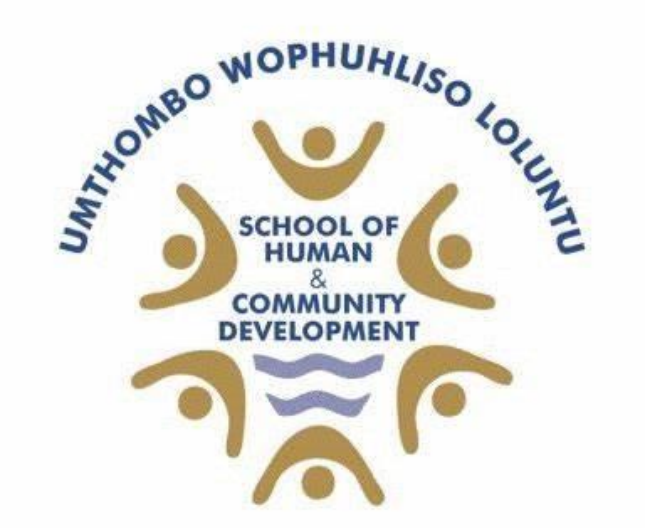


Black women's retrospective reflections on their lived, maternal attachment experiences in informal kinship care during adolescence.

Masters in Community-based Counselling Psychology

Name: Tongase Sakala

Student number: 1387160

Supervised by: Lynne Goldschmidt

November 2023

Contents

..... 1
Declaration 5
Dedication 6
Acknowledgements 7
Ethics statement 8
Chapter 1: INTRODUCTION, RESEARCH AIMS, RESEARCH QUESTIONS AND RATIONALE 9
1.1 Introduction and Background 10
1.2 Research Aims 12
1.3 Research Questions 12
1.4 Rationale 12
1.5 Conclusion 15
Chapter 2: LITERATURE REVIEW 16
2.1 Introduction 16
2.2 Kinship Care 16
2.3 Informal Kinship Care in a Global context 18
2.4 Informal Kinship care in an African context 20
2.5 Informal kinship care in South Africa 21
2.6 Historical factors shaping informal kinship care in South Africa 23
2.6 Comparative perspectives on informal kinship care 24
2.7 Societal and cultural influences on informal kinship care 25
2.8 Kinship care and adolescence 26
2.9 The maternal figure and caregiving in informal kinship care 28
2.10 The Black family and informal kinship care 28
2.11 The Black mother in the Black family 30
2.12 Conclusion 31
Chapter 3: CONCEPTUAL FRAMEWORK 32
3.1 Introduction 32
3.2 Attachment Theory 32
3.2.1 The seminal works of John Bowlby 33
3.2.2 The seminal works of Mary Ainsworth 35
3.2.2.1 The Classifications of Attachment and The Strange Situation 36
3.2.2.2 The Strange Situation and its application across cultures 39
3.3 Contemporary contributions to The Attachment theory 39
3.3.1 Peter Fonagy 39
3.3.2 Attachment as a dynamic concept 40
3.4 Erik Erikson's psychosocial developmental theory 46
3.4.1 Introduction 46
3.4.2 Adolescence: Identity versus Role Confusion (12-18) 47

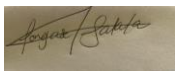
3.4.3 Young Adulthood: Intimacy versus isolation (19-40) 49
3.5 Critique of Erik Erikson's psychosocial developmental theory 49
3.6 Culture and Afrocentricity 50
3.6.1 Culture 51
3.6.2 Afrocentricity 52
Chapter 4: RESEARCH DESIGN AND METHODOLOGY 55
4.1 Introduction 55
4.2 Research paradigm 55
4.3 Research design 56
4.4 Research participants 57
4.5 Recruitment 58
4.6 Data collection 58
4.7 Instruments 59
4.8 Data Analysis 60
4.9 Trustworthiness 61
4.10 Self-reflexivity 62
4.11 Ethical considerations 65
Chapter 5: PILOT STUDY 68
5.1 Introduction 68
5.2 Pilot study findings 68
5.3 Participant profile and demographic information 71
5.4 Conclusion 72
Chapter 6: FINDINGS 73
6.1 Introduction 73
6.3 Participant profile and demographic information 75
6.4 Caregiver Dynamics 78
6.5 Identity and intimate relationships 80
6.6 Sense of loss 82
6.7 Adolescence, Loss and Loneliness 84
6.8 Sense of belonging 85
6.9 Caregiving practices across cultures 86
6.10 Perceptions of mental health by Black people 87
6.11 Conclusion 88
Chapter 7: DISCUSSION 90
7.3 Thematic structure of the analysis 90
7.4 Discussion 93
7.4.1 Caregiving, attachment, and the internal working model 94
7.4.2 The perception of Black mothers: the effects of apartheid and colonialism 97
7.4.3 Racism and its effects on caregiving 99

7.4.4 Post-apartheid South Africa and its influence on foreigners and their culture 101
7.5.5 Migration and apartheid 102
7.5 Conclusion 103
Chapter 8: CONCLUDING CHAPTER 106
8.1 Introduction 106
8.2 Personal reflection 106
8.3 Limitations of the study 107
8.4 Suggestions for future research 108
8.5 Conclusion 109
REFERENCES 110
Appendix B 130
Participant Information Sheet 130
Appendix C 132
Interview Schedule 132
Appendix D 135

This research report has been submitted to the Faculty of Humanities, University of Witwatersrand, Johannesburg in partial completion of the degree of Masters in Community-based Counselling Psychology.

Declaration

I, Tongase Sakala, know and accept that plagiarism (the use of another author's work that is presented as one's own) is wrong. Subsequently, I declare that this research report is my own unaided work.

Signed: 

Date: 18/03/2023

Dedication

Kasonge, Mutale, Tangu, Mpundu

Acknowledgements

A big thank you to my supervisor Lynne Goldschmidt for the constant support and guidance. Her patience and calm nature made this anxious period easier for me. Thank you for your feedback which has been constructive and meticulous. Thank you to Dr. Daleen Alexander, who was my initial supervisor for starting this project with me. Thank you to the University, the Psychology Department, and staff members for guiding me through my schooling journey up to this point.

Thank you to all the women that participated in my study. You have all contributed to knowledge production on this topic in the South African context. Thank you for sharing your childhood experiences with me and those who read this paper.

Finally, thank you to all my loved ones. Thank you for your endless encouragement and support while I completed this research project. I could not have done it without you. A special thanks to all the great Black women in my life, thank you for shaping my identity and self-confidence.

Love, T.

Ethics statement

I, Tongase Sakala (1387160), declare that I have obtained ethical approval for this research project titled: Black women's retrospective reflections on their lived, maternal attachment experiences in informal kinship care during adolescence (see Ethical clearance certificate attached- Appendix F).

PLAGIARISM DECLARATION TO BE SIGNED BY ALL HIGHER DEGREE STUDENTS

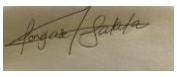
SENATE PLAGIARISM POLICY: APPENDIX ONE

I Tongase Sakala (Student number: 1387160) am a student registered for the degree of Master of Arts in Community-based Counselling Psychology in the academic year 6th.

Ethics number: MACC/21/11

I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for assessment for the above degree is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.
- I have included as an appendix a report from "Turnitin" (or other approved plagiarism detection) software indicating the level of plagiarism in my research document.



Signature: Date: 18/03/2023

Chapter 1: INTRODUCTION, RESEARCH AIMS, RESEARCH QUESTIONS AND RATIONALE

1.1 Introduction and Background

> *"Family is a vital aspect of African livelihood. The African family charters unambiguously recognize the family institution as a foundation of society. Furthermore, the African extended family is an institution that functions as a locus for social inclusion and an individual's resource for sustainable development."*
>
> (Makiwane & Kaunda, 2018, p. 1)

The family institution has become increasingly multidimensional, with the "traditional" nuclear family structure evolving into varied family structures over time (Mabetha et al., 2021). This is particularly relevant to the African family structure as cultural practices such as 'Ubuntu' recognise that family is not limited to genetics or the construct of time (Breda, 2019). The African family, in the South African context, has however been presented with various challenges that have opposed the natural development of collective practices. These challenges are closely associated with the remnants of South Africa's colonialist and apartheid legislature that focused on the dissolution of the Black family.

The Black family in South Africa therefore has a complex history, shaped by colonialism, and apartheid, as well as ongoing economic and social challenges (Makiwane et al., 2017). The apartheid regime had a particularly significant impact on the South African Black family and consequently, caregiving practices (Makiwane et al., 2017). The 1913 Native Land Act not only contributed to significant suffering and poverty for Black people, but it also eroded family values among Black people (Vosloo, 2020). This is in part attributed to apartheid legislature, which gave rise to the migrant labour system and the geographic disruption of Black families (Odero, 2017; Vosloo, 2020).

The migrant labour system in turn resulted in fatherless homes (Fazel, 2017). Fathers were exploited and required to work low-paying jobs in urban areas and thus only returned home once a year (Fazel, 2017). Additionally, the architects of apartheid ensured that bars were easily

accessible to migrant workers (Fazel, 2017). This resulted in Black men spending their income in taverns as a way of coping with the oppressive conditions they worked in (Fazel, 2017).

Subsequently, mothers were forced to move to urban areas and seek jobs as a means of earning money and providing for their families (Bank et al., 2020). A culmination of these challenges placed considerable strain on family relationships (Bank et al., 2020). This was exasperated by forced removals, labour laws, and other forms of oppression (Mphambukeli, 2019). With its legacy still ongoing, the apartheid regime has left the Black family in South Africa facing multiple challenges. A central concern is poverty, which is exacerbated by high levels of unemployment (Makiwane et al., 2017). Unemployment became a factor for Black people during the apartheid regime, given the emphasis on exploiting 'cheap labour' and erasing economic opportunity for Black people (Bank et al., 2020; van den Berg et al., 2018).

While there have been improvements in areas of education, healthcare, and housing, Black people and subsequently Black families are still exposed to the aftermath of this segregationist system (Makiwane et al., 2017). For example, many Black families continue to live in informal settlements that are lacking in basic resources (Bank et al., 2020; Vosloo, 2020). The post-apartheid era in South Africa has been marked by significant changes in the country's social and political landscape, including changes in family dynamics (Fazel, 2017; Makiwane et al., 2017). This includes the rise of single-parent households headed by (mostly) women (Fazel, 2017). This speaks to the effects and legacy of apartheid that is ongoing and thus affecting the structure of the Black family in South Africa (Makiwane et al., 2017).

Furthermore, apartheid left long-lasting psychological effects on Black people. Despite these challenges and the attempted disruption by the apartheid government, the Black family in South Africa remains an important and resilient institution (Makiwane et al., 2017). Family ties and kinship networks are often strong, and extended families play an important role in providing emotional and material support to family members (Fazel, 2017; Makiwane et al., 2017). The sense of community and collective responsibility (Ubuntu) has been a major pillar maintaining the Black family structure (Makiwane et al., 2017).

1.2 Research Aims

- The overarching aim of this study is to explore how Black women aged between 25 and 40 experienced maternal attachment in informal kinship care during adolescence in South Africa.
- A secondary aim will be to explore how Black women make meaning of attachment from a cultural perspective.

1.3 Research Questions

- How do Black women make sense of their attachment experiences with maternal caregivers during adolescence?
- How do Black women make meaning of attachment from a cultural perspective?

1.4 Rationale

Colonialization is defined as a period of economic and religious domination over African states. Whilst racial hierarchy is often a dominating feature of colonialism, the relevance of gender is often neglected. In particular, it aimed at disrupting the Black family structure by ensuring that heads of families, i.e., Black men (at the time), were away from families. Thus, Black women were left to provide for their families, this proved difficult as there was little to no economic freedom for such women. Hence the employment of help from other families, thus sticking to African values around family and caregiving.

According to Settles (1996), colonialism disrupted caregiving practices by destroying the family structure from within. Furthermore, Europeans imposed their own cultures and ways of life (including caregiving) on African people (Settles, 1996). Thus, leading to an erosion of cultural caregiving practices. In essence, colonization is said to have contributed to the destruction of Black identity, culture, and family across the milieu (Pele, 2017).

The end of colonialism led to the perceived independence of most African countries. However, in a unique situation, Black South Africans continued to face oppression at the hands of an apartheid government (Gopal, 2021). In 1949, the South African Nationalist Party introduced different forms of legislature to enforce the legal segregation of races, with a specific focus on the marginalization of Black people (Gopal, 2021). Black South Africans had limited access to

education and job opportunities. They faced further restrictions on their basic rights and freedoms (Gopal, 2021).

Furthermore, Black South Africans were segregated and forced to live in designated 'homelands', which were impoverished areas that lacked basic services. As such, apartheid led to widespread economic, social, and political inequalities (Hall & Mokomane, 2019). In essence, the legacy of segregation and discrimination (in the form of colonisation and apartheid) has left a lasting impact on the identity, culture, and family dynamics of Black people (Gopal, 2021; Hall & Mokomane, 2019).

The Black family dynamic represents a shift from the Western nuclear family structure, which was perceived as the most dominant family dynamic for years (Goode, 1950, as cited in, Cherlin, 2012). Goode's (1950, as cited in, Cherlin, 2012) prediction of the trend toward a dominant nuclear family dyad did not come to fruition in the African, especially in the South African context (Hall & Mokomane, 2019). Under the apartheid regime, the Black family underwent multiple changes as laws restricted the heads of households from being present with their families (Makiwane et al., 2017). The Black family began to evolve into what is known today as the extended family (Hall & Mokomane, 2019).

Within the extended family, children are commonly known to grow up in an informal kinship care unit. Informal kinship care is known as the care of children by members of the extended family (MacDonald et al., 2018). This natural practice of childcare and responsibility has existed in collectivist societies for years. Thus, there is a need to explore the resilient Black family dynamic which, instead of falling at the hands of oppression has seemingly transformed to fit its social context. With a recent history of segregation, South Africa offers itself as an interesting context to explore the Black family.

Beyond this, exploring this research is important for psychology literature as it investigates the experiences of Black women, an underrepresented group in psychology literature. Therefore, diversifying literature and sharing the perspectives of a previously marginalized group. Additionally, this research delves into maternal attachment, which is a fundamental topic in psychology as it impacts one's emotional and psychological development (Bowlby, 1969). Understanding caregiving in the extended family can inform theories on attachment and caregiving thus building on existing psychological literature. Finally, this research's focus on

how culture and contextual factors influence attachment in informal kinship care can contribute to a holistic understanding of human development, an important aspect of psychological literature (Erikson, 1963).

Kinship care is a practice that has existed for centuries (McCarten et al., 2018), though it has only recently attained increased scholarly attention (Kiraly et al., 2021; Mabetha et al., 2021; Dziro & Mhlanga, 2018). This is attributed to the growing body of research demonstrating the benefits of kinship care for children (Rathune, 2020). The the vast majority of research on kinship care and adolescent development is however based on studies from the Global North (Akkari, 2022; Bray & Dawes, 2016; Sherab & Schuelka, 2019).

Kinship care is however a longstanding African cultural practice that has gained traction as Western cultures and society at large are recognizing the importance of the extended family network (Kiraly et al., 2021). Other reasons include challenges in formal kinship care with a shortage of formal housing options for children (Kiraly et al., 2021; Rathune, 2020). Furthermore, the increase in multigenerational households where grandparents and other relatives live with their grandchildren has made kinship care more practical and common in both collectivist and individualist societies (Rathune, 2020).

The latter point is especially relevant to the South African context where the number of children growing up in informal kinship care with their grandmothers is increasing (Mabetha et al., 2021; Rathune, 2020). Contextually relevant studies on this topic have investigated the psychosocial well-being of adults in informal kinship care (Goldschmidt et al., 2019). Other studies have investigated the well-being of children living in informal kinship care versus other forms of care (Ariyo et al., 2019). Mathobie (2021) explored the impact that demographic and economic factors have on the everyday well-being of different family structures in South Africa. A study by Hall (2017, as cited in, Rathune, 2020) investigated how the migration patterns of families influence children. Additional research by Rabe (2017) focused on how South African policy initiatives are concerned with care and families. Lastly, Rabe (2017) also focused on the consequences of care dynamics on family relations.

The above-listed research is not exhaustive and thus is not representative of all research on kinship care and attachment. Moreover, whilst the above-mentioned research has contributed to the current body of knowledge related to kinship care, there is a dearth of research focusing

on Black women's relationships with their maternal caregivers in informal kinship care. Furthermore, it is indicative of a paucity in the literature about how the quality of such relationships influences individual and future relationships. In essence, one could assert that there is a lack of research that investigates the quality of attachment in informal kinship care and how these attachment experiences influence future development and relationships.

Moreover, there is a need to build on existing knowledge on the African continent. In doing so giving a voice to previously marginalized people; namely, Black women. Black women represent an understudied group of people, studying their experiences can facilitate an improved understanding of their experiences in the South African context. Overall, the research intends to promote cultural and contextual awareness, and thus inclusivity and diversity in research and academia.

The family is one of the most fundamental social units, and thus it is important to gain an appropriate understanding of families in Africa (Makiwane & Kaunda, 2018). There is however limited data on how families function in South Africa, especially given its complex legacy. This research showcases the importance of family and how family structure can influence later development.

1.5 Conclusion

The Black family system represents a dynamic structure that has represented multiple family dynamics and practices across time. It is further suggested that the family represents a pillar of African culture and as the practice of Ubuntu. Therefore, it is important to explore the practice of kinship care, especially in a context such as South Africa, which presents a complex historical background concerning the Black family.

The first chapter of this research report served to introduce the overall research initiative, the accompanying research aims and questions, as well as the rationale to support the relevance of this research endeavor.

Chapter 2: LITERATURE REVIEW

2.1 Introduction

"Kinship care is historically the most common response to the plight of children in the absence of parental care" (Assim, 2013; Gleeson et al., 2016 as cited in, Goldschmidt et al., 2019, p. 458). According to Pitcher (2014) it is common for members of the extended family to assume responsibility for children and adolescents across a variety of cultures. The Black family is a dynamic and fluid structure that served a central function in African societies across centuries (Duke & John, 2019; Nwaomah, 2019). Dzramedo et al. (2018, p. 2) suggest that "the diversity of family forms in Africa is clearly illustrated by the expansive definitions of family in African family charters". The African family charters recognize both emerging family forms and the traditional African family form (Dzramedo et al., 2018). In African cultures, family ties are often based on blood relations as well as social connections (Duke & John, 2019). Kinship is highly regarded since the extended family structure promotes a sense of collective responsibility, mutual support, and communal living (Hallet et al., 2023).

In South Africa, children and adolescents continue to face multiple family disruptions. Subsequently, it is common for South African youth to live with multiple caregivers throughout their developmental life stages (Goldschmidt, 2019; Khuzwayo et al., 2019). In South Africa, the dynamic family system is rooted in the history of apartheid as well as post-apartheid socio-political challenges (Budlender & Lund, 2011; Goldschmidt, 2019). Finally, the South African family structure has historically been the most fluid (Budlender & Lund, 2011; Goldschmidt et al., 2019; Sui et al., 2018).

2.2 Kinship Care

Kinship care is a widespread practice in many parts of the world. Globally, it is reported that 1 in 10 children are living in kinship care (Hallet et al., 2023). Additionally, research findings by Delap and Mann (2019) suggest that the prevalence of kinship care has observed consistent growth. Carlos et al. (2022) report that in developing countries, kinship care is as high as 1 in 3 children. The increased prevalence of kinship care is attributed to socioeconomic and sociopolitical concerns associated with poverty, lack of access to services, as well as parental ill health and death (Carlos et al., 2022). Further contributing dynamics are linked to migration,

emigration, national immigration policies, disasters/conflict, as well as cultural beliefs influencing child protection policy response (Delap & Mann, 2019).

In the Western world, countries like Canada, the United Kingdom, and the United States, kinship care is recognized as a formal alternative to non-relative foster care (Rubin et al., 2017). In these high-income countries, carers receive financial, emotional, and legal support (Rubin et al., 2017). In the United Kingdom, special guardianship orders (SGOs) became official in 2002 (Bowyer et al., 2015; Harwin & Simmons, 2019). This meant that children were being placed under legal guardianship. These guardians are described as already having existing relationships with the children under their care (Bowyer et al., 2015; Harwin & Simmons, 2019).

Whilst a large proportion of children live without their biological parents globally, the rates vary significantly between regions and countries (Johnson, 2022). According to Hall and Mokomane (2019), rates of kinship care are found to be higher in African and collectivist countries. According to Carlos et al. (2022), studies show that in many developed countries kinship care practices are regulated. This is in contrast with African settings where most kinship care is informally arranged, therefore remaining unregulated by authorities (Hall & Mokomane, 2019).

Kinship care is the main alternative for children who cannot be raised by their biological caregivers. As such, it has given rise to other family forms. Research suggests that kinship care can be a positive and effective option for children who are unable to live with their parents (Jones et al., 2020). Furthermore, studies have found that children in kinship care tend to fare better than those in non-relative foster care or group homes regarding behavioural and emotional adjustment, academic achievement, and placement stability (Jones et al., 2020; Nwachuku et al., 2021).

Despite the favourable considerations highlighted by the above-mentioned research, kinship care does also present with its challenges. These challenges are often attributed to the difficulties related to caregivers, including factors predating kinship care placement (Nwachuku et al., 2021). Caregivers can face financial strain, legal hurdles, and emotional stress when taking on the responsibility of caring for a child who is not their own (Nwachuku et al., 2021). These carers may also lack other resources such as access to support services.

Such services can help assist caregivers in providing stable, secure and nurturing environments for the children whom they are caring for (Jones et al., 2020).

Furthermore, despite it being the better alternative, studies show that children still hope for reunification with biological parents (Bramlett et al., 2017; Munford, 2021). In their study, Ariyo et al. (2019) investigated the wellbeing of the African child in kinship care. Findings indicated that the closer an individual is to the caregiver (relatedness) and the socioeconomic status of the extended family household were the strongest determining factors of the well-being of children in informal kinship care (Ariyo et al., 2019). This systematic review concluded that parental care should be highly encouraged in collectivist African societies (Ariyo et al., 2019). However, in African settings, kinship care is viewed as the most sustainable, optimal alternative for children and adolescents outside of biological parental care (Ariyo et al., 2019; Bramlett et al., 2017).

2.3 Informal Kinship Care in a Global context

Kinship care is known as the placement of children in the care of extended kin, other than biological parents (Hall & Mokomane, 2019). Kinship care is subdivided into two different types of caregiving arrangements; formal kinship care and informal kinship care (Hallet et al., 2023). Formal kinship care refers to a child being placed under foster care, with close family friends, or relatives through the formal child welfare system (Hallet et al., 2023). Legal proceedings occur in this type of care as it includes financial assistance, support services, and monitoring by child welfare agencies (Harwin & Simmons, 2019). This type of care may be required in instances where children are being abused or neglected or when parents cannot provide care due to illness, incarceration, death, drug addiction and other reasons (Harwin & Simmons, 2019). Informal kinship care describes a form of care, in which a child is placed in the care of a relative without involving child welfare agencies or formal legal processes (Harwin & Simmons, 2019). According to Brown et al. (2019), this care is based on trust and mutual support between family members.

In this research, the focus will be on informal kinship care, the full-time care of a child or adolescent by relatives (Hallett et al., 2017). Informal kinship care is a practice that occurs globally, with relatives providing care to their kin worldwide (MacDonald et al., 2018). According to MacDonald et al. (2018), this is often in response to a family crisis.

Silverman and Gostoli (2020) note that developed countries have more state support in relation to the provision of care for vulnerable children who do not receive care from their biological parents. However, the amount of support from the government varies depending on the country and region (Harwin & Simmons, 2019). For example, there is less formal financial support in countries such as Germany and Italy. In France, the kinship care system is more formalized as it includes both informal and formal kinship (Harwin & Simmons, 2019). Kinship carers are provided with financial support and other forms of assistance through the government's foster care system (Harwin & Simmons, 2019).

In the Global North, informal kinship care is recognized and supported by various countries (Bowyer et al., 2015; Hallett et al., 2023). The provision of social care in the United Kingdom (UK) depends on informal care, which refers to the care provided on a volunteer basis by members of the extended family (Bowyer et al., 2015). A systematic review of informal kinship care across North America and the United Kingdom revealed that despite children receiving care from aunts, cousins, and siblings, most of informal care was provided by grandparents (MacDonald et al., 2018). Furthermore, an estimated 2.7 million children are being raised by other relatives or grandparents in the United States (Hallet et al., 2023). According to Gordon (2017), grandparent carers are at greater risk of health and illness and thus pose difficulty in caring for children. However, in these developed countries, there is greater access to health and other resources especially related to health (Gordon, 2017). In Germany, kinship care is carried out by the person within the closer social environment (Birchall & Holt, 2022). In essence, informal kinship care is a common practice in the Global North.

Similarly, in South America, the practice of informal kinship care is common (Hernandez et al., 2018). In Brazil, 460000 children and adolescents are in kinship care, 70% of whom are being raised by their grandparents (Hernandez et al., 2018). In Colombia, 58000 children are being raised by relatives with 60% being raised by their grandparents (Hernandez et al., 2018). In Peru, approximately 63000 children are being raised in informal kinship with 80% being cared for by their grandparents (Hernandez et al., 2018). Finally in Argentina, 28000 children are being raised in informal kinship care and 50% are being raised by their grandparents (Lee et al., 2017).

Hallett et al. (2021) identify that the main reasons for children being placed in informal kinship care in the Global North as parental substance abuse, child abuse or neglect, mental health concerns, domestic violence or abuse, and parental incarceration (Birchall & Holt, 2022). Due to these reasons, child welfare systems are most likely to get involved in the safety and well-being of the child (Birchall & Holt, 2022; Hallett et al., 2022). Differentially, in many South American countries, poverty and migration were noted as the main causes of children being placed in informal kinship care (Lee et al., 2017). Hernandez et al. (2018) listed parental death, domestic violence, and substance abuse as other main reasons.

In conclusion, informal kinship care is a common practice in many parts of the world, with its prevalence varying widely depending on the region and the country. According to Hallett et al. (2021) informal kinship care is the most prevalent in low-and middle-income countries where formal child welfare systems are often under-resourced or non-existent.

2.4 Informal Kinship care in an African context

"In Africa, informal kinship care is a long-standing traditional practice based on the principle of kin and community responsibility for child rearing" (LeGrand & Kobiane, 2016, p. 16). Studies from six African countries namely Ghana, Ethiopia, Zimbabwe, Kenya, Rwanda, and Liberia suggest that kinship care is culturally acceptable, widely applied, and can support several vulnerable children during crisis periods (Mann & Delap, 2020).

In Zimbabwe, 60% of vulnerable children and orphans are cared for in grandparent-headed households, mainly grandmothers. According to Assim (2013), in Lesotho and Swaziland, more than ¼ of children are living in informal kinship care. In Namibia, this trend is even more prevalent with more than 1/3 of children living under this form of care (Assim, 2013). In West Central Africa approximately 15.8% of children are being raised by their non-biological caregivers (Save the Children, 2013).

Approximately, 99% of children are living in informal kinship care with members of their extended family while the rest are living in formal kinship care (residential care) (Save the Children, 2013). Whilst kinship care has been a long-lasting tradition, the increasing prevalence of kinship care has placed families under pressure (Lee et al., 2017). This increasing prevalence is attributed to poverty, the HIV/AIDS pandemic, urbanization, migration, and the disruption of the family unit (Cudjoe, 2019; Lee et al., 2016; Lee et al., 2017**)**. The aforementioned

phenomena are of particular relevance to the South African context (van Breda, 2017; van Breda, 2018).

2.5 Informal kinship care in South Africa

"South Africa is known to have diverse family arrangements and household forms, reflecting declining marriage rates and an increase in female-headed households" (Mabetha et al., 2021, p. 2). These changes to households and family structures have had a considerable influence on caregiving structures. A growing number of children in South Africa are growing up without their biological caregivers (Statistics SA, 2017, as cited in, Hall et al., 2018). As a result, care of these children is undertaken by members of the extended family (Freeks, 2017; Mafumbate, 2019).

According to Mcanyana (2017), 65% of children in South Africa grow up with members of their extended family. Research indicates that larger numbers of grandmothers and aunts are accepting the role of the primary caregiver (Mabelane et al., 2019). According to Statistics SA (2018), nearly 4 million children are raised by a grandmother or an aunt. Female-headed households are a phenomenon on the rise in South Africa (Mabelane et al., 2019). "In 2009, 31.2% of such households were recorded, followed by 39.4% in 2011, and 41.36% in 2015" (Statistics South Africa, 2009, p. 13; 2011, p. 6; 2015, p. 10, as cited in Mabelane et al., 2019). Furthermore, statistics in South Africa show that 65% of children stay with their grandmothers, an additional 17% with their aunts and other relatives, and 1% with non-relatives (Hall & Mokomane, 2019).

According to Spjeldnaes (2021, p. 22), "it has been a common practice for children to be raised by their grandmothers to strengthen family attachments, encourage intergenerational learning, as well as draw on the ability of non-working extended family members to provide care and support to children". In South Africa, caretaking practices go beyond the care of the nuclear family unit. In such cases where children are taken up by their extended kin, they are known to be under informal kinship care (De Wet, 2019). Traditionally, orphaned children would be placed in the care of kin but over time, even non-orphaned children are being taken care of by extended family members. As kinship care emerges, more research has been aimed at trying to understand the features connected with the development of this "new" family form (De Wet, 2019).

