer a specific example, we turn to the topical issue of gender-based violence. Occurrences of rape are extremely high in SA, and many commonly occur in close, trusted relationships (Jewkes et al., 2002; Jewkes et al., 2010). While on the one hand this points to a need for tight maternal control, it also points to the desperate need for children, from an early age, to learn about bodily autonomy and their rights to control over their own bodies, and non-control over another's body. It points to a need for early lessons in empathy and responsiveness to the requests and wishes of the other, arguably learnt through an experience of sensitive responsiveness with the primary caregiver, and lessons in agency and challenging the other, 'saying no', arguably learnt through experiences of non-control with non-authoritarian parents. In this way, attempts to protect from rape through maternal control can paradoxically perpetuate its occurrence, as children, in some instances, may grow up with normalized experiences of lack of agency and body autonomy. Both local and international studies into the early

lives of men who perpetrate violence support this argument (Mathews et al., 2011; Watt & Scrandis, 2013).

5.4.2 In Conclusion: Adaptation for Social Change

Interpersonal neurobiologist, Daniel Siegel (2001), asserts that attachment security leads to greatest flexibility, with the consequential assertion that a child with sensitive care (as defined by Ainsworth) would be most able to adapt to changing environments. From an attachment lens, a secure attachment would then create opportunity for adaptation and coping regardless of the context. While this assertion is based largely on research coming from WEIRD settings, and must be applied cautiously, this study lends support to the need for sensitive care, even in the context of Alexandra Township, and challenges the adaptiveness of maternal behaviours associated with the development of insecure attachment in children.

While maternal control, intrusiveness, dismissiveness and lack of verbal facilitation of learning may be considered adaptive in a context where parents must prioritise their use of both physical and emotional resources to ensure the safety and survival of their children, and maladaptive in terms of aspirational developmental outcomes for children (for many this includes leaving the Township context), it is important to consider what the implications are of this behaviour for potential social change in South Africa, as well as for opportunities for upward mobility for children in Alexandra Township. For those interested in reducing levels of violence, increasing employment, increasing family coherence and facilitating safety, we must engage with the implications for social change of strategies adaptive for living in Alexandra Township. As noted by Slavin (1985) and Music (2018), when conditions change or need to change, the adaptiveness of defences is called into question. Once adaptive strategies can become maladaptive, unhelpful hindrances to development in a new environment. For example, a child born in Alexandra, who survives to school going age due the mother's hypervigilance and tight controls may struggle to function in a school or university environment where self-monitoring of progress is required. We can hypothesise that the experience of maternal control can assist with inhibiting exploratory behaviour in a shared yard that poses a realistic risk to health and safety. However, an inhibition of exploratory behaviour may curb learning in the classroom setting, as curiosity has not been encouraged. Similarly, a child, who has been raised with a relational model centred on lack of safety in the environment, may struggle to function in an employment setting where mutual trust is required for the success of group work and operational functioning. They may also express mistrust in intimate partner relationships, evoking anger from a faithful partner and causing relationship breakdown.

Thus, it is clear that maternal behaviour that is in some ways adaptive can also be maladaptive. I return to Keller's (2018) criticism of attachment, and her assertions that maternal behaviour variations are important because adaptation to environment is central. Keller (2018; Keller et al., 2018) argues that for any 'evaluation' of parenting behaviour we must first understand the cultural beliefs and practices in which they are embedded, including the local context and living conditions of the local people. While the findings of this study support this notion, highlighting the influences that culture and context do indeed exert on parenting, it also raises questions about not challenging maternal behaviours that are culturally endorsed and that appear adaptive to a particular context. In response to this, I assert that not all cultural practices are benign, even if they are adaptations to the context. In addition, not all contexts are benign and at times contextual change is indicated over contextual adaptation. For example, while "judicious neglect" (Keller et al., 2018, p.1929) may help with socialisation into a context of relative deprivation, it may prevent the context from becoming safer, and may even maintain high levels of violence. It is thus important that engagement with culture and maternal behaviour steers clear of both ethnocentrism and cultural relativism.

Ethnocentrism and cultural relativism ignore unconscious processes and psychoanalytic and attachment-based assertions that defensive strategies can become entrenched and persist outside of their context of value (Music, 2018; Frankenhuis & Del Giudice, 2012). While this occurs on individual levels, as indicated by the examples of Siyamthanda, Lerato, Zandile, Mambo and Sarah in Paper 3 (Dawson, in press), it also arguably occurs at a cultural level. We must acknowledge that collective community experiences of trauma can give rise to shared defensive strategies, which make their way into culture. To emphasise this, I return to the argument presented in paper 3:

"…collective trauma can be transmitted at a contextual level through much the same mechanisms as Freud's intrapsychic phenomenon of repetition compulsion (Frosch, 2018; Hollway & Froggett, 2013; Saville-Young & Frosch, 2009). That is to say, both consciously remembered, and therefore spoken, as well as unconsciously remembered, and therefore enacted, histories can also operate on a contextual level. Frosh (2018, p. 251) explains that "everyone grows up within a context in which spoken and unspoken histories operate". And as Frosh (2018, p. 251) so beautifully articulates, "when these histories are those of trauma – meaning psychic damage caused by extreme violence in its many varieties – then this developmental context is infected with the residues of the trauma itself". The experiences of the community are "remembered" alongside individual experiences, and through a fusion of intrapsychic structures, intersubjective behavior and social discourse, both the individual and the collective develop, operate and make meaning of the world, potentially passing along the trauma at

a contextual level. We see, in the above analysis, that traumatic community experiences (and not only individual experiences) are "remembered". Many traumatic shared discourses exist, and so do many shared defensive responses." (Dawson, in press, p.20).

To conclude, the profile of maternal behaviour of mothers in Alexandra Township can be argued to be both adaptive and maladaptive. From an evolutionary perspective, and when looking at the historical context, these behaviours appear adaptive and necessary. However, local research into child development and societal functioning seems to support the notion that such behaviours, with the exception of praise perhaps, are maladaptive from a developmental perspective. They potentially point to the impact of the intergenerational transmission of unprocessed trauma on maternal behaviours that are collectively, culturally sanctioned despite the changing context. Targeting such maternal behaviours in interventions may, thus, be critical for bringing about social change.

5.5 Applicability of Maternal Sensitivity to Alexandra Township

Thus far, this chapter has outlined maternal behaviour as described by local mothers and as observed through mother-infant interactions from the context of Alexandra Township. It has then engaged with questions about the adaptive or maladaptive nature of this maternal behaviour, with particular focus on the areas of maternal behaviour that are divergent from Ainsworth's theory of maternal sensitivity. I now attempt to summarize the discussion relating to the final research question posed by this study, regarding the applicability of the construct of maternal sensitivity to Alexandra Township, and related to this, the suitability of two measures of maternal sensitivity, the Maternal Behaviour Q-Sort (MBQS-mini) and the Ainsworth Sensitivity Scales. To engage with this discussion, it is necessary to hold the above discussion on adaption and maladaptation in mind and to strive to navigate the line between cultural relativism and ethnocentrism.

5.5.1 Balancing Culture and Acculturation

As outlined above, emic understandings of 'good' maternal care converge with Ainsworth's (1969) original conceptualisation of sensitive responsiveness. That is to say, Ainsworth's original construct of maternal sensitivity does not appear to be incongruent with shared values and ideas held by mothers in Alexandra Township. This finding supports the hypothesis that the construct of maternal sensitivity, in its original conceptualisation, is an applicable concept for use in the context of Alexandra Township.

Even some of the subsequent adaptations to the construct, as reflected in particular items of the MBQS-mini, appear to hold relevance to the setting of Alexandra Township, despite originating from WEIRD countries. Specifically, mother-infant play

and responsiveness to smiles and vocalisations in infants do not appear to be culturally foreign. Thus, it does not appear to be culturally or contextually inappropriate to assess or encourage responsiveness to displays of positive affect in children. It also does not appear to be contextually or culturally inappropriate to assess quality of play or encourage play in clinical intervention. However, given that this study found a stronger presence of rhythmical body stimulation, and less social or object-based interactional play, the nature of play interventions or play-based assessment must be carefully thought through. In order to avoid cultural ethnocentricism, clinicians and researchers should not be descriptive about the nature of play, or prescriptive regarding the evaluation of the type of play, rather focusing on the quality of play and the infant's experience of the play.

It is important to note that these high levels of convergence and apparent applicability, may be explained by acculturation. Acculturation was noted in Zaidman-Mograbi et al.'s (2020) study, where the impact of Western culture on African practices was acknowledged, with urban dwellers acknowledged to be more acculturated than rural dwellers. Thus, in the face of calls to decolonialise or return to more traditional parenting practices, questions about the applicability of these maternal behaviours would need to be reconsidered and point to a need for similar studies in rural areas in South Africa. In addition, given the high levels of migrancy from rural areas to Alexandra, extra caution should be taken when applying these ideas to Alexandra residents who have recently migrated from rural areas, in the absence of such studies.

Areas of divergence during the narrative interviews, as well as the item analysis of low overall sensitivity scores found through the quantitative study highlight some important caveats to the applicability of maternal sensitivity to Alexandra Township. Firstly, certain adaptations to the concept and measurement, originating in WEIRD countries, appear to be incongruent with the context and culture. As hypothesised in Paper 1 (Dawson, 2018) and by researchers such as Keller (2018), there appear to be some culturally foreign influences that may unfairly lower sensitivity scores of mothers living in Alexandra Township, and limit the applicability of the construct to the setting. These fall into three categories: (1) expressions of positive affect including warmth and praise, (2) verbal interaction and (3) the verbal facilitation of learning. This seems to suggest that while the original conceptualisation of maternal sensitivity is applicable to the context of Alexandra Township, these additions from WEIRD settings are not currently reliable criteria upon which to base measurement of maternal sensitivity in the context.

That being said, their value for supporting optimal child development in this context, should not be ruled out. If outcome studies from WEIRD contexts replicated their findings in Alexandra Township, interventions which encourage verbal interaction and

facilitation of learning in caregiver-infant interaction may assist in promoting verbal competencies, literacy and verbally-based cognitive development. These behaviours seem to hold potential value for improving developmental outcomes for children from Alexandra, and societal functioning more broadly, that are in line with parenting goals in the context. However, local, longitudinal, causational studies are required to know this for sure. In addition, however, it would be important to consider the negative implications that a strong focus on early cognitive development can have, drawing attention away from a focus on a foundation of relationship building and affect regulation and resulting in more intrusive, parent-led, 'teaching' type interactions (Klein & Feldman, 2007; Peter Hobson et al., 2004).

