4. DISCUSSION

In line with the literature which guided the aims of this study, the rich data that therapist mothers provided were analysed according to the four life domains. The roles that the mothers adopted varied and yet, despite marked demographic variability, common themes were extracted. The aim of this section is to reflect on the findings of the study in relation to the current literature. This section of the study commences with a summary of the significant impressions that each role explored and identified, followed by a discussion surrounding the meaning of the data in professional practice.

4.1. Discussion of the results

The role of mother was declared to be the most significant role to all the participants. The role as a mother formed the basis of the manner in which participants' conceptualized their identities. Subsequent to the mothering identity priority was assigned to the roles as a working mother and a mother to a child with developmental disability. There was a great amount of overlap with the role as a professional and the role as a working mother.

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An interesting finding was the multi-level, holistic perspective of motherhood as defined by the participants. In accordance with literature findings, motherhood was seen to be a diverse yet highly individualistic experience (Rogoff, 2003). The maternal childrearing practices and beliefs were notably intrinsic to personality style and culture. Furthermore, the extent to which they engaged in the mothering role, their level of self-care and the support mechanisms that were utilized highlighted the influence of their socio-cultural upbringing. Nevertheless being a mother also

dictated a common stream of priorities. Amongst the priorities were the domestic and care-giving responsibilities towards their families. This sense of motherhood has important implications for future research conducted on South African mothers.

One of the common themes that the data yielded was the importance that professional woman attribute to family and their role within the social structure. To the extent that they would rather downplay their careers but never their family lives. This is in keeping with the literature (Ray, 2003). It supports the idea that care-giving is a core concept in defining women's identities. The impact of Disability on their family focus became evident in the analyses of their roles as mothers of children with disability. They were seen to be highly vulnerable to the psychological impact of Disability. Furthermore, for many participants, the imprint of Disability evidently left behind emotional scars as a reminder to the hardships which they had endured.

Perhaps the most striking theme which surfaced was the merging of professional and mothering identities. A point of interest is that mothering is very different from personal identities, the latter being concerned with the overall conceptualization of the self. There was a definite transference of their mothering beliefs and sometimes practices onto the professional domain. Also, their theoretical stance as professionals often directed the mothering practices.

Apart from the role merging, the mothers differed in their outlook and attitude of their child's disorder. In keeping with the literature, the greater the child's care needs, the more depressive the mothers' emotional state (Brannen & Petite, 2008).

Of significance is that the role as working mother related more to the outcomes of working rather than the nature of work. Working was about the benefits reaped which in most cases was the psychological relief, role release and the opportunity to engage in an activity that was important to them. Subtly, the issue of work being stressful did arise though again this was in relation to outcomes and coping rather than the specific elements which they found to be difficult. Their family lives had a substantial presence in their working lives, suggesting the importance of balancing work and family. What is established is the gender stereotype that exists amongst all working mothers. It also categorizes the participants along with other working mothers, especially those working mothers who are parents to a child with disability. This means that participants are partially indifferent to the impact of Disability per say, rather it is managing life issues that proves to be more stressful for them.

Notwithstanding this stress, all participants were very positive about their respective professional work in which they engage. This is in keeping with literature findings (Harris et al., 2009). During the interview it was apparent that the role of a professional brought out a different side to the participants. Participants looked forward to their interactions with clients, especially paediatric cases and were highly motivated to ensure that progress was being made. They went to great lengths to facilitate support measures for their clients. The irony is that the extra effort that participants had undertaken could in itself be a source of stress leading to possible burnout. Though, this would result in professional burnout as opposed to personal burnout. The literature pertaining to working professionals maintains that very often the nature of work is the cause of burnout (Gibson et al., 2002; Lubinski, 2001). For instance, with school-based therapists, factors such as high caseloads, meager

