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Research Report

Motherhood and alcoholism: Exploring maternal experiences and perceptions of mothers who abuse alcohol

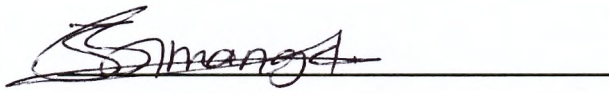
Simango Julia

1236119

Supervisor: Clare Harvey

Declaration

I hereby declare that this research report is my own work. It is submitted for the Masters degree in Social and Psychological Research at the University of the Witwatersrand, Johannesburg.



Julia Simango

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To my support system throughout my academic career, my friends; because of you guys my academic career and journey was filled with joy and laughter. I am so grateful to have you guys in my life. It has not been an easy journey but having you by my side made things easier.

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Abstract

South Africa has experienced increased rates of substance use, in particular the use of alcohol. These increased rates have also been witnessed amongst women of reproduction age. This has manifested in the high rate of Fetal Alcohol Syndrome in South Africa. This study explored how mothers abusing and recovering from alcohol use, experience and perceive motherhood. Semi-structured interviews were conducted with seven mothers who were abusing and recovering from alcohol use. It was revealed from the data that identifying one's self as an alcoholic was important to determine how women view themselves as alcoholic mothers. In order to understand how these mothers experience motherhood, it was crucial to understand how alcoholism manifests in women. Particularly, whether these women are recovering or currently using alcohol; the impact of alcohol use on mothering responsibilities; how different stages of alcohol use impacts on mothering behaviours and responsibilities; and the mother-child relationship. Motherhood is regarded as central to these women's identities as they are still able to practice what is expected of them as mothers, despite using alcohol. This study contributes to the existing knowledge on alcoholism amongst South African women, assisting in understanding how mothering is practiced in the context of alcohol use and how motherhood is important to women seeking to recover from alcohol use. From the findings, treatment centers will gain a holistic view of women using alcohol which could assist in developing programmes aimed at addressing maternal practices and training in these centers; especially considering the difficulty of engaging in maternal duties while in a treatment center. Results indicating difficulties mothers have with their children indicate the importance of this study in assisting treatment centers to focus on mother-child relationships during rehabilitation. Lastly the effectiveness of support groups (e.g. Alcoholic Anonymous) based treatment could also serve as important in women-based rehabilitation.

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1. Chapter One: Introduction

South Africa has the highest incidence of substance abuse worldwide, with alcohol being the most used substance (Ellis, Stein, Thomas & Meintjes, 2012). The average consumption is estimated at around 16.6 litres per drinker annually (Jacobs, Steyn & Labadarios, 2013). South Africa also has high rates of hazardous drinking (three or more alcoholic drinks for a woman during weekends). As a result patterns of harmful alcohol use tend to be more severe in South Africa than in other parts of the world. Patterns of alcohol use in South Africa differ depending on the geographical region (urban and rural), gender (men and women) and socio-economic status (lower, middle and higher class) (Martinez, Roislien, Naidoo & Clausen, 2011). There is also heavy alcohol use in informal drinking outlets such as shebeens (these are often illegal establishments) and taverns in informal settlements (Martinez et al., 2011). It was documented in 2011 that 39% of men consumed alcohol compared to 16% of women (Martinez et al., 2011). South Africa also has a high incidence of risky single-occasion drinking, often known as binge drinking. The use of alcohol in South Africa continuously increases especially amongst women. More women are increasingly drinking at hazardous and risky levels (Ellis et al., 2012). This suggests the importance of the current research in exploring alcohol use amongst women.

Research conducted on alcoholism amongst women has been receiving a lot of attention due to the increased number of women consuming alcohol (Ellis et al., 2012). Even though there are less women using alcohol than men, women consume alcohol at higher levels than men (Rendall-Mkosi et al., 2008). The high consumption of alcohol is reflected in the increased cases of Fetal Alcohol Spectrum (FAS) Disorders in children (Rendall-Mkosi et al., 2008). This also indicates the number of women who might be transitioning into motherhood with an alcohol abuse problem (Brudenell, 2000). Women's drinking patterns have changed over the years; an increasing number of women are engaging in episodic binge drinking and the rate of alcohol consumption has increased, as mentioned. As a result, an increased morbidity and mortality in women is associated with harmful patterns of alcohol use. Women are more likely to experience substance dependence, depression, cancer and HIV infection as a result of alcohol abuse (Martinez et al., 2011). They are more likely to experience negative social consequences (as societies often have negative attitudes towards women's drinking) such as stigma and increased domestic violence (Martinez et al., 2011). Due

to their lower body weight, smaller liver capacity to digest alcohol and higher quantity of body fat, women are more vulnerable to alcohol dependence. Hence women are more likely to have higher blood alcohol concentration than men even when they have consumed the same amount of alcohol (World Health Organization, 2014). Risk factors for alcoholism abuse encompass a family history of alcoholism, social pressures, depression, physical and sexual abuse, as well as stress levels. Some of the factors include socio-economic status, educational level and marital status (Blum, Nielsen & Riggs, 1998). Age is also a significant predictor of alcohol use. Research has shown that the younger the woman, the more likely that she will drink and develop an alcohol problem (Blum et al., 1998; National Institute on Alcohol Abuse and Alcoholism, 2004). Stigma, stereotypes and attitudes society has about women and alcohol abuse generates barriers for women to seek treatment. As a result women might deny the presence of alcohol use as a problem (Blum et al., 1998). The inability to seek treatment has consequences on various aspects of a woman's life, including pregnancy and transition to motherhood.

The consumption of alcohol during pregnancy has received a lot of attention from researchers especially in South Africa over the past years (Ellis et al., 2012; Jacobs & Jacobs, 2014; Rendall-Mkosi et al., 2008). Nearly 80% of women of reproductive age drink alcohol (McDonald et al., 2014). Predictors of alcohol use during pregnancy include preceding exposure to abuse or violence and pre-pregnancy alcohol consumption (McDonald et al., 2014). During pregnancy some women engage in binge drinking, continue drinking at lower levels and others opt to quit drinking (McDonald et al., 2014). Nonetheless, in South Africa there are women who drink alcohol excessively while pregnant, especially in the Western Cape Province (Rendall-Mkosi et al., 2008). Those engaging in alcohol use are more likely to be younger, have lower income, education, and have prenatal depression and anxiety (McDonald et al., 2014). The consumption of alcohol during pregnancy has implications on foetus development and neonatal outcomes. This means that children exposed to high concentration levels of alcohol in-utero can exhibit symptoms of low birth weight, developmental delays, neurocognitive deficits and central nervous abnormalities (Choi et al., 2014). These symptoms together are known as Fetal Alcohol Spectrum Disorder (Choi et al., 2014). Further, mothers who drink while pregnant are more likely to drink post-pregnancy (Jacobs & Jacobs, 2014). More children are being raised in

dysfunctional homes as a result of alcohol abuse, resulting in emotional problems for all family members (May et al., 2005). Alcohol abuse is associated with child abuse and child neglect. This study will expand on the current knowledge that exists on women and alcoholism. It will focus on an aspect of a woman's life deemed as important in society, motherhood. The study will explore the co-existence of alcohol use and motherhood, considering how women who are abusing alcohol and have abused alcohol, experience and perceive motherhood.

1.2 Background and Rationale

Research done on women and alcoholism is largely limited to predictors, prevalence, rates of consumption and the number of women drinking alcohol (e.g. Ellis et al., 2012). The studies focus on identifying the use of alcohol as problematic amongst women and the effects (i.e. domestic violence, HIV infection) that follow. There are studies that focus on facets of womanhood, such as motherhood (e.g. Brudenell, 1997). Studies on this area of research (e.g. Laborde & Mair, 2012) have also focused on alcohol use and pregnancy. These studies explore the use of alcohol prior to pregnancy, during and after pregnancy; and the risk of drinking alcohol while pregnant. Research has also showed that there are limited treatment facilities that cater for women's needs (i.e. treatment that focuses on motherhood and mothering). However there are studies (e.g. Ovens, 2008) that have sought to find treatment interventions for these women, especially those who are pregnant. The above studies have a crucial role in understanding the underlying circumstances impacting the motherhood role. However there are few studies (e.g. Laborde & Mair, 2012; Velez et al., 2004) that emphasise how alcoholism impacts motherhood. Very little research highlights motherhood from the alcoholic mother's perspective, particularly how they experience this role. Further, they do not address factors associated with mothering while using alcohol. This study will start to address this gap in the existing research by exploring how women who abuse or have abused alcohol view, experience and perceive motherhood.

Alcohol use during pregnancy has received a lot of attention over the past years due to an increasing number of FAS Disorders (Rendall-Mkosi et al., 2008). In this regard motherhood is discussed in relation to pregnancy, focusing on aspects such as

drinking patterns and women's attitudes and feelings towards their pregnancy (Watt et al., 2014). Although these do not elaborate further on the process of motherhood amongst alcoholic women, they do provide important information that might be taken into account when trying to understand how these women might experience motherhood. Furthermore, the area of interest in South Africa has predominantly been in the Western Cape Province (Jacobs & Jacobs, 2014). Therefore this current study will start to address motherhood and alcoholism in another South African context, namely Johannesburg. Based on the research elaborated on above, this study is of importance in the South African context. Furthermore, research needs to focus on other aspects of this topic, beyond FAS Disorders. Such areas may include focus on the mother-child relationship and alcohol-abuse recovery during motherhood.

1.3 Research Aims

Studies show that alcoholism has an impact on how a mother transitions into motherhood, mother-child relationships and practises of mothering (Laborde & Mair, 2012; Silva, Pires, Geurreiro & Cardoso, 2012). Based on this it could be suggested that mothers who are abusing alcohol and recovering from it might have different views and experiences of being a mother, compared to mothers not using alcohol. Therefore this study aims to understand how women who are abusing or have abused alcohol, experience and perceive motherhood.

1.4 Research question

1. How do women who abuse, or have abused, alcohol perceive and experience their motherhood role?

1.5 Definitions

Experiences: include accounts, narratives and reported experiences, and discourse of day-to-day practices as mothers. Reported experiences were analysed in order to gain an actual experience of these mothers. The use of the word 'experience' refers to reported experiences in this study. Using phenomenology as a paradigm, how participants might come to know their experiences of a particular phenomenon was explored (i.e. how mothers experience motherhood in the presence of an alcohol abuse) (Smith et al., 2009). Descriptions of day-to-day accounts of the mothers assisted in exploring these mothers' experiences (Moustakas, 1994).

Perceptions: include how the participants view and see themselves as mothers and their opinion on their motherhood role and identity. In the phenomenology framework, perception could be related to phenomenological attitude, which requires individuals to be reflexive and diverting attention away from the objects of the world to one's perception of those objects (Smith et al., 2009). Being reflexive allows individuals to be consciously aware of their values, beliefs and meanings attached to a certain object, thus regarded as a source of knowledge (Moustakas, 1994).

2. Chapter Two: Literature review

2.1 Motherhood

Motherhood is often considered as important and central to many women's lives. It is regarded as 'normal' for women to express their maternal instinct through caring of infants (Chodorow, 1978). Motherhood is socially constructed and its construction differs according to race, class, ethnicity, age of the mother and that of the child, as well as the sex of the child (Richardson, 1993). It is also governed by political/social institutions, gender, psychology, culture and socio-economic status, employment, and identity as a woman, as well as biology of a woman (Phoenix, Woollett & Lloyd, 1991). The above mentioned have been deemed as important in order to understand motherhood from a mother's perspective and its impact on the interactions between mother and child. Motherhood as a socially constructed phenomenon helps one understand mothers within their social positions (Phoenix et al., 1991). In addition to social positions of these women, there are roles that women occupy besides being a mother, such as a wife, and worker. These identities/roles have their own discourses; however they also have an impact on the discourse of motherhood (Walker, 1995). Motherhood has also been labelled with regards to 'good/normal' and 'bad' mothering. Nevertheless these constructions of good and bad mothering vary over time (Springer, 2010). The notion of motherhood is also embedded by universal standards of mothering, historical circumstances and feminist theories (Litzke, 2004). Motherhood/mothering takes place in specific social contexts and differs based on material and cultural resources and constraints (Glenn, Chang & Forcey, 1994).

Women experience motherhood from different backgrounds and experience it differently. Moreover, they can be of different races, ethnicities, different social classes, range of ages, single, married, divorced, have a number of children, be employed or unemployed (Phoenix et al., 1991). There is also a difference in terms of the relationship they have with their children, how they become mothers (i.e. adoption, artificial insemination etc.), sex of their children and how they perceive and feel about motherhood (Phoenix et al., 1991). What can be drawn from the above is that the social construction of motherhood differs and the meaning that women make with regards to motherhood will depend on their background and how they experience it. This indicates how meaning and significance associated with motherhood might not be universal. The interaction of roles and social conditions, race and ethnicity, and

characteristics of their children have also been identified as having an influence on identity construction of a mother, or a mother as a woman. Not only do they influence how women construct motherhood and maternal identity, they also have an impact on how women mother, infer and comprehend what they are doing as a mother, and how they can express this (Phoenix et al., 1991; Walker, 1995).

2.1. 1 'Good' mothering

Motherhood is often associated with the kinds of environment women provide for their children and the relationship they have with them. The focus of motherhood as a phenomenon was seen, as a result of childhood development; mothers as caregivers, nurturers, providers and socialisers (Phoenix et al., 1991). This also adds on the traditional expectations by society to provide a nurturing and safe environment for their children. The cultural and social expectations associated with motherhood have resulted in the ideologies of 'good' mothering, which is directed towards mothers providing a sensitive and enhancing environment for their children. This also encompasses the ideologies of mothers finding fulfilment and satisfaction in the roles expected of them (Kruger, 2006). To supplement this concept, psychoanalytic theories had a great impact in influencing the ideologies of mothering (Chodorow, 1978, Winnicott, 1965). For example, different parent practices have been identified (i.e. warm and permissive, authoritarian and authoritative) (Chodorow, 1978). These parenting practices can be differentiated based on their contribution or influences to childhood development. The concept of 'good' mothering is a universal concept which defines how mothers are ought to be. This definition highlights maternal self-sacrifice and putting one's child's needs and rights over one's own as a woman (Richardson, 1993). The ideology of 'good' mothering assumes that certain parental practices, combined with maternal love and self-sacrifice will ultimately lead to a fully functioning human being (Verduzco-Baker, 2015). The constructions of 'good enough' mothering may be problematic as it might put pressure on mothers to achieve the idealised image of motherhood and producing guilt in mothers as a result (Kruger, 2006; Maher & Saugeres, 2007). This term might discriminate mothers with a lower socio-economic status (Verduzco-Baker, 2015). Reason being that this phenomenon ignores the reality of mothers who do not have access to cultural and economic means to meet the standards of good mothering ((Verduzco-Baker, 2015). It is such, that when mothers do not subscribe to the notions of good mothering they are often pathologised

or termed as 'bad' mothers by society. Feminists have challenged the conceptualisation of 'good' mothering; they claim that this notion is produced by social, historical and political contexts (Phoenix et al., 1991).

2.1.2 Motherhood identity

Entry into motherhood is associated with social and psychological losses in society (Richardson, 1993). These losses could include giving up employment opportunities, status, independence, loss of social network and loss of personal identity and individuality (Richardson, 1993). However, these losses could differ depending on the social, economic and cultural context individuals find themselves in. Patriarchy is amongst one of the systems that plays a critical role in the construction of the mother identity (Roberts, 1993). It explained that motherhood is compulsory and that motherhood is a woman's major social role, that all women are socially defined to be mothers or potential mothers (Roberts, 1993). Roberts (1993) further explained that women positioned in political institutions and their ability to bear children determines their identity. Nancy Chodorow (1978) denotes that motherhood is central and an important aspect of social organisation of gender and implicated in the construction and dominance of males. Nonetheless, motherhood is central to a woman's identity hence the mother identity is solely attributed to a woman's identity (Richardson, 1993). Loss of identity or individuality in women to the mother identity is also a product of how childcare is structured in society. As women are usually the primary caregiver, it is difficult for them to focus on their own interests. Rather their children's interests are placed first (Richardson, 1993). Grafius (2015) further added that if motherhood is described as ideal for women their freedom is denied. Hence positioning the mother as a subject, determined by the relationship they have with their children. He further elaborated that when women are exclusively defined by their abilities as a mother they become trapped in this role (Grafius, 2015). Even though being a mother is described as central to a woman's identity by society, women have the ability to construct their identities as mothers. This constructed identity could be influenced by discourses of motherhood and discourses of identities they hold (i.e. wife, worker, sister, black or white etc.), and mediated by practices of mothering and that of their other identities. These identities may interact and influence women's choices with regards to how they mother. They could also restrict and refashion behaviours and attitudes related with

motherhood (Walker, 1995). Identity, as a result, assumed by the mother and also imposed upon them by society.

