

SOUTH AFRICAN ADOLESCENT MOTHERS'
EXPERIENCES OF PARENTING AND REPRESENTATIONS
OF THEIR INFANTS AND THE RELATIONSHIP BETWEEN
THEM

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ABSTRACT

This study aimed to investigate teenage mothers' experiences of motherhood and their internal representations of their infants and the relationship between them. In addition, this study aimed to investigate whether there was a connection between teenage mothers' experiences of parenting and their internal representations of their infants and the relationship between them. Through the use of semi-structured interviews, adapted from the Parent Development Interview and the Working Model of the Child Interview, four teenage mothers from Alexandra were interviewed. The data collected from these interviews was analysed using narrative analysis through the hermeneutic lens of psychoanalytic attachment theory. From the analysis, this study found that teenage mother's experiences of motherhood were marked by challenge. The two main challenges faced by these young mothers were the tension they experienced between their identities as teenagers and their identities as mothers, and their struggle to provide for their infants and feel like good enough mothers. In addition, this study found that teenage mother's internal representations of their infants included a representation of both the good baby and the bad baby, but, with the exception of one mother, their representations tended to remain split and the mothers seemed defended against their representations of the bad baby. In terms of their representations of the relationship between them, this study found that these teenage mothers' representations of their relationship with their infants was lacking. These representations either consisted of a superficial representation of a good relationship between mother and infant, or no relationship at all. Finally, this study found that teenage mother's experiences of motherhood and their internal representations of their infants and the relationship between them were connected. A number of factors that were found to influence both their experiences and their internal representations include their own mental states, their memories of their own childhood and their representations of their caregivers, as well as the levels of social support they received. The study therefore concluded that teenage mothers' experiences of motherhood and their internal representations of their infants and the relationship between them were connected, however further research is required to establish the causal relationship between these factors.

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CHAPTER 1
INTRODUCTION TO THE STUDY

1. INTRODUCTION

1.1 Background

Teenage pregnancy is a global phenomenon that has been around for many years, yet it is still something that is not widely researched and has only recently become a target of interest in the literature in South Africa (Macleod, 1999). Teenage pregnancy is fraught with stigma and presumption, but without research, the experience of teenage mothers cannot really be known. Although there are some exceptions, most of the research done on teenage pregnancy in South Africa tends to begin with the assumption that teenage pregnancy is a social problem because it has negative consequences, as opposed to research that addresses these consequences (Macleod, 1999). International research indicates “that parenting adolescent females experience a high rate of depression, lack educational and employment skills, more often live in poverty, and tend to their children’s needs inconsistently and less effectively compared to older mothers; these stressors increase the potential of disorganized attachment and ultimately poor child outcomes” (Long, 2009, p. 632). Although most of the literature concentrates on the negative consequences of teenage pregnancy, it is important to consider the fact that some teenagers may benefit from becoming young parents. Though literature on this ‘revisionist’ argument is scarce (Macleod, 1999), some literature has shown that teenage pregnancy may not always have negative consequences for the mother and her infant (McDonald et al., 2009). This is an important view to consider with regards to this study as understanding teenage mothers’ experiences of parenting from their perspective included positive outcomes which provided insight into their personal experiences. The aim of this study was to find out what being a teenage parent is like in Alexandra in South Africa, and importantly, what it is like from the mother’s perspective. It aimed to investigate these mothers’ experiences and how each mother felt that these experiences might have impacted on her relationship with her infant. Exploring the subjective experiences of these teenage mothers may provide a better understanding of the difficulties as well as the rewards of being a teenage mother.

1.2 Rationale

High rates of teenage pregnancy and teenage parenting all over the world (Coley & Chase-Lansdale, 1998; Lehohla, 2010) show that it is a worldwide phenomenon, one that has been evident for many years and thus is a phenomenon that deserves to be understood due to its prevalence and possible consequences. Some research has indicated that adolescents who become young mothers tend to function less effectively than their peers in aspects such as psychological functioning, and marital

stability (Coley & Chase-Lansdale, 1998), other research has shown teenage pregnancy to have positive outcomes for the mother (Macleod, 1999). Thus more research is needed in order to understand the precursors to, the impact of and the experience of teenage pregnancy and parenting. Teenage pregnancy is not unique to South Africa, it is an international phenomenon. In the United States of America, most teenage pregnancies are found to be between the ages of 18 and 19 years (Coley & Chase-Lansdale, 1998). In South Africa specifically though, the fertility rates have declined since the 1960's when the rate was 6,7 children per woman, whereas in 2001 the rate was estimated at 2,8 children per woman (Lehohla, 2010). Despite this decline, teenage pregnancy is still prevalent, however, statistics on the prevalence of teenage pregnancy in South Africa are not clear. According to the Estimation of Fertility from the 2007 Community Survey of South Africa document (Lehohla, 2010), 0,1 percent of women between the ages of 15 years and 19 years reported having given birth to three or more children. In addition, an estimated 15% of South African women between the ages of 15 and 19 have been pregnant (Panday, Makiwane, Ranchod, & Letsoalo, 2009), however, how many of these pregnancies are carried to term is not known. Also, these rates are estimates and may not be accurate given the high levels of underreporting which may skew the fertility rates (Lehohla, 2010), however these rates clearly point out the existence of teenage pregnancy. In addition, a South African study done in 1991 found that 330 to 400 births in every 1000 were to teenagers below the age of 19 years (Maseko, 2008).

High rates of teenage pregnancy and parenting are most commonly found in areas of low socioeconomic status (Easterbrooks, Chaudhuri & Gestsdottir, 2005; Letourneau, Stewart & Barnfather, 2004). Given the environment in which most teenage mothers find themselves, they face a vast array of risk factors. These risk factors include living in environments of poverty (Letourneau et al., 2004), economic deprivation, increased risk of domestic violence, increased risk of HIV infection, increased rate of stress and depression (Long, 2009; McDonald et al., 2009), family instability (Letourneau et al., 2004), and lack of employment opportunities (Coley & Chase-Lansdale, 1998). The reason these risk factors are believed to contribute to teenage pregnancy is because living in these conditions often leads to perceptions of limited life choices (Luker, 1996 as cited in Coley & Chase-Lansdale, 1998). This study aimed to collect data from teenage mothers in the Alexandra Township, an area of particularly low socioeconomic status in Gauteng. Alexandra is an area in Johannesburg just three kilometres from the wealthy area of Sandton. It covers an area of 7,6 square kilometres and has a population of approximately 350 000 people (Wilson, n.d.). 70 percent of the population in Alexandra is estimated to be under the age of 35 years (Wilson, n.d.), and 61 percent of the women in the area are between the ages of 18 and 34 years (Isserow &

Everatt, 1998 as cited in Wilson, n.d.). Thus the population of teenage women in Alexandra appears to be fairly high. Finally, the unemployment rate in Alexandra is estimated to be 32 percent of people actively seeking work, and around 60 percent when including people who have stopped looking for work altogether (Wilson, n.d.). These statistics provide a brief description of Alexandra as an extremely densely populated community with high unemployment rates, low socioeconomic status and high numbers of adolescents and young adults. Through asking teenage mothers about their experiences of parenting, insight has been gained into how their experiences of raising a child in such conditions may have been affected by their difficult contextual factors.

High risk living environments are not the only difficulties these teenage mothers may face. Research has shown that teenage mothers are at risk of having infants with problematic attachment patterns (Madigan, Moran & Pederson, 2006). Attachment to caregivers is regarded as one of the most important aspects of an infant's first few years of life. The concept of attachment will be explained in more detail later in this report, but briefly stated it is the primary bond formed between an infant and its caregivers (Corsini, 2002), and the goal of attachment is for the infant to maintain close contact with the attachment figure so as to feel safe from distress and threat (George & Solomon, 1996). Some of the literature surrounding teenage pregnancy suggests that the infants of teenage mothers are at a higher risk of developing attachment problems due to a number of factors that make parenting difficult for teenage mothers. For example, Easterbrooks et al. (2005) argue that adolescent mothers experience high levels of stress and are exposed to numerous risk factors that can potentially make sensitive and emotionally available mothering difficult for them. Emotional availability, sensitivity, attunement and consistency are all factors necessary for secure attachment (Easterbrooks et al., 2005; Joyce, 2005; Siegel, 2001). If teenage mothers struggle to provide such care for their infants, the attachment relationship may suffer, and this in turn may have a negative effect on the infant's ability to develop organised strategies for coping with distress (Madigan et al., 2006). The importance of a secure attachment and the infant's ability to develop organised coping strategies becomes evident in later life as disorganisation may result in a number of different problems in the child (Madigan et al., 2006). Although some authors argue that the infants of teenage mothers are more likely to suffer from attachment difficulties, it is important to acknowledge that there are other authors who argue that in the first few years of life, infants of teenage mothers are no more likely to experience attachment difficulties than infants born to older mothers (Spieker & Bensley, 1994). Given that this debate has not been resolved, further research is vital in order to understand the impact, if any, being a teenage mother has on the attachment she shares with her infant.

One of the factors that has been shown to possibly influence an infant's attachment pattern is that of the mother's internal representations of her infant and her relationship to that infant (Stern-Bruschweiler & Stern 1989). Internal representations held by a mother have also been shown to directly affect the interactional behaviour between mother and infant (Crowell & Feldman, 1989). Thus internal representations give valuable insight into how the mother-infant dyad operates. It is not enough just to assess the overt behavioural interactions between mother and child; one must understand where these behaviours are coming from and what they mean (Zeanah & Barton, 1989). At a more clinical and practical level, the importance of understanding the internal representations held by a mother towards her infant is that it enables a clinician to understand and therefore assess the meaning a child has for its mother, this in turn enables clinicians to develop parent-infant psychotherapy that will meet the specific needs of each mother-infant dyad (Zeanah & Benoit, 1995 as cited in Benoit, Zeanah, Parker, Nicholson & Coolbear, 1997). This study was interested in the internal representations held by teenage mothers of their infants and of the relationship between them. Researching maternal representations is thus valuable given the potential for understanding the relationship between mother and infant better, and in turn being able to assess and possibly improve this relationship. In addition to investigating maternal representations, this study also aimed to understand how teenage mothers experienced being a parent. Understanding such experiences from the mothers' own perspectives is seen to be vital as these experiences of parenting have been shown to inform the internal representations held (George & Solomon, 1996).

Teenage mothers' representations of their infants, as well as their experiences of parenting, are highly under-researched areas, both in South Africa and even internationally. Very little research in South Africa looks specifically at teenage mothers, and only one study looks at teenage mothers' representations and experiences of being pregnant (Maseko, 2008) but not of being a parent. In fact, literature on teenage pregnancy in South Africa only really emerged in the 1980's (Macleod, 1999), and to date has not adequately looked at parenting from the mothers' perspectives. Even in international literature, there has been little research conducted on parents' representations of their infants (Benoit et al., 1997). Given the importance of understanding internal representations and personal experiences, it is important for studies such as this one to try to fill this gap in the literature and especially, to investigate the experiences of marginalised teenage mothers.

1.3 Research Aims

- To understand how adolescent mothers experience being a parent, exploring both the difficulties they face as well as the benefits they may experience in becoming a mother.
- To understand how adolescent mothers feel towards their infants through understanding their representations of their infants and the relationship between them.
- To identify whether there are any connections between adolescent mothers' experiences of mothering and their representations of their infants and the relationship between them.

1.4 Research Questions

- What are adolescent mothers' experiences of being a parent?
- What are adolescent mothers' representations of their infants?
- What are adolescent mothers' representations of their relationships with their infants?
- If any, what are the connections between adolescent mothers' experiences of parenting and their representations of their infant and the relationship with that infant?

1.5 Theoretical Framework

This study has made use of psychoanalytic attachment theory as its theoretical framework. This theoretical framework emphasises the importance of the relationship between mother and infant and explains how secure and insecure attachments are formed (Bowlby, 1969/1982). Within this broad framework of attachment theory, the study also considered the important role of a mother's internal representations of her infant and the relationship between them. A mother's internal representations of her infant and the relationship between them is believed to affect a mother's parenting behaviour as well as the relationship between mother and infant, and therefore has an influential role in the development of attachment between an infant and its mother (Benoit et al., 1997; Zeanah & Barton, 1989). Finally, maternal reflective functioning was considered and its connection to a mother's experience of parenting and her internal representations of her infant and the relationship between them (Slade, 2005). Understanding the relationship between a mother and her infant contributes to understanding her experience of motherhood as a whole and her internal representations of her infant and their relationship. Thus it was felt that this theoretical framework was appropriate for this study as it was interested in teenage mother's experiences of motherhood and their internal representations of their infants and the relationship between them.

1.6 Research Design

This study made use of an interpretive qualitative research design which was appropriate for this study as it was focused on interpretations of people's experiences in order to understand how they understand and make sense of the experiences in their lives. Data was collected through the use of semi-structured interviews which had been adapted from the Parent Development Interview (Aber, Slade, Berger, Bresgi & Kaplan, 1985) and the Working Model of the Child Interview (Zeanah, Benoit & Barton, 1993). This data was then analysed using narrative analysis (Cartwright, 2004; Crossley, 2007) through the hermeneutic lens of psychoanalytic attachment theory. Narrative psychology itself "is concerned with subjectivity and experience, with coming to grips with how a person thinks and feels about what is happening to him/her" (Crossley, 2007, p. 133). Thus narrative analysis was appropriate for this study as it was interested in what teenage mothers think and feel about their infants and their experiences of being a teenage mother.

CHAPTER 2

THEORETICAL FRAMEWORK

2. THEORETICAL FRAMEWORK

2.1 Introduction

This study was conducted using psychoanalytic attachment theory as its theoretical framework. Psychoanalytic attachment theory stresses the importance of the relationship between mother and infant in the first few years of life, and explains how secure attachment is developed. According to Corsini (2002, p. 75), “attachment is the primary and stable relationship that forms between an infant and the primary caregiver during the first 12 months of a child’s life.” This section focuses on attachment from the mother’s perspective, in particular, discussing the role that internal representations and reflective function play.

It is important to note, however, that psychoanalytic psychology has been criticised for not considering the individuality of women’s experiences and has therefore tended to universalise the experiences of women and the meanings of gender (Chodorow, 1995). However, according to Chodorow (1995), how women make meaning of and understand their gender depends on both their psychological process as well as their culture. Thus the meaning of gender, and the meaning of motherhood is unique for each individual and each mother’s experience of her gender and of motherhood will be different. Psychoanalytic theory, however, has tended to generalise the experiences of women, and has therefore not paid enough attention to the individuality of their experiences. While this research has made use of a psychoanalytically informed theoretical framework, it has nonetheless attempted to consider and highlight the individuality of each participant and of their unique experiences of motherhood.

2.2 Secure Attachment

Children are born with a biological capacity to form attachments with a few select caregivers who are close to them (Siegel, 2001). Attachment figures, then, are those few select caregivers with whom the infant attaches, and their role is to provide a sense of safety and relief from distress for the infant. They also help the infant to develop internal representations of the self with the other; representations which ideally should provide the infant with the security needed to make him or her feel that they can explore the world safely (Bowlby, 1969/1982).

According to Bowlby (1969/1982), the primary determinant of the attachment relationship between mother and infant is the quality of the mother’s responses to the infant’s distress. Easterbrooks et al.

(2005) argue that the emotional availability of the mother is seen to be linked to the infant's attachment style. And Moran, Forbes, Evans, Tarabulsky and Madigan (2008, as cited in Long, 2009), believe that differences in attachment are mainly determined by maternal sensitivity. According to Siegel (2001), there are a few basic elements that foster secure attachment: Firstly, the capacity for collaborative, attuned communication. This entails the reading of non-verbal signals by both the mother and the infant. Siegel (2001) terms it 'a joining of two minds'. Secondly, the ability of the attachment figure to recognise communication from the infant, desire to understand this communication, and return it in a way that creates "meaning" for the infant. Thirdly, the ability to repair ruptures in the relationships. Although the mother cannot be perfectly in tune and interpret the infant's communication correctly all the time, this is not detrimental. What becomes vital then is the willingness of the mother to attempt to repair the disruption (Joyce, 2005). Repair will occur naturally if the mother provides "consistent, predictable, reflective, intentional, and mindful caregiving" (Siegel, 2001, p. 79). Lastly, the mother must be able to share the infant's emotions, whether good or bad, and help comfort the infant when he or she feels distressed. Secure attachment can only be achieved if the infant does not feel as if he will be emotionally abandoned when he is in distress. Thus, the infant needs commitment, consistency, reliability, and continuity from his primary caregivers (Joyce, 2005). These are some of the skills required by the infant's attachment figures in order to foster a secure attachment.

In addition to the elements set out by Siegel, Winnicott's (1956 as cited in Joyce, 2005) idea of 'primary maternal preoccupation' describes the heightened sensitivity of a mother who is able to identify with her infant, imagine what he is experiencing and attend to his needs accordingly. This then allows the infant to experience their own feelings in a way that is manageable to them. The idea of 'primary maternal preoccupation' is also seen by attachment theorists as a key factor to fostering secure attachments. Attunement of mother and baby to each other is vital (Joyce, 2005). "Understanding the child's individual needs and style of communicating, taking joy in the child, and being able to soothe the child when he is in distress, are each basic components of the child's relationship with the attachment figure" (Siegel, 2001, p. 78).

2.3 Mother's Attachment State of Mind

The state of mind of the primary caregiver will also influence the attachment relationship. A mother's ability to be an attuned, sensitive, comforting caregiver is determined by her current state of mind with regard to attachment as well as by her own childhood memories. A mother's memories of her own caregivers and childhood experiences is going to play an influential role in the way she

mothers and experiences her own infant (Fraiberg, Adelson & Shapiro, 1980; Main & Hesse, 1990). Mothers who have unresolved traumas and losses experienced in their own childhoods are more likely to foster insecure attachments in their infants (Fonagy, 2001; Main & Hesse, 1990), as they are likely to provoke fear in their infants, and not be able to respond appropriately to their infant's distress (Lyons-Ruth et al., 1999 as cited in Madigan et al., 2006; Main & Hesse, 1990). Thus the mother's past experiences of her own childhood can play a key role in the attachment process. How the mothers in this study remember their childhoods, as well as their current circumstances, played a major role in their attachment with their infants.

2.4 Internal Representations

As stated in the rationale, one of the factors that is believed to possibly affect a child's attachment to their primary caregiver is that of internal representations (Stern-Bruschweiler & Stern 1989). "As we use the term, internal representations are memory 'structures' that re-present a version of lived experience to an individual. They are the internal aspect of relationship patterns that guide external interactional behaviours" (Zeanah & Barton, 1989, p. 137). They are used to create an ordered representation of an array of past experiences, as well as to provide an organized way of anticipating and interpreting future experiences (Zeanah & Barton, 1989). Working models regulate behavioural responses to a situation as well as determine what incoming interpersonal information is focused on; they then give meaning to this interpersonal information and decide what feelings are experienced in response to the given situation (Zeanah & Barton, 1989). In sum, internal representations are formed during childhood and are used to guide future interactions, and are said to inform parenting behaviour (Crowell & Feldman, 1989). This study was interested in looking at the internal representations teenage mothers hold of their infants and the relationship between them. The internal working model of a child, held by its mother, can be thought of as the perceptions and subjective experience held by the mother, as well as the relationship she has with that child (Benoit et al., 1997). It is also important to consider the mother's representation of herself as a parent. A mother will hold a mental representation of both her infant and of herself as a caregiver (Stern-Bruschweiler & Stern, 1989). An adult's perception of self in a care-giving relationship is seen to be shaped by their own experiences of being parented as well as by later experiences in relationships with their own children (Zeanah & Barton, 1989).

Understanding the internal representations a mother holds is also important for understanding the infant. This is because a mother's internal representation, created in her own childhood, will influence the way she responds to and interacts with her own child, and this will in turn affect the

infant's behaviour (Crowell & Feldman, 1989). In addition, adults' mental representations of their own childhood and their attachment relationships determine the type of the attachment that they will form with their own child (Main & Hesse, 1990; Stern-Bruschweiler & Stern 1989). Crowell and Feldman (1989) as well as Main and Hesse (1990) found that the mothers' attachment classifications were associated with their behaviours towards their infants, and that their infants' behaviours correlated with the mothers' behaviours. Thus it is evident that a mother's internal representations inform the way she behaves towards the child which then informs the child's behaviour as well. Understanding a mother's internal representations may even give diagnostic insights into a child's behavioural problems (Crowell & Feldman, 1989).

Understanding internal representations becomes extremely important in the case of poor mother-infant relations. In the case of poor mother-infant relations, parent-infant psychotherapy is possible. In order for therapeutic change to occur within psychodynamic mother-infant therapy, it is vital that the mother's internal representations are changed (Stern-Bruschweiler & Stern, 1989). Thus understanding maternal representations may aid in the improvement of mother-infant interactions and relationships (Sayre, Pianta, Marvin & Saft, 2001). Because internal representations affect the interactional behaviour of the mother towards her infant, it follows that changing the mother's internal representations should effect change on the overt interactional behaviour between her and her infant (Stern-Bruschweiler & Stern, 1989). Thus the goal of parent-infant psychotherapy may focus on changing the mother's internal representations. Changing representations is possible due to the fact that representations are informed by interactional experiences of behaviours (Stern-Bruschweiler & Stern, 1989), and they can therefore change in response to new experiences that contradict previous experiences (George & Solomon, 1996). Mothers who have disturbed relationships with their infants find it difficult to change their internal representations when new information or experiences disconfirm their previously held beliefs (Zeanah & Barton, 1989). Thus understanding the internal representations held by a mother is important not only for understanding the interactional behaviour between her and her infant, but also for changing that behaviour if necessary.

As shown above, understanding the internal representations held by a mother regarding her infant and her relationship to that infant is extremely important. Thus criteria for deciding whether or not a mother's representations will foster a healthy mother-infant relationship are also important. According to George and Solomon (1996), healthy representations that allow a mother to respond to her infant in a sensitive and psychologically available manner are thought to be the following: firstly

the mother must have a positive representation of herself as a caregiver. They propose that such a representation would include “(1) willingness to respond, (2) effectiveness of caregiving strategies, and (3) ability to read and understand signals” (George & Solomon, 1989 as cited in George & Solomon, 1996, p. 200). In addition, a mother with a healthy representation would be able to pick up on and understand information and affect that is relevant to the mother-infant relationship without having to rely on defensive exclusion. Healthy representations therefore would include recognising that the baby is a separate individual with a separate internal experience; recognising that the infant has mental states which include feelings, thoughts, intentions, desires and beliefs; and the ability to link these mental states to the infant’s behaviour in a meaningful and accurate way (Slade, 2005). Thus this is the guideline for representations that will foster a secure attachment in the child.

As stated above, a mother’s own childhood experiences and memories may have a significant influence on her representations of her infant and herself as a mother (George & Solomon, 1996; Stern-Bruschweiler & Stern, 1989). Themes from the mother’s past may even be re-enacted with her own infant. For mothers who have experienced a difficult or traumatic childhood this repetition may be detrimental for her infant (Fraiberg et al., 1980). Given that the mothers in this study came from economically disadvantaged backgrounds which in most cases, although not all, meant a difficult childhood, this seems to have had some form of implication for them and their infants. However, that being said, it is important to consider that a parent’s own childhood experiences are not always repeated (Fraiberg et al., 1980; Main & Hesse, 1990). As stated by Fraiberg et al. (1980, p. 166), “...we have all known young parents who have suffered poverty, brutality, death, desertion, and sometimes the full gamut of childhood horrors, who do not inflict their pain upon their children”. What the authors did find in their work is that in instances where the parent’s childhood traumas had been repeated with their own infant, the parent was able to remember the events of their childhood, but not the associated affective experience. They concluded that perhaps repression of childhood pain is a key element in the intergenerational transmission of childhood experiences (Fraiberg et al., 1980). Thus in order to facilitate healthy mother-infant relationships it is important that within the mother’s internal representations her own childhood is accounted for.

2.5 Parental Reflective Functioning

Another aspect of the mother that has been found to influence attachment, is that of reflective functioning. This is also related to a mother’s internal representations as her internal representations of her child help her to mentalise her child’s internal experience (Slade, 2005). Reflective functioning is the capacity to understand behaviour in light of underlying mental states

(Slade, 2005; Slade, Grienenberger, Bernback, Levy & Locker, 2005). Parental reflective functioning specifically, is a “parent’s capacity to reflect upon her own and her child’s internal mental experience” (Slade, 2005, p. 269). It is essentially the mother’s capacity to understand their child’s feelings, intentions, thoughts, desires and beliefs, and use these mental states to understand and anticipate their behaviour (Fonagy & Target, 1998 as cited in Slade, 2005). According to Fonagy et al (2002, as cited in Slade, 2005), being able to understand our own and others’ internal mental states (thoughts, feelings, intentions and desires), allows us to have intimate and connected relationships with others, while remaining autonomous and separate by knowing what are our own mental experiences and what constitutes others’ mental experiences. In terms of the mother-infant relationship, a mother needs to be able to reflect on what their infant is feeling, why they may be feeling that way and what they are trying to communicate in their behaviour. In addition, “a mother’s capacity to hold in her mind a representation of her child as having feelings, desires, and intentions allows the child to discover his own internal experience via his mother’s representation of it” (Slade, 2005, p. 271). Thus a mother’s capacity to reflect is important as it aids in the development of the infant’s capacity to reflect, which is required in order for the infant to achieve depressive position functioning as well as fostering a secure attachment relationship (Slade, 2005). A mother with a high capacity for reflective functioning is able to see her infant’s experience as separate to her own; recognise that her infant has feelings, thoughts and intentions ; and, importantly, link these mental states to the infant’s behaviour in a meaningful way (Slade, 2005). Mothers with a low capacity for reflective functioning, however, have little idea of their infant’s internal experience, focus on personality and behaviour instead of affect and thoughts; and cannot enter the child’s experience to explain their behaviour which often leads to the mother becoming highly defended and denying the infant’s internal life (Slade, 2005). It is important to note however, that even a mother with a high capacity for reflective functioning may not be reflective all the time (Slade et al., 2005). In addition, in the research setting, an important indication of reflective functioning is the individual’s recognition of mental states in relation to the interviewer (Fonagy et al., 1998 as cited in Slade, 2005). This is an important consideration given that this study took teenage mothers’ capacities for reflective functioning into account and their recognition of the mental states of the interviewer during their interviews was a valuable indicator of their reflective functioning.