With regards to praise, the literature suggests a more unclear picture regards its value, even in cultures where it is common, suggesting that great caution should be exercised in encouraging praise in local clinical interventions. A study into the efficacy of the International Child Development Programme, a parenting intervention, (which encourages praise and verbal teaching) in Kwa-Zulu Natal found that parents who attended the programme had significantly less mental health difficulties, and showed a significant decrease in punitive parenting strategies, as well as lower scores on statements that attributed negative intentions to the child (Bjornstad, 2013). Similarly, the Sinovuyo Kids parenting programme, which dedicates a session to the benefits of praise, found that the course was well received by South African parents, and that the course resulted in a significant decrease in child physical and emotional maltreatment and neglect (Loening-Voysey et al., 2018). These findings suggest that interventions which incorporate praise may have relevance for both child protection and parental mental health for the local context.

Significantly, however, even if these behaviours hold value for child development in Alexandra Township and South Africa more broadly, it is important to isolate this as a separate issue from that of contextually applicable constructions of sensitive responsiveness. Thus, it is recommended that clinical interventions aimed at promoting sensitivity and research endeavours aimed at assessing it, do not conflate these caregiving behaviours with sensitive caregiving, in Alexandra but also beyond. If claims of universal relevance are to continue, the call for revisions to Western-developed attachment conceptualisations and measures (Keller, 2018) must be heeded, so that the concept being measured and the way that it is operationalised in the measure can be tested for contextual relevance. Care should be taken when approaching measurement of sensitivity in the context of Alexandra Township and when designing interventions for the context, seeking out frameworks and measures that do not conflate these caregiving behaviours with sensitivity.

5.5.2 **Differentiating Culture from Trauma**

Despite strong assertions that black African cultures value alloparenting (Akujobi, 2011; Barbarin & Richter, 2013; Walker, 1995; Zaidman-Mograbi et al., 2020), the mothers from Alexandra interviewed for this study did not indicate alloparenting as a common practice. In fact, they articulated a mistrust, even of family members, and highlighted the potential risks involved with sharing caregiving tasks with others. In light of this surprising finding, measures of parental sensitivity, as opposed to received sensitivity, do not appear to be inappropriate for use in the context, and interventions which address only the direct family members do not appear to be misdirected.

However, this picture of relative applicability becomes more complex when we look at the two specific domains of caregiving behaviour that are considered central to original conceptualisations of maternal sensitivity. These two domains are (1) maternal control and intrusiveness (caregiver-led interactions) and (2) responsiveness to infant wants, and during divided attention tasks. In observation of mother-infant interactions from the context, as well as during narrative interviews with local mothers, divergence from Ainsworth's theory was found in these two key domains.

Keller et al. (2018) propose that the issue of child vs. caregiver led interactions indicates an area of benign cultural variance. They assert that child-led interactions facilitate individualism while caregiver-led interactions facilitate collectivism. When considering this argument, the collectivist cultural values of black South Africans and the findings of this study, it would appear that this divergence in parenting styles could make maternal sensitivity largely unapplicable to the context of Alexandra Township. However, links between maternal control and threats of safety found in this study, indicate that this caregiver-led behaviour in this setting serves to protect and to convey the danger of exploration, rather than to facilitate a value of group-over-self. This argument is supported by evidence of the breakdown in trust within the community. Thus, it is possible that while elements of caregiver-led interactions are culturally transmitted and probably benign, the extent to which these kinds of interactions dominate interactions in this study (to the point that local observer mothers critiqued them) suggests that aspects of the maternal control and intrusiveness found in this sample are as a result of the high stress environment. It is thus proposed that the dominance of caregiver-led interactions in the Alexandra Township population is not a benign cultural variance, but the result of contextual and intergenerational trauma. While contexts such as Alex are associated with collectivist culture, the pervasive danger in the context appears to have eroded group-over-self values. In fact, maternal control and intrusiveness, may be the mechanism through which this cultural value of collectivism is undermined, inadvertently teaching children that bodily control of others is contextually sanctioned with consequences

beyond infancy. Counter to Keller et al.'s (2018) argument, it is purported that child-lead interactions lay the foundation for empathy for others.

The non-responsiveness to infant wants and during divided attention tasks, is also a complex area. On the one hand, such behaviour can be understood as functioning to prevent the child from being spoilt (Zaidman-Mograbi et al., 2020), or to socialize the child into a culture which respects elders and where scarcity of resources should be anticipated. Such behaviour, thus, appears to hold necessary value for socialization into cultural norms and values. However, neuroscience research and research into infant distress has revealed that infants become distressed from unresponsive social interactions (Cozolino, 2014; Gusella et al., 1988; Schore, 2001; Schore, 2001b; Schore, 2009; Siegal, 2001), not just in relation to their unmet physical needs. In addition, their stress response system is found to be too immature to manage distress resulting from a frustrated or unmet want (Shonkoff et al., 2012). This research has shown the negative implications for the infant's stress-response system when the infant is not aided with affect regulation (Schore, 2009; Shonkoff et al., 2012). Further, it has been shown that if an infant's stress-response system is not well regulated through responsive care in the first two years of life, there are negative implications for various other areas of development, such as emotional regulation, social functioning, and even cognitive development (Shonkoff et al., 2012). These studies have largely been performed in WEIRD countries, on WEIRD babies. More specifically, they largely originate from North America. While this may call their relevance to babies born in Alexandra Township into question, is important to note that the findings were not necessarily aligned with common parenting practices in America. Given this and their biological basis, they are unlikely to be influenced by ethnocentrism. In fact, this research has challenged North American parenting practices such as sleep training. If the findings of these neurological studies do hold true for babies from Alexandra, then non-responsiveness to infant signals is not a culturally benign variation. Instead, this indicates an area for intervention. This is supported by the findings of this study that indicated that, in the context of Alexandra, such maternal behaviour appeared to be more indicative of defensive functioning. This study has demonstrated links between such behaviour and maternal distress and examples of responsiveness to wants and during divided attention were observed in the sample. In addition, while some mothers made note, during the narrative interviews, of the need not to spoil infants and to socialize them into respecting elders or those in positions of power, the mothers' instinctual responses when watching the caregiver-led, intrusive and non-responsive behaviour was to critique it. Thus, it is the position of this study that theories regarding responsivity to infant wants and during divided attention

tasks are contextually applicable, although further neurological and outcome studies are warranted.

5.6 Applicability of Research and Clinical Tools:

The findings of this study uncovered various implications for the testing of sensitivity in the context of Alexandra Township. Firstly, tests that include assessment of expressions of positive affect, facilitation of learning and verbalisation do not appear to be applicable for this context and should be avoided as a general measure of sensitivity. However, their lack should still be noted given the possible implications this may have for infant development. Secondly, it is advised that, due to the more rhythmical and bodily nature of play in the context, thoughtfulness should be given to what toys are used during assessment and to what play requests are made of participants. As far as possible, attempts to assess play interactions should be based on non-directive or vague instructions requesting general play. Measures that require play with specific toys should be avoided. Where possible, physical care activities such as feeding, changing, and bathing should be preferenced over play activities.

Although measures of received sensitivity are useful to engage with, a move away from assessment of the individual primary caregiver does not appear to be necessary for applicable assessment in this context.

Due to the prevalence of caregiver-led interaction in the sample, and complexity regarding understanding the meaning and implications of intrusive and caregiver-led interactions in the context, this domain of caregiving behaviour should also be measured separately where possible, and preferably accompanied by some information about the mother's experiences of trauma and loss, so that results can be viewed within each mother's personal context.

This study has also highlighted the potential effects of power differentials and race dynamics on test performance. It is recommended that, as far as possible, same race researchers are used for assessment of sensitivity in the context of Alexandra Township. Where possible, research assistants should be of a similar educational level to the participants as well. While the benefits of researchers outside or 'etic' to participants' cultures can also offer unique insights, the influence of potentially stressful participant-researcher interactions should be minimised as far as possible.

In light of the above, a final recommendation is made regarding test selection. Although not a study of measure validity, the findings of a greater range of sensitivity scores found with the Ainsworth scales (than compared to the MBQS-mini, Canadian and South African sort) as well as the less prescriptive nature of the scale seems to indicate

that it is a potentially more applicable and suitable measure to use in the South African context. A case in point is the inclusion of facilitation of learning related items on the MBQS-mini. Regardless of the potential benefits of early cognitive stimulation for infants, the conflation of the benefits of cognitive stimulation with the benefits of responsive care in measures that assess sensitive responsiveness may lead to scores that misrepresent the sensitivity levels of mothers from Alexandra. If the MBQS-mini is to be used, it is recommended that the items (statements about maternal behaviour, to be sorted during coding) are revised to be more contextually and culturally appropriate. It is thus suggested that a South African selection of 25 items, selected by South African clinicians, is made from the original MBQS 90 item scale, with attention to which items may be most relevant to the context.

Chapter 6

Conclusion

6.1 Summary of Findings:

This study investigated the applicability of the Western-developed construct of *maternal sensitivity* to the context of Alexandra Township. Using a mixed-methods approach, and drawing on a combined psychoanalytic and social constructionist paradigm, this study has outlined local understandings of good maternal care as well profiled what maternal care commonly looks like in Alexandra.

During the qualitative analysis, this study found that local mothers feel the provision of basic physical care is a central component of good mothering in the context. In addition, participants noted the importance of a mother creating an emotional bond with their infant. Participants felt that mothers should be generally aware of infant signals and should respond to them promptly and contingently. Their narratives, thus, converged with the four central tenets of Ainsworth's theory. Mothers were viewed as appropriate play mates for their infants. With particular reference to the context, participants noted the importance of mothers being present, providing financially for their children, and a hypervigilance regards danger and infant illness. Alloparenting was not noted as common, with greater emphasis placed on the need to protect children from others.

The quantitative analysis of maternal behaviour revealed that local mothers do not commonly play social games, praise or speak to their preverbal infants. They are also unlikely to facilitate learning during mother-infant interactions, and levels of animation were generally low. Local mothers were likely to respond to smiles and vocalisations during interaction. Most significantly, mothers were unlikely to respond to infant signals during divided attention tasks, and were likely to take the lead in interactions.

The adaptability of the tendency of mothers from Alexandra Township to be intrusive, exert control over the infant and not respond to infant wants or during divided attention was considered. From an evolutionary perspective, such behaviour was proposed as adaptive and potentially important for ensuring survival. However, from a developmental perspective, this behaviour was viewed as potentially maladaptive. Given the stated goals of mothers from the context, such behaviours seemed to prevent rather than promote the child outcomes sought, and possibly even hinder social change. Thus, while these behaviours can be considered both adaptive and maladaptive, it was proposed that interventions targeting maternal sensitivity should be pursued in the context.