salaries and often role ambiguity are amongst the primary causes of stress for professionals (Harris et al., 2009). In addition, administrative responsibilities, meetings with parents and other professionals as well as preparing and planning interventions increased the demands on the limited time which therapists had. Therefore despite the benefits of professional work and the motivation to extend oneself in the interests of the clients, the situation can be more stressful than anticipated. Acknowledging work related stresses is an important aspect of how therapists cope with stress and burnout, especially as these individuals are susceptible to high levels of occupational stress, tension and negative attitudes. Furthermore, at a student level, therapists have indicated that the clinical workload that the professions entailed was quite high (Skovholt & Ronnestad, 2003). If these are the opinions of novice therapists, one can only imagine what the experienced therapist has encountered in clinical practice. Long term, this could result in attrition of therapists in crucial areas within the profession. No doubt this may have serious negative implications for the public at large.

The complexity of the roles that the participants adopted was evident in the range of responses, images, and words. Nevertheless, one of the outstanding features of the findings was the effect of the merging of professional and personal identities.

Part of professional ethics and good clinical practice entails emotional competence, which means balancing one's personal and professional life (Knapp & VandeCreek, 2006). Emotional competence refers to the professional's ability to withstand emotional difficulties associated with the professional practice (Skovholt, 2001). It can be said that the experience as mother to a child with a developmental delay

increased the overall emotional competency that the participants displayed. Within the professional sphere, these mothers said that they were highly empathetic to clients on the basis of first order experience. Gibson and colleagues, (2002) aptly term therapeutic care-givers as 'wounded healers', implying that these individuals are motivated to help others due to personal experience within such situations. The advantages of personal experience within individual's area of expertise is the profound knowledge and understanding that the client is afforded. As with the participants in the study, there is also a pressing need to assist others in a similar predicament. The blind spot, however, is over-identifying with clients experiences, which can compromise the integrity of clinical services. Manifestations of such behavior may include a resurgence of emotions at the expense of the client, offering inappropriate advice or treatment and misinterpreting the clinical facts. In order to counter-balance the effects of over-identification, Gibson and colleagues, (2002) suggest engaging in self-reflection of one's cognitive and behavioural reactions. Though there was evidence of this self-reflection, for many participants their personal experiences were too deeply entrenched in their sense of self to be separated from their professional role. For this reason, it may have been of greater assistance to have considered external counseling resources in managing professional work issues.

However, from a practical, real life approach it could be argued that the personal stresses that these mothers experience are part of life. The danger of not being aware of these issues is that they remain dormant and ultimately impact on the coping mechanisms that the individuals display.

In this case, it may spill over into professional behaviours resulting in unethical conduct at worst. Due to the merging of identities, it is possible that the role of a mother or mother to child with developmental disability creeps into our professional interactions with clients. There is always a chance of transferring emotions between roles or even projecting needs or emotions onto others.

Apart from role merging, all participants indicated that being a mother to a child with developmental disability was a stressful event. The long term nature of the disability perpetuates the continuity of the stress. Knapp and VandeCreek, (2006) say at the extreme possibility stressful personal events can result in professionals compromising their ability to fulfill professional obligations. Most professionals who fear that they are to reach this stage of professional compromise often withdraw from work related activities, which was evident in this study. This is not to say that the professional mothers feared misconduct on their part. Rather these individuals should be commended for stepping down from professional responsibilities when their personal lives were very hectic. The point being made is that professional mothers raising a child with disability are at risk for higher stress levels. The implications of this could result in professional malpractice if not managed properly. It is up to professional bodies to acknowledge the stresses that these professionals face and devise a workable outlet for them to cope with their issues, especially as participants have voiced the need for such support.

Handelsman, Gottlieb and Knapp, (2008) as well as Knapp and VandeCreek, (2006) discuss the Acculturation Model of inculcating ethical practices in potential psychologists. The essence of this model, rooted in positive ethics is that individuals bring distinctive value systems to their profession while professional guidelines

dictate that the individuals adhere to a specific code of conduct. According to the acculturation model, the extent and speed to which each individual adapts to the unique ethical demands of the profession is determined by intrinsic morals and values. The model aims for individuals to adopt a sound understanding of their own values and traditions while adopting the ethical values of the profession. The core concepts in this model are the level of congruency between personal and professional ethics which determine the extent to which the individual will actualize professional responsibilities yet maintain empathy and compassion.