Although there are multiple reasons for the rise in kinship in South Africa, Mafumbute (2019) attributes more significance to historical and cultural factors. According to Mafumbate (2019), the Apartheid regime, the HIV/AIDS epidemic, and poverty resulted in many children growing up without their parents. The Apartheid regime led to widespread labour migration which also majorly affected the family institution (Mhlauli et al., 2015). Furthermore, the oppression of Black South Africans meant less than resources and employment opportunities, thus leaving them unemployed. Additionally, because of overcrowding and lack of housing, some Black parents could not care for their children (Mhlauli et al., 2015). In the South African context, the extended family and care of children by grandmothers and aunts is said to be rooted in the racist, segregationist Apartheid regime (Odero, 2017).

South Africa is well known globally as a country that openly practiced racism during the 20th century (Mhlauli et al., 2015). Apartheid is globally known as both a system of segregation and racial discrimination. This segregation was that of Blacks from Whites to encourage separate development of the races (Odero, 2017). This included segregation in the areas of government, labor market, and residency. To implement its policy of divide and rule, the ruling party at the time (the Nationalist Party) passed several laws. Some of the most prominent include the Immorality Act of 1950, the Group Areas Act of 1950, the Reservation of Separate Amenities Act of 1953, the Bantu Education Act of 1953, and the Urban Areas Act of 1923 (Odero, 2017).

Under The Urban Areas Act, heads of houses (mothers and fathers) were forced to relocate to more urban areas to find jobs (Mphambukeli, 2019). This move away from their family and children meant that the care of children was taken up by close relatives like aunts and grandmothers (Odero, 2017). This cemented the care of children by members of the extended family. Even after the apartheid regime has come to an end in 1994, the extended family still plays a critical role in the upbringing of many South African children. With emerging research on the roles that grandmothers and aunts play in a child's life, it is clear to see that these caregivers occupy an important role (Schultz & Shirindi, 2019).

According to Clancy (2017), in addition to being a system of separation, apartheid was also a gendered project. White/Afrikaans men were viewed as the supreme race and to maintain this narrative they had to keep Black men under control by suppressing their economic freedom. This was also done to keep Black men as non-violent threats to the then-political system (Clancy, 2017). While Black men were away working, Black women were supposed to care of

the household, introducing a sense of cultural and ethnic difference in their children. Thus, perpetuating the legacy of separate development and inferiority. Differentially, White women were meant to move freely but were restricted by sexual laws (Clancy, 2017). "Apartheid's gendered vision of production and social reproduction faced continued resistance and it ultimately failed" (Clancy, 2017, p. 3). Despite laws limiting their movement, Black women began migrating to urban areas in search of employment- this was also done in response to Black men's economic oppression.

Black women protested the laws of apartheid from its inception, refusing to be held in place (Clancy, 2017). There was a protest against laws that limited their mobility. Women living in reserves or 'Bantusans' began organizing resistance in political and religious organizations. This began the movement of state oppression and gradual reforms. In addition, there was a joining of forces, sometimes even across racial lines to restrict the oppression. "While they also worked with men, women particularly organized as mothers, a fitting riposte to a regime rooted in restructuring and dismantling the African family" (Clancy, 2017, p. 5).

2.6 Historical factors shaping informal kinship care in South Africa

At its core, apartheid and colonialism affected the family structure through social, economic and cultural barriers (Settles, 1996). Apartheid was a period of systematic racism and oppression against Black South Africans. This system was further enforced by laws which ensured the oppression of Black people on an economic, racial, and even cultural level (Settles, 1996). The 1913 Land Act caused tremendous suffering and poverty to Black South Africans, thus eroding Black family values (Odero, 2017). This law gave birth to the Urban Laws Act of 1950 which began the migrant labour system. This led to the forced removal of Black people from urban areas to rural areas. These areas were impoverished with little to no basic resources. Furthermore, employment was only accessible in urban areas, due to the cultural times, men were expected to work for the family. Thus, women stayed at home taking care of the families. According to Monde et al. (2017), this led to the geographical disruption of Black families.

Due to the pressures of apartheid, men used alcohol to cope and thus would spend time and money in taverns in an attempt to cope with the situation. Broken marriages and single-parented households emerged as a result. Maternal figures banded together to raise children

in line with collectivist cultural values of Ubuntu and communal cohesion in raising children. As a result, the "Black family underwent multiple structural changes, resulting in a mosaic of family formations that have had an impact on family functions" (Monde et al., 2017, p. 49).

Due to the economic climate, women were also forced to move in search for employment. This led to grandmothers and other maternal figures caring for children. According to Monde et al. (2017), Black women missed out on critical stages of their baby's development, which according to Ainsworth (1973) is important in developing an attachment with the developing baby. Broken families can often lead to developmental concerns as well as a lack of sense of belonging.

2.6 Comparative perspectives on informal kinship care

As indicated above, informal kinship care is a global phenomenon that exists in many societies worldwide. However, different societies have different approaches to supporting families with this structure.

Unlike in more developed countries, many kinship carers in underdeveloped countries have financial burdens and limited resources (Lee et al., 2017). In some cases, children are cared for by relatives because parents cannot afford to care for them. At times, the government, and NGOs step in to provide this financial assistance (Webster et al., 2018). In Brazil and Colombia, there are formalized systems where the government provides financial and other forms of support (Hernandez et al., 2018). Family Strengthening is a program in Brazil that provides financial assistance and training to relatives taking care of children (Webster et al., 2018).

In Argentina and Peru, there is less of a formal support system, however, NGOs seldom step in to aid as well as advocate for kinship carers (Hernandez et al., 2018). The informal kinship care system is an integral part of the child welfare system in South America (Hernandez et al., 2018). Despite there being varying levels of support for kinship carers across different countries, organizations and advocates are working to improve the lives of carers and children in South America (Lee et al., 2017).

In some countries in the Global North, child welfare systems are most likely to get involved in the safety and well-being of the child (Birchall & Holt, 2022; Hallett et al., 2022). Especially in cases of parental substance abuse, neglect and abuse. The influence of state

support can also impact perceptions on informal kinship care and the extended family structure.

Being one of the oldest and important institutions in society, family can be either small in size (nuclear) or much bigger (extended) (Dzramedo et al. 2018). According to Dzramedo et al. (2018, p. 1), Black families tend to revere and arrange their lives around bigger family structures (Adaki, 2023). Whereas Western families tend to be smaller with more value on the nuclear family structure (Adaki, 2023). This is in line with individualistic notions of family and relationships.

2.7 Societal and cultural influences on informal kinship care

"Kinship care is embedded in the lives of children and families across Sub-Saharan Africa as evidenced by the near universality of the practice, its longstanding use in rural and urban communities in manifold settings, and the vast array of different forms it can encompass.".

(Mann & Delap, 2020, p. 2)

Culture is a very complex construct (Fatehi et al., 2020, p. 8). This phenomenon has been studied in different fields including sociology, anthropology, and psychology (Fatehi et al., 2020). Cross-cultural psychologists identify two types of cultures namely, individualistic and collectivist cultures. Whilst individualistic cultures emphasise the self and individual identity, collectivist values tend to prioritize the community and put value on the collective identity (Chen & Unal, 2023).

The individualistic and collectivist cultural values mean that both cultures have different approaches to life and its structures. For example, because the individualistic culture leans more towards the self, personal fulfilment and self-actualization are often chosen over traditional familial obligations. Individualistic family structures are often single parented where individuals make decisions that are more favourable for individual goals. Differentially, family structures in collectivist cultures are known to value collective harmony and cohesion over the individual well-being.

In collectivist families, cohesion in the family is important in building strong emotional connections. With interdependency comes a sense of shared responsibilities where everyone is expected to contribute to the well-being of the collective. Finally, there are clear hierarchies

which are relevant to age. Parents and elders are seen as authority figures who often guide younger generation. This is different to the individualistic family structure that values self-autonomy. Interdependency, respect for leaders and shared responsibilities are some family values that are key to collectivist cultures. This family structure can be multidimensional with extended and nuclear family forms.

The care of children (whether temporary or permanent) by close relatives and even friends is a regular part of childhood in some societies (Mann & Delap, 2020). According to Delapp and Mann (2020), adults in such societies have a moral and cultural obligation to look after children who cannot be taken up by their biological parents. African children belong to the community and therefore it becomes the community's responsibility to give care to the child when parents are unable to do so.

Kinship care can be surrounded by many societal and cultural factors. In communities where this practice is highly valued, children may be provided with a safe environment and a sense of belonging. This practice can also uphold the all-important family structure which is valued in societies that lean towards collectivism and a collective responsible society.

Kinship care has become an everyday part of different societies across the world. With family being the backbone of many societies, kinship care is an important structure that keeps the family together. On the other hand, culture plays a significant role in shaping ideologies and attitudes towards kinship care. For example, cultures with a strong emphasis on family ties and collective responsibility for children and adolescents, kinship care will be viewed as a natural element of that culture.

Despite this this, such societies do not have formalized systems that have been put in place to support kinship care. Financial assistance, legal recognition of caregivers and access to social services for caregivers is present in developed societies whereas in underdeveloped societies kinship care continues to thrive without any support from the state.

2.8 Kinship care and adolescence

Once largely separate from the child welfare system, informal kinship care has become an essential part of child welfare practice (Hall & Mokomane, 2019; Lee et al., 2017). In recent decades, this form of care has been used as a preventative alternative to foster care or formal

kinship care (Bramlett et al., 2017). As indicated; kinship care is known as the placement of children in the care of extended kin, other than biological parents (Hall & Mokomane, 2019). According to Bramlett et al. (2017), an attachment to biological parents is crucial as it fosters a connection critical to healthy development in a child or adolescent. However, research indicates that when relatives step in to fulfill the caregiving role, a healthy attachment can also develop (Bramlett et al., 2017).

The caregiving role is therefore critical in fostering healthy development in children and adolescents. Adolescence is a crucial developmental stage whereby an individual experiences multiple changes including physical, emotional, and social (Erikson, 1963). This period can be challenging and thus needs caregivers to be sensitive to the needs of the adolescent (Shenderovich et al., 2021). It is important that an adolescent is guaranteed parental availability and presence (Goldschmidt et al., 2019). In essence, the quality of the adolescent's relationship with their caregivers can significantly contribute to their well-being and self-esteem (Goldschmidt et al., 2019).

In addition to the caregiving role, multiple factors are known to contribute to the welfare of adolescents in kinship care (Shenderovich et al., 2021). According to Bray and Dawes (2016), structural factors such as poverty, workload, education, and HIV can have a significant influence on caring for adolescents and subsequently fostering their well-being. As such, poverty and inequality are major influences on the quality of care given to adolescents. According to Bray and Dawes (2016, p. 2), "poverty is associated with the erosion of dignity to cope with such circumstances, and people are at an increased vulnerability to make use of drugs and alcohol, thus impacting on quality of mental health". According to Bray and Dawes (2016), culture, migration, HIV epidemic, and poverty have contributed largely to the influences of caregiving to adolescents in the Southern and Eastern regions of Africa.

The welfare of children and adolescents in kinship care has been the focal point of some studies (Bramlett et al., 2017; Goldschmidt et al., 2021). According to Bramlett et al. (2017), adolescents in informal kinship care indicate more positive mental health, placement stability and, behavioral development than those in formal kinship care. This may be attributed to the level of relatedness of caregivers, given that caregivers are vital during critical developmental stages as they provide a stable foundation of emotional support, guidance, and mentorship that helps the adolescent navigate the challenges of this transformative phase (Bramlett et al., 2017;

Lee et al., 2017). It is therefore suggested that the quality of caregiving contributes to the development of resilient, responsible, and well-rounded individuals (Lee et al., 2017). Finally, their study further indicated that 50% of children in informal kinship care are more inclined to better health and academic consequences than other non-foster groups (Bramlett et al., 2017).

2.9 The maternal figure and caregiving in informal kinship care

In African literature, mothers are described as individuals who bring life into this world, they create through reproduction and nurture children into fully grown adults (Spjeldnaes, 2021). Expressions such as “Mother Africa” or “the motherland” ascribe great power and signify the role that mothers play in children’s lives (Spjeldnaes, 2021). Whilst pregnancy, reproduction, and childbirth are primarily biological processes, the extended family indicates that the care of children can also be determined by societal and cultural processes (Spjeldnas, 2021). As such, the notion of mothering is a verb that refers to the cultural process of child-rearing. A mother is an individual who has not only given birth but has also contributed to raising a child (Spjeldnaes, 2021).

Mothers hold multiple responsibilities including financial, emotional, and social ones (Magwasa, 2010). Adolescents create bonds or attachments with their mothers which can be important for their overall development (Bowlby, 1958). Bowlby (1969) further added to this notion by creating an internal working model, an inner guiding system that can either lead to a positive or negative view of the self, others, and the world.

2.10 The Black family and informal kinship care

Studies on attachment highlight the importance of a bond with mothers for the healthy development of children and adolescents (Karakas & Dagli, 2019). Caregivers play many different roles in children’s lives including playmates, disciplinarians, and most importantly attachment figures (Karakas & Dagli, 2019). The role of an attachment figure is important as it could predict a child’s later social and emotional development (Bowlby, 1958). Bowlby (1958) further highlighted that the family unit and subsequent relationships can also have favourable outcomes on an individual's well-being. According to Furstenberg (2015), the family unit is one of the oldest and most resilient in situations. Although family structures differ across the world and within different cultures, the value of the family system is apparent across cultures.

The family is a basic institution in society, and thus it is important that this institution is upheld and strengthened (Furstenberg, 2015). According to Kumpfer et al. (2016), the family structure refers to the positions of its members and the roles assigned to them, which are all determined by culture (Kumpfer et al., 2016). Family structures have been defined primarily by multiple cultural anthropological studies throughout the world (Ringson & Chereni, 2020). This bedrock in society is described as a natural unit, foundational basis, and pillar of society (Department of Social Development, 2012 as cited in, Assim, 2013). Research has supported the notion that the family as a unit has substantial influence on the development and welfare of an individual (Northway, 2015).

In 1982, The African Charter of Human Development highlighted the continuation of the family structure. As such urging the state to ensure that families are taken care of (health and psychological well-being) (Assim, 2013). African societies have assumed the care of children to not only the extended family, but the community at large. This sense of collectivity is the foundation of the phrase 'it takes a village to raise a child' (Assim, 2013). The extended family unit operated as a "reproductive, economic and socialization unit" (Madikwane & Kaunda, 2018, p. 2). This was a natural process that constituted as custom and not law. 'Abundant land, a subsistence economy, and the highly developed sense of generosity due to all family members, underwrote the support obligation of African children' (Assim, 2013, p. 28).

African law was concerned with the family and its right to adopt the child (Madikwane & Kaunda, 2018). Across different African cultures, extended families have historically assumed responsibility for children in what is termed kinship care (De Wet, 2019). "Kinship care is a widespread and customary practice in South Africa, as it is anywhere else in Southern Africa" (De Wet, 2019, p. 26). This common form of kinship will be used in this study (De Wet, 2019).

In South Africa, the Black family continues to have several unique circumstances that undermine its structure (Mphambukeli, 2019). As a result, the Black family system has continued to change its form to combat oppression. The Black family structure is not limited to space and time, instead, it cuts across generations, with extended family who live far and near, living and the dead (Lugira, 2009).

Scholars on family systems have understood the Black family structure as the extended family unit (Mafumbate, 2019). In South Africa, the extended family unit is the largest family structure

amongst Black people (Hall & Mofokane, 2018). 'Obligations to wider kin vary with time, and typically more widely invoked during times of crises or certain life cycle events such as funerals and this remains a common practice in extended families on the African continent, despite social change' (Lugira, 2009, p. 100, as cited in, Makiwane & Kaunda, 2018).

Mafumbate (2019) defines the extended family as an extension of 'the traditional' nuclear family unit which consists of a mother, father, and child. As a result, in extended family units, the primary caregivers are usually grandmothers, aunts, cousins and other related kin. Caregivers of the extended family are seen to come from one's bloodline (Mafumbate, 2019). For Africans, the family has a much wider circle of members than Western parts of the world suggest. Exploring the extended family and in the South African context is critical.

2.11 The Black mother in the Black family

Mothering is a key concept in this research. The role of the mother has been explored, particularly how she can influence the self-image of the child and thus how the child perceives/approaches the world, relationships, and others. However, it is important to recognize how certain factors can influence the mother's ability to give responsive and close-proximity care to her children. Additionally, caregiving can result in chronic stress, which can also comprise caregiver's mental health (Karakas & Dagli, 2019).

"Family caregiving is more intensive, complex, and long lasting than in the past and caregivers rarely receive adequate preparation for their role (Schulz & Eden, 2016)." South African and particularly Black mother had the added layer of oppression in the form of apartheid and colonialism. According to Chambers et al. (2022), oppression and racism negatively affected Black women's caregiving experiences and health outcomes.

To support their children, Black mothers in apartheid had lower paying jobs that were not conducive for caregiving thus forcing them to leave their children with relatives. Additionally, other forms of oppression which included controlling racial reproduction through family-planning policies (Clancy, 2017). Black women were urged to limit family, directing conflicting with collectivist cultural values which encourage big family structures (Clancy, 2017; Mkhize & Msomi, 2016).

Although Black mothers have a common experience of oppression through racial

discrimination, they share varied experiences. This was mainly affected by the cessation of racist practices which were implemented much earlier in other African countries. For example, Black women outside of South Africa did not experience a limitation in reproduction, they were encouraged to reproduce in line with collectivist values. Furthermore, due to decreased oppression, Black women in such countries had gained access to more diverse forms of employment. However, it is important to note that the aftermath of colonialism continued to linger and thus affect the mental health of Black women which subsequently affected their children.

In essence, Black mothers underwent multiple layers of oppression which ultimately affected their ability to give care to their children.

2.12 Conclusion

This chapter aimed at reviewing existing literature related to kinship care across contexts. In doing so, it established the context for this research while giving the reader the background and development of the research topic. This chapter aimed to provide an understanding of kinship care and its relevance in the global, African, and South African context. This longstanding form of care has been especially prevalent in the South African context where the segregationist history led to the fragmentation of the Black family. The Black family dynamic is a core concept in this research as it highlights the importance of the extended family unit as well as the cultural caregiving experiences.

Finally, this chapter focused on the research topic by deconstructing its components and elaborating on each of them. In doing so, it addressed the research gaps in relation to the topic at hand.

Chapter 3: CONCEPTUAL FRAMEWORK

3.1 Introduction

Theory provides a lens through which researchers and scholars alike can navigate the intricate landscape of various knowledge constructions (Adom et al., 2018). Theory thus serves as a framework in which we can make sense of complex phenomena and gain deeper insights (Ravitch & Carl, 2017). This in turn enables deeper understanding of the topic's core concepts (Adom et al., 2018; Ravitch & Carl, 2017). The main concern of this research was to explore Black women's maternal attachment experiences in informal kinship care during adolescence. Given the focus on attachment, in relation to both race as well as life stage a conceptual lens was applied. This conceptual framework enabled the integration of different theoretical models to enable a more encompassing understanding of the research and its findings.

The conceptual frame comprised of Attachment theory as the guiding framework, followed by the Psychosocial Development Theory, as well as Feminist and Afrocentric theoretical contributions. The Attachment Theory comprised the seminal works of John Bowlby (1958) and Mary Ainsworth (1973; 1985), as well the later contributions of Peter Fonagy (1999). Erik Erikson's (1963) psychosocial developmental theory was applied to provide an understanding of participant's development and attachment experiences at a particular life stage. Additionally, Feminist and Afrocentric theories respectively served to provide a critical lens that could guide a contextually relevant understanding. They also further highlighted the importance of diversifying research on this topic by offering Feminist and Afro-centered perspectives.

3.2 Attachment Theory

> *"Attachment is an evolutionarily adaptive motivational behaviour that the infant or child uses in order to feel secure and remain close to their preferred attachment figures."*
>
> (Bowlby, 1989, as cited in, Hillman et. al., 2022, p. 2)

Attachment theory is one of the most prominent theories applied to facilitate an understanding of parenting and caregiving (Duschinsky et al., 2015), but more specifically relationships and relational connection (Almasidis, 2020). Attachment as described by Bowlby (1969) refers to a particular aspect of the relationship between the child and his parent. The purpose of this

relationship is to promote an experience of safety, security, and protection for the child (Scharfe, 2017). As per Attachment theory, the concept of attachment is unique and differentiated from other facets of parenting like entertaining, disciplining and teaching (Maximo & Carranza, 2016). Attachment provides a secure base from which the child can explore their surroundings and eventually build trust (Almasidis, 2020). It is a haven where children can source support and comfort (Bowlby, 1958; Scharfe, 2017).

Attachment theory played a key role in facilitating an understanding of the relationships and the experiences of participants in this study. Despite the theory's heavy emphasis on the bond between mother and child (Bowlby, 1958), this study offered culturally appropriate understandings of attachment between participants and their maternal caregivers from the common extended family unit, which included aunts and grandmothers.

3.2.1 The seminal works of John Bowlby

> *"John Bowlby conceptualized the initial blueprint of this theory by drawing on ethology, control systems theory and psychoanalytic thinking."*
>
> (Bretherton, 1992, p. 759)

Although the Attachment theory was formally conceptualized in 1958, Bowlby's interest in child development began years prior. The 1930s and 1940s were a period of extreme curiosity in the effects of mistreatment and institutionalization on children (Follan & Minnis, 2009; Follan & Minnis, 2010). In 1944, Bowlby published a case series that consisted of 88 adolescents. Half of the sample were referred to the London Child Guidance Clinic for stealing and the other half were classified as 'unstable or neurotic', however were not referred for stealing (Bowlby, 1944). Bowlby's clinical work with young offenders pioneered the nosology for describing children's difficulties with attachment (Follan & Minnis, 2009).

Bowlby (1944) believed that the disruption of the mother-child relationship would result in juvenile delinquency, traits of anti-social behaviour and psychological difficulties. The results of his study indicated that over half of the children noted for delinquent behaviour had been separated from their mothers for a period longer than six months in the first five years of their lives (Bowlby, 1944; Ainsworth, 1976; Follan & Minnis, 2009). Bowlby's research work with

juveniles propagated the subsequent development of the attachment theory as well as our modern-day conceptualizations of the difficulties in attachment like insecure or disorganized attachment (Follan & Minnis, 2009; Samanta, 2019).

Hillman et al. (2022) supported this notion by reporting that losing a primary attachment figure such as a mother can lead to a child developing a sense of loss. Subsequently leading to the development of a negative self-worth and difficulty developing secure attachments in later life. Early disruption in attachment and continued adverse conditions (i.e., insecure environments) can lead to emotional and behavioral difficulties which in turn can lead to the development of mental issues such as anxiety and depression (Chu & Lieberman, 2021; Hillman et. al., 2022). Such conditions can lead to high levels of stress in later adulthood with the individual having difficulty regulating their own emotions (Chu & Lieberman, 2021).

"By analyzing these cases with knowledge from the present day, we suspect that Bowlby was describing a group of children who may have been presenting with issues in attachment" (World Health Organization 1993, as cited in, Follan & Minnis, 2009, p. 640). After his research on the 44 juveniles and later conclusions, Bowlby concluded that when the disruption of the infant-mother relationship may lead to irretrievable, negative effects on the child's ability to function as an emotionally stable human being (Ainsworth, 1976; Samanta, 2019).

Bowlby (1958) posited that a favourable interaction where-by the mother is present and available is good for the development of that child. A secure base usually facilitates high quality attachment between caregiver and child (Bowlby, 1977). The attachment theory was important in highlighting that the needs of a child go beyond the physical need to be fed. According to Bowlby (1977) it is equally important for children to foster an emotional bond with caregivers. The attachment theory highlighted the role that the caregiver plays in guiding the child to exploration and independence (Bowlby, 1958).

In this theory, biological caregivers (primarily mothers) were highlighted as key players in the interaction situations with their children (Bowlby, 1958). So important are these interactions that they could mold an individual's personality (Bowlby, 1977). According to Bowlby (1977), an individual's internal representations of the self and others is based on the relationship to primary caregivers in what Bowlby called the internal working model (Pietromonaco & Barrett, 2000).

Internal representations provide the internal working model for how children are likely to engage socially and interpersonally (Shirvanian & Michael, 2017). Bowlby (1977) believed that the secure base was an essential aspect of attachment behaviour and subsequently a positive internal working model. The secure base defines the continued availability of the mother and highlights that the child can find comfort in an accessible caregiver when they are distressed (Shahar-Maharik et al., 2018). The notion of the secure base was expanded on by one of Bowlby's colleagues, Mary Ainsworth. Mary Ainsworth's contributions to the attachment theory provided the basis for categorisation of different participants in this research.

3.2.2 The seminal works of Mary Ainsworth

Bowlby's (1958) initial postulations of attachment and the secure base were important in providing a basis for later work. Ainsworth (1973) and Ainsworth et al. (1978) contributed largely to this by postulating that from the secure base an infant can freely explore their surroundings. According to Ainsworth (1973), attachment is more than overt behaviour, it is internal and subsequently built into the nervous system. Ainsworth (1973) conceptualised this biological understanding of attachment from Bowlby's (1969) suggestion that the limbic system acts as the site of developmental changes associated with the rise of attachment behaviours. As such, the first 15 months of life have been noted as critical for the development of attachment as the limbic system begins to develop during this period (Bowlby, 1969).

As a member of Bowlby's research team, Ainsworth (1973) framed attachment around the psychoanalytic theory, believing that parents play an important role in satisfying a child's emotional needs (Scharfe, 2017). Similarly, to Bowlby (1969), Ainsworth emphasised the role of the primary caregiver in fostering a healthy attachment with the child (Scharfe, 2017). However, this relationship is not limited to biological caregivers as children in different cultural contexts grow up without their biological parents, or within larger caregiving settings.

During the 1950's, Ainsworth conducted research across Britain, the United States and Uganda (Scharfe, 2017). After observing the mother-child dyad in Baltimore and Uganda during the 1950s, Ainsworth began developing an official evaluation tool to differentiate between attachment categories (secure, insecure avoidant and insecure ambivalent) (Bretherton, 2013). After observing infants' reactions to separation from their maternal caregiver, Ainsworth

recorded this through non-verbal communication and categorised these reactions as secure, avoidant, anxious and ambivalent attachment styles (Bretherton, 2013).

3.2.2.1 The Classifications of Attachment and The Strange Situation

Maternal sensitivity is a concept that arose from Ainsworth's observations of the mother-infant dyad in Uganda (Ainsworth et al., 1978; Dawson, 2018). This 'sensitive' response to an infant's full communication and signals can develop an internal organizing system that will eventually lead to the development of a secure attachment base (Dawson, 2018). Conversely, insensitive interactions with an infant can lead to the development of an insecure attachment. In essence, maternal sensitivity is said to be the main precursor for secure attachment (Ainsworth et al., 1978).

Although Ainsworth lists four important components to the development of maternal sensitivity (awareness, accurate interpretation, accurate and quick responsiveness), maternal sensitivity is not a predetermined list of parenting behaviors (Dawson, 2018). According to Dawson (2018, p.3), "it is a context-dependent, infant-dependent and sensitive response arising out of a psychological awareness of the infant". The different attachment categories were built off the notion that humans show a propensity to obtain and retain physical proximity to primary caregivers, which are usually mothers (Petters, 2006). As such, infants seek proximity to their main carers for physical survival, such as the need to be fed (Bowlby, 1958; Bowlby, 1969).

However, after Bowlby (1958) noted that the needs of a child go beyond the physical need to be fed there was a realization that humans need for proximity to their caregivers can be unrelated to any reinforcing effects of feeding (Petters, 2006). Bowlby's notions about infant-mother proximity and the separation or disruption of such a relationship led to other theorists exploring this relationship. One of the most crucial contributions to the attachment classifications is that of Ainsworth et al. (1978) and *The Strange Situation Experiment*. Mary Ainsworth contributed largely to the field of attachment by formulating the concept of maternal sensitivity in reference to infant signals (Mino et al., 2018). Ainsworth also noted that maternal sensitivity played a role in the development of infant-mother attachment patterns (Mino et al., 2018).

In this controlled experiment, infants were presented with similar, replicable situations that resulted in different outcomes (Ainsworth et al., 1978). These different situations resulted

because children possessed different predispositions for attachment behaviors. These dispositions have been gained from the infant's experiences with their caregiver over the previous years of the infant's life (Ainsworth et al., 1978). In *The Strange Situation* experiment, Ainsworth et al. (1978) and colleagues set out to elicit attachment behaviors of one-year-olds in a moderate, controlled manner. In *The Strange Situation*, the mother and infant were put in an unfamiliar setting where the infant was left alone for a period of three minutes (Petters, 2006). Eventually, the mother and child reunited, and the child's reactions and behaviours were subsequently recorded. The behaviours that these children exhibited after contact with their mothers (from initial separation) are what we refer to today as the classifications of attachment as proposed by Ainsworth (1973) and Ainsworth et al. (1978). Ainsworth et al. (1978) found three major clusters of attachment namely: Avoidant (type A), Secure (type B) and Ambivalent (type C).

These classifications suggest that children who are classified as the Avoidant (type A) may feel like they cannot turn to their caregivers for support and comfort (Mino et al., 2018). Upon reunification with their caregivers, Ainsworth et al. (1978) noted that Avoidant children do not seek close proximity as seen in type B children. Instead, these children were noted to avoid physical contact and the gaze of their caregivers (Ainsworth et al., 1978). In these instances, children return quickly to their play and exploration (Ainsworth et al., 1978). However, in their play and exploration, these children are not fully occupied with carefree exploration (Ainsworth et al., 1978). They were instead described as closely observing their caregivers to see if they will leave again (Ainsworth et al., 1978). Avoidant children 'avoid' their caregiver, but do not regulate their negative emotions when unification occurs (Ainsworth, 1973). The classification described Type A carers as paying less attention to their children, as well as providing less nurturing and caring contact with their children (Ainsworth et al., 1978). Such children are noted to cry more and exhibit more angry emotions (Ainsworth et al., 1978; Mino et al., 2018).