2.1. 3 Motherhood alongside other identities

The reproduction and transition into motherhood is also governed by race, ethnicity, social class and nationality. Racial supremacy and economic exploitation shape the mothering context (Glenn et al., 1994). Countries such as the United States of America and the United Kingdom regulate public policy and opinion depending on a woman's race, ethnicity and social class (Springer, 2010); they also encourage or discourage women to have many children (Phoenix et al., 1991). In the review of race and patriarchy on motherhood, Roberts (1993) highlighted how society perceives childbearing as desirable for white women and devalued for black women. This was also seen in the regulation of fertility, by means of sterilisation of black women and Native Americans without their consent in the United States of America (Glenn et al., 1994). An argument of this nature was brought into the discourse of motherhood in South Africa, as it was debated whether family planning in the apartheid regime was a mechanism to control fertility amongst black women (Kaufman, 2006). This was also viewed as a strategy to contain the population of black people (Kaufman, 2006). It is, in this regard that white, wealthy women are viewed as fit and 'good' mothers, worthy of having more children than poor and black women, who are viewed as unworthy and unfit mothers (Springer, 2010). Socio-economic status of mothers, is important to understand especially with regards to how mothers provide for their children. There will be constraints in terms of what they can provide for their children based on their socio-economic status. In the United States of America, high mortality rates in African-American infants, which is two times as much as that of white infants (Glenn et al., 1994), explained well the link between poverty, race and motherhood. In South Africa this link or association was seen in the increase in maternal mortality from 2001 to 2007 (Garenne, McCaa & Nacro, 2011). Women in rural areas, particularly in the Eastern Cape Province, black and of middle income dominated the increase in maternal mortality (Garenne et al., 2011). The increase was also attributed to the increasing numbers of HIV/AIDS infection (Garenne et al., 2011). Results such as those found in Kruger and Lourens (2016), study highlighted the link between socio-economic status and mental illness in South Africa. They found that women in low income areas are more likely to experience symptoms of depression (Kruger &

Lourens, 2016) especially black women (Kruger, Van Straaten, Taylor, Lourens & Dukas, 2014) (this will be covered in detail later on, in the chapter). It is essential in this regard to understand dynamics of race and social class in the context in which motherhood is practiced. For example, most racial ethnic mothers and their children reside in harsh urban environments, consisting of alcohol, drugs, crime and violence (Glenn et al., 1994). Hence the description of a 'good' mother, often defines that of a white and middle-class woman and not that of a black mother and mothers in minority ethnic groups (Phoenix et al., 1991; Walker, 1995). The racialisation of motherhood is also enforced by institutions (i.e. government and nuclear family structures) and universal notions of what is termed as 'good' or 'normal' motherhood. Poor, working class, single and black mothers could be described as deviating from 'normal' motherhood by the society. Such mothers are often identified as pathological mothers by society (Phoenix et al., 1991). Racialisation of motherhood addressed subjective experiences of mothers based on their socio-cultural backgrounds. Furthermore cultural differences have been observed in the literature, highlighting different ideologies and significance of mothering within cultures (Glenn et al., 1994 Phoenix et al., 1991; Walker, 1995). For example, mothering practices differ depending on one's cultural background and constructions of gender roles. From what is explained above, it is important to understand motherhood based on how women are positioned in society, as this has an impact on how they mother and identify themselves as such. By acknowledging the impact of race, culture, socio-economic status, we can understand opportunities as well as constraints impacting mother's ability to fulfil what is expected of them (Richardson, 1993).

2.1.4 Psychological theories of motherhood

Nancy Chodorow (1978) gave a psychoanalytic view point of motherhood by referring to how mothering is produced. She maintained that mothering is produced through the early mother-infant relationship in early infantile development. Psychoanalysts have emphasised the importance of the early relationship between the caregiver and the infant and that this relationship is important for early childhood development. This relationship with the caregiver is usually assumed by the mother (Chodorow, 1978). This early relationship affects the infant's sense of self, feelings towards their mother and women (Chodorow, 1978). However this development of self is based on the infant's internalised representation of its mother and her quality of care (Chodorow,

1978). On the other hand, attachment theorist, Bowlby, emphasised the importance of attachment to significant others by an affectionate bond in providing a sense of security (Chodorow, 1978). Meanwhile the psychoanalyst, Winnicott, emphasised the significance of a 'good-enough mother' in providing an environment for healthy psychological development (Bacal & Newman, 1990). In addition, self-psychology theorists highlighted how the self-object is important in the development of the sense of self. The self-object provides a relationship that evokes and maintains the sense of self in an infant (Bacal & Newman, 1990). The above mentioned theories highlights the importance of the caregiver in an infant's life, which is usually the mother. For example "if good-enough mothering is available and a good-enough fit between the child and the mother prevails, these virtual self-object relations enable the infant's proto-self to develop psychic structure" (Bacal & Newman, 1990, pg. 231). This is achieved by a process called mirroring, which is usually done by the mother (Bacal & Newman, 1990).

Psychoanalysts agree on what embodies 'good' mothering. Due to an infant's physical and psychological dependence on its mother, mothers should provide a safe environment for their infants (Chodorow, 1978). They maintain that maternal care is important for an infant's ability to deal with anxiety and to master internal psychic drives and its environment. If this is not given, they will not be able to deal with their anxieties (Chodorow, 1978). Donald Winnicott used the term 'good-enough mothering' to explain the mother's role: " the good enough 'mother' is one who makes active adaptation to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration" (Winnicott, 1953, p. 94). Good-enough mothers allow for an infant's process of development, which is personal and real to be achieved. The 'not good-enough mother' results in the child's true self-failing to form (Winnicott, 1953). In order to allow for active adaptation the mother will be preoccupied with her infant and devote herself to her baby's needs (Winnicott, 1953). Winnicott also described what is termed as the 'magic mother'; this is the kind of mother that knows too well what the infant needs (Chodorow, 1978). Psychoanalysts maintained that the mother-child relationship provides fulfilment for the mother and the child, that an infant's primary love towards its mother is also reciprocated by the mother (Chodorow, 1978).

Chodorow (1978,) quoted from Alice Balint that "what is good for one is right for the other also" and that "just as the child does not recognise separate identity from the mother, so the mother looks upon her child as part of herself whose interests are identical to her own" (p. 85). Therefore, the child's identity is embedded with that of his/her mother. Hence, good-enough mothering constitutes maternal empathy and total identification with the infant. The above mentioned Psychoanalytic theories explain mother identity, maternal role and what is regarded as a 'good' mother. When mothering is not done according to the above mentioned theories, an infant's development of self will be inadequate. It can be concluded that if the maternal roles explained above and the identification of a mother to her infant is adopted by the mother, a mother can be classified as fulfilling her duties and thus be categorised as a 'good' mother. Psychological theories such as those emphasised above have been instrumental in the social construction of motherhood. However, they failed to recognise social and contextual factors influencing the process of mothering (Phoenix, et. al, 1991). Hence, mothers who do not conform to standards set by psychological theories, receive negative connotations by society and are usually labelled as 'bad' mothers. One of the limitations of psychological theories, especially psychoanalytic theories, is that it is difficult to generalise them to other cultures, especially to black cultures (Phoenix et al., 1991). Phoenix et al. (1991) explained that most studies done on the process of motherhood exclude black women as the unit of study. This has consequences for what is regarded as good or bad mothers when it comes to black mothers; hence the categorisation of white women as historically synonymous with 'good' mothers. Not only does the generalizability of these theories questionable, they can be seen as a measure of adequacy of mothering (Phoenix et al., 1991). Such social expectations have the ability to influence women's perception of motherhood, and instil unnecessary pressure for mothers to live up to expectation explained above (Kruger, 2006).

2.1. 5 Discourse of motherhood in South Africa

In South Africa the discourse of motherhood cannot be separated from the history of institutional discrimination that took place during the apartheid regime. Apartheid, along with interracial, ethnic, historical, socio-economic circumstances all have an effect on the nature and characteristics of mothering practices in South Africa (Lwelunmar, Zungu & Airhihenbuwa, 2010). The negotiation of motherhood has been shaped by social conditions, such as slavery, rural life, housing, labour policies under apartheid, political turbulence and urbanisation and physical mobility (Moore, 2013). The HIV and AIDS pandemic was documented as one of the recent factors that has had an impact on societal expectations and traditional mothering practices (i.e. difficulty in breastfeeding) (Lwelunmar et al., 2010). In South Africa research focused on motherhood looked at teenage mothers, single mothers, working mothers, jailed and depressed mothers (Kruger, 2006). Kruger (2006) also noted that the focus was mainly directed on mothers whom are deemed problematic. A paper by Cheryl Walker (1995) elaborates on the discourse of gender relations, race, socio-economic status, religion, and social identity, particularly how they impact on the discourse of motherhood. She acknowledges systems such as patriarchy as having a significant role in the discourse of motherhood, as motherhood was traditionally and historically seen as a submission to patriarchy (Walker, 1995). She further speaks of the increase in female-headed households, and how motherhood and marriage have been uncoupled. This touches on single motherhood identities and how the stigma towards these mothers has declined (Walker, 1995). However as noted in the previous section, a phenomenon of 'bad' mothering as explained by western theories (Phoenix et al., 1991), may associate single mothers in South Africa with 'bad' mothering. Single motherhood could also touch on socio-economic issues. Kruger and Lourens (2015) study on coloured mothers in low-income South African community revealed that poverty is associated with emotional experience that encompasses depression, stress and anxiety. The inability for mothers to provide for their children, has resulted in emotional stress that is a result of hunger experienced by their children. Feelings of guilt, shame, anger and frustration were identified as some of the emotions experience by mothers in Kruger and Lourens (2015) study. In such circumstances mothers could feel despondent, defeated and socially irresponsible. This could suggest that motherhood for mothers from low socio-economic status might be difficult.

Nonetheless in South Africa, raising a child has been attributed as a collective effort. Meaning mothers might not hold the sole primary responsibility of motherhood alone to take care of their children. For example, for many middle-class women a nanny or domestic worker is hired to provide assistance, and for working-class women, family members such as grandmothers and female siblings often assist the mother in the care of her children (Walker, 1995).

Motherhood, meaning towards motherhood and womanhood, has continued to be an important feature of an African woman's social identity, regardless of circumstances in which their children are born into (Walker, 1995). In addition Frizelle and Kell (2010) maintained that motherhood is negotiated within cultural expectations. The importance of mothers in the African traditions is explained in the proverbs that African cultures use. Most of the proverbs explain the importance of a mother to the well-being of her child; nurturing of her child and the family as a whole. For example, a Shona proverb says: "a good orphan is the one licked by its mother" which means that a child will be better off being taken care by its mother (Mawati, Gambahaya & Gwekwerere, 2011). Proverbs such as the "spirit of the mother is supreme" emphasise the sacredness of the mother and the nurturing role of the mother (Mawati et al., 2011). Further, the Tswana proverb such as the "the mother is she who catches the knife by the blade" explains that even in difficult circumstances a mother will do anything to protect her children and the rest of the family (Mawati et al., 2011). These proverbs are few of many that suggest motherhood as a centre of African life and what is culturally and historically expected of women in an African context. The African perspective of motherhood could be compared with some of the western psychological theories of motherhood, especially with regards to what is expected of mothers (Chodorow, 1978; Winnicott, 1953). Of which are criticised by feminist theory, as putting pressure on mothers and might propel them to escape motherhood (Kruger, 2006).

Cheryl Walker (1995) acknowledged the impact of Christianity in both black and white South African women. She identified how Christianity shapes women's social identity and their constructions of motherhood. This has resulted in the overlap in mothering practices amongst these two racial groups (Walker, 1995). The significance and expectation of mothers can be seen in a number of bible verses. For example in Isaiah 66:13: "as one whom his mother comforts so I will comfort you" (ESV, 2010, p.1361). This verse suggests the comforting ability of a mother. Proverbs 31:26-27 states: "She

opens her mouth with wisdom, and the teaching of kindness is on her tongue. She looks well to the ways of her household and does not eat the bread of idleness" (ESV, 2010, p.1191). From this verse, it is stipulated of what is expected from mothers with regards to what they should teach their children.

The African proverbs and verses from the Bible indicate how women and mothers are ought to be according to both the African and Christian contexts. Thus it can be concluded that the notion of 'good' mothering in South Africa comes from these standards set by the African culture and Christianity. Hence, if a woman/mother does not comply with these proverbs and verses that stipulate practices of mothering and womanhood she could be regarded as deviant and be positioned as a 'bad' mother.

2.2 Alcoholism

Alcoholism is a phenomenon used to refer to the behavioural patterns of alcohol abuse. Alcohol abuse refers to when an individual continues to drink alcohol even though it has a negative effect on multiple areas of the individual's life functioning (i.e. physical health, personal and/or social functioning) (Sadock & Sadock, 2007). An individual may also use alcohol in hazardous environments (i.e. driving while intoxicated) (DSM IV-TR, 2000). The individual may continue drinking alcohol even though they acknowledge that consumption has a negative impact on their lives (i.e. child abuse, domestic abuse) (DSM IV-TR, 2000). When the alcohol intake is reduced these individuals have difficulty with tolerance of this sober state, withdrawal syndromes and interference with life functioning related with spending most of their time using alcohol.

Alcoholism/alcohol abuse conflicts with multiple aspects of human functioning, such as cultural, ethnic, social and religious affiliations, to name a few (Stimmel, 1984). Since such individuals spend most of their time using alcohol, spend more time findings ways to obtain the substance and in an intoxicated state, they neglect or spend less time fulfilling their social, cultural, ethnic and religious duties (Stimmel, 1984).

There are multiple theoretical debates that seek to explain alcoholism. In recent years research has been directed towards conceptualising alcoholism as disease. The disease model is multidimensional, as it incorporates biological, psychological and sociocultural factors (Wallace, 1990). It is as a result, that alcoholism has been widely

understood as a biopsychosocial illness that incorporates genetics, neurochemistry, pharmacology, behaviour and the environment (Wallace, 1990). Wallace (1990) also emphasises that genetic predispositions and psychosocial environment encourages repeated exposure to alcohol which might lead to alcohol abuse. The disease model has been criticised for giving too much emphasis on biological factors at the expense of psychosocial problems (Bliss, 2009). However the impact of social, environmental and cultural factors have been acknowledged as having an impact on the aetiology of alcoholism (Bliss, 2009).

2.2.1 Female alcohol use

The history of alcohol abuse in South Africa dates back to the Dop system that was established during the apartheid government. Wine was used as part of payment for farm workers. It was first introduced in the Cape Colony to induce pastoral and coastal individuals on farms with payment of tobacco, bread and wine (London, 2000). This mode of payment was criticised for promoting excessive use of alcohol in the farming communities, and this has prevailed even in the modern day South Africa, especially in the Western Cape Province (London, 2000). The use of alcohol especially cheap alcohol was extended to the Witwatersrand mines (London, 2000). Since then the use of alcohol in South Africa has been on the rise. Peltzer, Davids and Njuho (2011), however emphasised the importance of understanding alcohol consumption in the context of drinking patterns as alcohol use differs according to societies. Peltzer et al. (2011) also mentioned that these drinking patterns differ according to age, social class, occupation, education, gender and geographical location. In addition, under apartheid system there were limited employment opportunities and populated townships, with shebeens, which have remained recreational outlets. With regards to gender, the consequences of the Dop system previously used in the Western Cape has been widely seen in the increasing number of women consuming alcohol and the increased cases in the number of children born with FAS (Jacobs & Jacobs, 2014). Increased number of women consuming alcohol is also evident in other parts of the country as it has been documented that South Africa's female alcohol consumption is on the rise. In 1998 it was estimated that 17% of women drink at higher levels in South Africa than women in other countries (Rendall-Mkosi et al., 2008). Even though the percentage of men (41.6%) who consume alcohol is more than that of women, women seem to drink at higher levels (22%) than men do, especially on the weekends. It has also been

reported that 9.1% of women of a reproductive age drink at high levels (Ellis et al., 2012). Substance use in women has been associated with sexual violence, and HIV and AIDS (Pitpitan et al., 2013). Also women who consume alcohol at high levels are more susceptible to dire consequences of problematic drinking than men are, for example, women progress faster to alcohol dependence than men (Ellis et al., 2012). In South Africa there is a stigma surrounding women using alcohol and there are cultural norms that sanction women's drinking (Ellis et al., 2012). These cultural norms and stigma may function as a way to regulate and differentiate gender roles (i.e. to demonstrate masculinity in men and prevent sexual autonomy in women) and responsibilities that women have (i.e. being a mother, wife, taking care of the household, etc.) (World Health Organisation, 2005). Nevertheless, alcohol has remained one of the most frequently reported substances of abuse amongst women and one that is less likely to be reported (Ellis et al., 2012).