By doing this, individuals develop an awareness of their personal identities as being separate from professional identities. In this manner, individuals are able to restrict the degree of role merging while ensuring that professional guidelines are adhered to.

According to this model, participants in the study may have vacillated along the continuum according to the impact of life experiences. There is a great danger that by not addressing personal issues one assumes the risk of role merging and identities. The danger of this could result in professional negligence which is too great a reality to ignore. Supporting therapists through times of difficulty is almost a precursory step of our intervention with clients.

Consulting with others regarding personal or professional issues is always advantageous. The most important factor to consultation is who is consulted. Some of the participants feared that the uniqueness of their situation would result in misunderstandings or deviant interpretations on the part of counseling therapists. The outcomes of such a risk were considered to be too devastating to bear. Also, in the mind's eye, formal counseling services seemed to suggest real issues and

problems which most participants would vehemently deny. The impression gained was that the issues that they experience are amongst the stressors that living life entails. Rather these women require individuals who understand the complex dilemma that they face while simultaneously guiding their intervention endeavours without compromising their professional integrity. More often, they felt that colleagues in similar predicaments were the ideal support system. Engaging in discussion allows the individual to process information more clearly facilitating good decision making. The process of discussion also allows the individual to explore their own perceptions, intuitions and assumptions. Premised on this, participants called out for supportive measures which took into account their unique professional demands coupled with the generalized demands of mothering. Apart from support groups, these participants may benefit from life coaches.

The nature of work demands, domestic responsibilities, living with Disability and working with Disability leaves little time for the individual to engage in self care. However, self care is fundamental to stress relief and the prevention of burnout (Skovholt, Grier & Hanson, 2001). It addition it is an important coping strategy that individuals require in order to maintain their sense of equilibrium. This has important psycho-social implications not only for themselves but also for their clients. The essence of self care is to maintain professional vitality and longevity.

The degree of personal well being is largely dependent on the coping styles which individuals adopt. The participants in this study chose role release and engaging in extra-curricular activities which they deemed to instill a sense of calm and tranquility. Some participants engaged in support groups or interpersonal relationships at home

or work. The active seeking out of help from support networks in itself is a coping strategy (Langdon et al., 2007). Rao, Apte and Subbakrishna, (2003) confirm that support seeking behavior is a strong predictor of the outcome of well being. It implies acknowledging internal distress and recognizing the need to relieve the emotional and psychological burden. Not surprising, this is a prognosticator of a healthy mind. Though there is no conclusive evidence of any relationship between the levels of coping styles and the degree of stress or burnout, generally, individuals who experience higher levels of stress do engage in more coping strategies (Langdon et al., 2007).From this study, two concerns arise. The first is that mothers who did seek the support, very often did not receive the support from outside agencies. This was apparent from the mothers who ended up taking charge of the support groups which they attended. Secondly, most of the mothers had not received professional support. According to Harris and colleagues, (2009) lack of professional support was the strongest predictor of stress in therapists. Professional support entailed perceiving that one's emotional state is recognized and supported as well as a sense of belonging. There was also a sense of reluctance amongst participants to receive professional support. One of the main reasons for this was the fear of being judged without being understood. Particular to this study, the lack of support is alarming considering the degree of stress that participants were subject across all occupied life domains. Consequently, it suggests that these mothers are at high risk for psychological distress. The one positive fact is the expressed need for support from colleagues in similar predicaments. It indicates that participants have acknowledged the strain that they bear and are calling for appropriate measures to be in place. Sadly, the uniqueness of their situation makes it challenging to actualize the support which they require.