Much research has been conducted in order to investigate reflective functioning generally and parental reflective functioning specifically, especially in relation to its impact on attachment. Research conducted by Fonagy et al. (1998 as cited in Slade, 2005) found a great deal of variation in

individuals' capacities for reflective functioning. In particular they found that a parent's capacity for reflective functioning was positively correlated to their childhood attachment experiences. Therefore parents who experienced secure attachment with their caregivers were found to have a high capacity for reflective functioning, while parents who experienced insecure attachment relationships were found to have low capacities for reflective functioning (Fonagy et al., 1998 as cited in Slade, 2005). In addition, research conducted by Slade and colleagues (2005) found a significant relationship between parental reflective functioning and infant attachment. They also found that parental reflective functioning plays a significant role in the intergenerational transmission of attachment; that is the transmission of attachment styles from a parent to their infant. The reason for this is because a mother's capacity to understand her own and her child's mental states enables her to foster a physical and psychological experience of comfort and safety for her infant, thus fostering a secure attachment (Slade et al., 2005). Finally, Slade and colleagues (2005) found that mothers who could coherently describe their own childhood attachment experiences were more likely to be able to understand their own infant's behaviour in relation to their mental states. Finally, research done by Grienberger, Kelly and Slade (2005) found that reflective functioning was inversely related to mother-infant affective communication, which meant that mothers with high reflective functioning tended to have a low level of disruption in mother-infant communication and were therefore able to contain their infants during times of distress. In addition, Grienberger et al. (2005) also found that maternal behaviour, specifically a mother's ability to regulate her infant's distress, mediates the impact of reflective functioning on infant attachment. Thus this research has contributed to the understanding of the importance of maternal reflective functioning and its impact on infant attachment.

2.6 Conclusion

In conclusion, within its theoretical framework, this study has considered the importance of the attachment relationship between a mother and her infant, and the developmental implications of this relationship. Numerous factors have been found to influence an infant's attachment patterns, including the mother's state of mind; her internal representations of her infant and of the relationship between them, as well as her internal representations of herself as a mother; a mother's memories of her own childhood and her own attachment relationship with her caregivers; and her capacity for reflective functioning. All of these factors make up the theoretical framework from which this study was approached.

CHAPTER 3
LITERATURE REVIEW

3. LITERATURE REVIEW

3.1 Introduction

Within this section, this study has considered the literature and research pertaining to teenage mothers' experiences of motherhood. Firstly, the common problems faced by teenage mothers is explored, looking specifically at the difficulties they face in terms of education and employment, and the lack of social support many teenage mothers receive. Secondly, this section explores the important developmental challenges faced by teenage mothers in becoming a mother during the adolescent stage of development. Thirdly, literature pertaining to the factors that have been found to potentially affect teenage mothers' parenting skills is explored. Fourthly, broad conceptualisations of what constitutes a 'good mother' are looked at, and finally, some qualitative research related to teenage motherhood is considered.

3.2 Common Problems Faced by Teenage Mothers

Much of the literature surrounding teenage mothers and teenage mothering looks at the common problems that tend to be experienced by teenage mothers. Some of these problems include limited education, poor employment skills, limited financial resources, living in poverty, higher stress levels, being a single parent, and family instability (Easterbrooks et al., 2005; Letourneau et al., 2004; Long, 2009; McDonald et al., 2009). These factors are all external, contextual factors that affect the teenage mother's daily life and may influence the mother's parenting style and her relationship with her child. However, one of the main questions posed by authors in the literature is whether these problems are influences, or outcomes of teenage pregnancy, and to what extent, if any, they affect the mother-infant dyad.

One such debate within the literature surrounding the problems faced by teenage mothers involves some authors arguing that these problems are negative consequences of teenage mothering (McDonald et al., 2009), while other authors believe that these negative outcomes of teenage parenting have been exaggerated and are not caused by teenage parenting so much as by pre-existing social disadvantages (McDonald et al., 2009). Buchholz and Korn-Burnsztyn (1993) argue that socio-economic status and contextual factors may play a larger role than age in teenage mother's parenting abilities. The mere fact of being a teenage mother may not affect the relationship as much as their home, family, social, cultural, and economic environment does (Easterbrooks et al., 2005). Independent of the stance one takes, it is important to consider the

context of the teenage mother and to consider how much of an impact this context may have on the relationship with her infant. What follows is a detailed discussion of the factors with which many teenage mothers struggle on a daily basis.

3.2.1 Education and Employment

One of the main factors of teenage pregnancy that is believed to have a negative impact on the mother is the disruption of schooling (Macleod, 1999). The disruption of schooling is seen as both a factor contributing to, as well as a perpetuated consequence of, teenage pregnancy. For example, in his research, Maynard (1995 as cited in Coley & Chase-Lansdale, 1998) found that teenagers who were poor students and who lacked educational goals are more likely to become pregnant than teenagers who were successful at school. This research shows that poor education is a factor that may contribute to teenage girls becoming mothers.

Although some literature looks at poor education as a cause for teenage pregnancy, most research conducted in America has indicated that teenage pregnancy tends to have a negative effect on education (Coley & Chase-Lansdale, 1998), thus teenage pregnancy can precede poor education. The consequences of not finishing school and therefore only obtaining a poor education become evident when trying to find employment. Dropping out of school severely impacts the teenage mother's future prospects as low educational achievement can mean limited job opportunities, which in turn may contribute to perpetuating lower economic status (Macleod, 1999). However, it is also important to consider that, the effects of dropping out of school may mean more than just a loss of educational skills for the teenager: it may mean a loss of friends, a loss of support groups, a loss of routine, and perhaps even a loss of previously held dreams and ambitions. On the other hand, dropping out of school due to pregnancy may help the teenager avoid stigma and judgment by peers, it may give them time to prepare for parenthood, it may give them time to be there and look after their child once it is born, and for some it may bring a new dream – to be a good mother for her child. It is therefore important to consider that although dropping out of school prematurely will indeed have considerable impact on the teenage mother's employment future, it may also hold advantages for the new mother.

It is also important to consider that although there is ample literature surrounding the negative consequences of pregnant teenagers dropping out of school, very little research has actually focused on how many teenagers eventually return to school (Macleod, 1999). Kaufman, de Wet and Stadler (2001) found that, in South Africa, teenagers tend to only drop out of school for the year in which

they give birth and then they re-enrol again. Given that a lack of education can have dire consequences for the adolescent mother, further research is needed to confirm whether or not these dropout rates persist, or whether teenagers actually return to school when they are able to do so. Macleod (1999) also argues that when assessing the dropout rate of teenage mothers, it is important to consider the fact that some teenagers leave school prematurely for reasons other than pregnancy, and therefore pregnancy cannot be cited as the only cause for disrupted schooling. Research, both in South Africa and internationally, has shown that, in fact, some teenage mothers had dropped out of school before they conceived (Preston-Whyte & Allen, 1992).

The impact that a lack of schooling may have on these young mothers' future employment prospects is evident, however what still needs to be established is what this means for the mother herself, and her relationship with her infant.

3.2.2 Lack of Social Support

According to Stewart (1993 as cited in Letourneau et al., 2004, p. 515), "social support is defined as interactions with family members, friends, peers, and health professionals that communicate information, esteem, aid, and understanding". Social support is seen as an important part of adolescent parenting. It has been shown to assist with coping, lowering stress levels, and increasing the mother's confidence in herself; whereas a lack of social support is shown to undermine the teenage mother's effectiveness as a parent (Letourneau et al., 2004). It is also seen to be one of the most important factors that contribute to successful mother-infant relationships (Luster, Bates, Fitzgerald et al., 2000 as cited in Letourneau et al., 2004). According to McDonald et al. (2009), teenage mothers tend to lack protective factors, such as ongoing, supportive relationships. Given the importance of social support for both the mother as well as for the mother-infant relationship, this may be a factor that is a pertinent problem for teenage mothers.

As defined above, social support can come from family, friends, peers and professionals, and it can be in the form of practical support or emotional support. Most of the literature focuses on support from family and friends, very little seems to look at support from health professionals. Support from family and friends can be both practical (i.e. a parent may look after the infant so that the mother can go to school), or it can be emotional support. Practical family support is a valuable source of support for many mothers, especially in African cultures as the responsibility for the development of the child is often shared by all family members (Degbey, 1995). Thus the support from a mother's family may be vital in helping her raise her child. The support given by health professionals would

mostly be practical and advice oriented. However, given that most teenage mothers come from economically disadvantaged areas in South Africa, there is a high chance that health professionals accessible to them come from government hospitals and are over worked (Jewkes, Abrahams & Mvo, 1998) and therefore do not have much time for support giving. A study done by Jewkes et al. (1998) found that most patients seeking antenatal care in a few obstetric public health services in the Western Province reported being verbally and even physically abused by the midwives of the clinic. Thus it would seem that health professionals are perhaps not always a sound source of support for teenage mothers, thus they may have to rely more upon their friends and family.

Boult and Cunningham (1992) found that parents and family members of pregnant teenagers most commonly react negatively when told that the teenager is pregnant. Although there may be many cultural, personal and religious reasons for a family's negative reaction, one practical explanation may be that having a child at a young age means that the family who is supporting the parenting teenager now has another mouth to feed and thus scarce resources are further strained (Mkhize, 1995). Ntombela (1992) found however, that although the families of pregnant teenagers often react negatively to the news of pregnancy, they seldom neglect the teenager. This is a vital finding given the importance placed on family support. However, despite the fact that the family may not neglect the teenager and may thus provide practical support, their negative reaction may indicate a lack of emotional support which might have an impact on her relationship with her family and this could potentially influence her parenting experience.

Teenage mothers generally will not have friends to turn to for childcare advice as most of their friends, if not all of them, will not have had children of their own yet. The teenager's mother therefore becomes a very important source of practical support for the teenager (Burke & Liston, 1994). For most first-time mothers, having the help of their own mother is invaluable. However, there does seem to be some discrepancy within the literature as to whether residing with their own mother aids or hinders the parenting practices of teenage mothers (Coley & Chase-Lansdale, 1998). On the one hand, the teenage mothers' own mothers can be a great source of practical support and modelling of parenting practices (Coley & Chase-Lansdale, 1998): she can relieve stress by helping take care of the baby, and can give valuable mothering advice. On the other hand, however, some authors argue that teenagers may battle to accept the help of their own mothers as they then find it difficult to play the roles of both child and mother (Delatte, Orgeron & Preis, 1985 as cited in Letourneau et al., 2004). For example, Shapiro and Mangelsdorf (1994) found that, for teenage mothers, social support may potentially have a negative effect on the mother's maternal

identification as well as on her sense of parental efficacy. Thus support from the teenager's own mother may be seen by some teenagers as a benefit and by others as a hindrance. Again, what is important is what their mother's support means to each individual teenager.

Like most other factors of the teenage mother's environment, having the support of the infant's father has also been shown to have both positive and negative effects on the teenage mother's experience. On the one hand, the father of the child is seen by some mothers as a valuable source of social support (Burke & Liston, 1994), while on the other hand the father can be seen to have a negative impact on the mother's parenting competence (Shapiro & Mangelsdorf, 1994). In a study done by Shapiro and Mangelsdorf (1994), they found that teenagers who had the support of the child's father had lower levels of stress and higher levels of both self-esteem and maternal efficacy. However, Shapiro and Mangelsdorf (1994) also found that for some teenage mothers, having the support of the infant's father corresponded negatively to parenting competence. They hypothesised that this may be due to the fact that the mother then spends less time with her infant, she may have to 'share' the experiential learning opportunities with the father, or she may even resent the attention given to the baby by the father (Shapiro & Mangelsdorf, 1994). Although having the support of the child's father may play an important role in the mother's experience of being a parent, and although there are strong arguments both for and against support from the father, it must be acknowledged that information on the fathers of children born to teenage mothers is in reality scarce (Coley & Chase-Lansdale, 1998).

Social stigma is another factor that surrounds teenage pregnancy and may affect the mother's experience of parenting as well as her relationship with her infant. Such a stigma may affect the teenage mother's perception of social support, and it may also affect her own perception of herself as a young mother. In a study done by Maseko (2008) it was found that all participants viewed teenage pregnancy as wrong, and that they all regretted falling pregnant. This view that teenage pregnancy is wrong may be influenced by social expectations and social stigma.

3.3 Developmental Considerations

According to Easterbrooks et al. (2005), adolescent mothers and their infants face many challenges due to the age and developmental stage of the mothers. Adolescence is a time of creating one's own identity (Hauser, 1991) and developing a sense of independence (Chase-Lansdale, Wakschlag & Brooks-Gunn, 1995). Becoming a parent during this time may severely interfere with these processes and deprive adolescents of the opportunity to explore who they are (Coley & Chase-Lansdale, 1998).

3.3.1 The Adolescent Stage

Adolescence is generally described as the transition between childhood and adulthood (Lerner & Spanier, 1980; McKinney, Fitzgerald & Strommen, 1977). It is seen as a difficult stage due to a lack of clarification regarding the teenager's position in society (McKinney et al., 1977), as an adolescent is no longer seen as a child, but is not yet an adult. This transitional period is seen as a time of opportunities, choice and discovering who you are (Nurmi, 2004); a time of asserting one's own uniqueness and individuality, and differentiating oneself from parents and other authority figures (McKinney et al., 1977). Most importantly, adolescence is a time of constructing one's identity and creating a self-concept (Chase-Lansdale et al, 1995; Hauser, 1991; McKinney et al., 1977; Nurmi, 2004). Erikson (1968) postulates that the most important psychosocial task of adolescent development is to develop a feasible sense of identity that is able to combine childhood identity into a sound adult identity. According to Cote (2009, p. 267), "identity refers to the sameness and continuity of the person's psychological functioning, interpersonal behaviour, and commitments to roles, values and beliefs". This idea of continuity is challenged during adolescence due to a changing body image and changing thought patterns (Erikson as cited in Lerner & Spanier, 1980). In addition, Erikson (as cited in Lerner & Spanier, 1980) states that it is a time when society also starts asking questions regarding who you are and what career path you wish to choose. Thus adolescence is a time of self-definition, figuring out who you are and what you are capable of. In order to achieve this sense of identity Erikson believes the adolescent must find a life path which both fulfils the individual's own goals and interests, as well as fulfilling society's expectations. Adolescents are believed to select their life paths depending on their own personal interests, goals and motives (Nurmi, 2004). Thus it may be the case that some teenage mothers select their life path of being a parent, but what does this mean for those teenage mothers who did not anticipate or select the path of becoming a young parent? The life path an adolescent finds themselves committed to shapes their conceptualisations of themselves and helps them to develop a coherent personal identity (Nurmi, 2004). Thus it seems important for a life path to be desirable and acceptable to the adolescent if they are to develop an accepting identity of themselves. For women who become parents during this adolescent stage, incorporating their identity of being a mother may make identity development somewhat more confusing and difficult.

In addition to being a stage of identity development, adolescence is also a stage of major sexual development, resulting in sexual maturity (McKinney et al., 1977; Susman & Rogol, 2004). This stage, known as puberty, is marked by an increase in stress levels and a flux in emotions, specifically an increase in depressive symptoms (Susman & Rogol, 2004). This stage of sexual development has

been the focus of many developmental theorists. One of the leading theorists in this area was Anna Freud. While she did not necessarily focus on the sexual development in adolescence, her theory of development stems from an increasing genital drive. According to Anna Freud (1969 as cited in Lerner & Spanier, 1980), during adolescence the balance between the id, ego and superego is destroyed. Adolescence is seen by Anna Freud as a time when new pressures are put on the ego which then require new solutions from the individual. Specifically, adolescence is marked by an adult genital drive which then causes unpredictable behaviour as the individual tries to deal with the genital drive, thus the adolescent is required to develop new ego defence mechanisms. Through this process the adolescent develops different ways of thinking that shifts them from a child to an adult. One of the major developmental changes that take place during adolescence is a shift in personal relationships, away from the family and towards peers and dating (Shapiro & Mangelsdorf, 1994). According to Nurmi (2004), adolescence is a time of individuation from one's family, and an increasing amount of time is spent with friends and peers and advice will be sought from them as well as their parents. Attachment relationships take on a slightly different form during adolescence as teenagers are not solely concerned with the relationship with parents, instead they are able to identify and accept similarities and differences between their relationships with their parents, friends and romantic partners (Allen & Land, 1999 as cited in Collins & Laursen, 2004). Although adolescents may identify several attachment relationships, the function of these relationships remains the same, i.e. to provide security and support in order to explore their environment further (Collins & Laursen, 2004). Adolescents may become more likely to look to peers for support, guidance and security during this developmental period, as peers going through the same developmental stage may seem better equipped to understand the individual (Lerner & Spanier, 1980). Thus the support of friends and peers seems to be an important part of adolescent development. As already stated earlier, many teenage mothers may not be able to seek advice and support from their friends and peers as many of them will not have had children of their own yet. In addition, a teenager who becomes a mother may be unable to fully individuate herself from her family as she may be dependent on them for support. This may have an impact on the teenage mother's ability to explore her own individual identity. One final aspect to take into consideration is that during the transition from childhood to adulthood, some adolescents are seen to be given a delay from adult responsibilities (Cote, 2009). In the case of pregnant and parenting adolescents, this delay of adult responsibilities would not only be negated, it would be entirely reversed as they enter the world of adult responsibility early.

3.4 Factors Affecting Parenting Skills

It seems that some of the stigma around teenage pregnancy may originate from the belief that teenage mothers are not fully equipped to be competent parents. However, if teenage mothers are regarded as less competent parents than adult mothers, their developmental challenges and impoverished circumstances must be taken into account. A study done by Graham and McDermott (2006 as cited in McDonald et al., 2009) found that although young mothers felt that parenting was an opportunity rather than an obstacle, their ability to care for their infants was restricted by their difficult circumstances, as well as the social stigma surrounding teenage parenting. Thus when considering parenting competence in teenage mothers it is important to consider the obstacles that teenage mothers face that are perhaps over and above the common difficulties faced by all new mothers.

Some determinants of parenting competence in adult parents include “(1) the psychological health and wellbeing of the parent, (2) structural sources of stress and support, and (3) a confluence of important child characteristics” (Beckwith, 1990; Belsky, 1984 as cited in Shapiro & Mangelsdorf, 1994, p. 623). In addition, some important predictors of appropriate infant development include the intelligence, adjustment, and cognitive ability of the mother (Whitman et al., 2001 as cited in Long, 2009). Emotional availability (Easterbrooks et al., 2005; Long, 2009), sensitivity (Joyce, 2005) and the ability to interpret the infant’s needs (Shapiro & Mangelsdorf, 1994; Siegel, 2001) have also often been cited as vital skills required by the mother of the infant. Emotional availability is seen in mothers who are able to engage with their infants, show positive affect, and who have the capacity to accurately interpret the infant’s emotions. It is absent in mothers who distance themselves from their infants, do not respond to the infant’s desires, vocalisations and movements, and show no positive affect towards the infant (Long, 2009). Based on the results found in their study, Shapiro and Mangelsdorf (1994, p. 637) stated that it may be possible that “the capacity of adolescent mothers to interpret infant emotions is a skill fundamentally important to the development of parenting competence...”. This is in keeping with the literature, as it is this capacity which is fundamental to sensitive, responsive and emotionally available mothering (Easterbrooks et al., 2005).

Research done surrounding teenage mothers’ parenting abilities has shown that teenage mothers tend to be less verbal and less sensitive to their children (Osofsky & Levy, 1998 as cited in Coley & Chase-Lansdale, 1998). They also tend to have unrealistic expectations of their infants and perceive their children to be difficult (Coley & Chase-Lansdale, 1998). It must be considered, however, that

most research done on adolescent mothers' parenting abilities has been conducted during the first few months and years of the child's life; whether or not parenting behaviours change over time has not been researched (Coley & Chase-Lansdale, 1998). In addition, research done regarding teenage parenting has commonly utilised models explaining adult motherhood. According to Shapiro and Mangelsdorf (1994) these models may not be appropriate given that adolescence is a distinct period. Thus it is important to understand the different aspects and difficulties of being a teenage mother when assessing their parenting abilities.

3.5 Conceptualisations of the 'Good Mother'

Historically the dominant role played by women has been conceptualised as that of the mother (Walker, 1995). Despite the fact that gender constructions and gender roles may have altered somewhat, it seems that the role of the mother is still seen as an important role for women these days. One of the reasons for this may be the fact that patriarchal ideologies of gender roles still exist, and within patriarchal societies, have the role of motherhood may be seen as empowering for some women as it is within this role that a woman's power is acknowledged (Walker, 1995). More specifically, research conducted in South Africa has found that African mothers within the township setting are described as the pivot of family life (Campbell, as cited in Walker, 1995). This may indicate that motherhood is an empowering and important part of these women's lives. According to white, Western conceptualisations, the good mother is one who provides both physical and emotional care for her child (Walker, 1995). However, according to research, the conceptualisations of the good mother within Black working-class communities is not of the mother who is involved in the everyday care of the child, but of the mother who financially supports her child and who teaches her child discipline (Walker, 1995). Thus it seems that conceptualisations of the good mother may differ across cultures and contexts, however, given that the parenting responsibilities of a child are shared within the African culture (Degbey, 1995), it may not be surprising that being involved in the everyday care of the child is definitive of a good mother in Black communities. What a woman believes to be a representation of a good mother may influence her own experience of mothering, and specifically, her own representation of herself as a good enough mother.

3.6 Qualitative Research on Teenage Pregnancy

This study was interested in teenage mothers and their representations of their infants and their relationship with that infant, however, there seems to be a gap in the literature here, as not much research has focused on teenage mothers specifically. One study that has been conducted in South Africa by Rubinsztein (1992) found that adolescent mothers had mixed feelings towards their infants: on the one hand they wanted something to love, and on the other hand they rejected the infant. Another study done by Epstein (1980 as cited in Elster, McAnarney & Lamb, 1983), and conducted in America, found three different types of interaction styles between teenage mothers and their infants: the first and most common style is nonverbal interaction. This is where the teenage mother would satisfy the basic physical needs of their infants, but would not verbalize anything to the infant. The second style is that of shared interaction, in which the mother provides both physical and verbal signs of affection. Finally, the third type of mother-infant interaction style found in teenage mothers is directing, which involves mothers who verbally command their infants to do things rather than letting the infant independently explore their environment. Epstein (1980, as cited in Elster et al., 1983) also found that mothers who displayed a shared interaction style tended to report having strong family support. Thus family support may influence the way teenage mothers interact with their infants.

In relation to the specific focus on internal representations, Bowlby (1969/1982) states that emotional, cognitive and behavioural responses within a given relationship are all influenced by internal representations. In support of this claim, a study done by Sayre et al. (2001) on mothers with infants affected by Cerebral Palsy, showed that mothers' representations of their relationships with their infants was significantly related to their parenting behaviour. Thus they concluded that a mother's internal representations guide her behaviours, beliefs and affect within her relationship with her infant (Sayre et al., 2001). Thus it is important to understand a mother's internal representations of her child in order to understand her behavioural responses to her child. Understanding a mother's internal representations gives us insight into where her behaviours are coming from, and what they mean. Additionally, a study conducted in America by Levine and Tuber (1991) found that adolescent mothers' attachment states of mind (as classified by the Adult Attachment Interview) were related to their object-representations (as classified by the Krohn Object Representation Scale for Dreams), and that both of these were related to infant attachment. They concluded therefore that a mother's mental representations may predict the mother-infant attachment relationship (Levine & Tuber, 1991).