Differentially, securely attached children (type B) have developed trust in their caregivers' availability and responsiveness (Scharfe, 2017). When these children are separated from their caregivers, they seek immediate proximity after reunification (Ainsworth, 1973). In *The Strange Situation*, securely attached infants respond to the reunion with their mothers by approaching them in a positive manner (Ainsworth et al., 1978). After gaining that proximity with their mothers, children continue to explore freely (Ainsworth et al., 1978). Under the type

B classification, the child cries for a short while after separation from their mother (Ainsworth et al., 1978). For a child to develop a secure attachment, care of the child must be reliable and consistent as this will result in feelings of safety and security (Bowlby, 1969). The parent or caregiver must be a constant presence in the child's early life, especially when the child is under stress (Bowlby, 1969). Parents with type B children are suggested to be more emotionally expressive, providing contact of a more positive, caring nature contributing to infants crying less and exhibiting fewer negative emotions (Ainsworth et al., 1978).

In the Ambivalent attachment style or type C, caregivers are described as providing unpleasant and inconsistent caregiving to children. Because of this, type C children have not built trust in their caregivers and subsequently do not seek any comfort or proximity to their mothers (Ainsworth et al., 1978). *The Strange Situation* experiment highlighted that this attachment style was observed when children were not comforted by the return of their caregivers (Ainsworth et al., 1978). Additionally, Ambivalent children did not return to play and explore their environment, instead they cried more and exhibited emotions such as anger because of caregivers' long absence (Ainsworth et al., 1978). Finally, when these children are separated from their caregivers, they can switch from being clingy to withdrawing and getting angry (Ainsworth, 1973).

Ainsworth (1973) and Ainsworth et al. (1978) created an innovative methodology that made it possible to empirically test some of Bowlby's (1958) initial ideas around attachment (Mino et al., 2018). These evaluation tools helped to expand the attachment theory and are responsible for the later day contributions to the attachment theory (Petters, 2006). In 1990, Main and Solomon added the final category of attachment (Scharfe, 2017). The Disorganized-insecure type refers to children with a history of abuse (Scharfe, 2017). These children are considered high risk and when in high stress situations are identified as not presenting with a coherent attachment (Scharfe, 2017). A Disorganized-insecure attachment style is due to inconsistent behavior from parents (Scharfe, 2017).

3.2.2.2 The Strange Situation and its application across cultures

To evaluate the use of *The Strange Situation* between- and within-cultures, van IJzendoorn and Kroonenberg (1988) led a cross-cultural meta-analysis. The results of this study revealed a significant intracultural variation, which exceeded cross-cultural variation (van IJzendoorn & Kroonenberg, 1988). Furthermore, results indicated that socioeconomic status and environmental factors may explain the differences as much as cultural differences- these results were replicated (Posada et al., 1995, as cited in, Voges et. al., 2019). In essence, their findings indicate that the secure base phenomenon is present in both African and Western populations. This is despite culture specific differences that exist in the organization of attachment behavior (Posada & Trumbell, 2017).

Similarly, Dawson et al. (2018) conducted a study comparing cultural validity of the original Ainsworth scale and the Maternal Behavior Q-sort mini scale on mothers in the Alexandra township, in Gauteng, South Africa. Their results indicated that the Ainsworth scale seemed more contextually appropriate in measuring maternal sensitivity in Alexandra, South Africa (Dawson et al., 2018). Despite its limitations, this study highlighted the need to use measurements that are contextually relevant to the context in question and in doing so attempting to not pathologize non-Western cultural practices (Dawson et. al., 2018).

3.3 Contemporary contributions to The Attachment theory

3.3.1 Peter Fonagy

Peter Fonagy, a renowned psychoanalyst, has made significant contributions to the field of developmental psychopathology and the attachment theory (Ensink et al., 2017). Fonagy is recognized for his contributions to understanding the complexities of human emotions, relationships, and therapeutic interventions (Ensink et al., 2017). Fonagy believed that "the capacity to conceive of mental states as explanations of behaviour in oneself and in others, is a key determinant of self-organization" (Fonagy & Target, 2006, p. 544).

The term mentalisation refers to an individual's ability to reflect and understand their state of mind (Fonagy, 1999, as cited in, Fonagy et al., 2002). Mentalisation is not limited to the self and as such is used to denote one's ability to imagine other people's thoughts (Fonagy & Allison, 2011). Being able to imagine thoughts and perspectives different to our own is a powerful human characteristic that develops during the early stages of life (Fonagy, 1999, as

cited in, Fonagy et al., 2002). The first minds that children are curious to explore are those of their closest family members, i.e., major attachment figures. Such caregivers provide firsthand examples of how other people think and from here, the child begins to conceptualise how their thoughts are perceived by others (Fonagy et. al., 2002; Fonagy & Target, 2006).

Due to its prominence in early development as well as the importance of a relationship to major attachment figures; mentalisation is intimately linked to an individual's attachment style. The attachment between caregiver and child acts as a 'model' or base that helps the child learn how to pay attention to and understand their experiences (Fonagy et al., 2002). Thus, the child gains the ability to reflect on and understand their own states of mind or mentalise (Fonagy et al., 2002). Mentalising is also important in regulating one's emotions and as such, difficulties with mentalisation may lead to difficulties with emotional regulation (Fonagy, 1999, as cited in, Fonagy et al., 2002). An inability to emotionally regulate is considered a defining characteristic for the development of personality disorders (Fonagy & Target, 2006).

In essence, mentalisation is a process in which primary caregivers guide a child from assisted to independent observation of the self (Fonagy, 1999, as cited in, Fonagy et al., 2002). A healthy and consistent emotional bond between child and caregiver is important for successful mentalisation (Fonagy et al., 2002). Since attachment is key to this process, a healthy emotional interaction can only occur when a secure base or attachment has been formed (Fonagy et al., 2002). Although this theory has been revisited by contemporary theorists, its basic tenets remain largely unchanged (Keller, 2018). Since its initial conceptualisation, the attachment theory has been criticised for not being culturally considerate specifically concerning kinship care and children's development.

3.3.2 Attachment as a dynamic concept

Attachment is a dynamic and evolving process that is influenced by various factors throughout a child's formative life (Almasidis, 2020; Mikulincer & Shaver, 2018). Furthermore, attachment theory has proved to be applicable across cultures. This theory can be seen as a model to understand the process and nature of attachment formation (Voges et al., 2019). The quality of attachment formed in infancy with primary caregivers sets the foundation for the child's emotional development and interpersonal relationships (Cherniak et al., 2021). However, this attachment bond is not fixed or static, and thus can be modified and reshaped. According to Shirvanian and Michael (2017), early attachment is not static and is

likely to change in response to alternate relationships, the consequent emotional experiences, caregiver's responsiveness, and intergenerational transmission. Therefore, an individual's welfare can be dependent on the level of attachment shared with caregivers (Shirvanian & Michael, 2017).

As a child grows, additional relationships can either complement or compete with existing attachment bond and thus influencing the strength and nature of the existing attachment with primary caregivers (Cherniak et al., 2021; Shirvanian & Michael, 2017). Attachment patterns can also change because of life stages and developmental milestones (Almasidis, 2020). As a child or individual enters a new life stage (e.g., adolescence or adulthood), their social and emotional needs may evolve thus leading to a shift in attachment (Shirvanian & Michael, 2017).

According to Yip et al. (2018), both adverse and favourable emotional experiences can impact an attachment or bond. For example, supportive and nurturing experiences may strengthen the attachment and lead to security, while traumatic experiences may put a strain on the attachment and thus lead to insecurity in the relationship (Yip et al., 2018). Similarly, caregiver's responsiveness and sensitivity can play a crucial role in shaping attachment (Shirvanian & Michael, 2017; Yip et al., 2018).

Consistent caregivers who meet the emotional needs of a child can create a secure base with children (Almasidis, 2020; Yip et al., 2018). On the other hand, emotionally unavailable caregivers who struggle to meet their children's needs can create an insecure attachment with their children (Ainsworth et al., 1978). Finally, attachment patterns can be passed down from one generation to the next. A caregiver's own attachment experiences can influence how they respond to their child and thus perpetuating certain attachment styles (Shirvanian & Michael, 2017).

3.3.3 Critiques of the attachment theory

> *"While the global spread of theory and research is considered largely positive, failure to interrogate the applicability of imported knowledge can 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 or should be and what their childhood is or should be like."*
>
> (Dawson, 2018, p. 1)

Caretaking practices are dependent on and adapted to the context, culture, and history of any given community (Keller, 2018). For example, in the South African context emerging research indicates the need to consider attachments to members of the extended family (Mabelane et al., 2019). In essence, there is a need for more contextually relevant research on the topic of attachment in the African context as the attachment theory has maintained its Western characteristics (Keller, 2018). According to Keller (2018, p. 11415), "the attachment theory postulates a WEIRD (Western, educated, industrialized, rich and democratic) model of children's socioemotional development and kinship care". This is an important consideration, given the contextual and cultural considerations of this research initiative.

The attachment theory has been criticised for placing a heavy emphasis on the mother-child relationship. In so doing, it fails to offer a comprehensive view of how attachment manifests with non-biological maternal as well as paternal caregivers (Shahar-Maharik et al., 2018). According to Atkinson and Goldberg (2004), attachment is not specific to the biological mother and cultural differences that allow for attachments to be formed with maternal caregivers in a non-nuclear unit (i.e., the extended family) (Alto et al., 2020; Atkinson & Goldberg, 2004). Alto et al. (2020) further postulate that the emotional, psychological, social, and neurological development of a child is solely dependent on the quality of attachment and not the caregiver.

References to ‘parental sensitivity’ (instead of maternal sensitivity) date as far back as 1981 (Dean, 2018). However, the use maternal sensitivity- a more gender-inclusive term- has become more common over time. The shift from the use of ‘maternal sensitivity’ to ‘parental sensitivity’ challenged a bias integral in the initial concept –i.e., the mother is the primary caregiver and the ways in which she interacts with the child will exclusively determine the child’s attachment style (Dawson, 2018; Dean, 2018). However, later research indicated the importance of a close, sensitive father-child interactions in child development (Dawson, 2018). This research has proved to be the first evidence of a cultural challenge to the construct (Dawson, 2018).

Far more recently, researchers have been investigating the cultural universality of the concept of maternal sensitivity and its measurement has been emergent, mainly from South Africa and the Netherlands (Dawson, 2018; Ganz, 2018). “While some support is being found for the qualities of a ‘global mother’, there may be cultural variation in the activities undertaken by mothers to achieve the same aims” (Ganz, 2018, p. 100). The attachment theory also fails to consider different aspects of an individual’s life (Quinn & Mageo, 2013). Given its Eurocentric foundation, it may be suggested that the attachment theory does not adequately acknowledge the relevance of contextual considerations influencing attachment (Keller, 2018). Such considerations are likely to include the influences of socioeconomic status, gender, ethnicity, and culture on development (Cluver & Gardner, 2005). According to Pritchett et al. (2013), research has demonstrated that psychosocial and economic factors strongly impact on development. In many cultures, the strongest predictor of depression and anxiety in adults is growing up exposed to poverty.

Economic factors play a crucial role in caregiving (Gutierrez-Garcia et al., 2017). For example, children growing up in a disadvantaged social class may find that they have limited time spent with their caregivers (McIntyre et al., 2016; McIntyre et al., 2018). Caregivers may have to migrate to make ends meet, thus reducing on their ability to foster secure attachments with children. Additionally, economic factors may determine the availability of resources. According to McIntyre et al. (2018), caregiving may be more effective when caregivers have access to resources and support systems. The factor of economic difficulty/poverty and subsequent migration is particularly relevant to the South African context (Bakker et al., 2020) and this research- where some participants noted that their mothers had to relocate to find employment and thus impacting on their ability to give care.

According to Bakker et al. (2020) in the South African context most Black people grow up in disadvantaged circumstances. This has also been identified in a Western context where states with larger proportions of lower income residents living in poverty have a higher incidence of depression (WHO, 2014). In essence, these factors, independent of a mother's sensitivity, can be as significant as the quality of the early attachment (Pritchett et al., 2013).

Furthermore, the 1980s, Feminist views of the attachment theory provided critiques on the traditionalist nature of attachment and the genetic predisposition of attachment become prominent. This fueled the policy argument that women should remain at home with their children until they attended 5 or 6 years of age (Cassidy et al., 2013). The Feminist perspective to the attachment theory has criticized it for being a sexist attack on mothers. Additionally, the notion that the mother can serve as the sole attachment figure has been criticised, rather according to these theories, it is the quality of the caregiver rather than the category of the individual (Cassidy et al., 2013).

Feminist scholars have further critised attachment theory for being based on conservative and, traditionalist views (Duschinsky et al., 2015). According to Duschinsky et al. (2015, p. 173), "*the attachment theory is concerned with policing nuclear families and problematizing other family forms and in doing so it pathologizes mothers*". Feminist scholars have also argued that the attachment theory poses too much pressure on the biological mother as the sole responsible caregiver for the infant (Duschinsky et al., 2015). Despite its empirical evidence, the theory has been noted as smuggling social norms under the cover of claims of scientific objectivity (Duschinsky et al., 2015).

In support of this, Quinn and Mageo (2013) postulated that the attachment theory emphasises the biology and genetics to naturalize contingent, social demands. Feminist scholars problematize Bowlby's (1958) theory for the exclusion of other caregivers and perpetuates the thinking that the survival of a child is dependent largely upon the biological mother (Duschinsky et al., 2015). Thus, enforcing that the importance of the mother's emotional well-being and compassion towards her child as being essential for development (Duschinsky et al., 2015).

This was also noted by Quinn and Mageo (2013) who criticised the separation-anxiety situation (Ainsworth et al., 1978). The child's response to separation and reunion is solely dependent on the mother's facial expression and how frequently the caregiver separates from their infant. Contratto (2002, p. 29, as cited in Duschinsky et al., 2015) concluded that this "implicates attachment theory as 'profoundly conservative' and bent on producing familiar mother-blaming scenarios". Similar criticisms on attachment theory have challenged the claim that parenting behaviours are the most important cause of a child's well-being (Mercer, 2011).

In further support of this, Feminist scholars such as Gilligan (1982; 2018) and Segura and Pierce (1993) have argued that connectivity is not specific to the mother-daughter bond. Furthermore, Gilligan (2018) argues that this is not the only relationship that can enhance a girl child's sense of self. According to Gilligan (2018) connectedness and interdependency are essential for females. Gilligan (2018) emphasized the importance of empathic attachment in a girl's relational world. Gilligan (2018) has noted that psychologist's such as Bowlby and Ainsworth study men to generalize about women. Gilligan (1982; 2018) has argued that psychology as a field has consistently and systematically misunderstood women.

Although the Eurocentric perspective highlights the development of the self -in-relation to maternal figure (Gilligan, 1982, as cited in Gilligan, 2018), Feminist scholars such as Gilligan (1982; 2018) and Segura and Pierce (1993) have highlighted that in addition to the biological mother, maternal caregivers of the extended family unit can play a critical role in the emotional development of the girl child. Their research stresses the importance of nonexclusive mothering in raising daughters in the Mexican culture (Gilligan, 2018). This school of thought provides a critical, cultural understanding of the self-in-relation to the maternal figure by suggesting that the self can develop with non-biological maternal caregivers. This is especially relevant for this study as it explored Black women's retrospective reflections on their lived, maternal attachment experiences during adolescence. In essence, Gilligan's (1982; 2018) perspective is useful as it provides a cultural consideration of attachment that may be relevant to Black females in a collectivist society such as South Africa. This may provide information on Afrocentric attachment and how it is conceptualised in this context.

Despite its Eurocentric and patriarchal underpinning, the theoretical postulations of attachment theory are still of considerable theoretical value to the understanding of attachment and caretaking practices. According to Scharfe (2017), attachment theory has formed the basis for

research worldwide. Research on attachment has highlighted the importance of an attachment figure on an individual's development (Scharfe, 2017). Attachment is popular in defining the parent-child dynamic (Breiner, 2016; Shahar-Maharik et al., 2018) and has been influential in shaping the perceptions of child development and parenting (Scharfe, 2017). As a result, this study made use of this theory to understand the relationship between caregivers and participants during their adolescence. The nature of the attachment relationships were the narratives in which this study was conceptualized.

Whilst recognizing the value of attachment theory, it remains important to provide an appropriate response to its limitations. Given that this research is situated in the South African context, the conceptual frame integrated an Afrocentric lens to facilitate an understanding of attachment. The concept of maternal sensitivity received scrutiny for its definition, subsequently, different authors advocated for redefining the term (Ganz, 2018). According to Dawson (2018), the original definition lacks clarity. While developing a scale of emotional availability (Biringen, 2008; as cited in, Dawson, 2018) suggested that conflict resolution and emotional tone should be considered key aspects of (maternal) sensitivity. Furthermore, Biringen (2008, as cited in, Dawson, 2018) argued that the criterion of a sensitive mother includes displaying a positive and warm affect. This maternal caregiver should also be flexible and have the capacity to soothe her distressed infant. In Northern America and Western Europe, the construct of maternal sensitivity has been extensively revisited over the last 50 years (Dawson, 2018). Finally, only a few authors have addressed the issue of cultural and contextual applicability in relation to maternal sensitivity (Dawson, 2018).

3.4 Erik Erikson's psychosocial developmental theory

3.4.1 Introduction

Erikson (1963) contributed to the understanding of human functioning, dysfunction, and development with the development of the 8 psychosocial stages. This theory was important as it was an all-inclusive one that extended beyond childhood, through adulthood and all the way to old age (Maree, 2021). Erikson's psychosocial theory shows how concepts of the self and identity may be influenced by the body, mind and finally the social contexts in which an individual develops (Berzoff et al., 2021). Erikson contributed largely to research on human development with this life-cycle theory and its eight developmental stages (Maree, 2021). Erikson (1963) saw these stages as predetermined and sequential to human development.

Erik Erikson's (1963) stages of psychosocial development posit that personality develops in a prearranged order through eight different stages, namely, trust vs. mistrust, autonomy vs. shame and misdoubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation and finally integrity vs. despair (Erikson, 1963). Erikson received critiques around this very idea that these stages are predetermined (Orenstein & Lewis, 2020). According to Erikson (1963), in a lifetime, an individual will advance through a series of eight developmental stages. Erikson (1963) further posited that each stage is characterized by a unique psychological concern. Erikson stated that, much like attachment, some of these stages may continue to develop throughout an individual's lifetime (Orenstein & Lewis, 2020).

In each developmental stage, the individual is presented with a psychosocial crisis that could have either adverse or favourable outcomes for personality development (Orenstein & Lewis, 2020). The degree of resolution (or un-resolution) of each stage determines the characteristics of an individual's personality as it impacts the degree of resolution (or un-resolution) of later stages (Maree, 2021). Each stage has a biological foundation in an individual's physical maturation and cognitive development (Erikson, 1963). Erikson (1963) used epigenesis to describe his developmental model. This word, which described the organic quality of the model. Epigenesis describes how a fetus' organs normally develop in a successive manner with one another. This is like Erikson's model where these psychosocial stages follow from one another as a resolution to a psychosocial crisis, and is, consequently, positively balanced (Maree, 2021).

According to Erikson (1950), successful completion of a particular stage results in positive outcomes for personality development and the attainment of basic virtues. Finally, despite Erikson's (1963) model of development consisting of eight stages, this study only focused on the identity versus role confusion and intimacy versus isolation stages, as they accurately defined the life stages of participants in this study.

3.4.2 Adolescence: Identity versus Role Confusion (12-18)

Adolescence is universally defined as a challenging period in any person's life as it is characterized by rapid hormonal, personal and self-developmental changes. Erikson (1963) defined this time as critical to the development of the self. Adolescence is a time where efforts

are made to define the self. Subsequently, the adolescent struggles with self-acceptance and acceptance from others (Erikson, 1963). In adolescence, identity is achieved through a group identity. According to Berzoff et al. (2021), Erikson did not set a standard identity of a healthy identity, the meaning of an adolescent's behavior had to be understood within the sociocultural and historical contexts in which they develop.

In identity versus role confusion the individual is undergoing the critical period of adolescence. This stage spans over 5 years of an individual's life from 12-18 years. In Erikson's (1963) schema, adolescence represents the crisis involving the development of an identity. This crisis presents with a state of suspended morality where the adolescent begins to formulate personal ideas which differ from those of their parents. The task as defined by Erikson is that of identity vs role confusion. The adolescent must achieve a stable sense of self that fits with an image of the individual's past, present, and future possibilities (Berzoff et al., 2021). In addition to this, successful completion of the task means that the identity achieved in this stage is one that will remain stable over time, the adolescent must acquire accrued confidence in their identity (Erikson, 1963).

Exploration of different identities to see which one fits best is extremely crucial for the adolescent (Erikson, 1963). This support is gained from caregivers and speaks also to the attachment style fostered by the caregiver in the individual's early life. If they are not supported, these adolescents run the risk of prematurely foreclosing on their identities or getting lost in the pursuit and commitment of negative identifications (Berzoff et al., 2021). "Erikson proposed a psychosocial moratorium in which it may be adaptive to drop out and explore one's identity without making premature commitments" (Berzoff et al., 2021, p. 85). If successfully completed, adolescents gain the virtue of fidelity or the ability to sustain loyalties freely pledged despite differences in values (Erikson, 1963).

As such, adolescents may ponder on questions such as 'Who am I?' or 'Where do I belong?' (Orenstein & Lewis, 2020). Developing a sense of self is a difficult and challenging process and at this stage, teenagers are also dealing with bodily changes which may leave them confused. To find refuge and answers, adolescents may turn to caregivers (Erikson, 1963). Successful completion of this stage is determined largely by the reinforcement and encouragement from caregivers (Erikson, 1963). Therefore, a secure attachment is pertinent in facilitating the successful completion of this stage (Orenstein & Lewis, 2020). This study

recruited adult participants who received informal kinship care during this critical developmental period. Respondents reflected on this period in reference to their attachment experiences.

3.4.3 Young Adulthood: Intimacy versus isolation (19-40)

To achieve intimacy in relationships, a young adult needs a solid sense of identity. When one's sense of self is not secure, "intimacy becomes a desperate attempt at delineating the fuzzy outlines of identity by mutual narcissistic mirroring" (Erikson, 1964, p. 18). When the young adult cannot form intimate relationships with loved ones and friends, they have tendency towards isolation. The capacity for intimacy may be limited or impossible if the individual has got a fragmented or brittle sense of self. According to Berzoff et al. (2021), isolation is more prominent in Western societies where individualism is valued. In such cultures, isolation may be more appropriate whereas in collectivist, Non-Western societies, virtues of Ubuntu and togetherness are valued, and isolation may not appropriate (Berzoff et al., 2021).

Intimacy versus isolation was the developmental stage from which participants were drawn. This developmental stage which spans across a huge portion of an individual's life (19-40 years old) centers its conflict on forming intimate, loving relationships with people (Erikson, 1963). In this stage, individuals develop relationships and thus begin to share themselves more intimately with others (Orenstein & Lewis, 2020). Secure relationships may lead to favourable outcomes in mental health (Erikson, 1963), whereas a lack of security in relationships may lead to adverse outcomes, i.e., depression (Orenstein & Lewis, 2020). Despite this stage running from 19-40 years, this study sampled Black women between the ages 25 and 40. This was done to allow for a more emotionally mature sample that can make meaning of attachment and relationship to their maternal caregiver. Reflection from an honest, emotionally mature standpoint was beneficial for this study. Finally, at this stage, the virtue is love, the strength of the ego to share identity for mutual verification of one's chosen identity while taking from this supportive relationship the opportunity to have an individual identity (Erikson, 1963).

3.5 Critique of Erik Erikson's psychosocial developmental theory

Erikson contributed largely to the field of human development. Regardless, this theory has not been without its faults and criticisms. Critics of this theory posit the developmental stages may not be restricted to their set ages ranges (Berzoff et al., 2021). Additionally, Erikson received criticism for the gender biases in his life-cycle theory of human development. For one, Erikson

(1693) proposed that the male and female life cycles differed in all stages of life where females were less developed than males. Erikson defined play between females as more preoccupied with the interior, closed spaces and more receptive. On the other hand, Erikson defined boy's play as more independent and aggressive (Berzoff et al., 2021).

In the adulthood stage, females were described as lagging. By the end of adolescence, males have fully developed a sufficiently separate identity which allows them to form a relationship with a partner of the opposite sex (Berzoff et al., 2021). On the other hand, women were described as forming their identities at a later stage in life (Berzoff et al., 2021). In young adulthood, women do not have a separate sense of self, it is defined by the man they marry and the children they will carry. Such inferences suggested that male development represented the ideal prototype for all development (Orenstein & Lewis, 2020).

The generalisations that Erikson made around females as passive and receptive reflected sex-role stereotypes and expectations for women in a time that supported these. Erikson could not step out of the time in which he was writing and as a result, his writing reflected heteronormative and sexist notions (Berzoff et al., 2021). In essence, one of the biggest criticisms of this theory is that it primarily describe development from a Eurocentric, male perspective (Orenstein & Lewis, 2020)- a criticism which echoes some of the critiques that the attachment theory received. To provide different cultural understandings of Western theories, Feminist race scholars have applied different cultural understandings of them (Orenstein & Lewis, 2020).

3.6 Culture and Afrocentricity

Culture and Afrocentricity are interconnected concepts that emphasise the importance of the heritage and history that have shaped the identity and worldview of people of African descent (Balakrishnan, 2021; Chawane, 2016).

According to Asante (2020), Afrocentricity is a way of viewing and understanding culture from an African-centred perspective (Asante 2017; Asante, 2020). It encourages individuals to embrace and value their African cultural heritage, fostering a sense of pride, identity, and belonging (Balakrishnan, 2021). This can lead to the preservation, promotion and appreciation of African cultural practices and traditions (Balakrishnan, 2021).

By recognizing and affirming the significance of African culture and history, Afrocentricity seeks to challenge stereotypes, combat racism, and promote social justice and equality for people of African descent (Asante, 1988). In essence, Afrocentricity informs how individuals with African descent perceive and engage with their culture (Asante, 1988; Balakrishnan, 2021). On the other hand, culture provides the foundation for the Afrocentric perspective (Asante, 2020; Balakrishnan, 2021). Both culture and Afrocentricity play essential roles in shaping the self-identity, collective consciousness, and social cohesion of people of African descent (Chawane, 2016). Thus, highlighting the importance of cultural awareness, appreciation, and inclusivity in fostering a more inclusive and equitable society (Chawane, 2016).

3.6.1 Culture

Culture plays a significant role in the manifestation, expression, and meaning of attachment behaviours (Idang, 2015). Africa lends itself to a variety of cultures, with discrete organizations of caregiving experiences and relationships that determine the development of attachment (Voges et al., 2019). Culture is a complex theoretical concept that encompasses a wide range if elements that shape the beliefs, behaviours, norms, and values of a particular group of people (Eagleton, 2016; Hallowell, 2017). This dynamic concept can be difficult to limit to a single definition as it often consists of multiple definitions (Idang, 2015).

As a result, Idang (2015) calls on researchers to not focus on a single, correct definition of culture but rather one that is suited to their study. The most fitting definition, for this study, may be by Ezedike (2009) who defined African culture as the sum of total shared attitudinal inclinations, capabilities, beliefs, practices, and moral codes that are characteristic of Africans. These traits include, and are not limited to modes of communication, religious beliefs, social norms, and values (Idang, 2015). The idea of culture is central to the African identity and multiple scholars have attempted to define culture in an African sense (Idang, 2015). African culture is a continuous, cumulative reservoir containing both material and non-material elements that are orally and socially conveyed from generation to generation (Ezedike, 2009).

For example, caretaking practices (i.e., kinship care) can be ‘inherited’ and thus constitute cultural practices. Caretaking practices in collectivist cultures like South Africa differ to those found in Western individualistic society (Zaidman-Mograbi et al., 2020). In a collectivist

cultural structure, care of children is typically undertaken by members of the extended family, as opposed to their biological parents (Hall & Mokomane, 2018).

3.6.2 Afrocentricity

Although, its origins are unclear, it is widely accepted that Afrocentricity is an African American concept (Asante, 1988; Asante, 2020). Chawane (2016, p. 76) further establishes this point; "the origin of the Afrocentric philosophy cannot be established with certainty". According to Kholkholkova (2016), Marcus Garvey is one of the most influential propagators of this ideology. This concept was developed as a response to racism and nationalism. Afrocentricity refers to understanding knowledge from an African point of view (Chawane, 2016). There was and still is a need to understand concepts from an African perspective (Kholkholkova, 2016). In addition, Afrocentricity is a philosophical ideology that posits that we misunderstand Africa when we adopt concepts and viewpoints other than that of the African (i.e., Eurocentric) to understand Africa (Chawane, 2016).