On the basis of the above findings, this study has concluded that the concept is applicable to the context, with a few caveats. Newer adaptations to the construct which include maternal behaviour such as positive affect and warmth, praise, verbal interaction,

and facilitation of learning do not appear to be applicable aspects of maternal behaviour in the context of study. Tests that include assessment of expressions of positive affect, facilitation of learning and verbalisation thus do not appear to be applicable for this context and should be avoided as a general measure of sensitivity. However, verbal interaction and facilitation of learning may be useful maternal behaviours to promote none-the-less, to assist with the development of literacy and verbal cognition, as these appear to be child outcomes desired by parents in the context. Adaptations to the concept that have incorporated play and responsiveness to smiles and vocalisations appear to be applicable, however, these aspects of the construct may be less applicable to residents who have recently moved to Alexandra from rural areas. Although central tenets of maternal sensitivity, such as (1) maternal non-control and non-intrusiveness and (2) responsiveness to infant wants and during divided attention tasks, are not commonly observed in the setting; and even though control and non-responsiveness was sanctioned by some mothers from the context; it is argued that Western-developed understandings regarding the sensitivity of these behaviours are still applicable to the context of Alexandra Township. Rather, the common presence and normalisation of such behaviours is understood as a response to high levels of stress and trauma in the environment.

6.2 Clinical Implications: Infant Mental Health Interventions for Alexandra Township

Given the apparent applicability of the construct of maternal sensitivity to the context, and the common occurrence of insensitive behaviours such as non-responsiveness (under certain conditions) and maternal control and intrusiveness, it is argued that infant mental health interventions targeting maternal sensitivity are important for the context of Alexandra. Interventions should specifically target responsiveness to infant distress, and non-intrusiveness, while still allowing for the facilitation of parental or cultural goals of respect for elders, independence and understanding of the limitations of the context ('not spoiling'). These interventions should also be mindful not to impose Western values and behaviours on residents – avoiding the promotion of warmth and Western-type play, and being cautious about the promotion of praise, in line with recommendations by Keller (2018).

As trauma was identified as a central driver of insensitive maternal behaviour in the context, interventions which allow for the processing of maternal trauma are also recommended. As Cramer (2000) articulates, only if the mother's painful past is remembered and reflected on can she choose to act in a different way towards her

children (Eagle, 1995), thus breaking the cycle of repetition of trauma (Eagle, 1995; Fonagy et al., 1991).

Interventions which target verbal cognition and literacy should seek to encourage early verbal interaction and facilitation of learning. However, these should be distinguished as separate targeted outcomes from maternal sensitivity and should align with the parenting goals of intervention participants.

This study has articulated how some insensitive maternal behaviours can be understood as adaptive and protective from an evolutionary perspective. Insensitive maternal behaviour has also been acknowledged as an inevitable defence given the unsafe context. Vaillant (2000) notes that in order to facilitate more adaptive defences, we need to first and foremost increase social support and interpersonal safety. Frankenhuis & Del Giudice (2012) also point to the need to improve the actual and perceived future prospects for children if we want to promote "desirable" behaviours (e.g. low intrusiveness). Thus, the findings of this study highlight that clinical interventions in this setting need to intervene on a contextual and not just an individual level.

6.3 Research Implications

The findings of this study have various implications for research into maternal sensitivity in the context. Firstly, it is suggested that, when assessing maternal sensitivity, responsivity to infant signals is assessed separately to the assessment of interference and intrusiveness. Secondly, if sensitivity (or other maternal behaviour) is assessed through the observation of play interactions, it is important that the nature of play is not overly prescriptive. Additionally, given that some literature suggests mother-infant play to be culturally incongruent for black South African families and physical care to be a central concern for local mothers, sensitivity may best be assessed through more universally recognised physical care-based mother-infant interactions, including feeding, bathing and changing. Thirdly, measures should not conflate behaviour capturing maternal sensitivity with other verbal and cognitive development promoting behaviours, given their relative foreignness in the context. Lastly, researchers are cautioned to be aware of the impact of power differentials and race dynamics on the testing situation. Where possible, same race researchers should be present for the assessment of maternal sensitivity. Matching educational levels of the researcher and participants may also be warranted.

Given that the Ainsworth Scales measures sensitivity and intrusiveness separately, and is not prescriptive about maternal behaviour, it is put forward as an appropriate measure for use in the context. The current MBQS-mini, with its current 25

item selection and 'Canadian sort' is not currently considered as appropriate for use in the context for a number of reasons. Firstly, intrusiveness and responsiveness are captured in the same scale. Secondly, the scale includes many items that list highly foreign maternal behaviours for the context. Thirdly, the current 'Canadian sort' values some maternal behaviours which arguably are not culturally relevant and thus introduce an element of ethnocentrism into the assessment. It is thus proposed that a new selection of 25 items is made from the original 90 items, and a South Africa sort created, before the measure is used further in the context.

6.4 Strengths of this Study

The use of a mixed methods approach is an important strength of this study. As noted in the methods section, mixed methods approaches facilitate a more comprehensive analysis on multiple levels and allow for well-validated and substantiated findings (Creswell, 2003; Creswell, 2009; Johnson & Onwuegbuzie, 2004; Migiro & Magangi, 2011). Here, the mixed methods approach allowed for interview data to be compared with observational data on mother-infant interaction, revealing large congruence, allowing for triangulation of the findings.

A second strength of this study is that it elevated the voices of an under-researched population. In her 2018 paper, Keller (p. 11415) notes that the study of "diverse cultural groups is of utmost importance if we aim at an inclusive developmental science with relevance for application". This study is a response to this call and provides one of the first in depth looks into maternal behaviour in the context of Alexandra Township. A strength of this study is its emic approach, attempting to gain first-hand knowledge from local mothers as advised by Morelli et al. (2018) and Keller et al. (2018). Keller et al. (2018) highlight the importance of considering local voices before grading and evaluating maternal behaviour. This study considers exactly this.

Additionally, the combined psychoanalytic and social constructionist paradigm drawn on in this study is a strength of this research. It provides a novel approach to the study of maternal sensitivity and allows for consideration of both cultural variation and defensive functioning.

6.5 Limitations of this Study

While a combined psychoanalytic and social constructionist approach offers some strengths, it also has some limitations. For instance, psychoanalytic interviews, in particular, are argued to lack generalizability, objectivity and validity (Midgley, 2006; Sale et al., 2002). As such, the subjectivity of the researcher must also be acknowledged as a limitation of the study. As noted in Paper 3, the researcher is a 'defended subject'

and is vulnerable to ethnocentric thinking. While various measures were taken to guard against this, including consultation with culturally and racially diverse individuals and researchers, the researcher's unconscious defences and biases may have impacted the research findings. Unequal power-dynamics may also have impacted the interview process and observational data collection, again, despite measures taken to guard against this.

There are potential limitations to both the quantitative and qualitative data sources used. A possible limitation of the data source for the qualitative study is the use of preschool teachers to find initial participants. The preschool teachers had likely had some training in early childhood development, in order to become employed as preschool teachers, and this training would likely have been influenced by Western-development theories of child development. In selecting potential participants, the preschool teachers may have drawn on these understandings of child development. The use of quantitative data from the experimental group of the Ububele Mother-Baby Home Visiting Programme may mean that the intervention influenced the behaviour observed. However, it is important to note again that a randomised control trial found that the intervention had no impact on maternal sensitivity and the intervention did not directly target sensitivity in its manualisation (Timmers, 2021).

The power and race differentials between the researcher and the participants may also have limited and negatively impacted on the study. While both the researcher and the participants are mothers, all participants are black while the researcher is white. The researcher also had a higher educational level and average monthly household income than participants. Literature has shown that difference can both promote and hinder research outcomes (Diefenbach, 2009; Perera, 2020). In the South African context specifically, historical and current race dynamics may have hindered participants from speaking openly and truthfully about their thoughts and ideas. Participants were asked at the end of the interview to share how comfortable they had felt during the interview, and all reported that they had felt able to talk freely. However, participants may have been unconsciously impacted by the race dynamics or not felt able to disclose their conscious discomfort.

Lastly, there are several limitations to the generalizability and transferability of the study. The study focused on the very particular context of Alexandra Township. Thus, the generalizability and transferability of the findings of the study are limited to the particular context of study. Further, only older, employed mothers were referred during the snowballing process for the qualitative study, further limiting the generalizability. In addition, the children of the participants were all neurotypical, and alternate findings would be anticipated in instances of parenting infants with special needs.

6.6 Reflexivity

As noted throughout this dissertation, this study has aligned itself with the belief that all individuals are defended subjects. Thus, it is important to reflect on the potential impact of the researcher on this study. Firstly, it is important to acknowledge that the researcher has a vested interest in the findings of this study. The researcher is responsible for the roll-out of clinical interventions in the context and obtains her primary income from doing such. While the responsibility of ethical, culturally relevant practice was a driver for the engagement in this research, the researcher's investment in the research findings may have impacted the findings.

As noted above, it is also important to acknowledge the researcher's difference from the community of study. The researcher is white, from an Anglo-Saxon cultural background, and has received extensive training in Western-based models of child development. While a questioning of these models was a motivator for the study, it is possible that the study was impacted by blindness to ethnocentric thinking as well as unconscious racism. Thus, the researcher's positioning may have impacted the findings and data analysis.

6.7 Recommendations for Future Research:

What is highlighted by this study, as it is by Keller (2018), is the lack of studies in this context linking parenting practices to child outcomes. Such longitudinal studies are an important direction for future research. Future researchers must take up the call by Morelli et al. (2018) and Keller (2018) to obtain first-hand knowledge of child outcomes in diverse settings. In particular, given the commonality of this behaviour in the context, research is needed regarding (1) maternal control and intrusiveness and (2) non-responsiveness to infant wants and needs and child outcomes. Child outcomes studies should include culturally relevant parenting goals including respect for elders, independence and not being 'spoilt', while also investigating the relationship to the Western-developed construct of attachment security and parenting goals such as academic achievement, an affluent career and upward social mobility.

Chapter 7

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APPENDICES

APPENDIX A: Permission To Use UBMHVP Research Data

1 May 2016

Dear Ms Nicki Dawson

This letter serves to confirm that you have permission to access the Ububele Home Visiting Project Research Study Database (Ethics clearance number: M120826) for your PhD studies. Specifically, participants' demographic forms, risk factor analyses and video-recordings of mother-infant interactions will be made available to you. It is understood that you will uphold the same confidentiality and anonymity promises that were made to participants when they signed consent to participate. It is also understood that you will store and protect the data in the manner stated in the original participant information sheet.