Alcohol abuse amongst women results in clinical, behavioural and sexual consequences. These include alcohol related diseases such as cirrhosis, cancer and injury, alteration in the menstrual cycle (i.e. severe premenstrual symptoms) and impaired fertility. This is a result of high alcohol intake. The dire effects of alcohol use amongst women are seen in high mortality rates. The association between HIV transmission and alcohol use is mostly explained in conjunction with risky sexual behaviour amongst women. The transmission is seen as a result of impaired judgement, inconsistent condom use and an inability to negotiate condom usage (Ellis et al., 2012). As a result of alcohol use, an increased number of unwanted pregnancies may be observed.

Alcohol consumption during pregnancy has been highly documented by an increase in the number of infants born with FAS. Nevertheless, studies done on the prevalence of alcohol use during pregnancy suggests that alcohol use during pregnancy ranges from 13% to 43% (Marais & Jordaan, 2005). In the Western Cape Province of South Africa 42.8 % of women consume alcohol and drink excessively while pregnant (May et al., 2005; Rendall-Mkosi et al., 2008). As a consequence, there is growth in the birth of stillborn babies and infants born with Foetal Alcohol Syndrome (FAS) (Ellis et al., 2012). Risky drinking (three or more alcoholic drinks for a woman during weekends), episodic and heavy drinking patterns amongst pregnant women, especially in the Western Cape are associated with this (Watt et al., 2014). South Africa has the highest

prevalence of FAS in the world (Ellis et al., 2012), meaning that pregnant women in South Africa consume alcohol more than other women worldwide. A study conducted by Watt et al. (2014) suggested that women drink when they are pregnant to cope with stress and the emotions associated with pregnancy. They were also reported to drink to maintain social connections during this phase of their lives (Watt et al., 2014).

2.2.2 Motherhood and alcoholism

The literature has showed multiple reasons why women consume alcohol, during and after pregnancy (Morojele et al., 2010; Pajulo et al., 2000; Watt et al., 2014). Reasons associated with alcohol consumption may encompass issues surrounding socio-economic status, race, ethnicity and class. In South Africa risk factors identified with alcohol use amongst women, especially pregnant women, includes: (1) demographic characteristics (i.e. education, occupation, income, marital status); (2) alcohol consumption patterns (e.g. current drinking, age of onset of drinking); (3) tobacco use; (4) family and partner drinking behaviour; (5) alcohol consumption prior to and during each month of the previous pregnancy; (6) reproductive health history (i.e. parity, stillbirth); (7) physical characteristics (e.g. height, weight) (Morojele et al., 2010). Morejele et al. (2010) did a comparison study among urban and rural areas on women's risk to alcohol-exposure during pregnancy in South Africa. Their study revealed that whites and coloured women, women from higher socio-economic status, who have used cannabis, and started drinking before age of 18 women, living in urban areas were at risk of using alcohol. In addition, women from rural areas who were at risk includes those who were currently smoking, have used alcohol prior to the age of 18 years and who had a binge drinking partner (Morejele et al., 2010). The major difference between rural and urban drinking patterns in women, was that women with higher socio-economic status in rural areas were not at risk of alcohol use, however those in urban areas were at risk (Morejele et al., 2010).

Research has also proved that women who drink alcohol during pregnancy, are more likely to have consumed alcohol before pregnancy and might have experienced interpersonal trauma (Ethen et al., 2009). In a study done by Choi et al. (2014), women reported life stressors related to incidences of physical and sexual abuse as a leading cause of their use of alcohol. Also stress related to poverty, unemployment, and ability to provide for one's children are some of the issues that can exacerbate a woman's

drinking problem (Watt et al., 2014). Recently literature has highlighted the relationship between alcohol uses among HIV-positive pregnant mothers (Desmond et al., 2012). In their study Desmond et al. (2012) found that drinking alcohol was more prevalent among HIV-positive mothers compared to HIV-negative mothers in Kwa-Zulu Natal. Therefore mothers could continue or start drinking alcohol to eliminate the effects of the above mentioned stressors. Mothers using substances are often classified as having depression, weakened social support, feelings of worthlessness and poor self-esteem (Pajulo et al., 2000).

2.2.3 Mothering while using alcohol

Although, much has been documented in the field of alcoholism and motherhood. There is limited research done on mothers currently using alcohol. Few studies done includes that of Jacobs and Jacobs (2014), that looks at mothers using alcohol and the challenges they face, impact of women's alcohol use on their families (Jacobs & Jacobs, 2013) and Pretorius, Naidoo and Reddy (2009), documenting women's secretive drinking in South Africa.

Being a mother as suggested above comes with responsibilities, roles and expectations. These could come from society, cultures and religions, to name a few. Alcoholism as discussed above have negative effects on rules and regulations of societies and communities. Therefore the use of alcohol during motherhood could result in the rules set by the societies and communities concerning how mothers are out to be not being adhered to. It is as a result that mothers using drugs and alcohol are being blamed for many disruptions in their societies and in their family life (Litzke, 2004).

Motherhood consists of maternal roles, responsibilities and expectations. Different cultures and women in general, have their own practices when it comes to motherhood. Nonetheless, as demonstrated previously, societies have their own expectations in terms of what constitutes as a 'good' and 'bad' mother (Knowles & Cole, 1990). Mothers using alcohol, in a study done by Jacobs & Jacobs (2014) identified with being called bad mother by their community because of them drinking alcohol heavily. They are mostly being criticised for parenting ineffectively, due to their maladaptive parenting practises (i.e. use corporal punishment), spending less time with their children (Velez et al., 2004), engaging in child abuse and neglect (Laborde

& Mair, 2012). This is also explained in mothers using drugs, such as in Springer's (2010) study, whereby the concept of 'bad' mothering in pregnant drug-abusing women was used in association with abuse, murder, lack of caring and child neglect. Hence it could be implied that mothering in chemically dependent women might be maladaptive (Velez et al., 2004). In addition parenting knowledge and misconceptions about mothering (poor beliefs about infant care) have also being identified amongst these mothers (Velez et al., 2004). As a results majority of these mothers leave parenting to their mothers or other female relatives, and others opt to give their child/children up for adoption (Silva et al., 2012). Postpartum alcoholism is associated with poor family functioning and lower quality of parental intellectual stimulation. The ability to provide emotional and social support to their children was found to be limited in these women. Hence children's lives are described as characterised by instability, disorganisation and separation (Kumpfer & Fowler, 2007).

2.2. 4 Mother-child relationship

Maternal substance abuse has an impact on the mother-child relationship. Characteristics of women who consume alcohol, such as an inability to spend enough time with their children, spending most time intoxicated, and engaging in alcohol consumption, makes it difficult for mothers to spend meaningful time with their children. Hence the following consequences are seen. Firstly, forming a bond with the child and forming a healthy relationship and interaction is difficult to accomplish. This has raised concerns around child neglect, abuse and children being abandoned (Pajulo et al., 2000). Women who consumed alcohol during pregnancy often starts their motherhood with feelings of extreme guilt, and thus may displayed a lack of initiative as well as an inability to adapt to, and support their infant's needs and understand their child's signals (Pajulo et al., 2000). Some studies have highlighted the relationship between alcohol use and attachment between mother and child (Tyrlik & Konecny, 2011). For instance there have been cases of Reactive Attachment Disorder in children raised by mothers abusing alcohol. Reactive Attachment Disorder is an attachment disorder characterised by a lack of organized, secure attachment behaviours and a reduced social engagement in the child (Parritz & Troy, 2014). This is due to the weakened attachment process, which is a result of a reduced amount of meaningful time these mothers spent with their children (Kumpfer & Fowler, 2007). Hence it was identified in earlier studies that the presence of a mother abusing alcohol

was more harmful for children than that of a father abusing alcohol (Estes & Heinemann, 1982). In a context such as that in South Africa, Jacobs and Jacobs (2013), talked about the concept of parentification. This is whereby children take care of their parents' emotional, physical and even financial needs. Childhood parentification is common in families whereby one or both parents are alcohol dependents. This was evident in a study done amongst women by Jacobs and Jacobs (2013) in South Africa.

2.2.5 Motherhood and recovery

Motherhood is central in women using substances, like it is for other women. However, it often begins with feelings of guilt and a sense of failure (Pajulo et al., 2000). Recovery is a process that takes place over time and includes psychological, physical, cognitive, emotional and spiritual changes (Brudenell, 2000). Motherhood and pregnancy in women using alcohol is often characterised by ambivalence between addiction and parenting. Feelings of anxiety and guilt are accompanied by feelings of hope that accompany motherhood and pregnancy, whereby mothers see their child as a form of salvation. The feeling of guilt may result in women seeking rehabilitative treatment; or it can result in increased consumption due to responsibilities that come with mothering and the aftermath effects of their drinking/drug abuse on their children (Brudenell, 2000; Laborde & Mair, 2012).

Mothers who seek treatment before pregnancy are more likely to develop maternal role satisfaction. However there are those who continue drinking after giving birth. Women who consume alcohol during pregnancy are more likely to drink alcohol after giving birth, especially after the first year of their child's life (Jacobs & Jacobs, 2014). However if treatment is provided they are more likely to stop drinking for the sake of their children (Silva et al., 2012). Their children become substitutes for drug/alcohol consumption, as they believe that spending some time with their children will take their mind off substance use (Brudenell, 2000). Recovery can then be attributed as a way for these mothers to accept the transition into motherhood. Hence, entering into motherhood could be regarded as a protective factor against further alcohol use. Tyrlik and Konecny (2011) found that women who abstain from alcohol use after giving birth express positive emotions to their children and show that their behaviour towards their

children change for the better. In this case it is suggested that these women are accepting this life changing event, namely motherhood.

Even though the previous paragraph suggests that some mothers are willing to recover, more women do not seek treatment. It has been documented by the United Nations (2004) that women are under-represented in alcohol treatment centres. They come across barriers that hinder them to access treatment, and they often do not finish their treatments. It has also been documented in South Africa that women with substance abuse disorders are less likely than their male counterparts to enter into treatment. For example in certain parts of the country less than a fifth of the treatment population are women (Ellis et al., 2012). Women from disadvantaged areas are less likely to get treatment due to lack of financial means to pay for treatment. White women in South Africa have better chances of going for treatment, especially in private rehabilitation centres (Ellis et al., 2012). One of the reasons for this under representativeness of women in treatment centres is an issue of quality and gender-appropriateness of care (Ellis et al., 2012). It could also be that the treatment interventions do not address the specific needs of women, for example, issues relating to motherhood and mothering, childhood trauma, as well as physical and sexual abuse, to name a few (Ellis et al., 2012). Effective treatment for women entails that treatment be tailored to services that meet the needs of women. Such services would include assessing the severity of aspects of functioning such as mental health, family and parenting. Hence there is a demand for treatment centres that specialise in women-only treatment (Ellis et al., 2012). Some of the barriers include a need for child care, family opposition, denial of alcoholism and inadequate diagnostic training for physicians (Pretorius et al., 2009).

Motherhood is a phenomenon, which is governed by societies and their expectations towards the discourse of motherhood or mothering. Societies make rules and regulations of what mothering is ought to be. Not only is it governed by societies it is also governed by the context in which it takes place in. For example, factors such as race, socio-economic status and ethnicity have an impact on the discourse of motherhood. Alcohol abuse can also be regarded as one of the settings in which motherhood can take place. It impacts negatively on the constructions of mothering, roles and responsibilities of mothers. Alcohol usage amongst mothers conflicts with the societal expectations and rules governing the process of motherhood. It can be

concluded that mothers using alcohol are labelled in society as 'bad' mothers. This is due to their inability to mother efficiently, often neglecting and abusing their children.

3. Chapter Three: Method

3.1 Research design

This research study is qualitative in nature as it enabled the researcher to gain an understanding of how mothers abusing alcohol, or recovering from alcohol abuse, experience motherhood. Qualitative research takes an insider's perspective of social actions, aiming to describe and understand human behaviour (Babbie & Mouton, 2011). It also allows the researcher to describe participants' actions and understanding their actions with regards to their beliefs, history and context (Babbie & Mouton, 2011). Mothers using alcohol practise motherhood in the context of alcohol use, hence this design assists in understanding how mothers experience motherhood in the context of alcohol use and the beliefs or practices that follow. Nonetheless, in order to produce knowledge with regards to motherhood and alcoholism, a certain nature of enquiry needs to be taken into account. This includes taking into account ontology (nature of reality of the mothers), epistemology (relationship between researcher and what can be known), and methodology (how to go about studying the mothers) (Terre Blanche, Durrheim & Painter, 2011). The interpretivist perspective was adopted to aid the knowledge production of motherhood and alcoholism.

Interpretivist perspective consists of analysing people's subjective experiences and internal reality (what is real to them). This is done by making sense of people's experiences through interaction and listening to them, as well as making use of qualitative research designs to collect this data and analyse it (Terre Blanche et al., 2011). It also focuses on how individuals construct their social worlds and interact with others (Maree, 2007). Interpretivist researchers assume that reality is not objective but socially constructed. They further emphasise that by studying people in their social context one can understand the perceptions they have on their own activities (Maree, 2007). One of the propositions of the interpretivist perspective is that there are multiple realities to a phenomenon and these realities differ depending on time and context (Maree, 2007). The interpretivist perspective is sometimes referred to as the phenomenological paradigm or the interpretivist phenomenological analysis (IPA) paradigm (Terre Blanche et al., 2011).

The phenomenological paradigm was chosen as a form of social inquiry in this study. Phenomenology is based on the centrality of human consciousness and it is aimed at understanding people (Babbie & Mouton, 2011). It further explains that human beings

are involved in meaning making and they are constantly interpreting, creating and rationalising their actions (Babbie & Mouton, 2011). The basic principle of phenomenology is that experiences should be observed in the way they transpire, and for Edmund Husserl, founder of phenomenology, phenomenology encompasses careful examination of human experience (Smith et al., 2009). It involves exploring underlying structures of experience through interpreting descriptions of situations in which the experience occurs (Moustakas, 1994). This paradigm is significant in helping to understand alcoholic mothers as they consciously experience motherhood. It seeks to describe or explore experiences of the participants by reporting on descriptions of the experiences (Smith et al., 2009). This approach assisted the researcher in understanding these women's experiences as mothers. Thus understanding and uncovering their lives as mothers and understanding how motherhood is interpreted by these women based on how they experience it is important.

Heidegger, one of the contributors of phenomenology, emphasised the person-in-context concept, and that one is born into a pre-existing world of people, objects, cultures and language, thus one cannot detach one's self from one's surroundings (Smith et al., 2009). This links to the phenomenological concept of inter-subjectivity, which underlines one's engagement with the world (Smith et al., 2009). Being subjective requires the researcher to understand the world from the participant's perspective (Babbie & Mouton, 2011).

3.2 Sample and Sampling

The type of sampling method used in this study was purposive sampling. Purposive sampling is a method whereby individuals are selected based on their belonging in a certain group (Wilson & MacLean, 2011). It is also defined as criterion-based sampling (Heppner & Heppner, 2004). This type of sampling is often used in phenomenological research to select participants who meet the criteria such as: experiencing the phenomena under study and their ability to express their lived experiences (Heppner & Heppner, 2004). The phenomenological nature of this study made this type of sampling method appropriate to use (Wilson & MacLean, 2011). The following criterion was used to guide the purposive sampling: Women who are mothers, who have either abused alcohol and are currently recovering, or who are currently abusing alcohol. Further the mothers must have at least mothered one child while abusing alcohol. Participants were sought from different treatment organisations in Johannesburg,

South Africa. These included South African National Council on Alcoholism and Drug Dependence (SANCA) and Alcoholics Anonymous (AA), as well as various Community Centres.

The sample of the study consisted of seven mothers, aged between 40 and 65 years. Five of the women were Black South Africans and two were White South Africans. Three women were employed, three unemployed and one worked part-time at the time of being interviewed. Three were married, three were divorced and one was single. They each had different number of children, from one child to seven children per woman. Participants belong to three categories: three were still using alcohol, one was in a rehabilitation/treatment facility and three were recovering and attending support groups (i.e. AA meetings).

This study consisted of three mothers who were using alcohol at the time of being interviewed, and four mothers who were recovering from alcohol use. One of the recovering mothers was still in a treatment centre (SANCA) and three of the recovering mothers were attending support group meetings (AA). The two women still using alcohol expressed that they tried to stop drinking alcohol and that they can go for a week or two without using alcohol. Three of the mothers were single mothers and four were in a relationship. Three of the mothers explained that they started drinking before having children, of these three mothers only one stopped drinking alcohol while she was pregnant, while the other two women continued drinking alcohol. Four of the mothers started drinking alcohol after giving birth. The women interviewed indicated that they have been drinking for several years, as they expressed that they started while their children where very young or before they were born, and now some of their children are adults. The participants expressed that they drink alcohol at different drinking outlets. There were mothers who drank at home and those who drank at informal drinking outlets such as shebeens/taverns. With regards to socio-economic status three of the mothers where in full-time employment at the time of the interviews, one woman was employed part-time and three were unemployed (of which one was on pension).