Despite its roots in the United States, Afrocentricity is a hallmark theory of this study and as such, it aims at empowering previously marginalised groups. Subramanian (2021, as cited in, Kasztelnik, 2023) highlights the issue of underrepresentation of Black knowledge. Therefore, it is important that this research attempt to fill in the knowledge gaps. At its core, this research advocates for an active appropriation of the knowledge capitalised to Africans for centuries. This will be done in the hopes of creating a self-reliant culture of research and knowledge that addresses problems and issues directly or indirectly posed by Africans (Hountondji, 2009). There is a need to do a kind of research that is contextually relevant and in doing so, it meets the theoretical and practical needs of African/indigenous societies, not Western societies (Hountondji, 2009). However, it is important that the reader understands that this is not an attempt to undermine Western literature. Instead, it aimed at expanding on already existing knowledge by filling in the gaps in knowledge.

This study attempted to gain an understanding of attachment from an African perspective as the contributions of Black Africans have been downplayed or discredited due to the legacy of Apartheid and Colonialism (Phatshwane & Faimau, 2019). On the other hand, most of what has been highlighted are the views and understandings of notions from a Eurocentric perspective (Phatshwane & Faimau, 2019).

3.7 Conclusion

This chapter aimed at highlighting key theoretical contributions that guided the conceptual lens. The conceptual framework comprised of attachment theory as the guiding framework. This was followed by the Psychosocial Development theory, as well as Feminist and Afrocentric theoretical contributions. The attachment theory, which formed the foundational theory of said research, comprised the seminal works of John Bowlby (1958) and Mary Ainsworth (1973; 1985), as well the later contributions of Peter Fonagy (1999).

Erik Erikson's (1963) Psychosocial Developmental theory provided an understanding of participant's development and attachment experiences at a particular life stage. Additionally, Feminist and Afrocentric theories were explored in this chapter to provide a critical and contextually relevant understanding of the theoretical contributions.

Table 3a

Components of this research study

Components	Role in facilitating the study	Rationale for significance	How it ensures research objectives
Literature Review	Provides groundwork for available literature on topics of this study. Aims to guide the conceptual framework chapter. Alerts readers to gaps in existing literature.	Enables an understanding of kinship care around the world and how culture plays a role in caregiving perspectives and approaches.	By providing extensive literature on key concepts such as kinship care, the Black family, maternal attachment and culture.
Conceptual Framework	Provides the theoretical lens in which the research study will be looked through. This chapter aims to ground theories that will guide the research. Also	Lays the theoretical foundation through which the study will be grounded. Allows the psychological understanding of informal kinship care and the importance of	Provides the framework in which adolescence and the Black family and the maternal experiences in informal kinship are perceived theoretically.

	focuses on building a foundation for the Discussion chapter to follow.	adolescence, i.e., the main themes of the research.	
Methodology	Identifies the methods that were used in the research. Gives insight into what methodological approaches were used in the study and how they address the research problem.	Understands the individual narratives of Black women's experiences in informal kinship care.	Allows the in-depth exploration of the maternal attachment experiences of Black women in informal kinship care.
Importance of Self-Reflexivity	Allows the researcher to identify her biases in the research.	Facilitates researcher awareness of biases that may have been present during the research process. Furthermore, how these biases potentially affected the study.	Ensures the credibility of the study.

Chapter 4: RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

This research was aimed at understanding Black women's lived maternal attachment experiences during their adolescence. In response to the exploratory nature of the research initiative, a qualitative approach was deemed most appropriate. According to Dean (2018), qualitative studies are aimed at answering questions about the subjective experiences of individuals. Qualitative research is often juxtaposed with quantitative research, as they represent two different world views (Barroga & Matanguihan, 2022; Hammarberg et al., 2016). In qualitative research, questions are centered on experience, meaning and perspective - most often from the perspective of the participant (Aspers & Corte, 2019; Hammarberg et al., 2016). Qualitative research does not include data that can be measured or counted, which is in contrast with quantitative approaches (Barroga & Matanguihan, 2022; Hammarberg et. al., 2016). Instead, data collected in qualitative studies provides an in-depth overview of a specific phenomenon (Naderifar et al., 2017). Fundamentally, qualitative research is suitable for "investigating the beliefs, attitudes and concepts of normative behavior" (Hammarberg et al., 2016, p. 499).

4.2 Research paradigm

In simple terms, a research paradigm is defined as the worldview that informs a study (Lian & Zheng, 2022). Furthermore, this is a preferred way of understanding reality, building knowledge, and gathering information about the world (Mwita, 2023). Paradigms are important to consider in research as they can guide how to solve a particular research problem (Mwita, 2023). According to Lian and Zheng (2022) it is important for both qualitative and quantitative researchers to understand the paradigm they are working within. Lian and Zheng (2022) further postulate that understanding the theoretical basis of research paradigms allows the researcher to understand the strengths and weaknesses of paradigm being used and adjust accordingly.

Different research approaches have different paradigms to suit their specific needs (Mwita, 2023). Interpretivists usually believe that truth is subjective and can be historically and culturally situated based on individual's subjective experiences as well as their understanding of them (Lian & Zheng, 2022). Given this research's focus on exploring kinship care in the context of South Africa's legacy, as well as a cultural framing, an interpretivist perspective was applied. In exploring how Black women make sense of their maternal attachment experiences,

it was important for the researcher to adopt the belief that participants had a subjective truth to these experiences. This open-minded approach allowed an honest exploration into the experiences of these participants.

In essence, qualitative research usually falls under an interpretive paradigm where perceived knowledge can be obtained through subjective interpretation (Dean, 2018). This paradigm is designed to understand how groups of people make meaning of their shared experiences (Dean, 2018). For example, understanding how Black women make meaning of their lived attachment experiences in informal kinship care? Interpretive studies, - like this one, search for insights and in-depth understandings of a phenomenon (Sharma, 2019). Finally, they include small samples, interviews, and focus groups (Sharma, 2019). It is for the aforementioned reasons that this study fell under this paradigm.

4.3 Research design

> *"In undertaking a scientific study, one begins with the dilemma of which research approach to employ. Mehrad and Zanganeh (2019) argue that the choice is usually between qualitative and quantitative research approaches. The two approaches, founded on constructivist and positivist schools of thought, respectively, have invited a never-ending debate."*
>
> (Kang & Evans, 2021, as cited in, Mwita, 2023, p. 618)

The most preferred approach to research in the social sciences is the qualitative research method (Mwita, 2023). According to Lian and Zheng (2022) qualitative research can approach a problem with an open mind without seeking to confirm preconceived beliefs or notions about a certain topic or theory. This study aimed at exploring the retrospective reflections of Black women's experiences in informal kinship care during adolescence. The motivating factor being highlighting an under-represented population group in South Africa (Idahosa & Mkhize, 2021). This research required the open-minded nature of qualitative research approach to understand these narratives. The researcher aimed at creating an African understanding of the Western-orientated attachment theory. This pre-existing theory could not be studied with narrow lenses and thus the researcher could not confirm to preconceived notions about the theory (Idahosa & Mkhize, 2021).

Qualitative research is focused on exploring deeper insights of the everyday lives of individuals being studied (Lian & Zheng, 2022). Instead of collecting numerical data, qualitative research gathers information about participants experiences, perceptions, and behavior (Lian & Zheng, 2022; Naderifar et al., 2017). Therefore, a qualitative research design was the most appropriate research method for this study (Naderifar et al., 2017).

4.4 Research participants

A total of 9 participants were recruited and interviewed in the overall research initiative. Of these, 2 of the initial interviews contributed to the learnings of the pilot study, whilst the experiences of 7 participants were utilised in the final research findings. Rahman (2019) stipulates that there are different types of sampling strategies that a researcher can employ when collecting qualitative data. In response to the requirements of the study, a snowball sampling approach was applied. Snowball sampling is deemed most appropriate when the researcher is trying to extract information that may be deemed sensitive in nature. Given the nature of the questions and history expected from participants, this sampling technique was the most suitable.

Naderifar et al. (2017) further suggests that this sampling technique is most effective when participants may be difficult to attain. Due to the specificity of the sample, (i.e., type of upbringing and age), this was the most appropriate sampling strategy. Participants met the following inclusion criteria; Black, female, aged between 25 and 40 and raised in informal kinship care during their adolescence (12-18) in South Africa, as per the research aim. In this study, participants were obtained via a nonprobability snowball sampling strategy (Naderifar et al., 2017).

At inception of this study, it was decided that the researcher would obtain a total of 8-12 participants. However, the desired sample size would be reduced in the instance that saturation occurs. According to Sanders et al. (2018) saturation occurs when there is no need to collect or analyze data further as there are no new themes in data. It was observed by the researcher that interviews consisted of similar patterns and thus a minimum of at least 8 participants was set out as the goal of this study.

An adult sample was attained as they offered richer reflections on attachment experiences during their adolescence. According to Ciranka and van den Bos (2019) adolescence presents

a rich developmental stage in which individuals learn how to build bonds based on attachment to their caregivers. Finally, participants were required to have a basic understanding of the English language and a matric/high school qualification. This allowed for a basic understanding of different concepts in the interview, that is culture, sense of self and attachment. Furthermore, despite the multi-lingual culture of South Africans, the researcher was not fluent in any other language despite English. Although limiting the interactions with non-English speakers, it was deemed the best approach to extract rich reflections out of participants.

4.5 Recruitment

Participants were recruited via a snowball sampling strategy (Naderifar et al., 2017). Once ethical clearance was granted by The University of Witwatersrand, the research was advertised on different social media platforms such as WhatsApp, Instagram, and Facebook. The document advertising the study stipulated the nature of the research as well the selection (inclusion) criteria of required participants.

All those who wished to participate in the study were given the relevant documents (i.e., participant information form and consent forms). The specifics of the document included: the nature of the study, permission to access participants, which entailed the information sheets and consent form for both participation as well as recording of audio data. Once consent was obtained from participants, the researcher set up a time that suited both the researcher and participant to begin the interview process.

It is important to note that at the inception of the research study, the global Covid-19 pandemic was rife, and as a result all interviews were to be conducted on an online platform. The researcher maintained this protocol, which was stipulated in the ethics form. Furthermore, due to the nature of the way the world was moving, it was best to continue with an online presence. Therefore, all interviews were conducted on an online platform (Zoom, Teams etc.).

4.6 Data collection

This research was aimed at understanding the retrospective reflections of Black women in informal kinship care. To collect this data, the researcher conducted semi-structured interviews with participants. "A semi-structured interview is an essential tool in conducting qualitative research" (Kakilla, 2021, p. 1). According to Adams (2015), semi-structured interviews are conducted conversationally with one respondent at a time. The structure of this interview allows

for open and close-ended questions. Adams (2015) recommends an hour-long conversation to avoid fatigue from both the interviewer and respondent.

Semi-structured interviews are most suitable when the researcher is trying to understand participant's experiences as they also allow for an open-ended structure where probing on verbal and non-verbal responses can occur (Kakilla, 2021). Following up on different non-verbal and verbal responses can reveal hidden information that may turn out to be helpful when analysing themes and finalising data. Furthermore, the interactive nature of semi-structured interviews allows for the participants to narrate freely on their experiences. Semi structured interviews provide meaningful, richer data that is easier to process (Kakilla, 2021).

Barrett and Twycross (2018) define data collection as a procedure of collecting, measuring and analyzing information on variables of interest. In qualitative studies such as this one, researchers usually collect data in the form of interviews, focus groups, observations and other qualitative methods of data collection (Barrett & Twycross, 2018).

4.7 Instruments

The phenomenological interview is an approach to interviewing that results in the comprehension and meaning-making of a phenomenon from the perspective of whoever is living it (Guerrero-Castaneda et al., 2017). This entails that the researcher maintains an open stance that is non-judgmental and unbiased. According to Guerrero-Castaneda et al. (2017), this interview approach requires the researcher to be open to whatever phenomena they may receive. The phenomenological interview approach is best suited to qualitative studies that rely on the memories and reflections of their participants (Smith, 1999) and thus was the main mode of interviewing employed in this study.

The most suitable method of collecting qualitative data is through semi-structured interviews. According to DeJonckheere and Vaughn (2019), semi-structured interviews represent an informal type of interview where the interviewer and respondent engage in a two-way conversation. This qualitative method of data collection comprises a pre-determined set of open-ended questions and the opportunities for the interviewer to explore themes and further responses (O'Keeffe et al., 2016). There are no formalised questions, instead, a discussion between the two main parties ensues (DeJonckheere & Vaughn, 2019).

Due to the nature of this research, semi-structured interviews were the most appropriate as they allowed for a deeper interpretation of an individual's understanding (Hyman & Sierra, 2016). Their informal nature removes the rigid atmosphere that a formal interview may create (O'Keeffe et al., 2016). Appendix C demonstrates the tool that was used in this research. Questions were developed to assist the researcher to gain a rich understanding of participant's subjective experiences. To maintain the open-ended nature of semi-structured interviews, questions were developed to avoid one-word responses. Additionally, the interviewer made use of probes. Finally, questions were categorized to allow for the inclusion of some key concepts in this research.

4.8 Data Analysis

Thematic analysis (TA) is known to be one of the most common forms of analysis in qualitative research (Braun & Clarke, 2012). Originally developed by Braun and Clarke (2012) thematic analysis emphasizes identifying and interpretating patterns of meaning or themes within qualitative data. This form of data analysis is appropriate for data collected through semi-structured interviews, similar to this study (DeJonckheere & Vaughn, 2019).

According to Braun and Clarke (2012), thematic analysis is used to classify, record, and analyze patterns or themes within data. In thematic analysis, the researcher explores explicit and implicit meanings of data. Braun and Clarke (2012) differentiate between three types of analysis namely, coding reliability, code book and reflexive approaches. Coding is the most frequently used type of thematic analysis and thus formed the basis of data analysis in this study (Belotto, 2018).

Coding is a process in which the researcher develops themes by identifying items of analytic interest in the data (Belotto, 2018; Braun & Clarke, 2012). Belotto (2018) defines codes as descriptions that organize data into meaningful groups. Furthermore, coding precedes theme development and themes are built off the coding process (Braun & Clarke, 2012).

Finally, thematic analysis explores questions about participant's lived experiences, perspectives, and practices as well as the social construction of meaning and the representation of social objects in certain contexts (Belotto, 2018). Therefore, thematic analysis was the most appropriate form of analysis for this study.

4.9 Trustworthiness

To ensure the quality of the data in this study, the researcher must establish the protocols or criteria essential for a study to be considered trustworthy (Connelly, 2016). The criteria delineated by Lincoln and Guba (1985, as cited in, Connelly, 2016) include credibility, transferability, dependability, confirmability, and reflexivity. Credibility establishes whether the researcher has represented or interpreted participant's information correctly (Connelly, 2016). Credibility was obtained by the researcher maintaining a non-bias stance when asking questions. Additionally, the researcher confirmed any questions they had regarding the responses of the participants.

Transferability refers to the degree to which results obtained in a study may be applied to different settings and contexts (Korstjens & Moser, 2018). With reference to dependability, researchers must ensure that findings maintain stability over time (Korstjens & Moser, 2018). A comprehensive and in-depth description of the research methodology was deployed to ensure the dependability of the research (Kyngas et al., 2020).

Confirmability 'confirms' that data obtained in research is not just the imagination of the researchers (Korstjens & Moser, 2018). This was obtained by the researcher conducting real interviews with real participants. Transcripts from interviews were sent to the supervising researcher. The final criteria: reflexivity refers to the researcher's biases and pre-conceived notions (Dodgson, 2019; Kyngas et al., 2020). This meant that the researcher maintained complete transparency (Korstjens & Moser, 2018).

Furthermore, it is also important to ensure reliability and validity in research. "The ability to demonstrate validity and reliability of research findings is one of the most important factors that determine the value of scientific research" (Arslan, 2022, p. 2). Validity refers to how much evidence and reasoning support the accuracy and suitability of the conclusions made based on test results (Parveen & Showkat, 2017). On the other hand, reliability is defined as the extent to which the researcher's data is trustworthy and reliable (Parveen & Showkat, 2017).

Although reliability is most used to evaluate quantitative research studies, according to Parveen and Showkat, 2017, it can be used to evaluate qualitative studies that are rooted in interpretivist

paradigms. That is studies that are aimed at generating understanding (Parveen & Showkat, 2017). This study was rooted in such a paradigm and thus it was important to consider the aspect of reliability. This study was rooted in obtaining meaning from the subjective experiences of participants. The validity and reliability of this research was supported by the fact that the data analysis was conducted solely by the researcher. This avoided contamination of the results and findings. Finally, the validity and reliability of this research were further supported by the involvement of a research supervisor.

4.10 Self-reflexivity

A researcher's reflexivity is an important process in any research initiative. By practicing reflexivity, the researcher examines how their own beliefs and judgements may have influenced the research process. Reflexivity indicates "the contextual intersecting relationships between participants and the researcher" (Dodgson, 2019, p. 220).

As a Black African woman, I have an intersecting relationship with my participants. I was born in Zambia and spent crucial early developmental stages there. Although cultural differences may have been present with participants from Congo and South Africa, overlapping similarities are present with a common African, collectivist culture.

Further similarities are present as I grew up in an informal kinship care system. I found that I could relate to different participant's experiences. Participant #5 reflected on the Zambian traditional mother (please see *Discussion* chapter), a perception that I had carried for many years growing up in informal kinship care. These overlapping similarities made it even more difficult for me to remove myself from the participant's experiences and allow them to narrate freely about their experiences.

It is difficult to maintain a 'blank screen' approach during interviews. This therapeutic technique involves the 'therapist' or in this case the researcher or interviewer not disclosing anything about themselves. However, it was found that relating and empathising with participants allowed more reflection from them. Despite this, the researcher did not share any details of their own experience to allow participants to be the main characters of the interview. Active listening and empathy created an open environment during the interview and allowed participants to be reflective (Haley et al., 2017).

However, not all participants offered deep insights into their attachment experiences. Upon reflecting on this, I allowed myself to accept that my own personal beliefs about being a foreigner in this country may affect my positionality and relationship with my participants. Being a foreigner can present itself as a difficult feat, especially in a country like South Africa with widespread xenophobia (Khan, 2021). Therefore, in reflexivity, there is a need to reflect on power dynamics.

According to Dodgson (2019), power differentials are always present between the researcher and the participant. The researcher may often be perceived as the 'educated expert' who is asking something of the participant (Dodgson, 2019). In contrast, some participants were older than me and thus may be an area that can allow for power dynamics to arise.

Reflexivity is about better understanding the role of the self in the production of knowledge (Dodgson, 2019). In this instance, the researcher must consider and be aware of the impact biases, beliefs and personal experiences have on the research process (Dodgson, 2019). Bias refers to a deviation from the truth when collecting or analyzing data (Buetow, 2019; Kyngas et al., 2020). Bias also involves interpreting and publishing data that can lead to false understandings of data (Buetow, 2019). Bias is an interference as it can skew data, this is perceived as unethical and irresponsible conduct and as such, should be avoided (Buetow, 2019; Janak, 2018).

Noting down whether the researcher has similar experiences with participants is especially relevant. As stated above, I too was raised in informal kinship care during my childhood and adolescence. As predicted, my personal experiences both differed and related to my participants. In my approach to the interviews, I tried not to allow my experiences and beliefs in and about informal kinship care to influence how I understood participant's individual experiences. I found that I had more empathy for participants who had adverse, or similar experiences in informal kinship care. This also comforted me knowing that I am not alone in my experiences with extended family members. Participant's reflections on a *Sense of loss* or difficulty accessing belonging in South Africa triggered some emotion in me.

To ensure an unbiased research report, the researcher must publish results and interpretations that are valid and reliable. In qualitative research this involves trustworthiness as well a

reflection on biases they may have (Kyngas et al., 2020). Furthermore, following ethical procedures is important to getting rid of biases.

Table 4a

Role of reflexivity in informing this research process

Biases	Description	Justifications	Strategies to Prevent
Cultural Bias	As a Black African woman raised in informal kinship care, I might inherently relate to participants' experiences due to shared cultural backgrounds, potentially overlooking diverse individual narratives.	Individual culture and upbringing may influence perceptions of subjective experiences in participants. This leading to a common narrative with no variation and diversity.	Being conscious about including diverse subjective experiences. Continuously reflect on cultural biases.
Confirmation Bias	Personal experiences in informal kinship care may lead to preconceived interpretations of participants' experiences.	Personal experiences can skew data as it would ignore unique or contrasting participant subjective experiences.	Conduct initial data analysis without participant details. Employ multiple analysis to minimize subjective interpretation.
Observer Bias	Allowing personal beliefs about informal kinship care influences the findings of this research.	The lens through which the researcher looks at subjective experiences may be influenced by personal experiences in informal experiences.	To maintain awareness and take note of biases and reaction during interviews.

Ethical Bias	Personal experiences in informal kinship care might	Researcher's experience in informal kinship care can lead to a biased project.	Maintain ethical conduct during research process. Involve diverse perspectives to review ethical decisions.

4.11 Ethical considerations

Ethical approval for this study was obtained from The Human Research Ethics Committee at the University of Witwatersrand (see Appendix E). Participation in the study was voluntary and potential participants were given an electronic consent form (see Appendix C and D) (Tauri, 2018). These forms indicated that permission to participate in the study as well as permission to record the interview was granted. In addition to this, participants received an information sheet (see Appendix B). The participant information sheet is a document that describes the research and its risks, and it is aligned to ethical codes and regulations for human subjects in research (Manti & Licari, 2018). All respondents in the study were given enough time to read through all the information in the above-mentioned forms.

To ensure confidentiality, the identities of the research participants were not disclosed. Additionally, no information obtained in the research was discussed or taken outside of the context of this research- all data collected was treated with absolute confidentiality. Additionally, all tangible information is kept safe on a password protected device. Audio recordings from the interview are also stored on a password protected device. Only the researcher and supervisor have access to this data.

With reference to the anonymity of the participants, unfortunately, the researcher could not guarantee full anonymity, as participant's identities were accessible to the researcher during the interview. However, only the researcher has access to this information. Finally, no identifying information was used in the final research report or any subsequent publications. All participants were given pseudonyms. It is important to mention that this research report will be available on an online platform and a summary of the report will be sent to participants on request.

This study is considered low risk. However, select discussions involved sensitive topics. In some cases, questions did elicit an emotional response in respondents. All individuals were informed that discussing attachment with a caregiver and separation from a biological mother may result in emotional responses. The researcher was aware that such discussions may cause participants to become distressed. How ever, this was the case, but if such a situation presented itself, the interview would have been stopped to allow the participant some time.

Furthermore, such participants would have been referred to the Depression and Anxiety Helpline and Lifeline South Africa. All of these are telephonic counselling services that are free of charge and available to all people living in South Africans. Additionally, participants can also access The Counselling and Careers Development Unit or the CCDU at Wits.

At the inception of this study, the pandemic was widespread and thus the researcher had to adhere to Covid 19 protocols and ethics stated that the interviews will be conducted online. Covid 19 had swept across the world affecting the economy, tourism, healthcare services and even research. Thus, making it difficult to conduct interviews and focus groups face-to-face. The researcher had to consider social distancing, wearing masks etc. To ensure the safety of participants and that protocols were adhered to; semi-structured interviews were conducted on online platforms such as Zoom, Teams, WhatsApp etc.

It may be important to note that due to the Covid protocols, not everyone could have accessed this study. The aforementioned online platforms require smartphones and/or laptops. These can be considered luxury items that are only available to privileged members of society. Privilege can be opposed to marginalisation, a key concept in this study. Fundamentally, participants in this study may not be marginalised. However, given the previously racist South Africa, a marginalisation amongst Black people is still prominent. Therefore, some participants (even with access to such items) may still be marginalised, depending on their living conditions or socio-economic background.

4.12 Conclusion

This chapter aimed at highlighting the research design of this paper. In doing so, the researcher mapped out a strategy that guided the project from inception to the end phase. This qualitative

research project adopted an interpretivist paradigm as it was best suited for this research. This chapter also highlighted the strengths and weaknesses of the proposed research design. The process of analysis that this study utilized was introduced. Thematic analysis and the process of coding formed the precursor for the data analysis chapter.

It was also pertinent for the researcher to introduce self-reflexivity. It was important for the researcher to reflect on their own biases that may have influenced the research thus improving on the ethical stance of this research. Finally, ethical considerations were taken into account where issues on confidentiality, anonymity etc. were reported on.

Chapter 5: PILOT STUDY

5.1 Introduction

The pilot study was important in launching the initial research project. It was also used to assess the appropriateness of the interview schedule and thus allow the researcher to make any amendments moving forward in the data collection process. The pilot study demonstrated the need for additional probes to ensure a more in-depth exploration in the final research study. In the pilot study, the researcher recruited two participants. The participant's retrospective narratives provided rich and reflections that provided important considerations for future studies.

5.2 Pilot study findings

Although both participants were raised in informal kinship care, participant #1 lived with their biological mother, but described her as having difficulties with her mental health, thus impacting on her caregiving abilities. This resulted in her grandmother assuming the role of primary caregiver. In contrast, participant #2 was raised by her aunt and uncle. However, she did not share a close relationship with her biological mother. Her experiences were not included in the final findings as she did not receive caregiving in South Africa, the overarching aim of this study. However, they both provided important insights into their experiences in informal kinship care that the researcher thought was valuable to the study.

Participant #1 of the pilot study was raised by her grandmother in the Eastern Cape, Mthatha. She reported that her mother left Mthatha when she was an infant to seek employment. It is common for Black parents to leave informal settlements in search for employment (Bakker et al., 2020; Matsinhe, 2016). As a legacy of South Africa's former apartheid laws, Black people in South Africa have been known to migrate and thus many leave their children with maternal caregivers such as grandmothers or aunts (Matsinhe, 2016). However, according to this participant, her mother left Johannesburg abruptly and returned with what she termed 'a mental health problem'.

"so ke, it was my grandmother who was taking care of us. But I do have a mother neh, she was also there but she also has a problem with mental, like she is mentally ill. So, but everything was done with my grandmother, since she has a problem."
(Participant #1)

It was difficult to for this participant to elucidate what this problem was as she did not have a psychological definition for it. However, she had a cultural definition for what her mother was experiencing and indicated that her mother was bewitched in Johannesburg. This participant noted that her mother was often quiet but when she would speak, she presented with disorganized speech. Participant #1 had difficulty seeing her mother in that state, and as a child did not understand her mother's condition fully. However, she noted that as she grew up and with the help of her grandmother, she gained empathy for her mother.

Participant #1 had a favourable experience in informal kinship care and thus she shared a close relationship with her grandmother (Ainsworth et al., 1978). She described her relationship with her grandmother as close as she was not 'strict'. This security fostered an open relationship with her grandmother and whenever she had any difficulty or was approaching a situation, she would seek solace and guidance from her grandmother.

According to Bowlby (1969), when the caregiver establishes a secure base with the child or adolescent, the child's self-identity can be built off their caregiver. Participant #1 described her grandmother as understanding, she was sympathetic and empathetic to the participant's mother's condition. In turn, this allowed this participant (as she grew and began gaining an identity) to also be more understanding of her mother's condition. Furthermore, she noted that despite her biological mother's physical presence in the house, her grandmother's emotional and physical availability made her see her as more of a mother than her own mother. In fact, participant #1 referred to her mother as 'sis' (a common way of showing respect to an older woman in Xhosa) and to her grandmother as 'mama'.

Participant #1 identified herself as growing up in informal kinship care due to the emotional absence of her mother. She was both physically and emotionally raised by her grandmother, despite her mother being in close physical proximity to her. Close physical proximity has been found to be negatively associated with attachment anxiety (Bei et al., 2022). This was the case with this participant, her grandmother's proximity to her allowed her to gain a positive self-image and even one of her mother. This could have also been aided by the type of caregiving she received from her grandmother. According to Bei et al. (2022), there are complex dynamics that exist between types of attachment and physical proximity.

According to Brewer-Smyth (2022), the physical absence of a caregiver is not only an adverse childhood experience, but it has also been associated with complex trauma throughout an individual's life. The experiences of participant #1 were therefore different given that their biological mother was physically present, though she was perceived as absent in the caregiving process. This is in contrast with participant #2, whose biological mother was alive, yet physically absent.

Participant #2 grew up in Ndola, Zambia, and referred to her aunt as ‘mom’ and her biological mother as ‘aunt’. The approach to assign the biological mother with a different relative label was therefore similar to the approach observed by participant #1. This was a noteworthy assignment of roles that were observed to be associated with varying degrees of maternal involvement. Like participant #1, participant #2 also had a close bond with her maternal caregiver in informal kinship care. She described her aunt, ‘mom’ as open, understanding, and compassionate. This was important for this participant as she experienced early abandonment by her biological mother. This sense of loss resulted in resentment toward her biological mother, though, her maternal caregiver in informal kinship care assisted her in gaining an understanding of her mother.

Both participants' experiences mirrored each other, as they both shared close proximity relationships to their maternal caregivers in informal kinship care. Furthermore, these relationships seemed to buffer any adverse effects of separation and attachment disruption with their biological mothers.

In line with the research aims, the concept of culture was discussed. Participant #2 ascribed Christianity as her culture, she was very strong in her faith and did not believe in her ‘traditional culture’. Much like other participants, she did not hold a strong cultural background and knowledge of her traditional culture. This participant appeared uncomfortable when asked about her traditional culture. Participant #2 described attachment in her culture as a lack of emotional availability from caregivers. Differentially, participant #1 had difficulty explaining what attachment is in the Xhosa culture. Therefore, making it difficult for the researcher to define how these Black women made meaning of attachment from a cultural perspective.

Thus, the researcher approached this question with some anxiety in future interviews.

However, it was important that the researcher changed her approach to this question. More probing was offered to elicit a response from participants. Although the definition of culture was still difficult to extract from participants (perhaps due to its complexity), the researcher found that more participants were able to reflect on what attachment in their cultures looked like.