Kind regards

Dr Katherine Bain

Prinicipal Researcher: Ububele Home Visiting Project Study

Senior lecturer: SHCD

University of the Witwatersrand

katherine.bain@wits.ac.za

APPENDIX B: Letter Requesting Permission to Conduct Research

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Dear Ms Katharine Frost (Director, Ububele); &

Dear Mr Paul Mokoluthlo (Principal, Ububele Preschool)

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a registered PhD candidate in the Department of Psychology at the University of Witwatersrand. The proposed topic for my research is developing an understanding of good mothering and culture in the context of Alexandra Township. My supervisor is Dr. Katherine Bain, a lecturer at the Department of Psychology at the University of the Witwatersrand. Her contact telephone number is

I am hereby seeking your consent to approach the Ububele nursery school teachers for recommendations for participants for my study. Should your staff be interested in assisting me, and should they identify relevant participants, I would need their further assistance in obtaining the permission of the identified potential participants to be contacted by myself.

Further, I would like to request your permission to conduct my interviews with the participants of my study at the Ububele offices, for their convenience.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows:

Nicola Dawson

072 224 3988

Nicki.Dawson@gmail.com

Katherine Bain

(011) 717- 4558

Katherine.Bain@wits.ac.za

Upon completion of the study, I undertake to provide you with a bound copy of the dissertation. Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Nicola Dawson

0722243988

nicki.dawson@gmail.com

APPENDIX C: Video Use Information Sheet

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Hello,

My name is Nicola Dawson. I am an employee of Ububele, and a researcher on the Ububele Mother-Baby Home Visiting Project Research Study, of which you are a participant.

I now am starting a new study in order to complete my PhD with the department of Psychology at the University of the Witwatersrand. My new study is about developing an understanding of good mothering and culture in the context of Alexandra Township. My research supervisor is Dr. Katherine Bain, a lecturer at the Department of Psychology at the University of the Witwatersrand. Her contact telephone number is (011) 717- 4558 and her e-mail address is Katherine.Bain@wits.ac.za.

This letter serves to request the use of video data collected of you and your baby during the Ububele Mother-Baby Home Visiting Project Research Study. More specifically, I would like to ask for your permission to show the video made during one of your research visits to Ububele to a group of 6 to 10 mothers from Alexandra Township. These mothers will be asked to view your video and tell me what they see in the video. Please note that your face and the face of your baby will be visible. Please also note that you are not expected to personally participate in the study. The request is merely for your consent to use the video of you and your baby already created.

It is important for you to know that consenting to the use of your videos for this second study is voluntary, and no person will be advantaged or disadvantaged in any way for choosing to consent or not to consent. It will also in no way affect your participation in the Ububele Mother-Baby Home Visiting Project Research Study. You may refuse to give your consent. You may also choose to withdraw from the study at any point, without personal consequence. There are no direct benefits to participating in this research.

Your identity (such as your name, where you live, etc) and the identity of your child will not be disclosed to the participants viewing your video. I am unable, however, to provide full anonymity, as the participants will see your face and the face of your child. A risk of

consenting, therefore, is that your video might be showed to a mother who knows you. In order to protect you, all mothers participating in my new study will be asked to sign a declaration that they will inform me, the researcher, immediately if they know your identity. In such instances, the viewing of the video will be immediately ended and a new video will be selected for viewing. In addition, all participants in my new study will be asked to sign a confidentiality agreement, agreeing not to disclose what they saw to anyone other than the researcher, or in the event that it causes them distress, to their assigned counsellor.

You are reminded, that as per our arrangement with the Ububele Mother-Baby Home Visiting Project Research Study, should your involvement in the research have caused you distress, you can be provided with free counselling.

Yours faithfully,

_____

Nicola Dawson

PhD Student and Researcher

0722243988

nicki.dawson@gmail.com

For free counselling, contact Esther Price at the Emthonjeni Community Clinic on 011 717 4513 or Oscarina Makojweni at Ububele on 011 786 5085.

APPENDIX D: Video Use Consent Form

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

I, _____, consent to the use of video taken as part of the Ububele Mother-Baby Home Visiting Project Research Study in Nicola Dawson's new research study on understanding good mothering and culture in the context of Alexandra Township.

I understand:

- the nature and purpose of this study;
- that the provision of my consent for the use of my video is voluntary;
- that I may refuse to consent;
- that I may withdraw from the study at any time;
- that no negative consequences will arise if I decide to withdraw or decline consent;
- that my face and the face of my baby will be seen by the participants in Nicki's study;
- that there are no ensured, direct benefits to participating in this study;
- that no identifying information will be given to the participants
- that participants are asked to declare immediately should they be able to identify me, and that in such instances, the video will be stopped and an alternate video shown to the participant;
- that there are no additional risks associated with this study, however,
- that I am entitled to access free counselling should my previous experience in the Ububele Mother Baby Home Visiting Research Study have caused me distress.

Signed: _____

Date: _____

APPENDIX E: Participant Information Sheet

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Hello,

My name is Nicola Dawson, and I am conducting research for the purposes of obtaining a PhD through the department of Psychology at the University of the Witwatersrand. My area of focus is developing an understanding of good mothering and culture in the context of Alexandra Township. My research supervisor is Dr. Katherine Bain, a lecturer at the Department of Psychology at the University of the Witwatersrand. Her contact telephone number is (011) 717- 4558 and her e-mail address is Katherine.Bain@wits.ac.za. I would like to invite you to participate in this study.

Participation in this research involves being interviewed by me, at one of the Ububele offices, or another place of convenience. The interview will be conducted at a time that is convenient for you. It will be conducted in English, so a degree of fluency in the English language is required. However, should you wish to have a multilingual interpreter present, one will be made available to you. The interview will last approximately two hours. I will ask you a number of questions, about mothers in general, and about yourself, and we will also watch some videos together.

With your permission, this interview will be video-recorded in order to ensure accuracy and reliability of information. The video-recording will also allow me to track comments that you make while we watch the videos, to pinpoint what was happening in the video at the time your comments were made. Please note that, for this reason, your face will be visible in the video.

Participation is voluntary, and no person will be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. You may refuse to answer any questions you would prefer not to. You reserve the right to ask clarifying questions. You may choose to withdraw from the study at any point, without personal consequence. There are no direct benefits or risks to participating in this research. The line of questioning may make you feel emotional. If so, you will be provided with access to free counseling at the Emthonjeni Centre or at Ububele.

All of your responses will be kept confidential. Although direct quotes might be used, no information that could identify you would be included in the research report. Your name will be changed. I am unable, however, to provide full anonymity, as you will meet me face to face and our interaction will be video-recorded. Access to the video-recordings will be restricted to my supervisor and me, unless you choose to consent to the videos being used for other research or scientific purposes or for teaching purposes. They will be processed and transcribed only by me. For the duration of the study, the video-recordings will be stored safely on a password-protected computer in the researcher's home office. Unless you choose to consent to the alternate use of the videos, they will be deleted after the completion of my PhD. The results of the research and the interview transcripts may be published in a journal article and in a thesis report, and may also be presented at conferences. You will be provided with a one-page summary of my findings should you request so.

The videos we will watch together contain video-footage of mothers and infants from Alexandra. You will be asked, as each video begins, if you know the dyad in the video. If you do, you will be asked to disclose this, and another video will be used. You will be asked to keep what you see in the videos confidential.

Yours faithfully,

Nicola Dawson

PhD Student and Researcher

0722243988

nicki.dawson@gmail.com

For free counselling, contact Esther Price at the Emthonjeni Community Clinic on 011 717 4513 or Oscarina Majokweni at Ububele on 011 786 5085.

APPENDIX F: Interview Consent Form 1

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

I, _____, consent to be interviewed by Nicola Dawson for her study on understanding good mothering and culture in the context of Alexandra Township.

I understand:

- the nature and purpose of this study;
- that participation in this interview is voluntary;
- that I may refuse to answer any questions I would prefer not to;
- that I may request the presence of a multilingual interpreter during the interviews;
- that I may withdraw from the study at any time;
- that no negative consequences will arise if I decide to withdraw, decline participation or refuse to answer a question;
- that no identifying information will be included in the journal articles, conference presentations or final thesis report, and my responses will remain confidential;
- that direct quotes may be used in the published work based on this research; however, no identifying information will be used and my name will be changed so as to protect my identity;
- that transcripts of the interview may be published in the research report;
- that there are no ensured, direct benefits to participating in this study;
- that there are no known risks associated with this study, however, the line of questioning may make me feel emotional, in which case I will be provided with access to free counselling.

Signed: _____

Date: _____

I, _____, declare that I will disclose immediately if I know the identity of any mothers or infants in the videos that we watch together. I also commit to keeping the content of the videos that we watch, as well as content that is shared about the mother, confidential. I will not discuss the videos with anyone other than the researcher, and, in the case that they cause me distress, my assigned counsellor.

Signed: _____

Date: _____

APPENDIX G: Video-Recording Consent Form

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

I, _____, consent to the video-recording of my interview with Nicola Dawson for her study on understanding good mothering and culture in the context of Alexandra Township.

I understand that:

- access to the video-recordings will be restricted to the researcher, Nicola Dawson, and her supervisor;
- the video-recordings will only be processed and transcribed by the researcher, Nicola Dawson;
- no identifying information will be included in the transcripts, journal articles, conference presentations or final thesis report;
- direct quotes may be used in the published work based on this research; however, no identifying information will be used and my name as well as the name of the my child will be changed so as to protect my identity;
- the video-recordings will be stored safely on a password protected computer on the researcher's home computer;
- unless I provide additional consent, all video-recordings will be destroyed after the researcher completed her PhD.

Signed: _____

Date: _____

Secondary request:

I, _____, consent to the (tick where appropriate)

1. the indefinite storage of the video data
2. to being contacted about additional use of the video for research and scientific pruposes
3. to the use of my video for teaching purposes (at conferences, trainings, etc)

I understand that:

- I can request that the data be destroyed at any point
- That I will be contacted first, before my data is used for additional research purposes, outside of those for which I have already consented
- My face will be visible to other trainees and researchers viewing that data

Signed: _____

Date: _____

APPENDIX H: Demographics Form

DEMOGRAPHICS QUESTIONNAIRE

Please note that you may choose not to answer any of the below questions.