3.3 Description of participants

Gugu is a recovering alcoholic who currently attends supports group meetings (AA). She is 40 years old and has one child, who passed away while she was still using alcohol. She is also single and unemployed and has been sober for one and a half years.

Jane is a recovering alcoholic who was admitted to a treatment centre at the time of the interview. She has three children and is currently divorced. She got separated from her children after her divorce and does not see them on a full-time basis. She is currently unemployed.

Lolo is a mother of one child and is currently employed. She is also a recovering alcoholic and attended a treatment centre before she started to attend support group meetings (AA). She is also divorced and a single mother, however she stayed with her child after the divorce.

Anna is also a recovering alcoholic, also attending support group meetings (AA). She is 60 years old and has two adult children. She is married and employed. She is currently sober for 17 years and drank while her children were young.

Rose is a mother who was using alcohol at the time of the interview. She is 59 years old, married and unemployed. She has seven adult children, of which four have passed away.

Katlego is 40 years old and has four children. She is divorced and works part-time. She was using alcohol at the time of the interview.

Finally, Mary is 65 years old, with six children. She is married and unemployed (currently on pension). She was also still using alcohol at the time of the interview.

3.4 Instruments

Phenomenological research adopts interviews as a method of data collection. Interviews involve an interactive process and use open-ended questions (Moustakas, 1994). Since this study took a phenomenological perspective, it made use of semi-structured, in-depth, one-on-one interviews. These interviews allowed for a detailed description of participants' individual experiences (Smith et al., 2009) of which the study aimed to provide. Open-ended questions/interviews allow the researcher to

explore participants' own ideas, views, beliefs and attitudes about a phenomenon. For an interpretative research study as this one, these interviews were used to find out how people feel and experience things, creating an environment in which a participant is able to express themselves authentically (Terre Blanche et al., 2011). These interviews were one-on-one and were conducted at various places depending on where the participant wanted the interview to take place. An interview schedule was constructed which included guidelines or a list of questions to be asked in the interview (Mason, 2004). The interview schedule consisted of open-ended questions aimed at exploring the mother's experiences and perceptions of mothering a child while using/abusing alcohol (Please see Appendix E for the interview schedule). Questions in the interview schedule highlighted various areas, such as mothering, drinking behaviour, impact of drinking on mothering, recovery and mother-child relationship. These various areas were developed from a review of the relevant literature on this topic. Open-ended questions were used to allow participants to elaborate further on their experiences (Reja, Manfreda, Hlebec, & Vehovar, 2003). The interviews ranged in length from 25 to 61 minutes. The interviews were conducted in English and Setswana. Hence the interview schedule was translated in Setswana (Please see Appendix E2). The researcher was able to conduct the interviews in Setswana and then transcribe and translate the interviews in English. Jefferson transcription (Lerner, 2004) symbols were used during transcription; however they were not used when translating the interviews. Three interviews were conducted in Setswana. Please see appendices A2, B2 and C2 for Setswana translations of appendices A, B and C.

Due to the nature of the topic, the researcher was aware that interviews may have placed participants in a morally charged situation. Through the interaction between the participants and researcher, participants might have felt that they should account for their actions, to avoid being judged. In this case participants might have been defensive and may have felt a need to protect themselves. In order to try and avoid this questions asked in the interview were tailored to avoid participants feeling judged or in a morally compromising situation. Participants' reactions, accounts, actions and behaviours to the questions asked were recorded and formed part of the analysis.

3.5 Procedure

In order to gain access to the sample of the study, multiple organisations, such as SANCA, AA and Community Centres were approached. Participant Information Sheets (please see appendix A) were sent to SANCA to distribute to various women informing them of the study. The researcher approached members from AA meetings inviting them to participate in the study. Further, the researcher asked for assistance in Community Centres in order to identify suitable participants. Participants who were willing to participate were checked if they fit the criteria outlined above. Participants were informed about their rights to confidentiality, limited anonymity, right to withdraw from the study and then provided with a consent form (please see Appendix B) to sign before being interviewed. The participants were then interviewed individually at a time and place that suited them. The first interview was used as a pilot study. The interview schedule was adjusted after this initial interview, namely questions were altered based on which category the mother belongs to (i.e. still abusing alcohol, currently in a treatment facility and recovering/attending a support group). Each interview was audio-recorded with the participant's consent (Please see Appendix C). The interviews were then transcribed verbatim and analysed using thematic analysis.

3.6 Data analysis

Thematic analysis was used to give a detailed account of the participants' experiences. Thematic analysis is a method used to analyse, report, identify and categorise data into themes consisting of repeated patterns in the data (Braun & Clarke, 2006). It further organises and describes data in rich detail by interpreting various aspects of the research topic (Braun & Clarke, 2006). It is an essentialist and realist method that reports on the experience, meaning and reality of the participants (Braun & Clarke, 2006). Essentialist and realist methods explain how one can hypothesise motivation, experience and meaning, thus explaining the unidirectional relationship between meaning, experience and language (Braun & Clarke, 2006). Thematic analysis can also be a constructionist method, which explores experiences, meanings and events which are due to a variety of discourses functioning in society (Braun & Clarke, 2006). The latter explanations indicate that through this analysis method the experiences and perceptions of the mothers would be reported on.

Through the use of this analysis technique experiences and perceptions of mothers abusing and recovering from alcohol use was emphasised and identified.

The following steps as suggested by Braun and Clarke (2006) were taken in the analysis of the seven interviews:

Step One: Familiarization with the data:

This step involved the researcher immersing herself in the data and familiarizing herself with the content (Braun & Clarke, 2006). It involved repeated reading of the data and reading in an active way (searching for meanings and patterns). Transcription of verbal data is one of the ways in which one can familiarize oneself to the data (Braun & Clarke, 2006).

Step Two: Generating initial codes from the data:

The second step included coding data and identifying aspects of data that might interest the researcher. It also included organising data into meaningful groups (Braun & Clarke, 2006). Codes identified aspects of the data that appeared interesting to the researcher and refer to the basic elements of the raw data. Coding however depends on whether one's themes are data-driven or theory-driven (Braun & Clarke, 2006). For this study the themes were data-driven, meaning the coding process of the data was not aimed to fit a pre-existing coding frame (Braun & Clarke, 2006).

Step Three: Searching for themes:

After the data had been coded, the codes were analysed to combine different codes into themes (Braun & Clarke, 2006). This involved sorting out different codes into themes and collecting all the relevant codes within identified themes. During this step different codes were combined to create a theme. A thematic map was created in order to look at the relationship between the themes. Thus main themes and sub-themes were formed from codes (Braun & Clarke, 2006).

Step Four: Reviewing Themes:

Themes were refined, removed, combined and others were broken down and subsumed into existing themes in this fourth step (Braun & Clarke, 2006). Reviewing and refining themes was achieved in this step. This step also involved reviewing at the level of data extracts, meaning reading all the coded extracts for each theme and

evaluating whether they appear to form a theme. This second level required consideration of the validity (i.e. checking whether the thematic map reflected meaning in the data set) of themes in relation to the data set (Braun & Clarke, 2006).

Step Five: Defining and naming themes:

This step started with having a thematic map of data. The researcher then defined themes and described what the themes entail (Braun & Clarke, 2006). This required the identification of what the theme is about in order to determine what the theme captures. A detailed analysis of each theme is then required. By the end of this step it is vital that a clear identification of what one's themes are and are not is achieved (Braun & Clarke, 2006).

Step Six: Producing a report:

Finally, after identifying themes, final analysis was carried out and the research report was written (Braun & Clarke, 2006). The report should include adequate themes from the data. The write-up must provide satisfactory evidence of the themes within the data, for example data extracts that demonstrate the prevalence of the themes (Braun & Clarke, 2006).

Furthermore, participants' expressions, context, body language during the interview was analysed. The context in which participants expressed and discussed elements of their experiences, and how they discussed and reacted to questions asked were included in the analysis. Thus, the researcher's own notes on the interviews formed part of the data.

3.7 Ethical considerations

Ethical clearance was sought and approved by the University of the Witwatersrand Psychology Department's internal ethics committee. The researcher also received permission from one of the SANCA branches to recruit mothers in the centre. A letter was sent to the manager of SANCA asking permission to contact potential participants (Please see Appendix D). Once permission was granted, the researcher was able to approach the mothers in the SANCA centre, and explain the purpose of this study. Mothers who were recruited from AA meetings and Community Centres were approached and told about the nature and purpose of the study. Participants were given a participation information sheet (see appendix A) that explained possible risks,

aims and consequences of the study. The participants were given the opportunity to decide if they wanted to participate or not and that they may withdraw at any point in the study, without consequences. Confidentiality was maintained by the researcher and the supervisor. Full anonymity was maintained when reporting the results, and limited anonymity was assured during the recruitment of participants and data collection due to the face-to-face nature of the study. The use of pseudonyms was adopted when transcribing and writing up of the results, to maintain confidentiality and anonymity. Pseudonyms are used where direct quotes are used in the results and discussion chapter.

Since participants may have been occupying at least two identities, namely of being a mother and an alcohol abuser, they may have felt that they were placed in a morally comprising situation and that they have to account for themselves. They might have felt stigmatised and judged. The researcher was aware of this potential tendency and remained sensitive and openly interested towards the participants during the interviews. Further, she encouraged mothers to talk about good and bad times without feeling judged and stigmatised. None of the participants appeared traumatised or defensive during participation and did not seek the free counselling services that had been arranged prior to interviews. The participants reported that the interview session was cathartic for them.

Participants signed an informed consent form (please see appendix B) and audio-recording consent form (please see appendix C) before being interviewed. The transcripts from the interviews were kept safe at the University of the Witwatersrand in a password protected laptop, with only the researcher's supervisor and researcher having access to them. The participants were given a choice to request the summary of the results of the study.

3.8 Reflexivity

Reflexivity is grounded in phenomenology and hermeneutics (Grant, 2014). Reflexivity refers to an on-going process of self-reflection which researchers engage in, in order to generate awareness about their own actions, feelings and perceptions during the research process (Darawsheh, 2014). It can be applied during data collection and data analysis, improving transparency in research (Darawsheh, 2014). It further involves a process of self-awareness during the research process, aiding visibility on the practice

and construction of knowledge to produce accurate analysis of the research data (Pillow, 2003). The following section will focus on my reflection of the research process, further linking it to methodological issues.

During data collection, finding mothers who were in treatment facilities to participate proved to be difficult. Reasons included: there are few number of these women in treatment facilities as well as the potentially sensitive nature of the study. Employees in various treatment centres found it difficult to assist due to confidentiality issues and absence of mothers in their facilities. With that said, participants had to be recruited from various places, such as AA meetings and Community Centres. This resulted in the study having different categories of mothers (i.e. those still drinking and those recovering whilst attending AA meetings). Due to the diversity of these women, the level of reflectiveness of participants differed. Mothers who were recovering were able to reflect more on their experiences, especially with regards to the impact of alcohol use on their roles as mothers, more than mothers who were still using alcohol. During data analysis these different categories of the mothers were taken into account when analysing their experiences.

The potentially sensitive nature of the topic, and some of the questions I asked, required me to be conscious about the way i ask questions when interviewing the participants. I was mostly concerned about how the participants would react, therefore in some interviews I had to try rephrase the question or introduce the question in a different manner. During the interviews there were moments whereby participants were emotional, so some questions were reshuffled and some were introduced to allow them to talk about the good time they had as mothers and the times they had with their children. In this case I had to be sensitive towards my participants' feelings and try to make the interview environment a contained experience for them.

Interviewing in a language other than English can be challenging. Even though I am fluent in Setswana I found it difficult doing the interviews in Setswana. Translating the interview schedule into Setswana proved to be difficult; there were no direct word translations that exist for some English words. Further, I had to rephrase some of the questions in a way that the meaning will be the same in English. Hence I decided to ask an individual (David Tlhoaele, Journalism student, broadcasting mainly in Setswana) who is fluent in Setswana to double check my translations. Therefore there

might be instances whereby the question-meanings in English-Tswana translation might be slightly different. Regardless, the translations were done in what is known as academic Setswana. Some of the words were difficult for the participants to understand. Nonetheless this indicates the difference between spoken and written language. In this case I had to substitute some words with English words and try to rephrase some questions in the way the participants would understand.

In conclusion, decisions had to be made in order to capture each and every participant's experiences regardless of the category they fall in and to provide accurate results. Recognising the issues explained above and deducing solutions enabled me to evaluate research methodologies in a research specific context. Traditional methods may be difficult to adhere to when in specific research settings such as in the case of alcoholic mothers. Sampling methods tend to be adjusted to mirror the research context. For example in the case of the current study, since there were few women in rehabilitation centres who met the sampling criteria, women who were not in those centres had to be taken into consideration. Further, language issues accounted, I recognised the difficulty of conducting research in a multilingual context, especially with issues surrounding translation from one language to another, and the meaning lost during translation (Esposito, 2001). In this way validity/transferability will be compromised to an extent (Esposito, 2001). Issues of translation ranged from within-language and between-languages.

4. Chapter Four: Results and Discussion

Motherhood and alcoholism have been found as a complex phenomenon to unpack (Walker, 1995; Wallace, 1990). Both motherhood and alcoholism are two identities participants in this study uphold. Motherhood comes with certain roles, responsibilities and expectations. While alcoholism, has been blamed for disrupting social and societal rules (Stimmel, 1984). Thus alcohol use might have a negative impact on women exercising the roles and responsibilities of motherhood. This suggests that these two identities might be conflicting with each other and the presence of the two together might be difficult to uphold. Motherhood identity, as described in the literature, is associated with certain losses in society and the ability for the mother to give up on some of her interests (Richardson, 1993; Grafius, 2015). Alcoholic women's journey to motherhood consist of the use of alcohol, which could be one of the interests the mothers did not give up. Thus their identity as mothers will be embedded with the discourses of alcohol use. Society has regarded mothers using alcohol as 'bad' mothers (Springer, 2010). In order to understand the two phenomena together one needs to understand alcoholism and what it entails (i.e. behaviours associated with it). Further, an understanding of the roles required of a mother, and lastly understanding the mother as a woman drinking alcohol and the effect of alcohol on the woman. These factors could be beneficial in understanding mothering/motherhood in the context of alcohol use. The interview transcripts indicated that the perception and experiences of motherhood are embedded in these women's daily experiences of using alcohol and the relations they have with others, especially interactions with their children.

This study consisted of two types of mothers, recovering alcoholic mothers, and mothers who are still using alcohol. Recovery for mothers could be associated with embracing motherhood (Radcliffe, 2011). This could be one of the ways in which mothers retain their identities as mothers. The recovery process enables the mothers to redefine themselves and change (Radcliffe, 2011). Hence the narratives of mothers using alcohol will be embedded with stories of change, towards their self and possibly towards their identities as mothers (Radcliffe, 2011). This could suggest that recovering mothers might perceive and experience motherhood differently and possibly be more reflexive about their past experiences. On the other hand, mothers using alcohol have been assigned negative connotations with regards to their mothering styles and relationship with their children (Litzke, 2004). The literature has

shown that mothers using alcohol deny the impact of alcohol on their motherly duties and these women often try to limit the impact alcohol might have on their children (Jacobs & Jacobs, 2014; Rhodes, Bernays & Houmoller, 2010). Including both types of mothers proved to be beneficial for the current study. This is due to the reflexive nature of recovering mothers about their experiences as alcoholic mothers. The descriptions of their experiences might be beneficial in understanding mothering/motherhood in current alcoholic mothers. This will be expanded on in this chapter. Three overarching themes were derived from this study. The first theme focuses on alcoholism in women, highlighting characteristics of mothers/women using alcohol, including how these mothers define alcoholism and the patterns of alcohol use and mothering practices. The second theme looks at mothering behaviour and responsibility, and the third theme explores the mother and child relationship.

4.1. Theme One: Alcoholism in Women

This theme will demonstrate how the mothers themselves define alcoholism and also the patterns of alcohol use and mothering routines. This theme elaborates on how women in this study define alcohol use, and the impact of drinking patterns on the process of motherhood. Firstly it will look at the characteristics of women using alcohol.

4.1.1 Characteristics of mothers/women using alcohol

Studies (e.g. Choi et al., 2014; O'Connor et al., 2010; Morojele et al., 2010; McDonalds et al., 2014) have described certain characteristics of women using alcohol, such as depression, lower socio-economic status, poor self-esteem and unemployment. In this study the following was seen; generational linkage of alcoholism, poor social relations, risky behaviour, self-concept problems, trauma and stress and difficulty quitting alcohol. Generational linkage of alcohol use includes a history of alcohol use in one's family. This also extends to the children of some of the mothers interviewed. Some of the mothers were exposed to alcohol through their families as it can be seen in the below quotes from two participants:

"Am sure I started drinking while Thomas (her child) *was this age* (showing a toddler). *My father in-law bought for us, he bought. It was Christmas, he bought alcohol for three of us, his daughter in-laws"* said Rose.