There is, however, a potential problem with the research which has been done to investigate teenage mothers' feelings towards their children and their parenting abilities: this is that the studies do not use adult comparison groups, so it may actually be that all new mothers initially display poor parenting abilities, not just teenage mothers (Macleod, 1999). This criticism could potentially be applied to this study as it has not used an adult comparison group, however, this study did not aim to draw conclusions about teenage mother's parenting abilities, it simply aimed to investigate what their experiences and representations were. Thus given the lack of literature on teenage representations specifically, further research in this area is important. In addition to this, research conducted on teenage pregnancy has been criticised for focussing predominantly on the role of women and ignoring the role of men (Meyer, 1991). As a result, the contribution men make to the phenomenon of adolescent pregnancy is under-researched. The implication of this focus on females in teenage pregnancy is a reinforcement of cultural bias that teenage pregnancy and pregnancy prevention is the concern of women and not men, and that women's behaviour is viewed as problematic while men are left unaccountable (Meyer, 1991). Given the limited scope of this research it was not possible to focus on both men and women's experiences of parenthood, and thus this research focused on teenage mothers' experiences, but it did consider the role played by the father of the baby. Finally, the literature and research surrounding teenage pregnancy and teenage experiences in general has tended to generalise the experiences of adolescents. Perry and Pauletti (2011) argue, however, that the experiences of teenagers are influenced by multiple factors within their contexts. Thus it is insufficient to generalise the experiences of teenagers and a more in depth and individual view of teenagers' experiences is necessary.

CHAPTER 4
RESEARCH METHODOLOGY

4. METHODOLOGY

4.1 Research Approach

This study followed an interpretive paradigm. An interpretive paradigm was appropriate for this study as it was focused on interpretations of people's experiences in order to understand how they understand and make sense of the experiences in their lives. The interpretive paradigm is based on the belief that people's realities are understood through experiences, and that these experiences can be known by others through the use of language (Terre Blanche, Kelly & Durrheim, 2006). Thus this study aimed to understand how teenage mothers view their realities of being a parent as well as what their infants and their relationships mean to them, by asking mothers to describe their experiences in an interview setting. The use of a qualitative research design was appropriate for this study as it aimed to understand the participants' perceptions and experiences, and made use of interview data to do so. In order to fulfil the aims of the study, the researcher required rich, in-depth data about subjective, contextual experiences; data which could only be afforded through the use of qualitative research. This study viewed the participant as a key aspect of the research and was concerned with gaining a deeper understanding of the participants' experiences, thus qualitative research was the most appropriate research design for this study. The data gathered in this study was analysed through the theoretical lens of psychoanalytic attachment theory.

4.2 Participants

This study made use of four participants, all of whom reside in Alexandra Township, Gauteng. The reason for this was that Alexandra Township is a low socio-economic area (where higher rates of teenage pregnancy are found), and it was an area accessible to the researcher. Both convenience and snowballing sampling procedures were used to recruit all the participants. Three of the mothers were referred from Ububele, a non-governmental psychotherapy training and resource centre, and the fourth mother was referred by one of the participants. All participants were mothers between the ages of 20 and 22. Their infants were all 4 years or younger with the exception of one mother who had four children ranging from 6 years to 4 months old. The reason for the infant's age criteria is that it was felt that mothers with infants of 4 years or younger should be able to recall their infant's early childhood, and their experiences and representations of motherhood at this early stage sufficiently. In addition, although the age of adolescence is defined differently in different

countries, in South Africa the age of adolescence is generally accepted to be between the ages of 13 and 19 as high school learners generally fall between these ages. Thus this study considered the ages of 13 to 19 to be the age criteria for teenagers. Thus in order to be considered as teenage mothers, the participants had to have given birth to their first infant between the ages of 13 and 19 years. Two of the mothers gave birth at the age of 17 years, one mother gave birth to her first child at the age of 16 years, and the fourth mother gave birth to her infant at the age of 19 years. It is important to consider the difference between younger and older teenagers as there is a significant difference between them (Shapiro & Mangelsdorf, 1994). Thus this study tried to interview mothers who gave birth at different ages, thus looking at both 'older' and 'younger' teenage mothers. In order for the participants to have valuable, rich experiences of parenting as well as established representations of their infants and the relationship between them, all participants were primary caregivers to their infants. In the context of this study, a primary caregiver was considered to be a mother who is responsible for the majority of the parenting tasks such as feeding, changing, bathing, and general care for the infant. She is a mother who spends time with her infant every day, even though she may have help from other caregivers in looking after the infant. A participant who fills such criteria is a mother who spends a lot of time with her infant and would therefore have well developed internal representations of the infant and her relationship with that infant, as well as having everyday experiences of being a teenage mother. Three of the participants can be considered primary caregivers, however, the fourth participant is currently not a primary caregiver as her infant lives with her mother (the infant's grandmother) in another province. The reason she was included in the study was because she had been a primary caregiver until recently and thus it was felt that she would have qualified as a primary caregiver for most of her infant's life. Participants were all individuals from financially disadvantaged backgrounds and they resided in the low socioeconomic community of Alexandra. Due to the fact that higher rates of teenage pregnancy are found in areas of poverty (Dryfoos, 1996), limited access to resources are likely to have affected the participants' experiences of parenting. Thus it was desired that all participants come from a similar socioeconomic community so that their access to resources was similar and thus was not a major variable between their experiences of parenting. Although the population of Alexandra is predominantly non-English speaking, the researcher was only able to converse in English and therefore all participants were able to speak adequate English so as to avoid having to use a translator. The researcher preferred not to make use of a translator as it was felt that much valuable information can be lost in translation. Given the nature of the study, gaining an in-depth understanding of what the participants said as well as how they said it was vital. This may have been

limited if a translator was used, thus it was decided that a translator would not be used and only participants who could converse in English would be interviewed.

The first participant, Beauty, was 21 at the time of the interview and she had given birth to her infant at 19. She currently lived with her own mother, her father, her infant, her sister and her sister's infant. Although she did not live with the father of her baby, they were still in a relationship and he was somewhat involved in his daughter's life. Beauty had completed matric and was busy completing a course at college. Beauty's pregnancy was unplanned, and her infant was full term and delivered by natural birth. The second participant, Lydia, was 20 at the time of the interview and had given birth at 17. She currently lived with her three siblings. She did not have a relationship with the father of her baby and he had very little contact with his child. She had completed Grade 11 and was currently completing a course at college. Lydia's baby was also unplanned, full-term and delivered by natural birth. The third participant, Neriah, was 22 at the time of the interview. She had four children, between the ages of 6 years and 4 months. She had given birth to her first infant at the age of 16. She had completed Grade 11 and was currently completing a six month matric course. She had planned her first child, but not the subsequent three. She had been married before her first infant was born, but when her fourth child was born her husband left her. She had no relationship with him and he had no relationship with his children at the time of the interview, and thus she lived alone with her four children. Her infants were all full-term and delivered by natural birth. The fourth and final participant, Thembi, was 20 at the time of the interview, and she had given birth to her infant at 17. Thembi was currently completing matric, she lived with her four younger siblings and her father while her own mother and her infant lived in the Eastern Cape. Thembi's pregnancy was unplanned, and her baby was born full-term and by a natural delivery.

Although the researcher was aware of some degree of stigma around teenage pregnancy, it turned out to be far more prevalent and pervasive than initially expected. Finding participants willing to speak about being a teenage mother was initially challenging, however the researcher was able to recruit 4 mothers and was sensitive to the possibility of stigma and discomfort speaking about being a teenage mother.

Although the sample size of four participants was small, the sample was appropriate for this study as it allowed the researcher to collect rich, in-depth data. In addition, the study was not concerned with the generalisability of its findings as this is not the aim of qualitative research, thus a small sample size of four participants was adequate for the study conducted.

4.3 Data Collection Procedure

The data collected for this study was in the form of interviews. Semi-structured interviews were chosen as the method of data collection as they are a useful tool for understanding “the psychodynamics and unconscious meaning of many different behaviours, psychological processes, social actions, and life situations” (Cartwright, 2004, p. 211), which is what this study was interested in investigating. Each interview was, with the consent of the participants, audio recorded and transcribed. Thus the final data that was analysed was in the form of transcriptions, and some notes.

In order to collect such data, potential participants had to be identified. With the permission of the Alexandra Clinic Nursing Service Manager, the researcher initially attended the Alexandra Clinic with the Ububele Baby Mat Project. As an introduction to the Baby Mat, a social worker makes an announcement to the mothers in the waiting room of the Well Baby Clinic explaining what the project is and inviting any mothers to come and see them. During this time the researcher also made an announcement briefly explaining what the study entailed and invited young mothers to come and enquire further should they be interested in participating. In addition, the researcher initially attended the clinic and looked for participants in the paediatric ward. No participants meeting the inclusion criteria were found at the Alexandra Clinic, however those mothers that were not teenage mothers that were interested in participating were referred to another student conducting a similar study with older mothers. The reason for the lack of willing participants is unclear as there were young mothers attending the Well Baby Clinic. However, the researcher felt that possibly due to stigma these young mothers were not willing to volunteer. When the researcher went round to ask mothers if they would be interested in participating, the young mothers would put their heads down, avoid eye contact and ignore her. The fact that the announcement was made in public may have been the problem as this would mean that all the other people in the clinic would know that they are teenage mothers if anyone had approached the researcher. Due to the fact that no suitable participants were found at the clinic, the researcher approached a psychologist and a social worker at Ububele to try and recruit participants that had attended the Baby Mat Project at the Alexandra Clinic in the past. The psychologist and the social worker identified mothers who fit the inclusion criteria of the study. Each of these potential participants was contacted by the social worker at Ububele with a brief outline of what the research entailed, and they were asked if they would be interested in participating. Permission was then requested from the women who were interested in participating in the project in order for their contact details to be provided to the researcher. The researcher then made a follow-up phone call to each potential participant to confirm that they would be interested in participating in the study and provided them with any information they

required and answered any questions they had. During the phone call a meeting time and place was set up that was convenient for the participant. The participant was also informed at this point that their transport costs for getting to the Alexandra Clinic for the interview would be reimbursed. The reason for reimbursement was that transportation may be a cost that the participant may have been unable to afford given that they were from an economically disadvantaged area. Since this was the case for all mothers, a reimbursement of R25 for taxi fare was offered. The fourth mother was referred by one of the participants after her interview. Her contact details were given to the researcher and the researcher then contacted her to explain the study and invite her to participate. Again a R25 taxi fare was offered to reimburse her transport costs to the clinic where the interview took place. An important potential limitation to note is the fact that the three participants, who were recruited through Ububele, may have been help-seeking or struggling individuals as they had all attended the Baby Mat Project (which is a service offered by an NGO in the Well Baby Clinic that allows mothers to come and speak to a psychologist about any concerns they may have regarding their infant). The fourth participant, however, was not recruited from Ububele and therefore may not necessarily have been a help-seeking or struggling individual. The most noticeable difference between the three mothers recruited through Ububele and the other mother referred by one of the participants, was the fact that the former three mothers were all extremely willing to talk about their experiences of motherhood and seemed to appreciate the chance to tell their story, whereas the fourth mother seemed completely disinterested in talking about her experience of motherhood and did not seem to find any value in telling her story at all. Thus it is possible that this method of recruiting participants has resulted in a specific sample being utilised and could thus be a limitation of this study.

When the potential participant was met, the researcher provided them with the 'Participant Information Sheet,' (Appendix A) the 'Participant Consent Form' (Appendix B), and the 'Consent to Record and Transcribe Interview' form (Appendix C). Given that none of the participants were minors, they did not require parental consent and thus it was not necessary for the researcher to provide them with the parental consent forms that had initially been developed. The potential participants were then asked to read through the forms, and were invited to ask any further questions they may have had. The researcher also confirmed that the participants had understood all the information contained in the forms, and if anything was unclear they were invited to ask for clarification. Given all the information provided, the participant was able to make an informed decision as to whether or not they wanted to participate in the study.

The interviews conducted were semi-structured interviews and the interview followed an interview schedule (Appendix G) developed by the researcher but adapted from the Working Model of the Child Interview (WMCI) (Zeanah et al., 1993) as well as the Parent Development Interview (PDI) (Aber et al., 1985). The WMCI is an attachment-based interview and the PDI is a psychoanalytic interview, designed to access mothers' capacities to reflect upon their infants' emotional experiences as well as her own experience as a parent (Slade, 2005). The PDI in particular assesses a mother's internal representations of their infant, their relationship with their infant, and their representation of themselves as a mother (Slade, 2005; Slade et al., 2005). Both of these interviews aim to elicit information around events that activate attachment through the use of demand questions that effectively demand reflection from the participant such as questions pertaining to how the infant responds when separated from their mother, why the infant behaves the way they do in such situations, what their relationship is like with their infants etc. Questions such as these provide the researcher with an idea of the participant's capacity to think about their infant's internal experience (Slade, 2005). Some questions from these interviews were adapted for the purpose of this study. Initially one broad question was asked in order to allow the participants freedom to tell their own stories and begin their storied wherever they desired. Thereafter, more specific questions were asked to follow up and clarify any information required. According to Cartwright (2004) the interview should initially be as unstructured as possible in order for the material most salient to the participants to emerge. The researcher thus began the interview with a very open-ended question regarding the participant's experiences of parenting, and paid close attention to the salient themes that initially emerged in response to this question. All the questions on the interview schedule were very broad, open-ended questions that allowed the participant to speak freely about their experiences. Semi-structured interviews allow for the spontaneity of new information to arise from what the participant may speak about while being guided by the interview questions (Cartwright, 2004). Thus the semi-structured interview allowed for the possibility of new and different information to arise in the interviews, while still having guided the participants enough so that the research questions could be answered. All interviews were, with the consent of the participants, recorded using a digital dictaphone. The interviewer also attempted to pay close attention to any feeling states that arose, noting the particular segments of the interview associated with these feelings. All interview recordings were then transcribed and analysed by the researcher.

4.4 Method of Analysis

The method of analysis utilised in this study was narrative analysis through the hermeneutic lens of psychoanalytic attachment theory. Narrative psychology itself "is concerned with subjectivity and

experience, with coming to grips with how a person thinks and feels about what is happening to him/her" (Crossley, 2007, p. 133). Thus narrative analysis was appropriate for this study as it was interested in what teenage mothers think and feel about their infants and their experiences of being a teenage mother. Narrative analysis is interested in learning about other people's narratives and what these narratives may teach us about their psychological worlds (Crossley, 2007). Thus this form of analysis is in keeping with the aim of this study as it was interested in learning about teenage mothers' narratives of being a teenage mother, and what this may tell us about the psychological world of teenage motherhood. Narrative analysis is interested in both the content of the narrative, as well as the way the narrative is told (Cartwright, 2004). According to Cartwright (2004), how the narrative is constructed gives the researcher insight into the interviewee's unconscious processes.

Narrative analysis is concerned with looking at identity construction as well as self-exploration (Crossley, 2007). It entails looking at how an individual understands and constructs their sense of self. These constructions were then viewed through the lens of psychoanalytic theory. According to Taylor (1989 as cited in Crossley, 2007), the self is defined by the ways in which things have significance for individuals. Thus it was important for the researcher to identify what aspects of the teenage mothers' narratives convey significance for them. Such aspects may be identified in a narrative through repetition, emphasis or through the emergence of feeling states (Cartwright, 2007), thus throughout the interview and analysis process the researcher noted repetitions the mothers made, and obvious affects and changes in affect that occurred during the interview. Through the analysis of such repetition, emphasis and attention to affect states, the researcher was able to identify some of the significant aspects of the mothers' narratives.

In order to perform narrative analysis the researcher needs to gain an understanding of the meaning of the interviewee's narrative (Crossley, 2007). This was done through the use of interpretation and engagement with the narrative. According to Crossley (2007), the first step of narrative analysis is to read and reread the interview data so as to become familiar with the content. The researcher therefore began by transcribing the data and then reading and rereading it several times to become familiar with it. Cartwright (2004) also begins with immersing oneself in the data, and then follows three steps of analysis.

The first step of narrative analysis is to record one's own feeling states as well as those of the interviewee (Cartwright, 2004). It is important for the researcher to record their own feeling states even before the interview has begun as this may give the researcher insight into their own

expectations and therefore potential biases when interpreting the data. "Making presuppositions explicit helps further contextualize interpretations when analyzing the interview" (Cartwright, 2004, p. 226). Thus being aware of feeling states prior to the interview will help validate interpretations made later on in the analysis. Looking at both transference and counter-transference states also helps the researcher to contextualise the interpretations made in the analysis (Cartwright, 2004). Thus the recording of feeling states is an important tool as it provides the researcher with a better understanding of the interviewee's lived experience, as well as contextualising the interpretations made during the analysis of the interview data. The researcher attempted to record feeling states and significant changes in affect during the interview, both with regards to herself and the interviewee. These records of feeling states were used to supplement the written data in helping the researcher make appropriate interpretations during the analysis process.

The second step of narrative analysis is to identify core narratives (Cartwright, 2004). This second step involves looking for story lines within the narrative which identify a certain scene (this involves the characters and underlying atmosphere of the narrative) or plot (which involves the actions and motivations of the characters), that is relevant to the topic at hand. According to Cartwright (2004), the core narratives are important as they are seen to represent some aspect of the interviewee's internal world. In this second step of the analysis the researcher must look for repeated themes as these represent stable organising functions of the interviewee. Once the core narratives have been identified, they need to be matched with the recorded transference and counter-transference feelings (Cartwright, 2004). Such themes were identified within each narrative through reading and rereading the data and analysing the core themes that emerged within each narrative. These themes were then compared across narratives to see what themes emerged as common across the narratives with regards to the mothers' experiences and their internal representations.

Finally, the third step of Cartwright's analysis involves exploring identifications and object relations (Cartwright, 2004). This final step involves exploring how the participant locates herself in relation to other objects within the interview. Again this was done through immersion with the data and through supplementing this data with the recorded feeling states.

Thus this study followed the three main steps of analysis as described by Cartwright (2004). In addition, this study made use of the six steps set out by Crossley (2007). These six steps are set out as follows: 1) the researcher familiarised herself with the data through reading and rereading it; 2) important concepts such as tone, imagery and themes were identified; 3) the narrative tone was

identified; 4) narrative themes and images were identified; 5) a coherent story was constructed; and 6) it was written up. As stated above, the researcher began with Crossley's first step of familiarising herself with the data and then used Cartwright's three steps as the foundation for the analysis. Crossley's additional steps were then used to complement the initial analysis so as to give it more depth, and finally a coherent story was constructed and written up.

Through the use of narrative analysis this study aimed to analyse and interpret how teenage mothers experience being mothers, how they feel and think about their infants, and what their relationship with the infant means to them. Narrative analysis afforded the researcher the opportunity to look at not only what the mothers said in the interview, but how they said it and what significance this held, thus it was believed to be the most appropriate method of analysis for this study.

4.4.1 Reflexivity

One of the defining factors of qualitative research is that the researcher plays a key role in the research process and is therefore unable to be an objective observer in the process. While this is one of the great strengths of qualitative research, it does make reflexivity an extremely important part of the research process.

It is important to acknowledge that theoretical assumptions influence the entire interview process, and that pre-understandings of a given phenomenon will shape the researcher's interpretations (Cartwright, 2004). Thus the researcher acknowledged that previous reading around attachment and research on the experiences and representations of teenage mothers, such as the literature and research that informed the theoretical framework and literature review of the study, may have influenced how the researcher interpreted the data. The researcher was aware of their expectation that most of the mothers would report negative experiences of parenting, and made every effort to identify the positive aspects that they mentioned as well. As far as possible the researcher took this expectation into account when analysing the interview data and making interpretations. Theoretical grounding can, however, also facilitate a better understanding of the topic at hand and may therefore grant more informed interpretations of the data (Cartwright, 2004).

The researcher was also aware that context is very important in understanding and interpreting interview data, and that many factors influence the interview context - from the interview setting to the topic chosen. All these factors can potentially influence how the interview is conducted and

responded to by the interviewee (Cartwright, 2004). The researcher must also be mindful of the fact that the same story will be told differently, depending on who is listening (Riessman, 1993). Thus the researcher tried to acknowledge all factors within the interview context that may have influenced the data. In particular the researcher was aware of how her own characteristics of being young, Caucasian, and female may have influenced the interview setting, as well as power relations between the interviewer and interviewee that may have arisen. Within this context, the researcher was aware of her own expectation (developed through discussion with the clinic staff and other researchers, as well as her own experience of recruiting participants) that these young mothers may be reluctant to speak about their motherhood experiences, and found that quite the opposite was true; it seemed that most of the participants valued the opportunity to speak about their experiences. The researcher also acknowledged that her own feelings during the interview process that arose in response to the participants was important. During the first interview with Beauty, the researcher felt a strong sense of admiration and respect for this participant and felt that the participant was able to express herself easily to the researcher, was honest and genuine. The second participant, Lydia, evoked an ambivalent feeling from the researcher which oscillated between admiration and apprehension. This mother seemed a little more restricted than the first mother and made the interviewer feel more cautious in asking questions. The third participant, Neriah, came across as depressed and severely fatigued. The researcher felt a sense of guilt while with this mother as she asked the participant to speak about obviously painful and stressful aspects of her life. The researcher made every effort to be sensitive and empathic towards the participant. The fourth participant, Thembi, evoked a strong feeling of frustration in the researcher. This participant seemed completely disinterested in the interview and the interviewer. The participant was therefore severely restricted in her answers to the interview questions. The researcher was aware of her feelings of frustration and made every effort for these not to impact on the interview. The researcher has taken all of these internal states into account while analysing and interpreting the research data.

4.4.2 Reliability, Validity and Generalisability

One of the main criticisms of qualitative research, a criticism that could potentially be applied to this study, is that the analysis of a few individual narratives does not yield generalisable truths. However, the narrative analyst's response to this is simply that it is not possible to make universal claims about human nature and experiences as it is always changing depending on its context (Crossley, 2007). The aim of qualitative data is not to generate widely generalisable findings, but rather to gain a detailed understanding of subjective, contextual experiences (Crossley, 2007). This study aimed to

gain a deep understanding of the experiences and representations of a few teenage mothers in a specific context. Although these findings may not be generalisable, they may be used as a starting point for future research to expand on in order to investigate whether or not these findings are generalisable across a broader population.

Another concern often raised regarding qualitative research is that of validity. However, according to Riessman (1993, p. 64) “prevailing concepts of verification and procedures for establishing validity (from the experimental model) rely on realist assumptions and consequently are largely irrelevant to narrative studies.” This is not to say, however, that there is no way to evaluate narrative analysis. Instead what narrative analysis, as with all qualitative research, requires, is a degree of truthfulness in its interpretations (Silverman, 2000). Truthfulness in qualitative research can be shown by making the analytical and interpretive procedures explicit to the reader (Silverman, 2000); by showing that the interpretations made are coherent, plausible and persuasive (Crossley, 2007; Riessman, 1993); and by showing that alternative interpretations have been considered (Riessman, 1993). Throughout the research procedure, the researcher has endeavoured to fulfil the above criteria.

Finally, the criticism of a lack of reliability has also been raised regarding qualitative research. Again, reliability is considered to be a factor of quantitative research, whereas qualitative research is concerned with consistency (Silverman, 2000). In order to achieve this, the researcher needs to ensure that the interpretations made are consistent and are not contradicted and there must be a degree of comprehensiveness within the interpretations made (Cartwright, 2004). Again, the researcher has endeavoured to fulfil these criteria of consistency.

4.5 Ethical Considerations

All participants were fully informed about the aims and processes of this study before being interviewed. They were each given a ‘Participant Information Sheet’ (Appendix A) which provided them with adequate information regarding the study so that they were able to make an informed decision about whether or not they wanted to participate. The researcher ensured that all potential participants understood what was contained in the forms so that truly informed consent was obtained before conducting the interview.

Anonymity could not be fully ensured as the interviews were done face-to-face, thus the interviewer knew who the participants were, and direct quotes have (with the permission of the participants)

been used in the final report. However, the researcher could ensure confidentiality and anonymity in the reporting of the data. All participants were fully informed of this, and where possible every opportunity has been taken to keep their interview material confidential (i.e. pseudonyms have been used in direct quotes and all identifying information has been omitted). Thus anonymity and confidentiality were ensured as far as possible.

All participants were asked to give their informed consent to participate in this study. Each potential participant was given a 'Participant Consent Form' (Appendix B) which outlined their rights and asked for their signed consent in order for them to participate. This form explained that participation was voluntary, the participant could withdraw at any time without any consequences, their interview transcript would be anonymised, that the interview data was confidential and no identifying information would be shared with anyone else, that the participant had the right not to answer any questions they did not feel comfortable answering, and that there were no direct risks or benefits to participating in this study.

Participants were also asked to give their consent to have their interviews audio recorded and transcribed. Consent for this was obtained through the use of a 'Consent to Record and Transcribe Interview' form (Appendix C). This form stated that the interview transcripts would be kept confidential, that no one except the researcher would have access to the audio recordings, the audio recordings would be kept securely in the possession of the researcher at all times, that the audio recordings would be destroyed once the report was complete, and finally it stated that direct quotes would be used in the final report, although they would not be referenced as their own and any identifying information would be changed.

Given that the study was interested in teenage mothers, it was anticipated that many of the participants may have been under the age of 18 years, and would thus be considered as minors and would have required parental consent. However, none of the participants were under the age of 18 and thus no parental consent was necessary. In addition, it was anticipated that some of the participants may have been unable to read, in which case all forms would have been read to them. However, all participants were able to read and understand the consent forms given to them and thus the researcher simply had to clarify any questions they had regarding the form that they were provided.