Pseudonym	
Full Name (optional)	
Date of Birth	
Address (optional)	
Contact Number	
Home Language	
Race or Cultural Group	
Nationality	
Marital Status	
Level of Education	
Employment Status	
Occupation	
Dwelling Type	
Support System	

Number of Children	
Ages of Children	
Number of other children in participant's care	
Ages of other children	
Number of pregnancies	
Number of Terminations	
Number of Still births	
Number of Miscarriages	
Number of deceased children	
Potential new participant	
Monthly Household Income Range:	(Please tick)
Less than R1500	
R1501 to R5000	
R5001 to R15 000	
R15 001 to R30 000	
Over R30 000	

APPENDIX I: Interview Schedule

Maternal Sensitivity, Culture & Alexandra Township

Semi-Structured Psychoanalytic Interview Schedule

I would like to ask you some questions about yourself, but also about mothers in general. I am particularly interested in understanding more about mothering within your culture and context. I want to learn about being a mother in Alexandra.

For my first few questions, it might help to imagine that I am going to be marrying your brother. I need you to teach me how to be a good mother in your family.

1. Please explain to me what a good mother to a baby is and why? What kinds of things does she do? When caring for a baby, what practices and qualities of childcare should the mother have or practice?
2. What does a bad mother to a baby look like, and why? What kinds of things should a mom of a baby not do? When caring for a baby, what practices and qualities of childcare should a mom avoid or not practice?
3. As a mother of a small baby, what would be important for me to know about Alexandra Township?
4. If my baby won't sleep one night, what should I do if I want to be a good mother? Why?
5. If my baby doesn't want to eat her breakfast one morning, what should I do if I want to be a good mother? Why?
6. If I am at the clinic, and my toddler wants to run around and is talking loudly, what should I do, if I want to be a good mother?
7. If my baby won't stop crying for hours, and I feel like I can't do this anymore, what should I do if I want to be a good mother? Why?
8. Can you tell me a bit about how you think the way of raising children in your community/culture may be different to those of another community/culture?

Honest		Patient	

Creative		Determined	
Respect for elders		Brave	
Self-expression		Self-disciplined	
Self-sufficiency		Adaptable	
Educational achievement		Kind	
Status		Obedient	
Financial success		Collaborative	
Generosity		Religious or spiritual	
Empathy & compassion		Independent	
Humility		Gentle	
Reliable		Compliance	
Healthy		Educated	
Grateful		Other:	

9. What things/skills/attributes/values/accomplishments are important for a child to develop or acquire? How do they acquire these?
10. How should a child behave? And how do they learn this?
11. Which characteristics on this list are important to develop in a child in this community?
12. Is the way I (or anyone) should mother or parent a baby different to how I (or anyone) should mother or parent an older child?
13. What practices and qualities of childcare are considered good in this community that might be different to the ones you consider to be good? Do you think your opinions on how to be a good mother to a baby differs from others in Alexandra?
14. What practices and qualities of childcare are considered bad in this community that might be different to the qualities and practices that you consider to be bad?
15. Do you think your opinions on what is a bad mother to a baby differs from others in Alexandra?

Now I am going to ask you some questions about some statements about mothering. A person who is not South African once said that a good mother is a mother who is available to her baby, understands her baby (knows most often what her baby wants), responds to

her baby's signals by giving the baby what they want or need, as long as it isn't dangerous or overly inconvenient, and responds quickly.

1. How much do you agree or disagree with this person?
2. What feels like it fits and what doesn't?
3. Do you think this person left anything out?
4. Do you think any of this person's ideas are wrong?
5. What do you think about the idea that a good mother is always aware of her baby, available to her baby, and nearby enough to respond if her baby needs her?
6. What do you think about the idea that a good mother is a mother who understands her baby's signals (ie. crying, pointing, noises, actions), subtle or obvious in other words, she knows what her baby wants?
7. What do you think about the idea that a good mother is a mother who gives her baby what her child needs or wants whenever possible, unless the baby is in danger or it is overly inconvenient?
8. What do you think about the idea that a good mother should respond to her infant's signals (eg. cries, noises, actions), subtle and obvious, quickly?
9. Is there anything that you would like to add, that I haven't asked, about being a good mother to a baby?

Now I am going to ask you some questions about you, your life, your parents and your family now. Wherever possible, try and think of a specific memory or example that will help me to get a sense of what things were or are like.

1. Can we start by helping me to get oriented to your early family life, such as where you grew up, who your family is and who all was involved in raising you?
2. Tell me a bit about your life growing up.
3. Tell me a bit about your parents (or primary caregiver).
    a. What kind of parents were they?
    b. What was your relationship with them like?
    c. How did they parent you?
        i. How did they respond when you were upset?

        ii. How did they react if you achieved something or succeeded at something?
        iii. How did they respond when you did something wrong?
    4. Tell me a bit about becoming a mother yourself.
        a. How do you parent your child?
        b. Why do you parent in this way? OR Where did you learn to parent in that way? OR For what reasons do you parent that way.
        c. What do you think you do well as a parent?
        d. What do you think you don't do well?
        e. What are your parenting goals? What kind of child would you like X to be when he/she grows up? What values or attributes would you like X to have when he/she is grown up?
    5. Now I'm going to ask you about any hard or difficult experiences you have had in your life.
        a. Have you ever lost anyone close to you? How did you manage this loss?
        b. Have you had any other experiences that you would consider to be particularly traumatic? How did you manage these experiences?
    6. Do you want to add anything that I haven't asked about, about yourself and your mother?

We are almost done. Before we finish, I want to ask one more questions:

1. How free have you felt to share your true thoughts with me? Have you felt very aware of my race, gender and profession as we speak? How might those factors have limited your answers?

APPENDIX J: Video Commentary Questions

Now we are going to watch three videos. While we watch each video I would like you to talk to me and tell me what you see. I would just like you to describe what you see the mom and baby doing. After each video I will ask you some questions. Let's begin.

(View each video)

After each video, the following questions will be asked:

1. Please can you give the mom a grade, like a grade at school, for being a mother? You can use the normal high school system to grade her, where A+ is the highest grade and F is a fail. Or you can use the primary school system, where 1 is the best and 7 the worst, and 3 and under a fail. Or you can use any grading system you like.
2. Can you please explain to me why you gave her that grade?
3. What did the mother do that she should be doing?
4. What didn't the mother do that she should be doing?
5. If you think the mother in the video is a good mother, can you think of any things or factors that might have contributed to that? If you do not feel she is a good mother, can you think of any things or factors that might have contributed to that?
6. Is there anything that you would like to add about these videos that I haven't asked about?

APPENDIX K: UMBHVP RCT Research Pre-Test Demographic Form

MOTHER-BABY PROJECT
PRE-DEMOGRAPHICS FORM

PRE

Date:	dd	mm	yyyy	Group	E/C	Stats	
Researcher:				Phase		Phase	
Home Visitor:						Video	

Mother's Details

Code:

Mom's Name:

Mom's DOB: dd mm yyyy

Baby's Name:

Planned: YES NO

Baby's Due Date: dd mm yyyy

Gender Hoped For: M F

Feed Type Hoped For: Breast Bottle

Planned Primary Caregiver:

Mom's Demographic Information

Home Language:
Cultural Group:
Marital Status:
Level of Education:
Employment Status:
Occupation:

Grant Status
Dwelling Type:
Dwell With:
Support System:
Health:

Pregnancy and Parenting History

Baby Number:
No. Miscarriages:
Ages of Children:

Particulars of the Father of the Baby

Name:
DOB:
Presence:
Health:

Contact Details

Address:
Contact No:
Alternate Cont. No:

Name:
Relationship:

Researcher Observations:

APPENDIX L: UMBHVP RCT Research Post-Test Demographic Form

UBUBELE MOTHER-BABY PROJECT PHASE II

POST DEMOGRAPHICS FORM

Date: _____

Researcher: _____

Home Visitor: _____

Group (E/C/DI): _____

Research Code: _____

Mother's Full Name: _____

Baby's Name: _____ Gender:_____

Baby's Birth Date: _____

Natural/C-Section: _____

Place of Birth: _____

Presence of Father: _____

What kind of feeding are you doing? Bottle/Breast _____

Number of: Pregnancies: _____ Terminations: _____ Still Births: _____

Additional
Observations:_____

_____

_____

If C, agreed to DI?	Yes	No	If No, why?

APPENDIX M: UMBHVP RCT Risk Factor Assessment

MOTHER-BABY PROJECT PHASE II

RISK FACTOR ASSESSMENT (RFA) – English

Name: _____ Researcher: _____

Date: _____ Home Visitor: _____

Group (E/C): _____

We are interested to find out how your situation is n your pregnancy/now that you have had your baby. Please answer either yes or no to the following questions.

QUESTION	YES	NO
1. I feel pleased about being pregnant/having had a baby	YES	NO
2. I have had some very difficult things happen to me in the last year (eg. Losing someone close to me, losing my job, leaving home etc.)	YES	NO
3. My husband/boyfriend and I are still together	YES	NO
4. I feel my husband/boyfriend cares about me (say 'no' if you are not with him anymore)	YES	NO
5. My husband/boyfriend or someone else in the household is sometimes violent towards me	YES	NO
6. My family and friends care about how I feel	YES	NO
7. I have experienced some kind of abuse in the past (e.g- physical, emotional, sexual, rape)	YES	NO
8. My family and friends help me in practical ways	YES	NO
9. On the whole, I have a good relationship with my own mother (say 'no' if your mother has passed away)	YES	NO
10. I have experienced one of the following in the past: miscarriage, abortion, stillbirth, or the death of a child anytime after birth	YES	NO
11. I have had serious depression panic attacks or problems with anxiety before	YES	NO

APPENDIX N: MBQS-mini

Mini-MBQS-V

Revised Mini-MBQS 25 item for video coding --- Oct 2009

The Mini-MBQ-V is an adaptation of he original 25-item short version of the MBQS, the mini-MBQS. Three items were removed from the original because they were almost always impossible to sort when the segment of interaction involved a limited, often brief interaction, i.e., play with or without toys. Two of the items (#'s 4 & 6) involved reference to interaction with the Visitor and the third (#50) related to the physical environment of the home. We have replaced these items with items #'s 55, 78, and 87. We chose these on the basis of their appropriateness as descriptors of more limited segments of interaction and their weighting in the prototypical sensitivity sort relative to those we remove, i.e., they reflect approximately similar weightings to those we removed.

The original mini-MBQS should continue to be used for home visits and for samples of video recorded interaction that include a full range of interaction.

1. Provides B with little opportunity to contribute to the interaction

Explanation: M may initiate play or interactions, however, she does not follow B's lead, as a result there is little or no turn taking. M is directive without regard to B's intentions. If little or no interaction place in the middle piles.

2. Monitors B's activities during visit.

Explanation: Regardless of competing tasks, M keeps close tabs on B. Should B enter another room M is aware of B's activities, her behaviour suggests she knows what B is doing at all times

10. Speaks to B directly.

Examples: B is attending when M directs comments to B. Elicits B's attention before communicating.