"I said my father was an alcoholic, he used to work at brewery, they used to drive those trucks. So he would come home and say my children here is the beer, this is for the girls, this is for the boys."

This might also indicate how families interact and socialise with each other and which could have encouraged the use of alcohol among these women. These findings can also be extended to research showing the history of alcohol use in the family systems especially during the Dop system that took place in the Cape farms (Jacobs & Jacobs, 2013). The relationship between these mothers and members of their family, people in the community and friends was identified as poor. In some cases there is no relations with other people outside the family. These poor social relations are seen in conflicts with husbands, with their mothers and with their children. As Lolo explains:

"If it wasn't of my mom I won't be if my daughter today (.), she had a great influence and you know being a mom really, we used to fight we used to fight, she would chase me out of the house but you know if, because the following day you would see in her eyes that she is feeling pity for me." Alcohol use amongst these women is also associated with risky behaviour; which is characterised by consumption of alcohol during pregnancy, drinking out at night, tricking men to buy them alcohol, prostitution and selling alcohol. In some cases these risky behaviours such as tricking men to buy alcohol and prostitution has resulted in traumatic experiences such as sexual violence. Tumwesigye et al.'s (2012) study on alcohol risky sexual behaviour in a fishing community in Lake Victoria, Uganda, found that there is a relationship between alcohol consumption and transactional sex. Such findings also support the relationship between alcohol use and HIV/AIDS (Choi et al., 2014; Tumwesigye et al., 2012). As Gugu explains

"It doesn't become a life anymore. You just be drunk, sometimes you don't have money you have to sell your body, you have to prostitute your body"

Stress as a result of cheating husbands and divorce was also identified as a concern for these mothers: *"Now he is dating that girl. Then he married her, that when I divorced him when he married this girl"* said Katlego. Lastly, self-concept or behavioural issues were seen in the participants' words. These consist of feelings of guilt, maladaptive communication and low self-esteem. These characteristics have an

impact on how these women see themselves as mothers, how they experience motherhood, and how they mother.

"But you can hear in their voices, they are very disappointed, but you know I can kick myself every time, I am so guilty, I feel so guilty I cry a lot" said Jane. These words highlighted that alcohol use has been used as a coping strategy as it is used to reduce unwanted internal experiences related to stress (Choi et al., 2014). In this case the use of alcohol could be attributed as a way to cope with life stressors.

4.1.2. Alcoholism defined

Alcoholism has been defined as a change in behaviour due to alcohol use which impacts negatively on multiple areas of an individual's functioning (Sadock & Sadock, 2007). In women it is associated with risky sexual behaviour, HIV transmission and unwanted pregnancy (Watt et al., 2014). Their drinking can resemble that of their members of their family (Lordache, Onciu & Pacala, 2013). This supports what was found in this study, when four participants explained that they had family members who were alcoholics. This demonstrates the generational linkage of alcohol use and the networks of alcohol use. The generational linkage is also seen in three of the women who explained that their children also abuse alcohol. Lordache et al. (2013) explained that women who consume alcohol at higher levels do not think that using alcohol is their main problem and often perceive that, the use of alcohol is a result of social issues. Anna says in this regard:

"You see the problem with alcoholism is that when you are actively drinking, an alcoholic you don't think it is a problem, so I didn't think it was a problem uhm, it's so difficult to explain it, really truly it is. Uhm yah I didn't think there was problem, I was just doing what I was doing in order to cope with life. Uhm, if I look back clearly now I can see that there is a problem, at the time I didn't."

Anna demonstrates that alcohol use might be related to impaired perception, and inability to identify problems. Using it in order to cope with life, as explained by Anna, could implicate the alcohol use as a solution rather than as a problem. In this case, this could be one of the benefits of alcohol use, which might also maintain alcohol use. The inability to identify alcohol use as a problem could help assist in understanding

alcoholic mothers' views about the experiences they encounter and how they perceive them. Anna further elaborated:

"*That status of being an alcoholic is only once you stop, because if you drinking uhm you are not an alcoholic that's why you continue drinking, it only becomes in your mind that you are an alcoholic when you stop, because you are admitting that you have a problem.*"

This quote explains the process of identifying oneself as an alcoholic, which is facilitated by quitting alcohol and identifying alcohol as a problem. Anna's explanation about assuming an alcoholic status when one stops using alcohol might assist in exploring how these mothers might have internalised behavioural problems associated with alcohol and how they attribute them. Anna's description provides a foundation on how we can understand mothers who are still using alcohol and how they view alcohol use and its associations with motherhood. The inability to identify alcohol use as a problem can also be attributed to denialism (Dare & Derigne, 2010). The psychodynamic model of denialism posits that denial is used as a defence mechanism, to prevent negative or threatening thoughts from entering consciousness (Dare & Derigne, 2010). The concept of coping as explained by the mother signifies how they use alcohol as a coping strategy. This inability to identify alcohol use as a problem might encourage continuous use of alcohol.

Identifying oneself as an alcoholic was also related to drinking patterns in the participants. These include the amount or quantity and the number of days one drinks. Two of the mothers explained further what alcoholism entails. Gugu explained alcoholism as related to the number of days she consumes alcohol:
"For me I realised that I am an alcoholic when I came into the rooms because I didn't drink every day"
The above quote suggests that women can find it difficult to identify alcohol use as problematic in their lives especially when they do not drink every day. Gugu went on to describe her previous drinking pattern as occasional and based on this she did not define herself as an alcoholic. This suggests the need to understand the relationship between occasional drinking or binge drinking, alcoholism and describing oneself as an alcoholic. This is comparable to the findings from Watt et al. (2014), whereby

pregnant women in their study engage in binge drinking several times weekly. Describing oneself as an alcoholic is not assumed because of being an occasional drinker. Binge drinking in certain studies (e.g. McMahon, McAlaney & Edgar, 2007) have been identified as a norm in some populations and not considered as a problem. This could be one of the factors perpetuating the use of alcohol among these women. In addition these findings might also suggest that alcohol use could be described as a social activity as it does not take place on an everyday basis. In this essence the link between alcoholism and occasional drinking is not clear. Alcohol use could be socially constructed especially in the South African context. The high rates of binge drinking, recreational drinking and increased drinking during the week-end indicates that alcohol use is socially acceptable (Jacobs et al., 2013). The high rates of women drinking at higher levels (22%) in South Africa indicates how women perceive alcohol use as a social activity, which could be practised during the week-end. This construction could have implications of constructing an identity as an alcoholic and identifying the use of alcohol as problematic in their lives due to its use being occasional. The inability to identify as an alcohol indicates that mothers do not uphold the alcoholic identity but might be given this identity by other individuals, such as members of the society. They might not have considered the alcoholic identity and not be cognizant of the connotations associated with it. Generally, women consume alcohol at lower levels and are bound by gender and societal roles that could encourage consumption of lower levels (Diehl et al., 2007).This could be one of the reasons why these mothers do not drink on a daily basis. However social drinking could be a route to alcoholism: "*At one stage or the other you were going to cross that thin line between being a social drinker and an alcoholic",* as mentioned by Lolo.

It was explained by two of the mothers that alcoholism is not entirely associated with the quantity of alcohol, but by the effect it has on behaviour: *"I learnt that it's not about the amount you drink, it's not about the kind of drink you taking. You are an alcoholic it's the effect it has on you, yah it is the effect it has on you. Yah it's the effect it has on you. It got nothing to do with the amount"* explained Lolo. Further Gugu elaborated: *"In here, I've been told it's not how much you drink, it's how alcohol treated you after you have taken that first glass"*. These two mothers explain alcoholism with regards to behavioural change. This is equivalent to what the literature explains about alcoholism being behavioural patterns of alcohol abuse (Sadock & Sadock, 2007). The

behavioural impact of alcohol use extends to problems with regards to behavioural inhibition: *"In AA we talk about insanity, we define that, an inability to avoid that first drink in AA that is how we define insanity"* explained Lolo. Lolo further elaborated that alcohol abuse is a "*disease*" and Gugu explained that it is an "*allergy*". These two mothers explain alcoholism as both physical and psychological. Researchers have argued whether alcoholism is a physical or a psychological disease (Wallace, 1990; May, 2001). The disease model of alcoholism explains alcoholism as a physical addiction that cannot be controlled with specific symptoms (i.e. cravings, withdrawal symptoms) and needs medical treatment. Thus it is considered as a disease of the brain. It is also regarded as a biopsychosocial disease, which consists of biological, psychological and sociocultural influences (Wallace, 1990). These definitions indicate that mothers could not have controlled their alcohol intake or monitor and inhibit their behaviour. Gugu further elaborated on alcoholism as a disease: *"No wonder they call it a disease, it just get into your life it get hold of you, you know. You just become nothing."*

The above quotations indicate the definitions these women give about what alcoholism entails, including that it is a disease; explaining that alcohol use occupies one's life and that one becomes *"nothing"* when using it, as said Gugu. Alcoholism as a disease has been explained in the latter quotations as manifesting and occupying the mother's life. It is also suggested that alcoholism consists of the preoccupation with alcohol use, of which might have an impact on other spheres of a mother's life. This is what Gugu had to say:

"there is nothing when you are an alcoholic, we don't do anything, the first thing when you wake up you think of alcohol and when you come back its either you are in a blackout stage, you sleep and first thing you do when you wake up is alcohol so that was basically the life"

This preoccupation with alcohol could influence how mothers respond to societal regulations of motherhood. The behaviour associated with alcohol use, during and after intoxication, might influence the dynamics of being a mother and activities associated with being a mother. However it should be emphasised that when a mother is still using alcohol there is no realisation of the alcoholic identity and the use of

alcohol could be compared to other leisure activities the mothers might have. Hence the effects and the impact of alcohol use on motherhood and motherly duties might not be recognised by these women.

The explanations of what alcoholism entails was explained by recovering mothers not by mothers who were still using alcohol. Their ability to define what alcoholism entails comes after being in treatment centres and in support group meetings. In these centres these women learn what alcoholism entails, thus they are able to reflect on their lives; whereas alcoholic mothers do not define what alcoholism is and thus do not adhere to the alcoholic status. However Katlego mentioned that "*when you drink alcohol, you drink there is no way that one can change".* She explained alcohol use as permanent, something that is not reversible. On the other hand Van der Walde, Urgenson, Weltz and Hanna (2002) highlighted that women do not identify themselves as having an alcoholic problem but see the consumption as a way to cope with life's problems.

4.1.3 Patterns of alcohol use and mothering routines

Studies (e.g. Ellis et al., 2007) focused on the prevalence of alcohol use indicates, that men consume more alcohol than women; however women drink at higher levels especially during the week-ends. Informal alcohol serving outlets (i.e. Shebeens) have remained popular as social outlets and have aided the use of alcohol amongst women, especially in pregnant mothers (Watt et al., 2012). However, recently drinking alone or drinking at home has been identified as one of the characteristics of alcoholic mothers (Lordache et al, 2013). In the current study four mothers mentioned that they drink alcohol at serving outlets (i.e. Shebeens) and three reported drinking alcohol at home. The studies mentioned above do not specify how various drinking networks and places interact with the time mothers spend with their children. Nonetheless it was highlighted that mothers who use alcohol do not spend enough time with their children (Velez et al., 2004).

It was observed in the current study that times and days of drinking alcohol differ depending on the responsibilities the mothers have with regards to their children, the age of their children, and the number of children they have. These factors proved to be significant in their relationship with, and the interactions they have, with their

children. Jane drank in the early hours of the morning to cope with the pressures of the day and the demands of taking care of her children. She explained: *"I started drinking early in the morning, to get uuhmm if I didn't have alcohol in me I couldn't go through with the day, so I had to use that to get some energy in me, they* (children) *would suck out all the energy out of me, so ah challenges".* Hence mothering for this woman proved to be difficult and challenging without the use of alcohol. In this regard alcohol facilitated and enhanced the time Jane spent with her children. Therefore in this scenario the use of alcohol might have a limited positive impact on the practice of motherly duties. Gugu was one of the mothers who drank at a shebeen. She explained that she left her child alone at night when she went to the shebeen: *"Oh no oh no, oh no, eish eish, drinking, you know drinking kind of affected my life and his* (son's) *life also, because most of the times, I wasn't home, I will be out drinking and for me, I had to teach him at an early stage how to take care of himself, how to cook for himself, because most of times I wasn't there I was drinking."*

Gugu's drinking in the sheeben/tavern is also is seen in pregnant mothers, especially during the early stages of pregnancy (Watt et al., 2014). This passage illustrates how drinking away from home takes the mother away from her child. It also indicates that the mother has diverted her mothering responsibilities, forcing the child to take care of himself. This could relate to what is called childhood parentification, where in this case the child learns how to be a parent and take care of himself (Jacobs & Jacobs, 2013). It was expressed by this mother that: *"there is nothing when you are an alcoholic, we don't do anything, the first thing when you wake up you think of alcohol and when you come back its either you are in a blackout stage, you sleep and first thing you do when you wake up is alcohol so that was basically the life."* This indicates that the preoccupation with alcohol does not give this mother the platform to focus on other social activities required of her. The preoccupation is also extended to worrying about the next drink and where it will come from. It is important to understand in this context how these mothers are conscious about their day-to-day drinking routines and their day-to-day childrearing routines. On the other hand, these mothers took into consideration that they do have children, thus there were times that they spent time with their children. Although this largely seemed to depend on an alcohol use continuum, from being intoxicated, hangover or being sober. These different stages of

alcohol use influences how these women spend time with their children. Mothers do engage in certain responsibilities required of them. This is highlighted in what the mothers do for their children such as buying food, cooking for them and engaging in activities with them. The following extract explains how Lolo struggles with drinking alcohol and at the same time engaging in motherly activities: *"You know even things you wanted to do really from your heart with good intentions because of alcohol you won't be able to do it. I would say to myself that I wanted to look at her* (daughter's) *books, you know I haven't looked at her books for some time, today I think I must look at her books see what you can do, how can I help her. Then I would end up not doing it at all even when I do I will open the first page after I am tired I will be thinking about my alcohol."*

Literature (Kumpfer & Fowler, 2007) suggests that mothers using alcohol engage in limited social support towards their children. However it does not address whether alcoholic mothers show initiation towards spending time with, and engaging in some activities with their children. In the latter quote the mother tries to initiate some activities to do for her child, however the activities are interrupted or not fully done. During the interviews it was indicated by the mothers, that during their alcohol use they were aware that they were neglecting their motherly duties. In this regard these mothers had to try to find a balance to accommodate their drinking routines and their motherly duties or house chores:
"*I get pension, I fetch water obvious, and this, I drink alcohol when I am done with my duties, I go and drink alcohol. I come back home, I don't have a problem"* said Mary.

Nevertheless the motherly duties are the ones being compromised. Hence alcohol use put these mothers in a risk towards poor and disrupted motherly activities (Grant et al., 2011). These mothers have to cope with the effects of alcohol and the demands of being a mother, which includes providing for their children and spending time with them. Anna explained the importance of maintaining a balance: *"No didn't, see when you are drinking you, it's very stressful to do everything right, but you have to do everything right. If you don't and do mistakes and people put a finger on you and say you made all of those mistakes because you are drinking. So you don't slip up because you don't want people to point fingers at you".*
The classical role theory explains that the more social roles a person holds and takes

part in, alcohol will less likely to be consumed and their roles will not be interfered. However if there are fewer roles for a women there are more risk factors to alcohol use due to lack of meaningful activities (Kuntsche, Knibbe, Kuntsche & Gmel, 2011). Kuntsche et al.'s (2011) study suggests that stress related to motherhood such as childrearing roles (Wilsnack & Cheloha, 1987) might encourage or exacerbate the use of alcohol in mothers. This is also seen in the current study, especially when roles and responsibilities of motherhood have to take place simultaneously.

This mother not only expresses how difficult it is to maintain a balance, she also expresses the pressure associated with being a mother and an alcoholic. It seems like the participant continuously has to prove that alcohol does not have any impact on her motherly roles. There is also a need for the mother to prove to the society or family members that alcohol does not have any impact on her motherly roles. The mother is aware of what the society expects from her especially as an alcoholic mother, thus she needs to perfect everything she does, to make sure that she does not confirm what others expect of her. These mothers attempt to still abide by their roles and responsibilities as mothers. Wilsnack and Cheloha (1987), speak about role conflict especially when mothers pursue goals not originally associated with women, and that the desire to attempt to perform multiple roles such as being a mother, wife, or employee may result in role overload. Of which might result in stress and an attempt by the mothers to relieve the stress by alcohol use (Wilsnack & Cheloha, 1987). The attempt made by these women to balance motherly roles and alcohol use simultaneously could explain their drinking patterns. Regardless of their attempts, the negative connotations associated with alcoholic mothers might put pressure on them to do their motherly duties extremely well. In order to avoid being labelled as a bad mother, mothers tend to reduce potential harms or impact of the substance used, which can be done by trying to provide for their children despite alcohol use (Rhodes et al., 2010). These mothers' efforts to maintain, provide and take care of their children could be one of the ways in which they can protect their identities as mothers and avoid being stigmatised. Rhodes et al. (2010) define this as defensive compensation. However it is also seen in the results demonstrated above due to the inconsistent relationship between mothering roles performance and drinking behaviour. This is consistent with Wilsnack and Cheloha (1987) study.