Due to the fact that the sample was made up of fairly new mothers, they were regarded as a vulnerable population. All care was taken to protect the participants and when the researcher picked up any distress that arose in the participant during the interview, the participant was referred to free, accessible counselling services. In addition, a short debriefing was conducted by the researcher at the end of each interview in order to evaluate how each participant experienced the interview. Neriah, the third mother who was interviewed, about whom the researcher felt concerned, was referred for additional counselling support. The participant herself also identified that she needed counselling as she was not coping. The researcher felt that this mother was possibly depressed, thus the participant was referred to (a) the Ububele Umdlezane Parent-Infant Psychotherapy service on 011 786 5085, (b) the Emthonjeni Community Psychology Clinic on 011 717 4513, and (c) the Ububele Baby Mat on 011 786 5085, all of which are free services. The participant was provided with the location and contact details of all of these referral sources so that she may be able to find some counselling that was convenient for her.

This study did not directly harm or benefit the participants. Given that they were asked to travel to the interview site on a scheduled date and that transportation costs were therefore involved, the researcher offered to reimburse them for their transportation costs as they were otherwise unable to afford them. The amount reimbursed was R25 for each participant. The issue of reimbursement was discussed once the participant had verbally agreed to participate in the study. Due to the fact that the participants had to travel to the Clinic to be interviewed it was necessary to offer them reimbursement before they arrived for the interview as they may not have otherwise been able to attend the interview. Once the participant had been interviewed they were given the amount agreed upon for their transportation costs and a 'Compensation Form' (Appendix D) was signed confirming that the participant had received the agreed amount.

The fact that participants were sourced at the Alexandra Clinic, albeit through the Baby Mat Project in the Well Baby Clinic, meant that written permission from the Clinic's Nursing Service Manager had to be obtained. The aims of the study were explained to the Nursing Service Manager and permission was requested through the use of a letter sent to her (Appendix E). The researcher also met with the Nursing Service Manager in person so as to fully inform her about the study and obtain consent from her. As suggested by the Nursing Service Manager, the researcher also met with the nurses in the Well Baby Clinic and the paediatrics department to gain verbal permission from them to find participants in their departments. The study was fully explained to each relevant individual and permission was obtained.

A consideration specific to this study was the fact that one of the mothers arrived to be interviewed with one of her infants. During this interview the researcher was sensitive to the fact that the mother may need a break to feed, change or comfort the child should they have become distressed. All measures were taken not to interfere with the mothers' mothering practices and the mother was informed that she may take a break or stop the interview at any time should she need to. During the interview, however, the baby did not need to be fed or changed, instead the baby slept quietly throughout the interview with only a few intermittent stirrings.

All participants were informed that the information obtained in the interviews was for use in the final report of this study and may be published in journal format which would be available to the public. All participants were informed that a full report of the research would be available at the University of the Witwatersrand, and that a one page summary would be made available to them upon request.

CHAPTER 5
ANALYSIS

5. ANALYSIS

5.1 Introduction

This chapter is a reflection of the results obtained from the analysis of the interview data. Three predominant themes emerged from the data which aim to answer the first three research questions. These main themes are in relation to the participants' experiences of motherhood, their internal representations of their infants, and their internal representations of the relationship between them. Within each of these main themes a number of significant patterns were identified and have been elaborated upon in order to further explore and understand the nuances of the three main themes. Thus both the good and the bad aspects of the mothers' experiences have been explored; both the positive and negative internal representations have been identified; and the similarities and differences between mothers' experiences and internal representations have been extrapolated. This chapter therefore provides an in-depth, nuanced explanation of the findings from the analysis of the interview data.

5.2 "Some of the good things?": Teenage Mothers' Experiences of Motherhood

The first predominant theme that was explored is that of the mothers' experiences of parenting. These experiences include both the challenges faced by the mothers and the positive aspects they have experienced. While there are some common experiences among the four mothers, they spoke about their infants and their experiences of motherhood in different ways. While some mothers found the interviews enjoyable and were able to talk about their infants and their experiences with them with ease, other mothers seemed to struggle to engage with the interviews and therefore found it difficult to talk about their infants and their experiences of motherhood. Thus the interviews elicited different responses from each of the mothers, and while many were able to identify some common challenges and rewards of motherhood, each mother had their own unique overall experience of motherhood.

Most of the participants in the study described their experiences of motherhood as a challenge and as something with which they truly struggled. It seems that becoming a mother was a process for them, one that entailed many new challenges, compromise and loss. For two of the mothers it seemed far easier to identify the challenges of being a mother than the positive aspects.

Neria: "Oh, my experience of being a mom is too hard."

Lydia: "(Laugh), okay fine, like...going to the meetings like, my child is going to the crèche so I need to go to the meetings and like attend you know, ja."

Lydia's quote above was her response to the question of what she liked about being a mother. It seemed as if she felt that she had to tell me something good about being a mother, and when she did, it was in relation to a sense of feeling grown-up that accompanies being a mother. While it is a positive aspect of motherhood related to her own growth and maturity, it was something almost unrelated to her baby. For Beauty, it seems that her experience of motherhood has shifted over time from a negative experience to a predominantly positive one. She was able to identify both the good and the bad aspects of being a mother. For example, she was able to speak with ease about the good aspects of seeing her child grow, but at the same time acknowledged the challenges that come with having a child:

"Cause...every time I wake up I see her she like, she puts her hand on my face, saying hi mummy, like she is 1year 6 months, 7 months, she is starting to talk now. She's beginning to talk and it is nice to hear her bumping, saying wrong words and me correcting her (said very compassionately not authoritatively), no say this and that and that. And the nice part now is that I am teaching her how to poo. So she is like 'mamma ki ta kile.' She has already poed, but I want her to go there (points as if to toilet) but she is telling me when she has done it, she has done it (laugh) So, yoh the challenge ja. Well it is interesting but no, the big, it's all hard work hey."

In contrast, Thembi seemed unable to identify with either the good or the bad experiences of being a mother, she almost seemed disinterested in being a mother and almost lacked a motherhood experience altogether.

Interviewer: "Okay. Can you tell me what it is like, what it's been like for you being a mom? What are some of the good things about being a mom? Thembi: "Some of the good things?"

Interviewer: "Mmm, some of your favourite things about being a mom?" Thembi: "My favourite thing, aaahhh. Sitting with my baby."

When asked what she liked about sitting with her baby she responded:

"Because ah, I don't have some time to go outside. Ja. I'm always indoors. I don't get the chance of going out, doing, drinking booze you know. I don't do that."

This response seemed confusing and superficial, and seemed as if it lacked any emotional relation to her infant. She is unable to keep herself as a mother in mind and instead answers the question in relation to herself as a teenager wanting to go out.

5.2.1 “Being a young mother is not easy”: The Challenges of Teenage Motherhood

The predominant theme that emerged from the interviews is that of motherhood as a challenge. Three mothers identified numerous challenges of motherhood, many of which were exacerbated by the fact that they are teenage mothers. Motherhood seems to have been an incredibly overwhelming experience for all mothers, however, some seem to have adapted to the role of mother better than others, and these mothers seem to be able to identify some positive experiences of being a mother, while others still seem so overwhelmed by the difficulties of motherhood that positive experiences are more difficult to identify. In contrast, one mother, Thembi, seemed to be unable to find anything truly challenging about being a mother, again she seemed to lack either a negative or a positive experience.

Beauty: “So um, challenges hey...ah, they quite, um, many, many, many challenges that I have faced being a teenage mother.”

Lydia: “Being a young mother is not easy.”

Neriah: “As I tell you it is hard now for me to be a mother. Because I am always stressed. I am always stressed. I can’t find happiness in my heart. It is hard.”

The reasons for these difficult experiences in motherhood were many, some of which were shared by the mothers and some of which were individual difficulties. For all mothers, motherhood was difficult as it is seen as hard work and a compromise. They felt they had to put their baby’s needs before their own, and they struggled to provide for their children. For some of the mothers, even the basic maternal tasks of feeding and cleaning the baby were difficult. For example, Beauty stated that:

“The other challenge that I forgot...after giving birth, yo yo yo, breast feeding, it is not easy hey! Taking this breast and putting it in the mouth, it is a challenge to like...when you see someone doing it you just feel like it’s a simple thing...”

For Lydia, motherhood was difficult as she felt isolated from others; she felt unable to talk to her friends, her parents left her in the hospital, and the baby's father does not help to support the baby in any way. Therefore, one of the difficulties for her is feeling isolated and having to take care of her baby alone. For Neriah, the difficulties of motherhood are also her isolation, she has to take care of four children on her own with no help. The only time she is not feeling stressed and overwhelmed is when her children are at school. For her, motherhood is so stressful it seems unpleasant and overwhelming:

"I am so stressed. I am not happy at all with my life. I have these things stressing me a lot. Stressing me a lot."

Finally, most of the mothers identified the fact that being a teenager made their experiences of motherhood more difficult as they felt unprepared to be mothers, unsure of what to do, and the fact that they are unable to support their children is difficult for them. When asked how she thought being a teenager influenced her experience of being a mother, Neriah replied:

"That one, eh I don't know that one. How do I explain it? Eh...eh...there are too many things that make it harder...there are too many things. Too many. Some teenagers they are happy. But some they are not happy like me. It is too hard."

The isolation aspect of motherhood seemed to be particularly difficult being teenagers as, as Thembi's comment reflects:

"Like okay, if you are an adult you must be able to provide for, if you are at school and you are still young it is a little bit difficult to like even go out you know."

5.2.2 "I thought that happened to older people": Teenage Mothers' Identity Tensions

Another theme that arose in relation to teenage mothers' experiences of motherhood was the challenge they faced in being both a teenager and a mother. This theme produced a number of sub-themes which all related to the challenges of being both a teenager and a mother. These subthemes include their identification with their own mothers, their identities of themselves as teenagers, the loss they have experienced in becoming mothers, their own needs that have gone unmet, their need for the support of their own mothers, and the challenges they have faced in trying to provide for their infants. All of these sub-themes have contributed to their experiences of motherhood and specifically to the challenges they faced being a mother and a teenager at the same time.

Given that these mothers all had their children before the age of 19, they are all teenage mothers, thus grappling with the difficulties of adolescence and identity formation. These mothers therefore had to simultaneously establish their identity as a teenager as well as their identity as a mother. It seemed that for all the participants this was a difficult task as the two identities often came into conflict with one another, thus there was often a split between their identity as a teenager and their identity as a mother. This split, however, differed for each participant with two participants identifying themselves predominantly as mothers and two identifying themselves predominantly as teenagers. Despite the fact that the participants differ in their identities of themselves, they all expressed a tension between their identity as a teenager and their identity as a mother.

Beauty: "You know I'm also a teenage, 21 and I got her when I was 19 hey so it was...like I had a life outside there and I can't be here with her. Just wanna go there. There was this time on the 31st December 2009, yo I cried hey! 'Cause everyone, she was 2 weeks then, everyone was outside, 'Happy New Year!' yo! Everyone was happy, uh, while me I was inside at home with the baby alone, you know, I cried hey! So much. 'Cause I'm like 'no I don't need, I don't have somewhere to go'. But you know, as time, time went on and on you know that love. You know now I would kill, kill a person who would take my baby. That's the way I feel now. I love her so much. She is the centre of my world hey! She is everything to me. She puts a smile on my face every time."

One of the most commonly identified tensions between being a teenager and being a mother was the idea that motherhood is for adults, and that young women such as themselves are not meant to become mothers. This was a common belief for all the participants; an identity tension with which all of them have had to grapple, in order to try to establish their own identities of being a mother and being a teenager.

Lydia: "When you become a mom, like you are not like that young child anymore."

Thembi: "I never thought that I would be pregnant. I thought that that happened to older people."

For some mothers this tension was reconcilable, for example, Beauty has shaped her identity from a teenager to a mother, but is still able to identify the difficulties she faces in being a teenage mother and the fact that there are things she would like as a teenager that she has sacrificed in order to be a mother. When interviewed she even came across as mature for her age, she did not seem like a teenager at all. For Neriah, however, it seems that she has almost completely shed her teenage identity and almost exclusively identifies herself as a mother. However Lydia and Thembi came

across as more resistant to grappling with the ambivalence of being a mother, and having to reconcile these identities. Perhaps acknowledging this ambivalence and the tension between these two identities feels too difficult for them at this stage. While Lydia was able to acknowledge certain difficulties about mothering, Thembi seemed unable to even think about her experiences at all.

Interviewer: “And do you think that if you didn’t have a baby would your life be different? How do you think it would be different?” Thembi: (Pause). “Okay I don’t know.”

5.2.2.1 “I feel their pain”: Teenage Mothers’ Identification with their Own Mothers

In establishing their own identity as a mother, it seems that the participants may have internalised aspects of their own mothers. For the two participants who have established a strong identity of themselves as a mother, they also seem to strongly identify with their own mothers. However, the two participants who have not fully established an identity of themselves as a mother do not show any evidence of identifying with their own mothers. For Beauty, this identification with her own mother seems to be an empathic identification where she is able to reflect on the challenges that her mother must have faced in being a mother to her and her siblings.

Beauty: “I have really grown and it has taught me I can think for other people, I think for my parents. I know what challenges are they going through, ‘cause I know now if my baby doesn’t have something I know the pain, I feel their pain that they have been feeling all of these years raising up the three of us.”

Neriah seems to strongly identify with her mother’s stress and is therefore sensitive to the fact that she is still dependent on her mother and that her mother is still supporting her. Given how stressful she finds it being a mother, she seems to identify that her mother must be feeling the same stress about having to look after her as she feels about her children.

Neriah: “I feel like I am stressing her too much, I am giving her too much stress. ‘Cause she doesn’t have money and I ask her for money. And because she is my mother she feels she must go and satisfy my needs while her needs are not satisfied. You see. I am becoming stressed.”

For Lydia and Thembi, they do not identify with their own mothers as the other two participants have. Instead, they identify their own mothers as mothers, and themselves as teenagers. Thus they do not seem to see themselves as similar to their own mothers in any way as their mothers are the adults that look after children while they are teenagers.

Interviewer: “And now that you’ve had the baby has she shown you like, how to bath the baby and feed her, all those things that you need to learn in the beginning?” Thembi: “Ja but then she was doing it for me.”

5.2.2.2 *“I’m a teenage girl”: Retaining and Restructuring the Identity of a Teenager*

Given the difficulty the participants experienced in trying to reconcile the tension between their identities as mothers and their identities as teenagers, it is clear that all of them have some identification of themselves as a teenager, however, the strength of this identity differs for each participant. It seems that three of the four participants were incredibly resistant to becoming mothers and even considered aborting their pregnancies. For the fourth participant, however, she had planned her pregnancies and therefore does not display the same resistance to becoming a mother.

Beauty: “Um it has changed a lot ‘cause at first I was like ‘why did I bring this baby to this world?’”

Lydia: “Then I go like when I go home I would cry, ‘oh I am pregnant’. The tummy was growing big and I didn’t know what to do and I was thinking about...maybe getting an abortion, but I didn’t, no I can’t.”

This initial resistance towards becoming a mother seemed to be related to their identities as teenagers. The two participants that still identify themselves more strongly as teenagers than as mothers seemed highly resistant to becoming mothers, while the two participants that are not as strongly identified as teenagers seemed to have accepted their role as a mother. However, even for these latter mothers, there are still aspects of themselves that they can identify as adolescent.

Beauty: “I’m a girl, I also like clothes, I’m still young, I’m a teenage girl, also wanna be nice, wear nice things.”

For the two participants that are still strongly identified as teenagers, it seems that their own mothers have played an influential role in this as they have taken over the mothering tasks, thus allowing their daughters (the participants) to remain teenagers. These mothers seem resistant to even the basic tasks of a mother and therefore remain more identified as teenagers than as mothers.

Thembi: "Sometimes like when you need this time to go out and have fun, when you can't 'cause you need to find somebody who is going to take care of her while you are out. So ja."

Lydia: "It's okay for me like, I used to say okay, this is the time for me to enjoy you know. Have fun alone without him, things like that."

5.2.2.3 "I had to cut myself out 'cause I had to be there with my baby": Loss Experienced by Teenage Mothers

All the participants seem to have experienced a significant sense of loss due to them becoming mothers. For all of them this loss included aspects such as a loss of sleep and a loss of their own time. These are normal feelings experienced by all new mothers. However, these mothers also experienced a loss of their youth, their freedom and their lifestyle. They could not longer go out with their friends, they could no longer go out drinking, they no longer had the freedom to do what they wanted, instead they had to stay home and take care of their babies. For some having a baby also meant the loss of romantic relationships as well as a possible loss of their own dreams such as finishing school.

Interviewer: "How do you think it would have been different...if you had given him to the grannies or to your mum?" Lydia: "Like, I was like, I was, for that, for that moment maybe I was going to be free."

Thembi: "Because ah, I don't have some time to go outside. Ja. I'm always indoors. I don't get the chance of going out, doing, drinking booze you know. I don't do that."

An interesting difference between the participants, however, is their feeling towards this loss. Most of the participants seemed to express some resentment about having to give up their freedom and their lifestyle for their baby. For Beauty, however, this change seemed to be perceived more as an adjustment than a loss. She did not speak in a resentful way about what she has lost. She seemed content with the way her life has had to change to accommodate her baby.

Beauty: "Ja, ja, it was a huge, huge adjustment 'cause, I was playing for Gauteng netball, so I had to stop. With no friends, going out with my friends, I had to cut myself out 'cause I had to be there with my baby. So eish there was a lot of adjustment. I stopped going from church, 'cause I had to like...I had to make sure she grows first before we go back to church."

An important factor that was mentioned by all the participants was the feeling that they have lost their freedom to be dependent on their parents as they now need to be independent in order to provide for their own children.

5.2.2.4 *“You need some love too. Nobody gives you that love”*: Mothers Identify their Own Unmet Needs

A particularly interesting finding that arose from the analysis of the interviews is that the two mothers who seem to identify themselves less as teenagers and more as mothers, i.e. Beauty and Neriah, seem to be the two that indicated that they still need the care of their own parents. This seems contradictory to their identifications of themselves as mothers and not teenagers as it is generally teenagers who need support from their own parents. However, perhaps this shows that these two mothers, unlike the other two, are able to acknowledge their own needs. It seems that the difference between these two mothers, however, is the fact that Beauty feels that although she still needs the support of her parents, her needs are being met by her own parents; whereas for Neriah it seems that her needs are not currently being met due to the fact that the needs of her children are put above her own needs as a mother.

Beauty: “I don’t mind my family supporting me.”

Neriah: “Ja. It is harder. Because of the grown up will be stressed with too much kids in the house, and you, you still need some care. You see. You give all the love to your kids and you, you need some love too. Nobody gives you that love.”

5.2.2.5 *“I do have a mother who is helping take care of him”*: Young Mothers Need the Support of their Own Mothers

Another need expressed by most of the mothers was a need for their own mother to help them. This need was related to two different aspects of their experiences. Firstly, all of the mothers identified that they needed their own mother to help them take care of the baby. This type of help seemed to be quite practical in that they often needed their own mother to help them look after the baby; and, especially soon after the birth, they needed their own mothers to show them how to be mothers.

Interviewer: “And now that you’ve had the baby has she shown you like, how to bath the baby and feed her, all those things that you need to learn in the beginning?” Thembi: “Ja but then she was doing it for me.”

Lydia: “But I do have a mother who is helping take care of him.”

For two mothers, they needed their own mothers to help them accept the fact that they were now mothers. Both mothers seem to have experienced an initial resistance to becoming a mother and therefore describe needing their own mother to push them to accept this role and look after their babies.

Beauty: “When she cried at night I would like take her and put her away and go to sleep and my mum would come to my room and say ‘no, you don’t have to do that. Just love your baby, while she is here she’s here. Like give her the love she needs. Then she will be a good kid hey.’”

Lydia: “I was thinking about taking the child and giving him to the grannies you know, or my mum. But my mum she refused, she said ‘take care of your child.’”

For some mothers, this need for help from their own mothers has led to a feeling of being a burden on their mothers. They seem to express regret for the fact that they have to depend on their own mothers for support and therefore feel that they are a burden on their own mothers.

Neriah: “Because of, my mum, once went into a depression and was taking pills for depression. And so I can tell that I am putting her into too much stress again, now I come as another stress.”

5.2.2.6 “There is so much I want to do for my baby”: Young Mothers’ Challenge to Provide for their Infants

One of the most prominent difficulties experienced in being a young mother was the fact that these mothers were not independent and therefore could not provide for their babies as they would like to. All the mothers identified this as an aspect of being a teenager that made being a mother more difficult and it seems to have been a central theme to their experiences of being mothers. For most mothers the inability to independently provide for their infants seemed to result in a feeling of inadequacy. This may be linked to their belief that mothers should be able to provide for their children. Therefore, given the belief that they should be able to provide for their children and their

inability to do so, they feel that they are not good enough mothers to their children, despite their best attempts to provide.

Beauty: “But one thing I wanna like...tell is that I’d love, love to be independent, there is so much I want to do for my baby, there is so much hey. So to like my hard work, and every time when I am at school you know writing an exam I am thinking that I have to pass hey, for her. For me to be independent, for me to be able to do a good thing for her.”

Neriah: “Because I don’t even work. It is stressing me that one. Because I can’t work for my kids. If I was working I wouldn’t stress too much. Because I need help with these two for the boarding school. If they go to the boarding school then I will be left with these two then I can take them to the day care so I would go and look for a job.”

Thembi: “Like okay, if you are an adult you must be able to provide for, if you are at school and you are still young it is a little bit difficult to like even go out you know.”

Despite the fact that all the mothers identified their inability to be independent and provide for their babies, it seems that there is a slight difference between how strongly this inability affects them. For Beauty and Neriah it seems that this is an important factor to them which, as stated above, results in feelings of inadequacy. Also evident from their quotes above is the fact that they want to be able to provide for their babies and hope to be working at doing so. For Lydia and Thembi, however, this inability to provide does not seem to have affected their view of themselves as mothers and they have not shown active signs of working towards being able to provide. It seems for them that this is just a part of being a young mother.

5.2.3 “I am going to take care of him you know”: Young Mothers’ Struggle to be a Good Enough Mother

In their experiences of motherhood, most of the mothers identified aspects of motherhood that they felt represented good enough mothers. Each mother had her own idea of what a good enough mother should be like, but some of the common ideas that arose within this theme were the ability to identify oneself as a mother, the fact that becoming a good mother required change, and the importance of having different types of support from a number of sources to help them become good enough mothers.

Despite their fairly clear ideas of what represented a good enough mother, in most cases these mothers struggled to feel like they were good enough mothers to their babies. Often this was linked

to their inability to provide for their babies, especially in comparison to how other parents are able to provide.

Neriah: "Some kids they will come like 'mum, Thabo said his dad buy him a Danon.' I don't have that cash to buy them Danon you see. It is stressing a lot."

Neriah: "I like that being a mum. It's just that I can't afford anything. If I had something then I would be much better, I will show that I am more happier to be a mum."

Other factors that some mothers identified included the idea that a good mother was one that did not show their baby their stress or pain. Good mothers therefore only show positive emotions to their infants so as to not distress their infants.

Beauty: "I make sure that even if I'm under a severe stress I adjust when it comes to her. I laugh with her, 'cause a baby is something, if I am angry she can feel it. She changes her mood, she starts being, crying and stuff. So I make sure whatever is stressing me, when it comes to my baby I don't have to show that to her. It is an important thing to me. Like laugh with her (inaudible), show her that I love her very much."

It seemed important for some mothers that their babies know that they are good mothers, or at least that they are trying to be good mothers. This seemed as if it may be a way for the mothers to convince themselves (and the interviewer perhaps) that they are good enough mothers despite their flaws.

Beauty: "...she knows that I am committed to so many things. So when I go and say bye to her she's like, 'bye mummy' she knows that I will be back for her you know. So our, our bond is a bit strong, strong, very, very strong. She understands me and I understand her. Well, you would say that I am talking about a 12 year baby but she's 1 year 7 months, but that's how things are."

Lydia: "I am going to take care of him you know. When I grow up..."

Thus for most of these mothers being a good enough mother entails a number of different demands that they perhaps don't feel they currently fulfil, but that they are trying to fulfil, and therefore they are trying to be good enough mothers.

5.2.3.1 *“Noma kanjane this is my baby”*: Identifying One’s Self as a Mother

As seen previously in the split between the mothers who identified themselves more strongly as teenagers, so too is there a split between the mothers in their identities as mothers. Despite all the challenges and difficult experiences of being mothers, Beauty and Neriah have integrated their identities as mothers and seem to predominantly identify themselves as such. Interestingly, despite Beauty’s initial resistance to becoming a mother she seems to have adapted to the role of motherhood and now strongly identifies herself as a mother. She sees herself not as a teenager anymore, but as a woman who has matured and grown-up to become a mother.

Beauty: “So I am very very, you know, very mature and even when I am with my friends, when they do silly things I am like ‘no you guys, stop that, stop teasing people’, and they are like ‘how wena, now you are old, an old mother.’”

With Beauty’s strong identification of herself as a mother comes a need to almost claim her motherhood, to reinforce the fact that the baby is hers and therefore that she is a mother. This could perhaps stem from her initial concerns that her baby was going to prefer her own mother to herself (a topic to be discussed in detail later), or perhaps it is her way of asserting her mother role and the importance this holds for her.