Further reasoning for the exclusion of participant #2 includes the fact that she did not experience the sense of loss that was typically associated with the physical absence of a biological mother. Participant #2 was excluded from the main study as she grew up in a country other than South Africa. Given the focus of the research aim (growing up in South Africa), due to possible contextual differences, it was decided by the supervising researcher and researcher to exclude this participant's narratives from the main study. Both participant #1 and #2 provided valuable experiences and interview learnings that were applied to the interview schedule in the main study.

The researcher noted that both interviews aided in defining the importance of understanding how early attachment can contribute to the relationship experiences of participants in their current life stage. Furthermore, these interviews were important as they further established the criteria for what informal kinship care is. These interviews allowed the researcher to identify what questions participants were having difficulty answering and subsequently where more probes were required.

5.3 Participant profile and demographic information

Table 5a

Pilot study participant's demographic information

Pilot Study Participants	Demographic Information			Socio-economic Indicators	
Participant number	Race	Culture	Age	Highest Level of Education	Education/Employment Status
Participant #1	Black	Xhosa	26	Matric certificate	Tailor
Participant #2	Black	Ngoni	31	Masters	Lawyer

5.4 Conclusion

The pilot study was aimed at launching the research project on a small scale. In doing so, the researcher would refine any issues that were indicated when conducting the initial phase of this research project. Amendments were made to the interview schedule to include questions that would add depth to the research topic and create themes that are linked to the concept of attachment. Thus, allowing the main study to be conducted effectively where data collected is reliable and valid. In essence, this chapter served to illustrate how the pilot study was applied to enhance the quality and integrity of the research process and its outcomes.

Chapter 6: FINDINGS

6.1 Introduction

Thematic analysis (TA) was used to understand the collective meaning of the research aims in this study. The patterns of meaning that are understood in TA need to be aligned to the research question(s) and research topic- given that various patterns of meaning can be found through TA (Braun & Clarke, 2012). According to Braun and Clarke (2006), multiple steps need to be followed during thematic analysis and these will be elucidated below.

6.2 Thematic Analysis Process

There are six main steps widely used to conduct thematic analysis. These steps as prescribed by Braun and Clarke (2006) include familiarizing oneself with data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes and producing the report (Braun & Clarke, 2006; Braun & Clarke, 2012). These six steps were utilised when the researcher approached the stage of data analysis.

Prior to the initial stages of data analysis, semi-structured interviews were audio-recorded with the consent of participants. In the instance that an interview could not be recorded, the researcher transcribed data during the interview. As indicated by the first step of thematic analysis (Braun and Clarke, 2006), the researcher familiarized herself with the data. This was done by listening to the audio recordings, reading through the transcripts, as well as working through the transcripts as data sets. The researcher ensured that records of interactions with respondents were transcribed and sent to the supervising researcher. Recordings were replayed and transcribed, transcripts were read through by both the researcher and the supervising researcher (Braun & Clarke, 2006). After data was reviewed extensively, it became familiar to the researcher and thus the process of generating the initial codes began.

Different to themes, numerous codes were identified, and these were more specific (Braun & Clarke, 2006; Braun & Clarke, 2012). The codes were generated after the researcher reread different samples of data. Instead of reviewing broad ideas that seemed apparent in data, the researcher identified information as displayed by participants that responded to the overall research aims. These initial codes consist of interesting and meaningful features of the data

(Braun & Clarke, 2012). After generating the initial codes, the researcher moved on to the third step. According to Braun and Clarke (2006), this step marks the interpretive analysis of the above codes gathered by the researcher. Here, the relevant data was organized into main themes. In doing so, similar codes were grouped together thus capturing the overarching idea of each group of codes. Braun and Clarke (2006) suggest that the researcher considers the type of relationship that exists between overarching themes, secondary themes, and codes during this step. Below is a list of themes as interpreted by the codes above.

In the fourth step, the researcher chose which themes should be combined, separated, and discarded (Braun & Clarke, 2006). This study applied this step by conducting a thorough investigation of the above themes. Themes that were not meaningful to the research were discarded, similar themes grouped together and finally differentiating ones were separated. According to Braun and Clarke (2012), if this step is applied correctly, readers will be able to adequately distinguish between themes, but at the same time, they will see that certain themes bind together in a meaningful way.

The fifth step involved defining and naming the themes listed below, this also included refining overarching and sub themes in the data (Braun & Clarke, 2006). During this step, the researcher provided names and clear definitions that accurately captured the essence of each theme.

The sixth and final step of thematic analysis is producing the report (Braun & Clarke, 2006). This step formed the analysis of different themes and codes in the *Discussion* chapter to follow. These codes and themes were deciphered into a comprehensive piece of writing (Braun & Clarke, 2006). Under the supervision of an experienced researcher, the researcher of this study produced a report that captured the subjective experiences of participants.

Thematic analysis is a qualitative research process that involves the processes of identifying, analyzing and interpreting themes in data. The final themes related to Caregiver dynamics, and how this theme links with the theme of Identity and Intimate Relationships. Further themes identified highlighted the relevance of the theme Sense of Loss, which in turn linked to the theme of Adolescence, Loss and Loneliness. The themes Sense of belonging was linked to Caregiving practices across cultures. Finally, Perceptions of mental health by Black people was linked to the themes Caregiver dynamics and Adolescence, loss and loneliness. These themes are expanded on in the section below.

6.3 Participant profile and demographic information

Table 6a

Participant profile and demographic information

Main Study Participants	**Demographic Information**			**Socio-economic Indicators**	
Participant Identifier	**Race**	**Culture**	**Age**	**Highest Level of Education**	**Education/Employment Status**
Participant #1	Black	Congolese	28	Degree	Writing Fellow
Participant #2	Black	Mosotho	27	Diploma	Parts Sales Assistant
Participant #3	Black	Christian	32	NQF level 4	Financial advisor
Participant #4	Black	Zulu	25	Matric	Unemployed
Participant #5	Black	Ndebele	25	Degree	Lawyer
Participant #6	Black	Xhosa	27	Diploma	Office assistant
Participant #7	Black	Tumbuka	26	Degree	Communication specialist

Table 6b

Kinship care context

Participant	Kinship Care Context				
Participant Descriptor	Kinship Care	Primary Caregivers	Other Adults	Other Children	Parental Contact
Participant #1	1	Aunt (p)	None	Cousins	None
Participant #2	1	Grandmother (m)	None	Cousins	Mother
Participant #3	2	Aunt (p), Aunt and Uncle (m)	Uncle (p) Uncle (m)	Cousins Cousins	Mother
Participant #4	1	Aunt (p) and Aunt (m)	None	Cousins	None
Participant #5	2	Aunt (m) and sister-in-law	Uncle (m) Brother	Cousins	Father
Participant #6	1	Grandmother (m)	Aunts (m)	Cousins	Father
Participant #7	1	Aunt (p)	Uncle (p)	Cousins	Father

Table 6c

Reasons for kinship care placement

Participant Descriptor	Reasons for kinship care placement
Participant #1	Death of primary parent
Participant #2	Migration of primary parent
Participant #3	Financial constraints of primary parent
Participant #4	Death of primary parent
Participant #5	Death of primary parent
Participant #6	Death of primary parent
Participant #7	Death of primary parent

Participant #1 was born in Congo DRC. At the time, the Congo was deemed war ridden and thus multiple citizens fled the country to seek refuge. Participant 1 fled the country with her aunt and uncle and subsequently moved to South Africa when she was just 2 years of age. This move was also put in place due to the loss of her biological mother. Thus, participant 1 was taken under the care of her extended family. Due to her moving at an early age, this participant reported little to no recollection of her birth country, thus adopting South African culture. Finally, in informal kinship care, participant #1 describes an adverse experience with little to no proximity to her maternal caregiver.

Participant #2 was raised in a small village in Lesotho. She describes growing up with her maternal grandmother because her mother sought work in urban South African cities. Despite her mother and father's physical absence, this participant noted that her grandmother managed to fulfil both roles of mother and father. The dynamic between her and her grandmother allowed an open relationship where she felt understood and supported.

Differentially, participant #3 reported that she did not have a stable home until her adolescence. She reports 'moving around' as a child but was eventually stabilized between two homes. During her adolescence, this participant grew up with her paternal and maternal uncle's wife at different times. The relationship with her aunt from her father's side was described as distant with distinct boundaries between caregiver and child. According to this participant, this meant they did not have a relationship as her maternal caregiver represented

an authority figure which she did not approach.

Participant #4 who grew up in Dobsonville, Soweto, lost both her parents before she became an adolescent. She describes growing up in a family home with her paternal family members, that is; her cousins, two of her aunts, and her uncle. Participant #4's paternal aunt took on the role of primary caregiver once her parents died. Despite the death of both her parents and growing up surrounded by other children, participant #4 reports that she did not feel the absence of her biological maternal caregiver, and neither did she feel neglected. Her aunt gave her, and her cousins individual attention and thus she did not develop feelings of insecurity in her relationship with this maternal caregiver in informal kinship care.

There was a clear understanding of the role that caregivers played and the authority they instilled in their households. This led to the establishment of clear boundaries that such participants did not cross. They did not expect much emotional or physical closeness from these caregivers due to the dynamic that was set up. Participant #5 echoed similar sentiments as participant #3.

Both participant's #3 and #5 did not share blood relations with their maternal caregivers. In essence, the relation was through marriage. Whereas both participants #2 and #4 were directly related to their maternal caregivers. It may be plausible to attribute the dynamics between participants #3 and #5 to the degree of relatedness- similar to the findings of Ariyo et al. (2019).

Participant's #5, #6 and #7 lost her mother at a young age and reported difficulty coming to terms with the loss of such an important parental figure. Their perception of the relationship to their maternal caregiver reflected a distant relationship that lacked any emotional or physical intimacy. An early disruption in attachment and the lack of proximity in their adolescence led to a belief that others would reject them (similarly to their maternal caregivers) if they sought intimacy and comfort in relationships.

Participant #5 described herself as emotionally unavailable in relationships. Participant #6 reported anxiety and withdrawing in her relationships. Finally participant #7 reported a fear of rejection and subsequent unavailability in relationships. Differentially, participants who experienced close proximity relationships to their caregivers reported that they approached

relationships with less anxiety. This may be due to the relationship between caregiver and participant which may have resulted in a positive internal working model. This was particularly noted in participant #4.

The participant profiles were provided to facilitate greater insight into the research themes identified. The following section provides an overview of these themes.

6.4 Caregiver Dynamics

Caregiver dynamics describes the ways in which participants related to their maternal caregivers in informal kinship care. This theme elucidates the complex interactions, relationships, and roles that caregivers assumed in participants' lives. Although this theme can be multifaceted, it was observed that participants had varying dynamics with their caregivers. Whereas some participants reported secure dynamics with their caregivers, others described more strained dynamics. Participants #2 and #4 reported feeling guided and supported by their caregivers, thus suggesting a more secure dynamic between the participant and their respective caregiver.

> *"She was supportive and I could lean on her. Spiritually, she guided me and taught me some important life lessons, I still carry independence and responsibility, I learned from her".*
> (Participant #2)

> *"She is a strict person, but she will allow you to do what you want, as long as you communicate".*
> (Participant #4)

On the other hand, strained interpersonal dynamics appeared to be associated with caregiving environments where participants did not feel that their maternal caregivers responded to their needs. Such participants describe their caregivers as unresponsive and subsequently felt unsupported.

> *"Growing up for me there wasn't much openness so you couldn't really reach out. Yea so emotionally you deal with whatever you need to deal with and find a solution there with no one, you don't*

know what's going on to yourself and you must find a way dealing with yourself because no one is gonna be there".
(Participant #1)

"...okay you're kind of like this authoritative figure now in my life, I'm not really close. There was no effort on her end to make us, me and my other cousin to make us feel comfortable".
(Participant #5)

Participants (such as #1 and #5) who shared similar experiences emphasised how the strained relational dynamics with their caregivers (during adolescence) resulted in feelings of detachment which were present at a later developmental stage.

"No attachment really. I am detached. Now that I have grown, the funny thing is now they will be like why are you behaving like this? You love other people more. They are not apologetic for anything. It was like a way of life for them to mistreat me. And I feel like don't mess with my emotions again. I am not that girl anymore".
(Participant #6)

"I don't prioritize relationships as much, its either I am the one who's emotionally unavailable, or infatuated with someone or something. Or if I do like genuinely like somebody then I like somebody that's emotionally unavailable ".
(Participant #5)

In contrast, participants who reported a more secure, supportive relationship did not report such concerns. For example, Participant #3 reported:

"My grandmother taught me that I need to be strong with whatever and pray. Love yourself; these qualities were in her. She was a positive woman. Granny had a difficult life, but she came out of it".
(Participant #3)

6.5 Identity and intimate relationships

Identity and intimacy formed crucial findings in this study as these concepts elucidated how the quality of caregiving influenced participant's ability to form an identity during adolescence and develop close, intimate relationships during their young adulthood. Furthermore, this theme was rooted in the psychosocial developmental theory (Erikson, 1963).

It was the consensus that one's identity can be influenced by their caregiver, considering they had favourable caregiving dynamics. In essence, a close emotional relationship can impact on the development of an adolescent's identity. Participant #5 was raised by her aunt, and she reported that she did not have a close relationship with her during her adolescence. However, she reported sharing a close emotional relationship with her cousin and sister-in-law. According to this participant, these key figures in her life influenced her identity development.

> *"so I would say that I had three people I would say, you know that I could express myself emotionally with so it was my two cousins that I lived with and my sister-in-law."*
> (Participant #5)

Similarly, participant #6 rejected the thought of her maternal caregiver influencing the formation of her identity. According to this participant, she was raised by her grandmother and reported on a distant relationship with her caregiver during her adolescence. Similar experiences were shared by other participants.

> *"I tried not to be everything they said I was. It pushed me harder to be this bubbly loving person. But I was very sensitive, but I am learning not to now."*
> (Participant #6)

> *"I hate to think that I could have been influenced by her."*
> (Participant #7)

Whilst some participants did not necessarily report strained relational dynamics, their experiences in their caregiving relationships seemed to influence the way in which they could

rely on others. The participants described their relationships with their caregivers in a favourable manner and were of the opinion that their sense of self was shaped by their caregivers. This is evident in the following extracts. However, a closer evaluation may highlight the possibility that depending on others is viewed as a weakness, and self-reliance is preferred. This may suggest difficulty in allowing vulnerability in interpersonal relationships.

Participant #2 and Participant #4 were raised by their grandmother and aunt respectively.

> *"My grandmother taught me that I need to be strong with whatever and pray. Love yourself; these qualities were in her. She was a positive woman. Granny had a difficult life but she came out of it."*
> (Participant #2)

> *"uhmm I think considering how she is as a person, I think she also does what I do. She does ask for help, but not often. So me mimicking her behaviour has gotten to that level. I will only ask for help when I feel like I'm going down or whatever. She also hardly asks for help."*
> (Participant #4)

Whilst the above extracts highlighted the need for self-reliance, other participant experiences suggest that the quality of caregiving impacted their ability to develop intimacy in relationships. Participant #5, #6 and #7 who all reported a lack of closeness with their caregivers during adolescence reported difficulty in their relationships such as a rejection of intimacy.

> *"I tend to be emotionally in a state of like, just notice I've got this tendency of like liking somebody. And then after a while, I just don't like them anymore."*
> (Participant #5)

> *"Whatever I went through heavily affected my relationships. I was very insecure and very snappy. If your partner is like I will call back and they don't you will be…like I have trust issues. I will ask what*

time? A lot of people did not keep their promises so it affected my relationships."
(Participant #6)

"Eish…where do I start? I struggle in my relationships; I don't want to get hurt and so I don't give too much. I always leave room for disappointment because people will disappoint you."
(Participant #7)

Whilst the participant narratives may be articulated differently, the narratives suggest some level of difficulty in relying and trusting others in a relationship. This may in turn contribute to a sense of assumed safety when relying on oneself and therefore allowing for the possibility of risk and disappointment in relationships with others. This means of related appears to be understood in relation to the participants identity, as well as their way of relating in relationships with others.

6.6 Sense of loss

The participants who lost their biological mothers at an early age experienced a sense of loss that was evident across their narratives. This theme describes a feeling of loss, grief and mourning as experienced by participants. A common reason why participants were relocated to informal kinship care was due to loss, with 5 out of the 7 participants experiencing this loss in their early childhood. Participant #1 lost her mother when she was just an infant and subsequently moved to South Africa. Participant #4 lost her mother when she was 7 years old whereas participants #5 & #7 reported losing their mothers at 3 and 4 years old respectively. Differentially, participant #6 did not get a chance to build an early attachment with her biological mother as her mother died when she was just a baby. Both participant #6 and #7 lost their mothers to an illness.

The experiences of these losses are expressed in the following extracts.

"...deep deep down I felt her loss, I felt her absence. I just feel like I didn't have a right to moan about it. Because an answer would probably be like but you don't even remember her, you were like 2.

Yeah, so it has like a lot of…when I talk about this emotional suffering that is the loss basically".
(Participant #5)

"Growing up wasn't all rosy. The not-so-great part was because I had no parents."
(Participant #6)

"My relationship with my mother seems like a blur, I don't remember much. But I do know that it has affected me…losing a parent at such a young age is difficult to understand. I am still making sense of it now because I didn't really have the chance to mourn her. It is even harder now I tell you."
(Participant #7)

The participant's narratives suggest a difficulty in processing and mourning the loss of their mothers. This appeared to be further impacted by the nature of their attachments to alternative maternal caregivers in informal kinship care. It was observed that participants who did not have close relationships with their maternal caregivers in informal kinship care reported that they had difficulty resolving feelings of loss during that stage in their lives. It may be assumed that this may be attributed a lack of a relational dynamic that allowed for talking and therefore processing the difficult feelings of losing a parent, and how this may be evoked across different life stages, but especially adolescence. These participants noted that several coping techniques such as being reflective, and understanding their patterns in relationships helped them resolve feelings of loss.

In contrast, participants who reported close relationships to their maternal caregivers in informal kinship care, noted that early separation did not result in a similar sense of loss. This difference in experience may be attributed to having a relationship in which meaning making of the earlier of loss could be processed. The relationship with a responsive and available caregiver therefore seemed to facilitate processing feelings of loss or bereavement. It is however important to note that the different experiences may also be attributed to the respective ages at which the losses took place.

“I can safely say I don’t know them. So I wouldn’t really say it affected me. Okay let me not say that, for someone whose parents died when they were 15, they would know that I have lived with my parents for 15 years. For me if I need something I would go to my aunt.”
(Participant #4)

“My grandmother and I had a great bond. She played the role of both mom and dad.”
(Participant #2)

6.7 Adolescence, Loss and Loneliness

Adolescence represents a complex period, marked by both physiological and psychological periods of transition. Whilst adolescence is known for being a particularly difficult life stage, the participants appeared to have experienced periods during which these difficulties were exacerbated. The extracts below suggest that these may be attributed to varied experiences of loss, neglect, as well as the absence of safe relationships in which they could process these complex emotions and thoughts.

"Growing up…maybe even now, I had a lot of anger. I was angry at my aunt and uncle for neglecting me and my needs. I was angry that my mother died. It is so hard for me."
(Participant#7)

“It used to range to different kinds of things. Sometimes I would just be sad about it, sometimes I would just be indifferent to the whole thing. So it was just like okay. I had to disregard all these myths around loss and grief".
(Participant #5)

"It was very sad. I used to be a very sad child, I would cry a lot. A lot of emotional things happened".
(Participant #6)

The narratives shared experiences that evoked feelings of anger, rejection, loss, fear, abandonment, and sadness. These are likely to be attributed to the intersection of a disruption of early attachments with biological mothers, with unresponsive caregiving during adolescence.

6.8 Sense of belonging

Culture was a key term in this research. It was commonly defined as a system of practices, 'a way of life' or 'a way of doing things' as experienced by participants. This study had a diverse group of participants, with different ethnicities and cultures. Participants did not only have cultural roots in South Africa, but also in Zambia and The Congo. In addition to the complexities presented to sense of belonging by kinship care and the loss of early attachment relationships, these participants also had difficulty adjusting to and navigating the multi-cultural South African space. There therefore seemed to be a heightened awareness of their need for belonging.

> *"When I got there and eventually when I…I was just like I'm 12, I am in this completely different town I didn't know existed and these people are speaking languages I didn't know. Languages I have never heard in my life; Xhosa, Afrikaans. I felt like such an outsider. I can't speak their language and I have a very Zambian accent. So you could spot the difference once I opened my mouth."*
> (Participant #5)

> *"Yoh, coming to South Africa was difficult. I mean I had just lost my mother and now I had to move to this whole new country. I did not know the language, I did not have any friends. My foundation was broken. I struggled with belonging."*
> (Participant #7)

The participants' narratives suggest that a sense of belonging and cultural integration is critical to a smooth transition into a new cultural plane. For example, participants #5 and #7 noted that learning the language contributed to feeling that sense of belonging. However, this assimilation to ensure a sense of belonging coincided with the loss of their own cultural identity. Participant

#5 reported feeling removed from her cultural identity. Similar findings were found with participant #1 who was Congolese.

> *"by birth, I am Ndebele right. I have never practiced that culture in my whole life."*
> (Participant #5)

Similarly, participant #7 who was also Zambian, moved to South Africa when she was 5 years old. She reported difficulty adjusting to the new culture and country and longed to move back to her birth country. This participant reported feeling a longing for her own culture.

> *"Eish moving to SA was hard. I really missed Zambia, I missed home. I wanted to go back so bad and when I did get to back (although it was rare), I was always so happy."*
> (Participant #7)

6.9 Caregiving practices across cultures

It is commonly assumed that caregiving practices differ from culture to culture. However, there was a common theme in how participants understood caregiving approaches by Black people. Participants spoke of a traditional, African mother which represented an unresponsive caregiver in informal kinship care. For these participants, the African mother was associated with mothers (in informal kinship care) from collectivist cultures.

> *"I feel like Black people, mostly are not the most affectionate people. So, like Black people in general. With aunty and my sister-in-law, we are not physically affectionate with each other. I don't know if it is a Zambian thing or a Black thing".*
> (Participant #5)

> *"I feel when you are not someone's biological child, they won't treat you as well. African 'mothers' are like that. I think if I had grown up with my mother, I would have had a better childhood."*
> (Participant #7)

"This is an African household like, and she's not my mom."
(Participant #5)

There seemed to be an understanding that Black people and subsequently Black culture does not view attachment as a necessary aspect of upbringing, as similar sentiments were echoed by participants #2 and #4, who were from South Africa.

"Our parents attached to how they grew up, this 'hard knock life' way. But I don't see how that works. We need that BFF relationship. Black parents take on this authoritative role which destroys relationships with children."
(Participant #2)

6.10 Perceptions of mental health by Black people

The themes outlined above suggest that participants experienced some level of restriction in terms of being allowed to engage with their feelings of loss, and subsequent difficult emotions. This may suggest some difficulty in terms of speaking about emotions, and by association perceptions of mental health in Black families.

"You can't be depressed, you know, they have miss…Like they have they misunderstandings. Um to them if you talk about mental health, you are crazy. That's a Zambian notion. You're crazy basically like you're, you're lunatic, you should be in a home".
(Participant #5)

"It does not allow us more attachment to our parents or mothers. Our parents were not always with us. This was our understanding of them as a child. They were not understanding of feelings or anything emotional. There was no room to understand how you feel. Had to follow their rules."
(Participant #2)

"For me I feel like there is no attachment in the Zulu culture."

(Participant #4)

It was observed that stigmas pertaining to mental health influenced participant's ability to cope with difficult emotions. Typically, participants narrated how they were forced to avoid difficult emotions and as a result, were not provided with the opportunity to process these difficult feelings. This was mainly influenced by upbringing, the unavailability of caregivers to engage in difficult conversations related to feelings, and stigma surrounding mental health. Some participants reported developing psychological difficulties.

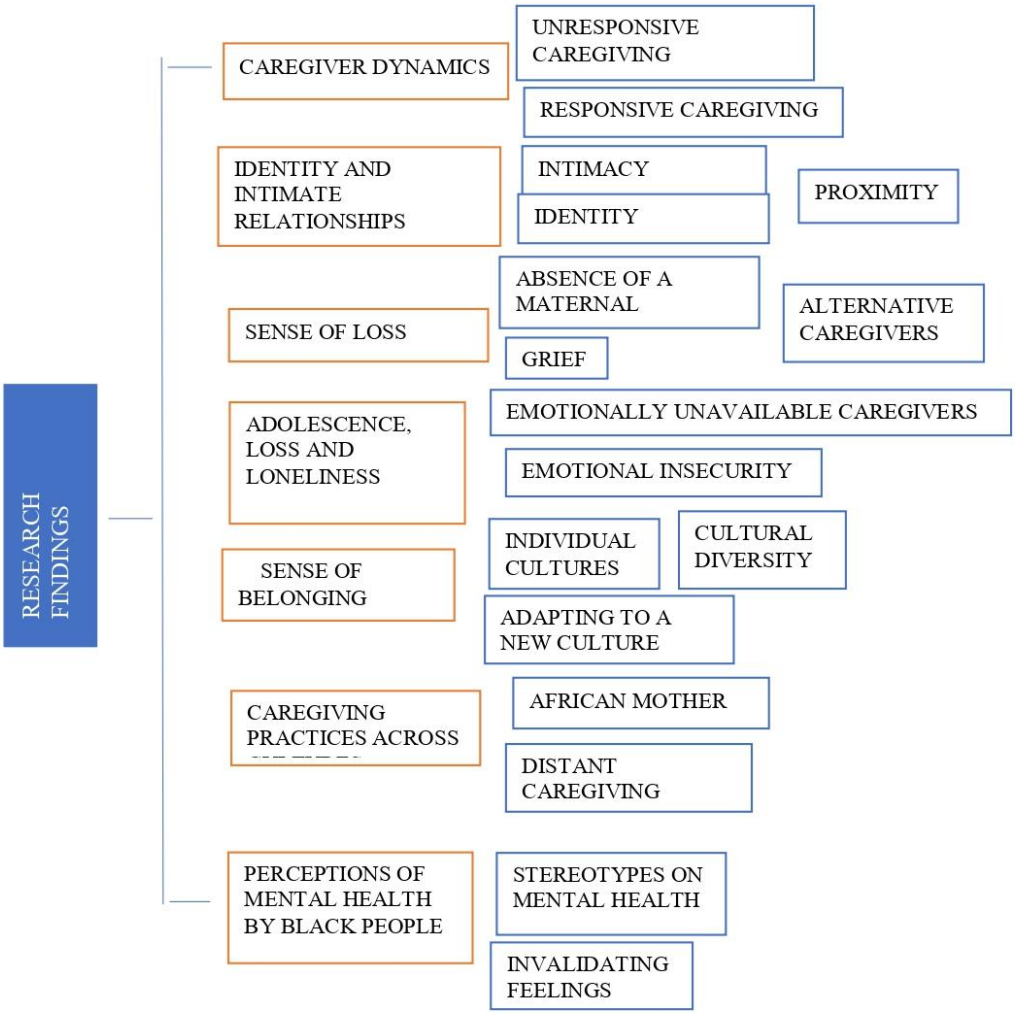
> *"Psychologically I wasn't okay, it affected me. I used to think a lot. I was very absent minded. I was very easily upset or irritated. It took me a lot to socialize and understand".*
> (Participant #6)

> *"They would tell you to just get over it, you know. That's the kind of environment I grew up in. Because of that I went through most of my childhood, my teenager years and a little bit of my young adulthood dismissing my feelings, you know dismissing that loss of my mother."*
> (Participant #5)

6.11 Conclusion

This chapter served to provide an overview of the central research themes in response to the research findings of this study. The chapter commenced with an overview of Braun and Clarke's (2006) thematic analysis and coding processes, and how these processes facilitated the analysis of the overall data sets. This was followed by an overview of the themes and subthemes identified.

These included caregiving dynamics; identity and intimate relationships; sense of loss; adolescence, loss, and loneliness; sense of belonging; caregiving across cultures; and perceptions of mental health by Black people.



CODES
THEMES
Figure 6.1

Chapter 7: DISCUSSION

7.1 Introduction

The following research served to explore the retrospective reflections of Black women's experiences in informal kinship care during adolescence. Data was collected employing semi-structured interviews with the aim of understanding how Black women in this study experienced maternal attachment in informal kinship care. Furthermore, this study aimed to understand how these women make meaning of attachment from a cultural perspective. This chapter will further analyse and interpret the main findings of this study.

7.2 Review of Research Design

This study was rooted in the interpretivist paradigm. According to Pervin and Mohktar (2022), interpretivist research emphasizes the importance of understanding and interpreting subjective meanings and experiences. In doing so, it focuses on the perspectives of individuals or groups within their social and cultural contexts (Pervin & Mohktar, 2022). This study was concerned with the individual experiences and narratives of Black women and thus was exploratory in nature. This research design allowed the researcher to understand the subjective attachment experiences of Black women across South Africa. Taking everything into consideration, this research adopted a qualitative research design with the use of semi-structured interviews to collect the data at hand.

Thematic analysis as determined by Braun and Clarke (2012) was deployed to analyse and identify themes, patterns, and meaning within a given dataset. Braun and Clarke (2006) suggest a six-step framework when the researcher reaches the data analysis stage. This includes familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes, and finally, producing the report (Braun & Clarke, 2006; Braun & Clarke, 2012).