Support and understanding is integral to coping (Lubinski, 2001). The aim of support is to relieve the person of physical, emotional and mental stress. Professionals who display high stress levels in the absence of effective support and coping strategies, may be more susceptible to clinical or ethical malpractice (Harris et al., 2009; Skovholt, 2001). Amongst such behaviours are psychological processes such as transference and counter transference, inappropriate advice, violating the client-professional relationship or unreasonable expectations of colleagues or clients (Knapp & VandeCreek, 2006).

The present study suggested that participants with better spouse support coped much better emotionally and mentally. They also were more accepting of the developmental disorder with which their child presented. Rao and colleagues, (2003) discovered that good interpersonal family support especially that of the spouse and parents or in-laws contributed to better psychosocial well being of the participants. A large part of the support centred on care for their children. This highlights the need for supportive structures to assume the capacity of nurturer which is in keeping with the literature findings (Brannen & Petite, 2008).

Support from spouses enabled the participants to engage in constructive emotion-focused and solution based coping strategies. Such strategies are termed adaptive as it involves acting directly on the source of the stress (Marin et al., 2007). Women who receive less support in terms of domestic and childcare responsibilities tend to suffer the burden of multiple role strain (Carlson & Perrewe, 1999; Rao et al, 2003). This included psychological and physical costs to the individual. The present study indicated that participants viewed support on multiple levels. The first was the type of support which they required. This was predominantly from their spouses and

family or friends. The second type of support was the type required from medical professions who treated their children. Many parents report that their need for professionals to support them in terms of information about their child's disorder. For participants, they were in a difficult position as very often, they had medical knowledge yet still needed the support from professionals. What was observed was the ambiguity associated with the roles, meaning that they aligned themselves within the mothering role yet their level of skill and knowledge set them apart from mothers in similar predicaments. Very often, they felt compromised by professionals who undermined their professional identity. Following on from this, participants played a supportive role within support groups. Social support not only reduces the effect of individual's level of strain but also the intensity of the strain as perceived by the individual. Carlson and Perrewe, (1999) suggest that social supports actually lead to altered perceptions pertaining to the stressors that the individual faces. Though it can be argued that the type of support that the individual receives is important, it appears that the social supports have a greater impact on the individuals' psychological state. In this way, it could almost replace the cathartic needs of the individual, being analogous to counselling services. Bearing this in mind it is no wonder that participants with better support systems coped much better.

The literature pertaining to multiple social roles postulate two models or theories regarding the relationship between multiple roles and individual well being (Barnett, 2008; Brook et al., 2008; Nordenmark, 2004). The scarcity model or role stress theory postulates that that human energy is a limited entity which means that assuming too many social roles results in a negative socio-emotional balance. Consequently the outcome is impaired physical and psychological well being.

Conversely, the enhancement model or role expansion theory suggests that engaging in multiple roles is beneficial as it allows the individual access to higher social status, privileges and self esteem. Accordingly, these benefits would compensate for the internal strain that individual assumes.

Literature findings indicate that the role expansion or enhancement model receives more support compared to the role stress theory or scarcity model (Barnett, 2008; Nordenmark, 2004). On a macro-level, the current study concurred with the literature findings. Despite the having to balance the pro's and con's of each of the specified life domains there was a general sense of satisfaction within each role. It was evident that mothers gained immense satisfaction from engaging in the work and mothering role. It enabled them to assume two identities, which they fulfilled successfully. They found the type of work that they engaged in to be highly successful and it was clear that there was great overlap of roles. Also, engaging in the different roles was a conscious decision which most participants had opted for indicating no coercion into the matter. In fact for many participants being able to assume multiple identities not only facilitated a cathartic role release but was also seen an accomplishment considering the circumstances. However, the concept of multiple social roles is far more complicated. On closer examination, there was a definite presence of the stresses associated with multiple social roles. There was a sense of life exhaustion and depleted energy levels amongst participants. It was not merely work and home issues with which participants had to contend. The role of a mother to a child with disability meant added responsibilities which subsequently greater demands on time and energy resources, which were sometimes not available. Coupling work, home and Disability was a highly daunting task, to the