4.2. Theme two: Mothering behaviours and responsibilities

The theme focuses on behaviours and responsibilities of mothers while using and recovering from alcohol use. This theme will unpack the impact of alcohol use on mothering responsibilities and the difference in the mothering behaviours and responsibilities depending on the mother's alcohol use transition (i.e. non-alcoholic, alcoholic, recovering alcohol).

4.2.1 The narrative of mothers currently using alcohol

Stories of mothers using alcohol resembled that of women who do not use alcohol. These mothers experience certain losses and make sacrifices (i.e. stop working) for their children. However their dual identity, and having a stigmatized identity (alcoholic), might make them susceptible to notions of 'bad' mothers. This stigmatized identity may compromises that of a mother. Due to their use of alcohol, certain practices that are associated with being a good mother might be overlooked or not identified. The discourses associated with alcohol use divert society's perception of an alcoholic mother being a nurturer and a provider to her children. However women currently using alcohol in this study showed how they are willing to provide for their children (i.e. finding employment), performing motherly duties and taking care of their children. For example Mary highlighted that: "*I get pension, yes so I have to make sure that whatever I eat I have to share with them there is no way I would go and drink alcohol, I then I wouldn't, you see*". Research done by Reid, Greaves and Poole (2008) also showed how mothers using substances were able to sacrifice, fight and protect their children. The notion of 'bad' mothering on alcoholic mothers could be questioned in this case. Mothers' currently using alcohol experienced issues associated with unemployment and poverty, which impacts negatively on how they provide for their children. For example, Katlego explained how difficult it is for her to provide for her children's needs. She finds herself in a position whereby her children are always demanding things from her: *"in most cases, they* (her children) *come to you when they want this and this, or when you go to them, this and this; at that time, you find that you don't have anything".* Phoenix et al. (1991) elaborated on this, that if a mother has limited resources to provide for their children, it places her in a compromised position, thus reaffirming the societal connotations of 'bad' mothering. Kruger and Lourens (2015) study on Coloured South African women from low-income backgrounds revealed that mothers often experience emotional distress as a result of their children's

hunger. These could be some of the emotions these mothers could experience.

Nonetheless these mothers have to find ways in which they are able to provide for their children. It was evident that there was a separation between the two above identities. Being a mother and the activities associated with, and the alcoholic identity and the associated activities were described as taking place separately and following each other:

"I have been struggling with the yard. If I clean and finish, then bath, then sleep in the afternoon, when I wake up I drink. I would be relaxing/chilling", Rose explained. Hence this could mean that there may be an identity shift depending on the time of the day or week. This suggests that there are times and places to engage in motherly activities and times and places to engage in alcohol use activities. Thus their stories of motherhood are might not be intertwined with that of alcohol use for some of the mothers. For example mothers tend to do their daily motherly activities such as cleaning and cooking then later in the day or week (i.e. week-ends) they start engaging in alcohol consumption. As stated by Rose:

"You know with alcohol, when children are of this age (pointing to a toddler), I didn't drink, I only drank during the weekend. Yes on weekends but not during the week, I did my chores first. Maybe on that Sunday, from 8 to 9, it's not like I drank to get drunk, I used to drink one glass, then go and sleep".

The mothers seemed to be fairly aware of their children's needs. In this regard the use of alcohol might be taken as a social activity which can be accomplished when household duties and motherly duties are completed. This could touch on the issue of binge drinking and its relation to role adherence (maintaining one's role despite the use of alcohol).

Two of these mothers explained how they feel about being a mother. They expressed how they do not enjoy motherhood and how motherhood was not rewarding for them. Katlego associated motherhood with worry, being disturbed. When asked what she likes about being a mother, Rose said the following: *"I don't like anything, but what I like is to be in peace, without being disturbed by anything."* Katlego further elaborated "*In most cases, they come to you when they want this and this, or when you go to them, this and this; at that time, you find that you don't have anything"*. Motherhood

for these women can be daunting and bring a sense of helplessness. This could indicate that these women might have experienced distress as mothers hence experiencing a lack of peace and constant worry. This could also mean that responsibilities and duties associated with motherhood might not have been enjoyed by these participants. Kruger and Lourens (2015) found similar results; that having responsibility of childcare especially when childcare is the mother's sole responsibility might bring a sense of helplessness, constant worry and stress.

4.2.2. Narratives of mothers recovering from alcohol use

Recovery is a process that takes place over time and consists of psychological, physical, cognitive and spiritual changes (Brudenell, 2000). Motherhood has been identified as one of the protective factors against alcohol use. In this regard women stop drinking and start adopting their social roles and responsibilities as mothers (Watt et al., 2014). Radcliffe (2011) argued that the narratives of mothers recovering from drug use encompass narratives of change and transformation. This is witnessed with mothers recovering from alcohol use in the current study. These mothers embark on changing their behaviours and actions. They seek to work on their relationship with their children:

"I can see myself getting reconstructed, day by day, even if it's a smaller nyana change I can see that change it translate to my younger one, you know, the way I speak, the I would say don't shout don't shout I know she won't be shouting too, whatever positive I am doing as a parent, I have a little one who is looking at me, hoping that it will translate to her with the help of God" said Lolo.

These mothers strive to work on their identity as mothers and perform normal motherly activities and behave in an ideal way mothers are expected to act. However it is important to understand the mother's route to recovery to understand how these mothers perceive and experience motherhood. The road to recovery incorporates cycles of treatment, abstinence and relapse (Radcliffe, 2011). For recovering mothers interviewed, the practice of motherhood while recovering depends on their stage and the place of their recovery. Women in Reid et al.'s (2008) study indicated that the route to being a 'good' mother is through taking responsibility for their actions and admitting that they need help. This is seen in the difference between mothers in treatment centers and mothers attending support group meetings. Mothers in treatment centers

have limited access or ability to practice their mother identity. This is what Jane had to say in this regard: "*My role as mother stopped first time I came in for the first time for rehabilitation for alcohol abuse, but I still get to see them each every second weeks so but I really can't partake in their upbringing with my ex-husband, because I am not there to judge anymore or give advice at all.*"

Lolo further elaborated in this regard, "*You know she is my support system in this AA life that I am living now. She attends meetings with me if she wants to go to rallies together and I say thanks to God that is, she is still listens to me sometimes.*"

On the other hand, women such as Lolo, who are in support groups have access to actively work on their identity as mothers and practice motherhood. The teachings associated with treatment centers and support groups proved to be very significant in changing behaviour of the mothers and guiding their recovery process. These mothers are able to reflect on their past experiences or practices as mothers and are able to understand the root of their previous behaviours. Their newly found mother identity comprises feelings of guilt, limiting the impact of the alcohol use, overcompensation and a desire to remain a sober mother. Feelings of guilt guide a mother's need to limit the damage that they might have exposed to their children through teachings about alcohol use and through overcompensation. Anna helpfully elaborated: "*The only problem in a way, when you stop drinking you tend to overcompensate for the fact that you were drinking. So I think definitely in the early years of being sober I used to do that with my children, definitely, tried to make up for the lost years and everything*". Recovery for other women is also attributed to undoing the harm previously exposed to their children (Reid et al., 2008). The road to recovery as a mother does not only concern being a better mother to her children but it also concerns other members of the family. The women continuously have to prove their worth as mothers, and gain trust from members of the family who were looking after their children during their alcohol use. Hence these mothers express the importance of support from family members to overcome their addiction.

4.2.3 Impact of alcohol use on mothering responsibilities

Mothers using substances experience motherhood as central to their identity (Pajulo et al., 2001), hence they are still able to engage in roles expected of them. Nonetheless alcoholic mothers are at risk of maladaptive parenting practices due to factors such as

poverty, characteristics of children, stress and feelings of guilt (Velez et al., 2004). Even though these mothers may attempt to engage in roles associated with motherhood, the use of alcohol may influence the way they approach child-rearing practices and responsibilities involved. Alcohol abuse can impair an individual's functioning and judgement in ways that can compromise a woman's mothering ability (Grant et al., 2011). Three of the mothers in the study shared the same sentiments when it came to the responsibility they took towards their children. Mothering activities consisted of impaired judgement and lack of attention towards their children. These mothers described how they were not aware that they were not taking adequate care of their children. They were only made aware of this when they went into recovery. Lolo explained: *"I didn't take care of my little one but that I must say after joining AA I noticed that I wasn't taking care of her, you know when you still drinking you will be thinking that you are a mother you are talking care of the little one and she was still young, even things that was thinking I am doing I was doing half of those things or wrongly, sometimes I didn't do them at all, helping her to dress up, going to school, telling her don't do this do that."*

These words indicate that alcohol impaired this mother's ability to evaluate how she mothered her child. These women do not always engage in that reflexive process to evaluate their abilities and role status. This quote could assist in understanding the perception of mothers using alcohol with regards to how they view their mothering practices. Anna was however a mother who was able to perform her motherly duties regardless of her alcohol use. The contradiction towards their role statuses between these two participants indicates how mothers experience the use of alcohol and motherhood differently. This also might make it difficult to determine factors associated with the impact of alcohol use on motherhood. Anna stated: *"My children were never neglected, they weren't never neglected and in a way, if I look back at it I think I am the one that missed most because I missed their growing up. They were never neglected, they always had food, they always had clothes, and they always had the roof over their head. They were always clean, I always sat and did their home works with them and stuff like that, although I hated doing it but I did it. Uhm but I never enjoyed it, because it was a chore. You know if I've been sober I would have enjoyed it much more, but I feel I missed more in the way of growing up*."

Thus these mothers have different experiences in terms of how they are able to take care of their children. For example, Anna explained how she hated carrying out these motherly activities and Lolo stated how she wanted to escape her responsibilities. These two mothers could be deemed as deviating from the societal expectations of how a mother should behave and think. Society expects mothers to want to take care of their children and to love to care for their children (Richardson, 1993). These mothers however describe how it can be difficult for them to enjoy doing these roles and a resistance towards doing them is clear. It is becoming evident that the women in this study seek to maintain a balance between their two identities (i.e. an alcoholic and a mother). However it is questionable whether the activities done as a mother are mere routines they have to follow as stipulated by society because of their expressed hate and wish to escape from these roles. The roles stipulated above by Anna, and other mothers in the study, are rather physical (i.e. providing food and clothes, cleaning and cooking for their children). Therefore it can be questioned whether children's emotional and psychological well-being are taken into consideration by the mothers. With that said, mothering for these two women might consist of resentment and resistance. This is supported by other mothers in the study. When asked about what they like about being a mother, Rose said the following: "*I don't like anything, but what I like is to be in peace, without being disturbed by anything"* and Katlego (mothers' currently using alcohol) elaborated that they do not find any pleasure being mothers and that being a mother is not rewarding at all. Katlego further elaborated: "*Hai, I am a woman by mistake, actually I could have been a man, it's just that I don't want to be disturbed in my mind. That's what I tell myself, I wish that I was a man, not a woman. Men are not disturbed by anything, nothing bothers them, you as a women you are always worried. A child wants this, you don't have, a trip at school you don't have money."*

Mary is one of the mothers who is still using alcohol. Her sentiments were: *"I found work for myself, a piece job to raise my kids, like now I get pension money, so what I eat I have to share with them , what I eat I must share with them, there is no way I can go and drink, and won't, you see. I have to be a mother, show that I am a brave mother, you see. These kids are mine, I don't have any problems with them and they don't have a problem with me. When they are here to see me, am always free."* Mary is aware of her responsibilities towards her children and thus she separates money for

alcohol and for food. This implies that even though she drinks alcohol she can also feed her children. It also seems that this participant knows what is required of her as a mother; she used the word *"brave".* She further explained that she does not have any problems with her children, which perhaps suggests that she is unaware of the effect her alcohol use is having on her mothering abilities.

4.2.4 Transition of mothering behaviours and responsibilities

Alcohol use disrupts or maintains the process of mothering as it conflicts with other aspects of human functioning, such as cultural and social activities (Stimmel, 1984). It is associated with changing gender and social roles (Kim & Kim, 2008). The above theme demonstrates how drinking schedules and times disturb motherly duties. This sub-theme extends the discussion further towards transitions from a non-alcoholic to an alcoholic; and from an alcoholic to a recovering alcoholic status. The mothers' responses proved to show different views and practices of mothering throughout these transitions. Alcohol use not only has an impact on motherly duties but also has an impact on these women's mother identities. Motherly duties and roles assist in the construction of a mother identity.

Erving Goffman (1961) referred to a career as something not brilliant, or disappointing, or successful, or as a failure. He explained it as two-sidedness, meaning it is linked to internal matters such as self-image and felt-identity, as well as official positions, style of life that is publicly accessible. Thus he referred to the self and the other; the self and society. Goffman's (1961) theory of moral career of the mental patient could also be applied to an alcoholic mother. His notion of the spoiled identity could be applied to the motherhood identity. The change of mothers' behaviours and responsibilities based on identities as non-alcoholic, alcoholic and recovering alcoholic will be used to demonstrate the moral career of motherhood identity.

Women have multiple reasons why they start using alcohol (O'Connor et al., 2011; Watt et al., 2014). However two of the mothers in the current study explained that they started drinking after the birth of their children. Other participants had children while already abusing alcohol. However these women did not express whether they started this abuse as a result of having their children and being a mother. The difference between alcoholic and non-alcoholic mothers was evident in these women's descriptions of motherhood. Jane experiences mothering as a non-alcoholic: *"I was a*

good mother, really I was a good mother… but yah I tried my best I gave all of myself for them, I worked also… But I started to use the alcohol and it got out of control."

This mother expressed her identity as a non-alcoholic mother, which is a 'good' mother. This mother's description of the kind of mother she was resonates with what the society associates mothers with; a mother who sacrifice and work for their children (Phoenix et al., 1991). However the use of alcohol seems to have the mothering process hence she began a career of an alcoholic mother. One of the areas of the woman's life that suffers the most is that of being a mother. The maternal roles and activities defined by society may be neglected by the abuse of alcohol. For example it was reported by some of the participants that time spent with their children was reduced (activities that were done before with their children are not done anymore) since using alcohol. Jane said in this regard: *"I usually, I made some excuses to not go with them, the lamest excuses like I don't feel well, I don't have anything to wear, but it's cold, I don't like the people you going with. There is always an excuse not to go because there won't be alcohol to drink and yah."*

A decline in time spent with one's children compromises the mother identity, but strengthens the identity associated with being an alcoholic. Mothers might find it difficult to maintain the maternal responsibility they previously upheld. Thus the transition from being a non-alcoholic to an alcoholic mother encompasses a shift in how mothers respond to motherhood. The mother moves from being a 'good' mother to a 'bad' mother. Thus the use of alcohol brings different dynamics to the process and practices of motherhood.

This transition not only interrupts the roles and responsibility previously withheld by these mothers, it also impacts on the mother's behaviour and status. Their means of communication are hampered and their status as mothers is undermined. This was seen when the mothers' ways of communication were maladaptive (shouting); sometimes not communicating when required to (inability to provide parent guidance when needed); and not being reciprocated by their children (children not taking into consideration what their mothers were trying to discipline them about). The behaviours associated with being an alcoholic mother (e.g. shouting) and a compromised mother identity (alcoholic mother) makes it difficult for children to communicate with their mother. Further the mother's right to discipline or advise their children is limited.