7.3 Thematic structure of the analysis

Overall, the research comprised 7 interviews, and 7 different themes were identified during the data analysis phase. The first theme *Caregiver dynamics* defined the ways in which participants related to their maternal caregivers during adolescence. These narratives formed the reflective

experiences that were key in defining the attachment experiences of the participants and thus encapsulated the following subthemes: unresponsive caregiving and responsive caregiving.

The second theme *Identity and intimate relationships* aligned with Erikson's (1963) developmental theory. This theme highlighted the crucial stage of adolescence and how the quality of relationships with caregivers in adolescence can lead to either a need for closeness or emotional unavailability in the next developmental stage: intimacy versus isolation. Furthermore, participants narrated how their relationship with their maternal caregiver led to the development of either a positive or negative self-image. The subthemes included identity, intimacy, and proximity. It was observed that participants who did not share a close attachment to maternal caregivers during their adolescence developed an insecure view of themselves and their relationships in their young adulthood. From a psychological standpoint, proximity to a caregiver reduces fear, anxiety, and related forms of distress (Simpson & Rhodes, 2017). Thus, allowing the child or adolescent to adequately engage in other life tasks (Simpson & Rhodes, 2017). A sense of security is developed when children experience a sufficient reduction in stress (Simpson & Rholes, 2017). "As individuals develop, they gather a mental record of their success at obtaining sufficient proximity/comfort from their attachment figures" (Simpson & Rholes, 2017, p. 20). Subsequently, those who do not receive that proximity may have difficulty in their relationships. This was reported by such participants. Whereas one reported a lack of availability in her romantic relationships, another reported a fear of closeness and another a tendency towards ambivalence in her relationships.

The third theme *Sense of loss* gave insight into the relationships (or lack thereof) between participants and their biological mothers. Over half of the participants reported that they lost their mothers at an early age. Some disclosed it was from illness and others did not disclose the cause of death. This fostered a sense of loss and feelings of grief. This theme consisted of the following subthemes: absence of a maternal caregiver, alternative caregivers, and grief. During their adolescence, these participants received alternative caregiving as a result. According to Bowlby (1979), children can adapt to loss when there is a sufficient attachment to the remaining caregiver. Attachment reorganization can occur when there is enough support and emotional availability from the next caregiver (Bowlby, 1979). The research findings demonstrated that the participants with alternative, yet responsive caregivers typically did not experience the sense of loss. On the other hand, if the alternative caregiver is unresponsive and unavailable adolescents may develop attachment problems later in life (Hoeg et al., 2018). The latter was

evident amongst participants who experienced their caregivers as emotionally withholding or harsh. According to Hillman et al. (2022, p. 1), "extended separation from birth parents (i.e., losing a primary attachment figure) can cause a sense of loss, harming a child's sense of self-worth, and making it extremely difficult to form new secure attachments".

The fourth theme *Adolescence, loss and loneliness* encapsulated the difficult experiences of participants during their adolescence. Particularly those who did not develop healthy attachments to their maternal caregivers in informal kinship care. This theme consisted of the following subthemes; emotional insecurity and emotionally unavailable caregivers. According to Monaco et al. (2019), insecure attachment stems from negative experiences in childhood and adolescence. For example, having a parent who cannot emotionally attach to a child (Monaco et al., 2019; Verhees et al., 2021). This emotional distance means that emotionally unavailable caregivers only interact with a child when necessary and offer little to no emotional support and guidance (Verhees et al., 2021). According to Verhees et al. (2021), this can result in difficulty developing healthy relationships and coping mechanisms in later adulthood. This was noted among participants whose maternal caregivers did not maintain an emotional proximity to them during adolescence. Such participants noted difficulty maintaining relationships and unhealthy coping mechanisms such as emotional unavailability and withdrawal.

The fifth theme was centered on a *Sense of belonging*, with the following subthemes: adapting to new cultures, individual cultures, and cultural diversity. Several participants had their cultural roots in countries outside of South Africa. South Africa is a melting pot of cultures and thus it was not a surprise to have a multi-cultural group of participants. Participants reported being from Zambia and Congo. These participants grappled with adopting a new culture, and still had their cultural roots that they had 'left behind'. Participants reported difficulty adjusting and found that learning the language helped them gain a sense of belonging. It was also observed that other participants developed a longing for their own culture, something that was familiar. Their experiences in South Africa shaped their understanding of their own cultures and local cultures. The new exposure to the South African cultural experience resulted in adopting a blend of cultural identities for these participants.

Caregiving practices across cultures was a theme that demonstrated participant's understanding of their caregiving experiences according to their own cultures. In line with the research aims of this study, this theme aimed at gaining a cultural understanding of the concept

of attachment. In doing so shedding some light on African/indigenous understandings of typically Western concepts. This theme consisted of the following subthemes: distant caregiving approaches, and the Black mother. The consensus among participants was that Black mothers or Black people lack affection, which is important for the emotional development of a child. For these participants caregiving practices that did not encourage closeness were synonymous with Black people's caregiving practices.

Mental health issues such as anxiety and depression are common among varying cultures (Kopinak, 2015). Individuals from marginalized communities disproportionally experience these issues and as such it may impact their functioning in relationships. The seventh theme was centred around *Perceptions on mental health by Black people*, it had the following subthemes: stigmas on mental health and invalidating feelings. The Black women in this study reported on the stereotypes of mental health in their respective families. This was particular to participants who did not experience close emotional proximity with their maternal caregivers. This resulted in difficulty in understanding their own anxiety and mental health issues as they transitioned to a later developmental stage. Participants reported withdrawing, an inability to be emotionally available, and irritability in their relationships. According to Kopinak (2015), they are negative stereotypes attached to seeking mental health services, and thus will impact the willingness to seek mental health services and gain an understanding of such difficulties.

7.4 Discussion

Informal kinship is a practice that occurs globally and refers to the "*full-time care of a child by kin, other than a parent, who are not formally recognized foster carers*" (MacDonald et al., 2018, p. 2). According to MacDonald et al. (2018), many children worldwide are cared for on a full-time basis by relatives, often in response to a family crisis. In South Africa, informal kinship care is highly prevalent with 64% of children being taken care of by relatives- mostly female relatives (Mabelane et al., 2019).

Female-headed households are a phenomenon on the rise in South Africa (Mabelane et al., 2019). According to Statistics SA (2018), nearly 4 million children are raised by a grandmother or an aunt. It is for such reasons that this research focused on maternal caregivers in the informal kinship care setup. Just as indicated by Statistics SA (2018), all participants in this research were raised by either a grandmother or an aunt.

Furthermore, this research focused on the relationships/dynamics between caregivers and participants and how these contributed to their understanding of intimacy at a later developmental stage. Another important aspect of this research was to focus on culture and Afrocentricity. Particularly how participants made meaning of caregiving and attachment in an African sense. Finally, this chapter aimed at analysing the findings of this research in relation to literature available on the topic.

7.4.1 Caregiving, attachment, and the internal working model

According to Bowlby (1982, as cited, in Mikulincer & Shaver, 2019), parenting is governed by two behavioural systems: attachment and caregiving. In this research, participants had differing caregiving experiences during their adolescence. Whereas some reported adverse caregiving experiences, others reported favourable ones that resulted in closeness with their maternal kinship caregiver. Participant #2 was raised in a small village in Lesotho. She describes growing up with her maternal grandmother because her mother sought work in urban South African cities. Despite her parent's physical and emotional absence, this participant noted that her grandmother managed to fulfil both roles of mother and father. The dynamic between her and her grandmother allowed an open relationship where she felt understood and supported.

This research was not short of participants who grew up with close emotional proximity relationships to their maternal caregivers in informal kinship care. Participant #4 who grew up in Dobsonville, Soweto lost both her parents before she became an adolescent. She describes growing up in a family home with her paternal family members, that is; her cousins, two of her aunts, and her uncle. Participant #4's paternal aunt took on the role of primary caregiver once her parents died. Despite the death of both her parents and growing up surrounded by other children, participant #4 reports that she did not feel the absence of her biological maternal caregiver, and neither did she feel neglected. Her aunt gave her, and her cousins individual attention and thus she did not develop feelings of insecurity in her relationship with this maternal caregiver in informal kinship care.

According to Bowlby (1969), alternative caregiving that is responsive can lead the development of a positive self-image and may buffer the development of issues related to the physical and emotional absence of a biological maternal caregiver. Close emotional proximity to children and adolescents is commonly associated with positive effects on relationships and

mental health (Bowlby, 1969). Participants had varied caregiving dynamics and attachment experiences, with some reporting a distant emotional and physical relationship to their maternal caregivers in informal kinship care.

Participant #3 reported that she did not have a stable home until her adolescence. She reports 'moving around' as a child but was eventually stabilized between two homes. During her adolescence, this participant grew up with her paternal and maternal uncle's wife at different times. The relationship with her aunt from her father's side was described as distant with distinct boundaries between caregiver and child. According to this participant, this meant they did not have a relationship as her maternal caregiver represented an authority figure which she did not approach.

Participant #5 echoed similar sentiments as participant #3. She grew up with her uncle's wife where there was a clear understanding of the role that her maternal caregiver played and the authority she instilled in her household. This led to the establishment of clear boundaries that both participants did not cross. They did not expect much emotional or physical closeness from these caregivers due to the dynamic that was set up.

Both participants #3 and #5 did not share blood relations with their maternal caregivers. In essence, the relation was through marriage. Whereas both participants #2 and #4 were directly related to their maternal caregivers. It may be plausible to attribute the dynamics between participants #3 and #5 to the degree of relatedness- similar to the findings of Ariyo et al. (2019).

A systematic review investigating the difference in the well-being of children in informal kinship care compared to children in other care settings within Africa examined factors that are associated with these children's well-being (Ariyo et al., 2019). According to Ariyo et al. (2019), degree of relatedness of carer to the child, socio-economic status, gender, and age were identified as factors contributing to the well-being of children in kinship care, with more relatedness being linked to more favourable experiences in informal kinship care (Ariyo et al., 2019).

In the 1970s, Mary Ainsworth extended on Bowlby's attachment theory by developing a classification system known as the "Strange Situation" to assess the quality of attachment between infants and their primary caregivers (Ainsworth, 1970; Scharfe, 2017). After

observing how infants interacted with their mother after separation, Ainsworth (1970; Ainsworth et al., 1978) classified attachment into three major styles of attachment; secure, ambivalent/anxious or the avoidant attachment category. Insecure attachment is a broad type of attachment that is further subdivided into Avoidant and Anxious Attachment (Scharfe, 2017).

These attachment categories or styles reflect the quality of the individual's relationship with the primary caregiver as well the expectations of support and security (Scharfe, 2017). The capacity for emotional closeness can be inhibited if a child grows up in an emotionally hostile environment (Thomson et al., 2020). According to Thompson et al. (2020) this can translate to an individual's adult phase. This research did not use an attachment scale and thus could not classify participants in different attachment categories. However, it used such theories to support similar findings in the study.

The relationships between maternal caregivers and participants were a key focus of this study. The researcher focused on participant's adolescence as it represented a crucial stage where the identity is said to be established. According to Bowlby (1982), the ways in which individuals view themselves, others and the world is based on the attachment relationship to the caregiver during crucial attachment points in life.

In addition to this, extensive research indicates that the quality of the parent-child relationship/attachment can influence later socio-emotional and physical health (Ali et al., 2021). Participants with close relationships have a tendency towards a more positive view of the world and better coping when emotional difficulty presents itself in later stages. The findings of this research support this as the researcher observed that participants, such as #5, #6 and #7, who reported the opposite, a distant relationship and a strained dynamic with their caregivers subsequently reported later psychological difficulties, low self-esteem and anxiety related concerns.

This supports Bowlby's understanding of the internal working model, an important tool used for guiding future behaviour (Bowlby, 1969). This cognitive framework consists of mental representations of the self, the world, and others. These understandings are based on the dynamic between caregiver and adolescent. Although these are described as dynamic concepts,

they remain stable overtime. Hence the importance of a good quality relationship in childhood and adolescence (Bowlby, 1969; Pietromonaco & Barrett, 2000).

Furthermore, Pietromanaco and Barrett (2000, p. 155) state that "according to Bowlby, the internal working model is a concept that forms the foundation for understanding how attachment processes operate in adult relationships". It was observed that participants who did not experience close relationships with their caregivers reported anxiety related to a fear of intimacy and rejection in their relationships. According to Pietromanaco and Barrett (2000), unresponsive caregiving can result in the development of a negative internal working model. That is, viewing oneself as unworthy of intimacy, these participants perceived others as rejecting.

Participant's #5, #6 and #7 all lost their mothers at a young age and reported difficulty coming to terms with this loss. Their perception of the relationship to their maternal caregiver reflected a distant relationship that lacked any emotional or physical intimacy. An early disruption in attachment and the lack of proximity in their adolescence led to a belief that the others would reject them (similarly to their maternal caregivers) if they sought intimacy and comfort in relationships.

Participant #5 described herself as emotionally unavailable in relationships. Participant #6 reported anxiety and withdrawal in her relationships. Finally, participant #7 reported a fear of rejection and subsequent unavailability in relationships. Differentially, participants who experienced close relationships to their caregivers reported that they approached relationships with less anxiety. This may be due to the relationship between caregiver and participant which may have resulted in a positive internal working model. This was noted in participant #4.

In essence, the quality of caregiving can impact on the development of psychological difficulties associated with perception of the self, relationships, and the world.

7.4.2 The perception of Black mothers: the effects of apartheid and colonialism

A major driving force for this study was to produce more Afro-centered knowledge and part of that was to give voices to Black women, a marginalized group. Furthermore, the researcher sought to understand how Black women in this research understood attachment and caregiving in informal kinship care.

Caregiving is a concept that exists in different cultures. It has been recognized as a geographically fluid and communal practice (Mikulincer & Shaver, 2019). In this research, participants largely perceived caregiving in their culture as a distant relationship between them and their maternal attachment figure in informal kinship care. Participants #5 and #7 shared similar sentiments about the 'African/Black mother' which for them represented an unresponsive caregiver who did not display any physical or emotional closeness. However, it is important to understand that these participants associated this type of caregiving with the quality of caregiving received in informal kinship care.

This was further supported by participants #2 and #4 who shared similar sentiments when relating attachment to their culture. They perceived their Black cultures as incapable of understanding attachment and closeness concerning caregiving. According to these participants, Black parenting or caregiving was synonymous with little to proximity to the child.

It is important to note that participants did not villainize Black mothers, rather, the researcher viewed it as a longing for a relationship with their biological mothers (especially with participants who experienced early disruption and adverse caregiving experiences). This is a normal occurrence for children who have experienced early disruption in attachment with their biological mothers (Bowlby, 1969). These participants (#5 and #7) understood that mothers in their culture were capable of displaying close proximity to their children but did not feel that it translated into informal kinship care.

The idea that Black mothers in informal kinship care are not capable of developing close proximity relationships with children was not the consensus as some participants reported that their Black maternal figures were able to display closeness in their caregiving approach despite not being their biological mothers. Similarly, Koh et al. (2022) reported that over 80% of children and adolescents answered positively when asked about their experiences living with a caregiver in informal kinship care. In their study, Koh et al. (2022) found that despite challenges such as mental health issues, 82.9% of participants viewed their kinship caregiving as either positive or very positive.

It may be important to understand the perception of the Black mother in relation to colonialism and apartheid as they contributed significantly to the vilification of Black mothers (Mohutsioa-Makhudu, 1989). White supremacists aimed at portraying Black people and mothers as uncivilised, unworthy and inferior (Utsey et al., 2015). According to Mohutsioa-Makhudu (1989), the vilification of Black people and mothers was rooted in racist ideologies and practices. One of them being the forced removal of families, particularly during apartheid (Mabelane et al., 2019). The disruption of family structures and the separation of Black mothers from their families was done in the aims of vilifying the Black mother and weakening family and community ties.

Mohutsioa-Makhudu (1989) speak to how the resistance and opposition to colonial and apartheid rules by Black women was often met with the criminalization of Black mothers as they were often perceived as threats, and uncivilised troublemakers. Under colonisation and apartheid, Black mothers were vilified through the development of deeply ingrained racist ideologies and discriminatory practices (Mohutsioa-Makhudu, 1989). With years of oppression and propaganda these negative perceptions, unfortunately, continue to have repercussions today. According to Mohutsioa-Makhudu (1989), historical stereotypes and biases continue to shape societal attitudes towards Black mothers. Therefore, it is important that readers and society try to critically challenge these stereotypes in an attempt to foster understanding, empathy, and equality.

Furthermore, Black mothers in this research were likely a subject of intergenerational learning, that is; Black mothers in this research were perceived as learning from their mothers on how to parent. Participants #3 and #5 touched on intergenerational parenting. Participant's maternal caregivers grew up in the post-apartheid and colonial times whereas their mothers experienced this oppression first-hand. This could have contributed largely to the ways in which they were able to build close relationships with their mothers and subsequently with such participants.

7.4.3 Racism and its effects on caregiving

It is safe to speculate that the remnants of colonialism and apartheid may have affected the quality of caregiving. With a focus on Black mothers, it is important to understand them in respect to their ability to caregiver given the circumstances of apartheid and colonialization. Apartheid was a system of segregation that led to the oppression of Black people (Odero, 2017).

This political system had dire consequences on Black people. According to Utsey et al. (2015), apartheid was responsible for mass killings and arrests of Black people nation-wide.

In their study, Hocoy (1988) found that apartheid and racism led to lowered mental health and psychological damage in Black people. Black South Africans' responses also elicited resilience, coping and strength in these oppressed people (Hocoy, 1988). This duality in responses was found mostly among Black women who had the added discrimination of sexism (Hocoy, 1988). "Gender analyses revealed that apartheid had more serious effects on women than men" (Hocoy, 1988, p. 2). Furthermore, Utsey et al. (2015) found that colonialism has had profound effects on the indigenous communities across Africa. This includes negative influences on the mental health of Africans.

The point is to understand the difficulties that Black mothers in this research faced with regard to caregiving. Maternal caregivers who were unable to develop close relationships to participants may have been under immense stress linked to mental health problems that may be linked to the remnants of racism. For example, most participants reported family disruption and thus difficulty maintaining a stable family structure. Additionally, most participants, especially in South Africa reported living in previously under-developed areas, which lacked basic resources. Therefore, such participants and their maternal caregivers were most likely exposed to economic hardships.

According to Broxson and Feliciano (2020), this can result in difficulty to provide adequate nutrition, healthcare and education. The racial segregation and remnants of apartheid and colonialization made it difficult for mothers to access basic services for themselves as well as their children. Most participants reported living with multiple other people such as cousins or other relatives. This may have also impacted their caregiver's ability to develop close-proximity relationships to participants who reported adverse experiences during their adolescence. In this research, Black mother's ability to give care may have been likely influenced by multiple factors related to apartheid and colonialism.

Finally, research shows that strained dynamics and circumstances (such as the ones listed above) can lead to adverse caregiving experiences. According to Broxson and Feliciano (2020), caregiver stress is known to negatively impact the quality of care given to children. It can also result to decreased mental health, and lead to mental health concerns linked to anxiety and

depression (Broxson & Feliciano, 2020). Both of which are known to be hereditary and were also reported by participants in this study.

7.4.4 Post-apartheid South Africa and its influence on foreigners and their culture

Culture is a complex theoretical concept that encompasses a wide range of beliefs, values and customs that are shared and transmitted within a particular group or society (Idang, 2015). This population sample represented a multi-cultural one with people from different cultures in and out of South Africa.

The term 'rainbow nation' emerged in the 90s after the end of Apartheid (Tavernaro-Haidarian, 2022). This term was used to describe South Africa's diverse and multicultural nature (Tavernaro-Haidarian, 2022). As reported above, some participants reported being from outside of South Africa, namely; Zambia and Congo.

This shift in cultures was difficult for some participants as they experienced difficulty belonging and fitting into a new South African culture. South Africa is diverse country with a rich cultural heritage (Mampane, 2019; Tevera, 2018, as cited in, Kenny, 2020). This context provided a diverse and multicultural group of participants. Participants identified as Congolese and Zambian but had spent most of their lives in South Africa.

According to Tevera (2018, p. 12, as cited in, Kenny, 2020) “labour recruitment in post-Apartheid South Africa gave rise to the emergence of diverse and vibrant African diasporic communities”. However, historically this diversity has not always been met with positivity by South Africans. The remnants of Apartheid led to the reproduction of racial and tribal categories, which has contributed to the “entrenchment of exclusionary nationalist politics and the fragmentation of Black unity” (Khan, 2021, p. 3).

In South Africa, xenophobia was given a specific political purpose in that it put Black people against each other (Khan, 2021). In doing so, xenophobia supported the racist apartheid system. Furthermore, the normalization of violence during the apartheid era contributed to the culture of violence that persisted and led to the xenophobic attacks against foreigners in South Africa (Khan, 2021).

In this research, none of the non-South African participants reported on any xenophobia, however they did report on feeling excluded. This was related to difficulty fitting in, bullying

on their differences. To gain some sense of belonging and inclusion, these participants took to adopting the language and trying to fit into the South African climate. It was observed that adjusting to a new cultural context was difficult for most participants. Individuals grappled with feelings of loneliness, longing for their own countries and difficulty fitting into their new cultural context. Unfortunately, this subsequently led to the rejection of their own cultures and languages.

It was a consensus that participants had difficulty elaborating on their culture and had further difficulty identifying it as part of their everyday lives, thus making it difficult for the researcher to expand on it. A major influence of colonialism and apartheid was to influence the psyche of the African people (Khan, 2021). Part of this was to transform the mentality of educated Africans through miseducation. Africans were taught to deny and abandon their own culture to adopt European Western cultures (Utsey et al., 2015). Colonialism alienated African people from their culture and introduced a sense of inferiority into the African psyche (Utsey et al., 2015). Africans were made to feel shame about their own culture and people (Utsey et al., 2015).

7.5.5 Migration and apartheid

Hernandez et al. (2018) listed parental death, amongst others, as main reasons for the rise in informal kinship care. Although this research supports these findings, it was also observed that participants also attributed the disruption of their nuclear families to migration, as a result of financial insecurity.

Apartheid was a system of legal segregation of the races. This ultimately led to the oppression of a single race (Hocoy, 1988; Odero, 2017). Black people were deprived of basic civil and political rights. As part of the segregation process, Black people were relocated to rural areas with resources that did not meet their most basic needs (Khan, 2021). As a result, Black people had to seek resources in White areas that were more developed. This began the migration of Black people to urban areas to seek jobs and resources. In this research, Black South Africans reported that they lived in township areas such as Soweto and Khayelitsha.

To remove the burden of financial insecurity (which resulted from the economic oppression), participants #2 and #3 noted that their mothers migrated to urban areas and sought jobs. Participant #2 grew up in Johannesburg South. Due to her mother's inability care for her

financially, she was placed under the care of multiple caregivers. As reported above, participants #3 grew up in a small village called 'Peka' with her grandmother, similarly her mother migrated to Johannesburg to seek employment. The oppression of Black people was multi-layered and occurred in the form of economic, societal, marital, structural, and racial oppression (Mafumbate, 2019; Odero, 2017).

Part of the economic oppression was to ensure that Black people accessed minimum wage jobs and could only seek better paying jobs in these in previously White dominated areas (Mafumbate, 2019). Subsequently leading to the structural oppression in the form of dismantling the Black families by forcing primary caregivers to move away from their children and families to support them (Mafumbate, 2019). This was reported by participants as most experienced the dismantling of their family because of apartheid and even colonialism.

"It is undeniable that individuals travel for different reasons, either their abilities are sought after or on the grounds that they most likely redesign their insight and quest for knowledge" (Enaifoghe, 2020, p. 122). Migration is a feature of both the social and economic life of people across different nations in the world, especially in post-Apartheid South Africa (Enaifoghe, 2020).

7.5 Conclusion

This study was aimed at understanding the maternal attachment experiences of Black women in informal kinship care. Rooted in the attachment theory (Bowlby, 1958; 1969; Ainsworth, 1978; Ainsworth et al., 1970) participants were asked to reflect on their adolescence and how their relationship with their maternal caregiver influenced them during this crucial stage.

> "Adolescence is an important period to examine change in many aspects of development, and attachment is no exception"
> Ruhl et al., 2015, p. 2.

There is a common understanding that attachment relationships with caregivers serve important functions long after adolescence, extending into adulthood (Bowlby, 1969). Bowlby (1969) understood that these attachments are important in developing an internal working model, an intuitive guiding system that allows individuals to navigate the world and relationships in

adulthood (Bowlby, 1969; Pietromonaco & Barrett, 2000). It was observed that participants who experienced close proximity relationships in their adolescence tended to report on less fear and anxiety as they grew up. This was also observed in their romantic relationships. Such participants reported openness and an overall positive experience in relationships and their self-image.

Furthermore, they reported a view of themselves as worthy of closeness and intimacy in their relationships. According to Bowlby (1969), responsive caregivers can help adolescents foster a positive self-image. On the contrary, participants with unresponsive caregivers during their adolescence expressed fear and anxiety in their current adulthood in relation to their relationships. Fear of rejection did not allow participants to be open in their relationships and thus they remained guarded (Bowlby, 1969; Pietromonaco & Barrett, 2000). These findings are in line with Bowlby's understanding of attachment and the internal working model. In essence, a secure base is crucial in the development of a positive internal working model (Bowlby, 1969).

Another important aspect of this study was to understand culture and how it may have impacted participant's caregiving experiences. Culture was a difficult concept for participants to define as most did not perceive their lived experiences as aligning with their expected cultural norms. However, many commented on the practice of caregiving in Black cultures. It was a consensus that 'Black caregiving' did not encourage close proximity caregiving, instead participants described the Black mother as distant and unresponsive. These experiences represent the perceptions of Black caregiving in informal kinship care (in this research). Participants attribute their experiences of caregiving to culture, demonstrating a difficulty in reconciling the possible influence of complex contextual realities, such as material resources, social support and mental health concerns (Tran et al., 2023).

Other themes related to culture highlighted the perspectives of participants who had to relocate to South Africa. According to Rivas et al. (2019), individuals who are exposed to new cultural contexts have difficulty adjusting. This natural response to change was observed in participants who did not have South African cultural roots. They expressed a lack of belonging and feeling like outsiders in South Africa. There was a consensus amongst participants that immersing themselves in the South African culture, by learning the language or making new friends, allowed them to integrate better.

Finally, this chapter aimed at consolidating the work of this research, in line with the research aims as highlighted in Chapter 1. In this research, Black women aged between 25 and 40 reflected on their attachment experiences during their adolescence. Black women reflected on their attachment experiences by sharing how these experiences have shaped their current understanding of attachment and relationships. Another core aim was to provide cultural understanding of attachment. Although it was difficult to surmise a cultural understanding of attachment, it is the hoped that this research will contribute to the developing body of knowledge.

Chapter 8: CONCLUDING CHAPTER

8.1 Introduction

This study aimed to explore the subjective attachment experiences of Black women who were raised in informal kinship care during their adolescence. The cultural aspect of such attachment experiences was important as it provided a nuanced layer which has not been explored enough in previous research projects. In doing so responding to gaps in psychological research by studying attachment in an under-researched marginalized group of people.

The key objectives of this study included understanding the adolescent maternal attachment experiences of Black women aged 25-40. Furthermore, exploring how these Black women make sense of attachment experiences from a cultural perspective. The findings of this research indicate that maternal attachment experiences of Black women varied. Those with unresponsive caregiving dynamics had distant proximity relationships to their caregivers. On the other hand, participants with responsive caregiving dynamics had closer relationships. It was indicated that these prior relationships were a significant influence in the relationships that participants had in their later psychosocial stages.

In addition to this, the researcher found that mothers in informal kinship care faced multiple adversities which affected their ability to give care to such participants. The effects of colonialism and apartheid left Black with mental health and psychosocial concerns. These included living in abject poverty and a sense of inferiority. All of which can contribute to their capacity to foster healthy relationships with others including their children. It was indicated that the effects of colonialism and apartheid impacted Black caregivers' ability to give care. However, this was the case in all the participants.

In essence, Black women made sense of maternal attachment in relation to their relationships. They also experienced a sense of loss related to their biological mothers. Those with responsive caregivers did not experience this, as the void was filled by alternative maternal caregivers. Whereas participants with unresponsive caregivers in informal kinship experienced this and many did not reconcile with this feeling until a later psychosocial stage. Such participants self-regulation and other coping mechanisms to deal with the effects of unresponsive caregiving.

8.2 Personal reflection

The interest to pursue this topic was rooted in my upbringing and my personal experience in

informal kinship care. I wanted to gain an insight into the experiences of other Black women. My interest in other Black women came from a need to protect the identity of these women. By this I mean to give readers an understanding of the impacts of historical events on the mental health of Black women. For readers to see the Black mother as a strong figure in our society. One that, despite all adversities rose to the challenge of caregiving. Although participants noted adverse experiences, this did not take away my view of the Black mother in this light- it just allowed me to understand that adversity may alter one's ability to form relationships. The different experiences and stories of childhood and adolescence were believed to offer diversity in the study.

The process of engaging in this research topic was challenging, more than I expected. I did not expect to be met with difficulties finding the required sample size, but I found that, that was one of the most challenging aspects. Women were not as forthcoming and excited to be a part of this research process. However, in hindsight, this could have been due to the rigidity of my inclusion criteria.

Another challenge was putting the paper together, I found that I was fatigued throughout most of the writing process. Engaging in my internship and experiencing burnout did not make me enthusiastic to write this paper. However, the idea of getting my Masters was more important and I managed to push through that- with a huge amount of support of course.