extent that very often the benefits of role release were outweighed by the sheer magnitude of balancing roles. In addition, the incidence of burnout and anti-depressive medication highlights the extent of stress which multiple social roles can bring about. Another point to bear in mind is that the social benefits of engaging in multiple roles are linked to social and personal expectations of oneself, which are partly rooted in one's religious, cultural and ethnic background (Rogoff, 2003). Indeed, proponents of the role expansion theory have admitted that the benefits of this theory are exclusive to Western women or individuals who favour the individualistic ethno-theory. The intrinsic benefits of multiple social roles such as personal achievement, academic or vocational progress would be highly regarded in societies where the individual model of ethno theories was valued. In this instance the more the individual can accomplish the more 'achieved' the individual is and subsequently the more respect is shown to the individual. Participants hailing from conservative cultural backgrounds were subjected to greater stress levels in terms of balancing multiple roles. In these cases, expectations were to be a mother first and a professional if and when such a role could be permitted. They had to contend with socio-cultural expectations of themselves as well as their personal ambitions, which may have resulted in an internal conflict of identities. Individuals trying to merge diverse cultural and ethnic practices are often subjected to such conflicts (Rogoff, 2003). There is also the issue of gender which comes into play. Working women from patriarchal societies may be seen as usurping the male dominated role regarding finances, power and authority. As a result, such women may be subjected to alienation from the community or social prejudice at worst. These findings are supported by Brook et al., (2008) who found that the overall success of engaging in

multiple social roles depends on the level of role conflict that occurs as well as the degree of priority that each identity is assigned.

What is suggested is that role expansion theory is sensitive to socio-cultural and community factors as well as the nature of the stresses that the individual faces. Also, it could be argued that despite the benefits of multiple social roles, there is a point at which human energy is depleted and the benefits become insignificant. This would most certainly be the case when individuals have too many stressful situations with which to contend, as with the participants in this study. What emerges is that engaging in multiple roles is not an all or none phenomenon. Rather, there appears to be a myriad of factors which contribute to the overall effects of multiple responsibilities. Rao and colleagues, (2003) provide evidence that role enhancement bears positive outcomes in women who engage in multiple roles when the level and type of expectations as well as the support and coping strategies than women employ can be fully accounted for.

Therefore, the type of role as well as the demands that it places on the individual are significant factors in causing burnout and stress.

In conclusion, the findings of this study suggest that working therapists who are mothers to children with developmental disability are a unique group of women who are highly susceptible to stress and burnout. While they have reported the benefits of engaging in multiple social roles, they also have to contend with the challenges associated with each occupied role. Cumulatively this results in very high stress levels. These mothers employ self-directed cognitive strategies as coping

mechanisms though the intensity of the stressors often warrant professional counselling services. Many a times they are the source of support for others yet do not receive adequate measures of support for themselves. The resilience and internal strength of these women are illustrated from their motivation and desire to achieve in all four domains which they occupy. Nevertheless, working therapist mothers demonstrate high emotional competence within the professional arena. By virtue of their experience, these women are an invaluable asset in professional-family collaborative intervention. Implementing proper supportive measures will allow these therapists to educate others about meaningful family collaboration, thereby facilitating clinical learning for all clinicians.

4.2. LIMITATIONS

The primary limitation to the study was the subjective nature of the enquiry which makes it difficult to generalize findings. In addition, the inherent bias of the researcher in the analysis of the words and the images could not be totally avoided. Proponents of qualitative research differ in opinion as to the value of bias in research; the researcher acknowledges the bias. However, this is the essence of phenomenological research that allows for the exploration of unique human experiences. In addition, despite the heterogeneity of the group of mother therapists who were interviewed, arose commonalities and interwoven themes.

The sample was limited to married mothers who were currently employed. Given the extreme feminism of the professions of speech therapy, occupational therapy and physiotherapy, a gender bias is evident in the sample. In addition, the fact that all the participants were married is a limitation given the high incidence of divorce in

couples who have a child with a disability (Hanson & Lynch, 2004). However, the researcher was intent on controlling the sample to a certain extent and did not want the issue of single parenthood to be indistinguishable from the other roles that this group of mothers adopted. Certainly future research would benefit from inclusion of single parents.