Beauty: “There’s this bond that is like ‘noma kanjane this is my baby.’ No matter what this is my baby, she is mine...no matter what happens no matter what what challenges I face, what stress I am going through, this is my baby and I love her.”

For Neriah, this identification was perhaps more natural as she had planned to be a mother and had initially wanted the role of motherhood. She therefore did not experience the initial resistance that the other mothers experienced and, despite the challenges she experiences of being a mother, she has identified herself as a mother more than a teenager. Her identification of herself as a mother is evident in her genuine care and concern for her children when she sees them distressed:

“But, it is stressing me, a lot, to see my kids like this.”

“It’s hard because of, I am at school I am thinking my kids, maybe they didn’t run into the street. I am at school but heart is not at school it is at home you see.”

For the other two mothers it seems that they have not fully integrated motherhood into their identities and they identify themselves more strongly as teenagers rather than mothers. Lydia seems to identify herself predominantly as a teenager, however she did occasionally indicate some

identification of herself as a mother, however this was then usually followed by a statement that minimised her active role as a mother:

“...but I realised that this is my own child. But I do have a mother who is helping take care of him.”

Perhaps for Lydia, her own mother’s role in helping her take care of her baby has meant that she has not had to become a full-time mother and has therefore not had to identify herself as a mother as strongly as Beauty and Neriah. The same could be true for Thembi, however she seems completely resistant to being a mother and did not show any genuine indications of identifying herself as a mother. She seemed to have no connection with her baby and there was an absence of maternal preoccupation. When asked to relate a story of her baby that she liked she replied:

“I don’t remember.”

Interviewer: “Okay. Can you tell me about a time when you felt very close to her, when you felt like you two were quite connected to each other?” Thembi: (Pause). “I don’t know.”

Interviewer: “You don’t know. Okay, can you think of a time maybe when you didn’t feel close to her?” Thembi: “Eih, no. I don’t feel close to her.”

5.2.3.2 *“Like you do get used to it”: Becoming a Mother Involves Change*

Two of the mothers, Beauty and Lydia, have seen motherhood as something that they have had to adjust to and learn, and something that has changed them as individuals. Motherhood is something that placed new demands on them, demands that they had to learn to cope with and accept. It seems that their ideas of motherhood and becoming a mother have changed over time as they learnt to accept the reality of their situation. When speaking about this change Beauty seemed to view it as a positive adjustment that she had to make in her life, whereas for Lydia it seemed more forced; she had no choice but to accept it.

Beauty: “Ja it is not something that can be natural, you have to practice.”

Beauty: “At first I regretted being pregnant, but now like...it is a privilege for me to be a parent hey.”

Beauty: “Well, uh...At first you are sort of...I took it as, no it was a bad thing, you know. Um, it was wrong, why did I have to do that? I am still young. But now it has helped me. I have really grown and it has taught me I can think for other people, I think for my parents.”

Lydia: “For me, ah, there is nothing wrong about being a mom. Like you do get used to it. It might be hard or difficult, it is something that you have to develop it from within you, ja.”

This theme of having to change to become a mother was not evident in the interviews with Neriah or Thembi. This may be due to the fact that neither of them feel they have changed as Neriah was expecting to be a mother and was therefore prepared for the changes, while Thembi has perhaps not had to change as she does not see herself as a mother, and her lifestyle has not had to change to accommodate her baby as her mother looks after her.

5.2.3.3 “She supported me”: The Importance of Support from their Own Mothers and Others

In becoming good enough mothers, these mothers were able to identify a number of important sources of support that they either had or required. The most important of these was the support they received from their own mothers. However, each mother also identified other sources of support including support from their friends, neighbours and from the father of their babies; and a number of different types of support including financial, emotional and practical support.

In learning to become mothers and learning how to perform maternal tasks such as feeding, and cleaning the baby, all of the mothers identified that their own mothers had been an important source of support. While each mother had gained some support from their own mothers, it seems that some gained more support than others. For Beauty and Neriah, they simply identified that their mothers have been a source of support to them:

Beauty: “I was like mum, eish, I am craving for a yoghurt, and she would like bring six yoghurts from work. Mum I want these, she was like buying that for me, going with me to my check ups.”

Neriah: “Because of, my mum...she is the one who is helping me...”

For Lydia and Thembi, however, their own mothers’ support seems to have played an important role in shaping their own identities as mothers and their abilities to retain their identities as teenagers. This is because it seems that their own mothers were such an important source of support that they have been able to rely heavily on their mothers to take care of their babies while they retain their adolescent lifestyles. Due to the intense support of their own mothers, these two mothers essentially have not had to be full-time mothers. This may have had a strong influence in their identities (or lack thereof) of being mothers.

Lydia: "Like at the night ne, she was, she was taking care of him when I was sleeping. Then in the morning it was my turn. But I usually go to school and I was away then too, so I left him with my mum. So she supported me."

Lydia: "Yes, like...on the weekends. Even when like right now 'cause I am going to the college it's not like...each and every weekend he is going to my mum, I only see him Monday to Friday only. From Friday to Sunday he goes to my mum."

Interviewer: "And now that you've had the baby has she shown you like, how to bath the baby and feed her, all those things that you need to learn in the beginning?" Thambi: "Ja but then she was doing it for me."

Thambi: "Ah...like, I'm not staying with her now, she is staying with my mother. My mother is in the Eastern Cape so she comes here on the June holidays. We do have a relationship cause like when my mother used to call and she would want to talk to me."

In addition to the support they received from their own mothers, the mothers were able to identify a number of other important sources of support which they either relied upon or felt they required. The four other sources of support were the baby's father, the father's family, friends, and the community around them. The mothers also identified three different types of support that they received or required, these were financial support, emotional support and practical support (help looking after the baby). Every mother identified financial support as the most important and most needed source of support. This is due to the fact that they are not independent and not working to earn enough money to provide for their infants.

Neriah: "These three, they don't go into the day care. I stay with them in the house. The other one is going at school, the 6 year old one. He goes to school. These three I don't have even enough cash to take them to a day care. You see. Because when I get this grant money I buy food for them. I don't have much cash over to take them to a day care. And the second born, next year she is going to school. That's why I need some help, so to help me to take my kids to a boarding school."

Lydia: "Right now like, for him ne, I need someone who is going to buy him clothes you know, something he needs while I do not have money."

The support received from the father of the baby differed between the mothers as only one mother received support from the father of her baby and this was in the form of emotional support. Two mothers received financial support from the father's family, while the other received no support at

all from the father or his family. For two mothers, their neighbours were a source of practical support as they would occasionally look after the babies for them. In addition, two mothers received grants which they deemed an important source of support as it provided some financial support, however this was not enough for either of them and thus further financial support was still desired. Finally, for one mother, her friends were seen as a valuable source of support, and seemed to mediate the difficulties she experience in becoming a mother.

Lydia: "There is a little bit of trouble right now...since like, oh I used to go to his granny. And you know, get milk and pampers and blankets and things like that, his granny used to help me with this sort of thing but right now they don't. But the father is not taking care of him at all."

Interviewer: "And who else supports you as a mom, in being a mother, who else supports you?" Thembi: "Mmmm...my next door neighbour...They will come sometimes they will take my baby like while, when my mum is not there, she will come and I will do everything, the housework and everything, and then she will bring her up here and everything. Sometimes my mother won't be able to look after her while I am at school, then they will take her in and take care of her."

Beauty: "I had very very, supportive friends who were there. They have been there for me, nothing changed with them, they came to me even though I couldn't come to them. They came to me telling me how was their time when they were out, it was nice...so they have always like accommodated me and everything. So I have never felt left alone or you know like that side, like maybe they will now, they were fine. And I know it sounds strange but I, I, I, I still have them as my friends, they are still there for me; nothing really changed."

5.2.4 "I don't want them to be stressed like I was stressed in my childhood": Teenage Mothers Re-Evaluate their Own Childhoods

For all the mothers, it seemed that having their own child has made them re-evaluate their own childhood. Thembi, however, who struggled to identify herself as a mother and seemed disconnected from her baby and unable to talk about her, also seemed unable to reflect on this re-evaluation and resisted thinking about her own childhood altogether:

Interviewer: "Okay. And did you have a good childhood; was it nice, not so nice?" Thembi: "It was nice" Interviewer: "Are there any experiences that you, from your childhood that you

would want your daughter to experience as well?" Thembi: "From mine? (Pause) No."

Interviewer: "Not? Is there anything that you don't want her to experience? Anything that you went through that you don't want her to experience?" Thembi: "Ja."

For the other three mothers, their own childhood experiences were reflected on in terms of what they want for their babies. Most of them expressed a desire to be better mothers than their own mothers. This was especially evident when asking them what they worried about when they weren't with their babies, they related that they were worried that their mothers would not care for the baby the way they did.

Beauty: "So my mother knows she, she has been a mum for like 25 years now, but I still feel insecure when she is with her, when she is with them like, no they will leave her crying, they won't feed her the way I feed her."

Lydia: "I keep asking myself, like right now he is with my mum, I keep asking myself like is she going to take care of him the way I used to you know?"

Mostly, their hopes for their own babies were directly related to their own experiences of being children. Most commonly, the mothers wanted to protect their babies from the negative aspects they experienced in their own childhoods. It seems that repetitions from their own childhood were already occurring for some and for others they were determined to prevent these experiences from repeating themselves with their own children.

Interviewer: "Are there any experiences from your childhood that you wouldn't want her to experience?" Beauty: "So much...so much...You know. Leaving her without...anything to eat, you know, money for bread...Uh, nothing for her to eat, no bread. You know I like, I am a person who likes nice food. But for now I can't get that 'cause my mum can't afford it. So I would love her to have everything that she needs you know. I don't want her to be that spoiled brat, but I want her to have everything as like every child out there. I don't want to see her stressing about not having, getting things. So I would love to like be there for her."

Lydia: "But in some other time maybe I will date but I won't tell him I am dating 'cause I don't want him to see my boyfriends...some, some they are not good you know, maybe some they will beat me I don't know. But I won't show him that. Interviewer: "Why do you think you wouldn't like him to see your boyfriends?" Lydia: "'Cause...I used to see it, with us..."

Neriah: “You see I had too much stress from the childhood about the relationship between my mum and dad. And then I became, I came into that situation that I grew up in. And it came back to me again you see. It’s stressing me.”

Thus it seems that becoming mothers has made these mothers (excluding Thembi) re-evaluate their own childhood and has made them do so in relation to what they want their own infants to experience as children and what they don’t want them to experience, and in relation to what kind of mothers they would like to be for their infants. Thus their own childhood has had an important influence on their own aspirations for their infants as well as for themselves as mothers.

5.2.5 “I can’t afford like their dad”: Representations of their Father

One of the contributing factors that influenced these teenage mothers’ experience of parenting was the role that the father of the baby played. For each of them the relationship between themselves and the father was different, and the role the father played was unique in each case. The most obvious similarity between these mothers was that none of them lived with the fathers of their babies. Only one of the mothers was still in a relationship with the father. Thus the predominant theme that emerged from the interviews was that of the absent father. For three of the mothers the father did not feel ready to be a father and therefore did not want to be involved with the baby. Beauty’s baby’s father, however, changed his view and is the only father involved in his child’s life. For Neriah, the father of her children was ready to be a father as they had planned to have children, however he left her after the fourth child was born and has since had no relationship with her or the children. For Neriah this has had a profoundly negative impact on her experience of being a mother as she had enjoyed being a mother until her husband left her and now motherhood is marked by stress and struggle.

Beauty: “K um, the father of my baby...he is still at school too, he was still at school too and at that point at that time he wanted me to abort the baby ‘cause he was like ‘I am not ready to be a father, we are both not ready. So if you wouldn’t mind just abort the baby.’”....“I got the baby, well our relationship became so good. He adored the baby very much. He was like oh, if you did an abortion who knows, ‘cause you brought a beautiful baby into this world okay.”

Neriah: “When I was about to give birth to this child he was gone and staying with another woman. And then when I called him, when I need something for the kids he tells me to get a

life...you see. I don't have the matric, what will he do with me, why am I not having anything I wanna have. You see he tells me things that hurt me a lot."

For the three other mothers, the mothers' families all placed emphasis on knowing who the father of the baby was, as this was often the first question asked by the mothers' parents when they disclosed that they were pregnant.

Thembi: "But I didn't tell my mum, and then she found out when I was six months, and then I told her everything. She asked who the father was, and then I answered her and she was fine."

Despite the families' interest in the fathers, it did not seem that they were concerned with whether or not the father supported the baby or the mother emotionally. Therefore, it seems to be acceptable that the fathers are absent fathers and that they do not support the baby or the mother, but it is important to know who the father is. Related to this is the idea that the father is a financial provider. He does not have to be present in the baby's life in order to provide, but he is expected to provide some financial support for the child.

Neriah: "I think my kids like, they are used to their dad. He used to buy things for them and everything you see. They are comfortable when their dad is at home because he used to buy everything for them. They are used to a fancy life you see, now the fancy life it gone. Their dad is gone, me I can't afford like their dad."

Lydia: "When he says he is going to buy clothes for him, but then he doesn't do that. I say to him, why you didn't buy the clothes? He says no I had to use the money to do this and this. So I say no it's fine, it's fine, maybe some other time you are going to buy."

A final aspect that arose in relation to the father of the baby and how he influenced the mothers' experiences of mothering was the idea of a patriarchal society in which the expectations of men were assumed to be quite universal. These expectations were generalised to men in society including the mothers' own father, not just the fathers of their babies. The first expectation was the idea that the man should provide for the family, as stated above. The second aspect of a patriarchal society was that men are not monogamous and that this is accepted and normalised. Finally, the fact that some men abuse women and children was also somewhat normalised and seemed to be an accepted part of society for these women. These aspects hold very little judgemental value, they are simply considered to be the way things are.

Beauty: "So now that we know hey like, that the challenge that like, now I know this is wrong but we don't care about what my father does. 'Cause we are aware that...well he is cheating, you know how men are, and my mum is one of those humble women you know, she is always in the house waiting for him, though he was outside going you know where, where we don't know."

Lydia: "...some, some they are not good you know, maybe some they will beat me I don't know."

5.3 "There is a lot to tell you about a baby": Teenage Mothers' Internal Representations of their Infants

What a mother thinks and feels about her infant, namely her internal representation of her infant is a significant aspect of motherhood. It is also possible that the representation a mother holds of her infant may influence her experience of mothering that infant. For these mothers, at times, their internal representations of their infants were somewhat underdeveloped and superficial. The obvious exception to this, however, was Beauty as she showed evidence of a strong internal representation, and she was able to identify both the good and the bad aspects of her infant. For the other mothers, however, it seemed that they struggled to identify good and bad aspects of their infants; they struggled to keep their babies in mind. An example of this lack of maternal preoccupation can be seen in the following quotes:

Interviewer: "Can you tell me a story about her, however old, from when she was a baby till now, any story that you really like about her?" Thembi: "Uh uh." (Shaking her head).

Interviewer: "Ja, what is she like?" Thembi: "Ah she likes clothes." Interviewer: "She likes clothes, ja." Thembi: "When I am going to buy her shoes, 'I want to wear this one and this one and this one' ja. And then ja. Ja."

This can be contrasted to Beauty's abundant preoccupation with her infant as she states:

"You know there is a lot to tell you about a baby."

She then followed this up with a variety of stories about her infant and their relationship throughout the interview.

5.3.1 “You feel the same at the same time”: Internal Representations Merged with Own Identities

One of the most interesting findings regarding the mothers’ internal representations of their infants is that they commonly merged their own identities with that of their infants’. Thus for those mothers who did not seem to have a strong internal representation of their infants, what representation they did have was very much related to their own identity. This merging of identities was also true for Beauty at times. This merging of identities took three forms. The first was that the mothers would project their own feelings onto their infants:

Beauty: “You know, at times, it happens every, every 2 months actually. Cause like usually we don’t see her father, at time when I miss him, her father, like we get so close cause I can see that she also missing him. Like, ‘pappa pappa’ you see so. At times you feel the same at the same time. Like you know that the time of seeing him has passed, so you are there to comfort each other. Telling her how much her dad loves her, he loves us, but we can’t see him for now. Ja.”

Lydia: “Cause like most of the like when I become sad he also becomes sad. If I cry...eish, he cries, a lot a lot. So I have to hold him and make sure like, him also he has to hold and me and things.”

In this instance, Beauty was talking about a feeling that her baby was too young to possess, it therefore seemed as if Beauty was trying to comfort herself and convince herself that the father of her baby loves her and their child.

Secondly the mothers would commonly project their own dreams of what they hope for themselves onto their infants. This was especially true when asked what they think their infants will be like when they are older.

Beauty: “Okay, what I think I like about her is like...I think she is also that uh, strong, strong girl hey. I think she will be able to adjust to many things in future.”

Neriah: “I feel like, they will be brave, working, finished school, be grown up, living a fancy life that I wouldn’t have. Living the best life. I see them happier than this, like now.”

Thembi: (Pause). “She will be a respecting child. Ja, well educated.”

And finally, they also seemed to over-identify with the baby, completely merging themselves and the baby into the same person as can be seen in the following quotes:

Lydia: “Cause when he is sick it is like I am sick too. I feel that pain inside... I can’t even eat. When he doesn’t eat then I don’t have that appetite to eat.”

Thembi: “Ah...I was playful.” Interviewer: “You were a playful child? Like your daughter as well?” Thembi: (Laughs) “Ja.”

5.3.2 “Why do you think he does that?” “Eih, I don’t know”: Teenage Mothers’ Ability to Mentalise the Experiences of their Infants

Another aspect of the mothers’ internal representations of their infants that is important is their ability to mentalise. Mentalising refers to the mother’s ability to identify the thoughts, feelings and intentions of her infant. On a developmental level it refers to the mother’s ability to link these thoughts, feelings and intentions to one another and to the baby’s behaviour in a causal way, thus using these aspects to understand the baby’s behaviour and what the baby is trying to communicate to his or her mother. For some of the mothers this was a difficult task, and despite some signs of being able to mentalise, they were often unable to do so. This lack of mentalisation was evident in their struggle to think about their baby’s behaviour and the motives the infant may have for such behaviour. Although they do try to consider their infant and the reasons for his or her behaviour, it seems that they are not able to hold the baby in mind as a person trying to communicate something to them. Such a struggle can be seen in the following quote:

Interviewer: “Why do you think he does stuff like that?” Lydia: (Laughing). “I don’t know, I don’t know really. But I think that he gets, he doesn’t want to be sad each and every day. He wants to be happy. When he is sad it is like when he has been outside (playing) and he comes in like ‘mum they have beaten me’. Like but for that minute he is sad. The he goes back again.” (Here Lydia initially struggled to identify what her baby’s behaviour was communicating to her, but she was eventually able to identify her baby’s feelings and linked these feelings to his behaviour which implied that she had an understanding of her baby’s intentions.)

Neriah shows some ability to mentalise the experience of her infants, however she seems to struggle to think deeply about what her baby is communicating but she does attempt to and hypothesises around his reasons for crying:

Interviewer: “And how do you think they feel in times when like, when you are very stressed?” Neriah: “They feel scared. Because they say ‘mum what’s wrong?’ I lose even a

lot, 'hey stay out of it, go sit there!' They say 'hey mum don't do that, no.'" Interviewer: "And what about this little one (the youngest one with her), what do you think he feels in times like that?" Neriah: "He cries a lot. Like mum is not into herself today. So he cries a lot." (Here Neriah was able to link her baby's feelings to his thoughts and thus showed an attempt to understand his behaviour.)

Thembi also seemed to show some ability to mentalise, such as in the following statement:

Interviewer: "You feel sad? How do you think she feels in that time?" Thembi: "The baby? I think she feels the same way 'cause maybe she feels that I don't have time for her." (Here Thembi was also able to identify her baby's feelings and thoughts, thus implying that she understood why the baby feels the way she does.)

However, her ability to mentalise would more often seem superficial and inauthentic:

Interviewer: "Okay so you like holding her. What do you think it feels like for her when you're holding her?" Thembi: "Nice." Interviewer: "You think it's nice. What about it do you think is nice for her? What do you think that it is that she likes about it?" Thembi: "Eih, I don't know." (Here Thembi was unable to identify her baby's feelings and could not link them to her thoughts or behaviours, thus she was unable to mentalise here.)

In contrast to these mothers, Beauty displayed a well developed ability to mentalise the experiences of her baby and was able to reflect on what her baby was communicating to her in her actions:

"She is always happy, so I know at times when she cries there is something wrong there. Maybe she is hungry or her nappy is full or something." (Here Beauty was able to identify that her baby's behaviour and affect were communicating a need of some sort, thus she was able to understand the baby's intention.)

"Ja, and like pouring the tomato sauce down. I was so furious, angry at her. I caught her with the tomato sauce and she was like eating it down [shows me how she puts her finger in the tomato sauce and eats the sauce]. And I was like, 'yena', she thinks like it, it is the right thing to do because the tomato sauce is nice, very nice." (Here again Beauty was able to link the baby's behaviour to her thoughts and therefore was able to understand that the baby's intention were good and not malevolent.)

5.3.3 Split Internal Representations of their Infants

All the mothers were asked to identify what they liked about their infants and what they disliked about them. From these questions it was evident that the mothers held split representations of their infants; the good baby and the bad baby. Interestingly, Beauty was the only mother who seemed to be able to identify and integrate both the good and the bad aspects of her infant. This can be seen in her description of how she can be both naughty and adorable at the same time:

“Eish, you know. I wish your recording could see her picture, her eyes you know [shows me how she flutters her eyes]. You know, every time when she does something wrong she is like [fluttering eyes]. ‘Thandi come here’ [fluttering eyes] and you’re like you don’t know what you wanted to say anymore ‘cause she is showing me those innocent eyes hey, like ‘I’m sorry mum, I’m sorry I know I have been silly’. Hey! She is so overactive, you can say that. She is always working, working with something hey. Not her toys. Toys are uhuh, she doesn’t like hey, she don’t want her toys. But she is busy with anything. You know like taking out the cooking oil you know, pouring the tomato sauce down. She is very naughty, she is very naughty.”

For other mothers, however, it seemed difficult to identify both the good and the bad aspects of their infants and instead split their representations. This was evident in the way they were able to talk about either the good or bad aspects of their infants with ease, while they struggled to identify the other aspects.

5.3.3.1 “She’s adorable. Playful. She’s kind”: Internal Representations of the ‘Good Baby’

For most mothers’, their internal representations of their infants does include a representation of a good baby. The themes that arose in this section were the baby as a loving other and the baby as providing a sense of achievement. However, for some mothers, identifying the good aspects of their infants was difficult. Despite Beauty’s ability to identify and integrate both the good and the bad aspects of her baby, she found it difficult at first to identify the good aspects. Interestingly though, she was able to express this difficulty and was therefore honest about it. Thus, when asked what she liked about her baby she replied:

(Pause.) “Sho, ja, okay it seems like an easy question but it’s a hard one.”

Similarly, Lydia also struggled to identify the good aspects of her infant. When asked what she liked about her baby she replied:

(Laugh). "Okay fine, like...going to the meetings like, my child is going to the crèche so I need to go to the meetings and like attend you know, ja." Interviewer: "You like doing that stuff?" Lydia: "Ja and paying for him, for the school fees." Interviewer: "What is it about those things that you love? Why do you think you like those things?" Lydia: "'Cause like now I am taking responsibility for something. Ja I am on my own, so I am responsible."

This response felt quite forced as if she had to tell me something good about her baby, however, even when she answered the question the answer was not really related to her baby at all but rather to herself, thus indicating that she may struggle to keep the baby in mind as a separate other. Her answer reflects an aspect of being a mother that she enjoys, rather than something about the baby's character.

Conversely to these two mothers, Thembi seemed to over-identify with the good part of her baby and was quick to answer the question of what she liked about her infant. This is interesting as Thembi seemed to be the most distant and unattached mother. Perhaps thinking about the bad representation of her infant felt too anxiety provoking for her and thus thinking about the good aspects felt easier as it allowed her to avoid anxiety she may have been experiencing with regard to her negative feelings towards her baby.

Thembi: "She's adorable. Playful. She's kind."

Interviewer: "What do you like most about her?" Thembi: "About her?" Interviewer: "Mmm"

Thembi: (Pause). "Her personality, I like it."

5.3.3.1.1 "He loves me you know": Internal Representations of the Baby as a Loving Other

Despite the initial difficulties in identifying the good aspects of their infants, all the mothers were able to express aspects of their infants that they liked. The most prominent feature of the 'good baby' is the representation of the baby as a loving other. Thus the babies were seen by the mothers as someone who loved them, understood them, and cared for them.

Beauty: "The baby sees you then you see it start crawling (to you), it is nice. You get to see all these things, she starts standing up and things, and walking around things. You see her telling you 'mummy' ...like this 'mama', it is so nice to hear your baby saying that to you."

Lydia: "Like me, I'm his mother and he loves me you know."

Neriah: "Because of they used to tell me, 'ah mum I love my sister I love my brother.' When they were small I used to teach them, give your brother a hug, give your sister a hug. So, they get used to that, they must comfort each other."

Thembi: " She doesn't want me to go. Ja, she will cry for me when I'm leaving her. Other time when I come home she will jump on me."