This research process has made me gain some insight into my own difficulties in dealing with a sense of loss and unresponsive caregivers. Being able to relate to some participants' experiences provided me with the opportunity to consider different lenses to my own experiences. I enjoyed engaging with these women and the entire research process as it allowed me to understand the adversity that Black mothers may face trying to raise kin or children.

8.3 Limitations of the study

This study presented with a few limitations. The sample size of this study presents as a possible limitation. For the main study, only 7 participants were recruited. Due to the increasing numbers of Black children growing up in informal kinship care, this population group should not have been difficult to recruit. However, the researcher ran into multiple obstacles when recruiting the participants for the main study. It may be suggested that the COVID-19 pandemic may have resulted in considerable strain in South Africa, therefore possibly influencing the

recruitment process. Perhaps this could also be attributed to the criteria for participation. It was observed that the inclusion criteria were very specific and thus could have limited this research's transferability and generalisability.

Another limiting factor was the choice to include participants who could speak English fluently. The researcher is English speaking and is not fluent in any of the languages spoken in South Africa. However, this could have excluded many potential participants by influencing their perceptions of the study. Additionally, certain descriptions, nuances and cultural knowledge may have been lost in translation especially in instances where English is a second or third language. Thus, losing out on rich data that could have contributed to the research in a valuable way. Unfortunately, due to the financial and time constraints, as well as nature of the study (conducted solely online) hiring a translator was not an option.

A third limiting factor, like the one above was the choice to include participants who had at least a matric certificate. This inclusion criteria could lend to the research of being at risk of only including participants who had some form of a protective factor during their upbringing, therefore facilitating access to education. Additionally, due to the researcher's linguistic limitations, it was important that both parties gained a good understanding of the concepts unpacked in the interviews. This was not done to exclude participants, but to ensure that complex concepts such as culture, attachment, and sense of self were understood. However, future research may benefit from excluding this as a research criterion.

8.4 Suggestions for future research

Researchers engaging in future research on this topic, are encouraged to focus on a larger sample size as well as possibly expand to include other races and individuals who grew up in countries other than South Africa. This will allow a more diverse sample group and thus future researchers can compare more comprehensively how different cultures understand caregiving. Furthermore, if future researchers on this topic allow for a less strict inclusion criteria, this too would increase the diversity of participants.

Given the rationale behind this research, further research can focus on an African-centered approach to increase knowledge production in this context. A focus on the experiences of children and adolescents in informal kinship care could give insight onto the well-being of these children. Subsequently possibly informing policies in informal kinship care. This could

also encourage the implementation of strategies and practices that could enable children and adolescents to have more positive outcomes in informal kinship care.

8.5 Conclusion

In conclusion, this research aimed at studying the retrospective reflections of Black women who were raised in informal kinship care in South Arica. This study was (mainly) grounded in attachment and psychosocial theories. These were used as a guide to understand the attachment experiences of such Black women. Furthermore, this study aimed at emphasizing the importance of the marginalized group and giving a voice to such a group. The Afrocentric emphasis was rooted in offering a perspective cognizant of an African-centered lens.

This chapter provided an overview the strengths and limitations of this study. This also included a personal reflection which meant to give an honest review of the researcher's biases, expectations, and challenges during the entire research process. In doing so, providing tips for future researchers.

REFERENCES

Adams, W. (2015). Conducting Semi-Structured Interviews. In K. E. Newcomer, H. P. Hatry & J. S. Wholey (Eds.), Handbook of Practical Program Evaluation Chapter 19.

Adom, D., Hussein, E., & Adu-Agyem, J. (2018). Theoretical And Conceptual Framework: Mandatory Ingredients Of A Quality Research. *International Journal of Scientific Research, 7*, 438-441.

Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore: Johns Hopkins University Press.

Ainsworth, M. D. S. (1973). The development of infant-mother attachment. In B. Cardwell & H. Ricciuti (Eds.), *Review of child development research 3*,1-94. Chicago: University ofChicago Press.

Ainsworth, M. D., Blehar, M., Waters, E., Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum

Ainsworth, M. D. (1985). Patterns of infant-mother attachments: Antecedents and effects on development. *Bulletin of the New York Academy of Medicine, 61*, 771-791.

Ainsworth, M. D., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist, 46*, 333-341.

Akkari, A., & Radhouane, M. (2022). *Intercultural approaches to education*. From Theory to Practice.

Ali, E., Letourneau, N., & Benzies, K. (2021). Parent-Child Attachment: A Principle-Based Concept Analysis. *SAGE Open Nursing, 7*. 237796082110090. 10.1177/23779608211009000.

Almasidis, V. (2020). Attachment Theory. Online Resource. 10.6084/m9.figshare.19438103

Alto, M. E., Warmingham, J. M., Handley, E. D., Rogosch, F., Cicchetti, D., & Toth, L. S. (2020). Developmental Pathways From Maternal History Of Childhood Maltreatment AndMaternal Depression To Toddler Attachment And Early Childhood Behavioral Outcomes. *Attachment & Human Development*,*23*(3), pp 328-349.https://doi.org/10.1080/14616734.2020.1734642

Ariyo, E., Mortelmans, D., & Wouters, E. (2018). The African Child In Kinship Care: A Systematic Review. *Children and Youth Services Review, 98*.https://doi.org/10.1016/j.childyouth.2018.12.013

Arslan, E. (2022). Validity and Reliability in Qualitative Research. *Pamukkale University Journal of Social Institute*. 10.30794/pausbed.1116878.

Aspers, P., & Corte, U. (2019). What is Qualitative in Qualitative Research. *Qualitative Sociology, 42*. 10.1007/s11133-019-9413-7.

Asante, M.K. (1988). *Afrocentricity, the theory of social change*. Amulefi Publishing Company.

Atkinson, L., & Goldberg, S. (2004). *Attachment issues in psychopathology and intervention.* Lawrence

Erlbaum Associates Publishers.

Backes, E. P., & Bonnie, R. J. (2019). The Promise of Adolescence: Realizing Opportunity for All Youth. *National Academies Press (US*). https://doi.org/10.17226/25388

Bakker, J.D., Parsons, C., & Rauch, F. (2020). Migration and Urbanization in Post-Apartheid South Africa. *The World Bank Economic Review, 34*(2), 509–532, https://doi.org/10.1093/wber/lhy030

Balakrishnan, S. (2020) Afrocentrism Revisited: Africa in the Philosophy of Black Nationalism. *Souls, 22*(1), 71-88.

Bank, L., Posel., D & Wilson, F. (2020). *Migrant labour after Apartheid*. HSRC Press.

Barrett, D., & Twycross, A. (2018). Twycross, A. (2018). Data collection in qualitative research. *Evid Based Nurs*, 21(3), 63-64. https://doi.org/10.1136/eb-2018-102939

Barroga, E., & Matanguihan, G. (2022). A Practical Guide to Writing Quantitative and Qualitative Research Questions and Hypotheses in Scholarly Articles. *Journal of Korean Medical Science, 37*. 10.3346/jkms.2022.37.e121.

Bei, E., Mashevich, K., Rotem-Mindali, O., Galin-Soibelman, S., Kalter-Leibovici, O., Schifter, T., & Vilchinsky, N. (2022). Extremely Distant and Incredibly Close: Physical Proximity, Emotional Attachment and Caregiver Burden. *Int J Environ Res Public Health, 19*(14). doi: 10.3390/ijerph19148722. PMID: 35886574; PMCID: PMC9323703.

Belotto, M. J. (2018). Data Analysis Methods for Qualitative Research: Managing the Challenges of Coding, Interrater Reliability, and Thematic Analysis. *The Qualitative Report, 23*(11),2622-2633.

Berzoff, J., Flanagan, L., & Hertz, P. (2021). *Inside out and outside in: psychodynamic theory and practice in multicultural contexts*. Rowan and Littlefield.

Bowlby, J. (1944). Fourty-Four Juvenile Thieves: Their Characters And Home-Life (II). *International Journal of Psycho-Analysis, 25*, 107–128.

Bowlby, J. (1958). The Nature of the Child's Tie To His Mother. *International Journal of Psychoanalysis, 39*, 350-371.

Bowlby, J. (1969). *Attachment and loss: vol. 1*. Basic Books.

Bowlby, J. (1977). The Making and Breaking of Affectional Bonds: Aetiology and Psychopathology In the Light of Attachment Theory. *The British Journal of Psychiatry, 130*, 201-210. https://doi.org/10.1192/bjp.130.3.201.

Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry, 52*, 664-678.

Bramlett, M.D., Radel, L.F., & Chow, K. (2017). Health and Well-Being of Children in Kinship Care: Findings from the National Survey of Children in Nonparental Care. *Child Welfare, 95*(3), 41-60. PMID: 29416143; PMCID: PMC5798622.

Braun, C., & Clarke, V. (2006). Using Thematic Analysis in Psychology. Qualitative Research in Psychology, 3, 77-101. https://doi:10.1191/1478088706qp063oa.

Braun, V., & Clarke, V. In Cooper, H., Camic, P. M., Long, D. L., Panter, A. T., Rindskopf, D., & Sher, K. J. (Eds.). (2012). *Thematic analysis: APA handbooks in psychology. APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative,qualitative, neuropsychological, and biological*, 57–71. American Psychological Association. https://doi.org/10.1037/13620-004

Bray, R., & Dawes, A. (2016). Parenting, Family Care and Adolescence In East And Southern Africa: An Evidence-Focused Literature Review. *Unicef- Office Of Research- Innocenti*.

Breiner, H., Ford, M., & Gadsden, V. L. (Eds.). (2016). *Parenting matters: supporting parents of children ages 0-8*. National Academies Press (US).

Bretherton, I. I. (1992). The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology, 28*, 759-775. 10.1037/0012-1649.28.5.759.

Bretherton, I. (2013). Fathers In Attachment Theory And Research: A Review. *Early Child Development and Care, 180*, 9-23. 10.1080/03004430903414661.

Brewer-Smyth, K. (2022). Absence of a Healthy Parent: Mental and Physical Illness, Substance Misuse, and Trauma in the Life of Parents, Caregivers, and Significant Others. In: Adverse Childhood Experiences. Springer, Cham. https://doi.org/10.1007/978-3-031-08801-8_5

Broxson, J, & Feliciano, L. (2020). Understanding the Impacts of Caregiver Stress. *Prof Case Manag*, *25*(4),213-219. doi: 10.1097/NCM.0000000000000414. PMID: 32453176.

Buchanan, T. M., & McConnell, A. R. (2017). Family As A Source of Support Under Stress: Benefits of Greater Breadth of Family Inclusion. *Self and Identity, 16*(1), 97-122.

Budlender, D., & Lund, F. (2011). South Africa: A Legacy of Family Disruption. *Development and change, 42*, 925-46. 10.1111/j.1467-7660.2011.01715.x.

Buetow, S. (2018). Apophenia, Unconscious Bias And Reflexivity In Nursing Qualitative Research. *International Journal of Nursing Studies, 89*. 10.1016/j.ijnurstu.2018.09.013.

Chambers, B. D., Taylor, B., Nelson, T., Harrison, J., Bell, A., O'Leary, A., Arega, H.A., Hashemi, S., McKenzie-Sampson, S., Scott, K.A., Raine-Bennett, T., Jackson, A.V., Kuppermann, M.,

& M.R. (2022). Clinicians' Perspectives on Racism and Black Women's Maternal Health. *Health Rep, 4*;3(1), 476-482. doi: 10.1089/whr.2021.0148. PMID: 35651994; PMCID: PMC9148644.

Chawane, M. The Development Of Afrocentricity: A Historical Survey. *Yesterday, 16*,78-99. https://dx.doi.org/10.17159/2223-0386/2016/n16a5.

Cherlin, J. (2012). Goode's World Revolution And Family Patterns: A Reconsideration At Fifty Years. *Population and Development Review, 38*(4), 577-604, https://doi.org/10.1111/j.1728-4457.2012.00528.x.

Cherniak, A., Mikulincer, M., Shaver, P., & Granqvist, P. (2020). Attachment Theory and Religion. *Current Opinion in Psychology*. 10.1016/j.copsyc.2020.08.020.

Chu, A., & Lieberman, A. F. (2021). Losing a parent in early childhood: The impact of disrupted attachment. In R. A. Thompson, J. A. Simpson, & L. J. Berlin (Eds.), *Attachment: The fundamental questions*,261–267. The Guilford Press.

Ciranka, S., & van den Bos, W. (2019). Social Influence in Adolescent Decision-Making: A Formal Framework. *Frontiers in Psychology, 10*. 10.3389/fpsyg.2019.01915.

Clancy, M. H. (2017). *Women and Apartheid*. Political Science.

Cluver, L., & Gardner, F. (2007). Risk And Protective Factors For Psychological Well-Being Of Children Orphaned By Aids In Cape Town: A Qualitative Study Of Children And Caregivers' Perspectives. *AIDS care, 19*, 318-325. 10.1080/09540120600986578.

Collins, C. S., & Stockon, C. M. (2018). The Central Role of Theory in Qualitative Research. *International Journal of Qualitative Methods, 17*, 1-10. https://doi.org/10.1177/1609406918797475

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medical Surgery Nursing, 25*(6), 435.

Cudjoe, E., Abdullah, A., & Chiu, M. (2019). What Makes Kinship Caregivers Unprepared For Children In Their Care? Perspectives And Experiences From Kinship Care Alumni In Ghana. *Children and Youth Services Review*. 10.1016/j.childyouth.2019.04.018.

Davey, J. C. (2016). The care of kin: A case study approach to kinship care in South of England and Zululand, South Africa. [Unpublished manuscript]. Bournemouth University.

Dawson, N., Bain, K., & Mesman, J. (2018). Attachment & Human Development Comparing Two Measures Of Maternal Sensitivity: Goodness Of Fit With A South African Cultural Context. *Attachment & Human Development*. 10.1080/14616734.2018.1454056.

Dean, B. A. (2018). The Interpretivist and the Learner. International Journal of Doctoral Studies. https://doi.org/10.28945/3936

Deans, C. L. (2020). Maternal Sensitivity, Its Relationship With Child Outcomes, And Interventions That Address It: A Systematic Literature Review. *Early Child Development and Care*. 190(2), 252-275, DOI: 10.1080/03004430.2018.1465415

DeJonckheere, M., & Vaughn, L. M. (2019). Semi-structured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*,1-8.https://doi:10.1136/fmch-2018-000057

Delap, E., & Mann, G. (2019). *The Paradox Of Kinship Care: The Most Valued But Least Resourced Care Option - A Global Study*. Family for every child.

De Wet, N. (2019). The Association Between Mother's Socioeconomic Status and Non-Orphan Kinship Care Arrangements in South Africa. *Children and Youth Services Review, 103,* 79-86. https://doi.org/10.1016/j.childyouth.2019.05.015

Dodgson, J. E. (2019). Reflexivity In Qualitative Research. *Journal of Human Lactation,35*(2). https://doi.org/10.1177/0890334419830990

Dominguez- Martinez, R., Jones S.D., & Walther, C.S. In: Farris D. & Bourque, A. (Eds.). (2020). *The Non-traditional Family. International Handbook on the Demography ofMarriage and the Family. International Handbooks of Population,7*. https://doi.org/10.1007/978-3-030-35079-6_14

Duschinsky, R., Greco, M., & Solomon, J. (2015). The Politics Of Attachment: Lines Of Flight With Bowlby, Deleuze And Guattari. *Theory, Culture & Society,32*(7-8),173-195.https://doi.org/ 10.1177/0263276415605577

Dziro, C., & Mhlanga, J. (2018). The Sustainability Of Kinship Foster Care System In Zimbabwe: A Study Of Households Caring For Orphans And Other Vulnerable Children In Bikita. *African Journal of Social Work, 8*, 20-28.

Dzramedo, J., Amoako, B., & Amos, P. (2018). The State of the Extended Family System in Ghana: Perceptions of Some Families. *Research On Humanities And Social Sciences*, 45-51.

Eagleton, T. (2016). *Culture*. Yale University Press.

Enaifoghe, A. (2020). Migration, The Socio-Economic And Political Development: The South African Experience. *African Renaissance 17*(2), 103-127. 10.31920/2516-5305/2020/17n2a5.

Ensink, K., Bégin, M., Normandin, L., Godbout, N., & Fonagy, P. (2017). Mentalization and dissociation in

the context of trauma: Implications For child psychopathology. *Journal of Trauma & Dissociation, 18*(1), 11-30, DOI: 10.1080/15299732.2016.1172536

Erikson, E. H. (1950). *Childhood and society*. Norton.

Erikson, E. H. (1963). *Youth: change and challenge*. Basic Books. Figgou, L., & Pavlopoulos, V. (2015). In J. D. Wright (Ed.), International Encyclopedia of the Social and Behavioral Sciences (544-552). Oxford, UK: Elsevier.

Follan, M., & Minnis, H. (2010). Forty-Four Juvenile Thieves Revisited: From Bowlby To Reactive Attachment Disorder. *Child: Care, Health and Development, 36*(5), 639-645.

Fonagy, P., Gergely, G., Jurist, E., Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. Other Press.

Fonagy, P., & Allison, E. (2014). The Role of Mentalizing and Epistemic Trust in the Therapeutic Relationship. *Psychotherapy Theory Research Practice Training, 51*(3). 10.1037/a0036505.

Freeks, F. (2017). Responding To The Challenge Of Father Absence And Fatherlessness In The South African Context: A Case Study Involving Concerned Fathers From The North West Province. *Stellenbosch Theological Journal, 3*(1), 89-113.https://dx.doi.org/10.17570/stj.2017.v3n1.a05

Furstenberg, F. (2015). Becoming Adults: Challenges in the Transition to Adult Roles. *American Journal of Orthopsychiatry, 85*. S14-S21. 10.1037/ort0000107.

Ganz, Z. (2018). Attachment Theory's Universality Hypothesis: Clinical Implications for Culturally Responsive Assessment. *Smith College Studies in Social Work, 88,* 1-20. 10.1080/00377317.2018.1507369.

Ghadampour, E., Khodarahimi, S., Bougar, M. R., & Nahaboo, S. (2020). Single Mothers' Attachment Styles and Personality Influences on Child Psychopathology. *The American Journal of Family Therapy, 48*(4), 340-355. DOI: 10.1080/01926187.2020.1716870

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Gilligan, C. (2018). Revisiting "In a different voice". *Learning landscapes,11*(2), 25-29.

Goldschmidt, L., Alexander, D. L., Seabi, J., Jacobus, G., & Maree, J. (2019). Psychosocial Well-Being In Adulthood In Response To Systemic Barriers In Kinship Care As Experienced During Adolescence. *International Journal of Adolescence and Youth, 24*, 458-473. 10.1080/02673843.2018.1564931.

Gopal, P. On Decolonisation And The University. *Textual Practice, 35*, 1-27.

10.1080/0950236X.2021.1929561.

Guerrero- Castañeda, R. F., Menezes, de Oliva, T.M., & Ojeda-Vargas, M. G. (2017). Characteristics of the phenomenological interview in nursing research. *Revista Gaúcha deEnfermagem*, *38*(2). https://doi.org/10.1590/1983-1447.2017.02.67458

Gutierrez- García, R. A., Benjet, C., Borges, G., Méndez, R. E., Medina-Mora, M. E. NEET Adolescents Grown Up: Eight-Year Longitudinal Follow-Up Of Education, Employment And Mental Health From Adolescence To Early Adulthood In Mexico City. *European Child Adolescent Psychiatry*, *26*(12), 1459-1469. doi: 10.1007/s00787-017-1004-0.PMID: 28528425.

Haley, B., Heo, S., Wright, P., Barone, C., Rettiganti, M., & Anders, M. (2017). Relationships Among Active Listening, Self-Awareness, Empathy, and Patient-Centered Care in Associate and Baccalaureate Degree Nursing Students. *Nursing Plus Open, 3*, 11-16. 10.1016/j.npls.2017.05.001.

Hall, K., & Mokomane, Z. (2018). The Shape Of Children's Families And Households: A Demographic Overview. In book: *Children, families and the state: collaboration and contestation*. Children's Institute, University of Cape Town.

Hall, K., &., Posel, D. In: Bank, L., Posel, D. & Wilson. F. (Eds.). (2018). *What does Labour Migration Mean for Families? Children's mobility in the context of maternal migration.Migrant Labour after Apartheid*: *Continuities and Change.* Cape Town, HSRC Press.

Hall, K., & Mokomane, Z. (2019). (Eds.). *The shape of children's families and households: a demographic overview*. Children's Institute.

Hallett, N., Garstang, J., & Taylor, J. (2023). Kinship Care and Child Protection in High-Income Countries: A Scoping Review. *Trauma, Violence & Abuse*, *24*. 15248380211036073. 10.1177/15248380211036073.

Hallowell, I. (2017). *Culture and experience*. University of Pennsylvania Press.

Hammarberg, K., Kirkman, M., de Lacey, S. (2016). Qualitative Research Methods: When to Use Them and How to Judge Them. *Human Reproduction, 31*(3), 498-501. https://doi.org/10.1093/humrep/dev334

Harwin, J., & Simmons, J. (2019). Special Guardianship: A Review Of The English Research Studies. *Nuffield Family Justice Observatory*, 1-24.

Hilman, S., Villegas, C., Anderson, K., Kerr-Davis, A. & Cross, R. (2022). Internal representations of attachment in Story Stems: changes in the narratives of foster care children, *Journal of Child Psychotherapy*, DOI: 10.1080/0075417X.2022.2088824

Hocoy, D. (1998). Apartheid, Racism, And Black Mental Health In South Africa, And The Role Of Racial

Identity. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 58*(10-B), 5699.

Hofmeyr, H. (2018). Home Background and Schooling Outcomes in South Africa: Insights from the National Income Dynamics Study. *Stellenbosch Economic Working Papers*, 1-42.

Hong, Y. R., & Park, J. S. (2012). Impact of Attachment, Temperament and Parenting on Human Development. *Korean Journal of Pediatrics, 55*(12), 449-454. https://doi.org/10.3345/kjp.2012.55.12.449.

Horstman, H. K., Hays, A., & Maliski, R. In Oxford Research Encyclopedia of Communication. Oxford University Press. (Eds.). (2016). *Parent-child interaction*. Jon Nussbaum https://doi.org/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-278

Hountondji, P. J. (2009). Knowledge of Africa, Knowledge by Africans: Two Perspectives on African Studies. *RCCS Annual Review, 1*, 121-131.

Hyman, M., & Sierra, J. J. (2016). Open-versus Close-ended Survey Questions. *Business Outlook*, pp 1-5.

Idang, G. E. (2015). African Culture And Values. *Phronimon,16*(2), 97-11.

Idahosa, G.E., & Mkhize, Z. (2021). Intersectional Experiences of Black South African Female Doctoral Students in STEM: Participation, Success and Retention. *Engineering, Education and Sociology,Agenda, 35*(2), 110-122, DOI: 10.1080/10130950.2021.1919533

Jacobs, J., & Mollborn, S. (2012). Early motherhood and the disruption in significant attachments: Autonomy and reconnection as a response to separation and loss among African American and Latina mothers. *Gender & Society: Sociologists for Women in Society*, *26*(6), 922–944. https://doi.org/10.1177/0891243212459073

Jilcha, K. (2019). Research Design and Methodology. *Computer Science*. 10.5772/intechopen.85731.

Kamza, A. (2019). Attachment To Mothers And Fathers During Middle Childhood: An Evidence From Polish Sample. *BMC Psychology 7*, 79. https://doi.org/10.1186/s40359-019-0361-5

Kakilla, C. (2021). Strengths and Weaknesses of Semi-Structured Interviews in Qualitative Research: A Critical Essay. *Preprints*. 10.20944/preprints202106.0491.v1.

Kasztelnik, K. (2023). Challenges, Barriers, and the Underrepresentation of Black Women in Sustainable Global World Environment. *Business Ethics and Leadership, 7*, 18-33. 10.21272/bel.7(2).18-33.2023.

Karakas, N. M., & Dagli F. S. (2019). The Importance Of Attachment In Infant And Influencing Factors. *Turk*

Pediatri Ars, *54*(2), 76-81. doi: 10.14744/TurkPediatriArs.2018.80269. PMID: 31384141; PMCID: PMC6666355.

Kassa, G.M., Arowojolu, A.O., Odukogbe, A.A. Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis. *Reproductive Health*, *15*,195. https://doi.org/10.1186/s12978-018-0640-2

Kaufman, C. E. (2000). Reproductive Control In Apartheid South Africa. *Population Studies*, *54*(1), 105-114.

Keller, H. (2018). University Claims of Attachment Theory: Children's Socioemotional Development Across Cultures. Colloquim Paper, 115(45), 11414-11419. https://doi.org/10.1073/pnas.1720325115

Kenny, B. (2020). The South African Labour Movement. *Tempo Social, 32*, 119-136. 10.11606/0103-2070.ts.2020.166288.

Khan, P. (2021). South Africa: From Apartheid To Xenophobia. *Race & Class*, *63*(1), 3-22. https://doi.org/10.1177/03063968211020889

Kholkholkova, N. (2016). Afrocentricity: The Evolution of The Theory In The Context Of American History. *Social Evolution & History,15*(1), 111-125.

Khuzwayo, N., Taylor, M., & Connolly, C. (2020). Changing Youth Behaviour In South Africa. *Health SA Gesondheid, 25*. 10.4102/hsag.v25i0.1031.

Kiraly, M., Hoadley, D., & Humphreys, C. (2021). The Nature And Prevalence Of Kinship Care: Focus On Young Kinship Carers. *Child & Family Social Work, 26*. 10.1111/cfs.12797.

Kirchengast, S. (2016). An analysis of contemporary social welfare issues. In., *Teenage pregnancies: A worldwide social and medical problem* (Chapter 3, 13-30). http://dx.doi.org/10.5772/65462

Koh, E., Daughtery, L., & Ware, A. (2022). Informal Kinship Caregivers' Parenting Experience. *Children and Youth Services Review, 133*.

Kopinak, J. K. (2015). Mental Health in Developing Countries: Challenges and Opportunities in Introducing Western Mental Health System in Uganda. *Int J MCH AIDS*, *3*(1), 22-30. PMID: 27621983; PMCID: PMC4948168.

Korstjens, I., & Moser, A. (2018). Series: Practical Guidance To Qualitative Research. Part 4, Trustworthiness and Publishing. *European Journal of General Practice*, *24*(1), 120-124. https://doi.org/10.1080/13814788.2017.1375092

Kumpfer, K. L., Magalhaes, C., & Kanse, S. A. In: Korin, M (Ed.). (2016). *Impact of family structure. functioning, culture, and family-based interventions on children's health*. Springer, Boston, MA.

Kyngas, H., Kääriäinen, M., & Elo, S. (2020). The Trustworthiness of Content Analysis. *The Application of Content Analysis in Nursing Science Research,* 41-48.10.1007/978-3-030-30199-6_5.

Lee, E., Mi Jin, C., Lee, Y., & Kramer, C. (2017). Placement Stability of Children in Informal Kinship Care: Age, Poverty and Involvement in the Child Welfare System. *Child welfare, 95*, 83-106.

Lian, X., & Zheng, X. (2023). How to construct an appropriate research design for the study of learner identity in blended learning? *Frontiers in Psychology, 14*. 10.3389/fpsyg.2023.1126605.

Lindenberg, L. D., Kost, K., & Maddow-Zimet, I. (2017). The Role of Men's Childbearing Intentions in Father Involvement. *Journal of marriage and the family, 79*(1), 44-59. https://doi.org/10.1111/jomf.12377

Mabelane, W. K., Makofane, M. D. M., Kgadima, N. P. (2019). Reflections of Adult Children in Female-Headed Families. *Social Work, 55*(2), 156-237. https://dx.doi.org/10.15270/52-2-713

Mabetha, K., De Wet-Billings, N.C., & Odimegwu CO. (2021). Healthcare Beliefs and Practices of Kin caregivers in South Africa: Implications For Child Survival. *BMC Health Serv Res, 22;21*(1), 486. doi: 10.1186/s12913-021-06357-9. PMID: 34022877; PMCID: PMC8140432.

MacDonald, M., Hayes, D., & Houston, S. (2018). Understanding Informal Kinship Care: A Critical Narrative Review Of Theory And Research. *Families, Relationships and Societies, 7*, 71-87. 10.1332/204674316X14534751747496.

Mafumbate, R. (2019). The Undiluted African Community: Values, The Family, Orphanage and Wellnessin Traditional Africa. *Information and Knowledge Management, 9*(8), 6-13. https://10.7176/IKM

Makalela, L. In: Garcia, O., Lin, A., & May, S/ (Eds.). (2016). *Bilingualism in South Africa: reconnecting with ubuntu translanguaging*. *Billingual and Multilingual Education*. Springer International Publishing Switzerland.

Makiwane, M., Gumede, N., Makoae, M., & Vawda, M. (2017). Family In A Changing South Africa: Structures, Functions And The Welfare Of Members. *South African Review of Sociology, 48*, 49-69. 10.1080/21528586.2017.1288166.

Makiwane, M., & Kaunda, C.J. (2018). Families and inclusive societies in Africa. *Human Sciences Research Council, South Africa.*

Mann, G., & Delap, E. (2020). Kinship Care in Sub-Saharan Africa: An Asset Worth Supporting. *Family For Every Child*, 1-13.

Manti, S., & Licari, A. (2018). How to obtain informed consent for research. *Breathe (Sheffield,*

England), 14(2), 145–152. https://doi.org/10.1183/20734735.001918

Mampane, S.T. (2019). Managing Diversity in South African Higher Education Institutions. *Advanced Series in Management*. 10.1108/S1877-636120190000021008.