It would also have been interesting to see the impact of Disability on parents who do not work. The exclusion of such parents is a limitation enforced by the scale of the study.

Findings could differ depending if gender, single mothers and non-practicing therapists were included in the study. The study also excluded professionals such as psychologists and teachers who also encounter Disability within their occupational description.

The study has considered developmental disabilities, which refers to a wide spectrum of disorders though it does not account for all types of disabilities. Different results may have been obtained if acquired disorders were considered.

The study targeted participants in their capacity as a role of a mother to a child with disability. The care-giver nature also extends to adults who require care (Rogoff, 2001). In such cases, therapists may have assumed the role as a sister or daughter. The present study has not considered the impact of Disability on these roles that participants may have occupied.

4.3. IMPLICATIONS OF THE STUDY

For a number of years, the literature on the helping professions has described the need to develop effective ways of managing stress and burnout within the health professions. Although this is well documented in the literature (Skovholt, 2001), it seems that preventative measures remain primarily the responsibility of the individual (Harris et al., 2009). Sadly, the individual may lack the internal resources to effectively manage their psychological discrepancies. The secondary phase would entail reliance on health care workers to identify symptoms of stress and burnout within professionals. Consequently health care workers can direct individuals towards counseling or other therapeutic services. This requires on site workers employment settings or at least access to such workers. On a tertiary level, preventative care would entail professional organizations actively campaigning and perhaps operationalising services in order to prevent burnout. Hosting of seminars particular to this area would further knowledge into the subject as well as provide an opportunity for therapists to connect with each other. It would be highly beneficial if stress and burnout could be addressed holistically, incorporating professional and personal issues.

The issue of stress amongst the participants highlights the need for an early awareness of professional and personal stresses. Christopher, Christopher, Dunnagan and Schure (2006) have indicated that self-care training at a student level resulted in lower stress levels while facilitating better clinical training and personal life issues. Perhaps a brief introduction to the topic at a student level can develop resilience and effective internal coping mechanisms within novice therapists. As a result, it may be a way of inculcating good ethical and professional practice at the

initial stage of individuals' careers. It may also enhance the quality of service delivery as well as the amount of therapists who remain actively involved within the professions.

This study has contributed to the literature on stress and coping by suggesting that professionals working within the field of Disability at a higher risk for psychological burnout due to professional and personal involvement. Though professionals engage in self-care measures, this may not be sufficient in establishing long term well-being. In addition, self-care measures may be more destructive as it promotes the idea that all is well when this may not be the case. Perhaps the most important contribution of the present study is the impact that personal issues have on the professional and the ethical consequences that arise.

In addition, this study supports literature findings which document that the benefits of engaging in multiple social roles are heavily dependent on the time, energy and resources that the individual can afford each role. Furthermore, the role stress theory was seen to be highly sensitive to the individuals' socio-cultural practices and value system.

The present findings call upon the professional boards to re-evaluate the ethical guidelines as currently stipulated. Professional integrity should encompass more than the clinical application of courteous behavior towards clients, colleagues and society. Professional guidelines need to evolve according to the changing demographics of disability; which view depression as the fastest growing disorder of

the new millennium (Skovholt, 2001). Ultimately, lack of accountability for its members inevitably reflects poorly on the disciplines concerned.

From a methodological perspective, the use of imagery suggests a new avenue for qualitative research in the allied health professions. This tool has been proven to be sensitive to relevant intra-personal issues which surface in these professions. The use of imagery is also less invasive than direct questioning. Apart from research, it may be used as a medium of communication for sensitive topics, especially where there may be an existing language barrier. Use of imagery may encourage the individual to become more creative and promote altered perspectives. No doubt will not only enhance our clinical understanding of important issues, but it will also encourage facilitate clients knowledge of themselves and therapy. Hence, the imagery task has numerous clinical benefits.