In some cases this representation of the baby as a loving other was important as this loving other seemed to represent what the mother needed but lacked from others in her life, most obviously the baby's father.

Lydia: "So like...but like, when I look at him he is going to take care of me, he is going to love me a lot. Like he will never let any man to come and...he will fight them for me."

5.3.3.1.2 "When he is growing, even me also I am growing": Baby Represents a Sense of Achievement and Purpose

Another aspect of the 'good baby' is the representation of the baby that needs the mother, as well as the baby that provides mother with a sense of achievement and purpose. In needing their mothers, these babies seem to give these mothers a sense of achievement as they are able to teach their infants what they need to learn; growth of their baby is seen to reflect their own accomplishment as it is them who have taught their babies the skills they need as they grow up.

Beauty: "Um, feeding her. But I don't do that anymore 'cause I have taught her, she is like feeding herself now. And it was fun to teach her that."

Lydia: "'Cause like now I am taking responsibility for something. Ja I am on my own, so I am responsible.'"J:" And does that mean a lot for you, to take responsibility?"P: "Yes! A lot, a lot!"

Lydia: "A lot of things 'cause like, I see him each and every day growing. I am seeing, when he is growing, even me also I am growing."

5.3.3.2 "Okay I don't know": Difficulty Identifying the Internal Representations of the 'Bad Baby'

For some mothers, identifying the bad aspects of their babies was a difficult task. This may be due to some guilt or anxiety around their negative feelings towards their infants, thus thinking about the 'bad baby' representation was avoided. The themes that arose in this section were the baby as a source of worry, the baby as a mistake, the baby as a rival, and the baby as a rejecting other.

5.3.3.2.1 "They are kids that get convulsions often": Internal Representations of the Baby as a Source of Worry

For some mothers, the baby was seen as a source of worry for them. The fact they felt responsible for their infants seemed to cause them to worry about their infants and thus the baby became a source of stress and concern for them. Neriah, for example, found it difficult when her babies were sick as their vulnerability seemed to cause her concern and thus became a source of stress for her:

Interviewer: "Is there anything that you don't like about them? Or things that you find difficult about them?" Neriah: "Because of like my first born, something that is difficult was then, he gets sick, yo. Because of the first born and the third one, they had some convulsions, ja. Because of these convulsions come often, they are kids that get convulsions often. When they can get the fever, when they over heat they have convulsions."

Similarly for Lydia, it seems that her baby's vulnerability is hard for her and therefore part of her internal representation is of her baby as a source of worry:

"Difficult things is like when the child is getting sick. Eish. To go to the clinic, you know, taking care of him every day. I cannot go to school, I need to stay with him, watch him heal you know."

Thembi did not seem to have a representation of her baby as a source of concern and instead seemed resistant to thinking about the negative aspects of her internal representation of her infant, despite her disconnection from her:

Interviewer: "And do you think that if you didn't have a baby would you life be different? How do you think it would be different?" Thembi: (Pause). "Okay I don't know."

5.3.3.2.2 *"I cried for now I had the baby": Internal Representations of the Baby as a Mistake*

One of the most prominent aspects of these mothers' internal representations of their infants was the belief that these babies were a mistake; that they represented something that the mother had done wrong and in some cases should be punished for. This is evident first and foremost in the fact that three of the mothers did not plan to fall pregnant and thus their infants were a 'mistake', and for the fourth mother, Neriah, she planned her first baby but not the three after that. Due to the fact that these babies were unplanned and were seen as a mistake, these mothers (excluding Neriah) felt that they had to keep their pregnancies a secret from their families. They all expected that the news of their pregnancy would disappoint their parents, and that they may even be punished for having fallen pregnant. In addition, they expected a negative reaction not only from their families, but from the community as a whole. This was experienced in the form of judgement for having had a child so young. Thus having a baby represented something negative to these mothers, something to be kept a secret and to be ashamed of.

Beauty: "Clearly I knew my parents would be disappointed in me, so um. It was a secret for like 5 months, so I was vomiting secretly, going to the bathroom, wearing warm clothes. 'Cause at that time I was attending at Boston doing marketing. So like I had to put on ah, you know, big jackets so that people don't notice...When my parents reacted, and they didn't speak to me like for like two weeks. And that was horrible, 'cause I am the closest with my mum. So ja, it was painful like waking up, saying hi to my mum and she just kept quiet."

Thembi: "Eih I think I disappointed my mother... Because I had a child before time, before I was old."

Beauty: "For now I am at a Lutheran church. It is Catholic. So I am like punished for now. I have to like go and be forgiven, confess to the pastor how, so like it is a huge...it is also one of the adjustments that I had to make. That I am not allowed to wear my uniform now 'cause I have a baby. I have to go confess. I have to go reveal all, all my secrets to the pastor. So it was like, very, very challenging."

Lydia: "Ja 'cause at the beginning it was always like they are going to judge me, at my age. But I am so proud of being a mum, but they are going to judge me so I was so afraid to tell anyone I was pregnant or I had a baby. 'Cause most of the time even my, my, school mates they used to say 'is she having a child' and I was like yes, they are going to say yes but they would say, 'but you are so young ma, how could you do such a thing?' You know what I mean and judge me."

In addition to the negative reactions received from others regarding their pregnancy, these mothers also experienced a strong negative reaction themselves when they discovered they were pregnant. It seems that their initial representations of their infants were also negative; as someone unwanted and possibly even feared.

Beauty: "Okay I got pregnant and I found out in like 2 weeks. I went to Clicks and got the pregnancy test. Then I tested myself at home and then I found out that I was pregnant. I cried all day, I cried!"

Lydia: "Ah that time like...I was feeling like...I cried for now I had the baby..."

Thembi: "I starting realising that I was pregnant when I was about 3 weeks. 'Cause I missed my period so I was, I starting questioning myself why, because I didn't miss it before. So then I went to the clinic for the appointment and so it wasn't (inaudible). I cried."

Again, however, Neriah was an exception. Due to the fact that she had planned her first child, and wanted to be a mother as she was married, she experienced a positive reaction to finding out she was pregnant. Thus her initial representations of her infants were positive, something to be anticipated and proud of:

"Ja...I was happy. I was happy with the other pregnancies you see because he [the father] was around. And I knew that he will take care of me."

A final aspect of the initial representations of their infants was the representation of the baby as someone who took from the mother, someone who took the mother's time, freedom, and sleep. Thus this contributed to the representation of the bad baby, the baby that was a mistake.

Beauty: "...at first I was like 'why did I bring this baby to this world?' It was like she was stopping me from doing so much things out there you know. She stopped me from being with my friends."

Thembi: "And sometimes she will want to sing for me and I don't have the time to listen to her."

5.3.3.2.3 *"I make sure that she gets something before I can get something for myself": Internal Representations of the Baby as a Rival*

Another factor that contributed to all of these mothers' internal representations of their infants was the feeling that their babies were a rival, someone whose needs competed with their own. For these mothers, it was evident that they felt that they had to put their baby's need before their own, and that meeting their baby's needs often meant having to put their own needs aside to be left unmet.

Beauty: "Every time that I can I make sure that she gets something before I can get something for myself. That's another adjustment that I had to make: like thinking of her before thinking of me. Ja."

Lydia: "'Cause when he is near me like, when I have to do homework he used to take those pencils and write on top of my book you know, I would say to him 'don't do that,' but he would repeat it, and that's where I get upset."

Neriah: "I use only the grant money for my kids. There is not enough for me you see."

Thembi: "Sometimes at school they will tell us to teach them how to like, teaching them songs so when we come home we must teach them again. But I find that I can't because I have to do my own homework. So that's difficult."

Related to the baby's needs competing with their own needs was the idea that the baby's needs often forced these mothers to do things they did not want to. Thus, for some mothers, the baby is seen as someone whose needs force the mother to do things she does not want to.

Lydia: "So like, there were some things that like I had to face, um, picking nappies, taking nappies out. Waking at night, ei, those stuff I just (sigh), I didn't like them."

Neriah: "If I don't get something for my kids, then I need the time, you see, it is stressing. I don't like to be trouble to other people you see. Always asking people this always asking people that. I don't like it. And it will be things like, I want to do on my own."

Finally, for Beauty, her baby is a rival for her own father's love. Interestingly she is the only mother who seems to have experienced this, however, she seems to have a representation of her infant as a rival as she gets love and care from her grandfather (Beauty's father) that Beauty did not get from him as a child. This feeling is evident in the following quote:

“She’s like sometimes when she gets sick, I wouldn’t believe, I didn’t believe myself that my father would say ‘let me take her to the doctor’. He’s like, he’s not that um, that, emotional father; that father that you talk to. But in terms of my little baby, he is so supportive.”

5.3.3.2.4 “He doesn’t want to call me mum”: Internal Representations of the Baby as a Rejecting Other

The final aspect of these mothers’ internal representations of their infants is the representation of their baby as someone who rejects them as mothers. This representation was evident for three of the mothers. Neriah, however, did not seem to hold this representation of her children. For the other three mothers, the representation of their infant’s rejecting was quite strong. For all three mothers, this representation centred around the baby as someone who rejects them as mothers. For Beauty this is because her baby wants to be with other people, and because at first she thought that her baby preferred her own mother to her. Thus she felt rejected by her baby and felt that he preferred other people to her.

Beauty: “She loves being around people. She doesn’t love being alone with me so she needs company every time.”

This aspect of her representation was spoken about very honestly and insightfully. She is able to identify how much her baby rejecting her hurt her and how angry she was about it. She was also able to recognise that her baby’s initial preference for her own mother was probably linked to the fact that she did not want the baby and therefore responded poorly to her initially. This is unique to her as the other mothers did not seem to be as insightful or honest about their feelings of rejection:

“Well, crying for people. Like...anyone who comes to visit our place when they leave she has to cry for them. That’s what I *hate* most. ‘Cause I am like I’m here, your mum, then why are you crying for other people hey? Cause I am here! Why do you have to cry for my friends?”

“I was like maybe she would prefer my mum, as time goes on she’ll prefer my mum rather than me. You know so I was a bit jealous...you know. Something, not relevant but no I was jealous that she, she, she’s connecting with my mum rather than me.”

For Lydia, her representation of her baby as rejecting stemmed from his refusal to call her his mother. This made her feel rejected as a mother and seemed unable to understand why he would do this. She rationalises that he just prefers her first name but was resistant to engaging with it further:

“And I, I do want him to call me mum. He doesn’t want to call me mum, he only calls me by my name and I don’t know why. I used to say ‘stop saying my name, say mamma’ then he would say it for a minute then after he would forget. But I think perhaps it’s what he likes... Most of the time like I used to feel like, when is he going to start calling me ‘mum! Mum! Mum!’ I ached to have that to feel like yes I do have this someone calling me mum. But all of a sudden it’s not.”

Finally, for Thembi, her representation of her baby rejecting her as a mother stems from her concern that her baby is going to forget about her due to the fact that they do not live together. She too was resistant to engaging with this representation and the pain it caused for her, giving only very brief replies to questions:

Thembi: “Because she is not here. I think that maybe she will forget about me.” Interviewer: “Are you worried that she’s going to forget about you?” Thembi: “Ja.” Interviewer: “And how does that make you feel when you think that she might forget about you?” Thembi: “It makes me feel sad.”

5.4 “I feel not connected to my kids”: Teenage Mothers’ Internal Representations of their Relationships with their Infants

One of the most interesting aspects evident in these mothers’ representations was the lack of a representation of their relationship with their infants. There seemed to be marked deficits in the internal representation these mothers held of their relationships with their infants. For example, Neriah seemed to hold a contradictory and self-serving representation of her relationship with her infants. Her representation seemed to be marked with ambivalence as can be seen in the following quote:

“Everyday. Ja. Every day, I feel connected with my kids.”

Later in the interview she stated:

“When I am in too much stress, I feel not connected to my kids. Because of I feel like, feel alone, you see, not having kids around the house.”

While Neriah showed some ambivalence towards her relationship with her infants, it seems that the other mothers were only able to identify a superficially ‘good; relationship or not relationship at all.

5.4.1 “Oh the relationship is fine”: Internal Representations of the Good Relationship

Three of the mothers simply identified their relationship with their infants as being ‘good.’ These representations seemed somewhat superficial as there was no depth or substance to their statements around the good relationship. It seemed more as if the mothers felt they had to express something good about their relationship with their infant. Thus there is an emphasis placed on the positive aspects of the relationship but with little to substantiate the belief that the relationship is good. For example:

Beauty: “Well, it’s a good, good, good, good relationship I would say. She listens to me. When I say no to something she does listen to me. She reacts by stopping doing that. So I think she knows that I, I’m older to her. So she must listen to whatever I require her to do.”

Neriah: “Oh, the relationship is fine. I see it as fine, maybe for another person I don’t know. But for me my relationship with my kids is fine.”

For Lydia, the relationship seems to be a neutral one; one in which she and her baby take care of each other instead of her taking care of him:

“My relationship with him is like...it’s like, when I was (inaudible) it was like he used to take care of me, I also had to take care of myself. Then the relationship has been like nice. It’s been nice when he is at home. I do feel like the relationship is like, I am going to take care of him you know.”

Although these positive representations were identified they were not substantiated with any evidence of a meaningful representation of a good relationship.

5.4.2 “No I don’t feel close to her”: Internal Representations of No Relationship

In contrast to these good representations, Thembi seemed to lack an internal representation of her relationship with her infant altogether. She seemed unable to identify any sort of meaningful relationship with her infant.

Interviewer: “And can you tell me a bit about your relationship with her? What’s your relationship like?” Thembi: “Ah...like, I’m not staying with her now, she is staying with my mother. My mother is in the Eastern Cape so she comes here on the June holidays. We do have a relationship ‘cause like when my mother used to call and she would want to talk to me.”

Interviewer: "Can you tell me about a time when you felt very close to her, when you felt like you two were quite connected to each other?" Thembi: (Pause). "I don't know."
Interviewer: "You don't know. Okay, can you think of a time maybe when you didn't feel close to her?" Thembi: "Eih, no. I don't feel close to her."

5.4.3 "It has changed a lot": Changing Representations of the Relationship between Mother and Infant

The final representations that arose with regards to the mother's relationship with their babies was the change of representation over time. For some mothers, identifying this changing representation was difficult. Neriah, for example, found it difficult to think about the ways in which her relationship with her infants has changed over time, despite the impact of her husband leaving her on the family:

Interviewer: "Um, has anything changed for you over time in your relationship with them? As they've got a bit older?" Neriah: "Um....no. Na, I don't see anything that has changed."
Interviewer: "Alright so you have always just had a nice relationship with them?" Neriah: "Ja"
Interviewer: "And what about when your husband left? Did things change a lot then?"
Neriah: "Ja they changed a lot. They changed a lot."

Beauty, however, was able to not only identify the change in her relationship with her baby, but she was able to express how this change has reflected her changing representations of her baby and her changing identity as a mother:

"Um it has changed a lot 'cause at first I was like 'why did I bring this baby to this world?' It was like she was stopping me from doing so much things out there you know. She stopped me from being with my friends. So...as time got on, goes on, I was like I started loving her, more than myself. You know, truly speaking I was so...I nearly hated her, you know. I know that's a bad thing to say but no, at first when she was there like I didn't have that love for her. But I told myself that I need to learn to love this baby... But you know, as time, time went on and on you know that love. You know now I would kill, kill a person who would take my baby. That's the way I feel now. I love her so much. She is the centre of my world hey! She is everything to me. She puts a smile on my face every time."

It seems that the mothers' internal representations of their relationship with their infants are quite thin, however some mothers were able to identify their relationship as something positive, while some were unable to identify a relationship with their infant at all. Beauty seems to have the most

developed internal representation of her relationship with her infant and she is able to track her this representations has changed over time.

5.5 Conclusion

It seems that these teenage mothers' experiences of motherhood have been marked by challenge and hardship. While some have experienced positive aspects of mothering, it seems that the overall experience has been challenging, especially due to the tension experienced between their identities of themselves as teenagers and their identities of themselves as mothers. In addition, their perceptions of what constitutes a good enough mother and their aspirations and difficulties fulfilling these perceptions seems to have contributed to their experiences of motherhood being challenging.

In addition, these mothers' internal representations of their infants seem to be significantly split into their representation of the good baby and the bad baby. The good baby was seen as a loving other and someone who provided the mother with a sense of purpose and achievement; while the bad baby was seen as a mistake, a rival, and a rejecting other. These mothers' internal representations of the relationships with their infants were also explored. It seems that this is an area of marked deficit as the internal representations these mothers held of the relationship between themselves and their infants seemed to be lacking. With the exception of Beauty, it seems that the mothers' internal representations are split between the good and the bad aspects. Beauty, however, seems to have been able to integrate both the good and the bad aspects of her infant as well as her relationship with her infant, and this may have contributed to her more positive experience of motherhood. Overall it seems that motherhood has been a difficult experience for these mothers, and a number of aspects have influenced their experiences as well as their internal representations along the way.

CHAPTER 6
DISCUSSION

6. DISCUSSION

6.1 Introduction

This section aims to discuss the findings of this study in order to answer the four research questions. Thus this section will discuss what this study found in relation to teenage mothers' experiences of parenting, their internal representations of their infants and the relationship between them, as well as the connections that were found between the participants' experiences of motherhood and their internal representations of their babies.

6.2 Teenage Mothers' Experiences of Motherhood

This study found that teenage mothers' experiences of motherhood were dominated by challenges. Some of these challenges were a result of the fact that these mothers were teenagers, but some of these challenges also appeared to be the result of pre-existing social disadvantage and difficult living circumstances, which concurs with a study conducted by McDonald et al. in 2009. Although they all stated that being a teenager made motherhood more difficult, there were also some factors that were related to their pre-existing social disadvantage that contributed to their challenging experiences of motherhood, such as unemployment (due to continuing studies, not finding work, and being a single mother and not being able to afford childcare) and a lack of funds. The two main challenges that these mothers faced were firstly, the tension between their identities as teenagers and their identities as mothers; and secondly, their struggle to be good enough mothers. Within these two main challenges came a number of factors that contributed to their experiences of motherhood, mostly adding to the challenges of becoming a parent. Although the challenges and difficulties of motherhood seemed to dominate these mothers' narratives, it is also important to consider that there were some positive experiences of motherhood reported by the participants. However, in keeping with the literature, these positive aspects were minimal compared to the challenges and difficulties faced by teenage mothers (Macleod, 1999, McDonald et al., 2009).

This study found that each young mother had her own experience of motherhood, unique and distinct from others' experiences. However, while their experiences differed, there were a number of common challenges that the mothers in this study identified. It seems that the manner in which they faced these challenges and the support they had in facing them may be what has made their

experiences so different. The support that these mothers either received or lacked seemed to have been an important buffer for their experiences of motherhood. Beauty seemed to have had the most positive experience of motherhood and she also seemed to have received the most support from her own family, her friends, as well as from the father of her infant. It seems therefore that the support she received as a mother has played an important role in improving her experience of motherhood. This is in keeping with the literature as social support has been shown to assist mothers with coping, lowering stress levels, and increasing the mother's confidence in herself; whereas a lack of social support has been shown to undermine the teenage mother's effectiveness as a parent (Letourneau et al., 2004). It seems that the other mothers' lack of social support may have contributed to the difficulties that they have experienced as parents. It therefore seems that these mothers may have experienced a lack of social support which may have contributed to their challenging experiences of motherhood.

All of these mothers identified that they required more financial support. The lack of financial support provided to these mothers negatively impacted their experiences of motherhood as it meant that they were not able to provide for their infants as they would have liked to. This was exacerbated by the fact that the mothers were teenagers and therefore were not independent or working. They therefore had to rely on others to support them financially and this lack of support impacted all the mothers as they felt unable to provide for their infants, which caused stress and feelings of inadequacy as a mother. In addition, there was a significant difference between Beauty's experience as a mother and the other three participants' experiences. This may be because Beauty received the most emotional support, from her family, her friends and the father of her baby. The other three mothers, however, seemed to have received very little emotional support and this seems to have contributed to their more challenging experiences of motherhood. This is supported by McDonald et al. (2009), who state that teenage mothers tend to lack protective factors, such as ongoing, supportive relationships. A lack of these protective factors may therefore contribute to challenging experiences of motherhood. One of the positive aspects found in this study, however, is that although many of the participants' families reacted negatively to the news of their pregnancy, none of their families neglected them, but instead they all ended up supporting these women in some form or another. This is congruent with Ntombela's (1992) study that found that although the families of pregnant teenagers often react negatively to the news of pregnancy, they seldom neglect the teenager.

Overall, teenage motherhood seems to have been about compromise, loss and change. Becoming a mother radically changes one's identity, and having this change of identity during adolescence is one of the factors that makes teenage motherhood so challenging as it interferes with the individual's ability to explore who they are (Coley & Chase-Lansdale, 1998). Adolescence is a time of creating one's identity, figuring out who one is and who one wants to be (Nurmi, 2004). It is a difficult but exciting time in any individual's life as it is a time of exploration and the beginnings of independence (Chase-Lansdale et al., 1995). For the mothers in this study however, it seems that becoming a mother during adolescence negatively impacted their experiences of both motherhood and adolescence as they found it difficult to reconcile their identities as teenagers and their identities as mothers. This is seen in the fact that there was a split between the participants, with two identifying themselves more strongly as teenagers and two identifying themselves as mothers.

One of the factors that contributed to this split in identities may be the fact that these mothers believed that pregnancy and motherhood were for adults, not teenagers. Thus, because adolescence is a time of transition between childhood and adulthood (Lerner & Spanier, 1980; McKinney et al., 1977), this identity tension may be exacerbated by the fact that these mothers feel they are essentially being thrown into adulthood by becoming mothers, an experience for which they feel they are not ready and which they did not choose. Thus it seems that it was difficult for the young mothers to reconcile these two identities and therefore they struggled to identify themselves as both teenagers and mothers, instead focusing on one to the detriment of the other. Neriah, for example, focused on being a mother, possibly to the detriment of achieving the milestones that are associated with adolescence. She therefore seemed to have been unable to establish her own identity, she was unable to become independent, and she seemed to have struggled to individuate herself from her mother as she identified strongly with her mother. This is in keeping with the literature as it has been argued that becoming a mother during the adolescent stage may severely impair the development of the individual's identity and autonomy (Coley & Chase-Lansdale, 1998).

For Neriah, this process may have been influenced by her childhood, as she seemed to have had a difficult childhood in which she experienced stress and anxiety and seemed to have to look after herself a great deal of the time. Thus she seemed to have taken on a 'parent' role as a child, but she may have remained dependent due to her early marriage and her dependency on her husband. These factors may have affected her development of an adolescent identity and therefore resulted in her identification of herself only as a mother.

Conversely, Lydia and Thembi seemed to have identified themselves as teenagers to the detriment of their identities as mothers. This may have been due to the fact that their own mothers seemed to have taken over the parenting role for them and therefore they have had the freedom to remain adolescents. This identification of themselves as teenagers and their lack of identification of themselves as mothers may have possibly been to the detriment of their relationship with their infants. Beauty, however, had balanced the two identities and was able to identify herself as a mother, but also as a teenager. She was therefore able to identify her role as a mother, but also the challenges she faced in still being a teenager.

In addition, because the life path that an adolescent finds themselves committed to shapes their conceptualisations of themselves and helps them to develop a coherent personal identity (Nurmi, 2004), it may be the case that for Lydia and Thembi, becoming a mother was not a desirable life path and they were not ready to become adults, therefore they were defended against this identity and retained their identity of themselves as teenagers. Conversely, for Beauty and Neriah, becoming a mother may have been a desirable life path and becoming an adult may have seemed attractive, thus they identified themselves as mothers.

For all of the participants, their own mothers were identified as an important source of support. This is congruent with the literature that states that because most of these young mothers do not have friends and peers to turn to for support during motherhood, their own mothers become an important source of support for the teenagers (Burke & Liston, 1994). All participants seemed to value the support their own mothers provided for them, especially the practical support they provided and the ability to model parenting practices from their mothers. This is in keeping with some of the literature that argues that the teenage mothers' own mothers can be a great source of practical support and modelling of parenting practices (Coley & Chase-Lansdale, 1998). The extent to which these mothers accepted the support of their own mothers differed, however, as it seems that Beauty and Neriah appreciated the support of their own mothers but did not allow their own mothers to take over the role of mothering for them. Lydia and Thembi, however, seemed to not only allow their mothers to help them in their parenting role, but to take over the parenting role and thus enable them to remain teenagers.

Some of the literature argues that teenagers may battle to accept the help of their own mothers as they then find it difficult to play the roles of both child and mother (Delatte, Orgeron & Preis, 1985 as cited in Letourneau et al., 2004). Thus the experiences of Lydia and Thembi may be congruent

with this argument as it seems that they may have struggled to play the role of both the child and the mother, thus it may have been easier for them to allow their own mothers to take over the parenting role so that they could remain solely as children. Therefore this differing degree of support received from their mothers seems to have significantly influenced their own identities of themselves as mothers. For the two mothers that identified themselves as mothers, they viewed their own mother as an important source of support, however their mothers simply supported them but did not take on the parenting role for them. These two mothers were also able to strongly identify with their own mothers. For Beauty this was done in an empathic way, thinking about the challenges her mother faced when bringing up her own children. It seemed that Neriah may have had to take on a parental role as a child as she easily adapted to the role of parent and identifies with her own mother's stress in an objective, but not empathic way. Conversely, for the two mothers who identified themselves as teenagers, they did not identify with their own mothers, and their own mothers seemed to have taken over the parenting role for them, thus allowing them to remain teenagers. Thus Thembi and Lydia were possibly able to remain resistant and defended against the identity of motherhood as their own mothers allowed them to retain their adolescent lifestyle. This is congruent with Shapiro and Mangelsdorf's (1994) study as they found that social support may potentially have a negative effect on the mother's maternal identification as well as on her sense of parental efficacy.