11. Repeats words carefully and slowly to B as if teaching meaning or labelling an activity or object.

Elaboration: M expands B's vocalizations or activities in a teaching style.

17. Content and pace of interaction set by M rather than according to B's responses.

Explanation: M follows own agenda during interaction. Ignores B's initiatives or signals to change pace or content of the interactions. Imposes her wishes.

22. Appears to tune out and not notice bids for attention.

Explanation: Psychologically inaccessible to B, unaware of B's signals.

24. Arranges her location so she can perceive B's signals

Examples - sits facing B, if B moves M re-positions herself to enable her to hear or see B

27. Responds to B's distress and non-distress signals even when engaged in some other activity such as having a conversation with visitor

Explanation: M not only attends but also responds to B's cues while engaged in other tasks.

30. Interactions with B characterized by active physical manipulations

Explanation: Interactions are physical rather than verbal. M physically controls B's movements, position, and actions. Examples - may move B's hand to object; vigorously moves B, hand over hand pat-a-cake

32. Non-synchronous interactions with B, i.e., the timing of M's behaviour out of phase with B's behaviour

Examples - may interfere with activity B is enjoying; may not acknowledge B's communications to her; initiates interactions when B is attending to other activities; is active when B is quiet; quiet when B is active

34. Interactions revolve around B's tempo and current state

Explanation: Indicates awareness of B's current state by following B's lead. Examples - when B is tired does not push B to complete a task, changes the interaction according to B's interest or level of frustration.

41. Interactions with B are object oriented (e.g. with toys, food)

Explanation: M uses toys or food to mediate interactions. Notice especially what M does in response to fusses and proximity bids

43. Is animated when interacting with B

Explanation: uses varied expressions of affect, enthusiastic with B. If M apathetic or indifferent in interaction with B place in the unlike piles.

44. Realistic expectations regarding B’s self-control of affect

Explanation: intervenes when B has reached the limit in the ability to self soothe or otherwise regulate emotions. Determine M’s expectations by noting the timing of M’s intervention as well as the content. Examples - limits B’s frustration with task by offering

assistance; monitors B when falls to see if B needs comfort in managing hurt; gently suggests alternative activity to contain B's over excitement

45. Praises B

Examples -shows B approval by acknowledging and celebrating B's accomplishments and activities with B.

48. Points to and identifies interesting things in B's environment

Explanation: aware of B's environment such that she points to and labels things that may be of interest to B. Also consider how M structures the environment for B by offering verbal prompts to transitions in activities, introduces visitors, labels toys and activities during play.

55. Able to accept B's behaviour even if it is not consistent with her wishes

Explanation: accepts B's desire to express autonomy, explore, and or experience his/her environment without restrictions even when these experiences may be contrary to M's expectations. This does not include experiences which may be dangerous or which the B may need M's interventions (e.g., bedtime).

60. Scolds or criticizes B

Explanation: interactions characterized by reprimands, scorn or hostile criticism. There is a punitive tone to the interactions.

65. Responds to B's signals

Explanation: not only is M aware of B's signals to her, she also responds to these signals. Responses may or may not be appropriate. If B does not signal, place in middle piles

71. Builds on the focus of B's attention

Explanation: aware of B's interest and attention and uses this information as a guide for her interactions. Example - in play, attends to what the B is interested in, rather than introducing a new activity.

72. Notices when B smiles and vocalizes

Explanation: gives an observable sign that she is aware of B's positive signals. Example - looks when B smiles, but may or may not respond by smiling, vocalizing.

78. Plays social games with B.

Explanation: engages B with interactive games. Examples - peek-a-boo, pat-a-cake, round and round the garden, and other age appropriate, animated play

79. Distressed by B's demands.

Explanation: has a low tolerance for more insistent signals; has difficulty accepting responsibility for B's care. Examples - when B needs care or comfort, M is annoyed, irritable, exasperated or resentful.

84. Display of affect does not match B's display of affect (e.g., smiles when B is distressed)

Explanation: affect is not congruent with B's emotional state, may indicate that M mislables B's affect. Example - B frightened, M laughs and says B is shy;

87. Actively opposes B's wishes

Explanation: does not acknowledge B's autonomy, does not accept that B has a will, actively interferes or redirects B from activity in progress. Does not considers B's mood and activity in progress

APPENDIX O: Ainsworth Scales

Scale 1: Sensitivity vs. Insensitivity to the Baby's Signals

By Mary Ainsworth

This variable deals with the mother's ability to perceive and to interpret accurately the signals and communications implicit in her infant's behavior, and given this understanding, to respond to them appropriately and promptly. Thus the mother's sensitivity has four essential components: (a) her awareness of the signals; (b) an accurate interpretation of them; (c) an appropriate response to them; and (d) a prompt response to them. Let us consider each of these in turn.

The mother's awareness of her baby's signals and communications has two aspects. The first is the same as the issue covered in the scale "accessibility versus ignoring and neglecting." In other words, the mother must be reasonably accessible to the baby's communications before she can be sensitive to them. Accessibility is a necessary condition for sensitive awareness. It is not a sufficient condition, however, for a mother can maintain the "baby" in her field of awareness without fulfilling the other condition for sensitive awareness. The second aspect of awareness may be described in terms of "thresholds." The most sensitive mother--the one with the lowest threshold--is alert to the baby's most subtle, minimal, understated cues. Mothers with higher thresholds seem to perceive only the most blatant and obvious communications, Mothers with the highest thresholds seem often oblivious, and are, in effect, highly inaccessible. This second aspect is very closely related to the question of interpretation of the baby's signals, or, usually the mother who is alert to minimal cues also interprets them correctly. This is not invariably the case, however. For example, some mothers are alert to the slightest mouth movements, and sometimes incorrectly interpret them as hunger -- or they notice minimal tensions or restlessness and incorrectly interpret them as fatigue.

The mother's ability to interpret accurately her baby's communications has three main components (a) her awareness, as previously discussed, (b) her freedom from distortion, and (c) her empathy. An inattentive, "ignoring" mother is, of course, often unable to interpret correctly the baby's signals when they break through her obliviousness, for she has been unaware of the prodromal signs and of the temporal context of the behavior. But even a mother who is highly aware and accessible may misinterpret signals because her perception is distorted by projection, denial, or other marked defensive operations. Mothers who have distorted perceptions tend to bias their "reading" of their babies

according to their own wishes, moods, and fantasies. For example, a mother not wishing to attend to her baby might interpret his fussy bids for attention as fatigue and, therefore, put him to bed' she in a hurry, might perceive any slowing down in the rate of feeding as a sign of satiation. Similarly, a mother who is somewhat rejecting of her infant might perceive him as rejecting and aggressive towards herself. Mothers who least distort their perceptions of their babies have some insight as to their own wishes and moods, and thus can more realistically judge the baby's behavior. Furthermore, they are usually aware of how their own behavior and moods affect their infant's behavior. The mother must be able to empathize with her baby's feelings and wishes before she can respond with sensitivity. That is, a mother might be quite aware of and understand accurately the baby's behavior and the circumstances leading to her baby's distress or demands, but because she is unable to empathize with him—unable to see things from the baby's point of view--she may tease him back in to good humor, mock him, laugh at him, or just ignore him. The mother's egocentricity and lack of empathy may also lead to detached, intellectual responses to the baby rather than to warm, sensitive interactions with the baby.

A high threshold of awareness and inaccurate perceptions certainly leads to insensitive responses. Nevertheless, the mother may be highly aware and accurate in her interpretation and still be insensitive. Therefore, in the last analysis, the appropriateness and promptness of the mother's response to communications are the hallmarks of sensitivity.

The quality of the mother's interaction with her infant is probably the most important index of her sensitivity. It is essential that the mother's responses be appropriate to the situation and to the baby's communications. Often enough, at least in the first year of life, the sensitive mother gives the baby what his communications suggest he wants. She responds socially to his attempts to initiate social interaction, playfully to his attempts to initiate play. She picks him up when he seems to wish it, and puts him down when he wants to explore. When he is distressed, she knows what kind and degree of that sometimes a few words or a distraction will be all that is needed. When he is hungry she sees that he soon gets something to eat, perhaps giving him a snack if she does not want to give him his regular meal right away. On the other hand, the mother who responds inappropriately tries to socialize with the baby when he is hungry, play with him when he is tired, or feed him when he is trying to initiate social interaction.

In play and social interaction, the mother who responds appropriately to her child does not overstimulate him by interacting in too intense, too vigorous, too prolonged, or too exciting a manner. She can perceive and accurately interpret the signs of over-excitement,

undue tension, or incipient distress and shifts the tempo or intensity before things have gone too far. Similarly, she is unlikely to understimulate the child, because she picks up and responds to the signals he gives when he is bored or when he wants more interaction than has heretofore been forthcoming.

In the second year of life, and sometimes also toward the end of the first year, it is maximally appropriate for the mother to respond to the baby's signals not so much in accordance with what he ostensibly wants as in terms of a compromise between this and what will make him feel most secure, competent, comfortable etc. in the long run. This is a tricky judgment to make for so much that is done "for the baby's own good" is done both contrary to his wishes and according to the mother's convenience, whim, or preconceived standards. Nevertheless there are situations in which limit-setting, even in the first year, clears the air even though it is initially contrary to the baby's wishes. Similarly there are situations in which the baby's signals might lead the mother to increase the tempo of interaction to the point of discomfort for him, and in which it is appropriate gradually to diminish intensity. Therefore, there is a fine point of balance at which the mother can begin to show the baby that she is not an instrument of his will, but a cooperative partner whose participation must be elicited appropriately. In such instances the mother will slightly frustrate the baby's imperious demands but warmly encourage (and reward) behaviors which are inviting or requesting rather than demanding. Nevertheless in such interactions the sensitive mother acknowledges the baby's wishes even though she does not unconditionally accede to them. The chief point is that a sensitive, appropriate response does not invariably imply complete compliance to the baby's wish -- although very frequently compliance may be the most appropriate response.

The final feature of appropriate interaction is that it is well-resolved or well-rounded and completed. For example, when the baby seeks contact the sensitive mother holds him long enough to satisfy him, so that when he is put down he does not immediately seek to be picked up again. When he needs soothing, she soothes him thoroughly, so he is quite recovered and cheerful. When he seeks social interaction she enters into a more or less prolonged exchange with him, after which, often enough, he is content to entertain himself. In contrast, the responses of some mothers with low sensitivity seem to be fragmented and incomplete. These mothers may try a series of interventions as though searching for the best method or solution. Highly sensitive mothers have completed, easily and well resolved interactions.