Maree, J. (2021). The Psychosocial Development Theory Of Erik Erikson: Critical Overview. *Early Child Development and Care, 191,* 1-15. 10.1080/03004430.2020.1845163.

Maseko, V. Experiences of pregnant learners; Implications for interventions. (Unpublished maters thesis). University of the Witwaterstrand. Johannesburg.

Mathobie, R. (2021). On South African Kinship, Households, Health And Care: Connected Lives (In Review). *Anthropology Southern Africa, 44(1),* 3, 5-37. DOI: 10.1080/23323256.2021.1892499

May, V., & Dawson, M. (2018). Families and relationships e-Special issue introduction. *Sociology,52*(4),1-13. https://doi.org/10.1177/0038038518760427

Mchunu, G., Peltzer, K., Tutshana, B., & Seutlwadi, L. (2016). Adolescent pregnancy and associated factors in South African youth. *African Health Sciences*, *12*(4),426-434

McIntyre, J. C., Elahi, A., & Bentall, R. P. (2016). Social identity and psychosis: Explaining elevated rates of psychosis in migrant populations. Soc Personal Psychol Compass, 10, 619–33. [Crossref], [Web of Science ®], [Google Scholar]

McIntyre, J., Worsley, J., Corcoran, R., Harrison-Woods, P., & Bentall, P.B. (2018). Academic and non-academic predictors of student psychological distress: the role of social identity and loneliness, Journal of Mental Health, 27:3, 230-239, DOI: 10.1080/09638237.2018.1437608

Mercer, J. (2011). Attachment Theory And Its Vicissitudes: Toward An Upward Theory. *Theory & Psychology,21*(1),25-45. https://doi.org/10.1177/0959354309356136

Mesman, J. (2018). Sense and Sensitivity: A Response to the Commentary by Keller et al. (2018). *Child Development, 89*. 10.1111/cdev.13030.

Mhlauli, M., Salani, E., & Mokotedi, R. (2015). Understanding Apartheid In South Africa Through The Racial Contract. *International Journal of Asian Social Science, 5*, 203-219. 10.18488/journal.1/2015.5.4/1.4.203.219.

Michel, J., Stuckelberger, A., Tediosi, F., Evans, D., & Eeuwijk, P. (2020). The Roles Of A Grandmother In African Societies – Please Do Not Send Them To Old People's Homes. *Journal of Global Health, 10*. 10.7189/jogh.10.010361.

Mikulincer, M., & Shaver, P. R. (2018). Attachment theory as a framework for studying relationship dynamics and functioning. In A. L. Vangelisti & D. Perlman (Eds.), *The Cambridge handbook of personal relationships* (pp. 175–185). Cambridge University Press. https://doi.org/10.1017/9781316417867.015

Miller, P.M., & Commons, M. L. (2016). The Benefits of Attachment Parenting for Infants and Children: A Behavioural Developmental View. *Behavioural Development, 10*(1), 1-14. https://doi.org/10.1037/h0100514

Mino, V., Guendelman, S., Castillo-Carniglia, A., Sandana, C., & Quintana, S. (2018). Attachment Styles and Personality Structure. *Journal of Depression and Anxiety, 7*(2). https://doi.org/10.4172/2167-1044.1000302

Mkhize, N., & Msomi, R. (2016). African Single Mothers' Experiences of Work and Career in South Africa. *Journal of Comparative Family Studies*, *47*(3), 323–342. http://www.jstor.org/stable/44109629

Mohutsioa-Makhudu, Y.N. (1989). The Psychological Effects of Apartheid on the Mental Health of Black South African Women Domestics. *Journal of Multicultural Counseling and Development, 17*, 134-142.

Monaco, E., Schoeps, K., & Montoya-Castilla, I. (2019). Attachment Styles and Well-Being in Adolescents: How Does Emotional Development Affect This Relationship? *Int J Environ Res Public Health,16*(14). doi: 10.3390/ijerph16142554. PMID: 31319570; PMCID: PMC6678901.

Mphambukeli, T. (2019). Apartheid. *The Wiley Blackwell Encyclopedia of Urban and Regional Studies*. https://doi.org/10.1002/9781118568446.eurs0437

Mtshali, M. (2015). The Relationship Between Grandparents and Their Grandchildren in the Black Families in South Africa. *Journal of Comparative Family Studies*, *46*(1), 75-94. https://doi.org/ 10.3138/jcfs.46.1.75

Muqarshi, A. A, & Al Adawi, S. (2023). Ensuring Trustworthiness In Qualitative Research. 10.13140/RG.2.2.30426.62409.

Munford, R. (2022). Children and Young People in the Care System: Relational Practice in Working with Transitions and Challenges, *Australian Social Work, 75*(1), 1-4, DOI: 10.1080/0312407X.2021.1989003

Mwita, K. (2022). Factors Influencing Data Saturation In Qualitative Studies. *International Journal of Research in Business and Social Science, 11*, 414-420. 10.20525/ijrbs.v11i4.1776.

Naderifar, M., Goli, H., & Ghaljaie, F. (2017). Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research. *Strides in Development of Medical Education, 14*(3).

https://doi.org/10.5812/sdme.67670

Nash, K., O'Malley, G., Geoffroy, E., Schell, E., Bvumbwe, A., & Denno, D. M. (2019). Our girls need to see a path to the future perspectives on sexual and reproductive health information among adolescent girls, guardians, and initiation counselors in Mulanje district, Malawi. *Reproductive Health*, *16*(1). doi: 10.1186/s12978-018-0661-x

Nayak, K. (2009). Why Learn Research Methodology? *Indian Journal of Ophthalmology, 57*(3), 173-174. https://doi.org/10.4103/0301-4738.49389

Newman, C.S., & Komiti, A. (2015). Attachment and early brain development – neuroprotective interventions in infant–caregiver therapy, Translational Developmental Psychiatry, 3:1, DOI: 10.3402/tdp.v3.28647

Nkereuwem, E. S., & Udisi, L. (2016). Single Parent Families and Their Impact on Children of the Amassoma Community in Bayelsa State. *European Journal in Social Sciences*, *4*(9), 1-24.

Northway, R. (2015). The Importance Of Family. *Journal of Intellectual Disabilities*, *19*(4), 309-310. https://doi.org/10.1177/1744629515607140

Nwagboso, L. N. (2016). Single parent attachment styles and its relationship with teenage pregnancy in Namibia. [Unpublished manuscript]. University of South Africa.

Nwagboso, L, N. (2018). Single parent attachment styles and its relationship with teenage pregnancy in Namibia. (Unpublished maters thesis). University of South Africa. Pretoria.

Ocholla-Ayoyo, A.B.C. (1997). African family systems and socio-economic crisis in A. Adepoju (ed) Family, population and development in Africa. Lagos: Zed Books.

Odero, J. O. (2017). *A study of university students' views and experiences in early post-Apartheid South Africa*. [Unpublished manuscript]. University of Stockholm.

Odimegwu, C, O., Amoo, E. O., & De Wet, N. (2018). Teenage pregnancy in South Africa: Where are the young men involved? *South African Journal of Child Health, 12*(2),44-50. DOI:10.7196/SAJCH.2018.v12i2.1523

O'Keeffee, J., Buytaert, W., Mijic, A., Brozovic, N., & Shinha, R. (2016). The use of semi- structured interviews for the characterisation of famer irrigation practices. *Hydrol. Earth Syst.Sci,20*, 1911–1924. https://doi.org/10.5194/hess-20-1911-2016

Orenstein, G. A., & Lewis, L. (2020). *Erikson's stages of psychosocial development*. Stat Pearls Publishing.

Pele, S. In: R. Chand, R., Nel, E., & Pelc, S. (Eds.). (2017). *Marginality and marginalization. Societies, social inequalities and marginalization (Chapter 2). Perspectives on geographical marginality.* Springer

International Publishing.

Phandle, G. (2020). Lockdown leads to surge in teens pregnancies. Times Live. https://www.timeslive.co.za/news/africa/2020-11-24-lockdown-leads-to-surge-in-teen pregnancies/#:~:text=Teenage%20pregnancy%20has%20spiked%20during,humanitarian%20aid%20organisation%20World%20Vision.&text=Lockdown%20has%20coincided%20with%20an,difficulties%20in%20returning%20to%20school

Phatshwane, T. R., Faimau, G. (2019). Afrocentricity and Inclusion Of African History In The Higher Learning Curricula: Student Perceptions And Voices. *International Journal of the Educational Studies, 22*(2).

Pietromonaco, P., & Barrett, L. (2000). The Internal Working Models Concept: What Do We Really Know About the Self in Relation to Others? *Review of General Psychology, 4*, 155-175. 10.1037/1089-2680.4.2.155.

Pillay, N. (2020). Kinship Capital: Young Mothers, Kinship Networks And Support In Urban South Africa. *Social Dynamics, 46*, 1-19. 10.1080/02533952.2020.1804120.

Posada, G. E., Trumbell, J. M., Lu, T., & Kaloustian, G. (2018). The Organization Of Attachment Behavior In Early Childhood: Links With Maternal Sensitivity And Child Attachment Representations. *Monogr Soc Res Child Dev, 83*(4), 35-59. 10.1111/mono.12390. PMID: 30520074.

Prichett, R., Pritchett, J., Marshall, E., Davidson, C., & Minnis, H. (2013). Reactive Attachment Disorder in the General Population: A Hidden ESSENCE Disorder. *The Scientific World Journal*. 818157. 10.1155/2013/818157.

Quinn, N., &., Mageo, J. M. (2013). *Attachment Reconsidered: Cultural Perspectives on a Western Theory*. Palgrave.

Rabe, M. *It Takes A Village To Raise A Child, But The Village Is Ruined Car And Family Policy In South Africa*. [Unpublished thesis, University of South Africa].

Rahman, M. D., Tabash, M., Salamzadeh, A., Abduli, S., & Rahaman, M. S. (2022). Sampling Techniques (Probability) for Quantitative Social Science Researchers: A Conceptual Guidelines with Examples. *SEEU Review,17*, 42-51. 10.2478/seeur-2022-0023.

Rathune, T. (2020). *Attachment And Kinship Care: An Exploration Of The Experiences Of Young Adults Who Were Raised Inal Kinship Care Contexts.* [Masters thesis, University of the Witwatersrand].

Ravitch, S. M. & Carl, N. M. (2016). *Qualitative research: bridging the conceptual, theoretical and*

methodological. Los Angeles, U.S.A.: SAGE Publications, Inc.

Rees, C. (2007). Childhood Attachment. *The British journal of general practice: The Royal College of General Practitioners, 57(544),* 920-922.

Ringson, J., & Chereni, A. (2020). Ritual, Myth and Transnational Giving Within The Zimbabwe Assemblies of God Africa In Johannesburg, South Africa. *Theological Studies, 76(3),* 1-10. https://doi.org/10.4102/hts.v76i3.5860

Rivas, J., Galloway B. M., & Hale, K. (2019). Seeking a Sense of Belonging: Social and Cultural Integration of International Students with American College Students. *Journal of International Students (9),* 682-704. 10.32674/jis.v9i2.943.

Ruhl, H., Dolan, E., & Buhrmester, D. (2014). Adolescent Attachment Trajectories With Mothers and Fathers: The Importance of Parent–Child Relationship Experiences and Gender. *Journal of Research on Adolescence, 25*. 10.1111/jora.12144.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in Qualitative Research: Exploring its Conceptualization and Operationalization. *Quality & quantity, 52*(4), 1893-1907. https://doi.org/10.1007/s11135-017-0574-

Scharfe, E. In: Shackelford, T. K., & Weekes-Shackelford, V. A. (Eds.). (2017). *Attachment encyclopedia of evolutionary psychological science*. Springer International Publishing.

Schultz, P., & Shirindi, L. (2019). Reflections On The Experiences And Needs Of Grandparents Caring For Their Grandchildren With Substance Use Disorder. *Social Work, 55*(4), 359-377. https://dx.doi.org/10.15270/52-2-757

Segura, D. A., & Pierce, J. L. (1993). Chicana/O Family Structure And Gender Personality: Chodorow, Familism, And Psychoanalytic Sociology Revisited. *Signs, 19*(1), 62-91. https://doi.org/10.1086/494862

Shahar-Maharik, T., Oppenheim, D., & Koren-Karie, N. (2018). Adolescent Insightfulness: A Close Friend: Its Roots In Maternal Insightfulness and Child Attachment In Infancy. *Attachment & Human Development, 20*(3), 237-254.

Sharma, S. N. (2019). *Paradata, interviewing quality, and interviewer effects*. [Unpublished manuscript]. The University of Michigan.

Shen, F., Liu, Y., & Brat, M. (2021). Attachment, Self-Esteem, and Psychological Distress: A Multiple-Mediator Model. *The Professional Counselor, 11*, 129-142. 10.15241/fs.11.2.129.

Shenderovich, Y., Boyes, M., Degli Esposti, M., Casale, M., Toska, E., Steventon Roberts, K., & Cluver, L.

(2021). Relationships With Caregivers and Mental Health Outcomes Among Adolescents Living With HIV: A Prospective Cohort Study In South Africa. *BMC Public Health, 21*. 10.1186/s12889-020-10147-z.

Sherab, K., & Schuelka, M. (2019). The Value of Research Culture. *The Druk Journal, 5*(1), 72-83.

Shirvanian, N., & Michael, T. (2017). Implementation of attachment theory into early childhood settings. *International Education Journal: Comparative perspectives,16*(2),97-115.

Showkat, N., & Parveen, H. (2017). Non-probability and probability sampling. *Scientific Research: An Academic Publisher,* 1-24.

Shuttleworth, P. (2022). Recognition of Family Life by Children Living in Kinship Care Arrangements in England. *The British Journal of Social Work, 53*(10).1093/bjsw/bcac114.

Silverman, E., & Gostoli, U. (2020).Social And Child Care Provision In Kinship Networks: An Agent-Based Model. *Plos One*. https://doi.org/10.1371/journal.pone.0242779

Simpson, J. A., & Rholes, S. W. (2017). Adult Attachment, Stress, and Romantic Relationships. *Curr Opin Psychol, 13*, 19-24. doi: 10.1016/j.copsyc.2016.04.006. PMID: 27135049; PMCID: PMC4845754.

Smith, J. A. (1999). Identity Development During The Transition To Motherhood: An Interpretive Phenologival Analysis. *Journal of reproductive and infant psychology, 17*(3), 281-299.

Smith, J.A. & Osborn, M. In Smith, A. J. (Ed.). (2003). *Interpretative phenomenological analysis. Qualitative Psychology: A Practical Guide to Research Methods.* Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.

Smith, J.A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review,5*(1),9-27.

Smith, A. (2020). Afrocentricity as the Organizing Principle for African Renaissance. Interview with Prof. Molefi Kete Asante, Temple University (USA). *International Relations, 20*, 210-217. 10.22363/2313-0660-2020-20-1-210-217

Spjeldnaes, I. (2021). Mothering In Socioeconomically Marginalised Communities In South Africa: A Conceptual Development. *Journal of Psychology in Africa, 31*, 406-415. 10.1080/14330237.2021.1952730.

Staples, R. (1974). The Black Family In Evolutionary Perspective. *The Black Scholar, 5*(9), 2-9.

Thompson, G., Flacking, R., George, K., Feeley, N., Haslund-Thomsen, H., De Coen, K., Schmied, V., Provenzi, L., & Rowe, J. Parents' Experiences Of Emotional Closeness To Their Infants In The Neonatal Unit: A Meta-Ethnography. *Early Hum Dev, 149*, 105-155. doi: 10.1016/j.earlhumdev.2020.105155. PMID: 32829240.

Tauri, J. M. (2018). Research Ethics, Informed Consent and The Disempowerment of the First Nation Peoples. *Research Ethics, 14(*3), pp 1-14. https://doi.org/10.1177/1747016117739935

Tavernaro- Haidarian, L. (2022). Identity and agency in South Africa: Rainbowism reimagined. Communicare. *Journal for Communication Studies in Africa* (38), 1-15. 10.36615/jcsa.v38i1.1540.

Tay, M., & Jian, J. (2019). Reflective practice: An approach to developing self-knowledge [Paper presentation]. Taylor's 11th Teaching & Learning Conference, Taylor University Indiana.

Tran, J. T., Theng, B., Tzeng, H. M., Raji, M., Serag, H., Shih, M., & Lee, W. M. (2023). Cultural Diversity Impacts Caregiving Experiences: A Comprehensive Exploration of Differences in Caregiver Burdens, Needs, and Outcomes. *Cureus, 5*;*15*(10):e46537. doi: 10.7759/cureus.46537. PMID: 37927752; PMCID: PMC10625452.

Utsey, S. O., Abrams, J. A., Opare-Henaku, A., Bolden, M. A., & Williams, O. (2015). Assessing the Psychological Consequences of Internalized Colonialism on the Psychological Well-Being of Young Adults in Ghana. *Journal of Black Psychology, 41*(3), 195-220. https://doi.org/10.1177/0095798414537935

van Breda, A. D. (2017). A Case Example of Resilience Practice in Social Work: A prevention and Intervention Program for High Vulnerable Children in South Africa.

van Breda, A. D, & Theron, L. (2018). A Critical Review Of South African Child And Youth Resilience Studies. *Children and Youth Services Review, 91*, 1-45. 10.1016/j.childyouth.2018.06.022.

van den Berg, W., Makusha, T., Richter, L, Rabe, M., Rtaele, K., Nduna, M., Khunou, G., Human, R., Motlapule, M., Khan, Z., Mercer, G., Moore, E., & Lewaks, A. (2018). State of South African Fathers. *Sonke Gender Justice & Human Sciences Research Council*. ISBN:978-0-620-80417-2

van IJzendoorn, M.H., & Kroonenberg, P. (1988). Cross-cultural Patterns of Attachment: A Meta-Analysis of the Strange Situation. *Child Development*, 26-42.

Verhees, M. W. F. T., Finet, C., Vandesande, S., Bastin, M., Bijttebier, P., Bodner, N., Van Aswegen, T., van de Walle, M., & Bosmans, G. (2021). Attachment and the Development of Depressive Symptoms in Adolescence: The Role of Regulating Positive and Negative Affect. *J Youth Adolescence 50*, 1649–

1662. https://doi.org/10.1007/s10964-021-01426-y

Voges, Berg, A., & Niehaus, D. J. (2019). Revisiting The African Origins Of Attachment Research—50 Years On From Ainsworth: A Descriptive Review. *Infant Mental Health Journal, 40*. 10.1002/imhj.21821.

Vosloo, C. (2020). Extreme Apartheid: The South African system of migrant labour and its hostels. *Acta Structilia, 27*(1), 144-177.10.17159/2617-3255/2020/n34a1.

Wilson-Ali, N., Barratt-Pugh, C., & Knaus, M. (2019). Multiple perspectives on attachment theory: Investigating educators' knowledge and understanding. *Australasian Journal of Early Childhood, 44*(3),215-229. https://doi.org/10.1177/1836939119855214

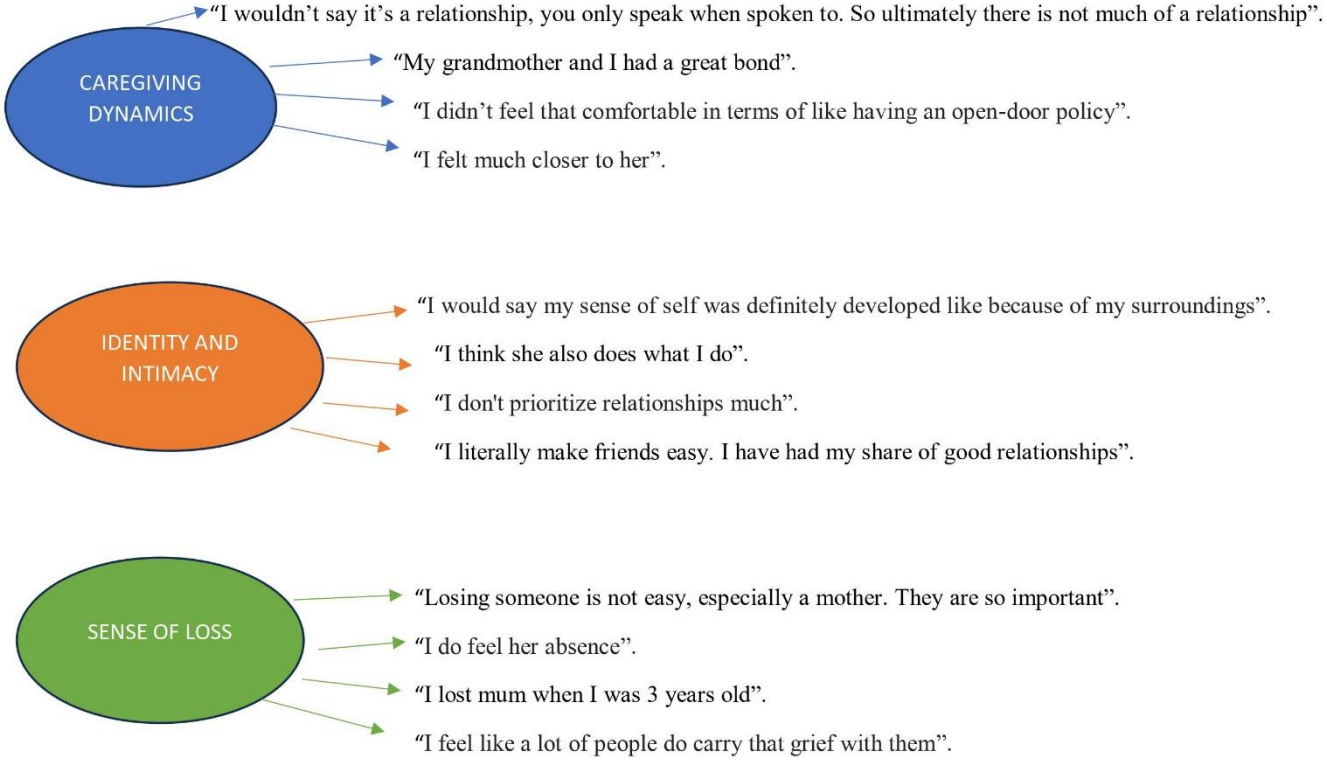
Yakuba, I., & Salisu, W. J. (2018). Determinants of Adolescent Pregnancy in Sub-Saharan Africa: A Systematic Review. *Reproductive Health, 15*(15), 1-11. DOI 10.1186/s12978-018-0460-4

Yip, J., Ehrhardt, K., Black, H., & Herbert Walker, D. (2018). Attachment Theory At Work: A Review And Directions For Future Research. *Journal of Organizational Behavior, 39*, 185-198. 10.1002/job.2204.

Zaidman-Mograbi, R., Le Roux, L., & Hall, H. (2020). The Influence of Culture on Maternal Attachment Behaviours: A South African Case-Study. *Children Australia,45*(1),30-39. https:// doi.org/10.1017/cha

Appendix A

Findings: Step 5 Thematic Analysis (Braun &Clarke, 2012)




ADVERSE ADOLESCENT EXPERIENCES
"Sometimes I would just be sad about it, sometimes I would just be indifferent to the whole thing".
"I did not enjoy living there. I would cry almost everyday".
"I grew up as a very quiet child and you know that, for me I felt like I knew I wasn't home".
"It was very sad. A lot of emotional things happened".
SENSE OF BELONGING
"I felt like such an outsider".
"I remember it just hit me like I have moved to South Africa. I would call my family all the time".
"I really didn't belong at first, but over time I adapted".
"I want to learn more about my culture. It is important to know your roots".
CAREGIVING ACROSS CULTURES
"Black parents take on this 'authorative' role which destroys relationships with children".
"My aunt was just, like she was just too traditional. She was too Zambian".
"For me I feel like there is no attachment in my culture".
"I feel like Black people, mostly are not the most affectionate people".
PERCEPTIONS OF MENTAL HEALTH BY BLACK PEOPLE
"Like most Zambians mask their feelings".
People don't really believe in mental health here".
"I wasn't really taught anything about emotions growing and it affected how I cope emotionally now."
"I would pile up emotions and sweeping things under the rug".

Appendix B

Participant Information Sheet

Dear Madam

My name is Tongase Sakala and I am a Masters student in Community-based Counseling Psychology at the University of the Witwatersrand, Johannesburg. In partial completion of part of my studies, I must undertake a research project. I am investigating the lived attachment of Black women to their maternal caregivers in informal kinship care under the supervision of Lynne Goldschimidt. The aim of this research project is to reflect on the attachment experiences of Black women in informal kinship.

As part of this project, I would like to invite you to take part in a semi-structured interview. This activity will involve questions from the researcher which participants will answer. This will take place in a single interview with an approximate time of 90 minutes. However, this time may elapse but will not exceed 120 minutes. With your permission, I would also like to audio record the interview using a digital device, all interviews and recordings will take place on an online platform. This recording will be stored in a USB protected file on the researcher's laptop, which no one will have access to. and only the researcher will have access to this recording. It will be deleted after 6 years.

You will not be required to make any payment for participation in this study. Please also note that you will not receive any direct benefits from participation, but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. With that, you may withdraw at any time or not answer any question if you do not want to. The semi-structured interview will not be confidential as information obtained will be transcribed and

the supervising researcher will have access to it. Anonymity will not be guaranteed as I will be asking for your names. However, I will be the only the person with such information. anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be kept securely (see below) and not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report. If you experience any distress or discomfort at any point in this process, we will stop the interview or resume another time. If you need some support or counselling services following the interview, you will be referred to the Counselling Careers and Development Unit or the Emthonjeni Centre situated at the main campus of The University of the Witwaterstrand. This service is free of charge.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report which will may be available online through the university library website. The data collected from this research project will be stored in a password protected file and will be kept for 6 years. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,
Tongase Sakala

Researcher:
Tongase Sakala, 1387160@students.wits.ac.za,

Supervisor:
Lynne Goldschmidt, lynne.goldschimidt@wits.ac.za

Appendix C

Interview Schedule

Questions

This research will explore Black women's retrospective reflections on their lived, maternal attachment experiences in informal kinship care, with a particular focus on the adolescent period.

It is aimed at understanding how Black women between 25 and 40 years of age experienced maternal attachment in informal kinship care during adolescence in South Africa. A secondary aim will be to explore how Black women make meaning of attachment in an African cultural context.

This research will interview previously marginalized individuals in society. It is widely known that Black people as well as women have formed some of the most marginalized groups in society.

Opening.

Introduction: Hello my name is Tongase Sakala. I am a Masters in Community-based counselling student at Wits. Thank you for agreeing to participate in this study. In this interview you will reflect on your attachment experiences from when you were 12 to 18 years old. What do you understand as attachment? Additionally, we understand attachment means a bond/relationship or even an affection that you share with someone in your life. I will be asking questions around your attachment to a mother figure. This will not be your biological mother but a mother you grew up with in informal kinship care. In informal kinship care children grow up with family members who are not their biological parents, for example aunts, grandmothers etc. When maternal figures such as these take physical and emotional

care of a child it is known as maternal caregiving. Finally, it is important for me to reiterate that any information obtained from this interview will be confidential, only myself and my supervisor will have access to this information. Remember to focus on the period of 12 -18 years and narrate freely! Do you have any questions? Can we begin?

Biographical details.

Name and Surname:

Age:

Date of birth:

Occupation:

Culture:

Highest level of qualification:

A. <u>Upbringing</u>

Tell me more about your upbringing and where you grew up?

Could you explain to me which caregiver/s you grew up/lived with when you were between the ages 12 and 18?

Could you elaborate on which maternal caregiver was around during your adolescence?

What was the reason for you living with this/these particular caregivers?

B. <u>Relationship to maternal caregiver/attachment classification</u>

Could you expand on your adolescence experience / adolescent years, as well as your relationship with your maternal caregiver during this time.

Could you elaborate on the attachment you had with this maternal caregiver?

Could you describe your current attachment to this maternal caregiver?

Tell me more about your maternal caregiver and her caregiving, what type of person she was or what/what her caregiving was like?

Could you explain how you experienced the caregiving by your maternal caregiver?

C. <u>Sense of self in relation to:</u>

Maternal caregiver:

How do you in retrospect understand how your maternal caregiver assisted you with regards to guiding you, particularly through your adolescent journey?

How do you think the relationship with your maternal caregiver has shaped your sense of self, if at all?

D. Culture

Can you explain what you understand by the term culture?

Could you tell me more about your culture?

How does your culture understand attachment?

How do you think your culture has influenced your attachment experiences?

In what ways do you think attachment experiences with a caregiver may influence an individual's attachment to their own children?

Gender:

Could you explain how you were treated as a girl child? Did this (perhaps) influence your attachment experiences? Please substantiate your answer.

Ethnicity

Do you think a person's ethnicity can influence your attachment experiences? Could you elaborate on this answer?

Explain how your perceived how your ethnicity could have influenced your attachment to your maternal caregiver?

Relationships

Elaborate on your experiences with relationships.

How has your attachment to your maternal caregiver affected your relationships?

Appendix D

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE

CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MACC/21/11**
PROJECT TITLE:	Black women's retrospective reflections on their lived maternal attachment experiences in informal kinship care during adolescence.
INVESTIGATOR	Sakala Tongase (1387160)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	19 July 2021
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	31 December 2023

ISSUE DATE OF CERTIFICATE 30 July 2021 **CHAIRPERSON**

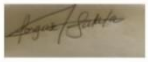
(Dr Vinitha Jithoo)

Cc: Prof. Daleen Alexander (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethicscommittee.

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



30/07/2021

Signature **Date**