Nonetheless, despite the participants' morally compromised mother identity, they do recognise their children's wrong doings; however there seems to be some limits on instilling discipline. Their morally charged identity of being an alcoholic mother prevents them from exercising all their roles as mothers, thus making it difficult for them to defend their identity as mothers. Gugu explained: *"There is no guiding, you just, like during that time he* (her son) *was active, he was also drinking, I would suspect that he was also using drugs, yah because there is no one who would actually tell him, this you have to, this have to do this have to do this."* Further, Lolo stated: *"I would speak* (to her child) *I would also be drunk, it's not like you would speaking nicely, you would be shouting*." She went on to say*: "she* (her daughter) *was still young when I started drinking. Then I would tell her, it's late please come, then she would just look at me as if I didn't say anything then she would go back to the street."*

The transition to an alcoholic mother introduces different living arrangements for the mothers and their children and families. Literature suggests that mothers dependent on substances such as alcohol do not mother on a full-time basis. They usually receive assistance from other members of the family, such as their mothers (Silva et al., 2012). It was evident in this study that two mothers received assistance from their mothers and husbands. Further, one participant did not live with her children on a full-time basis. "*I stay with them for two weeks in a month, the next one I do not stay with them"* said Katlego. In this regard the mother's ability to take care of her children might be questioned. Mothers in the current study expressed being judged by members of their families and that of their societies. They were viewed as 'motherless' by members of the society and as unfit. Lolo is quoted in this regard: *"I am sober today so I can look at her* (child) *today and say I am a mother, I am a parent because those days you would feel like running away when they say to you it's like she doesn't have a child."* Jane further explained*: "other mothers have to tell her, they call her, her the little girl club for girls go who do not have mothers, who died, or like me with a drug problem and so on, we pay a fee every month, and they go on Saturdays there to go speak with other mothers just to get some advice."*

The transition from alcohol use to being a recovering alcoholic brings a different dynamic to mothering. The reasons why mothers go to seek treatment is important to understand in terms of the mothers' reactions towards redeeming their mother identity and maternal actions (Reid et al., 2008). Women usually go for treatment for the sake

of their children and see their children as a form of salvation (Silva et al., 2012). The recovery process tends to be more focused on retaining or reconstructing the mother identity and salvaging the mother-child relationship. Lolo elaborated further:

"let's say maths I didn't do maths at school so she told me that she had difficulties with that subject, as I said to you , we know talk about things. We sat down and look at that math lit because during my days we didn't have that math lit. then I said go to school and find out what would you do as an adult if you pursue this maths lit, then we looked, then ok this is what she can do if she matches this maths lit and what. These are the things that I am able to do, now that I am sober, the relationship is much much better"

Jane also added that: *"I could hug them more and kiss them more, yah that I would have changed and maybe the way they interact with each other that I can change"*

Mothers tend to make up for the time they did not have with their children and do for their children what they previously did not do just as Lolo explained above. While Jane who is in a rehab centre expressing what she would like to do more often. They are able to be reflexive and identify the damage alcohol use did to their identity as mothers, their maternal roles and the relationship they have with their children (Reid et al., 2008). To further limit the effects of alcohol use on their child, recovering mothers include their children in their recovering process, and educate their children about alcoholism. This is one of the ways in which mothers in the current study try to amend their relationship with their children and a way that mothers try to prevent their children from following in their footsteps. This is indicative of these women's concerns for their children's well-being. Motherhood thus becomes a prioritised identity, one that was previously compromised by these alcoholic women. Rebuilding this identity is one of the ways in which recovering mothers use to have a successful recovery. Lolo explained her transition from being an alcoholic mother to a recovering mother: *"Much better than before, it's a mother-daughter relationship. Now we can talk about issues, we can now laugh about problems, we laugh together, we do things together unlike before when she was now my sibling's baby. At one stage I was thinking why doesn't she call me mom? Her mom, you know, why does she call my mom her mom. It took me time to realise that I am not paying school fees for her, you know that is when my mother was complaining I had forgotten that that is what happens when you drink*

alcohol, you forget, forget about things that you have to do, now things have changed, things have changed."

Rhodes et al. (2010) defined this as defensive compensation, whereby mothers seeks to protect their children from drug abuse and also protecting their identity as mothers. This quote suggests that when mothers are recovering from alcoholism their views about being a mother changes, they make certain changes about how they mother their children. However they still have to focus on their struggle to recovery. Two of the mothers, Gugu and Lolo, elaborated how they struggle with being sober because they have what they call an "*alcoholic mind*". They further indicated that they worry about how they will stay sober and how difficult it is for them to have a *"sober mind"*. However for one of the mothers in the study, Jane, this was not the case. She excluded her children in the recovery process due to her fear of having disappointed them. Even after years of recovery one of the mothers still has to attend support group meetings. Anna explained that her children prefer that she goes to AA meetings. Regardless of these women's attempts to become sober, they reported that they continuously have to prove their sobriety to their children. Hence being a recovering alcoholic mother has a lot of pressure associated with rebuilding their mother identity, creating and maintaining a good relationship with their children, as well as successfully recovering. The difficulty that follows recovery for these women seems to be linked to two contradictory identities, motherhood and alcoholic. These two identities cannot be successfully maintained together and the presence of the alcoholic identity negatively affects the mother identity. The decision the mothers take to quit drinking is one of the pathways to rebuild their identity and roles as mothers. This is an important theme demonstrating a recovering mother's moral career towards her motherhood identity.

Lolo is one of the mothers who at the time of the interviews showed the benefits of being in recovery. Her identity as a mother was reaffirmed. She demonstrated how her relationship with her child changed for the better. She attended AA meetings with her daughter and her daughter was able to obey her rules unlike before. She also gained trust and acceptance from her mother and members in her community. Lolo explained: *"Last week she* (her daughter) *was saying to me she is going with friend but now at least 7 o'clock you should be in the house by 7o'clock you should be in the house. As I said she came back earlier, now if it was those days, as I said if I say please come back its late she would just look at me"*. She went on: *"I am sober today so I can look*

at her today and say I am a mother, I am a parent... the other time I attended her school meeting I said now am a parent, you know being involved in someone's life, eh having that responsibility now, eh as a parent, those are the joys that I get now you know. Being called someone's mom eh is me that alcoholic and am called Mpho's mom, it means a lot to me." Lolo's outcome of her recovery demonstrates that quitting alcohol has the ability to change the mother's perception of mothering and change her child's attitude towards their mother, as well as reintegrate the mother into the community. Recovery in this sense gives an opportunity to reconstruct the identity of a woman as mother.

Further, Anna maintained: *"it's amazing the capacity of these children to forgive, really it is. Uhm I, there are very few uhm, people in AA children actually, uhm are not proud of them for the fact that they have stopped I know I still say, everybody often talks about the stigma attached to alcoholism, actually there is no stigma attached if you've stopped drinking, it's only when you are drinking".* While Lolo's story demonstrates the change in attitude and behaviour with regards to motherhood, Anna explained the positive consequences that might accompany recovery, which extends to children accepting their mothers. This in turn might have an influence on the mother's recovery process. This demonstrates that women have the opportunity to work on their compromised mother identity.

4.3 Theme three: Mother-child relationship

Alcohol use has an impact on the mother-child relationship and mother-child interactions (Pajulo et al., 2000). Reid et al. (2008) discussed that the discourse of mothers using substances touches on the issues of child's rights. As discussed above, mothering responsibilities and behavior towards one's children changes depending on whether a woman is an alcoholic or a recovering alcoholic. With that said, the latter had an impact on how the participants interact with their children. Children seem to respond differently to their mothers depending on whether she is still drinking or not. Further, children's reactions and behaviors towards them influences how these mothers perceive themselves. When mothers are still using alcohol, children usually inhibit some of their behaviours and important life events towards their mothers. Lolo and Jane expressed that their children preferred communicating what they need, to other members of their family: Here is what Jane had to say:

*"I don't know, sometimes they will go two days where I don't not talk to them, they don't share, I will hear via my gran, agh my father that they did well at that sport, that there is an invitation to go to that reward, they didn't even ask me to go, stuff like that"*In some cases children become advisors to their mothers, taking on the mother role, advising them about their friends, asking them to stop drinking and demanding their mother's attention. "*I don't know, but one thing my son say, this woman we used to stay with-hey my friend, my friend and my son used to say, she is not your friend, they are only speaking to you-they know you want to buy them beer*" said Gugu. There were other children who reportedly resorted to not want to spend time with their mother. Lolo's child is one of them: "*she said to me, you see my father has another house at Jabulane (*an informal settlement*.), then there was this time when she liked visiting Jabulane my brother is staying there, my younger brother. She would say to me I am going to Jabulane I can't wait to go to Jabulane. Then I started noticing that she can't wait to go to Jabulane that is when I would be drunk*". Such actions may often encourage these mothers to evaluate themselves. This evaluation might be as a result of feelings of guilt. Lolo explained that due to her actions the previous night she often worried about how her daughter will look at her in the morning and what she will say to her. Lolo elaborated: "*There used to be noise in that house,* (doing a sound of a noise) *waking up in the morning it was sad again. I would sit and listen, try to remember, I wonder what happened last night, I wonder want to get the vibe especially for my little one, how is she looking at me, will she say hallo mama.*" Gugu responded to her child's complaints about her drinking alcohol by giving him money: "*He would complain a lot and for me try to be the mother, try to be the mother by bribing him, money you know. You go do this and you go buy that. I was trying to buy the love, I remember one day he said to me, you know what mommy, even this money you are giving me, it is not what I want. I want sometimes, just your attention and your love, you know (.) basically it was about bribing him and for me giving the money was, because I was single."* This indicates that the mothers' behaviour is often in question by their children and the mothers were aware of how their children felt about their alcohol-related behaviour. This leaves these women feeling a need to respond to their children's concerns. It appears that these women feel they have to continuously defend themselves to their children.

However in some cases this is not reciprocated by their children as it is demonstrated above with Gugu. Using alcohol places a mother in a morally compromising situation. Some of the mothers in the current research find it difficult to question their children's actions due to fear of criticism of their own behaviour. Katlego experienced this: *"They say you mama, you showed us these things mam, what you do it is the same. I just observe with my eyes, we will see ahead"*. The mother-child relationship and the interaction between them is influenced by the time the mothers spend with their children and how they present themselves to their children (i.e. being intoxicated or sober).

Jane stated in this regard: *"I went to sleep if I feel that I getting drunk, I went to bed. I think they also saw me twice, I never even, when we go to a friend's braai I never go, I never drank so much there in front of other people it just when there is nobody in the house, I would drink that day. I would go and shower put on my pyjamas and went to bed and when they get here I would say I am not feeling well, beforehand I would call my husband and tell him listen I am not feeling well then he would know that you drank a lot today. I always tell the truth to him so I warned him, just tell the kids that I am not feeling well."* This mother is trying to separate her alcohol use from her interactions with her children. However her efforts result in her not spending time with her children. Rhodes et al. (2010) also found that some mothers who use drugs also attempt to hide their drug use from their children. They called this a damage limitation strategy which is a way of retaining the 'normal' family life and prevent disruption to their family (Rhodes et al., 2010).

Communication and interaction dynamics between mothers and their children tend to be skewed towards the mother's alcoholic behaviour. Conversation between the two individuals often includes shouting or silent treatment from the child. *"I would tell her, it's late please come, and then she would just look at me as if I didn't say anything then she would go back to the street"* said Lolo. As demonstrated in some of the quotes, some children prefer to stay with other family members, communication will thus be limited. Children also tend to be closer to their fathers, as well as grandparents. Jane maintained that: "*we share custody, but they stay with him because of the house, he got them in his medical aid, they started their school years there. He started grade 1 there now he is in matric. We trying to keep them in one school, friend are there and we don't want them up and down, from one place to another. It is difficult for them*

because I am not there". Mothers in the current study who are still using alcohol explained how at times interactions with their children include the use of alcohol. Their children sometimes buy alcohol for them; however they also seem to regulate how much their mother can drink. As Katlego maintained: "*you know in December we are with you people together and drinking, it is nice, what is the point of telling your mother to stop drinking or your father because you also bought."*

The latter could demonstrate that the participants' children accept their mother's world and begin to play a role in it. Mary is quoted in this regard: *"They* (children) *don't have a problem, you know they don't have a problem, my children don't have a problem shame, they don't have a problem. My children do not have a problem with me, they even, even when they are home maybe, like when Lizzy is home, she is the lastborn. She would be happy and she would buy me two beers, so that I can sit with her, and spend the day with her, you see she does not have a problem."* Further, Rose stated: *"Like now when they* (her children) *find me quiet, they know that things are bad, so when he* (son) *has money he will go and buy then he will come and give me. They don't care."*

These two mothers infer from their children's behaviours that they do not have a problem with their alcoholic use. This could mean that their children get used to their mother's alcohol use and start to internalise it, accepting that their mother's alcohol use is part of their lives. These findings are also consistent with studies that found that alcohol use amongst parents shapes that of their children (Lo & Cheng, 2010). Mary, over-emphasised that *"she doesn't have problems with her children*". However this mother presents as defensive about her alcohol use and mothering. The participants' children's ability to support their drinking behaviour could indicate to these mothers that drinking is not a problem and that it does not affect their children, hence the continuation of the alcohol use. Although some of the participants' children seemed to have a problem with their mother's alcohol use, there were others who reportedly have become accustomed to their mother's drinking. This is especially the case in older children as they begin to accept the use of alcohol as a part of their mother's life.

Research has identified certain factors associated with mothering while using alcohol (Blum et al., 1998; Jacobs et al., 2013). Alcoholic mothers are more likely to experience guilt, denial, shame or feelings of inadequacy as a mother (Blum et al.,

1998) and they are more likely to become physical and emotionally abusive towards their children due to impaired cognition (Jacobs et al., 2013). In the current study some of the above factors were identified. However in order to understand actions impacting on the above mentioned events, one needs to also understand the importance of identifying oneself as an alcoholic. With that said, when identifying oneself as an alcoholic, mothers become aware of their status and how it impacts on their children and their mothering. However for those participants that did not align with the alcoholic identity, they were not aware of the impact of alcohol on their mothering role. Nevertheless mothers in the current study indicated the importance of balancing mothering and alcoholic routines. This balancing maintained the use of alcohol and at the same time salvaging their mother identity. Further, the mothers had different views about mothering. Their experiences differed depending on their socio-economic status, family support, marital relations and the relationship they had with their children. The two categories of mothers in this study (alcoholic and recovering) results in different views about motherhood and provides different insights with regards to how they mother and perform their daily mothering duties. It was highlighted that several factors had an impact on a mother's mothering abilities and duties. These include the mother's drinking routines, the physiological effects of alcohol use, the place of alcohol use, the benefits of alcohol, and the interactions with their children. These factors, combined with alcohol intoxication, have an impact on the mothering roles and responsibilities. The mother and alcoholic identity seemed to conflict with each other. There has to be an identity shift in order for one to occur, and performing the two together brings inadequacy in the other identity.

5. Chapter Five: Conclusion

This research study set out to explore motherhood and alcoholic use. It sought to explore how mothers using alcohol experience motherhood. The literature shows that there is a high prevalence of substance use among women in South Africa, increased number of women of reproduction age consuming alcohol and increased use of alcohol during pregnancy (Ellis et al., 2012; Rendall-Mkosi et al., 2008). Nonetheless, studies reviewed did not highlight how these women experience the process of motherhood while using alcohol. Hence the current study sought to understand the process of motherhood in the context of alcohol use, particularly in the South African context. This chapter will highlight the main findings, recommendations, limitations and implications of this study.

This study elicited an in-depth understanding about the experiences of mothers using alcohol. In order to gain an in-depth understanding of these mothers this study recruited both current and recovering alcoholic mothers. These women provided insight that enhances our understanding of alcohol use, not only amongst mothers but amongst women in general. Recovering mothers' ability to be reflective in their experiences of motherhood enabled a better understanding of the experiences of mothers who are currently using alcohol. It was found that motherhood is central to these women's lives, regardless of their use of alcohol. It was indicated that these women know what is expected of them as mothers, hence they were able to complete some maternal tasks required of them. However, it was important to understand the discourse of alcohol (i.e. behaviour, patterns, attitudes and perceptions) to establish how mothering is carried out in the context of alcohol use. In this regard mothers seemed to experience motherhood differently and had different views regarding their mothering and child-rearing practices. During the use of alcohol, mothers had difficulty identifying alcohol use as problematic, thus the use of alcohol was maintained. It was further confirmed that the use of alcohol can be detrimental to the process of mothering; however in some instances it could also be beneficial (i.e. provided some energy to carry out the childrearing practices required).

In previous studies (e.g. Jacobs & Jacobs, 2014) researchers often classify women who drink alcohol as alcoholic mothers or suffering from alcohol use disorder. Mothers who do not identify themselves as alcoholics do not acknowledge the use of alcohol

as impacting on their motherly duties. They see themselves as 'good' mothers and being a mother and an alcoholic takes place simultaneously. As a result these women do not engage in any reflexive process with regards to the kind of mother they are. They are able to maintain a balance between their motherly duties and their alcohol use. Society's negative perception of alcoholic mothers puts pressure on certain mothers to prove that they are 'good' mothers, and fight the stereotypes associated with being an alcoholic mother. On the other hand, some participants showed resistance and resentment towards motherhood. Relationships between these mothers and their children suffer as a result of alcohol use. Mothers' efforts towards their children are sometimes not reciprocated by their children and their children limit some of their contact with them. It is also difficult for these women to exercise some of their maternal roles due to their morally charged identity. Mothers have to constantly evaluate their actions and feel the need to defend themselves based on their children's perceptions of them. However the women's children tend to accept their mothers as alcoholics later on in their lives. Recovering mothers' routes to sobriety includes narratives of change and working on their newly found mother identity.

5.1 Implications

This study has both theoretical and methodological implications. In the South African context studies are directed more towards alcohol use during pregnancy (e.g. Watt et al., 2014; Jacobs & Jacobs, 2014). The current study provided an in-depth understanding of mothers using alcohol, highlighting how these women engage in the mothering process and their perceptions of the mother-child relationship. Understanding this process can assist in further understanding the narratives of child neglect and abuse amongst children raised by alcoholics.