Finally, there is the issue of the promptness of the mother's response to the baby's communication. A response, however appropriate, which is so delayed that it cannot be perceived by the baby as contingent upon his communication cannot be linked by him to

his own signal. We assume that it is a good thing for a baby to gain some feeling of efficacy--and eventually to feel cumulatively a "sense of competence" in controlling his social environment. Thus it seems a part of sensitivity to acknowledge the baby's signals in some effective way and to indicate that one is at least preparing to accede to them. During the first quarter of the first year, a mother's sensitivity is most easily judged by her latency in response to the baby's distress signals such as hunger. However during the last quarter, the mother's prompt response to the baby's social communication and signals is probably a more critical measure. A mother is inevitably insensitive when she fails to respond to the baby's out-stretched arms, to his excited greeting, or simply to his smile or gentle touch.

An issue which cuts across the various components of sensitivity concerns the timing of routine activities and playing. In general, arbitrary or very rigid timing of major interactions cannot but be insensitive to the infant's signals, moods, and rhythms. The mother who arranges and organizes day by day activities with her infant in order to most convenience herself, or the mother who thinks by the clock, has little or no consideration of the infant's tempo and current state.

In summary, the most sensitive mothers are usually accessible to their infants and are aware even of their more subtle communications, signals, wishes, and moods. In addition, these mothers accurately interpret their perceptions and show empathy with their infants. The sensitive mother, armed with this understanding and empathy, can time her interactions well and deal with her baby so that her interactions seem appropriate--appropriate in kind as well as in quality - and prompt. In contrast, mothers with low sensitivity are not aware of much of their infant's behavior, either because they ignore the baby or they fail to perceive in his activity the more subtle and hard-to-detect communications. Furthermore, insensitive mothers often do not under-stand those aspects of their infant's behavior of which they are aware or else they distort it. A mother may have somewhat accurate perceptions of her infant's activity and moods but may be unable to empathize with him. Through either lack of understanding or empathy, mothers with low sensitivity improperly time their responses, either in terms of scheduling or in terms of promptness to the baby's communications. Further, mothers with low sensitivity often have inappropriate responses in kind as well as quantity (i.e., interactions that are fragmented arid poorly resolved).

The Sensitivity vs. Insensitivity Scale

9. Highly sensitive.

This mother is exquisitely attuned to B's signals; and responds to them promptly and appropriately. She is able to see things from B's point of view; her perceptions of his

signals and communications are not distorted by her own needs and defenses. She "reads" B's signals and communications skillfully, and knows what the meaning is of even his subtle, minimal, and understated cue. She nearly always gives B what he indicates that he wants, although perhaps not invariably so. When she feels that it is best not to comply with his demands--for example, when he is too excited, over-imperious, or wants something he should not have-- she is tactful in acknowledging his communication and in offering an acceptable alternative. She has "well-rounded" interactions with B, so that the transaction is smoothly completed and both she and B feel satisfied. Finally, she makes her responses temporally contingent upon B's signals arid communications.

7. Sensitive.

This mother also interprets B's communications accurately, and responds to them promptly and appropriately but with less sensitivity than mothers with higher ratings. She may be less attuned to B's more subtle behaviors than the highly sensitive mother. Or, perhaps because she is less skillful in dividing her attention between B and competing demands, she may sometimes "miss her cues". B's clear and definite signals are, however, neither missed nor misinterpreted. This mother empathizes with B and sees things from his point of view; her perceptions of his behavior are not distorted. Perhaps because her perception is less sensitive than that of mothers with higher ratings, her responses are not as consistently prompt or as finely appropriate. But although there may be occasionally little "mismatches", M's interventions and interactions are never seriously out of tune with B's tempo, state and communications.

5. Inconsistently sensitive.

Although this mother can be quite sensitive on occasion, there are some periods in which she is insensitive to B's communications. M's inconsistent sensitivity may occur for any one of several reasons, but the outcome is that she seems to have lacunae in regard to her sensitive dealings with B--being sensitive at some times or in respect to some aspects of his experience, but not in others. Her awareness of B may be intermittent--often fairly keen, but sometimes impervious. Or her perception of B's behavior may be distorted in regard to one or two aspects although it is accurate in other important aspects. She may be prompt and appropriate in response to his communications at times and in most respects, but either inappropriate or slow at other times and in other respects. On the whole, however, she is more frequently sensitive than insensitive. What is striking is that a mother who can be as sensitive as she is on so many occasions can be so insensitive on other occasions.

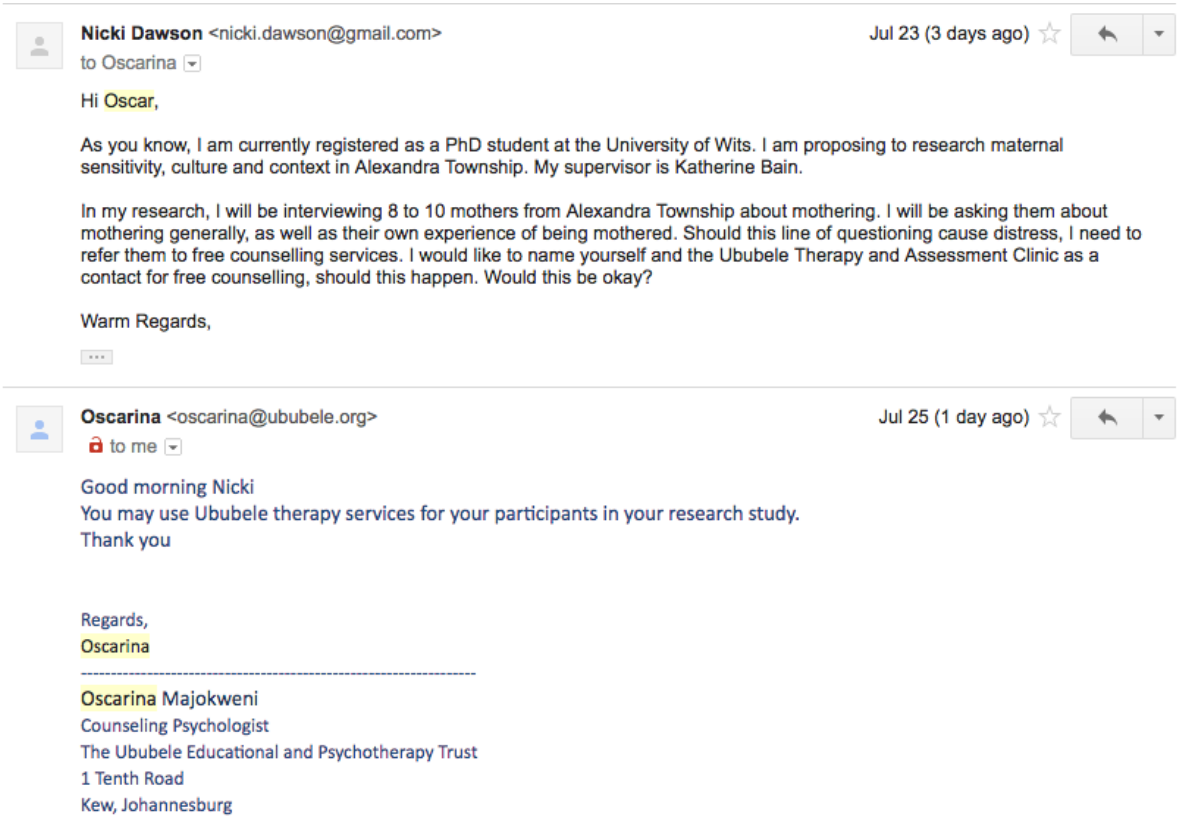
3. Insensitive.

This mother frequently fails to respond to B's communications appropriately and/or promptly, although she may on some occasions show capacity for sensitivity in her responses to and interactions with B. Her insensitivity seems linked to inability to see things from B's point of view. She may be too frequently preoccupied with other things and therefore inaccessible to his signals and communications, or she may misperceive his signals and interpret them inaccurately because of her own wishes or defenses. Or she may know well enough what B is communicating but be disinclined to give him what he wants--because it is inconvenient or she not in the mood for it, or because she is determined not to "spoil" him. She may delay an other wise appropriate response to such an extent that it is no longer contingent upon his signal, and indeed perhaps is no longer appropriate to his state or mood. Or she may respond with seeming appropriateness to B's communications but break off the transactions before B is satisfied, so that their interactions seem fragmented and incomplete or her responses perfunctory, half-hearted, or impatient. Despite such clear evidence of insensitivity, however, this mother is not consistently or pervasively insensitive as mothers with even lower ratings. Therefore, when the baby's own wishes, moods, and activity are not too deviant from the mother's wishes, moods, and household responsibilities or when the baby is truly distressed or otherwise very forceful and compelling in his communication, this mother can modify her own behavior and goals and, at this time, can show some sensitivity in her handling of the child.

1. Highly insensitive.

The extremely insensitive mother seems geared almost exclusively to her own wishes, moods, and activity. That is M's interventions and initiations of interaction are prompted or shaped largely by signals within herself; if they mesh with B's signals, this is often no more than coincidence. This is not to say that M never responds to B's signals; for sometimes she does if the signals are intense enough, prolonged enough, or often enough repeated. The delay in response is in itself insensitive Furthermore, since there is usually a disparity between one's own wishes and activity and B's signals, M who is geared largely to her own signals routinely ignores or distorts the meaning of s behavior. Thus, when M responds to B's signals, her response is inappropriate in kind or fragmented and incomplete.

APPENDIX P: Confirmation from Counselling Venues



Nicki Dawson <nicki.dawson@gmail.com> Jul 23 (3 days ago)
to Oscarina

Hi Oscar,

As you know, I am currently registered as a PhD student at the University of Wits. I am proposing to research maternal sensitivity, culture and context in Alexandra Township. My supervisor is Katherine Bain.

In my research, I will be interviewing 8 to 10 mothers from Alexandra Township about mothering. I will be asking them about mothering generally, as well as their own experience of being mothered. Should this line of questioning cause distress, I need to refer them to free counselling services. I would like to name yourself and the Ububele Therapy and Assessment Clinic as a contact for free counselling, should this happen. Would this be okay?