All the participants reported experiences of loss that significantly contributed to their experiences of motherhood. These experiences included a loss of their freedom, a loss of their youth, a loss of their own time and sleep, and a loss of their adolescent lifestyle. It also meant a loss of their freedom to be dependent on their own parents as they now had a child to provide for. This links to their experiences of not being able to provide for their infants. This was the most significant challenge faced by these mothers that they believed was a result of their age. Not being independent adults meant that they were not able to provide for their children and for most of these mothers, this meant that they were not good enough mothers. This is congruent with research conducted by Walker (1995) which found that Black women's conceptualisations of the good mother emphasised the importance of the mother who was able to financially provide for her child. Not being able to provide for their children was an important challenge for these mothers, and it meant that they were dependent on their family.

Coming from disadvantaged backgrounds, it is possible that these mothers' circumstances may have contributed to their perceived inability to provide for their infants as their largest difficulty was

being unable to financially support their infants. Insufficient income was also a difficulty for their families, and thus not being able to financially afford everything they needed for their infants was an important challenge faced by all the mothers in this study. This difficulty was heightened by the fact that these mothers did not like asking others for financial help as they were afraid of the judgment people would pass on the fact that they were teenage mothers. Thus social stigma seemed to have contributed to these mothers' difficult parenting experiences. This is congruent with the findings of Graham and McDermott's (2006 as cited in McDonald et al., 2009) study as they found that young mothers' ability to care for their infants was restricted by their difficult circumstances, as well as by the social stigma surrounding teenage parenting.

Finally, this study found that teenage mother's experiences of parenting may be influenced by their own childhood experiences. This is in keeping with the literature as Fraiberg et al. (1980) state that themes from the mother's past may even be re-enacted with her own infant. It seems all the mothers, except Thembi, re-evaluated their own childhood experiences in relation to their own infants and the experiences they wanted their infants to have. Thus most of the mothers wanted to be better mothers than their own mothers had been to them and provide their infants with the experiences they had wanted for themselves. This is again in keeping with the literature as it states that a mother's own childhood experiences and her experiences of her own caregivers play an influential role in the way she mothers and experiences of own infant (Fraiberg et al., 1980).

It seems that Beauty's mother may have been emotionally and physically unavailable for Beauty during her childhood and thus it was important for Beauty to be there for her own infant and be able to provide for her infant better than her mother could provide for her. This is contrary to most of the literature that argues that a mother's own childhood experiences tend to be repeated in relation to their own children (Fraiberg et al., 1980), however, it has been found that this is not always the case; that a mother's childhood is not always repeated in relation to her own child (Fraiberg et al., 1980). Lydia, however, seemed to be repeating the patterns of her own childhood experiences with her own infant. She seemed to have experienced a turbulent childhood with an absent father and her mother's constant flux of boyfriends, some of whom beat her mother as well as Lydia and her siblings. The fact that the father of Lydia's baby was also absent meant that she may have felt like her own childhood was being repeated; this may have influenced her desire to distance herself from her infant as she perhaps does not want him to experience the same childhood she did. It may have therefore been easier for her to remain distant from her infant as in that way she may have felt she can't hurt him, however, this distance in itself continues to repeat the pattern of an unavailable

parent. Neriah experienced an extremely stressful childhood due to the tension between her mother and father. Similar to Lydia, Neriah had experienced a repetition of her own childhood when her husband left her. This had significantly influenced her own experiences of motherhood as she did not want her own infants to experience the pain she did in her childhood and therefore she felt guilty and anxious about the fact that their father had left. In addition, her husband was the provider in the family and therefore her stress was exacerbated by the fact that she was now unable to provide for them. Her experiences of motherhood, like her experiences of childhood, were marked by stress and despair. Finally, Thembi's inability to reflect on her own childhood was similar to her inability to reflect on her experiences as a mother. It seemed as if Thembi was defended against reflecting on herself as a mother and her experiences of her own childhood which may indicate that these aspects of her life are anxiety provoking due to the difficulties she has faced within them and therefore she may have repressed her painful experiences.

6.3 Teenage Mothers' Internal Representations of their Infants and the Relationship between them

In keeping with the literature, this study conceptualised the internal representations a mother holds of her infant to be the perceptions and subjective experience held by the mother, as well as the relationship she has with that child (Benoit et al., 1997). While there were some similarities with regards to the mothers' internal representations of their babies, these tended to be unique to each mother and her baby, thus, this section will discuss each mother independently and comment on where their internal representations diverged and converged from each other.

The mothers in this study seemed to hold mixed representations of their infants which included some aspects of a good baby and some aspects of a bad baby. This is congruent with a study conducted by Rubinsztein in 1992 which found that adolescent mothers had mixed feelings towards their infants as on the one hand they wanted something to love, and on the other hand they rejected the infant.

This study found that teenage mothers' representations of the good baby considered the baby as a loving other, and someone that gave the mother a purpose and a sense of accomplishment; while their representations of the bad baby considered the baby to be a source of worry, a mistake, a rival, and a rejecting other. In addition, the mothers in this study differed in their abilities to express their internal representations of their infants. Only Beauty was able to identify both the good and the bad

aspects of her infant and therefore appeared to have an integrated representation of her infant. The other mothers seemed unable to identify both the good and the bad aspects of their infants and therefore split their representations of their infants which sometimes resulted in them being defended against identifying the bad aspects of their infants. The reason that Beauty was able to integrate her representation of her infant may be related to her ability to integrate her experiences of motherhood. This ability to integrate her internal representations, and therefore display what Klein (1935) terms depressive position functioning may have been due to her ability to accept her situation and her baby over time, her personality functioning, the support she received from her family and friends, as well as the positive experiences she had in becoming a mother which seemed to have shaped her experience of motherhood and her representation of her baby. It seemed as if Beauty's integrated internal representation of her infant and the relationship between them influenced her behaviour towards her infant as she was able to identify the things she liked to do as a mother and the aspects she struggled with. This is in keeping with both literature and research which argue that a mother's internal representations of her infant guide her parenting behaviour (Crowell & Feldman, 1989; Sayre et al., 2001).

In contrast, the other three mothers were unable to integrate their representations, which may have been due to the overwhelming anxiety experienced as a result of acknowledging the aspects of their infant that they do not like and the fact that their relationships are poor. The anxiety they may have felt in relation to this acknowledgement may have been caused by the fact that their dislike for their infants and their disconnection from their infants may have symbolised poor mothering to them. Thus in order to feel like good enough mothers, these mothers had to defend against their negative representations of their infants as well as their negative representations of the relationship between them. Thus through the defence mechanism of splitting, these mothers were able to feel like good enough mothers and believe that they have adequate relationships with their infants.

One of the most interesting patterns that arose within this study was that of the mothers' initial dislike towards their infants and the fact that these mothers (with the exception of Neriah), did not want their infants. However, despite her initial hatred towards her infant, Beauty was able to adapt her representation of her infant as she grew to know and love her child. Thus Beauty is able to acknowledge her initial hatred for her child, but can also show her authentic love for her infant now, thus showing how her internal representation has changed over time and perhaps contributed to her ability to integrate the good and the bad aspects of her infant. Although Winnicott (1949) did not use the term maternal ambivalence, he clearly considered the ability to tolerate feelings of

maternal ambivalence as being critical for healthy parent-infant relationships. For Lydia and Thembi, however, these initial feelings of dislike have remained and have therefore influenced their representations of their infants, and their relationship with their infants. This may have caused the disconnection between them and their infants and it may explain their defence against their internal representations as they do not want to acknowledge their dislike towards their infants. This is in keeping with the literature which states that mothers who have disturbed relationships with their infants find it difficult to change their internal representations when new information or experiences disconfirm their previously held beliefs (Zeanah & Barton, 1989). Therefore it seems that Beauty was able to change to her internal representations of her infant as she experienced positive aspects of her infant and of being a mother, whereas Lydia and Thembi were unable to change their internal representations, possibly due to the disturbed and disconnected relationship they have with their infants.

Despite these mothers' defences against acknowledging their negative representations of their infants, the most prominent representation that emerged from the data was that of the baby as a mistake. This is congruent with research conducted by Maseko (2008) which found that all participants viewed teenage pregnancy as wrong, and that they all regretted falling pregnant. This representation may have been the strongest as it seems to have been reinforced by other people in their lives; their families, friends, fathers of the babies, and their community all reinforced the idea that their baby was a mistake and therefore represented something bad, something that the mother had done wrong.

In addition to defending against the negative representations of their infants and the relationship between them, this study also found that most of the young mothers tended to merge their own identities with those of their infants. Thus they would see their infants as they do, or would like to, see themselves, and would project their own feelings and aspirations onto their infants. This merging of identities seemed to have been influenced by these mother's own childhood experiences and the fact that they compared their own childhoods to that of their infants. This is congruent with the literature as it states that a mother's own childhood experiences may have a significant influence over her representations of her infant (George & Solomon, 1996; Stern-Bruschweiler & Stern, 1989).

Thus for Beauty, she wanted her own baby to be a strong person, able to adjust to different situations. This is similar to the way Beauty sees herself as she has had to be strong and adjust to her challenging childhood situation and her situation of becoming a mother. Neriah wanted her children

to finish school, be working and living a fancy life; the same dream she had for herself. Thembi also sees her child as someone who will be well educated, again the same dream she has for herself. Merging of their identities may have been an indication of these mothers' low capacity for reflective functioning. This is because one of the indicators of the capacity for reflective functioning is the ability to see the child as a separate person with their own internal experiences (Slade, 2005).

This study also found that the teenage mothers' representations of the relationship between them and their infants were noticeably lacking. This is incongruent with the literature which argues that a mother's internal representation of their infant includes an aspect of her representation of the relationship between them (Benoit et al., 1997). With the exception of Beauty, these mothers struggled to express their internal representations of their relationship with their infants. Again Beauty was able to integrate both the good and the bad aspects of her relationship with her infant, while the other mothers however, seemed to split their representations of their relationship with their infants and were generally defended against acknowledging the more difficult aspects of their relationships with their babies. This may be due to the fact that acknowledging that there is a poor relationship between mother and child may make these teenagers feel like inadequate mothers; they may believe that a mother should have a good relationship with her infant and therefore they are defended against the bad aspects of their relationship as well as the aspects that they do not like about their infants in order to defend against feeling that they are inadequate mothers.

6.4 The Connection between Teenage Mothers' Experiences of Motherhood and their Internal Representations of their Infants and the Relationship between them

This study aimed to establish whether there was a connection between teenage mothers' experiences of motherhood and their internal representations of their infants and the relationship between them. The study found that there are a number of factors that appear to influence a teenage mother's experience of motherhood and her internal representations, and that some of these factors seem to be connected. In order to establish the common links between the teenage mothers' experiences of motherhood and their internal representations, it may be useful to consider each mother individually and then compare the common links between them.

As was evident throughout the results, it seems as if Beauty had a fairly different experience of motherhood from the other mothers. Beauty's experience of motherhood seemed to be marked by adaptation, change and acceptance, as evidenced in the following quote:

"Well, uh...At first you are sort of...I took it as, no it was a bad thing, you know. Um, it was wrong, why did I have to do that? I am still young. But now it has helped me. I have really grown and it has taught me I can think for other people, I think for my parents. I know what challenges are they going through, 'cause I know now if my baby doesn't have something I know the pain, I feel their pain that they have been feeling all of these years raising up the three of us. So I am very very, you know, very mature and even when I am with my friends, when they do silly things I am like 'no you guys, stop that, stop teasing people', and they are like 'how wena, now you are old, an old mother.' So much has changed".

Although Beauty initially did not want her infant and struggled to be a mother, she adapted to the role, accepted it and integrated this parental role into her life. This change and acceptance can be seen in the following quote:

"Um it has changed a lot 'cause at first I was like 'why did I bring this baby to this world?' It was like she was stopping me from doing so much things out there you know. She stopped me from being with my friends. So...as time got on, goes on, I was like I started loving her, more than myself. You know, truly speaking I was so...I nearly hated her, you know. I know that's a bad thing to say but no, at first when she was there like I didn't have that love for her. But I told myself that I need to learn to love this baby... But you know, as time, time went on and on you know that love. You know now I would kill, kill a person who would take my baby. That's the way I feel now. I love her so much. She is the centre of my world hey! She is everything to me. She puts a smile on my face every time."

This ability to accept her situation and adapt to it may have been influenced by a number of factors such as the support she received in becoming a mother, and her own childhood experiences. However, it may also have been affected by Beauty's own internal attitudes and beliefs. Ultimately it was Beauty who was able to accept her situation and embrace her role as a mother and learn to love her infant. Thus it seems that Beauty was functioning from what Klein (1935) terms the depressive position, as she was able to accept and integrate both the good and the bad aspects of motherhood, as well as the good and the bad aspects of her infant. She was therefore able to honestly acknowledge her initial hate towards her infant and her resistance to becoming a mother, while at the same time mourning the losses and identifying the change that had taken place through which she has come to genuinely accept her role as a mother and love her infant. Beauty's honesty and

genuineness was evident during the interview and this elicited a strong sense of admiration and respect for the participant from the researcher.

From the results of this study, it was evident that Beauty strongly identified herself as a mother, although she was able to acknowledge the challenges she faces in still being a teenager. In her identity of herself as a mother, she was able to empathically identify with her own mother and the challenges her mother must have faced in bringing up Beauty and her siblings. However, although Beauty identified with her mother, and viewed her mother as an important source of support to her, she also identified that she wanted to be a better mother to her infant than her mother had been to her. This may be linked to her own childhood experiences as it seemed that her mother was, at times, unavailable to her and therefore perhaps unable to meet her needs as a child. Therefore, it is possible that Beauty's internal representation of her own mother was of someone who was not able to meet her needs and therefore was an inadequate mother (Fraiberg et al., 1980). This may be an important link to Beauty's identity of herself as a mother. Given that a mothers' internal representations of herself as a mother and of her infant are shaped by her own childhood experiences (George & Solomon, 1996; Stern-Bruschweiler & Stern, 1989), it seems that Beauty has aspired to being a better mother than her own mother due to her childhood experiences, but in addition, she did not want her own mother to take over the parenting role of her own child as her representation of her own mother was of someone who would not meet the child's needs. Thus Beauty accepted her role as a mother and therefore learned to integrate this identity of herself as a mother, and learned to accept and love her infant.

Interestingly, despite Beauty's seemingly difficult childhood relationship with her unavailable mother, she seemed to have a high capacity for reflective functioning. While the literature states that mothers who experienced insecure childhood attachments are more likely to have low reflective functioning capacities, there is a proportion of mothers, who despite difficult early attachments with their own parents have higher capacities for reflective function and manage to parent their children differently (Fonagy et al., 1998 as cited in Slade, 2005; Main & Hesse, 1990). These mothers are usually referred to as having 'earned' secure attachments (Main & Hesse, 1990). Although, due to the fact that no measures of the mothers' attachment classifications were conducted, we are unable say for sure that this is the attachment style that Beauty has. However, Beauty's ability to reflect was evident in her acknowledgement that her infant has feelings, thoughts and intentions; and in her attempt to understand her infant's behaviour by linking it to these mental states (Slade, 2005). In addition, during the interview, Beauty was able to hold the interviewer in

mind and consider the interviewer's mental states (Fonagy et al., 1998 as cited in Slade, 2005). This is another indication of her capacity for reflective functioning.

A final factor that seems to have positively influenced Beauty's experience of motherhood and had potentially helped her to accept her baby and integrate her identity as a mother, was the support she received from her family, her friends and the father of her baby. Beauty seemed to have been the only mother who received adequate emotional and financial support for her infant, and this may have made her motherhood experience easier (Letourneau et al., 2004) and therefore allowed her to adapt to the role of motherhood, and accept and integrate her representation of her baby as both a good baby and a bad baby. Thus it appears that Beauty's experiences of motherhood and her internal representations of her infant are connected as they both appear to have been shaped by her own internal attitudes and beliefs, her childhood experiences and her representation of her mother, as well as the support she received in becoming a young mother.

While Beauty's narrative was marked by acceptance and change, Lydia's narrative was marked by indifference and ambivalence, for example:

Interviewer: "Okay, how does it feel for you when you take him to your mum or when she fetches him? When you have to leave him?" Lydia: "It's okay for me like, I used to say okay, this is the time for me to enjoy you know. Have fun alone without him, things like that. And focus on my studies, things like that. Cos when he is near me like, when I have to do homework he used to take those pencils and write on top of my book you know, I would say to him 'don't do that,' but he would repeat it, and that's where I get upset."

Lydia's ambivalence towards her infant and towards being a mother was evident in the way she would split her good and bad experiences of motherhood and the good and bad representations of her infant, thus functioning from what Klein (1946) terms the paranoid-schizoid position. Lydia's ambivalence evoked feelings of ambivalence within the researcher towards Lydia during the interview process. At times Lydia seemed like a good mother, but at other times it seemed that Lydia was extremely resistant to becoming a mother. It seemed that her desire to come across as the good mother, coupled with her true resistance to motherhood made her narrative seem ambivalent. As evidenced in the results of this study, Lydia identified herself strongly as a teenager as opposed to a mother. She therefore seemed to resent the loss of her freedom and lifestyle as a teenager (which her baby had taken from her) on the one hand, but was also able to retain this identity due to her own mother somewhat taking over the parenting role on the other.

Although her childhood experiences were also challenging, it seems that her representation of her own mother was not a negative one, and perhaps she saw her own mother as the person who provided for her since her father was absent. It therefore seems that her internal representation of her mother was that of an adequate mother who was able to meet the needs of her child (Fraiberg et al., 1980). Conversely to Beauty, this may have enabled Lydia to allow her own mother to take over the parenting role for her infant to some extent as she believed her infant's needs would be met. Thus because Lydia's mother somewhat took over the parenting role, Lydia was able to retain her identity as a teenager, and she remained disconnected from her infant and therefore could retain split representations and remain defended against the negative aspects of her representation of her infant. This disconnection from her infant may have contributed towards her lack of an internal representation of her relationship with her infant.

Perhaps the reason Lydia was defended against her representation of the bad baby and her representation of the relationship with her infant is that this allowed her to deny the fact that her own childhood is being repeated with her infant and therefore she could deny the similar difficulties that her infant may face as she did. Finally, Lydia's experience of motherhood and her internal representations of her infant may have been influenced by the negative judgment she received from people in her community which led to her feeling isolated when she became a mother, as well as the general lack of support she received from friends and the father of her infant (McDonald et al., 2009). The impact of this negative judgement she received can be seen in the following quote as she stated:

“Like...like...what was on my mind, it was like even by my friends they think...especially where I am staying like, they are going to judge you know like how you are, like, ‘you don't go with this one, go with this one’. That's why I used to stay at home”.

This lack of support and perceived judgement from others seems to have negatively influenced her experiences of motherhood and contributed towards her internal representation of her infant as a mistake. Thus it seemed that for Lydia, her experiences of motherhood and her internal representations of her infant and the relationship between them are connected as they have all been influenced by her own ambivalence, her childhood experiences and her representation of her mother, as well as the judgement and lack of support she received in becoming a teenage mother.

Neriah's experience of motherhood seems to have been marked by overwhelming challenge and stress, as shown in the first response she gave within the interview:

"Oh, my experience of being a mom is too hard."

While she was strongly identified as a mother, it seems that she may have never had the opportunity to develop an identity of herself as a teenager. She gave the impression during the interview that she had experienced a stressful childhood, one in which it seems her distress was not contained and therefore she is likely to have developed insecure attachments to her caregivers (Main & Hesse, 1990). This may have resulted in her becoming 'parentified' as a child and having to look after herself and becoming what Crittenden (1999) refers to as a 'compulsive caregiver', which is usually associated with an insecure attachment history. She then married during her adolescent years and immediately became a mother. She therefore seems to have had no transition between childhood and adulthood (Lerner & Spanier, 1980; McKinney et al., 1977) in which she could explore her own identity and her independence and therefore has been unable to develop an identity of herself as an adolescent (Chase-Lansdale et al., 1995).

Unlike the other mothers, Neriah seemed to have experienced no resistance to motherhood. This was aided by her marriage and her belief that within a marriage it was acceptable to have children. It therefore seems that one of the most important aspects that may have affected Neriah's experiences of motherhood and her internal representations of her infants is that of her own expectations and beliefs. It seemed that Neriah believed she was starting her family with her husband who was able to provide for them all. However, this expectation was shattered when her husband left her. Thus it seems that Neriah's experience of motherhood and her representations of her children are of disappointment. She was left with four children for whom she could not provide and a situation that caused her a great deal of stress.

Neriah's expectations and disappointment may explain her resistance towards thinking about the negative aspects of her internal representations of her infants and she appeared not to want to acknowledge that she was disappointed with her situation and that she may be angry at these children for the stress they have caused her. Therefore it may have been easier for her to split her representations and repress the negative, difficult aspects of her representations of her children (Klein, 1935).

Similarly to Beauty, Neriah's representation of her own mother may have been of a mother who was unavailable and unable to meet her needs as a child (Easterbrooks et al., 2005). In addition, she had internalised an identity of herself as a burden on her mother (as her children were a burden on her), which can be seen in the following quote as she stated:

"I feel like I am stressing her too much, I am giving her too much stress. 'Cause she doesn't have money and I ask her for money. And because she is my mother she feels she must go and satisfy my needs while her needs are not satisfied. You see. I am becoming stressed".

Neriah therefore may not have let her own mother assist her in her parenting role for her children, for fear of further burdening her mother. Therefore Neriah was easily able to identify herself as a mother as she did not have the opportunity to develop an identity as a teenager nor did she have the opportunity to avoid her parenting role.

Finally, as with the other mothers, an aspect that has impacted her experience of motherhood, and may have influenced her internal representations of her infants, is that of support. Neriah seemed to have lacked support more than any of the other mothers, thus her children seemed to be a greater burden on her than they may have been for other mothers, which is another example of the re-enactment of parenting patterns (Fraiberg et al., 1980). This may have impacted her internal representation of her infants, but she may have been defended against acknowledging this representation as she can identify with the pain of feeling like a burden on one's mother too strongly. Disappointment seems to have been the most prominent experience for Neriah, thus it seems her own internal expectations and beliefs, as well as her childhood and representation of her mother, and her lack of support all seem to have negatively influenced Neriah's experiences of motherhood and her representations of her infants.

Finally, Thembi's narrative of motherhood and her internal representation of her infant and the relationship between them were marked by distance and resistance, as seen in the following quote:

Interviewer: "And do you think that if you didn't have a baby would your life be different? How do you think it would be different?" Thembi: (Pause) "Okay I don't know."

Firstly, Thembi was resistant to becoming a mother and seems to have remained resistant as she presented as completely disconnected from her baby in the interview and seems to have lacked a motherhood experience altogether. She had remained completely identified as a teenager and seemed resentful of the loss that her baby caused her during the time she was looking after her. As with the other mothers, it seems that her own childhood experiences and her own representations

of her mother may have played a role in her ability to allow her mother to take over the parenting role for her child (Fraiberg et al., 1980). However, this is speculation as Thembi was unable to speak about her own childhood and provided very little evidence for her representation of her own mother. Just as she was disconnected and disinterested in her infant, it seemed that she was disconnected from her own childhood. It therefore seems that Thembi may not have become maternally preoccupied as maternal preoccupation often results in a mother evaluating their own childhood in relation to the type of mother they fantasise about being (Winnicott, 1956 as cited in Joyce, 2005). Thus it seems that Thembi's lack of maternal preoccupation may have resulted in her disconnection from her infant as well as her resistance to thinking about and re-evaluating her own childhood. In addition, this disconnection and disinterest was extremely evident during the interview process and evoked strong feelings of frustration within the researcher. Despite agreeing to be interviewed and arriving for the interview, Thembi was not interested in speaking about her baby or her experience of being a mother. What can be concluded is that her own mother's taking over of the parental role seemed to have allowed Thembi to remain identified as a teenager as she did not have to become a parent, however, the reasons for her defences against her own childhood memories and her internal representations of her infant were not clear.

Thembi's superficial representation of her infant was significantly marked by a merging of her own identity with her infant's:

Thembi: "Ah...I was playful." Interviewer: "You were a playful child? Like your daughter as well?" Thembi: (Laughs) "Ja."

This suggests a low capacity for reflective functioning as she was unable to see her infant as a person with a separate internal experience (Slade, 2005). Thembi's experiences and internal representations seemed to have been influenced by her resistance towards becoming a mother and her ability to avoid the parental role, thus she was defended against the negative internal representations that she had of her infant, and the lack of a relationship she shared with him.