This study also has practical implications with regards to treatment centres specialising in alcohol abuse. The findings might assist addiction counsellors to gain a holistic view of the manifestation of alcohol use amongst women and how this is related to motherhood. The study has highlighted the importance of re-establishing the mother identity as a part of the alcohol abuse recovery process. Women are under-represented in treatment centres due to issues of gender-appropriateness of care in these centres (Ellis et al., 2012). Treatment interventions may not be tailored to address issues that affect women. Therefore understanding the process of

motherhood within the context of alcohol use, and the importance of motherhood in the recovery process as presented in this study, could assist in the development of treatment interventions tailored for mothers abusing alcohol.

The use of two categories of mothers, namely recovering mothers and current alcoholic mothers proved to be significant. This enabled the researcher to make a comparison amongst these mothers. The use of two categories in a study might highlight the importance of confirmatory studies in qualitative research. Research conducted with women and alcoholism usually employs this kind of method, using two types of participant groups who have experienced the same phenomenon at some stage (i.e. Watt et al., 2014). However previous studies have not used both recovering and current alcoholics within the same study (e.g. Jacobs & Jacobs, 2014).

5.2 Recommendations

The findings suggest that educational awareness programmes need to reach women currently using alcohol in order to educate them about alcohol dependence (alcoholism), occasional, episodic (binge) drinking and the impact of alcohol use on every aspect of a woman's life. In the current study it was evident that the participants engage in maladaptive mothering practices and that they experience difficulty in establishing their identity as mothers. Therefore treatment programs in South Africa should address maternal practices and training.

5.3 Limitations

Mothers who were currently still using alcohol did not identify themselves as alcoholics. Therefore it is debatable whether one can categorise them as alcoholics. Their non-identification with being an alcoholic may have an impact on how they view their mothering practices. Mothers who were currently using alcohol did not reveal in-depth narratives about their processes of motherhood and were not always fully reflective. Thus the interviews with these mothers were not as rich as the other interviews. However, including mothers who are recovering from alcohol abuse counteracted this as they were more reflective in their narratives.

"You know even things you wanted to do really from your heart with good intentions because of alcohol you won't be able to do it". This quote by ... suggests that motherhood is central to these women's lives. However alcohol use is embedded in

their daily activities of mothering. In order to understand how mothers experience and perceive motherhood, the study illuminated the importance of understanding the discourse of alcohol use.

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7. Appendices

Appendix A: Participant information sheet.

PSYCHOLOGY

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4541 • Fax: 011 717 4559 • E-mail: psych.SHCD@wits.ac.za

Motherhood and alcoholism: Exploring maternal experiences and perceptions of mothers who abuse alcohol

Dear Madam,

My name is Julia Simango, I am currently doing my Master's degree in Social and Psychological research, with the Department of Psychology at the University of the Witwatersrand. I am conducting a study on mothers who are currently in recovery for alcohol use. The study aims to explore the experiences and perceptions of mothers who use alcohol and who are in recovery.

I would like to invite you to participate in the study. You will be required to take part in an individual interview about your experiences as a mother. The interview will be approximately 45 - 60 minutes long. There will be no harm or benefits for you if you choose to participate. You have a choice to participate and withdraw at any time without any consequences. You will be free to answer which questions you would like to and there will be no consequences if you choose to not answer. The interview will be audio-recorded, however only I and my supervisor will have access to the recordings. They will be transcribed and kept on a password protected computer. Your confidentiality will be respected. There will be certain level of anonymity when reporting results as a pseudonym will be given to you when the interviews are transcribed and should you be directly quoted in the research report. Information that

you will be providing will only be available to my supervisor and myself thus confidentiality will be maintained. Information obtained will be analysed and put in the form of a research report. If you would like a summary of these results please contact myself or my supervisor. The study might elicit sensitive issues related to your experiences about being a mother, if this occurs please find details of free counselling services below:

South African Depression and Anxiety Group (SADAG): 0112344837

SANCA Central Rand: 0118362460

Participation in this study might result in you feeling like you are being placed in a morally compromising position as the topic of motherhood is value laden. However through the kind of questions I will be asking, I will try not to make you feel this way.

You will be required to sign two consent forms before participation. Please find these attached. Please read through the forms and sign them if you would like to participate. Signing the forms indicates that you agree to be interviewed and audio-recorded. Should you have any questions, please feel free to contact myself or my supervisor.

Kind regards,

Julia Simango

(Researcher)

juliasimango@yahoo.com

0733241405

Clare Harvey

(Research supervisor)

clare.harvey@wits.ac.za

011 717 4509

Appendix B: Consent Form

PSYCHOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4541 • Fax: 011 717 4559 • E-mail: psych.SHCD@wits.ac.za

Motherhood and alcoholism: Exploring maternal experiences and perceptions of mothers who abuse alcohol

I ..... consent in taking part in this interview conducted by Julia Simango, in her Master's in Social and Psychological Research study, focusing on how mothers who are using and recovering from alcohol, experience and percieve motherhood.

As a participant in her study, I comprehend that:

- My participation is voluntary
- I can withdraw at any time without consequences
- There is no risk and benefits with regards to participation
- I am not forced to answer a question if I do not want to and that this will have no consequences
- Confidentiality will be maintained, meaning information obtained in the study will be private and only her and her supervisor will have access to my information
- If quoted, a pseudonym will be used to protect my identity
- Results obtained from this study will be used in her Research Report which is a prerequisite for her to finish her degree

Signature ..... Date .....

Appendix C: Consent form for audio recording

PSYCHOLOGY

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4541 • Fax: 011 717 4559 • E-mail: psych.SHCD@wits.ac.za

Motherhood and alcoholism: Exploring maternal experiences and perceptions of mothers who abuse alcohol

I .....

consent to audio-recording of this interview with Julia Simango

I understand that:

- Recordings and transcripts will only be accessible to Julia and her supervisor.
- That confidentiality will be maintained.
- The tapes from the interview will be kept safe at the University of the Witwatersrand in a locked cupboard and/or a password protected laptop, with only her supervisor and her having access to them.
- Pseudonyms will be given during the transcription of the interview.

Signature..... Date .....

Appendix D: Letter to SANCA, Central Rand

PSYCHOLOGY

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4541 • Fax: 011 717 4559 • E-mail: psych.SHCD@wits.ac.za

Dear Sir or Madam,

My name is Julia Simango. I am currently doing my Masters degree in Social and Psychological Research, at the University of the Witwatersrand. One of the requirements to finish this degree is to conduct a Research Report. My research study will explore how motherhood is experienced amongst mothers using alcohol or recovering from it. It is hoped that this study might inform future treatment of such mothers, as understanding these experiences could assist rehabilitation centres in tailoring their treatment approaches.

The study is qualitative in nature. I would like to collect data by interviewing between six and eight mothers currently attending the centre. Participants will be required to engage in 45-60 minute interviews with myself. Confidentiality will be maintained as participant's information will only be accessible to myself and my supervisor. Participants will be allowed to withdraw from participation if they no longer want to participate and this will have no consequences to them.

I would like to request assistance from SANCA in recruiting suitable participants. Thus I would like your permission to approach women in SANCA Westbury rehabilitation centre. I would also like to request permission to conduct the interviews at the centre.

If SANCA would like a summary of the results from the research I am happy to provide this.

Kind Regards,

Signature……..

Julia Simango	Clare Harvey
Masters Student	Research Supervisor & Clinical Psychologist
Department of Psychology	Department of Psychology
University of the Witwatersrand	University of the Witwatersrand
Johannesburg	Johannesburg
juliasimango@yahoo.com	clare.harvey@wits.ac.za
0733241405	011 717 4509

Appendix E: Interview Schedule

Demographic information:

Age:

Number of children:

Relationship status:

Employment:

Interview questions:

1. Can you tell me about your role as a mother?
2. Can you describe your day to day interactions with your children? How do you feel, think about being a mother?
3. What kinds of challenges have you encountered as a mother?
4. What kinds of rewards have you experienced as a mother?
5. Has the way in which you were mothered had any influence in how you mother your children? If so, in what ways?
6. What kind of influence, if any, do other women in your family have, when it comes to raising your children?
7. Can you tell me more about other roles that you have besides being a mother?
8. How, if at all, do these other roles that you occupy, have an impact or contribution to how you mother your children?
9. Does society impact on you as a mother and how you mother your children? If so, please elaborate.
10. Can you tell me about your drinking behavior over the past years?
    Has this changed? In what ways?
11. Did you consume alcohol while pregnant?

    If so, please elaborate.

12. How many times have you tried to quit drinking?
13. What has made you want to try stop drinking now?
14. How do you think your drinking alcohol, if at all, has impacted on your mothering role?

15. Has your behavior, thoughts, feelings as a mother changed since you came into recovery?

    If so, please elaborate.

16. Please describe your relationship(s) with your child/children?
17. Do any of your children have any difficulties or disabilities?

If so, please elaborate.

18. Do you think your drinking has had any impact on your child/children?

    If so, can you tell me a little more about this?

19. Do you have any difficulties with your children?

    If so, please elaborate.

20. In the future would you change anything about how you mother your children?
21. What kind of things would you consider changing?
22. In future what kind of mother would you like to be?

Appendix A1: Tshedimosetso ya motsaya karolo

PSYCHOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4541 • Fax: 011 717 4559 • E-mail: psych.SHCD@wits.ac.za

Bomme le tiriso ya bojalwa: Patlisiso ya maitemogelo le kakanyo ya bo mme b aba dirisang bojalwa/notagi.

Dumela Mme

Leina la me ke Julia Simango. Ke Moithuti wa kwa Yunibesiting ya Witwatersrand. Ke moithuti yo o dirang masetase wa Social le Psychological Research. Ke dira dipatlisiso ka ga bo mme ba ba tlogetseng go dirisa bojalwa, segolo segolo jang maitemogelo le pono ya bona ya go nna mme motswadi.

Ke go laletsa gore o tseye karolo mo potsolotsong e. Potsolotso e, e tlile go sekaseka maitemogelo a gago a go ba mme motswadi. E tlile go tsaya metsostso e le 45-60. Go tseya karolo mo potsolotsong e, ga gona ditlamorago, e bile e ka se go tswele mosola ka sepe. O nale toka ya go ikgogela morago, ga o se tlhele o batla go tseya karolo. Ga o gapeletswe gore o arabe dipotso tse tsotlhe, mme ga o sa arabe tsotlhe ga gona ditlamorago. Potsolotso e, e tlile go gatisiwa, mme nna le molaodi wa me, ke rona fela ba re naleng tetla ya go dirisa kgatiso e. Kgatiso e, e tlile go kwalwa, le ga go le jalo, e tlile go beiwa kwa go bolokesegileng, ka mo computereng e e na leng pasewerte. Kgatiso ya puisano yona, le dikwalo tsa teng di tlile go bolokesega ka mo komputareng e e naleng khunololamoraba. O tlile go nna tlhokaina, e bile ga gona motho yo tlileng go itsi fa o tsere karolo. Tshedimosetso yotlhe e tla beng o nnelang yona e tlile go diriswa ke nna le supervisor ya me fela. Dipholo di tlile go sekasekiwa, mme dirulagangwe ka tsela ya repoto ya patlisiso. Ga o batla tshosobanyo ya di pholo, ke kopa o ikgolaganye le nna kgotsa molaodi wa me. Puisano ya rona e ka tlisa

maikutlo a botlhoko a a amanang le maitemogelo a gago a botsadi. Fa se, se ka diragala, go nale khanseling ya mahala.

South African Depression and Anxiety Group (SADAG): 0112344837

SANCA Central Rand: 0118362460

Go tseya karolo ga gago go ka dira gore o ikutlwe o beilwe mo maemong a dirang gore o nagane gore maitsholo a gago ga a siama. Ntse go le jalo dipotso tse tlabeng ke di potsisa di tlile go dira gore o sa ikutlwa jalo

O tshwanetse go saena fomo tse pedi tse di bontsang gore o dumela go tseya karolo mo potsolotsong e, e bile o dumela gore e gatisiwe. Ke kopa le e bale, mme le e saene ga le batla go tseya karolo. Tshaeno e bontsha ga le dumela go tseya karolo, mme puisano e e gatiswe. Ga le nale dipotso kopa le ikgolaganeng le nna.

Ka kopo,

Mosaeno

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Julia Simango	Clare Harvey
(Researcher)	(Research supervisor)
juliasimango@yahoo.com	clare.harvey@wits.ac.za
0733241405	011 717 4509

Appendix B2: Foromo ya Tumelo

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Nna ..... ke dumela go tseya karolo mo potsolotsong le Julia Simango, e e leng karolo ya dithuto tsa gagwe tsa Social and Psychological Research. Potsolotso e, e tlile go lebelela maitemogelo a me a botsadi ga ne ke dirisa notagi/bojalwa.

Ka ke tsaya karolo mo puisanong e, ke tlhaloganya gore:

1. Go tswa mo go nna gore ke tseya karolo.
2. Ke nale tetla ya go ikgogela morago ga ke sa tlhole, ke batla go tseya karolo, mme ga gona ditlamorago dipe.
3. Ga nkitla ka ultwisiwa botloko mme ga ke nkitla ga patelwa kgotsa ke fiwa moputso.
4. Ga ke gapeletsege gore ke arabe dipotso tsotlhe, mme ga ke sa di arabe, ga gona ditlamorago.
5. Go tsaya karolo ga me ke khupamarama, mme ga gona motho yo o tlileng go itsi gore ke tsere karolo. Tshedimosetso yotlhe e tlabeng ke mo abela yona, e tlile go diriswa ke ena le molaodi wa gagwe.
6. Ke tlile go nna tlhokaina, go sirelesega.
7. Dipholo tsa patlisiso di tlile go rulagangwa mo repotong ya gagwe, e e tlhokegang gore a feleletse dithuto tsa gagwe.

Mosaeno ..... Letlha .....

Appendix C2: Foromo ya tumelo ya kgatiso ya potsoloso

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Nna ..... ke dumela gore puisano ya me le Julia Simango e gatisiwe.

Ke tlhaloganya gore:

1. Kgatiso le dikwalo tsa yona di tlile go diriswa ke Julia le supervisor ya gagwe.
2. Kamano ya me le ena, e tlile go nna sephiri/khupamarama.
3. Kgatiso ya puisano yona, e tlile go beiwa ka mo kgabotong e e notlwetseng kwa Yunibesiting ya Witwatersrand.
4. Ke tlile go nna tlhokaina, ga kgatiso e, e kwalwa.

Mosaeno ..... Letlha .....

Interview schedule (sekedule sa potsolotso)

Tshedimisetso ya temokerafi

Dingwaga:

Palo ya bana:

Maemo a kamano:

Maemo a tiro:

Dipotso tsa puisano

1. O ka mpotsa ka ditiro tsa gago tsa bomme?
2. Kopa o ntlhalosetse ka ditiro tsa gago tsa letsatsi le bana ba gago?
3. O nagana eng, ka go nna mme?
4. Ke mathata a fe, a o kopaneng le one ka o le mme?
5. Ke tuelo efe e o itemogetseng yona aka o le mme?
6. A ka tsela e mme wa gago a go godisitseng ka teng, go nale seabe, mo kgodisong ya gago mo baneng bag ago?
7. Ke seabe se sefeng se bomme ba losika la gago ba naleng sona mo kgodisong ya gago mo baneng bag ago?
8. A o ka mpotsa ka dikarolo tse dingwe tse o na leng tsona, ka ntle ga go nna mme motsadi.
9. A dikarolo tseo di nale seabe mo kgodisong ya bana ba gago?
10. A batho ba mo motseng o o nnang mo go ona, ba nale seabe mo kgodisong ya bana ba gago? Ga go le yalo tlhalosa.
11. O ka ntlhalosetsa ka tiriso ya gago ya bojalwa mo dingwageng tse di fitileng? A na e fetogile, gag ole jalo, kopa o tlhalose.
12. A o kile wa be o nwa bojalwa ga ne o le mmeleng? Ga go le jalo, kopa o tlhalose.
13. O likile ga kae go tlogela bojalwa?
14. Ke eng se se dirileng gore o tlogele bojalwa?
15. A tiriso ya bojalwa, e amile jang ditiro tsa gago tsa bomme?
16. Kopa o ntlhalosetse ka kamano ya gago le bana ba gago?
17. A boitshwaro, maikutlo, le dikakanyo tsa gago, di fetogile, ga sele o tlogetse go dirisa bojalwa?
18. A o na le bana ba ba sa itekanelang mo mmeleng? Ga go le jalo, tlhalosa.

19. A o nagana gore tiriso ya gago ya bojalwa e amile bana ba gago? Ga go le jalo, tlhalosa.
20. Mo bokamosong, o ka fetola tsela kgotsa mokgwa o o godisitseng bana ba gago?
21. Ke dilo tse feng tse o ka di fetolang?
22. Mo bokamosong, o ka rata go nna mme o mo jang?