Warm Regards,

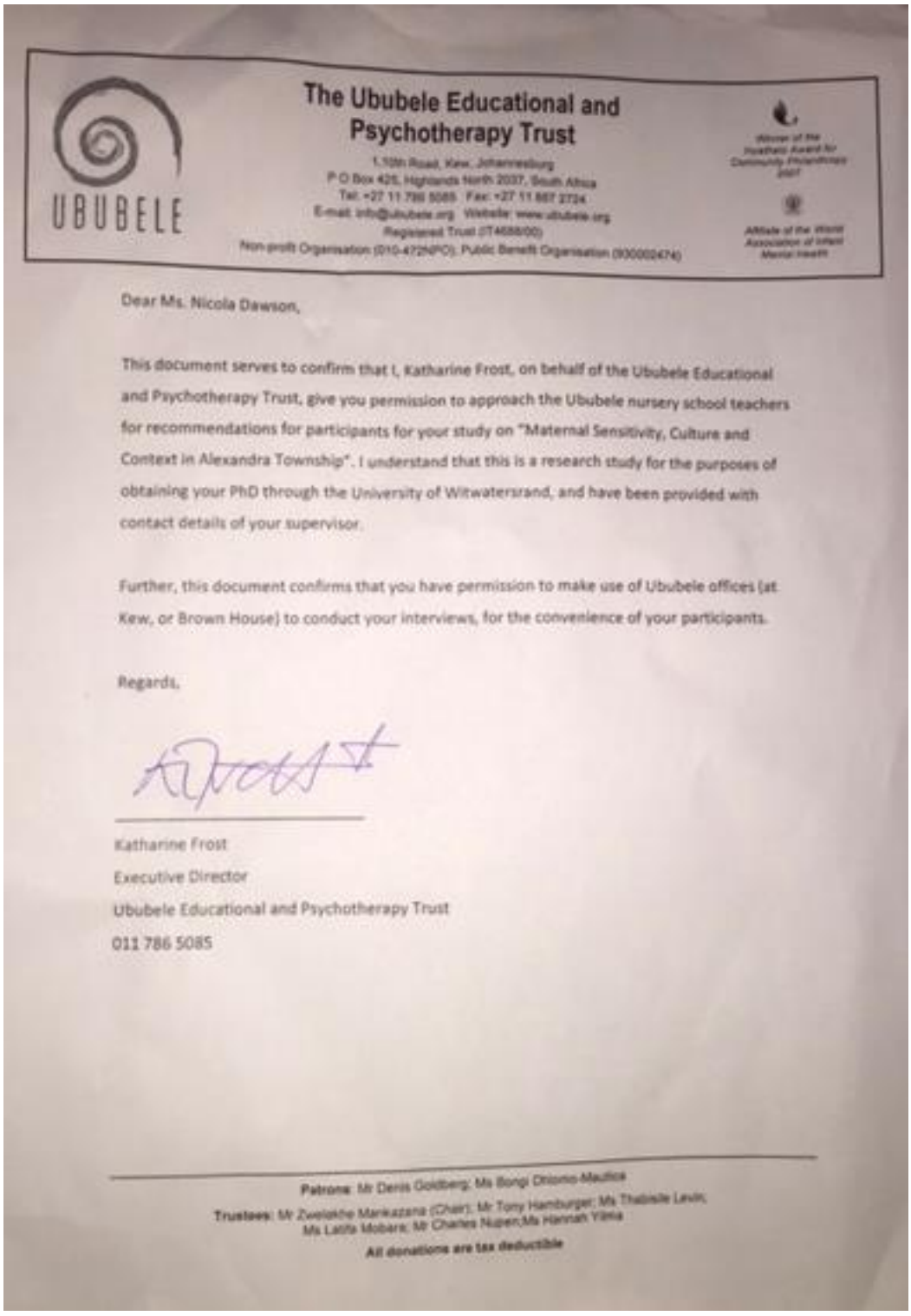
Oscarina <oscarina@ububele.org> Jul 25 (1 day ago)
to me

Good morning Nicki
You may use Ububele therapy services for your participants in your research study.
Thank you

Regards,
Oscarina

Oscarina Majokweni
Counseling Psychologist
The Ububele Educational and Psychotherapy Trust
1 Tenth Road
Kew, Johannesburg

APPENDIX Q: Permission Letter from Ububele Educational and Psychotherapy Trust



The Ububele Educational and Psychotherapy Trust

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Dear Ms. Nicola Dawson,

This document serves to confirm that I, Katharine Frost, on behalf of the Ububele Educational and Psychotherapy Trust, give you permission to approach the Ububele nursery school teachers for recommendations for participants for your study on "Maternal Sensitivity, Culture and Context in Alexandra Township". I understand that this is a research study for the purposes of obtaining your PhD through the University of Witwatersrand, and have been provided with contact details of your supervisor.

Further, this document confirms that you have permission to make use of Ububele offices (at Kew, or Brown House) to conduct your interviews, for the convenience of your participants.

Regards,

Katharine Frost
Executive Director
Ububele Educational and Psychotherapy Trust
011 786 5085

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APPENDIX R: Ethic Clearance Certificate

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Dawson

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H16/08/09**
PROJECT TITLE	An exploration of maternal sensitivity, culture and context in Alexandra township
INVESTIGATOR(S)	Mrs N Dawson
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	19 August 2016
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	26 October 2019

DATE 27 October 2016 **CHAIRPERSON** (Professor J Knight)

cc: Supervisor : Dr K Bain

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

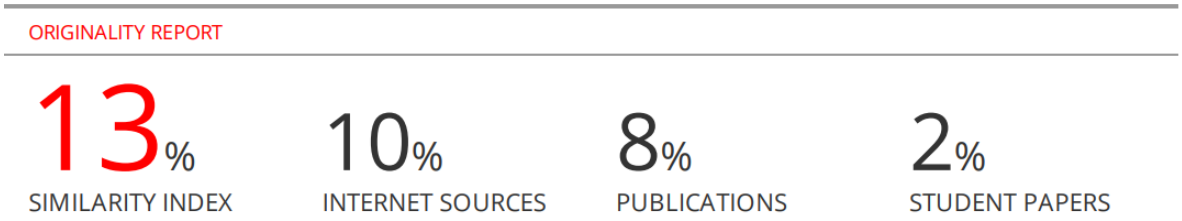
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX S: Turn It In Report

This dissertation received a similarity report of 13% on Turn It In, as seen in the below image.



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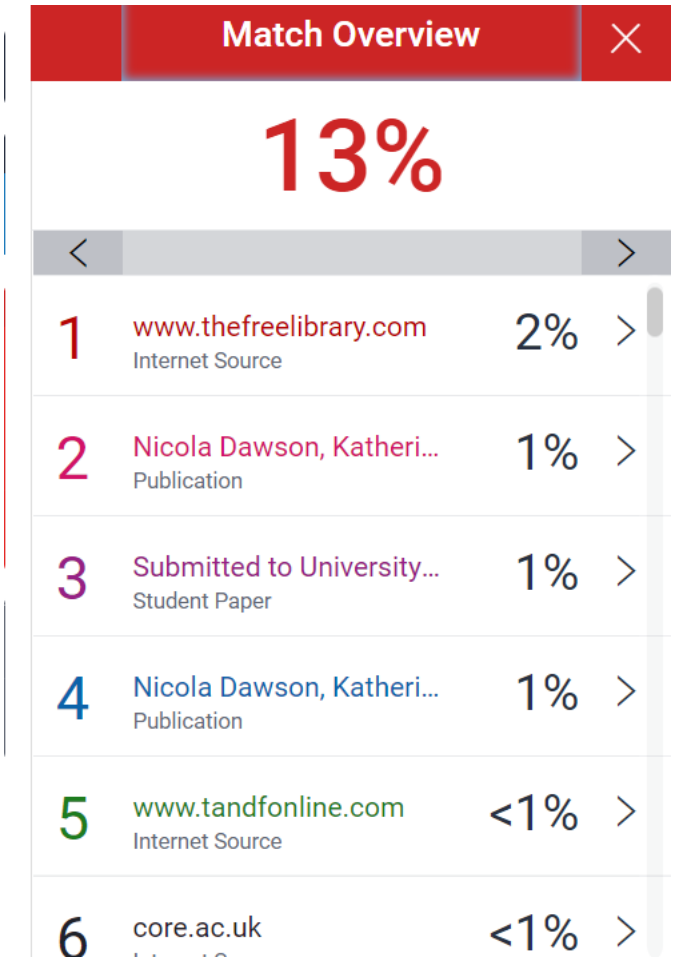

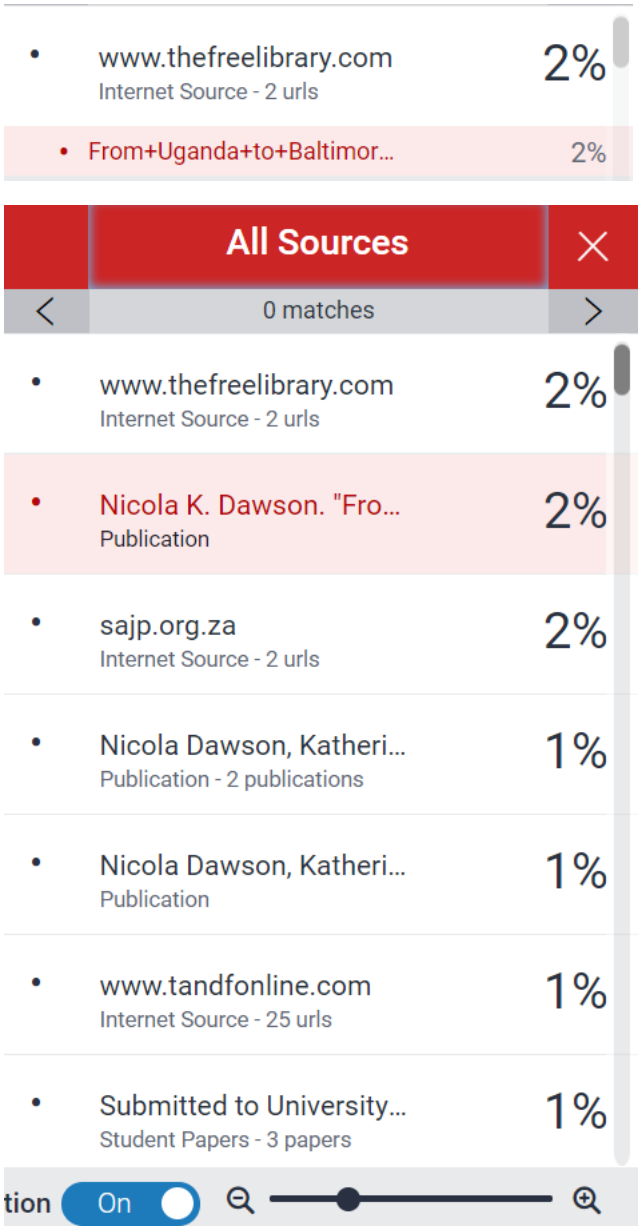
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