In conclusion, this research has found that mothers who received little support, both emotionally and financially, seem to have had more challenging experiences of motherhood and seem to have developed split representations of their infants that are strongly related to the idea of their babies being a 'bad baby', but cannot be acknowledged as such due to the anxiety and inadequacy that their dislike for their infants arouses. The fact that their lack of support negatively influenced their experiences of motherhood is in keeping with the literature as it states that teenage mothers commonly lack protective factors such as support (McDonald et al., 2009), and that a lack of social

support often leads to challenges for teenage mothers and poor mother-infant relationships (Letourneau et al., 2004). Therefore this lack of support seems to have contributed to these mothers being less emotionally available for their infants as they have been concerned with having to work at meeting the basic needs of their infants through continuing their education in order to secure later employment, and through having to continuously ask others for financial support for their infants. This latter factor may have been what has made Beauty's experience of providing for her infant slightly easier as she seemed to receive the most financial support from her family and thus she was not constantly worried about having to find someone to help her financially support her child and therefore she may have been able to be more emotionally available for her infant. This preoccupation with being able to financially provide for their children seems to have detracted a little from certain of the mothers' parenting abilities, as well as their internal representations of their infants (Easterbrooks et al., 2005; Long, 2009; Shapiro & Mangelsdorf, 1994).

In addition, the mothers who held representations of their own mothers as adequate mothers seemed to be able to allow their own mothers to take over the parenting role of their children, and therefore have remained identified as teenagers, and have not developed integrated internal representations of their infants and the relationship between them. This was seen in the cases of Lydia and Thembi. Conversely, mothers whose internal representations of their own mothers represented an inadequate mother who did not meet their needs as children seem to have taken on the parenting role themselves and therefore identify themselves as mothers. This was seen with Beauty and Neriah. The importance of the mother's childhood experiences and their own representations of their caregivers has thus been found to be an important influence in their experiences of parenting and their internal representations of their infants and the relationship between them. This is in keeping with the literature as it states that a mother's own memories of her childhood and her representations of her own caregivers influence her internal representations of her own infant and her relationship with that infant (George & Solomon, 1996; Stern-Bruschweiler & Stern, 1989). Finally, this study found that a mother's own mental states and expectations also seem to have influenced both their experiences of motherhood and their internal representations of their infants.

Overall, this study found that there seemed to be a connection between teenage mothers' experiences of motherhood and the internal representations of their infants and the relationship between them. Beauty, the only mother who had a positive motherhood experience was also the only mother able to integrate her representations of her infant and the relationship between them.

In contrast to Beauty, the other mothers seemed to be functioning from what Klein (1946) terms the paranoid-schizoid position. The paranoid-schizoid position is marked by immature defences of splitting and projection (Klein, 1946). The individual functioning from this position is unable to integrate both the good and the bad aspects of an object and therefore splits the object into a good object and a bad object, and generally projects the bad object so as to defend against the anxiety this bad representation creates (Klein, 1946). Thus through splitting and projection, the individual is able to defend against their representations of the bad object and can therefore defend themselves against the anxiety that the awareness of the bad representations creates. For these mothers, acknowledging their representations of the bad baby would possibly require acknowledging feelings of anger and resentment towards their infants. Such feelings are likely to arouse overwhelming anxiety within the mothers and, given their lack of support in accepting and dealing with these feelings, it may therefore be easier for these mothers to split their representations of their infants and remain defended against the representation of the bad baby. This may explain why the mothers who had either experienced an overwhelmingly challenging experience of motherhood or were resistant to motherhood, struggled to integrate their representations of their infants and the relationship between them and therefore seemed to remain defended against the negative aspects of their representations.

Both the experiences of motherhood and the internal representations these teenage mothers held appeared to be influenced by their own mental states and beliefs, their own childhood experiences and their representations of their own mothers, as well as the support they received from others in becoming a mother. This is congruent with the literature as it states that a mother's experiences and representations of her own childhood influence her experiences of her own infant (Fraiberg et al., 1980) as well as her internal representations of her infant and the relationship between them (George & Solomon, 1996; Stern-Bruschweiler & Stern, 1989). Thus the study found that the link between teenage mother's experiences of motherhood and their internal representations of their infants and the relationship between them was influenced by a number of internal and external factors.

6.5 Conclusion

In conclusion, this study has found that teenage mothers' experiences of parenting were marked by challenge. This challenge was partly due to the difficulty they experienced in trying to reconcile their identities as teenagers and their identities as mothers. In addition, these mothers experienced

motherhood as challenging as they struggled to be good enough mothers, especially due to the fact that they were not yet independent and therefore were unable to provide financially for their infants. This experience of motherhood as challenging is in keeping with the literature as it states that there are numerous challenges that teenage mothers face including the difficulties becoming a mother during the adolescent stage (Coley & Chase-Lansdale, 1998) as well as the difficulties they face due to a lack of social support (Letourneau et al., 2004; McDonald et al., 2009) and stigma (Maseko, 2008) among other things. While all the mothers identified motherhood as challenging the degree to which they handled this challenge differed. While Beauty was able to accept the changes she had to make, and navigate the challenges of motherhood, Neriah seemed completely overwhelmed by them and unable to cope. Finally, Lydia and Thembi seemed to cope with the challenges of motherhood by resisting motherhood all together.

In addition to differing experiences of motherhood, these mothers all had different internal representations of their infants. These internal representations were generally split into a representation of the good baby (the loving other, and someone that provided the mother with a sense of achievement), and the bad baby (someone who is a source of worry to the mother, a mistake, a rival and a rejecting other). While Beauty was able to integrate her representations of her infant, the other mothers seemed to be defended against acknowledging the negative aspects of their infants, perhaps due to the anxiety it caused them to acknowledge the aspects of their infants that they disliked. The study found that these internal representations were influenced by the mother's own childhood experiences and their own representations of their mothers. This is congruent with the literature which states that a mother's internal representations of her own child are influenced by her own childhood memories and her representations of her caregivers (George & Solomon, 1996; Stern-Bruschweiler & Stern, 1989). Similar to the findings regarding teenage mother's internal representations of their infants, this study found that their internal representations of the relationship with their infants also differed between mothers. Again Beauty was able to integrate her representations of her relationship with her infant and identify how it has changed over time, while the other mothers were only able to either identify superficial representations of the relationship with their infants as good, or were unable to identify any relationship with their infant at all.

Finally, this study found that there was a connection between teenage mothers' experiences of motherhood and the internal representations of their infants and the relationship between them. The factors that were found to influence both their experiences of motherhood and their internal

representations included their own mental states and beliefs, their own childhood experiences and their representations of their own mothers, as well as the support they received from others in becoming a mother.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS FOR THE FUTURE

7. CONCLUSIONS AND RECOMMENDATIONS FOR THE FUTURE

7.1 Summary of the Findings

In summary, this study found that teenager mother's experiences of parenting and their internal representations of their infants and the relationship between them are different and unique to each individual. Despite these differences there were some commonalities within the findings of this research: firstly, all of the young mothers described teenage motherhood as a challenging experience. While one participant was able to accept this challenge and adapt to the change, the other three mothers were either overwhelmed by the challenges or completely resistant to having to accept their role of motherhood. The two main aspects that influenced their experiences of motherhood were the tension they experienced between their identities as mothers and their identities as teenagers; as well as their struggle to be good enough mothers to their children. Possibly the most commonly cited challenge faced by all the participants was the challenge to provide for their infant. Given that they were still teenagers and therefore were not independent, they were constantly struggling to provide enough to meet their infants' needs.

The second commonality within the findings was that all the mothers had both good and bad internal representations of their infants. With the exception of one participant, the young mothers tended to split these good and bad representations of their infants, and were generally defended against their representation of the bad baby. Thirdly, the participants within this study generally lacked an internal representation of the relationship between them and their infant. Again, one participant was the exception to this as she was able to integrate both the good and the bad representations of her relationship with her infant and track how their relationship had changed over time.

Finally, this study found that the teenage mothers' experiences of motherhood and their internal representations of their infants and the relationship between them were connected as the one mother with a positive experience of motherhood had an integrated representation of her infant and their relationship; while the other three mother's who predominantly experienced motherhood as a negative/challenging experience, had split representations of their infants and were defended against the negative representations they held. From the analysis this study found that factors such as a mother's own mental states, her memories of her own childhood and her representation of her own mother, as well as her current levels of social support all influenced her experience of motherhood and her internal representations of her infant and the relationship between them.

7.2 Therapeutic Implications

A mother's internal representations of her infant and of herself as a caregiver have been found to influence her behaviour and responses towards her infant, which in turn affects the infant's behaviour as well (Crowell & Feldman, 1989). Given the importance of a mother's responses and containing parental behaviours towards her infant in the development of secure attachment relationships (Siegel, 2001), it follows that a mother's internal representations ultimately influence the relationship between mother and infant and therefore influence the attachment relationship. Indeed research has shown that an adult's mental representations of their own childhood and their attachment relationships determine the type of the attachment that they will form with their own child (Main, Kaplan & Cassidy, 1985 as cited in Madigan et al., 2006; Stern-Bruschweiler & Stern 1989). Thus understanding a mother's internal representations of her infant may aid in the understanding of mother-infant relationships as well as infant behaviour, which may then provide diagnostic insights into a child's behavioural problems (Crowell & Feldman, 1989). In the case of poor parent-infant relationships, parent-infant psychotherapy is possible. In order to effectively treat poor parent-infant relationships then, it is important to first understand the mother's internal representations and how these may be affecting the relationship, and then attempt to change them (Stern-Bruschweiler & Stern, 1989). This research has investigated teenage mother's internal representations of their infants and the relationship between them, and is therefore research which may contribute to understanding internal representations and how these impact on the mother-infant relationship. In addition, this research has investigated how a teenage mother's experiences of motherhood may also impact her internal representations and the way she perceives and responds to her infant. Thus research such as this may provide some insight into the experiences of mothers and their internal representations and how these affect their parenting behaviour and therefore affect the mother-infant relationship. Understanding such connections is important in treating or preventing poor mother-infant relationships.

7.3 Limitations

The small sample size of this study may be considered a limitation of the study. Given that a small sample size was utilised, the study is unable to make any generalisable claims regarding the experiences or internal representations of teenage mothers in general. In addition, the small sample size utilised in this study meant that the sample was not varied. This may be considered a limitation of the study and again limits the generalisability of the findings. Given that three of the four participants were referred from Ububele, this may mean that the majority of the sample was a

specific type of participant, namely a help-seeking participant, and this may have limited the diversity within the sample. This study did not aim to elicit generalisable findings; rather it aimed to gather rich, in depth data about the subjective experiences of a small population. Thus a small sample size was appropriate for the aims and limited scope of this study.

A second limitation to this study was the difficulty recruiting willing participants. Given the difficulty finding willing participants from the Alexandra Clinic, it seems that finding teenage mothers willing to talk about their experiences of motherhood is a challenge. This may have been due to the stigma that surrounds teenage pregnancy and motherhood. The exact reason for the lack of willing participants is unknown and thus such reasons should be explored in future research.

A further limitation of the study upon review of the transcripts was the lack of exploration into these mothers' experiences of stigma. While it was significantly evident during the recruitment phase of the research, it did not feature in the interviews. Upon reflection this may have been due to the mothers and the researcher herself avoiding this topic to an extent. While an exploration of this stigma was not one of the aims of the study, it may have revealed further important information regarding these women's experiences of being teenage mothers.

A final limitation of this study was the limited scope and time-frame of the study itself. With more time and a wider scope, this study may have been able to find and make use of a larger and more diverse sample of teenage mothers. This would have provided the researcher with more data and therefore more generalisable findings for the study. In addition, the fact that only one interview was conducted with each participant may have been a limitation of the study. With more time and wider scope the study may have been able to interview each participant more than once which may have provided the researcher with more data, as well as the participants with more time to reflect on their experiences of motherhood. Thus the difficulty for the participants of having to reflect on such a complex experience in an immediate way may have limited the data gathered. Thus given the limitations of this study, all interpretations made are tentative and are not made as definitive and final comments about these mothers' experiences and internal representations.

7.4 Recommendations for Future Research

Given the lack of research available on teenage parenthood in South Africa, further research is required in this field. Future research should utilise a larger sample size so as to generate more generalisable findings. In addition, it is important for future research to consider a more diverse

population of teenage mothers and research teenage parenthood across cultures and contexts. It may also be useful for future research to focus on the role of the father and how this impacts teenage pregnancy as well as teenage mothers' experiences of parenting. The notion of stigma around teenage pregnancy could also be explored.

Future research may also further the tentative findings of this study by assessing the attachment relationship between teenage mothers and their children. This would provide evidence for the impact that a teenage mother's experiences of motherhood and her internal representations have on her relationship with her infant. In addition, it may be useful to incorporate the Adult Attachment Interview into such a study to further the research on the intergenerational transmission of attachment patterns.

Finally, it would be useful for future research to have a control group of adult mothers so as to determine the differences in experiences of motherhood and internal representations that are due to being a teenager and not just a result of extraneous variables.

7.5 CONCLUSION

This study has investigated teenage mother's experiences of motherhood, their internal representations of their infants and the relationship between them, as well as the connection between their experiences and their internal representations. Although limited in scope and sample size, this study was able to gather rich data about the subjective experiences of four teenage mothers from Alexandra. Through the findings and future recommendations of this study, it is hoped that further research will be conducted on teenage motherhood, and through such research an understanding of how a mother's experiences of motherhood and her internal representations affect her parenting behaviour and her relationship with her infant.

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APPENDIX A

PARTICIPANT INFORMATION SHEET



Good Day

My name is Julianne Yates. I am a Counselling Psychology Masters student at the University of the Witwatersrand. I would like to invite you to participate in a research study that I am doing. Research is the process used to learn the answer to a question. In this study I want to learn about teenage mothers' experiences of being a parent, how they feel towards their babies, and what their relationship with their babies means to them. Through this research I hope to gain a better understanding of what it is like to be a teenage mother in Alexandra.

Participating in this study would mean being interviewed at a time that is convenient for you. During the interview you will be asked questions about your experience of becoming a mother and about your relationship with your baby. The interview will take approximately one hour, and will be done in a private place at Alexandra Clinic. If there are any questions that you do not want to answer during the interview you have the right to choose not to answer them. There are no right or wrong answers to the questions asked, I simply want to know about your experience of being a teenage mother. You may also stop the interview at any time if you no longer want to participate.

Participating in this study is voluntary, it is your choice. In total I hope that between six and ten South African women from Alexandra will participate in this study.

If you would like to take part in this study, I will request your permission to audio record your interview so that I can listen to the interview again. I am the only person who will be allowed to listen to the audio recording of your interview, and your identity and personal information will not be shared with anyone else. However, should I need the assistance of a transcriber (someone who will write out the recorded interviews) then that person will also listen to the recordings of your interview, however they are not allowed to share the information with anyone else. I (and possibly a transcriber) will then write up your interview (transcripts), but any identifying information about you or your baby will be left out. The audio recordings of your interview and the transcripts will be kept in a safe place that only I can get to. Once the research report has been completed, the audio recordings and transcripts of your interview will be kept in a safe place for 6 years if no articles are published or for 2 years if an article is published. They will then be destroyed. The research report

may use quotes from your interview, but no identifying information will be included. The final report will be available to the public and can be accessed through the University of the Witwatersrand. If you would like, a summary of the results of the study this can be made available to you. Should you want to find out the results of this study you can contact me using the details provided at the bottom of this form or ask me to send you one after our interview.

If you would like to participate in this study please could you fill out the two consent forms attached. If you are under the age of 18 years, please could you ask a parent or legal guardian to give you permission to participate by asking them to fill out the parental consent forms attached. You would need to return all these form to me if we meet for an interview. If there is anything you do not understand in this information sheet, please feel free to ask.

If you have any more questions about the study please feel free to contact me or my research supervisor using the details given below.

Julianne Yates

Telephone Number: 011 325 4794

Email Address: juli.yates@gmail.com

Katherine Bain (supervisor)

Telephone Number: 011 717 4558

Email Address: Katherine.bain@wits.ac.za

Kind Regards

Julianne Yates

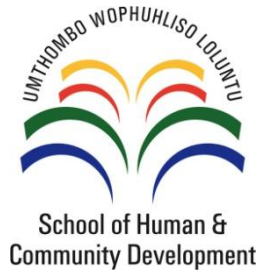
If you would like to report any problems or complaints that you have concerning participating in this study you may contact the University of the Witwatersrand's Human Research Ethics Committee chair, Professor Peter Cleaton-Jones, or administrator, Anisa Kesha on 011 717 1234.

I do not expect that this interview will harm you in any way, but if you feel that you are having problems after you participated in this study, then you may seek help from these free therapy services:

Ububele Umdlezane Parent-Infant Psychotherapy service on 011 786 5085

Emthonjeni Community Psychology Clinic on 011 717 4513

Ububele Baby Mat on 011 786 5085



APPENDIX B
PARTICIPANT CONSENT FORM



I, _____, have read the Participant Information Sheet, and I give my permission to participate in this study. In so doing I understand that:

1. My participation in the study is voluntary, it is my choice.
2. I may choose not to participate in the study at any time with no consequences.
3. My interview transcript will be anonymised (i.e. my name and other identifying information will be taken out).
4. The interview material given to the researcher is confidential and no identifying information will be shared with anyone else.
5. I have the right not to answer any questions I do not feel comfortable answering.
6. There are no direct risks or benefits in participating in this study.
7. I am willing to have direct quotes used in the final report, given that no personal information that may identify me will be included in the report, and my responses will remain confidential.
8. The final report will be available to the public, and may be published in a journal article.

Signed: _____

Date: _____



APPENDIX C



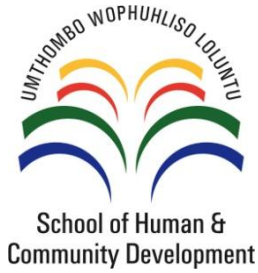
CONSENT TO RECORD AND TRANSCRIBE INTERVIEW

I, _____, have read the participant information sheet, and I give my permission to have my interview recorded and transcribed. In so doing I understand that:

1. The interview transcripts (written documents that contain what has been said in the interview) will be kept confidential, thus my identity will be protected.
2. No one except the researcher and transcriber (if used) will have access to the audio recordings of the interview.
3. No personal information will be included in the transcriptions or the final report.
4. The audio recordings will be kept securely in the possession of the researcher for 6 years if no articles are published or for two years if an article is published. They will then be destroyed.
5. I am willing to have direct quotes used in the final report, given that no personal information that may identify me will be included in the report, and my responses will remain confidential.

Signed: _____

Date: _____



APPENDIX D
COMPENSATION FORM



I _____ agree to participate in Julianne’s study and have arranged to be interviewed on (date) _____ at (time) _____ at the Alexander Health Centre. I have agreed with Julianne that she will repay for my transportation costs to the amount of R25. I will receive the money when I return for the interview once the interview is finished.

Signed: _____

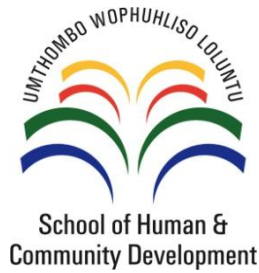
Date: _____

(To be completed on payment)

I _____ have received the money owed to me to repay for my transportation costs.

Signed: _____

Date: _____



APPENDIX E

LETTER TO ALEXANDER CLINIC



Dear Ms Legora

My name is Julianne Yates and I am a Counselling Psychology Masters student at the University of the Witwatersrand. I would like to request your permission to conduct my masters research project at the Alexander Clinic. My study aims to investigate how teenage mothers experience being a parent, and what representations they hold of their infants and the relationship between them. Participants in the study will be interviewed about their experiences and their representations of their infants. The interview will take approximately one hour. With your permission I would like to approach potential participants through the Well Baby Clinic and possibly the gynaecology department. I am looking for between 6 and 10 women between the ages of 13 and 19 who gave birth to their first child between these ages, and who's infants are 4 years old or younger. The interviews will, with the consent of the participants, be audio recorded and later transcribed for analysis. Confidentiality and anonymity of the participants will be ensured as far as possible. The audio recordings of the interviews will only be heard by myself and possibly a transcriber who has signed a confidentiality agreement (if assistance is required) and all identifying information will be extracted from the transcripts. The final report will include some direct quotes from the interviews, but again no identifying information will be included. Both the audio recordings as well as the transcripts will be kept securely in my possession at all times and will be destroyed once the final report is complete. All participants will be fully informed regarding their rights not to answer any questions they do not feel comfortable answering, and to withdraw from the study at any time. All participants will be fully informed about the aims and processes of the study. They will be asked to give their written consent as well as the consent of a parent or legal guardian if they are under the age of 18 years. Should the participant agree to participate in the study, their transportation costs will be reimbursed when they return for the interview (to a maximum of R25). There are no direct risks or benefits to participating in this study, however should any of the participants feel upset due to any of the interview content, they will be referred for free counselling if necessary. Once the research has been completed you will be informed of the results through a letter.

Should you have any further questions regarding the study, please contact me on 082 330 9679, or at juli.yates@gmail.com, or my supervisor Katherine Bain on 011 717 4558, or at Katherine.bain@wits.ac.za.

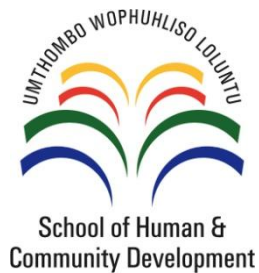
Kind Regards

Julianne Yates

I, _____, designation/rank _____ have read the above information, and with this information in mind am willing to grant Julianne Yates permission to utilise the Alexandra Health Centre in order to find participants and conduct her interviews.

Signed: _____

Date: _____



APPENDIX F



DEMOGRAPHIC DETAILS

Full Name and Surname: _____

Age: _____ Age at time of birth: _____

Home Language: _____

Physical Address: _____

Highest Level of Education: _____

Currently Attending School: _____

Child's Name and Surname: _____ Age: _____

Previous Pregnancies/Terminations: _____

Pregnancy Details:

Planned/Unplanned: _____

Full Term/Premature: _____

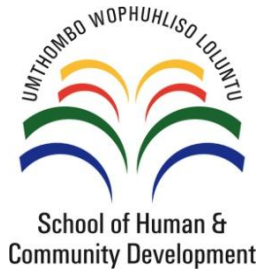
Natural Delivery/Caesarean: _____

Father's Involvement: _____

Living Arrangements: _____

Past/Recent Trauma: _____

Genogram:



APPENDIX G

INTERVIEW SCHEDULE



Hello (name). Today I just want to talk about what it has been like for you being a teenage mother, and what sort of things you experienced during your first few years of being a mother. I'm interested in your story and I would love to hear it. As we talk together, if there is anything that you do not want to speak about it's okay. You must just tell me and then we'll talk about something else instead. Okay?

I would like you to begin by telling me about your experience of being a parent. You can begin anywhere you like, I just want to know what it was/is like for you as a young mother?

1. Please tell me the story of when you were pregnant?
 - a. What was the birth like?

2. Tell me a story of what being a mom is like for you?
 - a. What are your favourite things about being a parent?
 - i. Can you give me an example or tell me about a time when this happened?
 - b. What are some of the things that you find difficult about being a parent?
 - i. Can you give me an example or tell me about a time when this happened?
 - c. Is there anything about being a teenager that you think makes being a parent easier/harder?
 - i. Can you give me an example or tell me about a time when this happened?
 - d. What do you think (baby's name) thinks of you as a mom?

3. Now I would like to know more about your baby. What is (baby's name) like?
 - i. (3 descriptive words and incidents illustrating them)
 - b. Can you describe an average week with (baby's name)?
 - c. Can you tell me a story about (baby's name) that you really like?
 - d. What do you like most about (baby's name)?

- e. What do you like least about (baby's name)?
4. Tell me about your relationship with (baby's name)?
 - a. Can you tell me about a time when you felt connected to (baby's name)? A time when you felt close to each other?
 - i. How did this moment make you feel? How do you think (baby's name) felt?
 - b. Can you describe a time when you did not feel connected with (baby's name)? A time when you were not getting along well?
 - i. How did this moment make you feel? How do you think (baby's name) felt?
 5. Please tell about what it is like to be separated from (baby's name)? How do you feel? How does he react? **Why do you think (baby's name) behaves like that?**
 6. How does it feel for you to hold your baby? How does it feel on your body?
 - a. How do you think it feels for (baby's name) to be held by you?
 - b. How did your body feel while you were pregnant?
 7. If you could imagine (baby's name) as an adult, what do you think he/she would be like?
 8. Has anything changed over time in your relationship with (baby's name)? As you have both grown older?
 9. If you worry about (baby's name), what do you worry about the most?
 10. Who supports you as a mother?
 - a. What kind of support do you get?
 - b. What kind of support do you feel you need?
 - c. How does this support affect your relationship with (baby's name)?
 11. Tell me a bit about your own childhood.
 - a. Are there any experiences that you would want (baby's name) to experience?
 - b. Are there any experiences that you would not want (baby's name) to experience?
 12. What do you think would be different for you if you had (baby's name) in 5 years time?

13. Is there anything else you would like to talk about here that you think might be important for me to know?

14. How have you found this experience of talking about your experiences of being a mother and about your baby to me?

a. Was there anything that was easy for you to talk about?

b. Was there anything that was difficult for you to talk about?

Thank you so much for your time.